

POINT OF DISPENSING FIELD OPERATIONS GUIDE

Version 4.1



**Orange County Health Care Agency
Emergency Medical Services – Emergency
Management
405 W. 5th Street, STE 301A
Santa Ana, Ca. 92701**

POINT OF DISPENSING FIELD OPERATIONS GUIDE



Orange County Health Care Agency

Version 4.1

Emergency Medical Services – Emergency Management

COUNTY OF ORANGE – Health Care Agency
EMERGENCY MEDICAL SERVICES – EMERGENCY MANAGEMENT
Point of Dispensing (POD) Field Operations Guide (FOG)

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**COUNTY OF ORANGE – Health Care Agency
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The Orange County Health Care Agency's Point of Dispensing (POD) Field Operations Guide (FOG) provides guidance, response information and management techniques specific to a core group of POD response personnel in the County of Orange. The information in this document should not be relied upon without reference to legal, occupational health and safety; infection control, and/or public health expertise in order to be tailored to your specific county and/or agency.



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Future revisions of the document will be conducted annually and can be requested via email at:

Events@ochca.com.



**COUNTY OF ORANGE – Health Care Agency
EMERGENCY MEDICAL SERVICES – EMERGENCY MANAGEMENT
Point of Dispensing (POD) Field Operations Guide (FOG)**

1.1 Concept of Operations

Purpose:

The Field Operations Guide (FOG) is designed to serve as a response guidance document to be utilized in the event of POD activation. PODs will be activated in order to provide emergency prophylaxis (antibiotics or vaccines) to the residents of Orange County upon the order of the County Health Officer.

The FOG adheres to the Incident Command System (ICS), the National Incident Management System (NIMS), the Standardized Emergency Management System (SEMS) and the National Response Framework (NRF).

Scope:

The Orange County Health Care Agency (OCHCA) has developed this guide to be utilized before and during POD response activities. OCHCA will maintain and update this guide as needed based on recommendations and guidance from federal, state and local stakeholders as well as any exercises utilizing this guide. Amendments will be documented and distributed accordingly.

FOG Layout:

The FOG is designed to guide POD field response activities. The layout of the FOG is as follows:

- Section 2 - Field Response documents: A “grab and go” section designed to assist POD response personnel during POD management and operational activities.
- Section 3 – POD Management: Designed to provide direction and support to POD support staff during POD site operations.
- Section 4 - Policies and Procedures: Provides a background to mass prophylaxis and dictates the policies set forth by OCHCA during POD operations.
- Section 5 – Reference materials specific to POD operations and planning that have been obtained throughout the planning process.



COUNTY OF ORANGE – Health Care Agency
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Point of Dispensing (POD) Field Operations Guide (FOG)

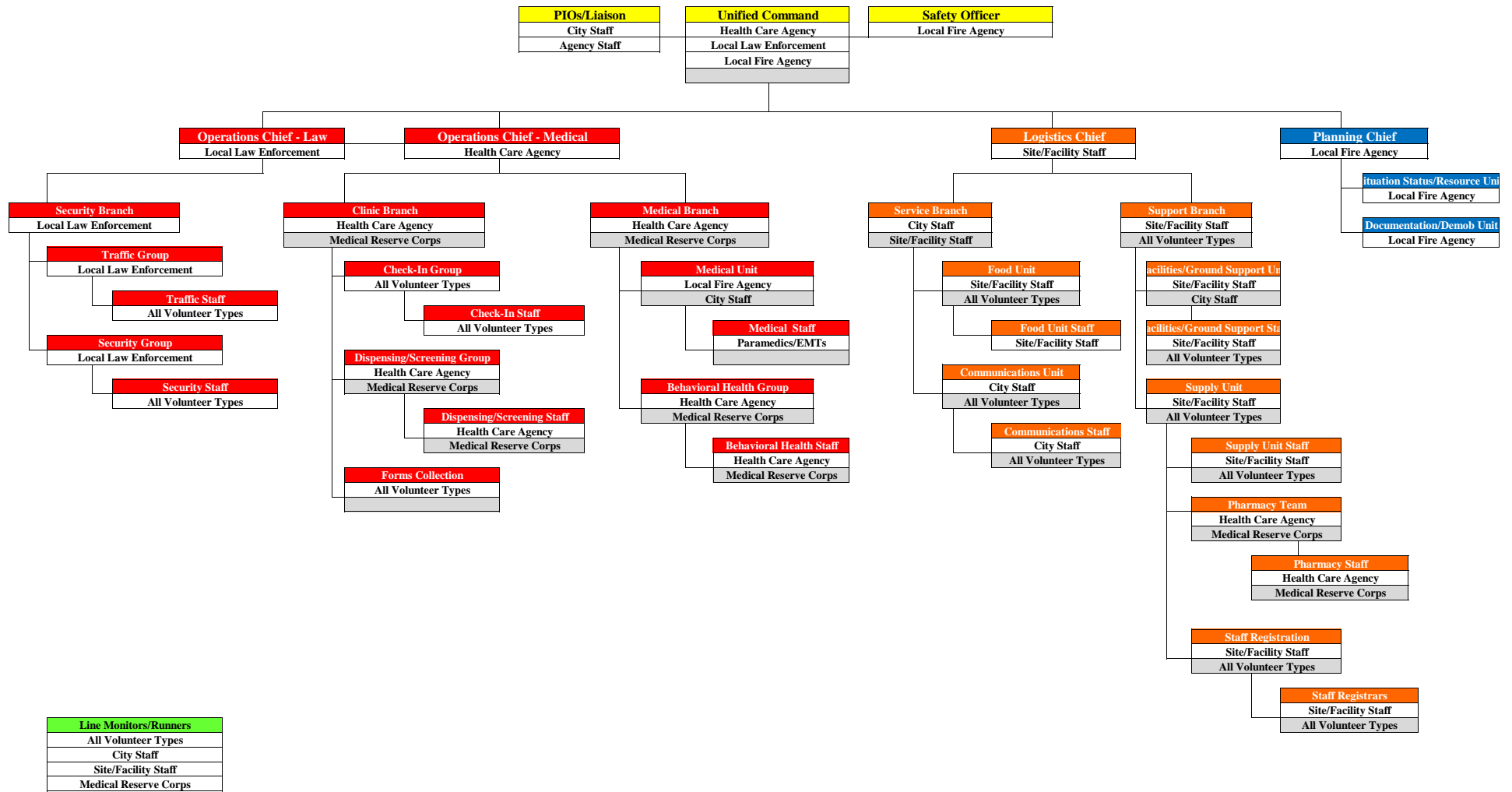
POD INCIDENT ACTION PLAN (IAP)

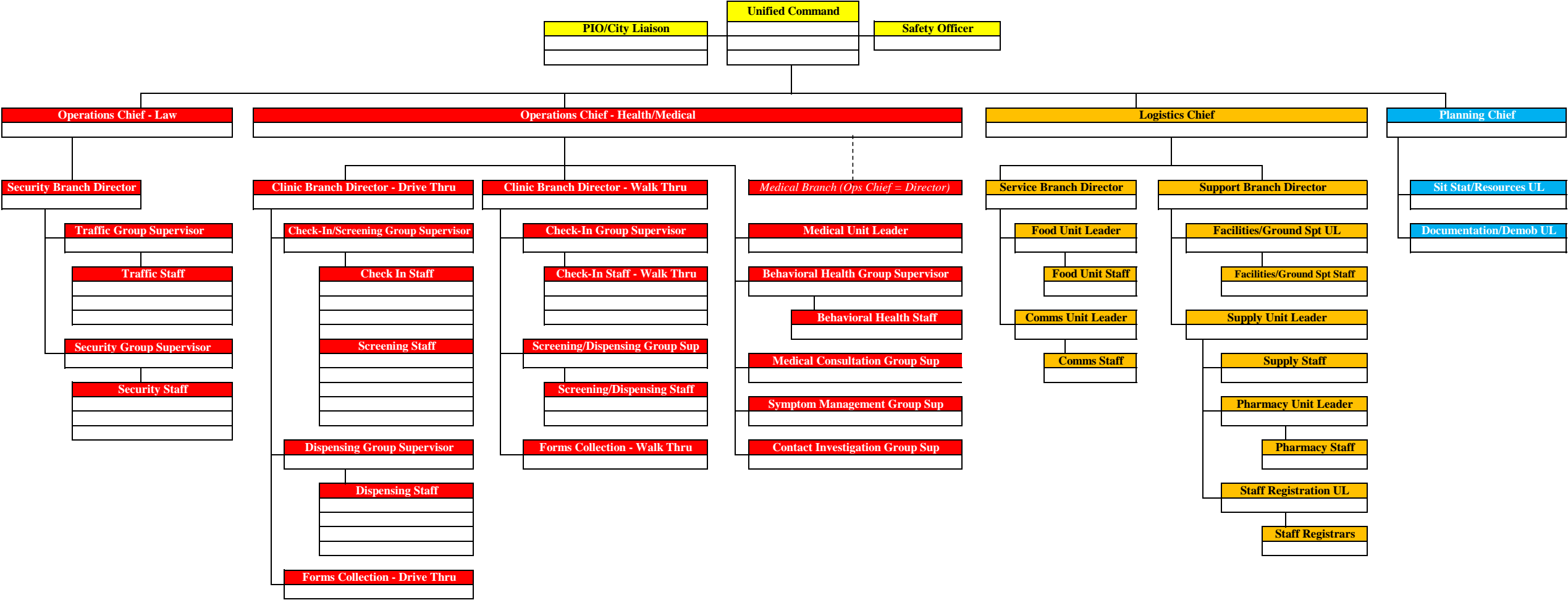
ICS FORM #	FORM TITLE
N/A	POD SITE MAPS AND EQUIPMENT LIST
ICS 202	INCIDENT OBJECTIVES
ICS 203	ORGANIZATIONAL ASSIGNMENT LIST
N/A	SECURITY PLAN
ICS 204	DIVISION ASSIGNMENT LIST
ICS 205	COMMUNICATION PLAN
ICS 206	MEDICAL PLAN
N/A	POD ORGANIZATIONAL CHART
ICS 213	GENERAL MESSAGE
ICS 214	UNIT LOG
ICS 215A	IAP SAFETY ANALYSIS
ICS 221	DEMOBILIZATION CHECKOUT
ADDITIONAL FORMS:	

POINT OF DISPENSING (POD)*Quick Reference Guide*

Agency Responsibilities	POD Information	POD Operations
Orange County Health Care Agency (HCA) <u>Response</u> <ol style="list-style-type: none"> 1. Coordinate the release of information to the public with the Public Information Officer (PIO), in conjunction with the Operational Area. 2. Assist the affected municipality with the release of public information, in conjunction with the Operational Area. 3. Assess information provided by Epidemiologists to determine suspected area of exposure and suspected agent. 4. Request the activation of POD sites through the Operational Area based on suspected area of exposure and suspected agent. 5. Activate Health EOC when appropriate. 6. Supply POD sites with all forms and medical supplies, as needed. 	POD Activation <p>Purpose - PODs are medical dispensing areas designed to provide prophylaxis to a large number of people during the shortest time possible.</p> <p>Activation - The County Health Officer, in conjunction with local, state and federal agencies, will request POD activation, when appropriate, via the Operational Area's notification systems. PODs may be simultaneously activated throughout the County. PODs are expected to become operational within 12 hours, operate for a 24-hour period for up to 5 to 7 days, or until deactivation is requested.</p> <p>Physical Location - PODs will be located separate from the City Emergency Operations Center and pre-selected by City Emergency planners. An Incident Action Plan will have been developed prior to site activation. Activation is determined by type of incident and suspected agent/area of exposure.</p>	The Four Basic Stations <p>Check-in – Receives Patients</p> <ul style="list-style-type: none"> ○ Large area for initial patient intake ○ Distribute applicable forms <ol style="list-style-type: none"> 1. Patient History Forms 2. Agent Information Sheets 3. Drug Information Sheets ○ Conduct screening using station script ○ General supplies needed: <ul style="list-style-type: none"> ▪ Pens, tables, chairs, trash cans <p>Screening – Review Patient History Forms</p> <ul style="list-style-type: none"> ○ Conduct screening using station script ○ Review Patient History Forms for contraindications ○ Remove contraindications from line ○ Send all others to Dispensing ○ General supplies needed: <ul style="list-style-type: none"> ▪ Pens, tables, chairs, trash cans <p>Dispensing – Dispense Medications/Vaccines/Materials</p> <ul style="list-style-type: none"> ○ Large area for multiple Dispensers/Vaccinators ○ Conduct screening using station script ○ Review Patient History Forms for contraindications ○ Supply patient with prophylaxis ○ Notate Patient History form of dosage dispensed ○ General supplies needed: <ul style="list-style-type: none"> ▪ Medical supplies (i.e. gloves, dosing information, alcohol wipes, cotton balls etc.), pens, tables, chairs, sharps containers (vaccine only), trash cans <p>Form Collection (Exit) – Collect Patient forms</p> <ul style="list-style-type: none"> ○ Collect all patient history forms and file ○ General supplies needed: <ul style="list-style-type: none"> ▪ Tables, chairs, boxes and/or filing system.
City EOC <u>Response</u> <ol style="list-style-type: none"> 1. Activate City EOC. 2. Activate POD site based on request from Operational Area to do so. 3. Notify all identified POD staff and response personnel to begin POD deployment. 4. Establish procedures, or utilize current procedures, for POD security and personnel accountability (i.e. activate badging protocols). 5. Establish and maintain contact with the POD and/or command post. 6. Request logistical support and assess procurement through Operational Area. 7. Brief and consult with the County Chairperson/County Administrator, County EM Director and the EOC about information received and disseminated. 8. Coordinate and prepare official emergency information statements in conjunction with Operational Area, if appropriate. 9. Establish and maintain a joint public information center to ensure coordinated public information during emergency operations, if requested by UC or EOC. 10. Inform Unified Command of any common media questions and/or concerns. 	POD Direction & Control: <p>Structure – PODs will operate under the Incident Command Structure (ICS) and all POD response and recovery agencies will coordinate with each other to accomplish activities as directed by the Unified Command.</p> <p>Unified Command (UC) - The POD Unified Command will be comprised of Fire, Law Enforcement, and Health personnel with all response activities directed by the UC.</p> <p>Liaison – A Liaison position may be established to allow for communication and coordination between the POD and POD stakeholder agencies. A site/facility liaison will also be provided by the site/facility.</p>	POD Medical Storage Area <ul style="list-style-type: none"> <input type="checkbox"/> Secured area (i.e. security personnel at area and when medications/vaccinations are transported). <input type="checkbox"/> Easily accessible to delivery trucks. <input type="checkbox"/> Temperature controlled. <input type="checkbox"/> Area to store medications (200+ Sq. Ft.)
Operational Area <u>Response</u> <ol style="list-style-type: none"> 1. Coordinate with the HCA PIO, City EOC(s) and Emergency Management Director regarding the release of information to public sources. 2. Notify City EOC, emergency manager and/or other delegated officials to activate City POD site(s) based on County Health Officer's request to do so. 3. Support City EOC and POD response activities. 4. Send a representative to the EOC or JICC as requested. 	POD General Response Activities: <p>Activities – General POD activities will include: POD staff activation and notification, site activation and set-up, site control and security; receiving, managing, storing and requesting of medical supplies, dispensing of medical prophylaxis, patient tracking and screening, and recovery.</p> <p>Unified Command</p> <ul style="list-style-type: none"> • Conduct initial Unified Command Meeting • Review, set and/or modify objectives within IAP • Conduct Command/General Staff Meeting • Distribute FOG Section 2 • Approve operational IAP, ensure distribution to staff <p>Operations</p> <ul style="list-style-type: none"> • Oversee site set up • Review Policies and Procedures (Section 3) • Ensure all clinic stations and security areas are staffed. <p>Logistics</p> <ul style="list-style-type: none"> • Review IAP & on-site equipment list • Establish POD based on site map within IAP • Process incoming medication shipments • Assess need for additional staff, assets and supplies • Provide staffing availability updates as requested <p>Planning</p> <ul style="list-style-type: none"> • Review, activate, amend and distribute IAP • Distribute/duplicate all FOG documents as needed. • Schedule briefing(s) and provide situational reports <p><i>*See Section 3 for information on POD Management techniques</i></p>	POD Incident Command Post <ul style="list-style-type: none"> <input type="checkbox"/> Secured area. <input type="checkbox"/> Established by the Unified Command <input type="checkbox"/> Away from POD line and patient flow. <input type="checkbox"/> Provide location to staff during briefing
Important HCA Phone Numbers Health EOC Manager – (714) 560-6118 Health EOC POD Coordinator – (714) 560-6173 HCA POD Website – www.healthdisasteroc.org/pod HCA Exercises Only In the event of a needle stick, please call HCA Employee Health Line (714) 834-5974		POD Staff <p>Check-In</p> <ul style="list-style-type: none"> ○ Sign-in at designated staff registration area ○ Receive POD position assignment and related forms ○ Receive vest, radio and additional equipment as needed, if applicable. ○ Receive radio, if applicable ○ Report to supervisor and obtain briefing <p>Demobilization</p> <ul style="list-style-type: none"> ○ Sign-out at the designated staff registration area ○ Submit shift documentation ○ Return vest, radio and additional equipment, if applicable ○ Attend debrief, if applicable

Suggested POD Site Position Fill Assignments





***Medical Branch Director** duties are generally performed by the **Medical/Health Operations Chief**, however Medical Branch Director duties can be assigned as a separate position

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____												
3. Objective(s):													
4. Operational Period Command Emphasis:													
General Situational Awareness													
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:													
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 206</td><td rowspan="5" style="vertical-align: top;"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr></table>			<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207												
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208												
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart												
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents												
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____													
8. Approved by Incident Commander: Name: _____ Signature: _____													
ICS 202	IAP Page _____	Date/Time: _____											

ICS 202

Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident. If needed, an incident number can be added.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Objective(s)	<p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <p><u>S</u>pecific – Is the wording precise and unambiguous?</p> <p><u>M</u>easurable – How will achievements be measured?</p> <p><u>A</u>ction-oriented – Is an action verb used to describe expected accomplishments?</p> <p><u>R</u>ealistic – Is the outcome achievable with given available resources?</p> <p><u>T</u>ime-sensitive – What is the timeframe?</p>
4	Operational Period Command Emphasis	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	Incident Action Plan (the items checked below are included in this Incident Action Plan): <input type="checkbox"/> ICS 202 <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/ Tides/Currents <u>Other Attachments:</u>	Check appropriate forms and list other relevant documents that are included in the IAP. <input type="checkbox"/> ICS 202 – Incident Objectives <input type="checkbox"/> ICS 203 – Organization Assignment List <input type="checkbox"/> ICS 204 – Assignment List <input type="checkbox"/> ICS 205 – Incident Radio Communications Plan <input type="checkbox"/> ICS 205A – Communications List <input type="checkbox"/> ICS 206 – Medical Plan <input type="checkbox"/> ICS 207 – Incident Organization Chart <input type="checkbox"/> ICS 208 – Safety Message/Plan
7	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by Incident Commander <ul style="list-style-type: none"> • Name • Signature • Date/Time 	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

ICS 203

Organization Assignment List

Purpose. The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution. The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC/UCs• Deputy• Safety Officer• Public Information Officer• Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	Agency/Organization Representatives <ul style="list-style-type: none">• Agency/Organization• Name	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	Planning Section <ul style="list-style-type: none">• Chief• Deputy• Resources Unit• Situation Unit• Documentation Unit• Demobilization Unit• Technical Specialists	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	Logistics Section <ul style="list-style-type: none"> • Chief • Deputy Support Branch <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit Service Branch <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit 	<p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	Operations Section <ul style="list-style-type: none"> • Chief • Deputy • Staging Area Branch <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group Air Operations Branch <ul style="list-style-type: none"> • Air Operations Branch Director 	<p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	Finance/Administration Section <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit 	<p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>

INCIDENT SECURITY PLAN		1. Incident Name		2. Date	3. Operational Period
Radio Frequency	Channel	Report Time and Location	Time		Location
PLEASE NOTE THE KEY INFORMATION					
<ul style="list-style-type: none">					
I. SITE SECURITY					
A. Vulnerability of site and site/facility strengths & weaknesses					
B. Site ingress/Egress points					
C. Traffic/Crowd Control Plan – Role of Law Enforcement personnel					

D. Public Safety Officer Responsibilities

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

4. Duties		
-----------	--	--

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

4. Duties	
------------------	--

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

4. Duties	
------------------	--

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

4. Duties

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

4. Duties

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

4. Duties	
------------------	--

II. SITE SECURITY BREACH

<div></div>	
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III. SITE EVACUATION PLAN

IV. EXERCISE INFORMATION

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

1. BRANCH SECURITY		2. DIVISION COMMAND POST		ASSIGNMENT LIST					
3. INCIDENT NAME			4. OPERATIONAL PERIOD DATE _____ TIME _____						
5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____									
6. RESOURCES ASSIGNED TO THIS PERIOD									
RESOURCE DESIGNATOR		LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME			
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL									
PREPARED BY (NAME and POSITION)				APPROVED BY (NAME and POSITION)			DATE		TIME

1. BRANCH SECURITY		2. DIVISION MEDICAL STORAGE/TRANSPORT		ASSIGNMENT LIST					
3. INCIDENT NAME			4. OPERATIONAL PERIOD DATE _____ TIME _____						
5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____									
6. RESOURCES ASSIGNED TO THIS PERIOD									
RESOURCE DESIGNATOR		LEADER		NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME		
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL									
PREPARED BY (NAME and POSITION)			APPROVED BY (NAME and POSITION)			DATE		TIME	

1. BRANCH SECURITY		2. DIVISION PERIMETER/PARKING		ASSIGNMENT LIST					
3. INCIDENT NAME				4. OPERATIONAL PERIOD DATE _____ TIME _____					
5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____									
6. RESOURCES ASSIGNED TO THIS PERIOD									
RESOURCE DESIGNATOR		LEADER		NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME		
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL									
PREPARED BY (NAME and POSITION)				APPROVED BY (NAME and POSITION)			DATE		TIME

1. BRANCH SECURITY		2. DIVISION TRAFFIC/CROWD CONTROL		ASSIGNMENT LIST					
3. INCIDENT NAME				4. OPERATIONAL PERIOD DATE _____ TIME _____					
5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____									
6. RESOURCES ASSIGNED TO THIS PERIOD									
RESOURCE DESIGNATOR		LEADER		NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME		
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL									
PREPARED BY (NAME and POSITION)				APPROVED BY (NAME and POSITION)			DATE	TIME	

ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch: _____ Division: _____ Group: _____ Staging Area: _____
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Resource Identifier	Leader			
				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> _____ _____/_____ _____/_____ _____/_____ _____/_____				
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

1. Incident Name:	2. Date/Time Prepared: Date: Time:	3. Operational Period: Date From: Date To: Time From: Time To:
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[illegible]

ICS 205 IAP Page _____ Date/Time: _____

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	Basic Radio Channel Use	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	Special Instructions	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	Prepared by (Communications Unit Leader) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

COMMUNICATIONS LIST (ICS 205A)

[illegible]

ICS 205A

Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none">• Incident Assigned Position	Enter the ICS organizational assignment.
	<ul style="list-style-type: none">• Name	Enter the name of the assigned person.
	<ul style="list-style-type: none">• Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

ICS 206

Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

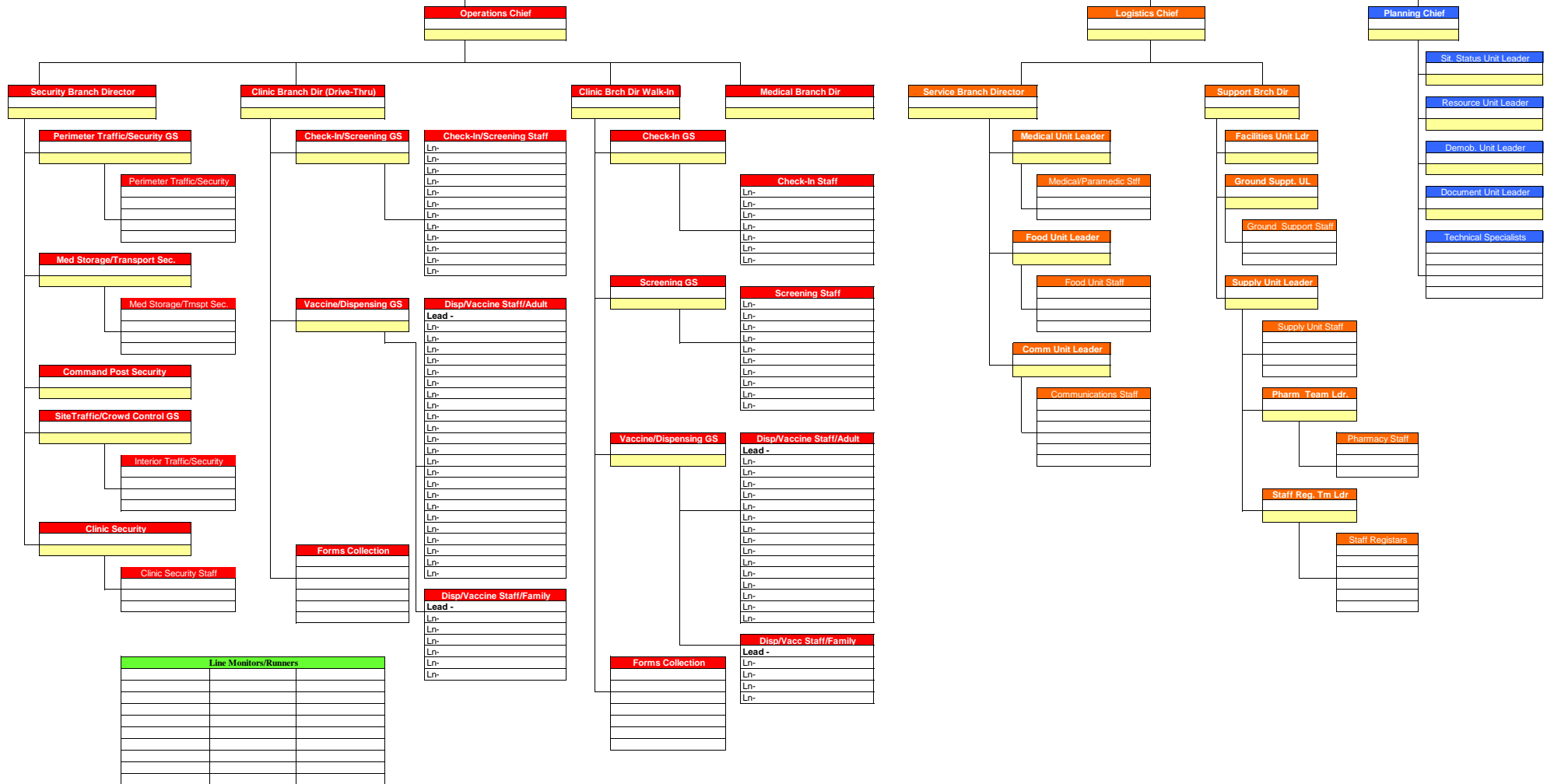
Notes:

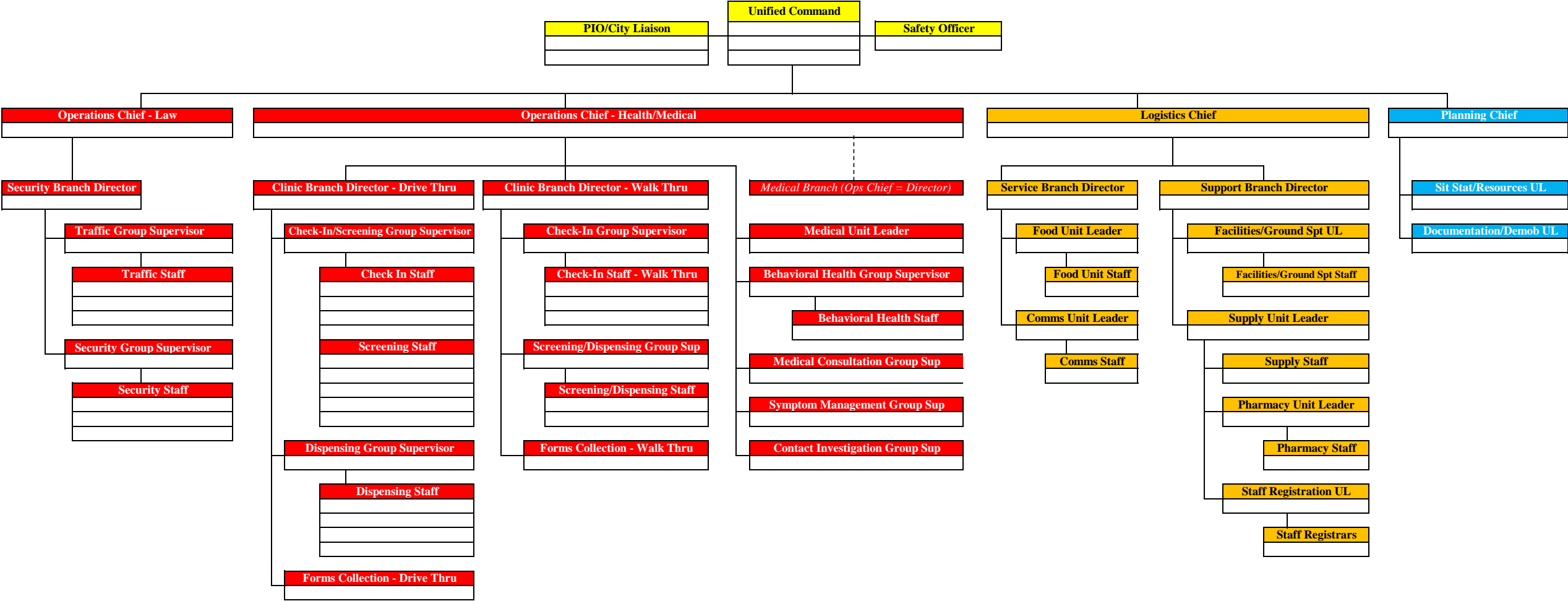
- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time • Air • Ground	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

Community Liasons	Unified Command	Safety Officer
		PIO's





***Medical Branch Director** duties are generally performed by the **Medical/Health Operations Chief**, however Medical Branch Director duties can be assigned as a separate position

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____

ICS 208

Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

ICS 213

General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none">• Name• Signature• Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

ACTIVITY LOG (ICS 214)

[illegible]

ACTIVITY LOG (ICS 214)

[illegible]

ICS 214

Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: _____ Time: _____		4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
8. Prepared by (Safety Officer): Name: _____ Signature: _____			
Prepared by (Operations Section Chief): Name: _____ Signature: _____			
ICS 215A		Date/Time: _____	

ICS 215A

Incident Action Plan Safety Analysis

Purpose. The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

Preparation. The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

Distribution. When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

Notes:

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Prepared	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	Incident Area	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	Hazards/Risks	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
7	Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).
8	Prepared by (Safety Officer and Operations Section Chief) <ul style="list-style-type: none">• Name• Signature• Date/Time	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed.

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:		2. Incident Number:					
3. Planned Release Date/Time: Date: _____ Time: _____		4. Resource or Personnel Released:					
5. Order Request Number:							
6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).							
LOGISTICS SECTION							
	Unit/Manager	Remarks	Name Signature				
<input type="checkbox"/>	Supply Unit						
<input type="checkbox"/>	Communications Unit						
<input type="checkbox"/>	Facilities Unit						
<input type="checkbox"/>	Ground Support Unit						
<input type="checkbox"/>	Security Manager						
<input type="checkbox"/>							
FINANCE/ADMINISTRATION SECTION							
	Unit/Leader	Remarks	Name Signature				
<input type="checkbox"/>	Time Unit						
<input type="checkbox"/>							
<input type="checkbox"/>							
OTHER SECTION/STAFF							
	Unit/Other	Remarks	Name Signature				
<input type="checkbox"/>							
<input type="checkbox"/>							
PLANNING SECTION							
	Unit/Leader	Remarks	Name Signature				
<input type="checkbox"/>							
<input type="checkbox"/>	Documentation Leader						
<input type="checkbox"/>	Demobilization Leader						
7. Remarks: <div style="height: 40px; border: 1px solid black;"></div>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 8. Travel Information: Estimated Time of Departure: _____ Destination: _____ Travel Method: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ </td> <td style="width: 50%; vertical-align: top;"> Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Release Date/Time: _____ Estimated Time of Arrival: _____ Contact Information While Traveling: _____ Area/Agency/Region Notified: _____ </td> </tr> </table>				8. Travel Information: Estimated Time of Departure: _____ Destination: _____ Travel Method: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____	Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Release Date/Time: _____ Estimated Time of Arrival: _____ Contact Information While Traveling: _____ Area/Agency/Region Notified: _____		
8. Travel Information: Estimated Time of Departure: _____ Destination: _____ Travel Method: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____	Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Release Date/Time: _____ Estimated Time of Arrival: _____ Contact Information While Traveling: _____ Area/Agency/Region Notified: _____						
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Incident Name: _____</td> <td style="width: 50%;">Incident Number: _____</td> </tr> <tr> <td>Location: _____</td> <td>Order Request Number: _____</td> </tr> </table>				Incident Name: _____	Incident Number: _____	Location: _____	Order Request Number: _____
Incident Name: _____	Incident Number: _____						
Location: _____	Order Request Number: _____						
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____							
ICS 221		Date/Time: _____					

ICS 221

Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	Finance/Administration Section <input type="checkbox"/> Time Unit	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	Other Section/Staff <input type="checkbox"/>	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
7	Remarks	<p>Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.</p>
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

UNIFIED COMMAND

VEST **YELLOW**

Position Checklist

Report To	City EOC, Area Command or HEOC
Supervises	POD Command Staff and Operations, Planning & Logistics Section Chiefs
Assignment	Unified Command – POD Management
Suggested Training	Extensive NIMS/ICS Training, Emergency Management & POD Trainings
Documents & Equipment	<input type="checkbox"/> POD Site Incident Action Plan (IAP) and POD Field Operations Guide <input type="checkbox"/> Communication Source
Upon Arrival	
<input type="checkbox"/> Assume all responsibilities until additional staff arrive. <input type="checkbox"/> Check-in and obtain initial briefing from current Incident Commander, if applicable. <input type="checkbox"/> Activate/Assign appropriate Command/General staff positions (ICS 203). <input type="checkbox"/> Distribute necessary section forms (FOG Section 2) to Command/General Section Chiefs. <input type="checkbox"/> Establish Initial Strategic and Tactical Objectives. <input type="checkbox"/> Ensure Adequate Resources, both Personnel and Equipment. <input type="checkbox"/> Supervise Incident Action Plan preparation and distribution. Update as needed - (FOG Section 2). <ul style="list-style-type: none"> ○ Review incident site maps ○ Incorporate supporting plans into the Incident Action Plan <input type="checkbox"/> Review Communications Plan (ICS 205). <input type="checkbox"/> Approve and authorize implementation of IAP (Sign ICS 202). <input type="checkbox"/> Facilitate Operations briefing with Supervisory staff (FOG Section 3). <ul style="list-style-type: none"> ○ Determine the time and location of the briefing. ○ Establish overall Strategy and Tactical Objectives ○ Establish Operational Periods ○ Summary of incident and response measures ○ POD Operations overview <ul style="list-style-type: none"> ▪ Personal safety and security ▪ Dispensing/Vaccination Dosing amounts ▪ Resource ordering process ▪ POD Site flow for persons needing additional assistance (those with access and functional needs) ○ Identify policy directives for incident management as they related to incident objectives. ○ Provide a summary of the current organization, reporting structure and chain of command. ○ Provide location of Incident Command Post to all response staff during briefings. ○ Provide a review of current incident response activities and incident status. ○ Activate POD; determine POD activation time – notify appropriate personnel. <input type="checkbox"/> Ensure all POD staff and first responders are vaccinated or have received prophylaxis when appropriate. <input type="checkbox"/> Receive confirmation that all stations in POD are operational, physical set-up is optimal and required	

supplies/equipments are available.

UNIFIED COMMAND

During Operations

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

End of Shift/Operations

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

Site Demobilization

- ☐ Confirm timing to activate demobilization plan with Unified Command.
- ☐ Schedule & hold demobilization planning meeting with Section Chiefs.
- ☐ Approve Demobilization Checkout Plan (ICS 221). Make final entries in IAP.
- ☐ Authorize demobilization activities, release resources and supplies and workforce as appropriate.
- ☐ Oversee coordination of site 'demobilization' and return of provided equipment and supplies.
- ☐ Submit all paperwork and activity log to appropriate official(s).

- ☐ Oversee restoration of facility to pre-event conditions.
- ☐ Secure facility and return keys to facility representatives.
- ☐ Participate in After Action meetings as required and ensure that an After Action Review occurs.



LIAISON OFFICER

VEST **YELLOW**

Position Checklist

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



SAFETY OFFICER

VEST **YELLOW**

Position Checklist

Report To	Unified Command
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Incident Action Plan (IAP) –Site Safety Incident Analysis (ICS 215a)<input type="checkbox"/> POD Safety Manual Binder<input type="checkbox"/> HCA POD P&P Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4)<input type="checkbox"/> Communication Source
Suggested Training	Basic NIMS/SEMS training and Safety Training
Function (s)	Identify & mitigate safety hazards for staff, equipment & facilities of POD.
Upon Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing and assignment(s) from Incident Commander.<input type="checkbox"/> Identify potential hazards and ensure adequate levels of protective equipment (PPE), if needed, are available at the POD site – coordinate with Resource Unit Leader.<input type="checkbox"/> Supervise Incident Action Plan preparation and distribution.<ul style="list-style-type: none">○ Review and approve Medical Plan (ICS 206)○ Prepare and update Site Safety Analysis Plan (ICS 215a)○ Develop site Safety Message (ICS 202)<input type="checkbox"/> Confirm staff activation: Assistant Safety Officers, if any.<input type="checkbox"/> Identify potential hazards & corrective actions for incident or site facility.<input type="checkbox"/> Walk POD site after set-up and note any potential hazards.<input type="checkbox"/> Review POD Safety Manual Binder.<input type="checkbox"/> Review POD P&P Handling Medical Emergencies and Other Medical Non-Emergency Situations.<input type="checkbox"/> Participate in Initial Operation Briefing:<ul style="list-style-type: none">○ Deliver Site Safety message – describe hazards and precautions (215a)○ Identify and distribute any adjustments made to Safety plan<input type="checkbox"/> Conduct site safety briefing with all Command/General Staff (FOG Section 3).	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Evaluate situation regularly and provide updates at Planning Section meetings:<ul style="list-style-type: none">○ Ensure processing areas, staff stations and all staff are demonstrating safe practices○ Ensure location, status & assignment of resources (equipment, supplies, etc) adhere to safety measures<input type="checkbox"/> Coordinate with Section Chiefs to discuss safety issues in incident response.<input type="checkbox"/> Respond to reports as safety issues and work with injured staff and supervisor to complete required forms.<input type="checkbox"/> Ensure all Safety issues are documented on Unit Logs (ICS 214).<input type="checkbox"/> Safeguard any forms with personally identifiable information in the same confidential manner as a medical record and ensure they are not stored with the other plan/FOG documents.<input type="checkbox"/> Update POD IAP as needed.	



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End of Shift/Operations
<ul style="list-style-type: none"><input type="checkbox"/> Finalize operational period Safety Log and submit to Documentation Unit Leader.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Debrief incoming safety officer.<input type="checkbox"/> Return POD identification and sign out with Staff Registration; return equipment to Supply Unit.
Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Participate in After Action meetings as required.

PUBLIC INFORMATION OFFICER VEST **YELLOW**

Position Checklist

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



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|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Deliver POD deactivation statement with approval of JIC and Unified Command.<input type="checkbox"/> Participate in After Action meetings as required. |
|--|



OPERATIONS SECTION CHIEF

VEST **RED**

Position Checklist

Report To	Unified Command
Supervises	Field Activities, including Security, Clinic and Medical Branch Directors
Suggested Training	Extensive NIMS/ICS Training, Operations Management & POD Management
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Incident Action Plan (IAP)<input type="checkbox"/> POD FOG – P&Ps (Section 4) and Station Scripts (FOG Section 2)<input type="checkbox"/> Patient History Forms and Medical Information Sheets – provided by HCA<input type="checkbox"/> Operations Section Position Checklists (FOG Section 2)<input type="checkbox"/> POD Communications Plan (ICS 205)<input type="checkbox"/> Communication Source

Upon Arrival

- ☐ Receive briefing and assignment(s) from Unified Command.
- ☐ Confirm staff activation: Security, Clinic & Medical Branch Directors. Request Deputy (from Health Care Agency) as needed.
- ☐ Provide initial strategy and tactical objectives based on direction of IC/Unified Command.
- ☐ Review POD IAP, Communications Plan, once developed. Develop staffing assignments, needs, schedules and requests based on IAP. Develop Division and Group assignments.
- ☐ Participate in Operations Briefing (**FOG Section 3**). Provide:
 - Review current actions and the update prior shift accomplishments.
 - Operations Section Division/Group Assignments.
 - Confirm with Logistics estimated arrival time for all equipment and medical supplies.
- ☐ Conduct General briefing (**FOG Section 3**) to include/address:
 - Chain of Command, performance expectations, POD strategy and tactical objectives
 - Any pharmacy protocols and/or orders and standards issued
 - Distribute Operation section Position Checklists, Station Scripts, Drug and Agent Information Sheets to appropriate Branch Directors
 - Personal safety, including personal protective equipment and sharps, and reporting of those issues – Safety Officer
 - Procedures for emergencies, unaccompanied minors, and persons with disability, access and functional needs
 - Site Layout – POD stations, restrooms, canteen, briefing areas, etc.
 - POD Operations overview
 - Personal safety and security
 - Span of control, requests procedures (e.g. equipment, staff)
 - Communications plan (ICS 205)
 - Ensure staff understand their roles and functions and are able to perform assigned tasks
- ☐ Determine POD layout & equipment and supply arrival time with Logistics.



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EMERGENCY MEDICAL SERVICES – EMERGENCY MANAGEMENT
Point of Dispensing (POD) Field Operations Guide (FOG)

- ☐ Oversee POD site set-up. Tour POD site after set-up is complete and ensure existing personnel, materials, equipment and supplies are adequate for POD operations.
- ☐ Notify Unified Command when all Operation Section Branches are operational.

During Operations

- ☐ Ensure adequate resources, including personnel, equipment and supplies with Logistics Chief.
- ☐ Maintain operational period IAP documents, operational period summary reports from Branch Directors and provide all changes/implementations to Unified Command.
- ☐ Evaluate situation and provide updates to Unified Command and Logistics Section.
 - Provide Staff Registration Team Leader with resource status updates
 - Location, status and assignment of resources
 - Clinic Branch information (i.e. patient throughput, amount of prophylaxis distributed, etc.)
- ☐ Ensure coordination of Operations with other Command/General Staff.
- ☐ Ensure all policies and procedures are being adhered to (**FOG Section 4**).
- ☐ Document all Operations functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

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

Operations Chief

Security Branch Director

Clinic Branch Director

Medical Branch Director

Perimeter & Parking Security Group Supervisor

Command Post Security Group Supervisor

Clinic Security Group Supervisor

Medical Storage & Transport Security Group Supervisor

Traffic/Crowd Control Security Group Supervisor

Perimeter & Parking Security

Clinic Security Staff

Medical Storage and Transport Security Staff

Traffic/Crowd Control Security Staff

SECURITY BRANCH DIRECTOR

VEST **RED**

Position Checklist

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



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☐ Participate in After Action meetings as required.



PERIMETER & PARKING SECURITY VEST **RED**

GROUP SUPERVISOR

Position Checklist

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



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- ☐ Assist in the site demobilization process.
- ☐ Participate in After Action meetings as required.

PERIMETER & PARKING SECURITY VEST **RED**

Position Checklist

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



COMMAND POST SECURITY GROUP SUPERVISOR VEST **RED**

Position Checklist

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



CLINIC SECURITY GROUP SUPERVISOR VEST **RED**

Position Checklist

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



CLINIC SECURITY

VEST **RED**

Position Checklist

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

MEDICAL STORAGE & TRANSPORT VEST **RED**

SECURITY GROUP SUPERVISOR

Position Checklist

Report To	Security Branch Director
Supervises	Medical Storage & Transport Security
Minimal Requirements	Basic NIMS/SEMS training, security background (sworn)
Documents & Equipment	<input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site Map & Security plan <input type="checkbox"/> Communication Source
Function(s)	Ensure security presence during pharmaceutical storage & transportation within POD site.

Upon Site Arrival

- ☐ Receive briefing from Security Branch Director:
 - Obtain summary of emergency situation and POD policies.
 - Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.).
 - Become familiarized with site Security plan. Note pharmaceutical storage and transport vulnerabilities.
- ☐ Assess Storage & Dispensing area vulnerabilities; suggest corrections.
- ☐ Supervise crowd control systems set-up (i.e. cones, barricades, etc.).
- ☐ Conduct briefing with Medical Storage & Transportation Security staff (**FOG Section 3**):
 - Provide summary of emergency situation and POD policies.
 - Review Security plan, noting pharmaceutical storage & transportation vulnerabilities.
 - Review staff verification processes noted within plan.
- ☐ Request additional security staff as needed.

During Operations

- ☐ Prevent unauthorized access to Storage & Dispensing area.
- ☐ Coordinate with Law Enforcement & facility security to ensure constant Medical Storage & Transport functions remain secure during site operations.
- ☐ Notify the Security Branch Director of any security issues that you cannot resolve or if additional security measures are required.
- ☐ Ensure continuous Storage area security is maintained & assets are protected.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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



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<input type="checkbox"/> Submit all Section Documentation to Section Chief.

Site Demobilization

<input type="checkbox"/> Participate in After Action meetings as required.
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MEDICAL STORAGE & TRANSPORT VEST RED

SECURITY

Position Checklist

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



TRAFFIC/CROWD CONTROL SECURITY GROUP SUPERVISOR

VEST **RED**

Position Checklist

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



TRAFFIC/CROWD CONTROL SECURITY VEST **RED**

Position Checklist

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

Operations Chief

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graph TD; OC[Operations Chief] --- SB[Security Branch Director]; OC --- CBD[Clinic Branch Director]; OC --- MB[Medical Branch Director]; CBD --- CIGS[Check-In Group Supervisor]; CBD --- SG[Screening Group Supervisor]; CBD --- DVS[Dispensing/Vaccinating Group Supervisor]; CBD --- FCS[Forms Collection Staff]; CIGS --- CIS[Check-In Staff]; SG --- S[Screeners]; DVS --- DV[Dispensors/Vaccinators];
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The organizational chart is structured as follows: At the top is the Operations Chief. Reporting to the Operations Chief are three directors: Security Branch Director, Clinic Branch Director, and Medical Branch Director. The Clinic Branch Director oversees four groups: Check-In Group Supervisor, Screening Group Supervisor, Dispensing/Vaccinating Group Supervisor, and Forms Collection Staff. The Check-In Group Supervisor oversees Check-In Staff. The Screening Group Supervisor oversees Screeners. The Dispensing/Vaccinating Group Supervisor oversees Dispensors/Vaccinators.

Security Branch
Director

**Clinic Branch
Director**

Medical Branch
Director

**Check-In Group
Supervisor**

**Screening Group
Supervisor**

**Dispensing/Vaccinating
Group Supervisor**

Forms Collection Staff

Check-In Staff

Screeners

**Dispensors/
Vaccinators**

OPERATIONS CHIEF - HEALTH/MEDICAL

VEST

RED

Position Checklist

Report To	Unified Command
Supervises	Clinic Branch Directors, Medical Unit Leader, Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health Group Supervisors,
Suggested Training	Currently licensed physician (active or retired), Basic NIMS Training, Operations Management & POD Management
Documents & Equipment	<ul style="list-style-type: none"> <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> HCA POD Policies and Procedures – Dispensing of Vaccinations, Dispensing of Prophylactic Drugs, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4); HCA Public Health Services Standardized Procedures - Administration of Injections, Management of Injection Reactions <input type="checkbox"/> Patient History Forms and Medical Information Sheets <input type="checkbox"/> General Briefing Script (FOG Section 3) <input type="checkbox"/> Clinic Branch and Medical Branch Position Checklists (FOG Section 2) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source
Function(s)	Oversees and coordinates health and medical operations, including Clinic Branch, patient and staff consultation about contraindications, disease and drug being provided, symptomatic patients, and behavioral health activities.
Upon Site Arrival	
<ul style="list-style-type: none"> <input type="checkbox"/> Receive briefing and assignment from Unified Command. <input type="checkbox"/> Confirm staff activation: Clinic & Medical Branch positions <input type="checkbox"/> Review POD site map and POD IAP, Communications Plan, once developed. Develop staffing assignments, needs, schedules and requests based on IAP. Develop Division and Group Assignments: <input type="checkbox"/> Complete and/or update Medical Plan (ICS 206) with Medical Unit Lead. <input type="checkbox"/> Coordinate with Operations Chief-Law to determine or review POD site layout. <input type="checkbox"/> Review POD policies and procedures (FOG Section 4), including Handling Medical Emergencies and Other Medical Non-Emergency Situations, and associated Public Health procedures. <input type="checkbox"/> Participate in Operations Briefing (FOG Section 3). <ul style="list-style-type: none"> ○ Review current actions and update prior shift accomplishments ○ Present Operations Section Division/Group Assignments (Clinic and Medical Branches) ○ Confirm with Logistics estimated arrival time for all equipment and medical supplies ○ Obtain information from Safety Officer on any injuries that occurred during initial response operations and updated precautions. 	

- ☐ Conduct General Briefing (**FOG Section 3**) with Clinic Branch Directors, Medical Branch Group Supervisors and Medical Unit Leader to include:
 - Summarize emergency situation including: current response activities, suspected agent of exposure, medication being provided, etc.
 - Distribute **Operations Section (FOG Section 2)** forms (Position Checklists, Station Scripts, Drug and Agent Information Sheets) to Branch Directors
 - Review and discuss standing orders, drug/vaccination dosing, administration, contraindications and precautions, as well as available supplies with all clinic branch staff.
 - Review POD flow set-up/design and stations, including procedures for unaccompanied minors, persons with disabilities, access and functional needs, and others needing additional assistance.
 - Provide/summarize POD and associated Public Health policies and procedures (**FOG Section 4**) and safety and security measures for personnel (i.e. PPE and sharps handling) & resources.
 - **Demonstrate activation of needle safety features.**
 - **Instruct Vaccination Group supervisors to demonstrate needle safety features to their group.**
 - Review procedures for handling medical emergencies and other medical non-emergency situations.
- ☐ Submit additional staff request for Clinic Branch, Medical Unit and Behavioral Health, Medical Consultation & Symptom Management groups if needed to Unified Command.
- ☐ Coordinate with Operations Chief – Law to oversee POD site set-up. Tour POD site after set-up is complete and ensure existing personnel, materials, equipment and supplies are adequate in and in place for POD operations.
- ☐ Notify Unified Command when Operation Section Clinic and Medical Branches are operational.

During Operations

- ☐ Coordinate operational efforts with Operations Chief-Law as determined by Unified Command.
- ☐ Coordinate activities of Clinic Branch, Medical Unit, Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health groups.
- ☐ Obtain hourly updates on number of patients processed and vaccine/prophylaxis distributed from Clinic Branch Directors and relay information to Unified Command.
- ☐ Ensure all policies & procedures are being adhered to (**FOG Section 4**).
- ☐ Ensure Medical Consultation scripts are being followed.
 - Make vaccination/prophylaxis decisions based on patient medical history and available drug information.
 - Answer medical questions and consult with pharmacists as needed.
- ☐ Oversee the provision of clinical patient assessment for those appearing ill and/or symptomatic in the Symptom Management Area.
- ☐ Oversee medical response for medical emergencies and other medical non-emergency situations as physician on-site, providing MD orders (e.g., for EpiPen administration) as needed to licensed staff.
- ☐ Refer patients to acute medical facility or health care provider as needed.
- ☐ Request additional staff and supplies as needed.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

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



CLINIC BRANCH DIRECTOR

VEST **RED**

Position Checklist

Report To	Operations Section Chief- Health/Medical
Supervises	Check-in, Screening, Vaccination/Dispensing and Forms Collection Group Supervisors
Suggested Training	Intermediate NIMS/SEMS training, POD Operations & FOG Management.
Documents & Equipment	<input type="checkbox"/> POD Incident Action Plan (IAP) – ICS forms 202-205, 208, 209, 214 and 215 <input type="checkbox"/> Copy of HCA POD FOG (Sections 2-4) included associated HCA Public Health Policies and Procedures and Standardized Procedures <input type="checkbox"/> Patient History forms <input type="checkbox"/> Agent and Drug Information Sheets <input type="checkbox"/> Communication Source
Function(s)	Oversees POD clinical operations, medical dispensing & patient flow processes.
Upon Site Arrival	
<input type="checkbox"/> Verify check-in, screening and dispensing station status. Activate/request group supervisor staffing if needed. <input type="checkbox"/> Obtain information from Operations Section Chief-Health/Medical: <ul style="list-style-type: none"> ○ Obtain POD Quick Reference Guide for station overview information. ○ Review POD IAP, FOG and POD layout/flow design ○ Obtain all necessary forms & distribute to group supervisors ○ Review POD policies and procedures (FOG Section 4), HCA Public Health Policies and Procedures and Standardized Procedures and safety and security measures for personnel (i.e. PPE) & resources. ○ Review Communications Plan (205) <input type="checkbox"/> Confirm with Operations Chief estimated arrival time for all equipment and medical supplies. <ul style="list-style-type: none"> ○ Tour POD set-up to ensure existing materials are adequate for POD operations; make necessary equipment requests via Logistics Chief. <input type="checkbox"/> Attend Operations briefing, as requested. <input type="checkbox"/> Conduct briefing with Group Supervisors (General Briefing - FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation including: current response activities, suspected agent of exposure, medication being provided, etc. ○ Station overview – POD flow set-up/design, including processing of persons with disabilities, access and functional needs, and others needing additional assistance. ○ Distribute Operations Section (FOG Section 2) forms to Group Supervisors. ○ Provide/summarize POD and associated Public Health policies and procedures (FOG Section 4) and safety and security measures for personnel (i.e. PPE) & resources. ○ Demonstrate activation of needle safety features. ○ Instruct Vaccination Group supervisors to demonstrate needle safety features to their group. 	



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- ☐ Review and discuss drug/vaccination administration policies and procedures as well as available supplies and dosing information with all clinic branch staff.
- ☐ Review procedures for handling medical emergencies and other medical non-emergency situations.
- ☐ Inform Operations Chief - Health/Medical when clinic branch is operational.
- ☐ Determine time and location of additional briefings.
- ☐ Obtain out-briefing from prior shift Clinic Branch Director, if available.
 - ☐ Information regarding previous operational period

During Operations

- ☐ Refer to POD policy and procedures (**FOG Section 4**), as needed.
- ☐ Attend Operational briefings, as needed.
- ☐ Monitor patient flow processes, modify processes and report major changes to Operations Section Chief- Health/Medical.
- ☐ Ensure station scripts are being followed and all necessary forms are properly processed and collected.
- ☐ Adjust/suggest patient flow modifications as requested – provide updates to Operations Section Chief- Health/Medical for IAP modification.
- ☐ Monitor/record:
 - ☐ Number of patients processed hourly – provide to Operations Section Chief- Health/Medical.
 - ☐ Amount of vaccine/prophylaxis distributed – confirm with Pharmacy Team Leader
 - ☐ Document injuries, accidents or adverse reactions with Safety officer.
 - ☐ Request additional personnel, supplies and equipment as needed.
- ☐ Submit requests to Operation Section Chief - Health/Medical for any medical re-supply requests (**FOG Section 4**).
- ☐ Document all functions on Unit Activity Logs (ICS 214).

End of Shift/Operations

- ☐ Provide briefing to relief position on current activities and unusual events.
- ☐ Ensure all Section Documentation is submitted to Operations Section Chief- Health/Medical.
- ☐ Verify next work schedule.
- ☐ Return POD identification and sign-out with Operations Section Chief- Health/Medical.

Site Demobilization

- ☐ Oversee POD Clinic Branch section demobilization (ICS 221) and clean-up.
- ☐ Participate in After Action meetings as required.



CHECK-IN GROUP SUPERVISOR

VEST

RED

Position Checklist

Report To	Clinic Branch Director
Supervises	Check-In Staff
Suggested Training	Basic NIMS/SEMS training.
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> HCA POD Policies and Procedures – Dispensing of Vaccinations, Dispensing of Prophylactic Drugs, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Handling Medical Emergencies and Other Medical Non-Emergency Situations, Dispensing to Unaccompanied Minors (FOG Section 4).<input type="checkbox"/> General Briefing Script (FOG Section 3).<input type="checkbox"/> Check-In Staff Position Checklist (FOG Section 2).<input type="checkbox"/> POD Map, Patient History Forms, Check-in Station Scripts, Agent and Drug Information Sheets.<input type="checkbox"/> Communication Source.
Function(s)	Oversees check-in process, including assessment of incoming patients for signs and symptoms of illness and for need for additional assistance during POD process.

Upon Site Arrival

- ☐ Receive briefing from Operations Chief or Clinic Branch Director:
 - Obtain summary of the incident and agent signs/symptoms.
 - Station overview – POD flow set-up/design.
 - Obtain appropriate forms.
 - Obtain POD policies and procedures (FOG Section 4) and site safety and security measures.
- ☐ Activate/request additional Check-in staff.
- ☐ Conduct briefing with assigned branch staff (**General Briefing – FOG Section 3**):
 - Provide summary of emergency situation.
 - Provide POD layout/flow design overview and station locations and functions.
 - Review process for persons needing additional assistance (Enhancing Accessibility of POD sites).
 - Review process for handling unaccompanied minors, ill individuals, medical emergencies and other medical situations.
 - Distribute appropriate forms (i.e. Patient History Forms, Check-in Station Scripts, Agent and Drug Information Sheets).
 - Ensure content within Agent and Drug Information Sheets is understood.
 - Verify that all staff understands their function.
- ☐ Inform Clinic Branch Director when station is able to operate.

During Operations

- ☐ Oversee check-in operations.
 - Ensure patients are provided with Patient History Forms, Check-in Station Scripts are followed & preliminary screening occurs.
 - Ensure symptomatic and/or ill patients are referred to Symptom Management area, if activated, Medical Branch Director, or to their health care provider.



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- Ensure persons with disabilities and access and functional needs (DAFN), and others who need additional assistance including children/families are referred to Family Line (Dispensing).
 - Request additional Line Monitors or Runners to provide assistance to persons with DAFN as needed from Clinic Branch Director.
 - Refer and accompany, unaccompanied minors and lost children to Behavioral Health for reunification and child care services
 - Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Clinic Branch Director.
- ☐ Request additional staff as needed.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

- ☐ Coordinate and supervise the break down and re-packing of Check-in stations.
- ☐ Participate in After Action meetings as required.



CHECK-IN STAFF

VEST **RED**

Position Checklist

Report To	Check-In Group Supervisor
Suggested Training	Basic NIMS/SEMS Training.
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Map, Patient History Forms, Check-in Station Script, Agent and Drug Information Sheets.<input type="checkbox"/> HCA POD Policy and Procedures, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Dispensing to Unaccompanied Minors (FOG Section 4).<input type="checkbox"/> Communication Source.<input type="checkbox"/> General office supplies.
Function(s)	Conducts check-in process and assesses incoming patients for signs and symptoms of illness and for need for additional assistance during POD process.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Check-In Group Supervisor:<ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms.○ Station overview – POD flow set-up/design.○ Obtain appropriate forms (i.e. Patient History Forms, Station Scripts, Agent and Drug Information Sheets).○ Review all forms and obtain clarification on any issues noted.○ Review POD Policy and Procedures, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Dispensing to Unaccompanied Minors.<input type="checkbox"/> Ensure Check-in area is set-up, and inform Check-In Group Supervisor when station is able to operate.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Conduct check-in operations:<ul style="list-style-type: none">○ Distribute Patient History Form and provide completion instructions.○ Distribute Agent and Drug Information Sheets.○ FOLLOW STATION SCRIPT.<ul style="list-style-type: none">▪ Observe/assess for patients who are ill and/or symptomatic and refer to Symptom Management station, if activated, or Medical Branch Director for further direction, or to their health care provider (see Processing Individuals Who Appear Visibly Sick).▪ Refer persons with disabilities and access and functional needs (DAFN), and others who need additional assistance including children/families to Family Line (Dispensing).<ul style="list-style-type: none">• Request any support persons (friend, relative, or caregiver) present to accompany person with DAFN through the POD process and assist them as needed.• Request Operations Line Monitor or Runner to accompany person with DAFN through POD process if needed and available.• Refer and accompany, unaccompanied minors and lost children to Behavioral Health for	



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reunification and child care services

- Refer all other patients to Screening Station.
- ☐ Request additional forms, supplies and equipment as needed.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

- ☐ Assist in the demobilization of Check-in station(s).
- ☐ Participate in After Action meetings as required.



CHECK-IN STAFF

Station Script

Group Assigned	Operations – Clinic Branch
Report To	Check-in Group Supervisor
Function (s)	<ul style="list-style-type: none"> • Distribute Patient History Form and provide instructions. • Provide Drug and Agent Information Sheets. • Refer patients who appear ill or report symptoms to Symptom Management (if activated), Medical Branch Director or to their health care provider. • Direct individuals with disabilities and access and functional needs, and others needing additional assistance to the Family Line (Dispensing). • Refer all other patients to Screening Station.

STATION SCRIPT

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

Question 1:	Have you have had a FEVER today or do you presently have a high temperature?	
Response:	YES: Remove the patient from line and refer to Symptom Management area (if activated), Medical Branch Director, or their health care provider.	NO: Proceed to Question 2.
Question 2:	Are you experiencing any RESPIRATORY PROBLEMS such as: cough or difficulty breathing? (note: update symptoms depending on disease)	
Response:	YES: Remove the patient from line and refer to Symptom Management area (if activated), Medical Branch Director, or their health care provider.	NO: Proceed to Question 3
Question 3:	Do you require any additional assistance to go through the POD (for example, with mobility, vision, hearing, language, or if they have children with them)?	
Response:	YES: <ul style="list-style-type: none"> <input type="checkbox"/> Direct to Family Line (Dispensing) where staff will provide/obtain assistance needed for them. <input type="checkbox"/> Request any support persons (friend, relative, or caregiver) present to 	NO: Direct to Screening.



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	<p>accompany person with DAFN through the POD process and assist them as needed.</p> <p><input type="checkbox"/> Request Operations Line Monitor or Runner to accompany person with DAFN through POD process if needed and available.</p>	
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For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Check-In Group Supervisor for referral to a Behavioral Health staff member, if available.



SCREENING GROUP SUPERVISOR

VEST

RED

Position Checklist

Report To	Clinic Branch Director
Supervises	Screening Staff
Suggested Training	Basic NIMS/SEMS Training
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> HCA POD Policies and Procedures – Dispensing of Vaccinations, Dispensing of Prophylactic Drugs, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4)<input type="checkbox"/> General Briefing Script (FOG Section 3)<input type="checkbox"/> Check-In Staff Position Checklist (FOG Section 2)<input type="checkbox"/> POD Map, Screening Station Scripts, Agent and Drug Information Sheets.<input type="checkbox"/> Communication Source
Function(s)	Oversees screening process & monitors patients for illness signs & symptoms.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Operations Chief or Clinic Branch Director:<ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms.○ Station overview – POD flow set-up/design.○ Obtain appropriate forms (i.e. Screening Station Scripts, etc.).○ Obtain POD policies and procedures, site safety and security measures.<input type="checkbox"/> Conduct briefing with assigned staff (FOG Section 3):<ul style="list-style-type: none">○ Provide summary of emergency situation.○ Provide POD layout/flow design overview and station locations and functions.○ Review process for persons needing additional assistance (Enhancing Accessibility of POD Sites P&P).○ Review process for handling ill individuals, medical emergencies and other medical situations.○ Distribute forms for staff to review. (i.e. Patient History Form, Screening Station Scripts, Agent and Drug Information Sheets, etc.).○ Ensure staff understand their roles, functions and are able to perform assigned duties.<input type="checkbox"/> Oversee Screening area set-up and inform Clinic Branch Director when station is operational.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Oversee Screening operations.<ul style="list-style-type: none">○ Ensure Patient History forms are screened in detail & Station Scripts are followed.○ Ensure symptomatic and/or ill patients are referred to Symptom Management area, if activated, or to health care provider, and case contacts are referred to Contact Investigation area, if activated, or Medical Branch Director for further direction.○ Ensure persons with disabilities and access and functional needs (DAFN), and others who need additional assistance including children/families are directed to Family Line (Dispensing) if not	



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already done by Check-In Staff.

- Request additional Line Monitors or Runners to provide assistance to persons with DAFN as needed from Clinic Branch Director.
- Ensure patients with contraindications, or precautions not clearly addressed in POD materials, are referred to Medical Consultation, if activated, Medical Branch Director, or to health care provider.
- Ensure all other patients are directed to Dispensing stations.
- ☐ Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Branch Director.
- ☐ Request additional staff, supplies and equipment as needed.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

- ☐ Brief relief staff on current activities and unusual events; attend Section debrief.
- ☐ Verify next work schedule.
- ☐ Return POD identification and equipment to Branch Director and sign-out with Staff Registration Team Leader.
- ☐ Submit all Section Documentation to Section Chief.

Site Demobilization

- ☐ Supervise demobilization and re-packing of screening station; list equipment/supplies needing replacement.
- ☐ Participate in After Action meetings as required.



SCREENING STAFF

VEST **RED**

Position Checklist

Report To	Screening Group Supervisor
Suggested Training	Basic NIMS/SEMS training
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Map, Screening Station Scripts, Patient History Form, Agent and Drug Information Sheets<input type="checkbox"/> HCA POD Policy and Procedures - Enhancing Accessibility of POD sites, Processing Individuals Who Appear Visibly Sick (FOG Section 4)<input type="checkbox"/> Communication Source
Function(s)	Reviews Patient History Forms for completeness and screens patient for contraindications/precautions to receiving vaccination/medication at POD.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Screening Group Supervisor:<ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms.○ Station overview – POD flow set-up/design.○ Obtain appropriate forms (i.e. Patient History Forms, Screening Station Scripts, Agent and Drug Information Sheets) to review.○ Review all forms and obtain clarification on any issues noted.○ Review POD Policy and Procedures Enhancing Accessibility of POD sites, Processing Individuals Who Appear Visibly Sick.<input type="checkbox"/> Establish Screening area set-up and inform Screening Group Supervisor when station is able to operate.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Review each Patient History Form for completeness and any needed clarification.<input type="checkbox"/> FOLLOW STATION SCRIPT<ul style="list-style-type: none">○ Screen forms for completeness and contraindications/precautions.○ Direct symptomatic and/or ill patients to Symptom Management or to Medical Branch Director for further direction.○ Direct persons needing additional assistance, including children/families, to Family Line (Dispensing) if not already done by Check-In staff.○ Direct persons with cited contraindications, or precautions not clearly addressed in POD materials, to Medical Consultation, if activated, Medical Branch Director, or to health care provider.○ Direct all others to Dispensing stations.<input type="checkbox"/> Observe for behavioral health issues and report findings to Screening Group Supervisor to request Behavioral Health staff consult, if appropriate.<input type="checkbox"/> Request additional supplies and equipment as needed.<input type="checkbox"/> Document all functions on Unit Logs (ICS 214).	
End of Shift/Operations	



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- | |
|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Provide briefing to relief on current activities and unusual events.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Return POD identification and sign-out with Group Supervisor.<input type="checkbox"/> Submit all Section Documentation to Group Supervisor. |
|---|

Site Demobilization

- | |
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| <ul style="list-style-type: none"><input type="checkbox"/> Assist with the break down of individual Screening station.<input type="checkbox"/> Participate in After Action meetings as required. |
|---|

SCREENERS

Station Script

Group Assigned	Operations – Clinic Branch
Report To	Screening Group Supervisor
Function (s)	<ul style="list-style-type: none"> • Question and visually assess patients for potential signs and symptoms of illness; refer symptomatic to Symptom Management station (if activated) or health care provider. • Review Patient History Forms for completeness, accuracy and any noted medical contraindications/precautions. • Ensure optimal POD throughput by referring patients with contraindications or precautions not clearly addressed in POD materials to Medical Consultation (if activated), Medical Branch Director, or to health care provider. • Refer contacts of cases to Contact Investigation (if activated) or Medical Branch Director. • Refer all other patients to Dispensing Stations after screening.

STATION SCRIPT

- ☐ Hello Sir/Madam. Please provide me with your Patient History Form so I may review it.
- ☐ Again, for completion purposes, there are a few questions I would like to ask you today:

Question 1:	Have you had a FEVER today or do you presently have a high temperature?	
Response:	YES: Remove the patient from line and refer to Symptom Management station (if activated), Medical Branch Director, or health care provider.	NO: Proceed to Question 2.
Question 2:	Are you experiencing any RESPIRATORY PROBLEMS such as: cough or difficulty breathing? (note: update symptoms asked depending on disease agent needing POD)	
Response:	YES: Remove the patient from line and refer to Symptom Management station (if activated), Medical Branch Director, or health care provider.	NO: Proceed to Question 3.
Question 3:	Proceed to Screening for Contraindications/Precautions section.	

SCREENING FOR CONTRAINDICATIONS/PRECAUTIONS

IMPORTANT:	Review Patient History Forms, if they have circled “YES” to one of the contraindications/precautions listed on the Patient History Form, confirm response verbally and proceed as below.
Contra-indications:	<p><i>A contraindication is a specific situation in which a certain medicine/vaccine should NOT be used as it may be harmful to the patient.</i></p> <p><u>Examples of contraindications (use the ones on the Patient History Form):</u></p> <ul style="list-style-type: none"> • People with allergy to specific medication or vaccine being given or ingredient in medication/vaccine.



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	<ul style="list-style-type: none">• <i>Severe reaction to medication/vaccine previously.</i>• <i>Drug interactions with severe outcomes.</i> Refer patients with CONTRAINDICATIONS to Medical Consultation, if activated, Medical Branch Director, or to health care provider. Do NOT dispense without Medical Consultation.
Precautions:	<i>A precaution is a specific situation in which a certain medicine/vaccine may be harmful or hasn't been studied, but it could be used if the benefits outweigh the risks.</i> Consult POD materials regarding specific precaution and follow instructions given. If not addressed in POD materials, refer to Medical Consultation, if activated, Medical Branch Director, or to health care provider.
Pregnancy:	<i>Pregnancy may be a contraindication or a precaution for some medications/vaccines; there may be preparations available that can be used.</i> Verify in POD materials or with Vaccination/Dispensing Group supervisor if able to dispense to pregnant women.

For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Screening Group Supervisor to request a Behavioral Health staff consult, if available.

VACCINATION/DISPENSING GROUP SUPERVISOR VEST **RED**

Position Checklist

Report To	Clinic Branch Director
Supervises	Vaccinators/Dispensers
Suggested Training	Intermediate NIMS/SEMS training, administrative skills and clinical background
Documents & Equipment	<input type="checkbox"/> POD Incident Action Plan (IAP) and POD Map <input type="checkbox"/> HCA POD FOG (Sections 2-4); Associated Public Health procedures <input type="checkbox"/> Vaccinators/Dispensers Position Checklist and Station Script, Screening Staff Position Checklist and Station Script (for Family Line), Agent and Drug Information Sheets <input type="checkbox"/> Communication Source
Function(s)	Oversees vaccination/dispensing process, ensures appropriate vaccination/dispensing procedures are being followed, including for safety, and oversees monitoring of patients for immediate adverse effects of prophylactic medication(s). In Family Line, also oversee screening.
Upon Site Arrival	
<input type="checkbox"/> Receive briefing from Operations Chief or Clinic Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of the incident and agent signs/symptoms ○ Dosing/Vaccination Information ○ Station overview – POD flow set-up/design ○ Obtain appropriate forms (i.e. Vaccinators/Dispensers and Screening Station Scripts, Agent Information Sheets, etc.) ○ Obtain POD policies and procedures (FOG Section 4), associated Public Health procedures, standing orders and site safety and security measures <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing - FOG Section 3): <ul style="list-style-type: none"> ○ Dosing/Vaccination Information ○ Provide summary of emergency situation and prophylaxis to be given ○ Provide POD layout/flow design overview and station locations and functions ○ Review procedures for vaccination/dispensing, including infection control and sharps safety, handling of medical emergencies, including allergic reactions, and other medical situations, and processing of persons with disabilities and access and functional needs, and others that may need additional assistance ○ Demonstrate needle safety features to Vaccinators/Dispensers ○ Distribute appropriate forms and ensure staff understands their roles are able to perform assigned duties <input type="checkbox"/> Coordinate Dispensing area set-up and inform Clinic Branch Director when station is able to operate.	
During Operations	
<input type="checkbox"/> Oversee Dispensing/Vaccination operations:	

- Ensure Patient History Forms are screened, proper dispensing technique & Station Scripts are followed, doses and other required information documented, and appropriate forms and information sheets provided to patients.
- Ensure referral of symptomatic/ill patients to Symptom Management area, case contacts to Contact Investigation & those with contraindications to Medical Consultation, if activated, or to Medical Branch Director for further direction
- Observe staff for safe administration of vaccines and report any medical/non-medical emergencies
- For Family Line – ensure **both** Screening and Dispensing are conducted. Request specialized assistance (e.g., interpreter, mobility assistance) as needed through Clinic Branch Director
- ❑ Monitor number of patients processed hourly, report to Clinic Branch Director.
- ❑ Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Branch Director.
- ❑ Submit additional staff, supplies and equipment requests, as needed.
- ❑ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations and/or Site Demobilization

- ❑ Provide briefing to relief on current activities and unusual events.
- ❑ Verify next work schedule.
- ❑ Return POD identification and submit all Section Documentation to Section Chief.
- ❑ Coordinate/supervise break-down of dispensing station.
- ❑ Ensure collection of all sharps and biohazard waste according to protocols, if applicable.
- ❑ Participate in After Action meetings as required.

VACCINATORS/DISPENSERS

VEST **RED**

Position Checklist

Report To	Vaccination/Dispensing Group Supervisor or Team Lead
Suggested Training	Basis NIMS/SEMS training. Preferred license includes RN, CAN, LVN, EMT-P, EMT, DDS, RDA or CDM
Documents & Equipment	<input type="checkbox"/> POD Map, Patient History Form, Vaccinators/Dispenser Station Script, Agent and Drug Information Sheets, Screening Staff Position Checklist and Station Script <input type="checkbox"/> HCA POD Policies and Procedures – Dispensing of Vaccinations, Dispensing of Prophylactic Drugs, Enhancing Accessibility of POD Sites, Processing of Individuals Who Appear Visibly Sick, Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4). Associated HCA Public Health procedures <input type="checkbox"/> Communication Source
Function(s)	Provides medical prophylaxis to individuals who have been checked in and screened for contraindications. Monitors for any immediate adverse effects from prophylactic medication(s)/vaccine.

Upon Site Arrival

- ☐ Receive briefing from Vaccination/Dispensing Group Supervisor:
 - Obtain summary of the incident and agent signs/symptoms, medication/vaccine dosing.
 - Station overview – POD flow set-up/design.
 - Obtain and review appropriate forms (i.e. Patient History Form, Vaccinators/Dispensers Station Scripts, Agent and Drug Information Sheets, Screening Staff Position Checklist and Station Script, etc.).
 - Review POD Policies and Procedures (FOG Section 4).
- ☐ Complete Medication/Vaccine Log and begin preparing medication/vaccine based on doses to be distributed.
- ☐ Coordinate Dispensing area set-up and inform Group Supervisor when station is operational.

During Operations

- ☐ Family Line staff will need to conduct **both** Screening and Dispensing for persons referred from Check-In or Screening for needing additional assistance, including children/families.
 - Request specialized assistance (e.g., interpreter, mobility assistance) as needed through Group Supervisor.
 - Follow Screening Staff Position Checklist and Station Script.
- ☐ Conduct Dispensing/Vaccination process:
 - Verify name, date of birth, address, and telephone number on patient tracking form for completion
 - **FOLLOW STATION SCRIPT.**
 - Review Patient History Forms:
 - Screen forms for completeness and contraindications/precautions.

- Refer symptomatic/ill patients to Symptom Management area and case contacts to Contact Investigation, if activated, or to Medical Branch Director.
- Refer patients with contraindications or precautions not addressed in POD materials to Medical Consultation, if activated, Medical Branch Director, or to health care provider.
- Dispense/vaccinate patients following POD procedures, including proper use of safety devices and prompt, safe disposal of sharps and biological waste.

Dispensing

- Label medical screening form with label from bottle.
- Label patient history forms/questionnaire with the following, if applicable/requested:
 - Prescription number
 - Date dispensed
 - Name of drug, strength and quantity dispensed
 - Lot number and expiration date
 - Initials of person dispensing drug
 - Ordering physician (if applicable)
- Give patient labeled bottle of medication (if applicable).

Vaccination

- Complete bottom of Influenza Vaccination Questionnaire (or other provided questionnaire relevant to situation) and sign/obtain appropriate signatures.
- Ensure completion of Influenza Authorization Record or other provided vaccine log for the POD.

Dispensing/Vaccination

- Ensure patient has Drug, Vaccine and/or Agent Information Sheets, second dose referral form, etc. as appropriate.
- Direct patient to Forms Collection/Exit. Request Line Monitor/Runner to accompany persons needing additional assistance, if needed and available.
- ☐ Follow POD procedure for handling medical emergencies and other medical non-emergency situations.
- ☐ Follow POD procedure for handling individuals who appear visibly sick.
- ☐ Record number of patients processed; report to Vaccination/Dispensing Group Supervisor upon request.
- ☐ **Submit medical supplies, equipment and additional prophylaxis needs to Group Supervisor or Team Lead.**
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

- ☐ Assist in the demobilization and clean-up of individual Dispensing/Vaccination station.
- ☐ Participate in After Action meetings as required.



VACCINATORS/ DISPENSORS

Station Script

Group Assigned	Operations – Clinic Branch
Report To	Dispensing/Vaccinating Group Supervisor
Function (s)	<ul style="list-style-type: none">• Direct patients who appear ill or report symptoms of illness to Symptom Management station (if activated), Medical Branch Director, or their health care provider for evaluation.• Review forms for contraindications/precautions.• Verify dosing to be provided.• Administer prophylactic medication/vaccinations as per POD procedures.• Document medication/dosage distributed on the Patient History Form.• Monitor for immediate adverse reactions to medication.• Provide Agent and Drug Information Sheets.• Direct to POD Exit after Dispensing/Vaccination.

STATION SCRIPT

IMPORTANT:	Review Patient History Forms, if they have circled “YES” to one of the contraindications/precautions listed, confirm response verbally and proceed as below.
Contra- indications:	<p>A contraindication is a specific situation in which a certain medicine/vaccine should NOT be used as it may be harmful to the patient. Examples of contraindications:</p> <ul style="list-style-type: none">• People with allergy to specific medication or vaccine being given or ingredient in medication/vaccine.• Severe reaction to medication/vaccine previously.• Drug interactions with severe outcomes. <p>Refer patients with CONTRAINDICATIONS to Medical Consultation, if activated, Medical Branch Director, or to their health care provider. Do NOT dispense with contraindications, without prior Medical Consultation.</p>
Precautions:	<p>A precaution is a specific situation in which a certain medicine/vaccine may be harmful or hasn’t been studied, but it could be used if the benefits outweigh the risks.</p> <p>Consult POD materials regarding specific precaution and follow instructions given. If not addressed in POD materials, refer to Medical Consultation, if activated, Medical Branch Director, or to their health care provider.</p>
Pregnancy:	<p>Pregnancy may be a contraindication or a precaution for some medications/vaccines; there may be preparations available that can be used.</p> <p>Verify in POD materials or with Vaccination/Dispensing Group supervisor if able to dispense to pregnant women.</p>



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(***NOTE:** If patient came from Medical Consultation, review Patient History Form and administer standard or alternative medical prophylaxis based on Medical Consultation Recommendation (in writing)).

ADDITIONAL INFORMATION

Vaccine Allergy:	<ul style="list-style-type: none">• Observe for immediate adverse reaction.• Notify your supervisor immediately.• Follow HCA POD P&P for Handling Medical Emergencies and Other Medical Non-Emergency Situations and Public Health Standardized Protocol for Management of Injection Reactions.<ul style="list-style-type: none">○ For emergencies, immediately call for help. Direct someone to request Medical Unit Leader assistance with emergency kit and EMS if on-site, and call 9-1-1 if EMS not on-site.○ Assess patient and commence CPR, if indicated. Employ AED if available and indicated, or take further action as appropriate and consistent with scope of practice until trained assistance arrives.○ For non-emergency situations, assist patients to designated first aid area if able to be moved. Onsite Medical Unit will provide treatment within scope of practice.
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For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Dispensing/Vaccination Group Supervisor to request a Behavioral Health consult, if available.



FORMS COLLECTION

VEST **RED**

Position Checklist

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



LINE MONITOR

VEST **TBD**

Position Checklist

Report To	Supervisor as assigned
Suggested Training	Basic NIMS/SEMS and disaster response training
Documents & Equipment	<input type="checkbox"/> HCA POD Policy and Procedure, Enhancing Accessibility of POD Sites (FOG Section 4) <input type="checkbox"/> Communication Source
Function(s)	Ensures patient processing flow smoothly during POD operations.
Upon Site Arrival	
<input type="checkbox"/> Receive briefing from Assigned Group Supervisor or Section Chief: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms.○ Station overview – POD flow set-up/design. <input type="checkbox"/> Participate in POD walk-through to become familiar with all POD entry/exit points, stations, crowd control measures in place, etc. <input type="checkbox"/> Review POD Policy and Procedure, Enhancing Accessibility of POD Sites.	
During Operations	
<input type="checkbox"/> Direct patients to appropriate POD station. <input type="checkbox"/> Answer general patient questions. <input type="checkbox"/> Provide assistance as needed, or requested, for patients with disabilities and access and functional needs and others requiring additional assistance. <ul style="list-style-type: none">○ Request specialized support (e.g., interpreter, wheelchair, etc.) from supervisor or designated resource location on site.○ Follow Enhancing Accessibility of POD Sites P&P. <input type="checkbox"/> Observe patient for anxious or agitated behavior and notify supervisor. <input type="checkbox"/> Notify Safety Officer and assigned Group Supervisor of any accidents, injuries and/or deaths that occur during POD operations.	
End of Shift/Operations	
<input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Restock supplies as requested. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with assigned Supervisor.	
Site Demobilization	
<input type="checkbox"/> Assist in site demobilization as specified by assigned Supervisor. <input type="checkbox"/> Assist in site demobilization as needed.	



RUNNER

VEST

TBD

Position Checklist

Report To	Supervisor as assigned
Suggested Training	Basic NIMS/SEMS training
Documents & Equipment	<input type="checkbox"/> HCA POD Policy and Procedure, Enhancing Accessibility of Point of Dispensing (POD) Sites (FOG Section 4) <input type="checkbox"/> Communication Source
Function(s)	Provides assistance to assigned Section with requests made during operations.
Upon Site Arrival	
<input type="checkbox"/> Receive briefing from Assigned Group Supervisor or Section Chief: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms○ Station overview – POD flow set-up/design <input type="checkbox"/> Participate in POD walk-through to become familiar with all POD entry/exit points, stations, crowd control measures in place, etc. <input type="checkbox"/> Review POD Policy and Procedure, Enhancing Accessibility of Dispensing (POD) sites	
During Operations	
<input type="checkbox"/> Ensure all area supplies are adequate for operations. <input type="checkbox"/> Visually assess the need for dispensing station supplies and restock supplies as required/requested. <input type="checkbox"/> Assist in distribution of supplies and delivering messages between Sections. <input type="checkbox"/> Provide assistance as needed, or requested, for patients with disabilities and access and functional needs and others requiring additional assistance. <ul style="list-style-type: none">○ Request specialized support (e.g., interpreter, wheelchair, etc.) from supervisor or designated resource location on site○ Follow Enhancing Accessibility of POD sites P&P <input type="checkbox"/> Provide assistance as needed, or requested, from POD staff. <input type="checkbox"/> Notify Safety Officer and assigned Group Supervisor of any accidents, injuries and/or deaths that occur during POD operations. <input type="checkbox"/> Assist with other duties as assigned or requested.	
End of Shift/Operations	
<input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Restock supplies as requested. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification & sign-out with Section Chief or Group Supervisor.	
Site Demobilization	
<input type="checkbox"/> Assist in site demobilization as specified by Group Supervisor. <input type="checkbox"/> Assist in site demobilization and clean-up as needed.	

Operations Chief

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graph TD; OC[Operations Chief] --> SBD[Security Branch Director]; OC --> CBD[Clinic Branch Director]; OC --> MBD[Medical Branch Director]; MBD --> BHGS[Behavioral Health Group Supervisor]; MBD --> MCGS[Medical Consultation Group Supervisor]; MBD --> SMSGS[Symptom Management Group Supervisor]; MBD --> CIGS[Contact Investigation Group Supervisor]; BHGS --> BHC[Behavioral Health Counselors]; MCGS --> MCS[Medical Consultation Staff]; SMSGS --> SMS[Symptom Management Staff]; CIGS --> CI[Contact Investigators];
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The diagram is an organizational chart. At the top is a box for the 'Operations Chief'. A line connects this box to a horizontal line below it. From this horizontal line, three vertical lines descend to three boxes: 'Security Branch Director', 'Clinic Branch Director', and 'Medical Branch Director'. The 'Medical Branch Director' box is connected to another horizontal line below it. From this second horizontal line, four vertical lines descend to four boxes: 'Behavioral Health Group Supervisor', 'Medical Consultation Group Supervisor', 'Symptom Management Group Supervisor', and 'Contact Investigation Group Supervisor'. Each of these four boxes is connected to a final horizontal line below it. From this final horizontal line, four vertical lines descend to four boxes: 'Behavioral Health Counselors', 'Medical Consultation Staff', 'Symptom Management Staff', and 'Contact Investigators'.

Security Branch
Director

Clinic Branch
Director

**Medical Branch
Director**

**Behavioral Health
Group Supervisor**

**Medical Consultation
Group Supervisor**

**Symptom Management
Group Supervisor**

**Contact Investigation
Group Supervisor**

**Behavioral Health
Counselors**

**Medical
Consultation Staff**

**Symptom
Management Staff**

**Contact
Investigators**



MEDICAL BRANCH DIRECTOR

VEST

RED

Position Checklist

Report To	Operations Section Chief
Supervises	Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health Group Supervisors
Suggested Training	Currently licensed physician (active or retired), Basic NIMS Training
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> HCA POD Policies and Procedures – Dispensing of Vaccinations, Dispensing of Prophylactic Drugs, Enhancing Accessibility of POD Sites, Processing Individuals Who Appear Visibly Sick, Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4); HCA Public Health Services Standardized Procedures - Administration of Injections, Management of Injection Reactions<input type="checkbox"/> General Briefing Script (FOG Section 3)<input type="checkbox"/> POD Incident Action Plan (IAP) –Medical Plan (ICS 206)<input type="checkbox"/> Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health Group Supervisor and Staff Position Checklists (FOG Section 2)<input type="checkbox"/> Unit Activity Log (214)<input type="checkbox"/> Communication Source
Function(s)	Oversees and coordinates clinical and behavioral health activities during POD process, provides patient and staff consultation about contraindications, disease and drug being provided.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Operations Section Chief:<ul style="list-style-type: none">○ Obtain information from Safety officer on any injuries that occurred during initial response operations.○ Review IAP and POD site maps.○ Complete and/or update Medical Plan (ICS 206) with Medical Unit Lead.○ Review POD policies and procedures (FOG Section 4), including Handling Medical Emergencies and Other Medical Non-Emergency Situations, and associated Public Health procedures.<input type="checkbox"/> Submit additional staff request for Behavioral Health, Medical Consultation & Symptom Management groups if needed to Section Chief.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3):<ul style="list-style-type: none">○ Provide summary of emergency situation.○ Coordinate activities of Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health groups.<input type="checkbox"/> Ensure Medical Consultation scripts are being followed.	



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- ☐ Make prophylaxis decisions based on patient medical history and available drug information.
- ☐ Answer medical questions and consult with pharmacists as needed.
- ☐ Oversee the provision of clinical patient assessment for those appearing ill and/or symptomatic in the Symptom Management Area.
- ☐ Oversee medical response for medical emergencies and other medical non-emergency situations as physician on-site, providing MD orders (e.g., for EpiPen administration) as needed to licensed staff.
- ☐ Refer patients to acute medical facility or health care provider as needed.
- ☐ Request additional staff as needed.
- ☐ Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

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

Site Demobilization

- ☐ Participate in After Action meetings as required.



MEDICAL CONSULTATION GROUP SUPERVISOR

VEST **RED**

Position Checklist

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



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Site Demobilization
<input type="checkbox"/> Participate in After Action meetings as required.



MEDICAL CONSULTATION STAFF

VEST **RED**

Position Checklist

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



SYMPTOM MANAGEMENT GROUP SUPERVISOR

VEST **RED**

Position Checklist

Report To	Medical Branch Director
Supervises	Symptom Management Staff
Suggested Training	Basic NIMS/SEMS training. Licensed clinician, nurse, nurse practitioner, etc.
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Map and copy of Medical Plan (ICS 206)<input type="checkbox"/> POD FOG P&Ps (Section 4)<input type="checkbox"/> Medical Information Sheets<input type="checkbox"/> Communication Source<input type="checkbox"/> Personal Protective Equipment, if indicated
Function(s)	Oversees ill and/or symptomatic patient evaluations to determine need for additional medical care and refer for further follow-up.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Medical Branch Director:<ul style="list-style-type: none">○ Obtain summary of the incident.○ Review IAP, policy and procedures and POD site map.○ Obtain disease and medical information sheets.<input type="checkbox"/> Activate/request additional Symptom Management staff.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Conduct briefing with assigned branch staff (FOG Section 3):<ul style="list-style-type: none">○ Provide summary of emergency situation.○ Provide POD layout/flow design overview and station locations.○ Distribute disease and medical information sheets.○ Ensure coordination with Medical Consultation Group.<input type="checkbox"/> Oversee evaluation of patients. Refer to POD P&P Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4). Refer patient family members not removed from line to POD Screening station.<input type="checkbox"/> Utilize personal protective equipment, if indicated, prior to evaluating patient.<input type="checkbox"/> Assist with determination of mode of transport (self or present family/friend, or EMS) of patient needing further evaluation; coordinate EMS transport through Medical Unit Leader.<input type="checkbox"/> Ensure/review documentation of evaluation findings on Patient History form and Health Care Facility Referral and Notification to Primary Care Provider, if applicable.<input type="checkbox"/> Report any suspect reportable disease cases to HCA Epidemiology at 714-834-8180.<input type="checkbox"/> Request additional staff as needed.<input type="checkbox"/> Document all functions on Unit Logs (ICS 214).	



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End of Shift/Operations
<ul style="list-style-type: none"><input type="checkbox"/> Provide briefing to relief on current activities and unusual events.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Return POD identification and sign-out with Section Chief.<input type="checkbox"/> Submit all Section Documentation to Section Chief.
Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Participate in After Action meetings as required.



SYMPTOM MANAGEMENT STAFF

VEST

RED

Position Checklist

Report To	Symptom Management Group Supervisor (if activated) or Medical Branch Director
Suggested Training	Basic NIMS/SEMS training with a clinical background
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Map and copy of Medical Plan (ICS 206)<input type="checkbox"/> POD FOG P&Ps (Section 4)<input type="checkbox"/> Medical Information Sheets<input type="checkbox"/> Communication Source<input type="checkbox"/> Personal Protective Equipment, if indicated
Function(s)	Provide ill and/or symptomatic patients with initial evaluation and refer for further follow-up and/ or patient transfer.
Upon Site Arrival	
<ul style="list-style-type: none"><input type="checkbox"/> Receive briefing from Medical Branch Director or Symptom Management Group Supervisor:<ul style="list-style-type: none">○ Obtain summary of the incident.○ Review IAP and POD site map.○ Obtain disease and medical information sheets.<input type="checkbox"/> Proceed to Symptom Management area.	
During Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Utilize personal protective equipment as needed, depending on reported symptomatology of patient, prior to evaluating patient.<input type="checkbox"/> Refer non-ill patient family members to Contact Management, if activated, or POD Screening station.<input type="checkbox"/> Evaluate symptomatic/ill patients referred from POD operations. Refer to POD P&P Handling Medical Emergencies and Other Medical Non-Emergency Situations (FOG Section 4). If additional medical assistance needed, request assistance/supplies from Medical Unit Leader through the Symptom Management Group Supervisor to the Medical Branch Director.<input type="checkbox"/> Refer patient to off-site medical provider for further evaluation if needed. Determine mode of transport (self or present family/friend, or EMS) with supervisor, based on level of acuity.<input type="checkbox"/> Document evaluation finding on Patient History form and Health Care Facility Referral and Notification to Primary Care Provider, if applicable.<input type="checkbox"/> Alert supervisor to any suspect reportable disease cases if indicated.<input type="checkbox"/> Request additional staff as needed.<input type="checkbox"/> Document all functions on Unit Logs (ICS 214).	
End of Shift/Operations	
<ul style="list-style-type: none"><input type="checkbox"/> Brief relief staff on current activities and unusual events; attend Section debriefing.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Return POD identification and sign-out with Group Supervisor.<input type="checkbox"/> Submit all Section Documentation to Group Supervisor.	



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Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Assist in Symptom Management station breakdown; list equipment/supplies requiring replacement<input type="checkbox"/> Participate in After Action meetings as required.

MEDICAL UNIT LEADER

VEST

RED

Position Checklist

Report To	Operations Chief – Health/Medical
Supervises	Emergency Medical Service and Medical (i.e. First Aid/Paramedic) staff.
Suggested Training	Basic NIMS/SEMS training.
Documents & Equipment	<input type="checkbox"/> Incident Action Plan (IAP) –Medical Plan (ICS 206). <input type="checkbox"/> HCA POD Policy and Procedure Handling Medical Emergencies and Other Medical Non-Emergency Situations. <input type="checkbox"/> Unit Activity Log (214). <input type="checkbox"/> Communication Source.
Function(s)	Oversees, maintains and ensures medical care is provided to injured or ill onsite members of the public or POD staff

Upon Site Arrival

- ☐ Obtain briefing from Operations Chief – Health/Medical:
 - Obtain information from Safety Officer on any injuries that occurred during initial operations.
- ☐ Determine emergency medical activities performed prior to Unit activation.
- ☐ Respond to requests for medical treatment and transportation for onsite members of the public or POD staff
- ☐ Request/supervise ambulance and first aid staff for onsite members of the public or POD staff .Work with Operations Chief—Health/Medical to **prepare/approve Medical Plan (ICS 206)**:
 - Number & location of first aid stations, ambulances, helicopters, and assigned medical personnel.
 - Potential for medical problems (i.e. dehydration, heat stroke, etc.) based on prophylaxis provided.
 - Medical supplies needed – work with Resource and Supply Units.
 - Medical Assembly and Triage Areas.
 - Ambulance Traffic Route and Landing Zone for Life flight.
 - Local hospitals surrounding site.
 - Hazard specific information (HAZMAT treatment, PPE needed, etc.).
 - Confirm location of available emergency kit/epinephrine with Pharmacy Team Lead.
- ☐ Obtain Safety Officer approval of Medical Plan.
- ☐ Review HCA POD Policy and Procedure Handling Medical Emergencies and Other Medical Non-Emergency Situations.

During Operations

- ☐ Coordinate Medical Plan with local hospitals and OCHCA BLS/ALS teams.
- ☐ Respond to requests for medical aid and/or supplies.
- ☐ Notify Safety Officer and Operations Chief—Health/Medical of all accidents & injuries and prepare medical reports.
- ☐ Notify Operations Chief—Health/Medical of all serious illnesses or injuries necessitating EMS transport.
- ☐ Modify Medical Plan (ICS 206) as needed and update Operations Chief—Health/Medical.
- ☐ Document all functions on Unit Activity Logs (ICS 214).



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End of Shift/Operations
<ul style="list-style-type: none"><input type="checkbox"/> Provide briefing to relief on current activities and unusual events.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Submit reports as directed; provide copies to Data Entry Team Leader, if requested<input type="checkbox"/> Submit all Section Documentation to Operations Chief—Health/Medical.
Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Participate in After Action meetings as required.

BEHAVIORAL HEALTH GROUP SUPERVISOR

VEST **RED**

Position Checklist

Report To	Medical Branch Director
Supervises	Behavioral Health Staff
Suggested Training	Previous supervisory and POD exercise experience; knowledge of psychological first aid, HDM POD Training
Documents & Equipment	<input type="checkbox"/> Medical Plan (ICS 206) and Unit Activity Log (ICS 214) <input type="checkbox"/> Communication Source
Function(s)	To oversee and/or provide direct behavioral health disaster response services such as psychological first aid, de-escalation, crisis intervention, education and linkage and referral.
Upon Site Arrival	
<input type="checkbox"/> Receive briefing from Medical Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of the incident, suspected agent/disease exposure and review Medical Plan. ○ Review IAP and POD site map ○ Obtain POD identification/vest and communications equipment ○ Obtain disease and medical information sheets and Unit Activity Log (ICS 214) ○ Obtain behavioral health handouts specific to event ○ Report to Behavioral Health area 	
During Operations	
<input type="checkbox"/> Provide briefing to Behavioral Health Staff. <input type="checkbox"/> Observe overall setup of site (i.e. registration area, signage, roping off of areas and lines, entrance and exit, Behavioral Health area), summarize comments from Behavioral Health staff, and provide Medical Branch Director with feedback and suggestions to ensure setup is clear to the public. <input type="checkbox"/> Observe public and staff for signs of stress. <input type="checkbox"/> Supervise Behavioral Health staff activities and provide psychological first aid services, education, and crisis intervention as needed. <input type="checkbox"/> Refer public and staff to additional services as needed. <input type="checkbox"/> Notify Medical Branch Director of any unusual circumstances. <input type="checkbox"/> Coordinate family reunification and child care for unaccompanied minors and lost children <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214).	
End of Shift/Operations	
<input type="checkbox"/> Provide debriefing to Behavioral Health Staff going off shift <input type="checkbox"/> Ensure all assigned staff have signed out <input type="checkbox"/> Provide briefing to relief staff on current activities and unusual circumstances to Medical Branch	



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Director.

- ☐ Verify next work schedule.
- ☐ Return POD identification/vest and communication device.
- ☐ Submit all Section Documentation to Medical Branch Director.
- ☐ Sign-out with Medical Branch Director or Section Chief.

Site Demobilization

- ☐ Participate in After Action meetings as required.

BEHAVIORAL HEALTH STAFF

VEST **RED**

Position Checklist

Report To	Behavioral Health Group Supervisor
Supervises	N/A
Suggested Training	Previous POD exercise experience; knowledge of psychological first aid, HDM POD Training
Documents & Equipment	<input type="checkbox"/> Medical Plan (ICS 206) and Unit Activity Log (ICS 214) <input type="checkbox"/> Communication Source
Function(s)	To provide direct behavioral health disaster response services such as psychological first aid, de-escalation, crisis intervention, education and linkage and referral.
Upon Site Arrival	
<input type="checkbox"/> Receive briefing from Behavioral Health Group Supervisor: <ul style="list-style-type: none"> ○ Obtain summary of the incident, suspected agent/disease exposure and review Medical Plan ○ Review IAP and POD site map ○ Obtain POD identification/vest and communications equipment ○ Obtain disease and medical information sheets and Unit Activity Log (ICS 214) ○ Obtain behavioral health handouts specific to event ○ Report to Behavioral Health area 	
During Operations	
<input type="checkbox"/> Observe overall setup of site (i.e. registration area, signage, roping off of areas and lines, entrance and exit, Behavioral Health area) and provide Behavioral Health Group Supervisor with feedback and suggestions to ensure setup is clear to the public <input type="checkbox"/> Observe public and staff for signs of stress <input type="checkbox"/> Provide psychological first aid services, education, and crisis intervention as directed by Behavioral Health Group Supervisor <input type="checkbox"/> Refer public and staff to additional services as needed <input type="checkbox"/> Notify Behavioral Health Group Supervisor of any unusual circumstances <input type="checkbox"/> Coordinate family reunification and child care for unaccompanied minors and lost children <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214)	
End of Shift/Operations	
<input type="checkbox"/> Provide briefing to relief staff on current activities and unusual events to Behavioral Health Group Supervisor <input type="checkbox"/> Verify next work schedule	



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- | |
|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Return POD identification/vest and communication device<input type="checkbox"/> Submit all Section Documentation to Behavioral Health Group Supervisor<input type="checkbox"/> Participate in debriefing provided by Behavioral Health Group Supervisor<input type="checkbox"/> Sign-out with Behavioral Health Group Supervisor |
|--|

Site Demobilization

- | |
|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Participate in After Action meetings as required |
|---|



LOGISTICS SECTION CHIEF

VEST ORANGE

Position Checklist

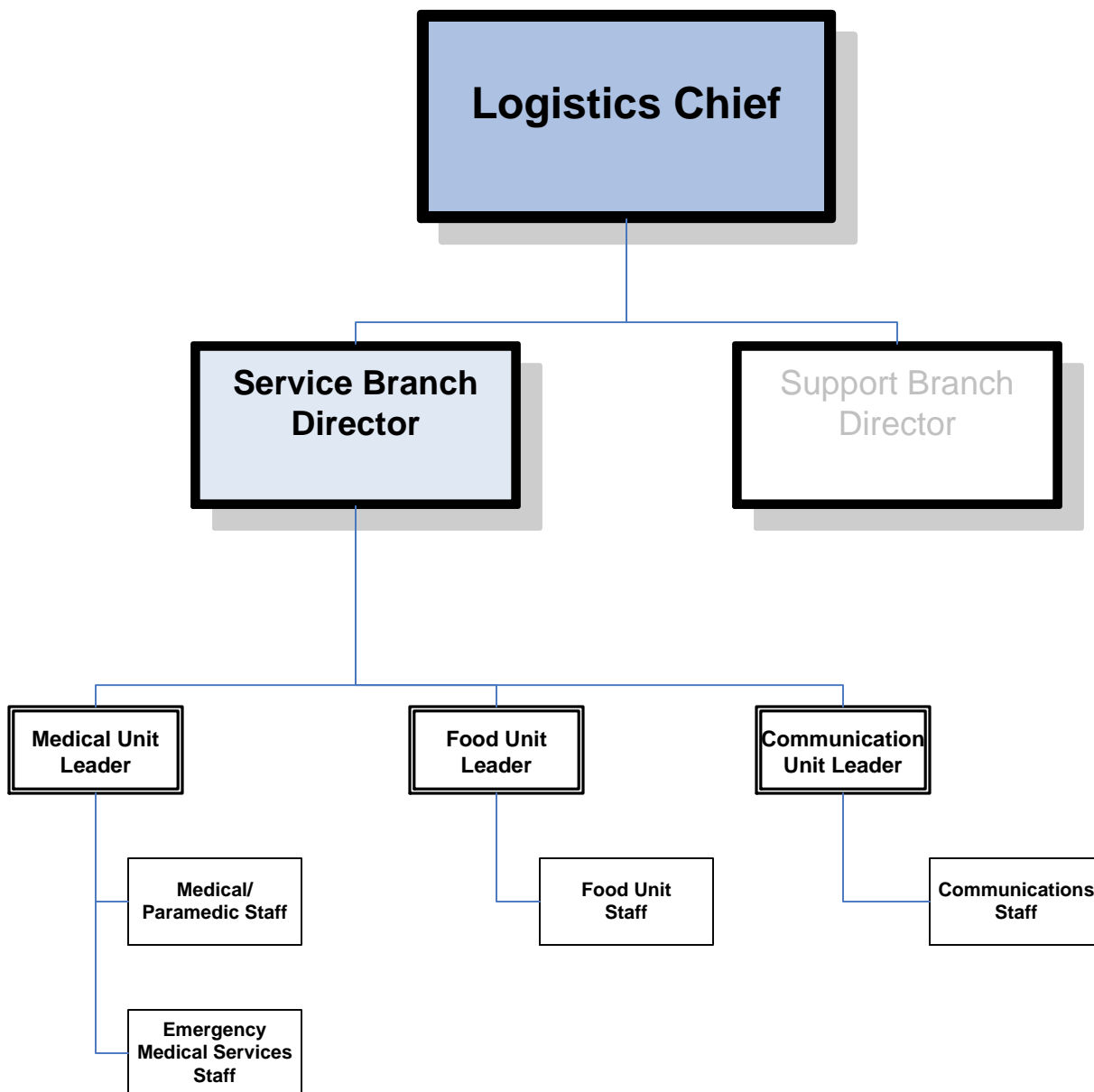
Report To	Unified Command
Supervises	Service and Support Branch Directors
Suggested Training	NIMS/ICS Training, Organizational skills, Logistics & POD Trainings
Documents & Equipment	<input type="checkbox"/> POD Incident Action Plan (IAP) – Unit Log (ICS 214) <input type="checkbox"/> POD Communications Plan (ICS 205) <input type="checkbox"/> Logistics Section Position Checklists (FOG Section 2) <input type="checkbox"/> Laptop & Communication Source
Function (s)	Overall supervision of site set up, acquisition of medical equipment and supplies monitoring personnel availability, communications, IT support & transportation.
Upon Arrival	
<input type="checkbox"/> Receive briefing and assignment(s) from Unified Command <input type="checkbox"/> Participate in preparation of IAP <ul style="list-style-type: none"> ○ Provide resource availability, support needs, shortages & obtainment timelines ○ Complete or assist in completion of ICS forms 205 and 206 <input type="checkbox"/> Develop staffing assignments, needs, schedules and requests based on IAP <input type="checkbox"/> Assign Staff Registration Team Leader to oversee staff registration and distribute staff check in form. Request additional staff as needed. <input type="checkbox"/> Confirm staff activation: Service and Support Branch Directors <input type="checkbox"/> Review Communications Plan (ICS 205). <input type="checkbox"/> Attend Operations Briefing (FOG Section 3): <ul style="list-style-type: none"> ○ Provide update on transportation, communication and supply requests/issues. ○ Verify with Pharmacy Team Leader and provide dosing/dispensing information. <input type="checkbox"/> Conduct General briefing with staff to include/address (FOG Section 3): <ul style="list-style-type: none"> ○ Chain of Command and performance expectations ○ Any pharmacy protocols and/or orders and standards issued - dosing/dispensing information. ○ Personal safety and reporting of those issues – Safety Officer ○ Site Layout – POD stations, restrooms, canteen, briefing areas, etc. ○ POD Operations overview <ul style="list-style-type: none"> ▪ Personal safety and security ▪ Span of control, resource ordering process ○ POD Floor – stations, exits, security, etc. ○ Communications plan ○ Distribute Logistic Section Position Checklists to Branch Directors ○ Ensure staff understand their roles and functions and are able to perform assigned tasks. <input type="checkbox"/> Supervise set-up of communications and approve/process/submit resource requests.	



LOGISTICS SECTION CHIEF

Position Checklist

During Operations
<ul style="list-style-type: none"><input type="checkbox"/> Inform Operations Chief of arrival for all personnel, equipment & supplies<input type="checkbox"/> Maintain operational period IAP documents, operational period summary reports and provide all changes/implementations to Unified Command.<input type="checkbox"/> Evaluate situation and provide updates at Planning or Section meetings:<ul style="list-style-type: none">○ Provide Operations Chief with resource availability○ Location, status & assignment of resources (equipment, supplies, etc.)○ Resource requests<input type="checkbox"/> Ensure coordination of Logistics with other Command/General Staff<input type="checkbox"/> Ensure ordering, inventory, & re-supply of pharmaceutical and staffing needs meet operational standards availability.<input type="checkbox"/> Ensure all Logistic functions are documented on Unit Logs (ICS 214)
End of Shift/Operations
<ul style="list-style-type: none"><input type="checkbox"/> Conduct staff exit interview and debriefing.<ul style="list-style-type: none">○ Document issues and report them to Unified Command○ Identify additional issues (i.e. safety/injured) and report them○ Brief incoming staff to issues and/or unusual situations experienced (FOG Section 3)<input type="checkbox"/> Verify next staff work schedule.<input type="checkbox"/> Return POD identification and sign out with Staff Registration Team Leader; return equipment to Supply Unit.<input type="checkbox"/> Submit all Section Documentation to Unified Command.
Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Attend demobilization planning meeting with Unified Command.<input type="checkbox"/> Assist in Demobilization Checkout (ICS 221) completion. Update in IAP.<input type="checkbox"/> Release resources and supplies and workforce as appropriate and notify Unified Command.<input type="checkbox"/> Oversee coordination of site demobilization and record equipment and supply return.<input type="checkbox"/> Submit all section documentation, paperwork and activity log to Unified Command.<input type="checkbox"/> Participate in After Action meetings as required.





SERVICE BRANCH DIRECTOR

VEST

ORANGE

Position Checklist

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

FOOD UNIT LEADER

VEST ORANGE

Position Checklist

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



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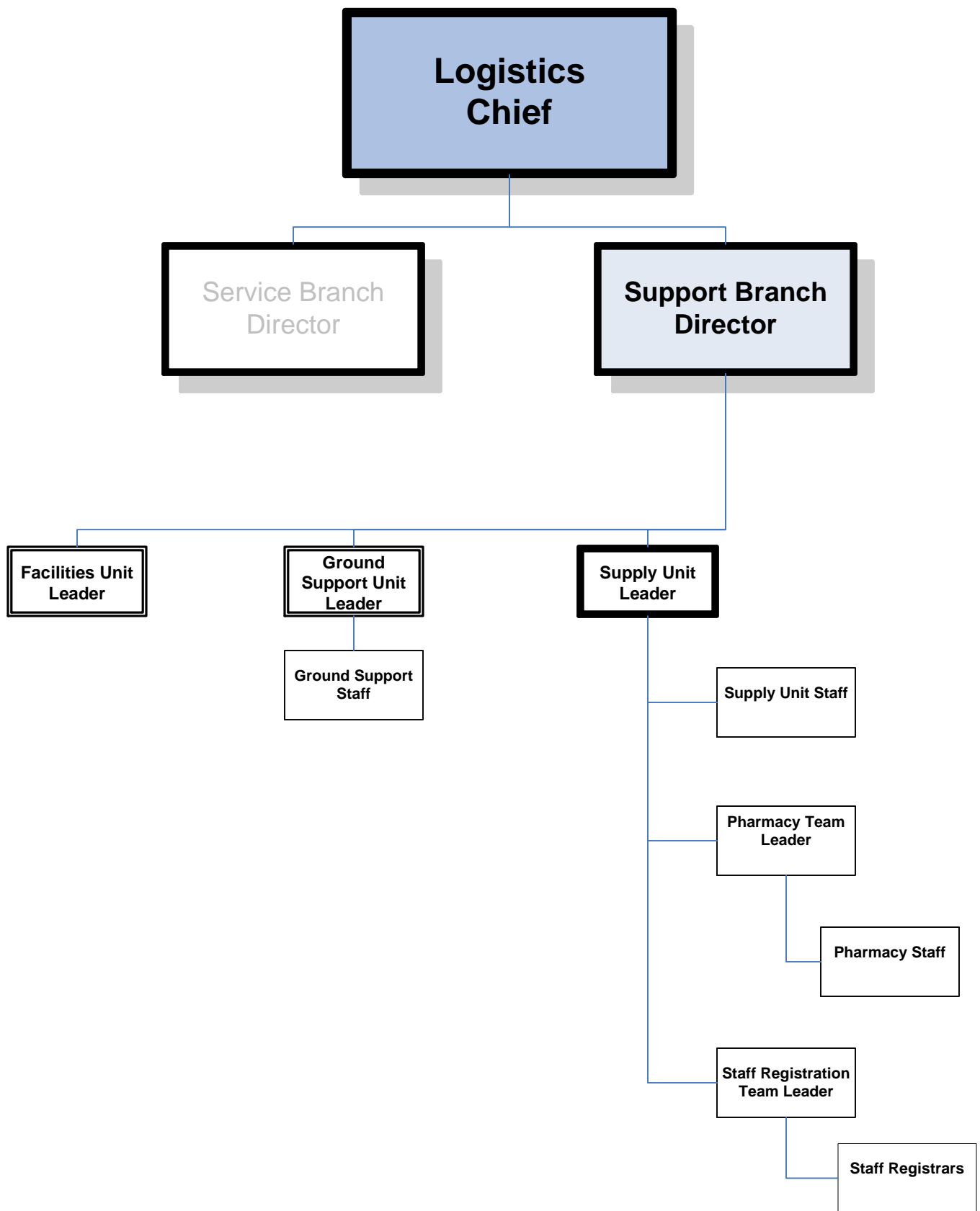
COMMUNICATION UNIT LEADER VEST **ORANGE**

Position Checklist

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



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SUPPORT BRANCH DIRECTOR

VEST ORANGE

Position Checklist

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

Upon Site Arrival

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

During Operations

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

End of Shift/Operations

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

Site Demobilization

- ☐ Participate in After Action meetings as required.

FACILITIES UNIT LEADER

VEST ORANGE

Position Checklist

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



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GROUND SUPPORT UNIT LEADER VEST **ORANGE**

Position Checklist

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



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GROUND SUPPORT STAFF

VEST ORANGE

Position Checklist

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



SUPPLY UNIT LEADER

VEST ORANGE

Position Checklist

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



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Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Breakdown/repack all equipment/supplies; verify supplies are accounted for.<input type="checkbox"/> Participate in After Action meetings as required.



SUPPLY UNIT STAFF

VEST ORANGE

Position Checklist

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



PHARMACY TEAM LEADER

VEST ORANGE

Position Checklist

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



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- ☐ Break down and repack all equipment/supplies. Schedule medications pick-up with Supply Unit Leader.
- ☐ Record and verify ending pharmaceutical inventory.



PHARMACY STAFF

VEST ORANGE

Position Checklist

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



STAFF REGISTRATION TEAM LEADER VEST ORANGE

Position Checklist

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



STAFF REGISTRARS

VEST **ORANGE**

Position Checklist

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



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PLANNING SECTION CHIEF

VEST **BLUE**

Position Checklist

Report To	Unified/Incident Command
Supervises	Situation Status, Resource Unit, Demobilization & Documentation Unit Leaders
Suggested Training	Extensive NIMS/ICS Training, Planning skills & POD Management training
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Incident Action Plan (IAP) – Incident Objectives (202), Unit Log (214)<input type="checkbox"/> POD Communications (ICS 205) and Demobilization (ICS 221) Plans<input type="checkbox"/> Planning Section Position Checklists (FOG Section 2)<input type="checkbox"/> Communication Source
Function (s)	<p>Responsible for collecting, evaluating, disseminating and managing information related to the incident and resources. Information is needed to:</p> <ol style="list-style-type: none">1. Assess the situation2. Manage the Situation analysis and Damage Assessment functions3. Predict probable course of events and,4. Prepare alternative strategies to incident response

Upon Site Arrival

- ☐ Receive briefing and assignment(s) from Incident Commander/Unified Command
- ☐ Assign: Situation Status, Resource Unit, Demobilization & Documentation Unit Leaders as needed
- ☐ Determine time and location of initial Planning Meeting
- ☐ Facilitate Operations briefing with Command and General staff (**FOG Section 3**).
- ☐ Review Communications Plan (ICS 205)
- ☐ Supervise Incident Action Plan preparation and distribution
 - Obtain/develop incident site maps
 - Incorporate supporting plans into the Incident Action Plan
- ☐ Conduct General briefing (**FOG Section 3**) with planning staff. Address/establish:
 - Chain of Command and performance expectations
 - Identify probable resource requirements including Personnel and Equipment
 - Any pharmacy protocols and/or orders and standards issued
 - Distribute Planning section position checklists
 - Personal safety and reporting of those issues – Safety Officer
 - Identify Site Layout – POD stations, restrooms, canteen, briefing areas, etc.
 - Obtain Weather reports and plan accordingly
 - Communications plan (ICS 205)
 - Ensure staff understand their roles and functions and are able to perform assigned tasks
- ☐ Establish time and location of future Planning Meetings



PLANNING SECTION CHIEF

Position Checklist

During Operations
<ul style="list-style-type: none"><input type="checkbox"/> Perform duties of other planning section positions as required<input type="checkbox"/> Request Additional Staff as required<input type="checkbox"/> Notify Resource Unit Leader, if available, of Unit activated and personnel assigned<input type="checkbox"/> Evaluate situation and provide updates at Planning or Section meetings:<ul style="list-style-type: none">○ Provide Resource Unit Leader with resource availability○ Location, status & assignment of resources (equipment, supplies, etc.)○ Resource Order<input type="checkbox"/> Ensure coordination of Planning with other Command/General Staff to discuss strategy and tactics to incident response<input type="checkbox"/> Conduct on going Planning Briefings, if needed:<ul style="list-style-type: none">○ Brief on situation and obtain other Section briefing reports○ Specify and obtain from Section Chiefs resources needed○ Develop alternate strategies and contingency plans based on incident<input type="checkbox"/> Ensure all Planning functions are documented on Unit Logs (ICS 214)<input type="checkbox"/> Ensure preparation and oversee development of Demobilization plan (ICS 221) with Demobilization Unit Leader
End of Shift/Operations
<ul style="list-style-type: none"><input type="checkbox"/> Conduct staff exit interview and debriefing (FOG Sections 3 & 4).<ul style="list-style-type: none">○ Document issues and report them to Unified Command○ Identify additional issues (i.e. safety/injured) and report them○ Brief incoming staff to issues and/or unusual situations experienced<input type="checkbox"/> Verify next staff work schedule<input type="checkbox"/> Return POD identification and sign out with Staff Registration; return equipment to Supply Unit<input type="checkbox"/> Submit all Section Documentation to Unified Command
Site Demobilization
<ul style="list-style-type: none"><input type="checkbox"/> Coordinate and attend demobilization planning meeting with Unified Command.<input type="checkbox"/> Notify Unified Command when demobilization plan is ready for operation.<input type="checkbox"/> Assist in and approve Demobilization Checkout (ICS 221) completion. Update in IAP.<input type="checkbox"/> Release resources and supplies and workforce as appropriate and notify Resource Unit Leader.<input type="checkbox"/> Oversee coordination of site demobilization and record equipment and supply return.<input type="checkbox"/> Submit all paperwork and activity log to Unified Command, copies to Documentation Unit Leader.<input type="checkbox"/> Participate in After Action meetings as required.



SITUATION STATUS UNIT LEADER VEST **BLUE**

Position Checklist

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



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DOCUMENTATION UNIT LEADER VEST **BLUE**

Position Checklist

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



RESOURCE UNIT LEADER

VEST **BLUE**

Position Checklist

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



DEMOBILIZATION UNIT LEADER VEST **BLUE**

Position Checklist

Report To	Planning Section Chief
Supervises	Demobilization staff
Suggested Training	Basic NIMS/SEMS training
Documents & Equipment	<ul style="list-style-type: none"><input type="checkbox"/> POD Incident Action Plan (IAP) – Demobilization Checkout (ICS 221)<input type="checkbox"/> Demobilization Procedures (FOG Section 4)<input type="checkbox"/> Unit Activity Log (214)<input type="checkbox"/> Communication Source
Function(s)	Responsible for overseeing POD demobilization operations.

Upon Site Arrival

- ☐ Receive briefing from Planning Section Chief:
 - Determine objectives, priorities and constraints on demobilization.
- ☐ Organize and staff Unit, as appropriate.
- ☐ Review incident resource records to determine scope of demobilization effort.

During Operations - Site Demobilization

- ☐ Assess the current and projected resource needs of the Operations Section.
- ☐ Obtain identification of surplus resources and probable release times.
- ☐ Assist in the coordination/implementation of Demobilization Plan (ICS 221).
 - General - Discussion of demobilization procedure.
 - Responsibilities - Specific implementation responsibilities/activities.
 - Release Priorities - According to agency, kind and type of resource.
 - Release Procedures - Detailed steps and process to be followed.
 - Directories - Maps, telephone numbers, instructions & other elements.
 - Continuity of operations (i.e. PIO, Financial, Administrative, etc.)
- ☐ Demobilization/Release of Incident Command Post staff will not occur until (**FOG Section 4**):
 - Incident activity and work load are at a “Controlled level”
 - All sections have resolved major problems, organized final incident package, defined process for follow-up and conducted de-briefings
 - Incident Base is reduced or in the process of being shut down.
 - Rehabilitation/cleanup has been accomplished or contracted
- ☐ Distribute Demobilization Plan to processing points both on and off incident.
- ☐ Obtain approval of Demobilization Plan (ICS 221) from Planning Section Chief.
- ☐ **EXECUTE DEMOBILIZATION PLAN**
- ☐ Document all functions within Unit Logs (ICS 214).
- ☐ Submit all documentation and Unit Log to Planning Section Chief.
- ☐ Return POD identification and sign-out with Section Chief.



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☐ Participate in After Action meetings as required.



FACT SHEET

Anthrax: What You Need To Know

What Is Anthrax?

Anthrax is a serious disease caused by *Bacillus anthracis*, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:

- **skin (cutaneous)**
- **lungs (inhalation)**
- **digestive (gastrointestinal)**

How Do You Get It?

Anthrax is not known to spread from one person to another.

Anthrax from animals. Humans can become infected with anthrax by handling products from infected animals or by breathing in anthrax spores from infected animal products (like wool, for example). People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals.

Anthrax as a weapon. Anthrax also can be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with powder containing anthrax. This caused 22 cases of anthrax infection.

How Dangerous Is Anthrax?

The Centers for Disease Control and Prevention classifies agents with recognized bioterrorism potential into three priority areas (A, B and C). Anthrax is classified as a Category A agent. Category A agents are those that:

- pose the greatest possible threat for a bad effect on public health
- may spread across a large area or need public awareness
- need a great deal of planning to protect the public's health

In most cases, early treatment with antibiotics can cure cutaneous anthrax. Even if untreated, 80 percent of people who become infected with cutaneous anthrax do not die. Gastrointestinal anthrax is more serious because between one-fourth and more than half of cases lead to death. Inhalation anthrax is much more severe. In 2001, about half of the cases of inhalation anthrax ended in death.

What Are the Symptoms?

The symptoms (warning signs) of anthrax are different depending on the type of the disease:

- **Cutaneous:** The first symptom is a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister and ulcer do not hurt.
- **Gastrointestinal:** The first symptoms are nausea, loss of appetite, bloody diarrhea, and fever, followed by bad stomach pain.

Anthrax: What You Need To Know

(continued from previous page)

- **Inhalation:** The first symptoms of inhalation anthrax are like cold or flu symptoms and can include a sore throat, mild fever and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness and muscle aches. (Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

How Soon Do Infected People Get Sick?

Symptoms can appear within 7 days of coming in contact with the bacterium for all three types of anthrax. For inhalation anthrax, symptoms can appear within a week or can take up to 42 days to appear.

How Is Anthrax Treated?

Antibiotics are used to treat all three types of anthrax. Early identification and treatment are important.

Prevention after exposure. Treatment is different for a person who is exposed to anthrax, but is not yet sick. Health-care providers will use antibiotics (such as ciprofloxacin, levofloxacin, doxycycline, or penicillin) combined with the anthrax vaccine to prevent anthrax infection.

Treatment after infection. Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

Can Anthrax Be Prevented?

Vaccination. There is a vaccine to prevent anthrax, but it is not yet available for the general public. Anyone who may be exposed to anthrax, including certain members of the U.S. armed forces, laboratory workers, and workers who may enter or re-enter contaminated areas, may get the vaccine. Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine.

What Should I Do if I Think I Have Anthrax?

If you are showing symptoms of anthrax infection, call your health-care provider right away.

What Should I Do if I Think I Have Been Exposed to Anthrax?

Contact local law enforcement immediately if you think that you may have been exposed to anthrax. This includes being exposed to a suspicious package or envelope that contains powder.

What Is CDC Doing To Prepare For a Possible Anthrax Attack?

CDC is working with state and local health authorities to prepare for an anthrax attack. Activities include:

- Developing plans and procedures to respond to an attack using anthrax.
- Training and equipping emergency response teams to help state and local governments control infection, gather samples, and perform tests. Educating health-care providers, media, and the general public about what to do in the event of an attack.
- Working closely with health departments, veterinarians, and laboratories to watch for suspected cases of anthrax. Developing a national electronic database to track potential cases of anthrax.
- Ensuring that there are enough safe laboratories for quickly testing of suspected anthrax cases.
- Working with hospitals, laboratories, emergency response teams, and health-care providers to make sure they have the supplies they need in case of an attack.

For more information, visit www.bt.cdc.gov/agent/anthrax,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

July 31, 2003

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Anthrax Emergency: How to Take Ciprofloxacin to Prevent Anthrax

Emergency Use Instructions for Recipients

During an anthrax emergency, you will be given a medicine called ciprofloxacin (sip-roe-FLOX-a-sin) because you may have breathed in anthrax germs. These germs can be deadly. Taking this medicine reduces your chance of getting sick and dying. Until officials know for sure who breathed in the germs, it is important to start taking this medicine as soon as possible after the emergency starts. Public health officials will provide information on who should get the medicine. If you have questions, talk to a doctor or health care provider about taking ciprofloxacin.

People who may have breathed in anthrax germs should take this medicine for 60 days. Most people will be given a 10-day supply to start. Public health officials will tell you whether you need more and how to get it. Take the medicine as long as you are directed and avoid stopping early to reduce your chance of getting sick.

What is anthrax?

Anthrax is a serious disease that can be deadly. You can get sick if you breathe in the anthrax germs. You cannot get anthrax from another person who has anthrax.

- Early on, you could have any of the following symptoms: fever, chills, tiredness, cough or headache.
- Later, you could develop shortness of breath, chest discomfort, confusion, or nausea. Symptoms usually start within 7 days of breathing in anthrax germs, but can start within 24 hours or take up to 6 to 7 weeks to appear. See a doctor right away if you have symptoms. If you take ciprofloxacin as directed and begin to feel sick anyway or show any of the symptoms mentioned above, get medical care right away.

What is ciprofloxacin?

Ciprofloxacin is a prescription antibiotic approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA is allowing certain uses of ciprofloxacin, including its use without a prescription, during an anthrax emergency. If you were given ciprofloxacin that has an expired date on the container, please be informed that based on scientific review, FDA is allowing the use of certain lots of ciprofloxacin beyond the expiration date on the container. For more information, go to the FDA website at www.fda.gov (search for "ciprofloxacin expiration").

Who should NOT take ciprofloxacin?

Do not take ciprofloxacin if you have had a severe allergic reaction to ciprofloxacin or similar medicines known as quinolones. A severe reaction may include closing of the throat, trouble breathing, or swelling of the lips, tongue, or face. Avoid taking ciprofloxacin if you have a history of myasthenia gravis or are taking Zanaflex (tizanidine). Talk to your doctor or public health official about other medicines available to prevent anthrax.

How do I take ciprofloxacin?

For children who weigh 67 pounds (31 kg) or more and adults aged 18 years or older

- Take 1 pill (500 mg) in the morning with a full glass of water (with or without food) and
- Take 1 pill (500 mg) in the evening with a full glass of water (with or without food)
- **The morning and evening doses should be taken 12 hours apart each day for as long as directed.
- **If you have trouble swallowing pills, please talk to your doctor for advice or an alternative medicine.

Children weighing less than 67 pounds (31 kg), dose is determined based on weight

- Follow instructions provided on the liquid ciprofloxacin label.
- Take the same amount in the morning and in the evening. Shake the liquid very well for about 15 seconds before each use.

**The morning and evening doses should be taken 12 hours apart each day for as long as directed.

- Do not skip doses. However, if you miss a dose, do NOT take 2 doses at once. Take the next dose as scheduled.
- If you have severe kidney disease, you may need a dose change. Talk to a doctor.
- Do not split, crush, or chew the pills.
- Do not take ciprofloxacin with milk, yogurt, or calcium-fortified juices.
- Keep the pills dry. Store ciprofloxacin pills and liquid at room temperature (between 68-77°F or 20-25°C). The liquid can be stored for up to 14 days at room temperature.
- Keep ciprofloxacin away from children and pets. Call the poison control center if children or pets ingest the medicine by accident (1-800-222-1222).



What are common side effects of ciprofloxacin?

KEEP taking ciprofloxacin if you have mild nausea, vomiting, and/or diarrhea, a mild sunburn, or a vaginal yeast infection. If these symptoms become severe, talk to your doctor.

What are possible serious side effects of ciprofloxacin?

Serious side effects from ciprofloxacin are rare. **STOP** taking ciprofloxacin and get medical help right away (go to the emergency room or call 911) if you have:

- Closing of the throat or trouble breathing
- Swelling of the lips, tongue, or face
- Pain, swelling, or inflammation of joints or tendons
- Severe itching or rash, especially hives and wheals
- Seizures, dizziness, tremors, or serious mood changes
- Very fast or irregular heart beat
- Severe stomach cramps with fever or bloody or watery diarrhea
- Pain, burning, tingling, numbness, or weakness of your arms, hands, legs, or feet
- Yellowing of eyes or skin, or dark brown or tea-colored urine (liver failure)
- Unusual bleeding or bruising

What if I am taking other medicines?

- If you take Zanaflex (tizanidine), a medicine for muscle spasms, it is important to talk with your doctor right away. A change in medicine for muscle spasms or medicine to prevent anthrax would be necessary since tizanidine and ciprofloxacin should not be used together.
- Talk to your doctor if you take any of the following medicines: theophylline for asthma, phenytoin for seizures, a blood thinner like warfarin, clozapine for schizophrenia, or an anti-diabetic medicine like glyburide. Ciprofloxacin may affect how much of these medicines you need.
- Ciprofloxacin might not work as well when taken with some medicines. Take it at least 2 hours before or 6 hours after taking:
 - Antacids
 - Carafate (sucralfate)
 - Videx (didanosine)
 - Multivitamins or supplements with magnesium, calcium, aluminum, iron, or zinc
 - Phosphate binders

What else do I need to know about ciprofloxacin?

- It can worsen muscle weakness or breathing problems in myasthenia gravis. Talk to your doctor if you have a history of myasthenia gravis disorder.
- It can cause your skin to be more sensitive to the sun. Use sunscreen and cover exposed skin.
- It can make you feel jittery if you drink coffee, caffeinated sodas or energy drinks. Drink less caffeine if this occurs.
- Tell your doctor if you are or become pregnant or are breastfeeding.

On rare occasions, ciprofloxacin can cause serious problems. A federal program called the Countermeasures Injury Compensation Program (CICP) may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by some medicines or vaccines. If you have been injured by ciprofloxacin used to prevent anthrax, you can learn more about this Program by visiting www.hrsa.gov/cicp or by calling 1-855-266-2427 (toll-free).

What alternative medicines can I take instead of ciprofloxacin?

Public health officials will tell you if other medicines are available. The risks and benefits of alternative medicines, if available, will be explained in separate instructions. For more information, visit www.cdc.gov.

Risk-Benefit Statement

Although ciprofloxacin has some potential and serious adverse effects, the expected benefit of ciprofloxacin in helping to prevent disease and death associated with anthrax exposure outweigh these risks.

How do I report side effects or medication errors?

Tell your doctor or health care provider right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

Space Reserved for State/Local Public Health Information

Anthrax Emergency: How to Take Doxycycline to Prevent Anthrax Emergency Use Instructions for Recipients

During an anthrax emergency, you will be given a medicine called doxycycline (DOX-i-SYE-kleen) because you may have breathed in anthrax germs. These germs can be deadly. Taking this medicine reduces your chance of getting sick and dying. Until officials know for sure who breathed in the germs, it is important to start taking this medicine as soon as possible after the emergency starts. Public health officials will provide information on who should get the medicine. If you have questions, talk to a doctor or health care provider about taking doxycycline.

People who may have breathed in anthrax germs should take the medicine for 60 days. Most people will be given a 10-day supply to start. Public health officials will tell you whether you need more and how to get it. Take the medicine as long as you are directed and avoid stopping early to reduce your chance of getting sick.

What is anthrax?

Anthrax is a serious disease that can be deadly. You can get sick if you breathe in the anthrax germs. You cannot get anthrax from another person who has anthrax.

- Early on, you could have any of the following symptoms: fever, chills, tiredness, cough or headache.
 - Later, you could develop shortness of breath, chest discomfort, confusion or nausea. Symptoms usually start within 7 days of breathing in anthrax germs, but can start within 24 hours or take up to 6 to 7 weeks to appear.
- See a doctor right away if you have symptoms. If you take doxycycline as directed and begin to feel sick anyway or show any of the symptoms mentioned above, get medical care right away.

What is doxycycline?

Doxycycline is a prescription antibiotic approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA is allowing certain uses of doxycycline, including its use without a prescription, during an anthrax emergency. If you were given doxycycline that has an expired date on the container, please be informed that based on scientific review, FDA is allowing the use of certain lots of doxycycline beyond the expiration date on the container. For more information, go to the FDA website at www.fda.gov (search for "doxycycline expiration").

Who should **NOT** take doxycycline?

Do not take doxycycline if you have had a severe allergic reaction to doxycycline or similar medicines known as tetracyclines. A severe reaction may include swelling of the tongue, hands, feet, closing of throat, or trouble breathing. Talk to your doctor or public health official about other medicines available to prevent anthrax.

How do I take doxycycline?

For children weighing 76 pounds (35 kg) or more and adults aged 18 years or older

- Take 1 pill (100 mg) in the morning with a full glass of water (with or without food or milk) and
 - Take 1 pill (100 mg) in the evening with a full glass of water (with or without food or milk).
- ** The morning and evening doses should be taken 12 hours apart each day for as long as directed.
- ** Doxycycline works just as well whether you take it with or without food or milk.

If you cannot swallow pills, follow the crushing and mixing directions you were given; the directions are also available on the CDC website at www.cdc.gov (search for "doxycycline crushing instructions").

For children weighing less than 76 pounds (35 kg), dose is determined based on weight

- Follow instructions provided on the liquid doxycycline label or crushing and mixing directions that you were given. The crushing and mixing directions are also available on the CDC website at www.cdc.gov (search for "doxycycline crushing instructions").
- ** The morning and evening doses should be taken 12 hours apart each day for as long as directed.
- Do not skip doses. However, if you miss a dose, do **NOT** take 2 doses at once. Take the next dose as scheduled.
- Keep the pills dry. Store them at room temperature (between 68–77°F or 20–25°C).
- If you get an upset stomach when you take the medicine, take it with food.
- Keep doxycycline away from children and pets. Call the poison control center if children or pets ingest the medicine by accident (1-800-222-1222).



What are common side effects of doxycycline?

KEEP taking doxycycline if you have mild nausea, vomiting, and/or diarrhea, a mild sunburn, or a vaginal yeast infection. If these symptoms become severe, talk to your doctor.

What are possible serious side effects of doxycycline?

Serious side effects from doxycycline are rare. **STOP** taking doxycycline and get medical help right away (go to the emergency room or call 911) if you have:

- Closing of the throat or trouble breathing
- Swelling of the tongue, hands, or feet
- Severe itching or rash, especially hives and wheals
- Severe stomach cramps with high fever or bloody or watery diarrhea
- Yellowing of the eyes or skin, or dark brown or tea-colored urine (liver failure)
- Pain when swallowing (esophageal ulcers)
- Unusual bleeding or bruising
- Severe headaches, dizziness, or double vision

What if I am taking other medicines?

- Talk to your doctor if you are on blood thinners or seizure medicines. Doxycycline may affect how much of these medicines you need.
- Doxycycline might not work as well when taken with some medicines. Take it at least 2 hours before or 2 hours after taking:
 - Multivitamins, supplements, or antacids with aluminum, calcium, iron, or magnesium
 - Helidac, Kaopectate, Pepto-Bismol, or other products with bismuth subsalicylate used for indigestion, nausea, or diarrhea

What else do I need to know about doxycycline?

- It can cause your skin to be more sensitive to the sun. Use sunscreen and cover exposed skin.
- It can slow bone growth in children.
- It can make birth control pills less effective. Use a second form of birth control until you finish taking all of your doxycycline.
- Long-term use can cause discolored teeth or poor tooth enamel in children younger than 8 years and in infants whose mothers took doxycycline during the last half of pregnancy or while nursing.
- Tell your doctor if you are or become pregnant or are breastfeeding.

On rare occasions, doxycycline can cause serious problems. A federal program called the Countermeasures Injury Compensation Program (CICP) may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by some drugs or vaccines. If you have been injured by doxycycline used to prevent anthrax, you can learn more about this Program by visiting www.hrsa.gov/cicp or by calling 1-855-266-2427 (toll-free).

What alternative medicines can I take instead of doxycycline?

Public health officials will tell you if other medicines are available. The risks and benefits of alternative medicines, if available, will be explained in separate instructions. For more information, visit www.cdc.gov.

Risk-Benefit Statement

Although doxycycline has some potential and serious adverse effects, the expected benefit of doxycycline in helping to prevent disease and death associated with anthrax exposure outweigh these risks.

How do I report side effects or medication errors?

Tell your doctor or health care provider right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

Space Reserved for State/Local Public Health Information

4

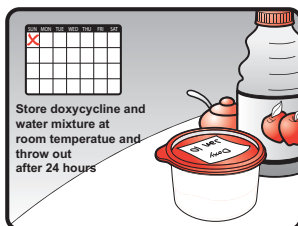
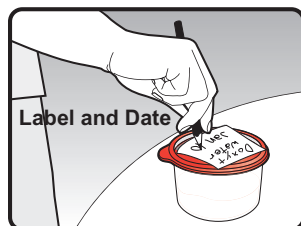
Dosing the Doxycycline and Water Mixture Mixed With Food

1. Give all of the Doxycycline and Water and food mixture in the second bowl. This is one dose.
2. **Each child or adult should take 1 dose in the morning and 1 dose at night each day.**

5

Storing the Doxycycline and Water Mixture (If There Is Enough for Another Dose)

- If you have enough leftover doxycycline and water mixture for another dose, you can keep it for the next dose.
- The doxycycline and water mixture can be stored in a covered bowl or cup. Label and date.
- Keep the mixture in a safe place out of the reach of children.
- Store the Doxycycline and Water Mixture at room temperature for up to 24 hours.
- Throw away any unused mixture after 24 hours and make a new Doxycycline and Water Mixture before the next dose.



Do not take doxycycline if you have an allergy to tetracyclines
Get emergency help if you have any signs of an allergic reaction including hives, difficulty breathing, or swelling of your face, lips, tongue or throat.

Doxycycline may cause diarrhea, skin reaction to the sun, loss of appetite, nausea and vomiting. Birth control pills may not work as well if you take doxycycline.

Report any reaction to the medication to
 MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088



In an Emergency: **How to Prepare** **Doxycycline** **for Children and** **Adults Who Cannot** **Swallow Pills**

Mixing Doxycycline Hyclate 100mg Tablets with Food

Once you have been notified by your federal, state or local authorities that you need to take doxycycline for a public health emergency, it may be necessary to prepare emergency doses of doxycycline for children and adults who cannot swallow pills.

June 2008

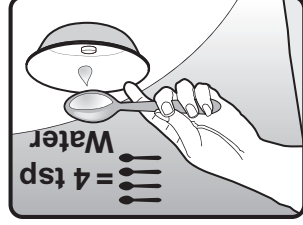
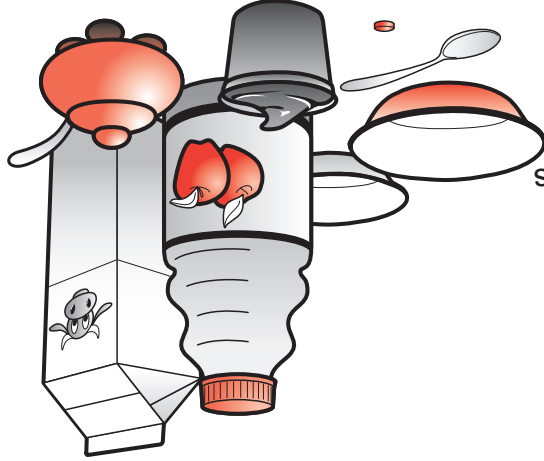
Prepared by the U.S. Food and Drug Administration



Supplies You Will Need

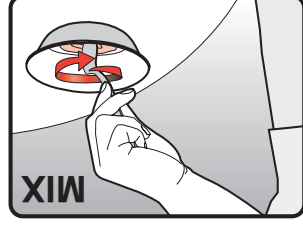
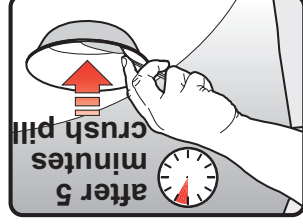
You will need these items to make doses of doxycycline for adults and children who cannot swallow pills:

- 1 doxycycline pill (100 mg)
- *(Do not take doxycycline if you are allergic to tetracyclines)*
- a metal teaspoon
- 2 small bowls
- Water
- one of these foods or drinks to hide the bitter taste of crushed doxycycline:
 - milk or chocolate milk
 - chocolate pudding
 - apple juice and sugar



Crushing the Pill and Mixing with Water

1. Put 1 doxycycline pill in a small bowl.
2. Add 4 full teaspoons of water to the same bowl.
3. Let the pill soak in the water for 5 minutes so it will be soft.
4. Use the back of a metal teaspoon to crush the pill in the water. Crush the pill until no visible pieces remain.
5. Stir the pill and water so it is well mixed.



You have now made the Doxycycline and Water Mixture.

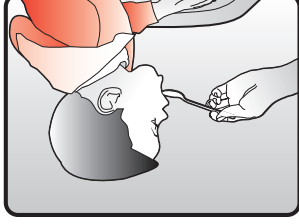
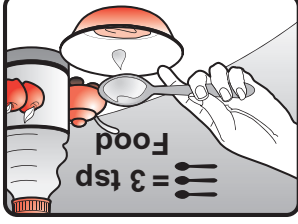
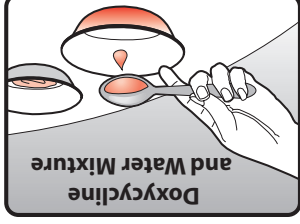


Adding Food to the Doxycycline and Water Mixture to Make It Taste Better

1. Weigh your child.
2. Find your child's weight on the left side of the chart below.
3. Next, look on the right side of the chart to find the amount of the Doxycycline and Water Mixture to mix with food. The chart shows you the amount to give your child for 1 dose. (For a ½ teaspoon dose, fill the metal teaspoon half way. It is better to give a little more of the medicine than not enough).

Child's Weight	Amount of Doxycycline and Water Mixture	Teaspoons
12 pounds or less	½ teaspoon	½
13 to 25 pounds	1 teaspoon	1
26 to 38 pounds	1½ teaspoons	1½
39 to 50 pounds	2 teaspoons	2
51 to 63 pounds	2½ teaspoons	2½
64 to 75 pounds	3 teaspoons	3
76 to 88 pounds	3½ teaspoons	3½
89 pounds or more	Use the entire mixture	Entire Mixture

- Stir well.



6. Go to Step 4 on the next page for dosing.



4

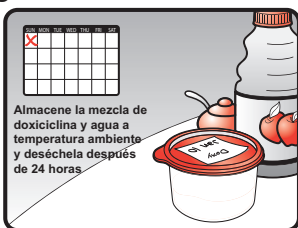
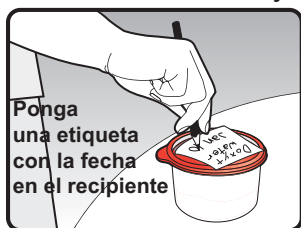
Dosis de la mezcla de doxiciclina y agua combinada con alimento

1. Dé toda la mezcla de doxiciclina y agua con el alimento que hay en el segundo recipiente. Esta es una dosis.
2. Cada niño o adulto debe tomar 1 dosis en la mañana y 1 en la noche todos los días.

5

Almacenamiento de la mezcla de doxiciclina y agua (si hay suficiente para otra dosis)

- Si le sobra suficiente mezcla de doxiciclina y agua para otra dosis, puede guardarla para la dosis siguiente.
- La mezcla de doxiciclina y agua se puede guardar en un recipiente o una taza cubiertos. Ponga una etiqueta con la fecha en el recipiente.
- Mantenga la mezcla en un lugar seguro, fuera del alcance de los niños.
- Almacene la mezcla de doxiciclina y agua a la temperatura ambiente por hasta 24 horas.
- Deseche toda la mezcla no usada después de 24 horas y prepare una nueva mezcla de doxiciclina y agua antes de la dosis siguiente.



No tome doxiciclina si es alérgico a las tetraciclinas.

Obtenga ayuda de emergencia si tiene cualquier señal de una reacción alérgica, como urticarias, dificultad para respirar o hinchazón de la cara, los labios, la lengua o la garganta.

La doxiciclina puede provocar diarrea, reacción de la piel al sol, pérdida del apetito, náuseas y vómitos. Es posible que las píldoras anticonceptivas no tengan la misma eficacia si toma doxiciclina.

Informe sobre cualquier reacción al medicamento a MedWatch en www.fda.gov/medwatch o al 1-800-FDA-1088.



En una emergencia: Cómo preparar doxiciclina para niños y adultos que no puedan tragar tabletas

Mezcla de hiclato de doxiciclina en tabletas de 100 mg con alimentos

Una vez que las autoridades federales, estatales o locales le hayan informado que necesita tomar doxiciclina debido a una emergencia de salud pública, puede ser necesario preparar las dosis de emergencia de doxiciclina para niños y adultos que no puedan tragar tabletas.

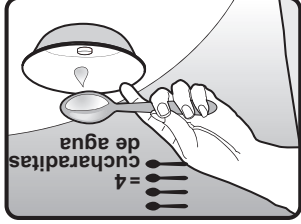
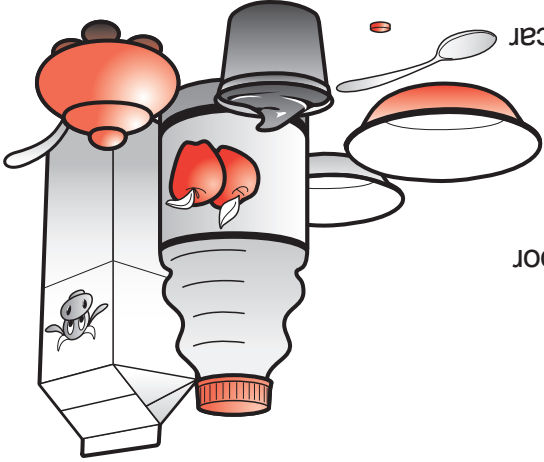
Junio de 2008

Preparado por la Administración de Drogas y Alimentos de los Estados Unidos (FDA)



Suministros que necesitará

- Necesitará estos artículos para preparar las dosis de doxiciclina para adultos y niños que no puedan tragar tabletas.
- 1 tableta de doxiciclina (100 mg) *(no tome doxiciclina si es alérgico a las tetraciclinas)*
- una cucharita de metal
- 2 recipientes pequeños
- agua
- uno de estos alimentos o bebidas para ocultar el sabor amargo de la doxiciclina molido:
- leche o leche con chocolate
- pudín de chocolate
- jugo de manzana y azúcar



1. Coloque una tableta de doxiciclina en un recipiente pequeño.
 2. Añada 4 cucharaditas de agua al mismo recipiente.
 3. Deje remojar la tableta en el agua durante 5 minutos a fin de que se ablande.
 4. Use la parte posterior de una cucharita de metal para moler la tableta en el agua. Muela la tableta hasta que no queden partes visibles.
 5. Revuelva la tableta y el agua para que se mezclen bien.
- Ahora usted ya ha hecho la mezcla de doxiciclina y agua.**



Moler la tableta y mezclarla con agua



Añadir alimentos a la mezcla de doxiciclina y agua para que sepa mejor

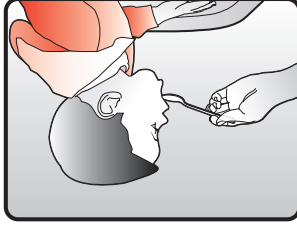
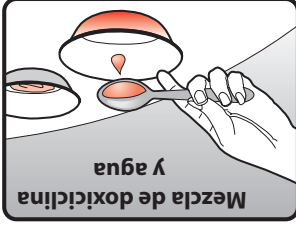
Peso del niño:

1. Pese a su hijo.
2. Encuentre el peso de su hijo en el lado izquierdo de la tabla siguiente.
3. Luego, busque en el lado derecho de la tabla la cantidad de mezcla de doxiciclina y agua para combinar con el alimento. La tabla muestra la cantidad que debe darle a su hijo para 1 dosis. *(Para una dosis de 1/2 cucharadita, llene la cucharita a la mitad. Es mejor dar un poco más del medicamento que menos.)*

Peso del niño	Cantidad de mezcla de doxiciclina y agua	Cucharaditas
12 libras o menos	1/2 cucharadita	1
13 a 25 libras	1 cucharadita	1 1/2
26 a 38 libras	1 1/2 cucharaditas	2
39 a 50 libras	2 cucharaditas	2 1/2
51 a 63 libras	2 1/2 cucharaditas	3
64 a 75 libras	3 cucharaditas	3 1/2
76 a 88 libras	3 1/2 cucharaditas	4
89 libras o más y adultos	Use la mezcla completa	Mezcla completa

4. Añada la cantidad adecuada de mezcla de doxiciclina y agua que aparece en la tabla anterior en el segundo recipiente. Para adultos y niños de 89 libras o más, use toda la mezcla.
5. Añada 3 cucharaditas de leche o de jugo de manzana al segundo recipiente. Si usa de chocolate o de jugo de manzana, agregue también 4 cucharaditas de azúcar en el segundo recipiente.
- Mezcle bien.

6. Vaya al paso 4 para conocer la dosis.





Patient Information:

Amoxicillin 500-mg *Oral Capsules (Pills)*

Amoxicillin *Oral Suspension*

Take this medicine as prescribed.

Amoxicillin belongs to a class of drugs called penicillin antibiotics. It has been approved by the Food and Drug Administration (FDA) to treat people with infections caused by certain types of bacteria. Amoxicillin has not been approved by the FDA to use when treating people who have been exposed to anthrax. However, if test results show that the anthrax bacteria can be killed by penicillin antibiotics, the use of amoxicillin is recommended to prevent the development of anthrax disease in people who have been exposed to anthrax, **when other antibiotics are not as safe to use such as with children and pregnant women.**

How to take amoxicillin

ADULTS: Take one pill three times a day.

CHILDREN: A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.

Take amoxicillin with a large glass of water. This medicine can be taken with or without food. Taking with food may decrease the chance that upset stomach will occur.

If you miss a dose, start again taking 1 pill three times a day. Do not take 2 pills to make up for the missed dose. *Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.*

Side effects

Common side effects of amoxicillin include an upset stomach, vomiting, and diarrhea. If you have problems with any of these symptoms, tell your doctor.

Allergic reactions are rare. Signs of an allergic reaction include rash, itching, swelling of the tongue, hands or feet, fever, or trouble breathing. If any of these symptoms occur, call your doctor right away.

Precautions

- ❖ Be sure to tell your doctor if you are allergic to any medicine.
- ❖ It is very important to tell the doctor the names of **ALL** medicines that you are currently taking—even pills bought at the store such as vitamins and antacids.
- ❖ Tell your doctor if you have asthma, which is a breathing problem, or any other illnesses.
- ❖ Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you have finished the entire course of treatment.
- ❖ Amoxicillin is safe to take when you are pregnant but be sure your doctor knows if you are pregnant.
- ❖ In women, amoxicillin can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.

For more information, visit www.bt.cdc.gov/agent/anthrax,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

August 5, 2005

Page 1 of 1



FACT SHEET

What You Should Know About a Smallpox Outbreak

The thought of a smallpox outbreak is scary, but public health officials are preparing to respond quickly and effectively to such an event. The public can prepare too, by being informed. This fact sheet was created to provide members of the public with basic information about the possible use of smallpox as a biological weapon and what to do if that happens. If a smallpox emergency occurs, more detailed information and instructions will be available on the Centers for Disease Control and Prevention (CDC) web site and through other channels such as radio and television.

Why Smallpox is a Concern

Because smallpox was wiped out many years ago, a case of smallpox today would be the result of an intentional act. A single confirmed case of smallpox would be considered an emergency.

Thanks to the success of vaccination, the last natural outbreak of smallpox in the U.S. occurred in 1949. By 1972, routine smallpox vaccinations for children in the U.S. were no longer needed. In 1980, smallpox was said to be wiped out worldwide, and no cases of naturally occurring smallpox have happened since.

Today, the smallpox virus is kept in two approved labs in the U.S. and Russia. However, credible concern exists that the virus was made into a weapon by some countries and that terrorists may have obtained it. Smallpox is a serious, even deadly, disease. CDC calls it a "Category A" agent. Category A agents are believed to present the greatest potential threat for harming public health.

Possible Ways of Getting Smallpox

Possible ways to become infected with smallpox include:

- **Prolonged face-to-face contact with someone who has smallpox** (usually someone who already has a smallpox rash). This was how most people became infected with smallpox in the past. However, a person can be exposed to someone who has smallpox and not become infected.
- **Direct contact with infected bodily fluids or an object such as bedding or clothing** that has the virus on it.
- **Exposure to an aerosol release of smallpox (the virus is put in the air).** On rare occasions in the past, smallpox was spread by virus carried in the air in enclosed places such as buildings, buses, and trains. The smallpox virus is not strong and is killed by sunlight and heat. In lab experiments, 90% of aerosolized smallpox virus dies within 24 hours; in the presence of sunlight, this percentage would be even greater.

Smallpox is not known to be spread by insects or animals.

Signs and Symptoms

- For the first 7 to 17 days after exposure, the infected person feels fine and is not contagious (cannot spread the disease).
- After 7-17 days, the first symptoms of smallpox appear. These include fever, tiredness, head and body aches, and sometimes vomiting. The fever is usually high, in the range of 101 to 104 degrees

Fahrenheit. At this time, people are usually too sick to carry on their normal activities. This stage may last for 2 to 4 days.

- Next, a rash appears first as small red spots on the tongue and in the mouth. A rash then appears on the skin, starting on the face and spreading to the arms and legs and then to the hands and feet. Usually the rash spreads to all parts of the body within 24 hours.
- The rash becomes raised bumps and the bumps become “pustules”, which are raised, usually round and firm to the touch as if there’s a small round object under the skin.
- The pustules begin to form a crust and then scab. By the end of the second week after the rash appears, most of the sores have scabbed over.
- The scabs begin to fall off, leaving scars. Most scabs will have fallen off three weeks after the rash first appears.

A person with smallpox is sometimes contagious when they get a fever, but the person becomes most contagious when they get a rash. The infected person is contagious until their last scab falls off. In the past, most people recovered from smallpox, but three out of every ten smallpox patients died.

Treatment and Prevention

There is no proven treatment for smallpox. Scientists are currently researching new treatments. Patients with smallpox may be helped by intravenous fluids, medicine to control fever or pain, and antibiotics for any secondary bacterial infections that may occur.

One of the best ways to prevent smallpox is through vaccination. If given to a person before exposure to smallpox, the vaccine can completely protect them. Vaccination within 3 days after exposure will prevent or greatly lessen the severity of smallpox in most people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may decrease the severity of disease. Vaccination will not protect smallpox patients who already have a rash.

Currently, the smallpox vaccine is not widely available to the general public. However, there is enough smallpox vaccine to vaccinate every person in the United States in the event of a smallpox emergency.

How Public Health Officials will Respond to a Smallpox Outbreak

CDC has a detailed plan to protect Americans against the use of smallpox as a biological weapon. This plan includes the creation and use of special teams of health care and public health workers. If a smallpox case is found, these teams will take steps immediately to control the spread of the disease. Smallpox was wiped out through specific public health actions, including vaccination, and these actions will be used again.

- If a smallpox outbreak happens, public health officials will use television, radio, newspapers, the Internet and other channels to inform members of the public about what to do to protect themselves and their families.
- Officials will tell people where to go for care if they think they have smallpox.
- Smallpox patients will be isolated (kept away from other people who could get sick from them) and will receive the best medical care possible. Isolation prevents the virus from spreading to others.
- Anyone who has had contact with a smallpox patient will be offered smallpox vaccination as soon as possible. Then, the people who have had contact with those individuals will also be vaccinated. Following vaccination, these people will need to watch for any signs of smallpox. People who have been exposed to smallpox may be asked to take their temperatures regularly and report the results to their health department.

- The smallpox vaccine may also be offered to those who have not been exposed, but would like to be vaccinated. At local clinics, the risks and benefits of the vaccine will be explained and professionals will be available to answer questions.
- No one will be forced to be vaccinated, even if they have been exposed to smallpox.
- To prevent smallpox from spreading, anyone who has been in contact with a person with smallpox but who decides not to get the vaccine may need to be isolated for at least 18 days. During this time, they will be checked for symptoms of smallpox.
- People placed in isolation will not be able to go to work. Steps will be taken to care for their everyday needs (e.g., food and other needs).

Because smallpox does not spread as easily as measles or flu, measures like vaccination and isolation allowed public health officials to wipe out the disease.

How You Can Protect Yourself and Your Family During an Outbreak

- **Stay informed. Listen to the news to learn how the outbreak is affecting your community.** Public health officials will share important information including areas where smallpox cases have been found and who to call and where to go if you think you have been exposed to smallpox.
- **Follow the instructions of public health authorities.**
- **Stay away from, and keep your children away from, anyone who might have smallpox.** This is especially important if you or your children have not been vaccinated.
- **If you think you have been exposed to smallpox, stay away from others and call your health department or health care provider immediately;** they will tell you where to go.

For more information, visit www.cdc.gov/smallpox, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

December 30, 2004

Page 3 of 3

Anthrax Medication Self Screening Form for NON-Medical Point of Dispensing (POD) Sites*

STEP 1

Head of Household

- Fill out the Head of Household Contact Information (far right) and sign
- List all household members below for whom you are picking up medications today -
List yourself FIRST
- Attach additional forms if you have more than 4 people in your household.

Last Name, First Name

STEP 2. Head of Household

For EACH household member listed, answer ALL questions in each Part (A, B, C, D, E) below. Check one response, Yes OR No OR DK (Do Not Know), for each part.

Part A	Part B	Part C	Part D	Part E
<p>1) Is this person allergic to or should not take:</p> <ul style="list-style-type: none"> ▪ Doxycycline? ▪ Tetracycline? ▪ Minocycline? ▪ or other "cycline" drugs? <p>(See back for more complete list of drugs)</p>	<p>1) Is this person pregnant?</p>	<p>1) Is this person allergic to or should not take:</p> <ul style="list-style-type: none"> ▪ Ciprofloxacin? ▪ Levofloxacin? ▪ or other "floxacin" drugs? <p>(See back for more complete list of drugs)</p>	<p>1) Does this person have seizure disorder or epilepsy?</p> <p>2) Does this person have myasthenia gravis?</p> <p>3) Is this person currently taking tizanidine (Zanaflex)?</p> <ul style="list-style-type: none"> • For Part D and Part E, if you answered YES to ANY of the questions in that Part, mark YES below for that Part • Mark NO below for that Part only if you answered NO to ALL of the questions in that Part. 	<p>1) Is this person UNABLE to swallow pills?</p> <p>2) Is this person a child weighing 100 pounds (45 kg) or less?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
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Head of Household Contact Information

Date: _____

Name: _____

Address:

City & Zip:

Phone: () - or () -

Signature: _____

STEP 3. FOR POD STAFF ONLY

- Select and check the box for one drug (or referral) for each person using the Decision Chart at bottom of page.
- Fill in the lot number that is on the bottle of the drug given.
- Indicate reason for referral if drug not given.

POD Staff Name: _____

Drug		Lot #	Referral Reason
<input type="checkbox"/> Cipro	<input type="checkbox"/> Doxy		<input type="checkbox"/> Referral
<input type="checkbox"/> Cipro	<input type="checkbox"/> Doxy		<input type="checkbox"/> Referral
<input type="checkbox"/> Cipro	<input type="checkbox"/> Doxy		<input type="checkbox"/> Referral
<input type="checkbox"/> Cipro	<input type="checkbox"/> Doxy		<input type="checkbox"/> Referral

STEP 3 Continued

For POD Staff Only

For each person above, review their responses using the Decision Chart, going from left to right (Part A to Part E) to decide what medication they should get.

Decision Chart

Medication Selection

Part A	Part B	Part C	Part D	Part E	Decision - Indicate (Check) Selection in Table Above
No or DK	No	No or DK	No or DK	No or DK	Doxycycline or Ciprofloxacin (<i>site may have preference</i>)
No or DK	No	Yes to any of these questions			Doxycycline - <i>If Part E = Yes, Give instructions on making liquid form</i>
No or DK	Yes or DK	No or DK	No or DK	No or DK	Ciprofloxacin
No or DK	Yes or DK	No or DK	No or DK	Yes	Doxycycline - <i>Give instructions on making liquid form</i>
No or DK	Yes or DK	Yes to any of these questions			Refer to Medical Consult or own Health Care Provider
Yes	Yes or No or DK	No or DK	No or DK	No or DK	Ciprofloxacin
Yes	Yes or No or DK	Yes to any of these questions			Refer to Medical Consult or own Health Care Provider

Anthrax Medication Self Screening Form for NON-Medical Point of Dispensing (POD) Sites*

Additional Information to Assist You in Filling Out this Form

Head of Household

- ☐ This form is designed for one person (designated head of household) to pick up medication for the whole household. To pick up medication for just one person, only fill out the first line. Start at the left of the page, and complete and double-check each person's row completely before going on to the next person/row.
- ☐ Step 2 Part A: Examples of "cycline" drugs:
 - Doxycycline (Doxy, Adoxa, Bio-Tab, Doryx, Monodox, Periostat, Vibra-Tabs, Vibramycin)
 - Tetracycline (Achromycin V, Helidac, Panmycin, Sumycin, Tetracyn, Topicycline)
 - Oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250)
 - Demeclocycline (Declomycin)
 - Minocycline (Arestin, Dynacin, Minocin, Vectrin)
- ☐ Step 2 Part C: Examples of "floxacin" drugs (quinolones):
 - Ciprofloxacin (Cipro, Ciloxan)
 - Levofloxacin (Levaquin, quixin)
 - Norfloxacin (Chibroxin, Noroxin)
 - Ofloxacin (Floxin, Ocuflox)
 - Moxifloxacin (Avelox, ABC Pak)
- ☐ Remember to check YES if yes to ANY questions in that part, and check NO if not to ALL the questions in that part

POD Staff

- ☐ Find out from your site leader/organizer what drug to give (ciprofloxacin or doxycycline) if the person can take either. Usually it would be the one they have more of on-site.
- ☐ For the response to Part B, if the person does not know for sure that they are not pregnant, they are managed as if they are pregnant.
- ☐ If medical staff are available on-site, refer those needing Medical Consult to the medical staff. If they are not available on-site, refer them to their own health care provider.
- ☐ Instructions to make doxycycline suspension should be provided to households with children who weigh ≤ 100 lbs, or persons who cannot take pills even to save their life.
- ☐ All persons should be provided with fact sheet(s) about the drug(s) they are getting and about the disease that they may have been exposed to.

POD Influenza Authorization Record



Vaccine Information Statement - Inactivated Influenza Vaccine Version 8/7/15

The patient has read or had explained to him/her the **2015-16 Influenza Vaccine Statement**. He/She has had an opportunity to ask questions which were answered to his/her satisfaction. I believe he/she understands the benefits and risks of influenza vaccine.

Manufacturer and Lot Number

Clinic Identification and Address

Date

Contact Person/Supervisor

Telephone

FOR STAFF USE ONLY					
Last Name <i>(Please Print)</i>	First Name <i>(Please Print)</i>	DOB	Name of Person Administering Vaccine	Title	Body Site Given

This form was modified from the Influenza Authorization Record from the OCHCA Public Health Services Immunization Assistance Program 9/24/15



County of Orange Health Care Agency

Influenza Vaccination Questionnaire

Please fill out **one form for each person** who will be receiving a flu shot. Your answers are anonymous.

Use a **blue** or **black** pen only.

Please Print Clearly. Examples: ● **A B C**

I have read, or had explained to me, the "Influenza Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and request that it be given to me or to the person for whom I am completing this form and for whom I am authorized to make this request.

Today's Date: / / Signature:

Relationship if patient is under 18 years of age:

General Information About Person Receiving Vaccine

1) What is the ZIP code of where you live?

2) Primary Language Spoken: (fill in **ONE** circle)

☐ English ☐ Spanish ☐ Vietnamese ☐ Other (please list):

3) Race/Ethnicity: (fill in **ONE** circle) If more than one race/ethnicity, please fill in "Multiple Race"

☐ White ☐ Hispanic ☐ Asian ☐ Black ☐ American Indian/Alaskan Native
☐ Multiple Race ☐ Other (please list):

4) Gender: ☐ Male ☐ Female

Screening Information About Person Receiving Vaccine

1) How old are you? (fill in **ONE** circle) ☐ 3-4 yrs ☐ 5-8 yrs ☐ 9-18 yrs
☐ 19-49 yrs ☐ 50-59 yrs ☐ 60-64 yrs ☐ 65+ yrs

NOTE: If the age selected is from 3 years to 8 years **AND** the child has not received at least 2 doses of flu vaccine before 7/1/2015, provide 2nd Dose referral form.

	Yes	No
2) Are you feeling sick today or have a fever above 100°F degrees?	<input type="radio"/>	<input type="radio"/>
3) Are you allergic to eggs or another component of influenza vaccine?	<input type="radio"/>	<input type="radio"/>
4) Have you previously had a serious reaction to the influenza vaccine?	<input type="radio"/>	<input type="radio"/>
5) Have you ever had Guillain Barre Syndrome?	<input type="radio"/>	<input type="radio"/>
6) Have you received an influenza vaccination since August?	<input type="radio"/>	<input type="radio"/>
(If YES has been selected for questions 2 - 6, please remove from line and refer to Clinic Branch Director and/or Medical Branch Director for further evaluation/referral.)		
7) WOMEN ONLY: Are you pregnant or planning to be within the next month?	<input type="radio"/>	<input type="radio"/>
(If YES to the above question, do NOT vaccinate; provide Health Referral Line info or refer to primary care physician.)		

Office Use Only

Vaccine Type Administered: ☐ Single Dose ☐ Multidose ☐ Did Not Vaccinate- Referral Provided

Manufacturer: Lot Number:

Signature, Name and Title of Vaccinator:

Nursing Instructor Co-sign (if applicable):

Signature of Interpreter (if applicable):

POD Site Location: **A**



1 2 3 4 5 6 1 1 5 4 5 4 7

3.1 POD Management

It is the role of the Unified Command and Supervisory staff to familiarize the POD staff and public entering the site with the operational components of the POD and that they are updated to any changes that may occur before, during or after shift periods.

3.2 POD Planning “P”

The POD Planning “P” (Figure 1) is designed to guide POD operational planning and response activities. A quick guide reference and an outline of initial response activities are included in **Section 2** to assist in POD site activation and operations.

3.21 Briefings are designed to:

- *Introduce POD staff to their immediate Supervisor (i.e. Branch Directors, Group Supervisor and Team/Unit Leaders) and the need to adhere to this reporting structure.*
- *Orientate staff to the situation and assign them to their designated work station.*
- *Provide staff with their immediate role and responsibility via Position Checklists*
- *Provide each POD support staff member with additional materials (i.e. Station Scripts, ICS Forms, POD Maps, etc.) needed to perform their respective duties.*

Briefing Outline Forms:

Operations briefing (Form 1)

Conducted at the POD site and facilitated by those within the Unified Command. The participants will include the operations and logistics chiefs and all section Supervisors (i.e. Branch Directors, Group Supervisors, Unit and Team Leaders). During the initial briefing it is crucial to clarify to all staff in a supervisory role that they have the responsibility to continually monitor the status of their teams, to act proactively to address problems with POD set-up and design, and to bring any potential problems to the attention of their respective supervisors.

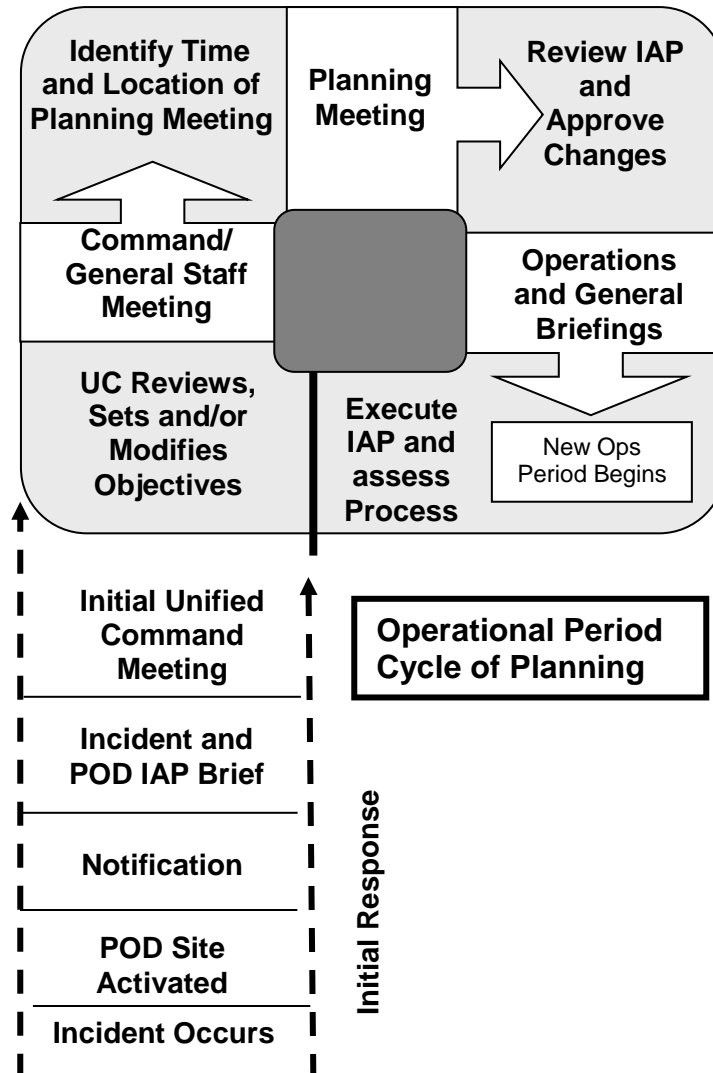
General briefing (Form 2)

Conducted at the POD site and facilitated by section Supervisors. This briefing is designed to orientate support staff with their roles while providing an incident status report to the staff. This briefing should be short in nature and is conducted during operations as needed.

End-of-Shift debriefing

At the end of a staffing shift, each staff member should conduct a short debriefing with their relief staff member to discuss any potential issues or areas for improvement that arose during their shift.

Figure 1 - POD Planning “P”



INCIDENT AND POD IAP BRIEF

During the initial and transfer-of-command process, a POD specific IAP functions as the guidance document for the initial response and remains in force and continues to develop until the response ends or the Planning Section modifies the IAP. It is also suitable for briefing individuals newly assigned to the Command and General Staff as well as needed assessment briefings for the staff.

INITIAL UNIFIED COMMAND MEETING

Provides UC officials with an opportunity to discuss and concur on important issues prior to joint incident action planning.

OBJECTIVES MEETING

UC will identify/review and prioritize objectives for the next operational period. Objectives from the previous operational period are reviewed and any new objectives are identified.

COMMAND & GENERAL STAFF MEETING

Command & General staffs to gather under informal conditions to discuss developing and response issues.

PLANNING OR DEMOBILIZATION MEETING

The planning meeting defines incident objectives, strategies, and tactics and identifies resource needs for the next operational period. The Demobilization Meeting is held to gather functional requirements from Command, Command and General Staff to be included in the Demobilization Plan.

INCIDENT ACTION PLAN (IAP) REVIEW

Attendees immediately prepare their assignments for the IAP to meet the PSC deadline for assembling the IAP components.

OPERATIONS AND GENERAL BRIEFINGS

This meeting presents the IAP to the oncoming shift of the response organization. After this meeting, off-going supervisors should be interviewed by their relief and by OPS in order to further confirm or adjust the course of the oncoming shift's IAP.

ASSESS PROGRESS

Following the operation brief, all Section Chiefs will review the incident response progress and make recommendations to the IC/UC in preparation for the next UC Objective Meeting for the next operational period.



COUNTY OF ORANGE – Health Care Agency
EMERGENCY MEDICAL SERVICES- EMERGENCY MANAGEMENT
Point of Dispensing (POD) Field Operations Guide (FOG)

FORM 1 – OPERATIONS BRIEFING

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

OBJECTIVES:

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

ORDER OF SPEAKERS:

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

- Select briefing location to accommodate the number of personnel expected to attend.
- Determine the number of Incident Action Plans (IAPs) required and distribute as needed.
- Review IAP, including objectives, maps, strategy, to ensure they are current and complete.
- Note any significant changes existing to the published plan.
- Provide response staff with location of Incident Command Post.
- Review communications plan and have Communication Unit Leader provide radio training.
- Conduct Branch/Unit radio check and call down prior to operations and/or a shift change to ensure Branch/Unit readiness.
- Remind all personnel to complete and submit Unit Logs to the Documentation Unit.
- Discuss the processes of staff break procedures, shift changes, and site demobilization.
- Schedule next briefing with Section Chiefs.

2. Operations Section Chief

- Review current actions and the update prior shift accomplishments.
- Provide location of Incident Command Post to all response staff during briefings.
- Present Division/Group Assignments.

3. Situation Status

- Review latest Situation Status Summary (ICS 209).
- Provide an update on transportation, communications, and supply requests/issues and estimated arrival times.

4. Logistics Section Chief

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

5. Safety Officer

- Deliver Site Safety message – describe hazards and precautions

6. PIO

- Deliver Media Report



COUNTY OF ORANGE – Health Care Agency
EMERGENCY MEDICAL SERVICES- EMERGENCY MANAGEMENT

7. Liaison Officer

- Provide agency updates

FORM 2 - GENERAL BRIEFING

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

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

Conducting the briefing:

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

Incident Command & Position Checklists

1. Stress that staff report to designated Supervisor as stated on Position Checklist (PC).
2. Distribute PC to reporting staff and have staff review them as well as all applicable forms (i.e. Station Scripts, Drug Information Sheets, etc.).
3. Conduct a Branch/Group/Unit supervisory role call and briefly review supervisory roles
4. Instruct Supervisors to conduct a section briefing utilizing the General Briefing Form. All briefings should include safety information, emergency procedures, and review of Enhancing Accessibility of POD Sites procedure.
5. Ask staff if there are any questions related to the PC and their role in POD operations.
6. Brief staff on Incident Communications Plan, including communication source and provide training on use of communication source.
7. Describe the direction of communication flow and method of decision making.
8. Distribute POD organizational chart specific to your reporting branch section.
9. Explain that each staff member has specific duties prior to, during and the end of POD operations.

Procedures

1. Orientate staff to on-site restrooms, break area, first-aid and supply area locations.
2. Restate need to complete Unit Activity Logs (ICS 214).
3. Develop and describe shift procedure (time of shift, break schedules, etc.) – Section 4.
4. Discuss end of shift reporting, document submission, and demobilization process – Section 4.
5. Ensure staff is aware that they must brief incoming replacement staff to any operational issues and/or suggestions that they have experienced.

POD Flow

1. Distribute Site/facility map and POD flow map.



COUNTY OF ORANGE – Health Care Agency
EMERGENCY MEDICAL SERVICES- EMERGENCY MANAGEMENT
Point of Dispensing (POD) Field Operations Guide (FOG)

2. Describe incident and clinic purpose (to provide medical prophylaxis to public).
3. Ask reporting staff if there are any questions related to the Site map and/or POD flow design.

Announce:

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



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



Subject:
Point of Dispensing Site Activation

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

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

III. REFERENCES

None

IV. DEFINITIONS

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

V. ATTACHMENTS

None

VI. PROCEDURE

A. General Site Activation

1. Upon the declaration of a public health emergency, the County Executive Officer (CEO), or designee, will determine the areas and/or cities to activate POD sites within Orange County based on suspected area of exposure and identified agent/disease.
 - a. County Executive Officer will inform Operational Area (OA) to notify cities in the affected jurisdictions to activate PODs.
 - b. The Operational Area notifies designated jurisdiction representation (i.e. City Office of Emergency Services, Fire, or Law Enforcement) to activate pre-identified POD sites (POD Incident Action Plan).
 - c. Jurisdiction representation will follow SOP to will initiate POD activation and notification call-downs to designated core city staff (i.e. pre-identified Section Chiefs, Group Supervisors, Volunteer corps, captains, etc.).
 - d. Jurisdiction representation will contact local Fire Department, Law Enforcement, City Management and POD Facility point of contacts of pre-identified PODs to begin set up operations and staff mobilization.
 - e. POD site Logistics Chief initiates equipment mobilization to pre-identified POD locations based on POD site equipment plans.
 - f. Additional equipment requests are submitted by the POD Logistics Chief to the through the Operational Area Logistics Chief.
 - g. POD Logistics Chief, in conjunction with Support Branch Director, initiate POD site set-up and inform POD incident commander when site is established.



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



Subject:
Point of Dispensing Site Command and Control

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. PROCEDURE

A. POD Site Activation Command and Control

1. Notification and mobilization of POD staff will begin once the County Executive Officer, in coordination with the Public Health Officer and the Operational Area, have declared POD activation and the affected areas have activated the POD incident action plan (IAP).
2. The first individual on scene assumes the role of POD site Incident Commander.
3. As pre-designated POD staff arrives, a Unified Command (UC) encompassing local Fire, Law Enforcement, Site Facility/Agency representation and HCA will be established, as well as, command and general staff positions filled.
4. The POD incident command system includes at a minimum the following positions:
 - a. **POD Unified Command – Local Law Enforcement, Fire, Health, Public Works and Facilities Liaison**
 - b. **POD Site Safety Officer**
 - c. **Public Information Officer – At POD or Joint Information Center (JIC)**
 - d. **POD Site Logistics Section Chief**
 - e. **POD Site Operations Section Chief**
 - f. **Planning Section Chief**
 - g. **Finance/Administration Section Chief – likely at City EOC**

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

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



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



Subject:
Dispensing of Prophylactic Drugs

Page: 1 of 3
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

To provide background related to the process of providing prophylactic medications (oral only, not including vaccinations) to the public during a suspected or confirmed Public Health Incident.

II. POLICY

Prophylactic medications/drugs will be dispensed via the point of dispensing (POD) site when activated by the County Health Officer based on the suspected agent of exposure adhering to guidelines set forth by the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC). Staff that are able to dispense medications will be based on licensure or current policies established by the Health Care Agency (HCA).

Individuals declaring themselves as Head of Household may obtain all requested regimens based on drug request on patient history form/questionnaire. Unless otherwise defined by HCA, there is no limitation on the numbers of regimens one can acquire at a POD site.

III. REFERENCES

HCA POD Policies & Procedures – Enhancing Accessibility of Point of Dispensing (POD) Sites; Processing Individuals Who Appear Visibly Sick

HCA Illness and Injury Prevention Plan

<http://intranet/safety/injury-reporting>

HCA Public Health Policies and Procedures – Hand Hygiene

<http://intranet/phs/pap>

HCA Public Health Policies and Procedures – Medication Error Reporting

<http://intranet/phs/pap>

Public Health Medication Error Reporting Form

<http://intranet/phs/pap>

IV. DEFINITIONS

Prophylaxis – action taken to prevent disease; in this case, giving a medication.

Dispensing – providing or distributing a service to a number of people; in this case, providing prophylactic medication to the public.

Contraindication - A reason that makes it inadvisable to prescribe or take a particular drug or treatment.

V. ATTACHMENTS

Ciprofloxacin and Doxycycline Dispensing Algorithm

VI. PROCEDURE

1. Check-in

- a. Distribute applicable forms (i.e. Patient tracking form, medical information sheets, agent information sheets, etc).
- b. Follow station script to conduct an initial screening of individuals and/or to assign individuals needing additional assistance (e.g., persons who are non-English speaking, blind or with low vision, or deaf or hard-of-hearing, or who have difficulties with mobility, development disabilities, or low literacy) to designated family line, unless they have signs or symptoms of illness (see (c) below).
- c. If individual demonstrates signs or symptoms of illness, remove them from the line and refer to Symptom Management (if activated) or Operations Chief--Health/Medical for further direction, or advise them to follow up with health care provider (see Processing Individuals Who Appear Visibly Sick procedure).
- d. If not otherwise directed in (b) or (c), direct to Screening.

2. Screening

- a. Conduct screening utilizing station script to screen individual for any symptoms of illness, allergies to medications, or medical contraindications.
- b. If individual demonstrates signs or symptoms of illness, remove them from the line and refer to Symptom Management (if activated) or Operations Chief--Health/Medical for further direction.
- c. If no contraindications or allergies are indicated, direct patient to adult dispensing line or to family dispensing line if Head of Household is indicated on form or if children are present.
- d. If individuals have contraindications or allergies refer to Medical Consultation (if activated), Operations Chief--Health/Medical, or private health care provider.

3. Dispensing – Adults

- a. Note: Family line staff will also need to conduct screening on persons referred to the family line because they have disabilities or access or functional needs. See HCA POD Policies & Procedures – Enhancing Accessibility of Point of Dispensing (POD) Sites.
- b. Verify name, date of birth, address and telephone number on patient tracking form for completion.
- c. Follow station script to ensure there are no allergies to medications listed – if there are allergies to medication(s) assigned via screening algorithm to patient, refer to Medical Consultation (if activated), Operations Chief--Health/Medical, private health care provider or community clinic.
- d. Label medical screening form with label from bottle.
- e. Label patient history forms/questionnaire with the following, if

applicable/requested:

- i. Prescription number
- ii. Date dispensed
- iii. Name of drug, strength and quantity dispensed
- iv. Lot number and expiration date
- v. Initials of person dispensing drug
- vi. Ordering physician (if applicable)
- f. Give patient labeled bottle of medication and medical information sheet.
- g. Direct individual to exit station.

4. Dispensing - Family/Head of Household

- a. Note: Family line staff will also need to conduct screening on persons referred to the family line because they have disabilities or access or functional needs. See HCA POD Policies & Procedures – Enhancing Accessibility of Point of Dispensing (POD) Sites.
- b. Verify completion of name, date of birth, address and telephone number on patient tracking form for all parties dispensing medication for.
- c. Follow station script to ensure there are no allergies to medications listed
- d. If there allergies are listed to medication(s) assigned via screening algorithm to patient, refer to Medical Consultation (if activated), Operations Chief-Health/Medical, private health care provider or community clinic.
- e. Obtain verbal verification of weights for each child and prepare medications as directed.
- f. Label patient history forms/questionnaire for all individuals for whom medications are being dispensed with label from bottle(s) with the following:
 - i. Prescription number
 - ii. Date dispensed
 - iii. Name of drug, strength and quantity dispensed
 - iv. Lot number and expiration date
 - v. Initials of person dispensing drug
 - vi. Ordering physician (if applicable)
- g. Give family/head of household labeled bottles of medication and patient information sheet(s) for all medications being dispensed.
- h. Direct individual(s) to exit station.

5. Exit

- a. Collect patient history forms/questionnaires and file alphabetically by individual or head of household last name, if requested.
- b. Submit documentation to Documentation Unit Leader when request for patient forms are requested.



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



Subject:
Dispensing of Vaccinations

Page: 1 of 3
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

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

II. POLICY

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

III. REFERENCES

HCA POD Policies & Procedures - Dispensing of Prophylactic Drugs; Enhancing Accessibility of Point of Dispensing (POD) Sites; Processing Individuals Who Appear Visibly Sick

HCA Public Health Policies and Procedures – Hand Hygiene

<http://intranet/phs/pap>

HCA Public Health Services (PHS) Bloodborne Pathogens Exposure Control Program Plan

<http://intranet/phs/pap> (also in POD Safety Officer Binder)

HCA Illness and Injury Prevention Plan

<http://intranet/safety/injury-reporting>

HCA Public Health Services Standardized Protocol – Management of Injection Reactions

<http://intranet/phs/pap>

HCA Public Health Policies and Procedures – Medication Error Reporting

<http://intranet/phs/pap>

Public Health Medication Error Reporting Form

<http://intranet/phs/pap>

IV. ATTACHMENTS

HCA Public Health Services Standardized Procedures – Administration of Injections

(Number 8.4, Date 5/9/12, available at <http://intranet/phs/pap>)

California Department of Public Health – Comforting Restraint for Immunizations

V. PROCEDURE

A. POD Site Station Functions

1. Check-in

- a. Distribute applicable forms (i.e. Patient tracking form, medical (vaccine) information sheets (VIS), agent information sheets, etc).
- b. Follow station script to conduct an initial screening of individuals and/or to assign individuals needing additional assistance (e.g., persons who are non-English speaking, blind or with low vision, or deaf or hard-of-hearing, or who have difficulties with mobility, development disabilities, or low literacy) to designated family line, unless they have signs or symptoms of illness (see (c) below).
- c. If individual demonstrates signs or symptoms of illness, remove them from the line and refer to Symptom Management (if activated) or Operations Chief--Health/Medical for further direction, or advise them to follow up with health care provider (see Processing Individuals Who Appear Visibly Sick procedure).
- d. If not otherwise directed in (b) or (c), direct to Screening.

2. Screening

- a. Conduct screening utilizing station script to screen individual for any symptoms of illness, allergies to vaccine components, or listed contraindications.
- b. If individual demonstrates signs or symptoms of illness, remove them from the line and refer to Symptom Management (if activated) or Operations Chief--Health/Medical for further direction.
- c. If no contraindications or allergies are indicated, direct patient to adult dispensing line or to family dispensing line if children are present.
- d. If individuals have contraindications or allergies to vaccine being provided, refer to Medical Consultation (if activated), Operations Chief-Health/Medical, or private health care provider.

3. Administering Vaccinations – Refer to HCA Public Health Services Standardized Procedures – Administration of Injections (Number 8.4, Date 5/9/12, included in FOG and available at <http://intranet/phs/pap>)

- a. Note: Family line staff will also need to conduct screening on persons referred to the family line because they have disabilities or access or functional needs. See HCA POD Policies & Procedures – Enhancing Accessibility of Point of Dispensing (POD) Sites.
- b. Assure patient has Vaccine Information Sheet.
- c. Complete bottom of Influenza Vaccination Questionnaire (or other provided questionnaire relevant to disease agent in question) and sign/obtain appropriate signatures.
- d. Ensure completion of Influenza Authorization Record or other provided vaccine log for the POD.
- e. Provide second dose reminder sheet, if indicated.
 - i. For influenza vaccine, this would be for select children ≤ 8 years of age meeting the criteria provided with the vaccine materials.
- f. After administering vaccine, direct patient to exit.

4. Exit

- a. Collect patient history forms/questionnaires and file alphabetically, by individual or head of household last name, if requested.
- b. Submit documentation to Documentation Unit Leader when request for patient forms are requested.



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



Subject:
Handling Medical Emergencies and Other Medical Non-Emergency Situations

Page: 1 of 1
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

To provide background related to the process of responding to onsite medical emergencies and other medical situations.

II. POLICY

All medical situations occurring at a point of dispensing (POD) site are to be addressed immediately. All POD sites dispensing vaccinations should have an emergency kit (for anaphylaxis) on-site or preferably, emergency medical services (EMS; e.g., ambulance, paramedic) on-site, if available. If EMS not on-site, 9-1-1 will be called immediately to respond in the event of a medical emergency.

III. REFERENCES

ICS Form 206 – Medical Plan (Completed, specific for this POD site and date)
HCA Public Health Services Standardized Protocol – Management of Injection Reactions
<http://intranet/phs/pap>
HCA Public Health Services (PHS) Bloodborne Pathogens Exposure Control Program Plan
<http://intranet/phs/pap>
HCA Illness and Injury Prevention Plan
<http://intranet/safety/injury-reporting>

IV. PROCEDURE

A. Medical Emergency (anaphylaxis, adverse reaction, illness or injury that is acute and is perceived to be an immediate risk to a person's life)

1. Immediately call for help. Direct someone to request Medical Unit Leader assistance with emergency kit and EMS if on-site, and call 9-1-1 if EMS not on-site.
2. Direct another staff member to notify supervisor if not present. Supervisor will notify Operations Chief — Medical/Health.
3. Assess the patient's status.
4. If appropriate, commence CPR. If an automated external defibrillator (AED) is available, employ AED as directed by manufacturer's operating instructions.
5. Take further action as appropriate to the situation and consistent with the staff member's scope of practice until additional trained support arrives. Medical Unit will provide support until emergency services arrives.
6. Operations Chief—Medical/Health to inform Safety Controller/Officer of situation

who will document reaction/ incident on Incident Report form.

7. All POD Staff involved will document situation on Unit Logs (ICS 214). Use of personally identifiable information (PII), such as injured/ill staff member's name, date of birth, or other information that could be used to identify the staff member, should be avoided if possible. If PII must be utilized, the forms with PII should be safeguarded in the same confidential manner as a medical record and not stored with the other plan documents. Forms with PII should be given to the Safety Controller/Officer to store with other confidential documents.

B. Other Medical Non-Emergency Situations (Not immediately life-threatening but urgent medical response required)

1. Notify supervisor of incident and assist client/staff to designated first aid area if able to be moved.
2. Supervisor to notify Medical Unit Leader immediately, then Operations Chief–Medical/Health.
3. Onsite Medical Unit/first aid team will provide treatment within scope of practice.
4. Advise patient to follow up with care with private medical provider.
5. Inform Safety Controller/Officer of situation who will document reaction/ incident on Incident Report form.
6. All POD Staff involved will document situation on Unit Logs (ICS 214). Use of personally identifiable information (PII), such as injured/ill staff member's name, date of birth, or other information that could be used to identify the staff member, should be avoided if possible. If PII must be utilized, the forms with PII should be safeguarded in the same confidential manner as a medical record and not stored with the other plan documents. Forms with PII should be given to the Safety Controller/Officer to store with other confidential documents.



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



Subject:
Processing Individuals Who Appear Visibly Sick

Page: 1 of 1
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

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

II. POLICY

Individuals who appear sick will be removed from the point of dispensing (POD) line immediately and sent to Symptom Management, if activated, or the Operations Chief – Medical/Health, or referred to a health care provider. Persons who are seriously ill will be referred to nearest available treatment center or hospital, and will be transported utilizing emergency medical services if clinically unstable, if not able to self-transport and/or if no family/friend present. Medical emergencies to be handled as per Handling Medical Emergencies Procedure.

III. REFERENCES

HCA POD Policies & Procedures – Handling of Medical Emergencies and Other Medical Non-Emergency Situations

IV. PROCEDURE

- A. Medical emergencies should be handled as per Handling Medical Emergencies Procedure.
- B. Apply personal protective equipment (PPE) before approaching visibly sick individual.
- C. If available and appropriate, apply PPE on visibly sick individual. For example, place a surgical mask on a person with respiratory symptoms if they can tolerate wearing a mask.
- D. Direct visibly sick individual to Symptom Management, if activated, or to the Operations Chief – Medical/Health, for evaluation.
- E. The Operations Chief – Medical/Health may consult the Medical Unit Leader for assistance and supplies.
- F. Individual will be referred to an off-site medical provider for further evaluation if stable.
- G. Mode of transport (self or present family/friend, or EMS) to be recommended by Symptom Management/Operations Chief – Medical/Health.
 - 1. Medical Unit may be asked to assist with arranging of EMS transport.
- H. Documentation will be on Unit Logs (ICS 214) as per Handling of Medical Emergencies P&P.



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



Subject:
Dispensing to Unaccompanied Minors

Page: 1 of 2
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

To establish a method for handling and processing individuals arriving to the Point of Dispensing (POD) site who are minors (defined as persons less than 18 years of age) without a parent, legal guardian, or authorized caregiver present.

II. POLICY

Unless a specific exception applies, a minor's parent, legal guardian, or authorized caregiver (defined as relative who has a signed Caregiver's Authorization Affidavit), must consent to medical care for the minor. During a POD site activation for distribution of prophylactic medications (not vaccine) during a true Public Health Incident, it is assumed that a communicable disease exposure has occurred or is imminent and an exception may be made under the California Family Code Section 6926 that states that a "minor age 12 or older who may have come into contact with a reportable infectious, contagious or communicable disease, or with a sexually transmitted disease, may consent to medical care for the diagnosis and treatment of the disease/infection." This policy may be amended based on guidance issued by the Centers for Disease Control and Prevention (CDC) and /or the California Department of Public Health (CDPH), or under direction of the County Health Officer, during a declared public health emergency if the prophylaxis may be life-saving.

III. REFERENCES

HCA Policies and Procedures –Consent and Confidentiality for Treatment of Minors
<http://intranet/phs/pap>
California Family Code §6500, 6900, 6922, 6926, 7002, 7120, 7122, 7050
Cal. Bus. & Prof. Code §2397(a)(3)

IV. PROCEDURE

- A. **In all situations**, attempts will first be made to get consent from the custodial parent, legal guardian, or authorized caregiver for care of a minor and all attempts will be documented in writing. The only exceptions are if the minor is legally considered an emancipated minor under California Family Code §7002, 7120, and/or 7122, or as a minor living separately and apart ("self-sufficient minor"), under California Family Code §6922, and therefore may legally consent to own medical care without parental consent.
- B. **POD exercise**: Parental, legal guardian, or authorized caregiver consent **must** be obtained **prior to** processing minor. Medication or vaccine can **NOT** be dispensed or

administered without parental, legal guardian, or authorized caregiver consent.

- C. **POD site activation, urgent communicable disease exposure**: Parental, legal guardian, or authorized caregiver consent must be attempted and attempts documented in writing. If no parental, legal guardian, or authorized caregiver consent can be obtained, minors 12 years of age and older who may have come into contact with a reportable infectious, contagious, or communicable disease may consent to medical care for the treatment of the disease/infection and therefore may consent for receiving POD prophylactic medications.

NOTE: This only applies to medication which may be considered as pre-emptive treatment; it does NOT apply to vaccination.

- D. **POD site activation, Public Health Emergency with life-threatening communicable disease exposure**: Under the direction of the Health Officer or CDC/CDPH recommendations, if the situation is considered a life-threatening emergency, administration of the prophylactic medication or vaccine may be allowed without parental, legal guardian, or authorized caregiver consent. Further situation-specific direction will be given for this at the time of the event.



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



Subject:
Enhancing Accessibility of Point of Dispensing (POD) Sites

Page: 1 of 4
Date: 7/24/07
Revised: 2/28/18

I. PURPOSE

To enhance accessibility of POD sites for persons with disabilities and access and functional needs (DAFN).

II. POLICY

Orange County's definition of disabilities and access and functional needs is as follows:

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence and the ability to perform the activities of daily living, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged. (Source: Unified County of Orange and Orange County Operational Area Emergency Operations Plan, 2016)

Persons with DAFN will receive all services from the designated family line at the POD. Every effort will be made to follow the procedure below to take into consideration and provide any additional assistance that may be needed, depending on staff availability and the specifics of the disaster leading to POD activation.

III. PROCEDURE

Individuals needing additional assistance should be identified at Check-In and directed to the designated family line where additional staff, materials, space and services are available, unless symptomatic (refer to Symptom Management, if activated, or the Operations Chief--Health/Medical). Any support persons (friend, relative, or caregiver) present should be requested to accompany these individuals through the POD process and assist them as able. POD staff will provide additional assistance as needed.

A. Persons who are Non-English Speaking

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

3. Non-English speaking/reading individuals without support persons who can adequately and appropriately interpret will be directed to the designated family line to determine onsite availability of interpreter services.
 4. Interpreter volunteers will provide non-English speaking assistance to those individuals through the POD process.
 5. Contract phone interpreter services may be utilized, as available and feasible.
- B. Persons with Difficulties with Mobility (i.e. require wheelchair access, use of a cane or walker, or can't stand for long periods of time)
1. Every effort should be made to ensure that the facility is Americans with Disabilities (ADA) compliant and accessible to all clients.
 - a. Site set-up staff will check pathways for accessibility from the parking lot/bus station to the POD and throughout the POD.
 2. Some clients may require assistance as they proceed through the clinic. Operations Section Line Monitors/Runners, if available, will assist persons who have difficulties with mobility through POD, as needed.

Line monitors/runners should:

 - a. Identify yourself and explain why you are there.
 - b. Ask the person with mobility difficulty if they need assistance and follow their instructions.
 - c. Offer wheelchairs that are available at the POD to persons who use walkers, canes, or crutches, and to frail elderly who may not be able to stand for a long time.
 - d. Ask for permission before starting to push the wheelchair.
 - e. Escort a motorized wheelchair/scooter.
 - f. Assist with filling out forms if the person has difficulty writing.
- C. Persons who are Blind or have Low Vision

1. Large print signs in highly visible areas will be available to direct persons who are blind or who have low vision through the POD process.
2. Operations Section Line Monitors/Runners, if available, will assist persons who are blind or who have low vision through POD, as needed.

Line monitors/runners should:

 - a. Identify yourself and explain why you are there.
 - b. Ask blind/low vision persons how they would like to be guided and follow their request. Do NOT grasp the blind/low vision person's arm or pull on their cane.
 - c. Read all patient information to blind/low vision person.
 - d. Assist in filling out forms.
 - e. Read the completed form back to the blind/low vision person to evaluate the accuracy of the information.
 - f. Inform the blind/low vision person exactly what is happening, what the POD process is, and how the vaccination or medication will be administered.
 - g. Give clear and specific verbal directions.
 - h. Provide direction and guidance throughout the POD process.
3. Persons accompanied by service animals will be directed through the POD process in the same manner as those who are without support person or service animal.

POD staff should NOT:

 - a. Take hold or guide service animals

- b. Interact with or distract service animals.
- 4. Additional audio/visual information media should be utilized, when available.

D. Persons who are Deaf or Hard-of-Hearing

- 1. Signs in highly visible areas will be available to direct persons who are deaf or hard-of-hearing.
- 2. Sign Language interpreters should be available to assist the deaf with communication needs through the POD process, as needed.
- 3. Additional audio/visual information media should be utilized, when available.
- 4. Operations Section Line Monitors/Runners, if available, will assist persons who are deaf or hard-of-hearing through POD, as needed.

Line monitors/runners should:

- a. Identify yourself and explain why you are there.
- b. Ask client how they would like to be assisted (e.g., do they need a sign language interpreter, can they lip read)
- c. Inform the deaf/hard-of-hearing vision person exactly what is happening, what the POD process is, and how the vaccination or medication will be administered
- d. When assisting persons who are hard-of-hearing:
 - i. Face the person when speaking.
 - ii. Speak slowly.
 - iii. Enunciate clearly.
 - iv. Get the client's attention by gently tapping on his/her shoulder.
 - v. Do NOT: shout, chew gum, cover your mouth with your hand, paper, etc.

E. Persons who have Developmental Disabilities

- 1. Operations Section Line Monitors/Runners, if available, will assist persons with developmental disabilities through POD, as needed.

Line monitors/runners should:

- a. Identify yourself and explain why you are there.
- b. Communicate in a calm and reassuring manner.
- c. Repeat instructions in simple phrases.
- d. Request a volunteer staff who is experienced in working with persons with developmental disabilities to assist, if available.
- e. Assist client in reading and completing forms, as needed.
- f. Inform the person with development disabilities exactly what is happening, what the POD process is, and how the vaccination or medication will be administered.
- g. Give clear and specific verbal directions.
- h. Provide direction and guidance throughout the POD process.

F. Persons with Low Literacy

- 1. Operations Section Line Monitors/Runners, if available, will assist persons with low literacy through POD, as needed.

Line monitors/runners should:

- a. Identify yourself and explain why you are there.
- b. Assist client in reading and completing forms, as needed.
- c. Inform the person with low literacy exactly what is happening, what the POD process is, and how the vaccination or medication will be administered.
- d. Give clear and specific verbal directions.

- e. Repeat instructions in simple phrases.
- f. Provide direction and guidance throughout the POD process.
- 2. Additional audio/visual information media should be utilized, when available.

G. Persons under the age of 18 years

- 1. Families with children will be processed in the family line. Children should not be left unsupervised at any time.
- 2. Staff working in the family line should be experienced in working with children whenever possible, including providing age-appropriate instructions and reassurances, restraining children for vaccination (if needed), and medication/vaccination administration.
- 3. Unaccompanied minors
 - a. Unaccompanied minors are not permitted during POD exercises. See “Dispensing to Unaccompanied Minors” Policy and Procedure on handling of unaccompanied minors during a POD site activation for urgent or life-threatening communicable disease exposure.
 - b. If an unaccompanied minor arrives at a POD site, POD staff should try to reach the parent or legal guardian and contact law enforcement if unable to do so.
 - c. POD staff should be designated to supervise an unaccompanied minor at all times; only POD staff who have passed a background check may be allowed to supervise children.
 - d. Minors can only be turned over to parents or guardians with government-issued identification, or law enforcement authorities.



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



Subject:
Priority Dispensing to First Responders

Approved:

Page: 1 of 1
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. DEFINITIONS

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

IV. PROCEDURE

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

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

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

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



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



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

Page: 1 of 3
Date: 7/24/07
Revised: 7/15/16

Approved:

I. PURPOSE

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

II. POLICY

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

III. DEFINITIONS

Freezer - A place in which the temperature is maintained thermostatically between -20° C and -10° C (-4° F and 14° F).

Cold - Any temperature not exceeding 8° C (46° F). A refrigerator is a cold place in which the temperature is maintained thermostatically between 2° C and 8° C (36°- 46° F).

Cool - Any temperature between 8° C and 15° C (46°-59° F) that requires cool storage, alternatively may be stored in a refrigerator.

Room Temperature - The temperature prevailing in a working area.

Controlled Room Temperature - A temperature maintained thermostatically that encompasses a working environment of 20° C to 25° C (68°-77° F) and allows for brief deviations between 15° C and 30° C (59°-86° F). An article for which storage at Controlled room temperature is directed may, alternatively, be stored in a cool place, unless otherwise specified.

Warm - Any temperature between 30° C and 40° C (86°-104° F).

Excessive Heat - Any temperature above 40° C (104° F). Medications can be stored in a location of 40°C (104°F) as long as it does not exceed 24 hours.

IV. ATTACHMENTS

Medication Inventory Log

Vaccine Handling Tips

V. PROCEDURE

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

A. Prophylactic Medication/Vaccine Supply Inventory Management and maintenance

1. Document initial inventory amount for all medications (x_i =initial amount) upon medication arrival or beginning of shift and verify storage location area.
2. Ensure medication/vaccine storage location adheres to the temperature guidelines provided with medication/vaccine and that they are stored in a cool (medications) or cold (vaccine) location. Document temperature.
3. Record all supply requests from Operations Section (via Clinical Branch) to Logistics section and subtract from x_i .
4. When x_i is half of original amount, submit medication re-supply request (ICS form 308), or HCA supplied request forms, to POD Logistics Chief in the amount of $2x_i$.
5. Logistics Chief will submit to Incident/Unified Command, who will notify the city Emergency Operations Center (EOC).
6. City Emergency Operation Center (EOC) will notify Operational Area Logistics Chief.
7. Operational Area Logistics Chief will notify HEOC Logistics Chief to process re-supply request to designated distribution site.
8. Document inventory re-supply amount of requested prophylactic medications (x_{ii} =secondary amount) upon medication arrival.
9. Repeat steps 2-4 as necessary taking into account processing times and rate of inventory depletion.
10. Record ending inventory amount on inventory log (please see the attached) and brief incoming Pharmacy Team Leader or Supply Unit Leader as to actions taken during shift.

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

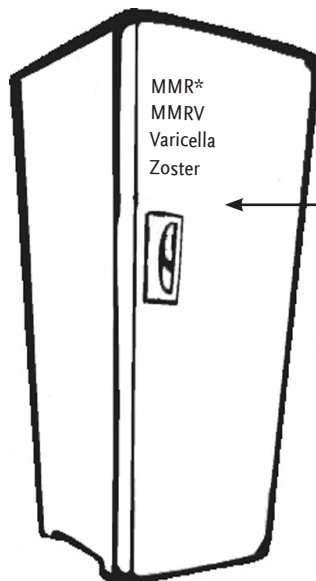
B. Supply Requests

1. Onsite requests for equipment or re-supply of operational items are to follow the ICS structure for chain-of-command requests.
2. The Incident Commander/Unified Command will submit the request form to the onsite Logistics Chief, who will submit to the Support Branch Director and then to the Supply Unit leader for processing.
3. Supply Unit Leader will process request if resource is available. If not available, Supply Unit will discuss with Procurement Unit Leader to obtain items to fulfill the request.
4. For all other requests, please follow steps A-4 and A-5 above.

Vaccine Handling Tips

Remember: Improperly stored or outdated vaccines won't protect your patients!

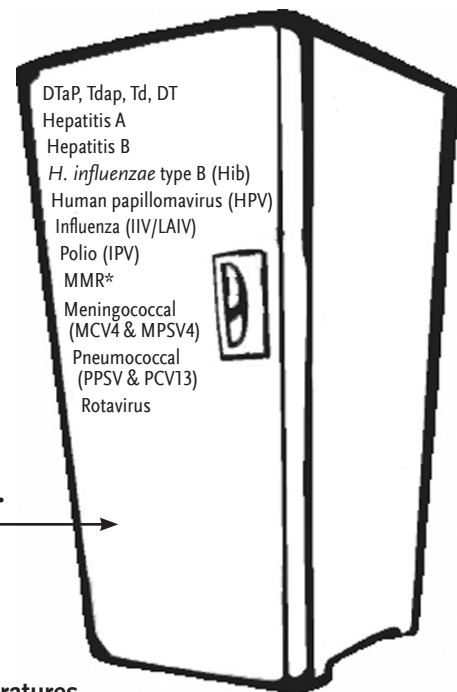
Freezer



Maintain freezer temperature
between -58° and 5°F
(-50° and -15°C).

Maintain refrigerator temperature
between 35° and 46°F (2° and 8°C).
Aim for 40°F (5°C).

Refrigerator



Manage vaccine inventories.

Inventory your vaccine supplies at least monthly and before placing an order. Expired vaccine must never be used, and it becomes “cash in the trash!”

Always use the vaccine with the soonest expiration date first.

Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. These actions help ensure it will be picked up first by someone selecting vaccine from the unit.

Store vaccine appropriately.[†]

Place vaccines in refrigerator or freezer immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccine in clearly labeled wire baskets or other open containers with a 2–3" separation between baskets and 4" from wall of unit. Separate or clearly mark vaccines to distinguish those that were supplied from your state's Vaccines for Children program (or other state-funded source) from those that were privately purchased. Do not store vaccines in the door or on the floor of the unit.

*MMR may be stored in either the freezer or the refrigerator.

[†]Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine upon arrival, immediately place the vaccine in recommended storage, mark it “do not use,” and then call your state health department or the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccines. This will help maintain a stable, cold temperature in case of a power failure or if the refrigerator or freezer doors are opened frequently or are accidentally left open. Because frequent opening of either the refrigerator or freezer door can lead to temperature variations that could affect vaccine efficacy, you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the refrigerator. Make sure the refrigerator and freezer are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power.[‡] If your building has auxiliary power, use the outlet supplied by that system.

[‡]For easy help with labeling units and power supplies, see IAC signs “Do Not Unplug Refrigerator or Freezer” (www.immunize.org/catg.d/p2090.pdf) and “Do Not Stop Power to Circuit Breaker” (www.immunize.org/catg.d/p2091.pdf). For guidance on steps to take during a power interruption, see IAC's “Emergency Response Worksheet” (www.immunize.org/catg.d/p3051.pdf).

Medication Inventory Tracking Form (Rev. 6/16)



SUPPLY TRACKING FORM

PRODUCT INFORMATION					
Item/Product Number	Item Description	Unit of Measure	Date	Dispensing Site Location	
PRODUCT TRACKING					
Requestor(s)/Station #	Quantity Requested	Current Balance	Quantity Supplied	Ending Balance	Initials



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



Subject:
Staff Registration and Additional Staffing Requests

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. REFERENCES

None

IV. DEFINITIONS

Medical and Health Emergency Volunteer Center (EVC) – location in which unidentified medical, HCA or spontaneous volunteers will report to receive badge, position and site assignment.

V. PROCEDURE

A. POD Site Staff Registration

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

B. Additional Staffing Requests

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

Medical and Health Staffing Requests

1. POD site Unified Command submits requests for additional medical and health staffing to the City Emergency Operations Center (EOC) Logistics Section. Request should include the number of staff required and any specialized license or certifications required.
2. The City EOC submits the request to the Operational Area (OA) EOC Logistics Section who will submit the request to the HEOC Logistics Section.
3. The HEOC Logistics Section will submit the request to the Personnel Unit for further processing and completion. If activated, requests will be sent to the Medical and Health Emergency Volunteer Center (M & H EVC) for tracking and completion.

General Staffing Requests

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



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



Subject:
Point of Dispensing Shift Change

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. REFERENCES

None

IV. DEFINITIONS

None

V. ATTACHMENTS

None

VI. PROCEDURE

A. Shift Change

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

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

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

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



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



Subject:
Point of Dispensing IAP & Flow Alteration

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. PROCEDURE

A. POD IAP and Flow Alteration

1. POD operations will continue without interruption during alteration of POD flow.
2. The Planning Chief will be given reports from all Sections in regards to timing for flow alteration and a plan for uniform alteration, which will be incorporated into the IAP.
3. Staff assigned to medical consultation, contact investigation, Q&A/counseling stations will confirm their new position assignment and report to their designated area within the POD site based on newly assigned position or request to fill through Logistics and Operations.
4. A short briefing will be conducted by any outgoing staff for the incoming staff. This will include position specific information such as the transfer of unit and activity logs and discussion of position specific decisions/actions needed for the next operational period.

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

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



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



Subject:
Point of Dispensing Site Demobilization

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 7/15/16

I. PURPOSE

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

II. POLICY

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

III. REFERENCES

None

IV. DEFINITIONS

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

V. ATTACHMENTS

None

VI. PROCEDURE

A. POD Site Demobilization

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

4. Initiate demobilization to address:

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


COUNTY OF ORANGE HEALTH CARE AGENCY
Public Health Policies and Procedures

Subject: CONSENT AND CONFIDENTIALITY FOR TREATMENT OF MINORS

Number: 1.14

Supersedes: 1-20-12

Page: 1 of 5

Approved: 

Date: 1-8-15

PURPOSE

To provide guidelines for ensuring compliance with the legal requirements related to the provision of medical and/or dental care or other services to minors in Public Health Services clinics and programs (hereafter referred to as "PHS").

POLICY

- I. PHS shall provide medical and/or dental care and other services to a minor with appropriate consent according to California law.
- II. PHS shall provide medical treatment to a minor with the consent of the minor's parent, legal guardian, other authorized adult, or Juvenile Court; or with the consent of the minor alone based on status (emancipated or self-sufficient) or under the exceptions provided for by California Law (such as pregnancy testing, family planning, prevention or treatment of HIV/AIDs or STIs, and diagnosis or treatment of reportable contagious diseases).
- III. The health records of a minor in a Public Health clinic for services where the minor has legal power to give consent are confidential as noted by California Law, regardless of who gave consent, except:
 - A. When the minor authorizes such disclosure in writing,
 - B. Where providers are obliged by law to contact the parent/guardian (for sexual assault services unless the provider believes that the parent/guardian committed the assault),
 - C. Where providers may advise the parent or guardian (general medical care),
 - D. When the Juvenile Court authorizes exchange of information for court wards and dependents, or
 - E. When the Juvenile Court authorizes inspection of health records of youth involved in the juvenile justice system.

SCOPE

Public Health staff who provide medical and/or dental care to patients who are minors.

REFERENCES

California Business and Professions Code §2397

California Family Code §6500-6502, §6550-6552, §6900-6903, §6910-6911, §6920-6929, §7002 and §7050

California Health and Safety Code §121020, §123110 and §123115

National Center for Youth Law, California Confidentiality Law: When Parents May Access Adolescent Medical Records, 2006

(<http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/ca/Ca-ParentAccessRules.pdf>)

National Center for Youth Law, California Minor Consent Laws: Which Minors Can Consent for What Services and Provider's Confidentiality Obligations, September 2003 (www.youthlaw.org)

ATTACHMENTS

Caregiver's Authorization Affidavit, English and Spanish versions.

DEFINITIONS

Adult: An individual who is 18 years of age or older.

Caregiver's Authorization Affidavit: An affidavit, completed and signed by a caregiver with whom the minor is living, that authorizes the caregiver to consent for medical and/or dental care of the minor.

- A. The caregiver must be a qualified relative and 18 years of age or older. A qualified relative as defined by the California Family Code is a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any person specified in this definition, even after marriage has been terminated by death or dissolution.
- B. Caregiver's Authorization Affidavit is valid for one year.
- C. The decision of the adult caregiver to consent to or refuse medical and/or dental care for a minor shall be superseded by any contravening decision of the parent(s) or legal guardian of the minor, provided the decision of the parent or legal guardian does not jeopardize the life, health or safety of the minor.
- D. The caregiver is required to notify the health care provider if the minor stops living with the caregiver.

Emancipated Minor: A minor who has gone through Legal Emancipation which is a legal procedure freeing children from parental custody and control before they reach the age of majority (18 years) Minors may be emancipated due to the following:

- A. Married or divorced minor,
- B. Minors on active duty with the U.S. Armed Forces,
- C. Minors emancipated by a court order (generally 14 years or older), or
- D. Minor petitions the Court and the petition is sustained.

Juvenile Court: A special court or department of a trial court which deals with under-age defendants charged with crimes or who are neglected or out of the control of their parents, the normal age of these defendants is under 18; juvenile court does not have jurisdiction in cases in which minors are charged as adults.

Legal Guardian: A person who has the care, custody, and control of, and has charge of the education of the minor. A guardian has the same right as a parent having legal custody of a minor to give consent to medical

treatment for the minor and may require the minor to receive medical treatment. However, if the minor is 14 years or older, no surgery may be performed upon the minor without the consent of both the minor and the guardian, unless a court order authorizes the surgery (except in an emergency and as provided for by California law).

Minor: An individual who is under 18 years of age.

“Parent or Guardian”: Person who has legal custody of a minor. This may be either parent if both parents have legal custody, or may be only the one parent or person having legal custody, or the legal guardian of a minor.

- A. A stepparent does not have the authority to give legal consent to medical or dental care for a minor stepchild unless the stepparent has legally adopted the child or been designated as legal guardian.
- B. However, if a minor resides with a stepparent, the stepparent as a “qualified relative” may complete and sign a Caregiver’s Authorization Affidavit and can authorize medical treatment for a minor.

Self-sufficient minor: A person who:

- A. Is 15 years of age or older,
- B. Is living separate and apart from his or her parent or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence AND
- C. Is managing his/her own financial affairs regardless of the source of the minor’s income.

PROCEDURE

I. Authorization for Treatment of a Minor – Adult Consent

Before providing medical, dental, or other public health services to minors, staff shall obtain consent, or other written authorization, from one of the following:

- A. The minor’s parent or legal guardian.
- B. A relative who has signed a Caregiver’s Authorization Affidavit with whom the minor is living.
- C. An adult who has written authorization from the parent, guardian, or caregiver to provide consent to medical or dental care, or both, for a minor.
- D. Orange County Juvenile Court (for minors taken into temporary custody by the Orange County probation department and housed at Juvenile Hall and children housed by Orange County Social Services Agency in Orangewood Children’s Home).

II. Authorization for Treatment of a Minor – Minor’s Consent

A minor may sign consent for treatment under the exceptions provided for by the California Family Code, as described below.

CONDITION	LAW
MINORS OF ANY AGE MAY CONSENT	
Pregnancy	A minor may consent to medical care related to the prevention or treatment of pregnancy, except sterilization.
Contraception	A minor may receive birth control without parental consent.
Sexual Assault Services	A minor who may have been sexually assaulted may consent to medical care related to the diagnosis, treatment and the collection of medical evidence related to the assault.
MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	
Diagnosis and/or Treatment For Infectious, Contagious Communicable Disease	A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease...is one that is required by law...to be reported....
Prevention, Diagnosis and/or Treatment For Sexually Transmitted Disease (STD)	A minor 12 years of age or older may consent to medical care related to prevention, diagnosis and/or treatment of an STD.
Prevention, Diagnosis and/or Treatment of HIV/AIDS	A minor 12 and older may consent to the prevention, diagnosis and treatment of HIV/AIDS.
MINORS WHO ARE SELF-SUFFICIENT MAY CONSENT (GENERALLY 15 YEARS OF AGE OR OLDER)	
General Medical Care	A self-sufficient minor may consent to medical and dental care.
MINORS WHO ARE EMANCIPATED MAY CONSENT (GENERALLY 14 YEARS OF AGE OR OLDER)	
General Medical Care	An emancipated minor may consent to medical and dental care.

III. Recordkeeping

- A. Original documents of Consent (signed by an adult or a minor) or Caregiver's Authorization Affidavit shall be placed in the minor's medical record. Adults and minors, where appropriate, shall receive copies of these documents to retain for their records.
- B. Legal documents shall be copied and the copies placed in the medical record. The originals shall be returned to their owners.

IV. Confidentiality – Parent or Legal Guardian

- A. Parents shall have access to information and medical records related to treatment or services provided for their minor child except as described in Section V below.
- B. A legal guardian has the same access to medical records as a parent having legal custody of a minor.

V. Confidentiality – for Services Where a Minor May Give Consent

When the medical record information is regarding services where a minor has legal power to give consent (as noted below), irrespective of whom consented for the care, the following provisions under California Law apply.

CONDITION	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER
A MINOR OF ANY AGE	
Pregnancy	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical records with the signed consent of the minor.
Contraception	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical records with the signed consent of the minor.
Sexual Assault Services	The health care provider must attempt to contact the minor's parent/guardian and note in the minor's record the day and time of the attempted contact and whether it was successful. This provision does not apply if the treating professional reasonably believes that the parent/guardian committed the assault.
A MINOR 12 YEARS OF AGE OR OLDER	
Diagnosis and/or Treatment for Infectious, Contagious Communicable Diseases	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical records with the signed consent of the minor.
Prevention, Diagnosis and/or Treatment for Sexually Transmitted Diseases	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical records with the signed consent of the minor.
Prevention, Diagnosis and/or Treatment of HIV/AIDS	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical records with the signed consent of the minor.
A SELF-SUFFICIENT MINOR (15 YEARS OF AGE OR OLDER)	
General Medical Care	A physician or dentist <i>may</i> , with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.
AN EMANCIPATED MINOR (14 YEARS OF AGE OR OLDER)	
General Medical Care	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical information with parents if there is the signed consent of the minor.

COUNTY OF ORANGE HEALTH CARE AGENCY
Public Health Programs and Clinics Policies and Procedures

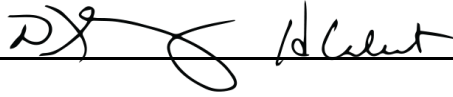
Subject: HAND HYGIENE

Number: 7.1

Supersedes: 5-13-11

Page: 1 of 2

Approved:



Date: 7-15-15

PURPOSE

To provide the indications for hand hygiene and the techniques of effective hand washing in order to prevent healthcare associated infections.

POLICY

All Public Health Services employees working in clinical settings shall consistently practice techniques that promote effective hand hygiene as outlined in this policy.

SCOPE

Public Health Services staff that provides direct patient care and/or directly handles patient care supplies and equipment.

REFERENCES

Center for Disease Control; Guideline for Hand Hygiene in Health-Care Settings MMWR October 25, 2002, 51 (RR16); 1-44

PROCEDURE

I. Indications for Hand Hygiene

- A. Public Health staff providing direct patient care and/or handling patient care supplies and equipment shall decontaminate their hands with an alcohol-based antiseptic agent or antimicrobial soap and water:
 - 1. At the beginning and end of the work shift,
 - 2. After performing personal hygiene, (i.e., using the restroom), coughing or sneezing into hands, touching hair or face,
 - 3. Before and after eating, drinking or smoking,
 - 4. After contact with a patient's intact skin (as in taking a pulse or blood pressure),
 - 5. After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings,
 - 6. When moving from a contaminated body site to a clean body site during patient care,
 - 7. Before caring for patients with severe neutropenia or other forms of severe immune suppression, and
 - 8. Before donning gloves during patient care and after removing gloves.
- B. Hands shall be also be washed with an antimicrobial soap and water when hands are visibly dirty or contaminated with proteinaceous material.

II. Hand Hygiene Technique

- A. Decontaminating hands with an alcohol-based antiseptic agent:
 - 1. Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers.
 - 2. Wait until hands are dry (it should take 15-25 seconds for hands to dry when using correct manufacturer's recommendation for volume of product to use).
- B. Decontaminating hands with an antimicrobial soap:
 - 1. Wet hands first with warm water (do not use hot or cold water),
 - 2. Apply 3-5 ml of the soap and rub hands together vigorously for at least 15 seconds,
 - 3. Cover all surfaces of the hands and fingers,
 - 4. Rinse hands with warm water and dry thoroughly with a disposable towel, and
 - 5. Use a paper towel to turn off the faucet and to open any doors.

III. Nail and Skin Care

- A. Hand lotions are provided in the clinic exam rooms next to the soap dispenser in order to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing.
- B. The following procedures related to nails shall be followed:
 - 1. Nails shall be at a length that facilitates proper cleaning,
 - 2. If polish is worn, it should not be chipped, cracked or peeling, and
 - 3. Attention must be given to cleaning around the base of the nail, cuticles, as well as the undersides of the nail tips when washing hands.
- C. Indications for glove use
 - 1. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes and non-intact skin will occur,
 - 2. Remove gloves after caring for a patient,
 - 3. Do not wear the same pair of gloves between patients, and
 - 4. Change gloves during patient care if moving from a contaminated body site to a clean body site.
 - 5. Always perform hand hygiene after removing gloves.

IV. Education and Training

New employees who are providing care or dealing with patient care supplies or equipment shall receive education regarding the types of patient care activities that can result in hand contamination and the methods and frequency of effective hand antisepsis during new hire orientation, annually and as needed. This material is covered in the Blood-Borne Pathogens (BBP) training.

COUNTY OF ORANGE- HEALTH CARE AGENCY
Public Health Services Standardized Procedures

Protocol: Administration of Injections

Number: 8.4

Supersedes: Family Health Dec. 2010

Date: 5-9-12

I. PURPOSE

To describe the standard method for administering vaccines and other injectables in the Orange County Health Care Agency Public Health Programs.

II. SCOPE

Physicians, Nurse Practitioners, Registered Nurses, Licensed Vocational Nurses, Nursing Assistants and Medical Assistants

III. PROCEDURE

- A. Verify order or standardized procedure
- B. Assess for allergies
- C. Identify client using 2 identifiers
 - 1. Client name
 - 2. Client DOB
- D. Educate and inform the client or parent
 - 1. Administration site
 - 2. Signs or symptoms of reaction
 - 3. Care of injection site
 - 4. Tylenol/Motrin for discomfort or fever, include dose
 - 5. If immunization, give Vaccine Immunization Sheet (VIS)
 - 6. Obtain consent if not already obtained
- E. Select site for injection
 - 1. **Intradermal** - The TST (Tuberculin Skin Test) is always given on the volar aspect of the forearm (refer to TST standardized procedures for more information); for other intradermal injections, refer to manufacturer's recommendations for guidance on site of administration
 - 2. **Subcutaneous** - The outer aspect of the upper portion of the arm can be used for most persons. An acceptable alternative site is the fatty area (subcutaneous tissue) of the anterolateral thigh. For teaching purposes, other locations may be used
 - 3. **Intramuscular (vaccines)** – Assess muscle mass. If more than one injection is given on the visit, it is ideal to use separate limbs for each injection, but separate sites (1-2 inches apart) on the same limb may be used.
 - a. *Infants and toddlers* -
 - i. Use the vastus lateralis muscle in the anterolateral area of the middle or upper thigh. (see Diagram A)
 - ii. In infants, the deltoid muscle may be well enough developed to be used.
 - a. *Children and adults* -
 - i. Deltoid muscle is preferred, where the muscle is largest in the posterolateral area below the level of the acromion and above the insertion of the deltoid muscle (level of the armpit).(see Diagram B)

- ii. The anterolateral area of the middle or upper thigh may be used for any age, provided that the needle length is long enough to reach deeply into the muscle mass
4. **Intramuscular (other routine medications or immunobiologics, e.g., penicillin)**
 - a. *Infants* – Use the vastus lateralis muscle in the anterolateral area of the middle or upper thigh.
 - b. *Toddlers and Older Children (12 months through 10 years)*
 - i. Deltoid muscle should be used if muscle mass is adequate.
 - ii. If there is no enough muscle mass, may also use the anterolateral thigh.
 - c. *Adolescents and Adults (11 years or older)* –
 - i. Gluteal muscle preferred for antibiotics (benzathine penicillin, ceftriaxone, etc); upper outer quadrant of the gluteus area is recommended area (see Diagram C)
 - ii. The anterolateral thigh also can be used for men and women weighing less than 130 lbs.
- F. Gather equipment
 1. Gloves (optional, but recommended; gloves must be used if patient known to have a blood-borne pathogen)
 2. Alcohol
 3. Cotton ball
 4. Band-aid
 5. Syringe and needle

Route of Administration	Syringe Size	Needle Length	Needle Size
Intradermal	1 ml	3/8 to 1/2 in	26 to 27 gauge
Subcutaneous	3 ml	5/8 to 1 in*	25 gauge
Intramuscular			
Infant and small child	3 ml	1 in*	25 gauge
Adult and obese child	3 ml	1-1 1/2 in	22-25 gauge

*A needle length of 5/8 inch sufficient for this type of injection and/or age group. However, universal use of a needle length of 1 inch is preferred.

- G. Preparation/verification of injection: verify that vaccine/medication is what is ordered (type and dose) and is not expired; MAs must have licensed person verify
- H. Prepare the client
 1. Expose the area of chosen site
 2. Infants – hold firmly by the parent or staff with the thigh exposed
- I. Wash hands using appropriate technique and don gloves if desired
- J. Prepare skin
 1. Cleanse the skin BEFORE EVERY INJECTION, using an alcohol pad or alcohol-soaked cotton ball wiped in a circular motion from a central point outwardly (concentric circles)
 2. Allow the alcohol to dry before giving the injection
- K. Administer medication or vaccine.
 1. Oral
 - a. After placing the vaccine in the mouth, make sure infants and toddlers swallow the vaccine by pushing up on the chin to stimulate a swallow reflex
 - b. If the child spits out Rotavirus vaccine - readministration is not recommended
 2. Injection –
 - a. Insert needle (see Diagram D):

- i. **Intradermal** - Angle of the needle is nearly parallel to the skin (10 – 15° angle), with the needle bevel upward. Stretch the skin by pressure from the thumb of the other hand.
 - ii. **Subcutaneous** - Angle of needle is 45° to the skin. Pinch up a bit of subcutaneous tissue with the other hand to prevent inadvertent intramuscular injection
 - iii. **Intramuscular** - Angle of needle is perpendicular (90°) to the skin. Place and maintain pressure on the skin around the injection site with the thumb and index fingers of the other hand, insert needle with a quick thrust, and then introduce the remainder of the needle through the skin and into the muscle with firm and steady pressure
 - b. Aspirate when giving IG, HRIG, antibiotics in gluteal area
 - i. Aspiration is not required when giving immunizations
 - ii. Aspiration is advocated by some experts, but the procedure is not required because no large blood vessels exist at the recommended injection sites for immunizations.
 - c. Inject medication or vaccine
 - d. Withdraw needle, activate safety needle device
 - e. Apply cotton ball to site
 - f. Cover with Band-Aid
 - g. Dispose of needle and syringe
 - i. Do NOT recap, clip or separate needle and syringe after use.
 - ii. Discard equipment in a puncture-proof sharps container, and assure proper disposal of filled sharps containers.
 - iii. Similar disposal is required for the oral rotavirus and live influenza vaccine apparatus
- L. Documentation
- 1. Document in chart
 - a. Date and time given
 - b. Medication name, dose, route, site
 - c. Client's tolerance of administration
 - d. Person giving medication/immunization signature
 - 2. Document patient information, lot # and expiration date in appropriate medication/vaccination log, if applicable
 - 3. Document all immunization and IG given in CAIR

REFERENCES

1. Armstrong, K. (2003). Injection technique, needle length and equipment. *Practice Nurse*, 26(4), 24.
2. Diggle, L. (2007). Injection technique for immunization. *Practice Nurse*, 33(1), 34-37.
3. Intramuscular injection technique. (2007). *Paediatric Nursing*, 19(2), 37.

Diagram A: Vastus Lateralis Injections

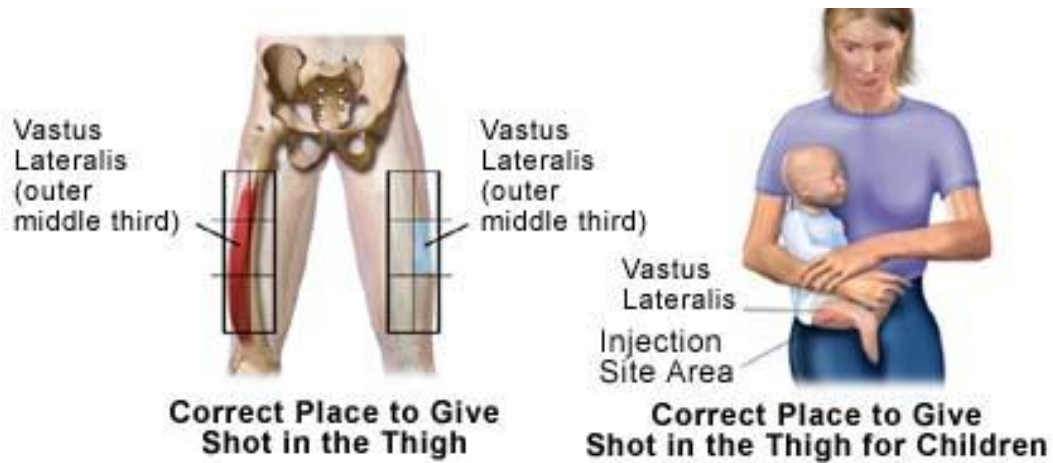


Diagram B: Deltoid Injection Site

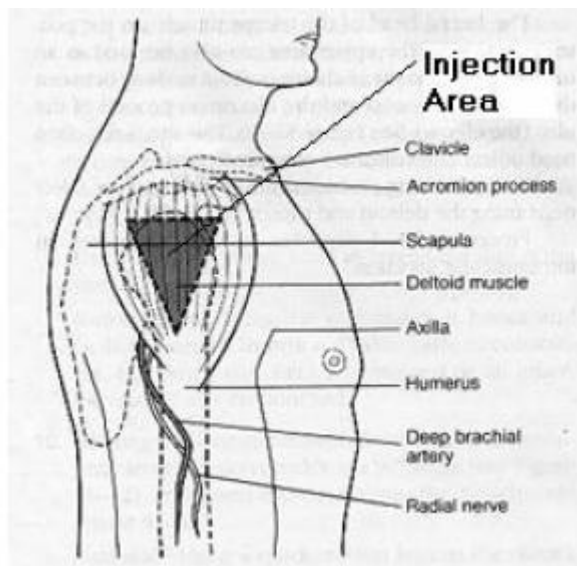


Diagram C: Safe Zone for Intragluteal Injections

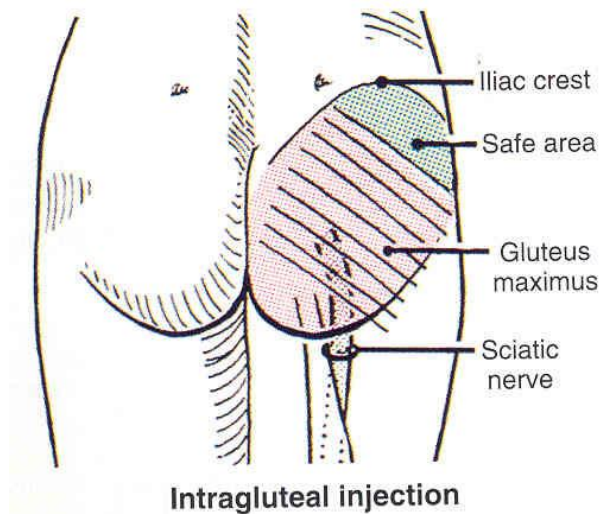
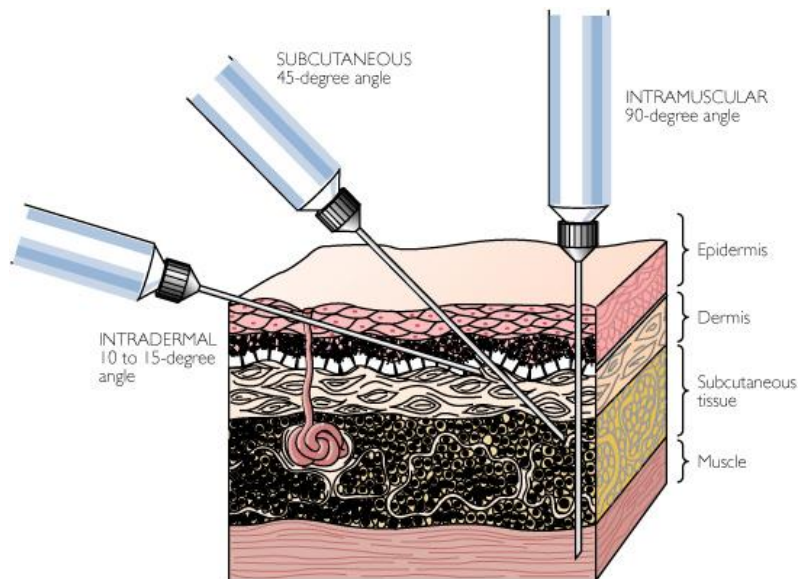


Diagram D: Angle of Needle for Injections



COUNTY of ORANGE HEALTH CARE AGENCY
PUBLIC HEALTH
Standardized Protocol

Subject: Management of Injection Reactions
(Allergies, Anaphylaxis and Vasovagal Syncope)
Supersedes: New

Page: 1 of 7

Date: 7/16/13

Approved: Signatures on File

PURPOSE

To establish the standardized protocol authorizing approved OCHCA licensed personnel to evaluate and manage reactions to injections in the Orange County Health Care Agency Public Health Clinics and programs using vaccine or medication administration (oral or injection). These standardized procedures will designate who and under what circumstances the procedures outlined hereafter may be performed.

Anaphylaxis defines a systemic allergic reaction to a foreign substance, which is potentially life-threatening. Persons who administer biologicals should be able to recognize allergic reactions, particularly anaphylaxis, and they should be able to initiate appropriate treatment. Emergency medications should be current and equipment that is used in the treatment of anaphylaxis should always be readily available at the clinic or program site

POLICY

A. Development and Review

1. All standardized procedures used within OCHCA Public Health are developed collaboratively with the Public Health Medical Officer, Supervising Public Health Nurses (PHNs) representative of the Public Health (PH) programs, and must conform to all 11 steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
2. All standardized procedures are to be kept in a manual in the Administrative Suite of 17th Street building which includes dated, signed original standardized procedure, and approval sheets of the persons covered by the standardized procedures. Read-only versions will also be kept on the OCHCA intranet.
3. All standardized procedures are to be reviewed every three years and as practice changes by the Public Health Medical Officer and Supervising PHNs.

B. Scope and Setting of Practice

1. Nurse Practitioners (NPs), Physician Assistants (PAs), and Registered Nurses (RNs) may perform the following routine functions within their training and consistent with their experience and credentialing: assessment, health promotion, education, and referral for medical care when indicated.
2. Physician consultation is to be obtained as specified in the standardized protocol.
3. The standardized protocol is not limited to functions needed for residents of the County of Orange.

C. Qualifications and Evaluations

1. Each Nurse Practitioner, Physician Assistant and Registered Nurse performing standardized protocol functions must meet the following criteria:
 - a. Education and experience:
 - 1) Possession of a valid license issued by the California Board of Registered Nursing (NP or RN) or the California Medical Board (PA).
 - 2) Possession of a valid certificate of Public Health Nurse issued by the California Board of Registered Nursing (PHNs only)
 - 3) Two years of relevant experience subsequent to receipt of a Public Health Nurse Certificate. A Master's Degree in nursing or public health may be substituted for one year of the required experience.
 - b. Initial competency completed and signed by the SPHN (see Attachment A).
2. Competency will be established initially and on a continuing basis:
 - a. Initial
 - 1) By completion of initial training by SPHN.
 - 2) As procedural steps are demonstrated during orientation training.

- 3) Completion of initial competency document with SPHN signature (Attachment A)
- b. Annually
 - 1) Annual competency completed with annual performance evaluation
 - 2) Each line item will be signed off by SPHN when the PHN demonstrates the competency in the prior year.
 - 3) When the line item has not been demonstrated in the prior year, the PHN must review the policy with the SPHN during the performance review process for completion.
3. Initial and annual competencies are to be maintained in the SPHN personnel file for each PHN.
4. Each SPHN will maintain a list of all those persons authorized to perform the standardized protocol and will place a copy of the updated list with the standardized protocol.

AUTHORITY

California Nursing Practice Act, 2011 Edition; Section 2725, subsection (b)(2).

PROCEDURE

A. VASOVAGAL SYNCOPE

1. Simple fainting is the more common injection reaction, and may be difficult to distinguish from anaphylaxis, but fainting is NOT an allergic event.
2. Vasovagal syncope can be identified, according to the following characteristics.
 - a. Signs and Symptoms
 - 1) Patient may become pale, feel faint, and may suddenly collapse unconscious.
 - 2) Pulse is steady and respirations are normal
 - 3) *NOTE: involvement of skin (rash, diffuse itching) or swelling of the oral mucosa suggests anaphylaxis, not vasovagal*
 - b. Onset – Before, during or shortly after injection.
3. Treatment
 - a. Patient feels faint: patient should lie flat or sit in a head-down position for several minutes.
 - b. Patient has fainted: patient should lie flat (may elevate feet slightly, not head). Nasal application of vapors from an ammonia inhalant may hasten arousal.
 - c. After consciousness is regained, patient should remain under observation, in clinic area, for 10-15 minutes.

B. ALLERGIC EVENT

1. Allergic events range from isolated skin reactions (rash or urticaria) to life-threatening anaphylaxis
2. Preventive measures constitute the ideal.
 - a. Avoid contact with or exposure to allergens or toxins to which sensitivity has been previously demonstrated.
 - b. Patients with known allergies, especially those who have a history of severe reactions, should carry on their persons *at all times* identification that shows the type of allergy.

C. URTICARIA (HIVES)

1. Signs and Symptoms
 - a. Generalized rash of red bumps (hives)
 - b. Itching
 - c. If respiratory symptoms (wheezing, shortness of breath), or cardiovascular symptoms (hypotension), or angioedema **proceed to anaphylaxis protocol below**
2. Treatment
 - a. If itching and swelling are confined to the injection site, observe patient closely for the development of generalized symptoms
 - b. If rash becomes generalized, closely assess airway breathing and circulation (ABC's)-- **If respiratory symptoms (wheezing, shortness of breath), cardiovascular symptoms (hypotension), or angioedema (swelling of the lips, face or throat) noted, proceed to anaphylaxis protocol below**
 - c. For children and adolescents, if ABCs stable: administer Benadryl (Diphenhydramine) orally if not contraindicated
 - 1) For children – standard dose – 1 mg/kg body weight
 - 2) Up to 30 mg maximum dose in children
 - 3) Up to 100 mg maximum dose in adolescents

- d. For adults, if ABCs stable: administer Benadryl (Diphenhydramine) orally if not contraindicated
 - 1) Standard dose, 1-2 mg/kg
 - 2) Up to maximum 100 mg single dose
 - 3) Warning: may cause drowsiness, so patient should have somebody else transport him/her home if Benadryl administered in clinic
- e. If clinical condition is stable and the patient no longer appears to be in any distress:
 - 1) Evaluate for discharge to home in the company of parent/legal guardian in the case of a minor, or a companion in the case of an adult.
 - 2) MD should be consulted prior to discharge
 - 3) Instruction/prescription for oral therapy if determined by the physician to be necessary, continued 1-5 days as needed:
 - a) **Benadryl** (Diphenhydramine hydrochloride) 5 mg/kg/24 hrs in four divided doses (total daily dose not to exceed 200 mg/24 hrs).
 - b) How supplied:
 - Capsules: 25 mg and 50 mg
 - Elixir: 12.5 mg/5 ml.
 - 4) FOLLOW-UP
 - a) Supervising Public Health Nurse, Child Health Clinic or Immunization Clinic Clinician, or designated Staff Nurse should contact the parent or patient via telephone within one (1) working day of the incident, in order to assess patient status and to offer additional medical services as needed.
 - b) All such contacts must be charted in the medical record and in the LINK “waiver” or “risk” sections as appropriate

D. ANAPHYLAXIS

1. Signs and Symptoms
 - a. Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives) is common (but does not need to be present to make the diagnosis)

AND some combination of:

 - b. Angioedema (swelling of the lips, face or throat)
 - c. Bronchospasm (wheezing)
 - d. Shortness of breath
 - e. Low blood pressure or shock
 - f. Abdominal cramping
2. Treatment
 - a. If diagnosis of anaphylaxis suspected or confirmed, **CALL 911**
 - b. A second person should notify on call physician and the SPHN
 - c. Place the patient in a supine position and elevate the lower extremities
 - d. Primary nurse continues to assess the airway, breathing, circulation and level of consciousness of the patient
 - e. Check chart to obtain weight if a child.
 - f. **Administration of epinephrine:** this is the initial drug of choice for anaphylaxis. Epinephrine comes in two modes of administration: aqueous 1:1000 dilution vial (needs to be drawn up in specified amount), or pre-filled automatic injection devices (Epi Pen and Epi Pen, Jr.); see table below for recommended doses in children and adults
 - 1) Epi Pen Jr and Epi Pen administration:
 - a) Epi Pen Jr. (0.15 mg) - delivers 0.15 mg intramuscular dose of epinephrine from epinephrine injection, USP, 1:2000 (0.3 ml) in a sterile solution
 - b) Epi Pen (0.3 mg) - delivers 0.3 mg intramuscular dose of epinephrine from epinephrine injection, USP, 1:1000 (0.3 ml) in a sterile solution
 - c) For administration of Epi Pen, do not remove the safety cap until you are ready to use, and note that only 0.3 ml is dispensed; the majority of the drug (1.7 ml) remains in the auto-injector
 - d) Epinephrine should ONLY be injected intramuscularly into the anterolateral aspect of the thigh (vastus lateralis); DO NOT inject into the buttock
 - 2) Aqueous epinephrine 1:1000 dilution (i.e. 1mg/ml) (see chart below for calculated doses).
 - a) Dose by approximate weight; if approximate weight is not known, can dose by age (see chart)
 - b) **Standard dose is 0.01 mg/kg body weight**
 - c) Up to **0.3 mg maximum single dose in children** (under 35 kg)
 - d) adult dose ranges **from 0.3 ml to 0.5 mL**
 - e) **maximum single dose of 0.5 mL** (indicated for any weight over 99 lbs)

- g. Consider the administration of Diphenhydramine (Benadryl), either orally or IM (see chart below)
 - 1) **OPTIONAL:** data does not support the effectiveness of antihistamines in anaphylaxis
 - 2) For **children:** standard dose is 1 mg/kg; up to 30 mg maximum dose in children (≤ 12 years of age)
 - 3) For **adults and adolescents** (≥ 13 years of age): standard dose is 1-2 mg/kg; maximum dose is 100 mg
- h. Monitor patient closely until EMS arrives.
- i. Administer oxygen if reaction is prolonged, or if patient has pre-existing heart or lung disease
- j. Perform cardiopulmonary resuscitation (CPR) if necessary and maintain airway.
- k. If with breathing difficulty, patient's head may be elevated, provided BP is adequate to prevent loss of consciousness.
- l. Monitor BP and pulse every 5 minutes.
- m. If EMS has not arrived and symptoms are still present, **repeat dose of Epinephrine every 5-10 minutes** for up to 3 doses depending on patient's response.
- n. Record vital signs, medications administered to the patients, including the time, dose and response and the name of the staff who administered the medication and other relevant information.
- o. Once EMS arrives, transfer care to them
- p. Notify the patient's primary care physician
- q. Follow-up:
 - 1) SPHN or clinician should contact patient or parent by phone within 1 working day of the incident to assess patient's status and to offer additional services or referrals as needed and appropriate; record contact in appropriate area
 - 2) Incident should be reported to VAERS if it involved a vaccine
 - 3) File special incident report (SIR)

3. SUGGESTED DOSE OF EPINEPHRINE AND DIPHENHYDRAMINE*:

Age Range	Weight Range (kg)	Weight Range (lbs)	EPINEPHRINE DOSE (Standard is 0.01 mg/kg body weight)		Diphenhydramine (Benadryl) Dose
			1 mg/ml Injectable (1:1000 dilution) 1 ml = 1 mg	EpiPen Jr.: 0.15 mg Adult EpiPen: 0.3 mg	
1- 6 mos	4- 8.5 kg	9-19 lbs	0.05 ml	DO NOT USE	5 mg
7- 36 mos	9 – 14.5 kg	20 – 32 lbs	0.1 ml	DO NOT USE	10 mg
37 - 59 mos	15 – 17.5 kg	33 - 39 lbs	0.15 ml	0.15 mg	15 mg
5-7 yrs	18 – 25.5 kg	40 - 56 lbs	0.2 - 0.25 ml	0.15 mg	20 - 30 mg
8-10 yrs	26 – 34.5 kg	57 – 76 lbs	0.25 – 0.3 ml	0.3 mg	30 mg
11-12 yrs	35 - 45 kg	77- 99 lbs	0.35 – 0.4 ml	0.3 mg	40 mg
13 yrs & older	45 + kg	100+ lbs	0.5 ml	0.3 mg	50-100 mg

***Dose based on weight; if approximate weight is not known, dose based on age**

Table modified from: "Medical Management of Vaccine Reactions in Children and Teens", Immunization Action Coalition, www.immunize.org, July 2011

4. EMERGENCY TRAY

- EpiPen Auto-Injector
 - 2- 4 - EpiPen
 - 2- 4 - EpiPen Jr.
- Aqueous Epinephrine 1:1000 1mg/ml ampoules (OPTIONAL: do not need to stock if clinic does not treat children ≤ 36 months of age)
- Benadryl (Diphenhydramine hydrochloride), 50 mg/ml
 - 1 - multi-dose vial
- Benadryl (Diphenhydramine hydrochloride), 25 mg capsules
 - 1 - bottle
- 2- 3 ml syringes with 25 gauge, 1 inch needle
- 1 - Resusitube - Pediatric
- 1 - Tourniquet
- 4 - Ammonia inhalants
- Albuterol metered dose Inhaler

- Aerochamber, infant and adult

5. **NOTES ABOUT STORAGE**

- Epi pen: Store in a dark place at room temperature (15-30° or 59-86° F). Do not refrigerate.
- Epinephrine deteriorates rapidly on exposure to air or light, turning pink from oxidation to brown from the formation of melanin. Epinephrine solutions which show evidence of discoloration should be replaced

References

Lieberman, P, Bernstein, D et al. "The Diagnosis and Management of Anaphylaxis Practice Parameter: 2010 Update" *J Allergy and Clin Immunol* 2010; 126; 477-80; 480e1-42.

"Medical Management of Vaccine Reactions in Children and Teens", Immunization Action Coalition, www.immunize.org, July 2011

Anaphylaxis, Care and Management (Including Vasovagal Syncope); Family Health Protocol, May 2008

Attachment A

STANDARDIZED PROCEDURE COMPETENCY: MANAGEMENT OF INJECTION REACTIONS

The written competencies are the knowledge, skills and attitudes you are responsible for knowing and demonstrating. To identify your current level of performance as a Public Health Nurse or RN for management of injection reactions, please review the standardized procedure for management of injection reactions and the competencies associated with these. Assess your learning needs on the following scale:

Circle (1): No previous experience, need knowledge or instruction.

Circle (2): Previous experience, need some knowledge or instruction

Circle (3): Competent, need to review OCHCA's policy and philosophy

Once you have identified your learning needs, it is your responsibility to find opportunities to meet your identified learning needs in collaboration with your Supervising Public Health Nurse (SPHN). The SPHN will meet with you to a regular basis to facilitate your learning experiences and validate the written orientation competencies.

I. Defines terms used

Self-assessment 1 2 3

	Date Met	Validated by	Comments
Vasovagal reaction			
Urticaria			
Anaphylaxis			

II. States steps of management.

Self-assessment 1 2 3

	Date Met	Validated by	Comments
Allergic reactions: preventive measures			
Vasovagal reaction			
Positioning of patient			
Observation 10-15 min in clinic			
Urticaria			
Itching & local swelling – observation			
Generalized rash – ABC's			
Benadryl administration			
Respiratory distress – proceed to anaphylaxis protocol			
Consult MD prior to discharge			
d/c to home with companion or parent			
Instructions/Rx for oral therapy if needed			
Follow up phone call			
Anaphylaxis			
Call 911 (must be first step stated)			
Notify MD and SPHN			
Place patient in supine position, elevate legs			
Assess ABC's			
Obtain weight from chart (if child)			
Administer epi (see below for specifics)			

	Date Met	Validated by	Comments
Monitor closely until EMS arrives			
Administer O2 if reaction prolonged			
Perform CPR if required			
Monitor B/P, HR q 5 min			
Transfer care to EMS			
Documentation of all meds, VS and assessments			
Notify patient's PCP			
Follow up			
f/u phone call by SPHN within 1 day			
VAERS reported if vaccine related			
File special incident report (SIR)			

III. Demonstrates Nursing role.

Self-assessment 1 2 3

	Date Met	Validated by	Comments
Identifies location of emergency kit			
States when CPR is required			
Epinephrine Administration			
States doses or utilizes table for epinephrine administration			
Verbalizes site for Epinephrine administration			
Demonstrates use of Epi-pen			
Demonstrates use of aqueous epinephrine			
States indication of repeat Epi doses			
States frequency of repeat Epi doses			
Storage of medication			
Epi-pen – dark place, do not refrigerate			
Epinephrine – deteriorates rapidly with exposure to air or light			

COUNTY OF ORANGE HEALTH CARE AGENCY
Public Health Policies and Procedures

Subject: MEDICATION ERROR REPORTING

Number: 5.4

Supersedes: 5-13-11

Page: 1 of 3

Approved: 

Date: 7-15-15

PURPOSE

To establish procedures for reporting medication errors for the purpose of developing quality improvement and risk reduction solutions for systems and processes used within the Public Health clinics.

POLICY

All medication errors shall be reported using the Medication Error Reporting Form and shall be reviewed in accordance with this Policy and Procedure.

REFERENCES

CCR Title 16, Div. 17 California Board of Pharmacy Sec. 1711 Quality Assurance Programs

CCR Title 22, Sections 75027 and 75059

National Coordinating Council for Medication Error Reporting and Prevention, www.nccmerp.org/

DEFINITIONS

Harm: A physical state where a patient required some type of intervention beyond monitoring (see the attached Medication Error Reporting Form table “Category of the Error Based on Harm to the Patient”).

Medication Error: A preventable event that may cause or lead to inappropriate medication use or patient harm and that occurs while the medication is in the control of the health care professional or patient. Such events include prescribing; ordering, dispensing, transcription and administration.

Significant Finding: A condition or practice in a clinical setting that produces a high risk that a medication error may occur and there is some possibility of a bad patient outcome as a result.

ATTACHMENTS

Public Health Medication Error Reporting Form

PROCEDURE

I. Actions to be Taken in Addition to Reporting

A. Patient Management

1. Where a medication error reached a patient (Categories C –I, see Att.1 table “Category of the Error Based on Harm to the Patient”) and patient is in the clinic, the patient shall be assessed by clinic staff and monitored, treated or referred as needed.
2. In the instance that face-to-face patient contact is not possible, the supervising nurse, medical director or clinic management shall communicate with the patient if there is possible patient harm.
3. If the patient seeks care for monitoring or treatment, the medical director shall also communicate with the patient’s treating provider as needed.

B. Notification to Prescriber/Dispenser

All medication errors that reach the patient (Categories C – I, see Att. table “Category of the Error Based on harm to the Patient”) shall be reported by staff within 24 hours to the prescribing clinic practitioner and/or dispenser, as appropriate.

II. Reporting

A. Error Identification and Form Completion

The clinic staff or manager who identified a medication error shall work with other clinic staff, managers and/or medical director to complete a Medication Error Reporting Form (Att).

B. Form Submission

The Medication Error Reporting Form shall be forwarded by the clinic staff or manager who identified the error (or other person designated by the clinic manager to do so). The reporter shall forward the form confidentially (via hard copy only) to the PH Quality Assurance Coordinator (or designee) within 72 hours of identifying the error.

C. Types of Medication Errors

The major categories of types of medication errors are:

1. Prescribing errors
2. Ordering errors
3. Dispensing errors
4. Transcription errors
5. Administration errors:

The detailed type(s) of errors under the categories shall be checked on the Medication Error Reporting Form under “Types of Medication Errors”.

D. Error Causes, Factors and Actions Taken or to Be Taken to Prevent Errors

The types of error causes, factors or actions shall be checked on the Medication Error Reporting Form if they are known at the time of the submission of the form.

III. Documentation of Events

Only facts of the medication error and any medical treatment rendered shall be recorded in the patient’s medical record. The entry in the patient’s medical record should not indicate that what is recorded is an error or that a Medication Error Reporting Form was completed.

IV. Review of Medication Errors

A. Review of the Form

1. The PH Quality Assurance Coordinator (or designee), the Deputy Health Officer (or designee) or clinical staff designated by the Chief of Operations shall review all Medication Error Report Forms.
2. The Deputy Health Officer (or designee) may discuss errors with clinic management and the clinic/program medical director.

B. Identification of Any Significant Findings and Action Plan

1. If the error reached the patient and, at a minimum, required monitoring (Categories E-I, See Att), the clinic staff and managers shall investigate the systems and process that relate to the error to identify if there are any significant findings related to the error that need to be addressed.

2. If there is a significant finding(s) that need to be addressed, clinic staff and managers shall formulate and document an action plan to ensure such an error is prevented in the future within 30 days of the date of submission of the Medication Error Report Form.
3. The clinic staff and managers shall inform the clinic manager, division manager and Chief of Operations about the significant findings and action plan and shall provide a summary to the QA Coordinator (or designee).
4. The Deputy Health Officer (or designee) and Chief of Operations may request further investigation or planning if these do not appear to be sufficient.
5. The clinic management may request that the investigation and action planning be conducted under the auspices of the PH Clinical Quality Assurance (QA) Committee to ensure confidentiality and that the proceedings are not subject to legal discovery.

CONFIDENTIAL
PUBLIC HEALTH MEDICATION ERROR REPORTING FORM
Complete the items that are applicable and use information available at time of Form submission.

Patient Information

Name: _____ Medical Record Number: _____ DOB: _____

Error Information:

Date of Error: _____ Time of Error: _____ Date Error discovered: _____

Location where error occurred: _____

Prescribing physician notified: ☐ Yes ☐ No Name, title & contact information of individual completing form: _____

Describe the error, how it occurred, how it was discovered:

Category of the Error Based on Harm to the Patient: Check the ONE that applies

	NO ERROR	NO HARM
	Category A	Circumstances or events have the capacity to cause error
	ERROR	NO HARM
	Category B	Error occurred but it did not reach patient
	Category C	Error occurred that reached the patient, but did not cause harm (includes errors of omission)
	Category D	Error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to prevent harm
	ERROR	HARM
	Category E	Error occurred that may have contributed to, or resulted in, temporary harm to the patient and required intervention
	Category F	Error occurred that may have contributed to, or resulted in, temporary harm to the patient and required initial or prolonged hospitalization
	Category G	Error occurred that may have contributed to, or resulted in, permanent harm to patient
	Category H	Error occurred that required intervention necessary to sustain life
	ERROR	DEATH
	Category I	Error occurred that may have contributed to, or resulted in, patient death

*National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP)
(Level of Harm) Severity Category Index, 2004*

Type(s) of Medication Errors: Check ALL that apply

Prescribing errors:	
<input type="checkbox"/> Medication prescribed not indicated for the disease stated	
<input type="checkbox"/> Medication prescribed not indicated for the patient	
Ordering errors:	
<input type="checkbox"/> Medication prescribed with wrong, missing or unusual strengths, dosage or duration	
<input type="checkbox"/> Medication prescribed with wrong route of administration	
Dispensing errors:	
<input type="checkbox"/> Wrong dosage, dosage form or strength dispensed	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Wrong drug dispensed	<input type="checkbox"/> Wrong compounding or preparation
<input type="checkbox"/> No drug dispensed	<input type="checkbox"/> Missing warning labels
Transcription errors:	
<input type="checkbox"/> Incorrect entry to the Medication Administration Record	
<input type="checkbox"/> Incorrect orders transcribed when patient transferred from one site to another	
<input type="checkbox"/> Incorrect patient identification placed on the orders	
<input type="checkbox"/> Incorrect copying of orders	
Administration errors:	
<input type="checkbox"/> Dose omission	<input type="checkbox"/> Administered by the wrong route
<input type="checkbox"/> Administered medication at the wrong time	<input type="checkbox"/> Administered to the wrong patient
<input type="checkbox"/> Administered the wrong medication	<input type="checkbox"/> Administered wrong strength or dosage
Other error: <input type="checkbox"/> (see description)	

*NCCMERP Taxonomy of Medication Errors, 1998***Error Cause(s): Check all that apply**

<input type="checkbox"/> Abbreviations	<input type="checkbox"/> Contraindicated in disease	<input type="checkbox"/> MAR variance	<input type="checkbox"/> Storage proximity
<input type="checkbox"/> Brand/generic names look alike	<input type="checkbox"/> Contraindicated in pregnancy	<input type="checkbox"/> Monitoring inadequate/lacking	<input type="checkbox"/> Trailing/terminal zero
<input type="checkbox"/> Brand/generic names sound alike	<input type="checkbox"/> Contraindicated in breastfeeding	<input type="checkbox"/> Packaging/container design	<input type="checkbox"/> Transcription inaccurate/omitted
<input type="checkbox"/> Calculation error	<input type="checkbox"/> Decimal point	<input type="checkbox"/> Patient identification	<input type="checkbox"/> Unlabeled syringe
<input type="checkbox"/> Communication	<input type="checkbox"/> Dosage form confusion	<input type="checkbox"/> Preprinted order form	<input type="checkbox"/> Verbal/Telephone order confusion
<input type="checkbox"/> Computer entry	<input type="checkbox"/> Equipment	<input type="checkbox"/> Performance (human) deficit	<input type="checkbox"/> Verbal/Telephone order incomplete
<input type="checkbox"/> Computer software	<input type="checkbox"/> Handwriting illegible/unclear	<input type="checkbox"/> Procedure not followed	<input type="checkbox"/> Weight missing/inaccurate
<input type="checkbox"/> Contraindicated drug allergy	<input type="checkbox"/> Knowledge deficit/training	<input type="checkbox"/> Reference Material	<input type="checkbox"/> Written order confusing
<input type="checkbox"/> Contraindicated drug/drug	<input type="checkbox"/> Labeling	<input type="checkbox"/> Repackaging	<input type="checkbox"/> Written order incomplete
<input type="checkbox"/> Contraindicated drug/food	<input type="checkbox"/> Leading zero missing	<input type="checkbox"/> Similar products	<input type="checkbox"/> Other

Error Factor(s): Check all that apply

<input type="checkbox"/> Contributing factor not determined	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Patient names similar/same	<input type="checkbox"/> Shift change
<input type="checkbox"/> Computer system/network down	<input type="checkbox"/> Imprint, identification failure	<input type="checkbox"/> Patient transfer	<input type="checkbox"/> Staffing: explain
<input type="checkbox"/> Distractions/disruptions	<input type="checkbox"/> No 24-hour pharmacy	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Workload increase
<input type="checkbox"/> Emergency situation	<input type="checkbox"/> No access to patient information	<input type="checkbox"/> Range orders	<input type="checkbox"/> Other

Actions Taken or to be Taken to Prevent Errors: Check all that apply

<input type="checkbox"/> Communication process improved	<input type="checkbox"/> Formulary changed/modified	<input type="checkbox"/> Informed patient of event	<input type="checkbox"/> Policy/procedure instituted
<input type="checkbox"/> Education/training provided	<input type="checkbox"/> Informed staff event occurred	<input type="checkbox"/> Informed caregiver of event	<input type="checkbox"/> Staff practice modified
<input type="checkbox"/> Environment modified	<input type="checkbox"/> Informed staff involved in event	<input type="checkbox"/> Policy/procedure changed	<input type="checkbox"/> Staff policy modified

Further suggestions regarding system changes to prevent this error: _____

DO NOT SEND THIS FORM VIA EMAIL**PLEASE FORWARD HARD COPY TO PH QUALITY IMPROVEMENT COORDINATOR****Quality Improvement: Not part of the medical record. Not discoverable by California state law (Evidence Code 1157)**



**Health Care Agency
Safety Program**

**Injury and Illness
Prevention Program
Plan**

Revision Date: 1/12/2015

Program Name and Address:

Departmental Safety Representative Name:

Program Manager Name:

Signature: _____

Elsa Davis, D.C.

Manager

John E. Lewis

Safety & Training Officer

HCA Safety Program

714-834-SAFE (7233)

HEALTH CARE AGENCY SAFETY PROGRAM

INJURY AND ILLNESS PREVENTION PROGRAM PLAN

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Director's Statement

The Health Care Agency (HCA) Director is responsible for overseeing the Injury and Illness Prevention Program (IIPP) Plan for HCA Employees. The Director has designated the HCA Safety Program Manager to direct the IIPP Plan administration. The responsibility for implementing this program is hereby delegated to each Program and shall be delineated in each IIPP Plan.

Program Manager acknowledges receipt and understands his/her role and responsibilities in regards to the IIPP Plan.

Program Manager Name:

Signature: _____

Date: _____

I. PURPOSE

The purpose of the Injury and Illness Prevention Program (IIPP) Plan is to provide guidelines and procedures for the establishment and maintenance of a proactive IIPP Plan throughout the Health Care Agency (HCA).

II. POLICY

HCA recognizes the need to comply with all regulations, applicable laws and standards set forth by the Division of Industrial Relations and the California Code of Regulations. HCA is committed to the safety and health of all its employees.

III. GENERAL OVERVIEW

In compliance with the California Code of Regulations, Title 8, General Industry Safety Orders, Section 3203, all California employers shall establish, implement, and maintain an effective (IIPP) Plan as of July 1, 1991. The IIPP Plan shall be in writing. The IIPP Plan is designed to aid in the provision of a safe and healthful work environment, as required by Labor Code Section 6400, and to reduce personal injury/illness and property losses resulting from occupational accidents and injuries. The IIPP Plan contains the following elements:

- A. Designation of the person, or persons, with the authority and responsibility for implementing the IIPP Plan.
- B. A system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes: recognition of employees who follow safe and healthful work practices, training and refresher training programs, disciplinary actions, or any other such means that ensure employee compliance with safe and healthful work practices.
- C. A system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational health and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite, without fear of reprisal. Substantial compliance with this provision includes: meetings, training programs posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication between employee and employer.
- D. A system of procedures for identifying and evaluating work place hazards including scheduled and periodic inspections to identify unsafe conditions and work practices.
- E. Procedures to investigate occupational injuries or occupational illnesses.
- F. Methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures, in a timely manner, based on the severity of the hazard.

G. Required safety training and record keeping.

IV. RESPONSIBILITIES

A. HEALTH CARE AGENCY DIRECTOR

The HCA Director is responsible for overseeing the IIPP Plan for HCA employees. The Director has designated the HCA Safety Program Manager to direct the administration of the IIPP Plan. The responsibility for implementing this program is delegated to each Program and shall be delineated in each Program's IIPP Plan.

B. HCA SAFETY PROGRAM

Under the direction of the HCA Safety Program Manager, the HCA Safety Program is responsible for ensuring Agency-wide safety standards and assisting Divisions / Programs in achieving compliance with regulatory requirements and safe work practices. This is accomplished through the support and cooperation of managers, supervisors, Departmental Safety Representatives (DSRs), and the County Executive Office (CEO) Risk Management/Safety and Loss Prevention Program.

C. DIVISION / PROGRAM MANAGERS

Division / Program Managers are responsible for implementing the IIPP Plan and methods for ensuring compliance with safe and healthful work practices within their areas of responsibility for their Division / Program.

Each Division / Program shall have the HCA written IIPP Plan. The written IIPP Plan covers the hazards unique to the Division / Program and any training required to ensure a safe work environment. The Division / Program Manager shall have the following responsibilities:

1. To identify unsafe and unhealthy conditions and work practices through safety and health inspections.
2. To correct hazards after identification.
3. To develop work procedures to minimize hazards to employees and the public.
4. To assure that each employee receives adequate safety training in the tasks they are to perform, including any retraining of an employee when tasks have not been completed to standard.
5. To use established procedures for corrective action to ensure that employees comply with safety and health regulations and best work practices.
6. To establish a communications system to keep employees informed of safety and health regulations, and to allow employees address health and safety concerns, without the fear of reprisal, and receive a response to that complaint.

7. To ensure the HCA Emergency Action Program (EAP) Plan for their program is maintained and updated to include: building specific emergency evacuation routes, evacuation assignments and training, emergency routes, and training for those who have evacuation assignments.
8. To appoint at least one, permanent, Departmental Safety Representative (DSR) per Program (one DSR per 200 employees is recommended, or one per facility). Each DSR must attend a minimum of two DSR safety training classes and the DSR Quarterly Meetings offered by the HCA Safety Program.
9. To establish a means for making their departments more effective for the safety and health of their employees.
10. To establish an effective means of retaining safety and training records.

D. SUPERVISORS

The Supervisor is the key to a successful IIPP Plan. The Supervisor shall have the following responsibilities:

1. To provide IIPP Plan training to employees during the first *fifteen (15) days* of employment or when the employee is transferred to a new job assignment, or when new processes, procedures, or equipment are introduced in the workplace that represent a new hazard. Refresher training must be provided at least once a year, thereafter.
2. Document training, after the appropriate training is provided, by using the **“Employee Training Checklist”** (*Attachment I*). After the employee has signed the form, the Supervisor shall submit a copy to HCA Safety and Human Resources, to retain in the employee’s personnel folder.
3. To encourage the proper attitudes toward safety and job performance in themselves and in their subordinates.
4. To recognize the potential for the real hazards of each job supervised.
5. To continuously observe and evaluate work conditions and procedures, and to detect and correct unsafe conditions and practices.
6. To enforce all safety rules, procedures, and policies.
7. To provide employee orientation and training.
8. To promptly investigate injuries and accidents to determine cause, and prevent recurrence.
9. To instruct and encourage employees to report unsafe conditions and to submit practical suggestions for correction.

10. To ensure that tools, equipment and personal protective equipment (PPE) are properly maintained and utilized.
11. To attend Supervisor Safety Training upon assumption of supervisory responsibilities, and thereafter attend bi-annual refresher Supervisor Safety Training.
12. In addition to the Supervisor's responsibilities with his/her employees, the Supervisor must also collaborate with the DSR regarding Program's safety issues, including:
 - Keeping the DSR apprised of employee injuries when they occur
 - Allowing the DSR to present safety topics as an agenda item at staff meetings
 - Providing guidance and/or assistance to the DSR when requested

E. EMPLOYEES

The employee should work in a safe and efficient manner at all times. The employee shall have the following responsibilities:

1. To learn and follow the standards and procedures that apply to their own specific job assignment(s).
2. To maintain a neat and clean work area that is free from recognizable hazards.
3. To inspect general workplace conditions on a daily basis.
4. To wear Personal Protective Equipment (PPE) as required for their work assignment.
5. To promptly report to their supervisors or designee any activity, behavior, or unsafe condition that could cause injury or illness to others, or damage to property.
6. To comply with HCA's Policies and Procedures, occupational safety and health laws, and any specific rules related to their job duties.
7. To report any emergencies and assist, when safe and appropriate, until emergency personnel arrive on site.
8. To share with supervisors any suggestions for health and safety improvements.

F. HUMAN RESOURCE SERVICES

Human Resource Services shall provide the supervisor of each new employee with the **"Employee Training Checklist"** (*Attachment I*). After the appropriate training is provided, within *fifteen (15) working days*, the **"Safety Program Employee Checklist"** shall be reviewed and signed by the supervisor and the employee. The

signed form shall be returned to Human Resource Services, who will retain a copy in the employee's personnel folder.

G. DEPARTMENTAL SAFETY REPRESENTATIVE (DSR)

Under the direction of the HCA Safety Program Manager and the HCA Safety and Training Officer, the DSR serves as a coordinator responsible for implementation and maintenance of HCA Safety Programs, at the program level.

The DSR is the initial contact person for program staff regarding safety issues, and is responsible for referring safety related issues to the HCA Safety Program (e.g., cases of serious injury/illness, imminently dangerous situations, general safety questions, etc.).

V. COMPLIANCE

All HCA employees, without exceptions, including managers and supervisors are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes all of the following:

- Informing employees of the provisions of the IIPP Plan.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to employees whose safety performance is deficient and who require refresher trainings.
- Ensuring that employees comply with safe and healthful work practices.
- Use established procedures for disciplinary action to ensure that employees comply with safety and health regulations and work practices.

VI. HAZARD ASSESSMENT AND CONTROL

Hazard recognition and control is a key to an effective IIPP Plan. Inspections and procedures for hazard correction provide a method of identifying and mitigating existing or potential hazards in the workplace. To achieve maximum efficiency and quality of care, potential workplace hazards must be controlled, and hazardous conditions (or practices) must be corrected as they occur, or are recognized.

A. IMPORTANCE AND BENEFITS OF INSPECTIONS

Inspections are an important means of identifying hazards before accidents or injuries occur. Unsafe physical conditions and/or unsafe practices are the primary cause of most accidents and injuries in occupational settings. Inspections should thus concentrate on these areas of concern and work to alleviate the root causes of the problem. Some of the benefits of having effective safety inspections are:

1. Compliance with Federal and State safety and health laws

2. Detection and elimination of unsafe practices
3. Detection and elimination of physical hazards
4. Stimulation and maintenance of employee interest in safety
5. Education of supervisory and facility personnel
6. Better controls over housekeeping practices

B. INSPECTIONS

Each Division / Program Manager shall ensure safety and health inspections are conducted in all work areas for which they are responsible. Inspections shall be made to identify and evaluate hazards.

1. All HCA facilities owned, leased, or donated shall have an annual safety inspection by the HCA Safety and Training Officer and/or the designated DSR. The original should be filed in the Program's Red Safety Binder and a copy of the annual inspection shall be forwarded to the HCA Safety Program. The Program, as well as, the HCA Safety Program will retain these inspections for a minimum of *five (5) years*.
2. Periodic inspections shall be performed by the designated DSR, or if absent, by the Supervisor. The original is to be retained in the Program's Red Safety Binder and a copy of the inspection should be forwarded to the HCA Safety Program.

The following is the minimum frequency for periodic inspections (this includes the required annual safety inspection):

- Offices are required to be inspected on at least an annual basis; and
 - Medical clinics and laboratories are required to be inspected on at least on a quarterly basis.
3. All employees shall inspect their general workplace conditions on a daily basis. The hazard assessment of the employee work area can be visual and is best done at the beginning of the work shift.
 4. Inspections shall be made to identify and evaluate recognizable hazards:
 - When the program is first established;
 - Whenever new substances, processes, procedures, or equipment are introduced to the workplace that could potentially represent a new occupational safety and health hazard; and,
 - Whenever the employer is made aware of a new or previously unrecognized hazard.

C. CAL/OSHA INSPECTIONS

Whenever a Cal/OSHA compliance officer arrives at any HCA worksite to conduct an inspection or investigation, the HCA Safety Program **must** be notified

immediately, at 714-834-SAFE (7233). If it is after normal operating hours the CEO/Risk Management Safety Manager must be contacted at 714-981-6288.

VII. HAZARD CORRECTION

When an unsafe or unhealthy condition is identified, the Division / Program Manager is responsible for ensuring corrective action is initiated in a timely manner, based on severity. The more hazardous exposures shall be given priority.

When a serious or imminent hazard is found, the employees must be protected against this hazard until it is corrected. This could include ceasing operations until the hazard has been corrected or eliminated, or relocating employees to an alternate, safe worksite. When a hazard is observed or discovered, it shall be corrected according to the following procedures:

- A. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed employees will be removed from the area, except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition shall be provided with the necessary PPE.
- B. When an unsafe condition or work practice exists, and corrective action may require a longer period of time, employees shall be notified and instructed to stay out of unsafe areas and/or avoid using unsafe equipment until the problem is corrected. If, for some reason, it is necessary for an employee to enter the unsafe area, the proper protective measures will be taken and the employee will be informed as to the type of exposure or any potential hazard.

VIII. SAFETY TRAINING REQUIREMENT

HCA has the duty to provide required safety training to all employees. Supervisors shall be knowledgeable and able to recognize the safety and health hazards to which employees under their immediate direction and supervision may be exposed. Safety training may be conducted by the CEO/Risk Management Safety Office, the HCA Safety and Training Officer, the designated DSR, and/or the Program Supervisor. Training is conducted annually, and as needed.

The Health Care Agency is responsible for providing or coordinating the following (applicable) training:

- A. Back Injury Prevention
- B. Bloodborne Pathogens and Exposure Control Plan
- C. Chemical Hygiene Program (CHP) Plan
- D. Defensive Driving and Refresher Training
- E. Emergency Action Plan (EAP)

- F. Emergency Preparedness Program (EPP) Plan
- G. Ergonomics
- H. Fire Prevention Program (FPP) Plan
- I. Hazard Communication (HCP) Plan
- J. Injury and Illness Prevention Program (IIPP) Plan
- K. New Employee Introduction to Safety
- L. Personal Protective Equipment (PPE)
- M. Respiratory Protection Program (RPP) Plan
- N. Slip and Fall Prevention
- O. Supervisor Safety Refresher Training

Health and Safety training is required:

- A. When the program is first established and, if required, at least annually thereafter.
- B. For all new employees.
- C. For all employees given a new job assignment. Employees given a new job assignment, but performing the same tasks, are not required to be retrained.
- D. When a new substance, process, procedure, or equipment that represents a new hazard is introduced into the workplace.
- E. Whenever the department receives notification of a new or previously unrecognized hazard.
- F. For supervisors to familiarize themselves with the health and safety hazards to which their employees may be exposed.

All training shall be documented on the “**Record of Training**” form (*Attachment II*) or other applicable forms. All training records must be retained for a minimum of **five (5) calendar years** from the date of training, as required by law.

IX. GENERAL SAFETY PRACTICES

Safety rules are an essential part of HCA’s IIPP Plan. All employees are required to know and follow these general safety rules:

- A. All injuries must be immediately reported to your supervisor or designee in the supervisor’s absence.

- B. Report all unsafe or unhealthful work practices and conditions in the workplace, including defective tools or other equipment, to the Program Manager/Supervisor.
- C. All employees must follow established Policies and Procedures.
- D. Any potential deviations from safety procedures require approval from immediate supervisor.
- E. Never remove protective guards from equipment, or machines, when in use.
- F. If unsure on how to operate a machine or perform any assigned task, ask your supervisor before proceeding.
- G. Personal Protective Equipment (PPE) must be properly used in any area where it is required.
- H. Use only the proper tool for the job. Do not use defective tools or equipment because they may result in an injury.
- I. Abide by safe lifting practices.
- J. It is prohibited for employees to be under the influence of alcohol or illegal drugs while at work.

X. COMMUNICATION

The IIPP Plan is designed to allow and encourage communication between employees and various levels of management concerning safety and health related matters. Departments must communicate safe work practice rules and other information relating to occupational hazards in a form that is readily understandable and makes every effort to encourage employees to inform management about workplace hazards, or other concerns, free from fear of reprisal.

A. METHODS OF COMMUNICATION

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff. HCA's safety communication system includes:

1. New Employee Safety Training that introduces the elements of the IIPP Plan, HCP Plan, and provides an overview of the policies and procedures that the employee is expected to follow.
2. General employee meetings, or committees, that discuss current safety issues, employee concerns, accident investigations, and/or inspection results.
3. Bulletin boards that are regularly posted with announcements, safety-related memos, and/or important documents, such as the Cal/OSHA Log 300A and

workers' compensation information. Other effective methods of communication are posters and notices, anonymous safety suggestion boxes, the County's U-Tip Safety Hotline 714-285-5597, and hazard communication information.

4. All employees are encouraged to report any issues that they perceive to be a workplace hazard to their Manager/Supervisor, designated DSR, the HCA Safety and Training Officer, the HCA Safety Manager, or the CEO/Risk Management Safety Manager of. Memos are usually utilized to communicate safety-related issues directly to managers and supervisors, but communication can also be accomplished by phone, mail, e-mail, in person, anonymously, or by completing the **"Safety Hazard Reporting"** form (*Attachment III*).
5. No employee shall be retaliated or discriminated against for reporting hazards, or potential hazards, or for making suggestions relating to workplace health and safety.
6. Safety suggestions, or reported hazards, will be reviewed and investigated by the Manager/Supervisor, DSR, the HCA Safety and Training Officer, or the HCA Safety Manager.
7. Any recommendation(s) issued as a result of an investigation will be distributed to the employees affected by the hazard. These recommendations should also be posted on the appropriate bulletin boards.
8. Notices and warning signs located throughout HCA facilities (example: eye protection required, hearing protection required, evacuation routes, wet floor warnings, etc.). Employees, contractors, and visitors are all required to comply with all posted instructions.

B. SAFETY MEETINGS

Safety meetings provide an open forum for the discussion of safety concerns and safety-related issues. Minutes must be maintained by the program, and distributed to interested employees. This can be accomplished through the posting of minutes on safety bulletin boards. The safety meeting minutes are maintained and kept on-site or made readily available upon request. The safety meeting minutes must be retained for a minimum of *five (5) calendar years*.

XI. ACCIDENT INVESTIGATION / INJURY AND ILLNESS REPORTING PROCEDURES

A. ACCIDENT INVESTIGATION

The purpose of accident investigation is to find the root cause of an accident to prevent further occurrences, not to assign blame. Accident investigations must be prompt and objective, focusing on the causes of the accident or the hazardous conditions that led to the occurrence. Managers and/or Supervisors, the HCA Safety Manager, or the HCA Safety and Training Officer shall conduct a complete investigation by:

1. Reviewing the “**Employer’s Report of Occupational Injury and Illness - Form 5020**” (*Attachment IV*).
2. Investigating the reported injury or illness.
3. Documenting all findings on a “**Supervisor’s Investigation of Employee’s Injury or Illness**” form (*Attachment V*). This investigation shall include what occurred, what corrective action was taken, and how future injuries of this type can be prevented, if applicable.
4. Report all fatal or serious injury, accident, or serious occupational illness immediately to HCA Safety Program, if it is after normal business hours or during an observed County holiday, contact the CEO/Risk Management Safety Manager. Contact information is provided below:

<u>HCA Safety Program</u> (During Business Hours -- M-F / 8am-5pm)	<u>CEO/Risk Management Safety</u> (After Hours & Holidays)
Phone: 714-834-SAFE (7233)	714-981-6288
Fax: 714-667-8388	714-285-5599
E-Mail: HCA_SafetyProgram@ochca.com	
Pony: Bldg. 38-AH, Attn.: HCA Safety	600 W. Santa Ana Blvd., Ste. 104 Attn.: CEO/Risk Management
Website: http://intranet/safety	http://intra2k3.ocgov.com/ceo_risk_mgmt/index.html

Managers and Supervisors should refer to the Health Care Agency P&P V-4.11 for detailed procedures regarding investigations and proper reporting.

B. ON THE JOB INJURY/ILLNESS REPORTING PROCEDURES

It is the Supervisor’s responsibility to inform their employee(s) regarding the need to report work related injuries or illnesses immediately upon occurrence of the incident. Managers and/or Supervisors shall:

1. Call 9-1-1 for critical injuries or illnesses.
2. Call the HCA Safety Program immediately upon knowledge of incident, at 714-834-SAFE (7233). If it is after normal operating hours or during an observed County holiday, call the CEO/Risk Management Safety Manager at 714-981-6288. The CEO Safety Office must report all fatal and serious injuries or illnesses to Cal/OSHA within ***eight (8) hours***. Cal/OSHA defines a serious injury or illness as:
 - A County employee who is killed while in the performance of his/her duties
 - A County employee who suffers any serious degree of permanent disfigurement or amputation of any part of his/her body
 - A County employee who is hospitalized for a period in excess of ***twenty-four (24) hours***, other than for medical observation

3. Within ***twenty-four (24) hours*** of a reported incident, follow and complete the HCA Safety Program's "**Injury and Illness Reporting Checklist – Supervisor Responsibilities**" (*Attachment VI*). The reporting process is delineated step-by-step and is available on the HCA Safety Program's website at: <http://intranet/safety/injury-reporting>.

Note: If there is no internet access available, please contact HCA Safety at 714-834-SAFE (7233) or CEO/Risk Management Safety at 714-285-5500 to obtain hard copies of the forms.

4. It is extremely important to follow the distribution instructions noted at the bottom of each form, and also forward copies of all completed forms to HCA Safety Program, immediately following a reported incident.

XII. RECORDKEEPING

Recordkeeping is essential under the General Industry Safety Orders. Each Program shall be responsible for maintaining and retaining the following records:

- A. Copies of the annual "**Safety and Health Inspection Checklist**" form, periodic inspection forms, and "**Safety and Health Inspection Corrective Action Confirmation**" forms. Inspection records are required to be retained for a minimum of ***five (5) calendar years***.
- B. Copies of training records for each employee. Training records must be retained by Supervisors, DSR, or their designee. These records must be available and accessible for review during an inspection. Training records are required to be retained for a minimum of ***five (5) calendar years***. Training records shall include:
 1. The date(s) of the training sessions
 2. Name of trainer and credentials or title
 3. Type of training received
 4. Brief summary of training subject(s)
 5. The employee's name, signature, and program/unit name
- C. Copies of Work Injury/Illness records to include the "**Supervisor's Investigation of Employee's Injury or Illness**" form (*Attachment V*). It is recommended the records be retained for ***five (7) years***.
- D. Copies of the "**Cal/OSHA Log 300.**" This log records all of the work related injuries and illnesses that result in time lost from work, medical treatment, other than first aid, and limited duty time. Each injury or illness will be recorded on the "**Cal/OSHA Log 300**" form according to its instructions. A summary of injuries for the previous year is recorded on the "**Cal/OSHA log 300A Summary**" form. Each year the 300A form must be posted on a bulletin board, or other location frequented by employees, from February 1st to April 30th. Cal/OSHA log records include the 300, 301, and 300A forms and shall be maintained for the current calendar year and retained for a minimum of ***five (5) calendar years***.

- E. Copies of “**Safety Hazard Reporting**” forms shall be retained for a minimum of *five (5) calendar years*.
- F. Accurate medical records for each employee subject to medical surveillance. Records shall be kept in an employee medical record file. Employee medical records are kept confidential and will be maintained by HCA Employee Health, for at least the duration of employment, plus *thirty (30) years*. This is the retention period required by Cal/OSHA.

XIII. PROGRAM REVIEW

The HCA IIPP will be reviewed annually, or as needed, per internal or external directives (example: regulatory or Policy and Procedure changes), by the HCA Safety Program. Each component of the program will be analyzed to determine its applicability and effectiveness. If there are any changes to the program, the IIPP will be updated by the HCA Safety Program and changes will be communicated to Program Managers/Supervisors and DSRs.

XIV. ATTACHMENTS

- Attachment I [Employee Training Checklist](#)
- Attachment II [Record of Training](#)
- Attachment III [Safety Hazard Reporting](#)
- Attachment IV [Employer’s Report of Occupational Injury and Illness - Form 5020](#)
- Attachment V [Supervisor’s Investigation of Employee’s Injury or Illness](#)
- Attachment VI [Injury and Illness Reporting Checklist – Supervisor Responsibilities](#)



Public Health Services

**Bloodborne Pathogens
Exposure Control Program Plan**

Revision Date: 2/6/2017

Program Name and Address:

Departmental Safety Representative Name:

BBP Trainer Name:

Program Manager Name:

Signature: _____

Elsa F. Davis, DC, REHS
Division Manager

Roger G. Bell, ARM
Safety & Program Officer

HCA Safety Program
714-834-SAFE (7233)

FOR SAFETY OFFICE USE ONLY

DATE:

RECEIVED

2/6/2017

HEALTH CARE AGENCY
SAFETY PROGRAM

 APPROVED

____ RETURNED TO PROGRAM W/RECOMMENDATIONS

COMMENTS: _____

ORANGE COUNTY HEALTH CARE AGENCY
Public Health Services
Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP)


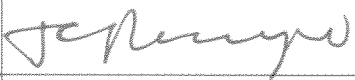




Annual Certification Review

Cal/OSHA Title 8 (T8), Section 5193, requires all written Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP) to be reviewed and updated annually or when needed [§5193(c)(1)(B)8 and §5193(c)(1)(D)]. Cal/OSHA regulations also require that employers solicit input, such as the selection of effective engineering and work practice controls, from managerial and non-managerial employees who may be potentially exposed to injuries from contaminated sharps. [§5193(c)(1)(E)].

In order to comply with the above listed regulations, each Program is required to use this form as an attachment to their written BBP-ECPP in order to document their annual review.

Annual Review Date: 2/6/2017

PROGRAM PLAN REVIEWERS:

Reviewer Name	Title	Signature
Helene Calvet, MD	Deputy County Health Officer PHS Clinical QA Coordinator	
Joseph Deocampo, PHN	Supervising Public Health Nurse II Epidemiology and Assessment Program (EA)	
Lynette Leviste, PHN	Supervising Public Health Nurse II Pulmonary Disease Services (PDS)	
Alyssa Haveman, PHN	Supervising Public Health Nurse II 17 th Street Testing, Treatment and Care	
Helen Topacio, PHN	Supervising Public Health Nurse II Family Health (FH) Clinics	
Pamela L. Douglas, PHN	Interim Supervising Public Health Nurse Public Health Nursing Division (PHND)	

ORANGE COUNTY HEALTH CARE AGENCY

Public Health Services

Page: 3 of 25

SUBJECT: Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP)

Date: 8/22/2013

Revised: 2/6/2017

PURPOSE

The purpose of the County of Orange Health Care Agency (HCA) Public Health Services (PHS) Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP) is to provide guidelines for PHS programs (including Family Health [FH], 17th Street Testing, Treatment and Care [STD/HIV], Pulmonary Disease Services [PDS], Epidemiology and Assessment [EA] and Public Health Nursing Division [PHND]; the Public Health Laboratory has a separate plan) and clinic staff to eliminate or minimize employee occupational exposure to blood and other potentially infectious materials (OPIM) and comply with the California Occupational Safety and Health Administration (Cal/OSHA) Bloodborne Pathogens Standard.

POLICY

- I. PHS shall establish, implement and maintain an effective written BBP-ECPP designed to eliminate or minimize employee occupational exposure to blood and OPIM.
- II. The BBP-ECPP shall comply with California Code of Regulations (CCR), Title 8, Section 5193 and all other applicable federal, state or local regulations. The BBP-ECPP shall contain the following elements:
 - A. Exposure determination.
 - B. Schedule and method of implementation for:
 1. Methods of compliance
 2. Hepatitis B vaccination and post-exposure evaluation and follow-up
 3. Communication of hazards to employees
 4. Recordkeeping for the BBP-ECPP
 - C. A procedure for evaluation of circumstances surrounding exposure incidents.
 - D. An effective procedure for gathering information for the Sharps Injury Log (Attachment 2).
 - E. An effective procedure for periodic determination of the frequency of use of types and brands of sharps involved in exposure incidents documented on the Sharps Injury Log (Attachment 2).
 - F. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments.
 - G. An effective procedure for obtaining the active involvement of employees in reviewing and updating the BBP-ECPP with respect to procedures performed by employees in their respective work areas or departments.
- III. The requirements for HIV, HBV and HCV Research Laboratories and Production Facilities [8 CCR §5193 (e)] and an effective procedure for documenting that the use of engineering controls would jeopardize patient safety or success of the medical or nursing procedure being performed [8 CCR §5193 (d)(3)(A)4.b] are not applicable to PHS.

ORANGE COUNTY HEALTH CARE AGENCY

Public Health Services

SUBJECT: Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP)

Page: 4 of 25

Date: 8/22/2013

Revised: 2/6/2017

SCOPE

- I. Program Managers have overall responsibility for establishment, implementation, maintenance and compliance with the BBP-ECPP.
- II. Supervisory staff is responsible for ensuring the BBP-ECPP is implemented, and for ensuring that staff receive initial and ongoing training to the BBP-ECPP.
- III. All staff are responsible for compliance with the BBP-ECPP.

REFERENCES

[California Code of Regulations, Title 8, Section 5193 \(T8, CCR §5193\) – Blood Pathogens](#)

[CDC. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part II: Immunization of Adults. MMRW 2006; 55 \(No. RR-16\)](#)

[CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis. MMWR 2001; 50 \(No. RR-11\)](#)

[County Safety & Loss Prevention Resource Manual Doc. 102: Bloodborne Pathogens Prevention Program – Pages 23-28 of 482](#)

[County Safety & Loss Prevention Resource Manual Doc. 102.1: Bloodborne Pathogens: Post Exposure Incident Evaluation – Pages 29-36 of 482](#)

[HCA Employee Health Division Policy and Procedure MP-05: Hepatitis B Virus \(HBV\) Vaccine Immunity](#)

[HCA Public Health Policy and Procedure Number 7.3: Standard and Transmission-based Precautions](#)

DEFINITIONS

Blood means human blood, human blood components and products made from human blood.

Bloodborne pathogens mean microorganisms in human blood that can cause disease in humans including hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Direct patient care means regular performance of procedures involving the use of sharps, and performance of other duties, which may incur exposure to blood and OPIM, e.g. injection, venipuncture and Accucheck; sputum induction, and gastric lavage; handling of regulated waste and sharps containers.

Employee/staff means employee or volunteer of PHS.

Engineering controls means controls (e.g. sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen from the workplace.

ORANGE COUNTY HEALTH CARE AGENCY

Public Health Services

Page: 5 of 25

SUBJECT: Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP)

Date: 8/22/2013

Revised: 2/6/2017

Engineered sharps injury protection means (1) a physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as a barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or (2) a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane or parenteral (piercing mucous membrane or skin) contact with blood or OPIM that may result from the performance of employee's duties.

Other potentially infectious materials (OPIM) means (1) human body fluids to include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV, HBV, or HCV containing culture, tissues or other solutions.

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard.

Sharp means any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices.

Sharps injury means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

Standard (formerly called universal) precautions means all human blood and OPIM are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work practice controls means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

APPENDICES

APPENDIX A: Exposure Determination

ORANGE COUNTY HEALTH CARE AGENCY

Public Health Services

Page: 6 of 25

SUBJECT: Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP)

Date: 8/22/2013

Revised: 2/6/2017

ATTACHMENTS/LINKS

[Cal/OSHA Form 301 – Injury and Illness Incident Report](#) – Attachment 1

[Sharps Injury Log – F042-24.1362](#) – Attachment 2

[Safety Hazard Reporting – F042-01.2068](#) – Attachment 3 (Page 33 of 482)

[Information and Instructions: Bloodborne Pathogen Exposure Incident – F042-24.1374 \(Rev. 07/07\)](#) – Attachment 4

[Bloodborne Pathogen Exposure Incident Employee Instructions](#) – Attachment 5

[Bloodborne Pathogens Exposure Control Program Plan: Training Outline and Training Learning Objectives for Participants](#) – Attachment 6

[BBP Record of Training F042-01.2070](#) – Attachment 7

[Documentation of Training for Occupational Exposure to Bloodborne Pathogens/Response to Hepatitis B Vaccination Offer – F042-24.1373](#) – Attachment 8 (Page 27 of 482)

[Bloodborne Pathogens Exposure Control Program Plan Employee Training Checklist \(detailed; optional\)](#) – Attachment 9

[PHS Bloodborne and Airborne Transmissible Diseases Exposure Control Program Plan Employee Comment and Suggestion Form](#) – Attachment 10

[MedWatch Form FDA 3500 \(to report problems with devices\)](#) – Attachment 11

[Employee Health Services Bloodborne Disease Fact Sheet](#) – Attachment 12

PROCEDURE

- I. EXPOSURE RESPONSE, PREVENTION AND CONTROL [8 CCR §5193 (c)]
 - A. Copies of the BBP-ECPP shall be accessible to employees in each clinic location and online on the PHS intranet site.
 - B. Review and Update of the BBP-ECPP
 1. The BBP-ECPP shall be reviewed and updated at least annually and whenever necessary by the Program Managers to reflect:
 - a) New or modified tasks and procedures which affect occupational exposure.
 - b) Changes in technology that eliminate or reduce exposure to bloodborne pathogens.
 - c) Consideration and implementation of new or updated needleless systems and needle devices and sharps with engineered sharps injury protection.
 - d) New or revised employee positions with occupational exposure.
 - e) Correction of deficiencies in the BBP-ECPP, especially resulting from the review

and evaluation of exposure incidents which occurred since the previous update.

- f) Responses to comments and suggestions from non-managerial employees responsible for direct patient care, including, but not limited to, information provided from annual bloodborne pathogens training sessions, annual safety inspections, and regular staff meetings.
 - g) Changes in federal, state or local regulations related to bloodborne pathogens exposure control.
2. Documentation of review and consideration of new or updated products with sharps injury protection shall be maintained by the HCA Sharps Committee [BBP-ECPP Section I.(C)].
3. Non-managerial employees shall have an opportunity to review and update the BBP-ECPP with respect to the procedures performed in their respective work areas or departments. This requirement shall be met by review of the BBP-ECPP by employees during their annual bloodborne pathogen training. Employees also have an opportunity to make comments and suggestions at regular staff meetings and at any other time they deem appropriate.
- a) Employee comments and suggestions shall be documented on the PHS Bloodborne and Airborne Transmissible Diseases Exposure Control Program Plan Employee Comment and Suggestion Form (Attachment 10) and reviewed at Clinical Quality Improvement (QI) meetings.
 - b) Updates to the BBP-ECPP shall be made and training provided as appropriate.
- C. Currently available engineering controls shall be identified and selected, where appropriate, for the procedures performed by employees in their respective work areas or departments by participation of PHS employees in the HCA Sharps Committee:
- Purpose of the Sharps Committee:
- a) To coordinate employee testing of available and suitable engineered safeguards of medical devices that might become contaminated with blood or OPIM.
 - b) To select new products based on employee assessment.
 - c) To make a periodic determination of the frequency of use of the types and brands of sharps involved in exposure incidents. This will be achieved by review, at least annually and more often if necessary, of de-identified Sharps Injury Log (Attachment 2).
 - d) Responsibility: Employee Health Services.
 - e) Meeting schedule: Annually, or more often if needed.
 - f) Designated representatives from PHS: one employee each from EA, SPHN, PHCN, FH, PDS and STD/HIV.
- D. Solicitation of input from non-managerial employees responsible for direct patient care in the process of identifying, evaluating and selecting effective engineering and work practice controls shall be achieved by active participation in the following:
- 1. Annual bloodborne pathogens training.
 - 2. Regular staff meetings convened by supervisory staff.
 - 3. HCA Sharps Committee: Employees shall use the "Sharps Products Evaluation Form" to

document their assessment of new products and submit the completed forms to the Sharps Committee for review.

4. Food and Drug Administration (FDA) Medical Products Reporting Program:
 - a) Employees may voluntarily report adverse events and product problems on the FDA MedWatch Form FDA 3500 (to report problems with devices) (Attachment 11).
 - b) When an adverse event is reported to the FDA a copy of report shall be submitted to the Sharps Committee for review.
5. In addition, employees may report directly to their individual supervisors, or use the Safety Hazard Reporting form (Attachment 3) or by contacting the HCA Safety Program at 714-834-SAFE (7233) to comment or report on any concerns relating to engineering and work practice controls.

E. Sharps Injury Log (Attachment 2): Refer to BBP-ECPP Section IV.(C).

F. Exposure Determination

1. The Medical Directors, Program Managers and Supervising Public Health Nurses, with input from non-managerial personnel, are responsible for the exposure determination.
2. The exposure determination shall include:
 - a) A list of job classifications in which all employees in those job classifications have occupational exposure.
 - b) A list of job classifications in which some employees have occupational exposure.
 - c) A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed in Appendix A.
 - d) Refer to Appendix A for PHS Exposure Determination.
3. The exposure determination shall be made without regard to the use of personal protective equipment (PPE)

II. METHODS OF COMPLIANCE 8 CCR §5193 (d)

A. Staff shall use standard precautions when providing direct patient care in PHS clinics and in the field in order to prevent contact with blood or OPIM. All blood will be considered infectious regardless of the perceived status of the source individual.

B. Engineering and Work Practice Controls

1. PHS employees shall use engineering and work practice controls to eliminate or minimize exposure. Where occupational exposure remains after institution of these controls, PPE shall also be used. When providing direct patient care in PHS clinics and in the field, staff shall use the following engineering controls:
 - a) Engineered sharps injury protection (e.g. retractable needles, plastic blood collection containers).
 - b) Sharps containers.

- c) Signed and color-coded biohazard bags and containers for regulated/contaminated waste.
 - d) Foot-activated trash cans, marked with biohazard symbol, containing a red bag for disposal.
 - e) Locked cabinets.
- 2. Program Managers or designees shall be responsible for examination and maintenance or replacement of engineering controls, evaluation and update of work practice controls, and implementation of recommended corrective action.
- 3. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. This shall be achieved by:
 - a) Employee participation in the HCA Sharps Committee [see BBP-ECPP Section I. (C)].
- 4. Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness. This shall be achieved by:
 - a) Supervisory oversight of employee competency.
 - b) Inspections of work practice controls by the HCA Safety Officer or Facility Manager.
 - c) Action plans for updates and corrective action developed based on results of inspections. PHS Program Managers and supervisory staff are responsible for implementation of updates and corrective action.
- 5. All procedures involving blood or OPIM shall be performed in such a manner as to minimize spraying, spattering, and generation of droplets of these substances.

C. Engineering and Work Practice Controls - Specific Requirements

- 1. Needleless Systems, Needle Devices and non-Needle Sharps
 - a) Needleless systems are not used in PHS Programs/Clinics.
 - b) Needle devices: Needles with engineered sharps injury protection shall be used for:
 - i. Withdrawal of body fluids
 - ii. Accessing a vein or artery
 - iii. Administration of medication or fluids
 - iv. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available, e.g. capillary blood sampling
 - c) Non-needle sharps used in PHS Programs/Clinics shall have engineered sharps injury protection, if available.
- 2. Prohibited Practices
 - a) Contaminated needles and other contaminated sharps shall not be sheared or purposely broken.

- b) Contaminated needles and sharps shall not be bent, recapped or removed from devices. **No exceptions.**
- c) Contaminated needles and sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps have been placed.
- d) Disposable sharps shall not be reused.
- e) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and discarded in a sharps container.
- f) The contents of sharps containers shall not be accessed.
- g) Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
- h) Mouth pipetting/suctioning of blood or OPIM is prohibited.
- i) In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses.
- j) Staff shall not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.

3. Requirements for Handling Contaminated Sharps

- a) All procedures involving the use of sharps in connection with patient care (e.g. withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids), shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of sharps injury.
- b) Contaminated sharps shall be discarded immediately or as soon as possible after use, in sharps containers. Sharps containers shall be:
 - i. Easily accessible to personnel.
 - ii. Located as close as is feasible to the immediate area where sharps are used, or can be reasonably anticipated to be found, e.g. nurse and physician exam rooms and medication room.
 - iii. Maintained upright throughout use.
 - iv. Replaced routinely to prevent overfilling.
- c) Sharps containers shall be rigid, puncture resistant, leak-proof on the sides and bottom, closeable and sealable, and labeled as biohazardous waste.
- d) When procedures involving the use of sharps are performed in the field, contaminated sharps shall be discarded in portable containers that meet all the above requirements.
- e) Contaminated needles and sharps shall not be reused. **No exceptions.**

4. Regulated Waste Disposal

- a) Handling, storage, treatment and disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations.
- b) Disposal of sharps containers: When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- c) Regulated waste not consisting of contaminated sharps shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled to identify its contents.
- d) Waste bags or containers shall be labeled and color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- e) If a biohazard or sharps container becomes contaminated on the outside, or the possibility of leakage of contents exists, it shall be placed in a second container. The second container shall be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, and labeled to identify its contents. The second container shall be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

5. Handling Specimens of Blood and OPIM

- a) PHS staff shall utilize standard precautions in the handling of all specimens.
- b) Specimens of blood or OPIM will be placed in a container which prevents leakage during the collection, handling, processing, storage, transport or shipping of the specimens.
- c) The container used for this purpose shall be properly labeled and/or color-coded and closed prior to storage, transport, or shipping.
- d) If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the collection, handling, processing, storage, transport or shipping and is properly labeled and/or color-coded.
- e) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics for the primary container.
- f) An accident in clinic resulting in a blood spill or OPIM will be cleaned using standard precautions (PPE to be used). A "blood spill kit" will be available in the clinic. The blood spill kit will contain bleach, spray bottle, hand held brush and a dust pan; an absorbent may be used for large spills as well.

6. Servicing or Shipping Contaminated Equipment

- a) Supervising PHN is responsible for ensuring that equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of the equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.
- b) In the event decontamination is not feasible, all contaminated portions of the equipment shall be appropriately and prominently labeled.
- c) Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

7. Cleaning and Decontamination of the Worksite

- a) Senior Staff Nurses/Staff Nurses, Medical/Nursing Assistants and/or LVNs shall ensure that the worksite is maintained in a clean and sanitary condition.
- b) Decontamination shall be accomplished by use of Environmental Protection Agency (EPA) registered germicides.
- c) All equipment and contaminated work surfaces in patient care areas, including physician and nurse examination rooms and the medication room, and where blood and OPIM are handled and stored, shall be decontaminated:
 - i. After completion of procedures.
 - ii. Immediately after any spill of blood or OPIM.
 - iii. At the end of the work shift.
- d) All bins, pails, cans, and similar receptacles, which may be contaminated, shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination with blood or OPIM.

8. Hygiene

- a) Handwashing facilities shall be readily accessible to employees in PHS clinics.
- b) Antiseptic/germicide hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be available to employees performing procedures involving the use of sharps in the field. If these alternatives are used, then the hands shall be washed with soap and warm running water as soon as feasible.
- c) Employees shall wash hands with soap and water immediately or as soon as feasible after the removal of personal protective gloves or other PPE.
- d) Employees shall wash hands and any other exposed skin area with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or OPIM.

9. Laundry

- a) In PHS clinics, laundry is limited to laboratory coats that are cleaned off-site by a contracted laundry company. The contracted laundering company assumes all lab coats to be contaminated, and provides color-coded bags/containers labeled with the universal biohazard symbol and the legend BIOHAZARD for collection and transportation of soiled/contaminated lab coats. Contracted laundry employees use standard precautions when handling PHS laundry.
- b) Laundry contaminated with blood or OPIM shall be handled as little as possible and with a minimum of agitation.
- c) Contaminated laundry shall be bagged or containerized at the location where it was used, and not sorted or rinsed.
- d) Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in sealed bags or containers which prevent soak-through and/or leakage of fluids to the exterior. The sealed leak-proof bag shall be placed within the color-coded biohazard labeled bag/container provided by the contracted laundry company.
- e) PHS employees who handle contaminated laundry shall wear protective gloves and other appropriate PPE.

D. Personal Protective Equipment (PPE)**1. Provision of PPE**

- a) Program Manager shall ensure that where occupational exposure remains after institution of engineering and workplace controls, appropriate PPE is provided, including, but not limited to gloves, gowns, lab coats, face shields or masks, eye protection, mouthpieces, respiratory protection, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under the normal conditions of use and for the duration of time which the protective equipment will be used.
- b) All PPE shall be provided without cost to PHS employees. Provision of PPE will be based on the anticipated exposure to blood or OPIM.

2. Use of PPE

- a) Supervising Public Health Nurse or designee shall ensure that the employee uses appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated by the supervisor and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Employees shall be encouraged to report such instances without fear of reprisal.

3. Accessibility of PPE

- a) Supervising Public Health Nurse shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site and is issued without cost to employees.
- b) Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- c) Disposable respirators shall be available in sufficient variety of manufacturers and sizes to accommodate all employees.

4. Cleaning, Laundering and Disposal of PPE

- a) All PPE shall be cleaned, laundered and/or disposed of by PHS at no cost to the employee.

5. Repair and Replacement of PPE

- a) PHS programs shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

6. Removal of PPE

- a) All garments penetrated by blood or OPIM shall be removed immediately or as soon as feasible.

- b) All PPE shall be removed prior to leaving the work area.
- c) When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

7. Gloves

- a) Gloves shall be worn when it is reasonably anticipated that the employee will have hand contact with blood or OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- b) Disposable (single use) gloves used by PHS employees shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Gloves must be changed between each patient.
- c) Disposable gloves shall not be washed or decontaminated for re-use in PHS.
- d) Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

8. Masks, Eye Protection, Face Shields and Respirators

- a) Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shields, shall be worn whenever splashes, spray splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Situations in which such protection may be required include washing instruments used in procedures such as colposcopy, LEEP, or biopsy.
- b) The use of National Institute of Safety and Health (NIOSH) approved N95 disposable respirators affords employees protection from respiratory secretions during cough-inducing procedures and in the presence of unmasked infectious TB patients, and meets the requirement of Code of Federal Regulations (CFR) Title 29, Section 1910.134.

9. Gowns, Aprons, and Other Protective Body Clothing

- a) Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in occupational exposure situations.
- b) In PHS clinics, gross contamination with blood and OPIM is not reasonably anticipated.

III. HIV, HBV AND HCV RESEARCH LABORATORIES AND PRODUCTION FACILITIES [8 CCR §5193 (e)]

Not applicable to PHS

IV. HEPATITIS B VACCINATION AND BLOODBORNE PATHOGEN POST-EXPOSURE EVALUATION AND FOLLOW-UP [8 CCR §5193 (f)]**A. General**

1. PHS shall ensure the hepatitis B vaccine and vaccination series is available to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogen exposure is available to all employees who have had an exposure incident.
 - a) Following an exposure incident, the employee shall be informed that post-exposure evaluation and follow-up will be immediately available.
 - b) First aid responders who respond only as a collateral duty, and are not expected to render first aid in the course of their work, are not required to be offered pre-exposure hepatitis B vaccine. Such employees will only be offered hepatitis B vaccine after response to an incident where blood or OPIM is present.
2. The HCA shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series, and post-vaccination testing for serologic response, as well as post exposure evaluation and follow-up, including prophylaxis are:
 - a) Made available at no cost to employees.
 - b) Made available to employees at a reasonable time and place.
 - c) Performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.
 - d) Provided according to the current recommendations of the U.S. Public Health Service.
3. The HCA shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to employees.

B. Hepatitis B Vaccination

1. Employee Health Services shall make available the hepatitis B vaccination series to any PHS employee who has occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, serologic testing has revealed that the employee is immune, the vaccine is contraindicated for medical reasons, or the employee refuses the vaccine series.
 - a) Hepatitis B vaccination shall be offered after employees have received training in occupational exposure [see BBP-ECPP Section V. (B)] and within 10 working days of initial assignment (new hire), new assignment (continuing employee, previous assignment did not incur risk of exposure to bloodborne pathogen), or transfer into the PHS Program.
 - b) PHS employees shall document their request for hepatitis B vaccination on the Documentation of Training for Occupational Exposure to Bloodborne Pathogens form (Attachment 8) during their initial and annual bloodborne pathogen exposure training sessions.
2. Participation in a pre-screening program shall not be a prerequisite for receiving hepatitis B vaccination series.

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3. If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.
4. All PHS employees who decline the hepatitis B vaccination offered by Employee Health Services shall sign a Cal/OSHA required waiver (8 CCR §5193 Appendix A: Hepatitis B Vaccine Declination) indicating their refusal. The required waiver can be found on the Documentation of Training for Occupational Exposure to Bloodborne Pathogens form (Attachment 8) under “Hepatitis B Vaccine” section.
5. Employee Health Services shall offer serologic testing for hepatitis B immunity for PHS employees in whom it is indicated in accordance with current U.S. Public Health Service guidelines and recommendations.
 - a) Refer to Employee Health Services P&P MP-05 “Hepatitis B Virus (HBV) Vaccine Immunity.”
6. Individual employee consent to the vaccine series and/or serologic testing for immunity, dates of administration of the vaccine and serologic testing, and all test results, shall be documented on the HCA/Employee Health Services form “Hepatitis B Vaccine Informed Consent”.
7. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available by Employee Health Services consistent with BBP-ECPP IV.(A)(2).

C. Post-Exposure Evaluation and Follow-Up

1. An employee who incurs an exposure incident shall immediately report the incident to his/her direct supervisor.
 - a) After hours and on weekends and legal holidays, employees shall call their Program Manager for immediate assistance and report to their direct supervisor on the next working day.
 - b) Employee shall immediately wash the affected area with soapy water (exposures to the eye must be cleansed using eye solution in a designated eye wash area).
2. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, the employee shall be immediately referred to a Worker’s Compensation Facility, where they shall make available to the exposed employee a confidential medical evaluation and follow-up.
3. The employee’s direct supervisor or their Program Manager shall follow the instructions in: the County of Orange Safety and Loss Prevention Resource Manual Number 102.1, Bloodborne Pathogens: Post Exposure Incident Evaluation; HCA Injury and Illness Prevention Program Plan (IIPP); and HCA “On the Job Injury/Illness Reporting Procedures” (Admin P&P V 4.11).

4. The employee's direct supervisor shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred on the Sharps Injury Log (Attachment 2) if the exposure involved a sharp. Documentation shall include:
 - a) Demographic information
 - b) Date and time of injury
 - c) Job classification
 - d) Department/location where incident occurred
 - e) Type and brand of sharps involved, if known.
 - f) Description of the exposure incident, including the procedure the employee was performing when the exposure incident occurred, how the incident occurred and the body part involved.
 - g) If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
 - h) If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
 - i) The employee's written opinion whether any other engineering, administrative, or work practice control could have prevented the injury.
5. The Sharps Injury Log (Attachment 2) shall be submitted to Employee Health Services within 14 days of exposure and a copy maintained by the Agency Safety Officer.
 - c) De-identified Sharps Injury Log (Attachment 2) will be reviewed at least annually by the Sharps Committee, and/or the Quality Improvement Committee to make a periodic determination of the frequency of use and brands of sharps involved in exposure incidents [BBP-ECPP I.(C)].
6. A separate Sharps Injury Log (Attachment 2) shall be completed for each exposure incident.
7. The direct supervisor or *supervisory* Departmental Safety Representative shall also complete the Cal/OSHA Form 301 – Injury and Illness Incident Report (Attachment 1); the Departmental Safety Representative shall complete the Cal/OSHA Form 300 – Log of Work-Related Injuries and Illnesses.
9. The employee's direct supervisor shall identify and document the source individual, unless it can be established that the identification is infeasible or prohibited by State or local law.
 - a) Notify Employee Health Services, if testing of the **source individual's blood** is requested.
 - b) The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, PHS shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood (if available), shall be tested and the results documented.

- c) When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
 - d) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 10. An approved Worker's Compensation Facility shall make available collection and testing of the employee's blood for HBV, HCV and HIV serological status following an exposure incident.
 - a) The **exposed employee's blood** shall be collected as soon as feasible and tested after consent is obtained.
 - b) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - c) Additional testing and collection shall be made as recommended by the U.S. Public Health Service.
- 11. An approved Worker's Compensation Facility shall make available post-exposure prophylaxis, when medically indicated, in accordance with current U.S. Public Health Service recommendations.
- 12. Employee Health Services or an approved Worker's Compensation Facility shall make available counseling for and evaluation of reported illnesses related to the exposure incident.

D. Information Provided to the Healthcare Professional

- 1. HCA shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided with a copy of the Cal/OSHA standard 8 CCR §5193 (Appendix B).
- 2. HCA shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided with the following information:
 - a) A copy of the Cal/OSHA standard 8 CCR §5193.
 - b) A written description of the exposed employee's duties as they relate to the exposure incident.
 - c) Written documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - d) Results of the source individual's blood testing, if available.
 - e) All medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Healthcare Professional's Written Opinion

- 1. HCA shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

2. The healthcare professional's written opinion for hepatitis B vaccination and post-exposure evaluation and follow-up shall be documented on the Information and Instructions: Bloodborne Pathogen Exposure Incident (Attachment 4) and limited to the following information:
 - a) Whether hepatitis B vaccination is indicated for an employee, and if the employee has received at least one dose of hepatitis vaccine.
 - b) A statement that the employee has been informed of the results of the post-exposure evaluation.
 - c) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other OPIM which require further evaluation or treatment.
3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

F. Medical Recordkeeping

Medical records shall be maintained in accordance with 8 CCR §5193 (h)(1) [refer to BBP-ECPP Section VI.(A)].

V. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs

1. Labels

- a) Supervising PHN or designee shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM.
- b) The label shall include the universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste, the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend.
- c) The label shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- d) Labels shall either be an integral part of the container, or affixed as close as feasible to the container by a method that prevents their loss or unintentional removal.
- e) Red bags or red containers may be substituted for labels except for sharps containers or regulated waste bags. Bags used to contain regulated waste shall be color-coded red and labeled as biohazardous waste.
- f) Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.
- g) Labels required for contaminated equipment shall be in accordance with the above and shall also state which portions of the equipment remain contaminated (in PDS, this might apply to sputum induction nebulizers and hoods, used ventilation filters and portable hepafilter machines).

2. Signs [8 CCR §5193 (g)(1)(B)]: Not applicable

B. Information and Training

1. All PHS employees with occupational exposure shall participate in a training program, which is provided at no cost to the employee, and is provided during working hours.
2. The Supervising Public Health Nurse, or assignee, shall ensure that training to the Bloodborne Pathogen BBP-ECPP is provided to all employees at risk of occupational exposure:
 - a) Within 10 working days of initial assignment (new hire), new assignment (continuing employee, previous assignment did not incur risk of exposure to bloodborne pathogens), or transfer into the Program.
 - b) Annually thereafter, within one year of previous training.
 - c) Supervisors shall ensure that absent employees complete the training requirement as soon as possible upon their return to work.
3. For employees who received training on bloodborne pathogens in the year preceding the effective date of the standard (8 CCR §5193), only training with respect to the provisions of the standard which were not included need be provided.
4. PHS shall provide additional training when changes affect the employee's occupational exposure. Such changes include, but are not limited to:
 - a) Introduction of new engineering, administrative, or work practice controls.
 - b) Modification of tasks or procedures, or introduction of new tasks and procedures.
 - c) Additional training may be limited to addressing the new exposures created.
5. Training material shall be appropriate in content and vocabulary to the educational level, literacy, and language of the employees.
6. The training shall be interactive and contain the following elements:
 - a) A copy, if requested, and explanation of the Standard.
 - b) A copy of T8, CCR §5193 "Bloodborne Pathogens" shall be kept on file in the Program's Red Safety Binder at each clinic site for employee reference.
 - c) A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - d) An explanation of the modes of transmission of bloodborne pathogens.
 - e) An explanation of the PHS BBP-ECPP. Employees shall review the BBP-ECPP and offer comments and suggestions for updates and improvements.
 - f) A copy of the PHS BBP-ECPP shall be kept on file in the Program's Red Safety Binder at each clinic site for employee reference and online. The BBP-ECPP may be copied for employees as needed.
 - g) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
 - h) An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, administrative or work practice controls, and use of PPE.
 - i) Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.

- j) An explanation of the basis for selection of PPE.
 - k) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination series will be made available at no cost to employees by Employee Health Services.
 - l) Information on serologic testing for hepatitis B immunity and that Employee Health Services shall make available such testing at no cost to eligible employees.
 - m) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM as in the PHS Bloodborne Pathogen Exposure Incident Employee Instructions (Attachment 5).
 - n) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log (Attachment 2).
 - o) Information on the post-exposure evaluation and follow-up that HCA is required to provide for the employee following an exposure incident.
 - p) An explanation of the signs, labels, and/or color-coding systems required for communication of hazards to employees.
 - q) An opportunity for interactive questions and answers with the person conducting the training session. In particular, employees shall be solicited for their comments and suggestions related to engineering, administrative and work practice controls.
7. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the program.
- a) Registered nurses (Public Health Nurses or Staff Nurses) shall conduct initial and annual bloodborne pathogen training for PHS employees at risk for occupational exposure.
 - b) Program Managers are responsible for assigning registered nurses as trainers.
 - c) Assigned personnel shall participate in initial, and thereafter annual, bloodborne pathogen train-the-trainer courses provided by Employee Health Services to qualify as bloodborne pathogen trainers for PHS employees.

VI. RECORDKEEPING [8 CCR §5193 (h)]

A. Medical Records

1. Employee Health Services is responsible for maintaining accurate medical records for each employee with occupational exposure, in accordance with 8 CCR §3204.
 - a) These records will be kept at Employee Health Services.
 - b) Employee Health Services shall provide PHS with written documentation of compliance with the Standard for individual employee on-site personnel files.
2. The medical record shall include the following:
 - a) The name and social security number of the employee.
 - b) Employee's hepatitis B vaccination status, including the dates of all hepatitis B vaccinations, if documentation is available, and any medical records relative to the employee's ability to receive the vaccination.

- c) Results of examination, medical testing, and follow-up procedures, including testing for serological immunity, if performed.
- 3. In the event an exposure incident has occurred, the medical record shall also include:
 - a) The employer's copy of the healthcare professional's written opinion.
 - b) A copy of the information provided to the healthcare professional, including a written description of the exposed employee's duties as they related to the exposure incident, written documentation of the route of exposure and circumstances under which the exposure occurred, and results of the source individuals blood testing, if available.
- 4. Employee Health Services shall ensure that employee medical records are:
 - a) Kept confidential.
 - b) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace.
- 5. Employee Health Services shall maintain employee medical records for at least the duration of employment plus 30 years, in accordance with 8 CCR §3204.

B. Training Records

- 1. PHS Program Managers and supervisory staff are responsible for maintaining the following training records on-site, in the Red Safety Binder:
 - a) Individual employee Documentation of Training for Occupational Exposure to Bloodborne Pathogens form (Attachment 8)
 - b) Bloodborne Pathogens Exposure Control Program Plan Employee Training Checklist (detailed; optional) (Attachment 9).
 - c) BBP Record of Training (aka Sign-In Sheet) (Attachment 7).
- 2. Designated PHS BBP-ECPP trainers shall maintain:
 - a) Bloodborne Pathogens Exposure Control Program Plan: Training Learning Objectives for Participants (Attachment 6).
 - b) Bloodborne Pathogens Exposure Control Program Plan: Training Outline (Attachment 6).
- 3. Employee Health Services shall maintain the Bloodborne Disease Fact Sheet (Attachment 12).
- 4. Training records shall include the following information:
 - a) The dates of the training sessions.
 - b) The contents or a summary of the training sessions (training agenda or outline meets this requirement).
 - c) The names and qualifications of persons conducting the training (trainer shall enter name and qualification on sign-in sheets and on individual training records).
 - d) The names and job titles of all persons attending the training sessions (attendee sign-in sheets).
- 5. Training records shall be maintained for three (3) years from the date of training and

copies forwarded to HCA Safety.

C. Sharps Injury Log

1. The Sharps Injury Log (Attachment 2) shall be maintained five (5) years from the date the exposure incident occurred:
 - a) By Employee Health Services.
 - b) By HCA Safety.

D. Availability of Records

1. The County of Orange shall ensure that all records be made available upon request, with applicable consent, to the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations (Chief) or designated representative, and the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health Services, or designated representative, for examination and copying.
2. HCA Safety and PHS programs shall ensure that all **training** records be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.
3. Employee Health Services and Workers Compensation facilities shall ensure that employee **medical** records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and, with applicable consent, to the Chief and NIOSH.
4. Employee Health Services, HCA Safety and/or PHS programs shall ensure that the Sharps Injury Log (Attachment 2) be provided upon request for examination and copying to employees, employee representatives, the Chief, the Department of Health Services and NIOSH.

E. Transfer of Records

1. If any PHS program ceases to provide services, or there is no successor employer to receive and retain the records for the prescribed period, the County of Orange shall contact the Chief and NIOSH, at least three months prior to disposal, for disposition in accordance with in accordance with 8 CCR §3204.

VII. OUTSIDE CONTRACTORS

- A. Where applicable, PHS Program Manager, or designee, is responsible for communicating the requirements of the BBP-ECPP to outside contractors.

VIII. REVIEW AND MAINTENANCE OF THE EXPOSURE CONTROL PLAN

- A. The Program Managers and/or Supervising PHNs are responsible for annually reviewing the BBP-ECPP, and its effectiveness, and for updating as necessary.

APPENDIX A

EXPOSURE DETERMINATION

JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE	TASK/PROCEDURE Duties incur exposure to blood and OPIM.
Medical Director/Physician/Dentist	Contact with blood or body fluids or objects contaminated with blood or body fluids during physical exam and diagnostic procedures.
Nurse Practitioner	Contact with blood or body fluids or objects contaminated with blood or body fluids during physical exam and diagnostic procedures.
Supervising Public Health Nurse Public Health Nurse (Registered Nurses)	Contact with blood or body fluids or objects contaminated with blood or body fluids during patient care and diagnostic procedures. Phlebotomy procedures and the care thereof; administers injections. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Senior Staff Nurse Staff Nurse (Registered Nurses)	Contact with blood or body fluids or objects contaminated with blood or body fluids during patient care and diagnostic procedures. Phlebotomy procedures and the care thereof; administers injections. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Licensed Vocational Nurse	Contact with blood or body fluids or objects contaminated with blood or body fluids. Phlebotomy procedures and the care thereof, administers injections. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Nursing Assistant/Registered Dental Assistant	Contact with blood or body fluids or objects contaminated with blood or body fluids. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Medical Assistant	Contact with blood or body fluids or objects contaminated with blood or body fluids. Phlebotomy procedures and the care thereof, administers injections. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Senior Public Health Investigator Public Health Investigator Public Health Investigator, Trainee	Contact with blood or body fluids or objects contaminated with blood or body fluids. Phlebotomy procedures and the care thereof. Handling/disposal of waste (includes medical waste, sharps and regular trash).
Pharmacist	Contact with blood or body fluids or objects contaminated with blood or body fluids. Immunization procedures and the care thereof. Handling/disposal of waste (includes medical waste, sharps and regular trash).

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JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES MAY HAVE OCCUPATIONAL EXPOSURE	TASK/PROCEDURE Duties <u>may</u> incur exposure to blood and OPIM.
Administrative Manager II (Program Manager)	Program Administrator
Program Supervisor I and II	Supervises Public Health Investigation staff or Eligibility Units
Certified Radiologic Technologist	Performs x-rays
Community Health Assistant I/II (in PDS, Outreach or "DOT" Worker; also in PHND)	In PDS: Delivers medicine to TB patients, directly observes ingestion of medicine, transports clients, interprets; in PHND, assesses patients home settings and delivers goods to patients' households
Senior Epidemiologist	Prepares clinic/field statistics and reports
Staff Specialist	Asset control and data/information management; duties are program, field and clinic based; interprets
Information Processing Specialist Information processing Technician	Gathers clinic/field statistics; duties are program, field and clinic based; interprets
Data Entry Technician	Data entry of clinic/field statistics; interprets
Office Supervisor D	Supervises office support services; duties are program, field and clinic based; interprets
Medical Transcriber	Transcribes reports; interprets
Office Specialist	Financial screening; specialized office duties; interprets
Office Technician/Assistant	Performs office duties and interprets
Social Worker I/II, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Outreach Worker, Service Chief	Interviews/assesses patients in clinic and field/home settings; may serve as interpreter
Eligibility Workers	Screens patients for eligibility for programs; interprets