

Course Transcript  
**Point of Dispensing Overview**

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## Welcome

A novel disease outbreak...an anthrax release...a natural disaster affecting public health: these are the types of incidents that may be addressed by mass dispensing of medical countermeasures from the Strategic National Stockpile.

For a large-scale event, getting medical supplies quickly into the hands of all who need them requires careful planning, well-organized coordination, and the help of many people.

This course will introduce you to the terminology and concepts of mass dispensing at the community level. The terms included here are common; however, some locations may use other terminology.

The cornerstone of the local delivery system is the point of dispensing, or POD.

## Lesson 1: Introduction to Mass Dispensing

### Lesson Objectives

This lesson provides a brief introduction to the steps that occur before medical countermeasures arrive in local jurisdictions and describes basic dispensing methods. By the end of this lesson you will be able to:

1. Define mass dispensing
2. Describe methods of dispensing

### Strategic National Stockpile

The Strategic National Stockpile, or SNS, includes large quantities of medicine, vaccine, and medical supplies intended to protect the American people when a public health emergency is severe enough to cause state and local supplies to run out. The SNS is managed by the Division of Strategic National Stockpile, or DSNS, which is part of the Centers for Disease Control and Prevention, or CDC.

Once federal, state, and local authorities agree that SNS assistance is needed, DSNS will deliver federally supplied medical countermeasures, called MCMs, in time for them to be effective. Initial shipments of SNS assets arrive at state receive, stage, and store, or RSS, warehouses within 12 hours. All states have plans in place to receive and distribute MCMs to local communities as quickly as possible.

For a more detailed description of SNS assets, operational concepts, and governmental roles related to the SNS, please review the online **SNS Overview** course available at [www.train.org](http://www.train.org) (Course ID 1041004).

### Mass Dispensing Defined

Once the state receives SNS medical countermeasures at the RSS warehouse, the state distributes the supplies to local authorities for dispensing. "Mass dispensing" refers to the delivery of medications or vaccines to the public to address a public health threat; other terms used to describe this activity include "MCM dispensing" and "mass prophylaxis". Public health threats could include a bioterrorism event such as a release of anthrax into a community or a naturally occurring event such as a novel disease outbreak.

The mission of a mass dispensing program is to prevent as many people as possible from becoming ill, so the quicker POD operations begin, the better for the community. Members of the public affected by an aerosolized anthrax release, for example, will need to receive prophylaxis within 48 hours for optimal protection.

#### Definition

Prophylaxis: preventive measures

## **Dispensing Methods**

A jurisdiction—state, territory, tribal nation, region, county, or city—will likely use many different methods for mass dispensing. Some areas may provide door-to-door deliveries, some may have “drive-through” dispensing sites, and some may first distribute medicines from local stockpiles to responders and critical infrastructure personnel in order to immediately protect those who will take care of others. Whatever methods planners use to dispense medical countermeasures quickly, one method is considered the cornerstone of any effort: the point of dispensing, or POD.

## **Open and Closed PODs**

A POD is a location where responders will provide medical countermeasures and information about the threat and the MCMs being used to protect people in the affected area. CDC recognizes two broad categories of PODs—open and closed.

Open PODs dispense MCMs to the general public, while closed PODs dispense to a select segment of the population. For example, a local high school may be used as an open POD to serve nearby community residents. Meanwhile, planners could arrange for a local business to serve as a closed POD exclusively for its employees and their families. Using closed PODs will reduce the burden on open PODs and help serve the overall population faster. This lesson will focus on open PODs, but the operating concepts for both open and closed POD types are similar.

One consideration for both POD types is cost of materials. Planners should note that SNS assets are free to the general public—some places may charge an administrative fee for certain responses, but no one will be charged specifically for SNS assets.

CDC offers dispensing resources for state and local SNS planners on both the [SNS SharePoint Site](#) and the [SNS Extranet](#). The SharePoint homepage shows details about gaining access. To obtain login information for the SNS Extranet, planners should contact their state SNS coordinator or CDC Division of State and Local Readiness (DSLRL) project officer.

## Lesson 2: POD Basics

### Lesson Objectives

This lesson introduces you to the concepts and functions involved in operating a POD. By the end of this lesson you will be able to:

1. Describe basic POD location and layout considerations
2. Identify essential POD operational activities
3. Describe the use of flow diagrams and floor plans

### Location

At the local level, medical countermeasures will primarily be distributed to the public using “open” PODs: points of dispensing that are open to all members of the community. Authorities may create PODs at schools, places of worship, community centers, or other facilities in the community. Local public health emergency planners create written agreements with those community resources to serve as PODs during an emergency response.

Planners evaluate many variables when selecting a POD site such as:

- **Is the site accessible?** Planners look at supporting road infrastructure, availability of public transportation, ease of entering and exiting the parking area from the street, and size of the parking area. Sites opened in familiar locations, versus sites that people have to check maps to find, will have better attendance. In addition, the building must be accessible for people with limited mobility.
- **Can we make the building work?** The building layout must be reviewed to ensure that the space and infrastructure can be adapted to POD operations and a high flow of client traffic. The POD layout must be feasible for controlling large crowds: issues such as fire code occupancy limits, security concerns, and restroom facilities must also be taken into consideration.
- **Are POD sites located so people don’t have to travel far?** Planners consider the geographical distribution of the PODs. This is particularly valuable for more rural communities.
- **Are there enough PODs to handle the population in the area?** The number of PODs a community uses is based on population density and the capacity of each POD.

*In general, CDC does not recommend hospitals and clinics for open POD sites. During a large-scale crisis, those organizations will be busy caring for symptomatic patients and will not have the staff or space to serve as an open POD.*

### Layout

After planners choose a POD site they need to design the layout. Simply put, this is how people will flow through the POD to get their medication and information. For instance, when a POD uses a large open space, people entering are likely to stop and look around before deciding where to go; this blocks the door. When designing the layout of a POD, a planner considers questions like the ones shown here.

- How can we use the existing infrastructure such as parking lots, sidewalks, and buildings to design an efficient and effective flow through the POD?
- How can we separate and reroute people with symptoms from the main crowd?
- Can people exit the building from the dispensing area without having to squeeze past others who are just entering?
- Where can unopened boxes of SNS supplies be stored, and how will they be safeguarded?
- If the media comes, where do we direct them so they don’t get in the way of POD operations?
- What communication systems are available for use at this location?
- Where can we place the staff break room and administration area?

Managing the queue, that is *the line of people*, is essential to planning a POD layout. Planners should incorporate positive flow controls such as cones, barriers, and guides to direct people to the proper lines. They should design

lines so people will not have to double back or cut through other lines to get to the next station, and should avoid using stairs in the queue because they will slow the lines and present special challenges to those with mobility issues.

## Operations

A POD has four basic operational activities: intake, screening, dispensing, and exit. Particular actions at each activity may vary according to the type of health threat and local jurisdictions' concepts of how the POD will operate. Click on each activity for further details.

### Intake—Clients enter the POD site

The intake area can be called “entrance” or even “welcome”. This is simply clients entering the POD. Some things that may happen in this activity are:

- As people enter the site, they may receive forms to complete and fact sheets about the health threat and the countermeasures being offered.
- Staff may assist clients in completing the forms, answer questions, and direct clients to the next area.
- Staff will direct clients showing obvious symptoms to a location where they can receive medical services.
- Intake staff may identify and assist individuals needing additional help, such as those with language barriers, behavioral health issues, or mobility concerns. These issues are types of functional needs; in a POD individuals with particular needs may be directed to an area where they can receive additional assistance.

#### Definition

Functional needs: The needs of an individual who under usual circumstances is able to function on his or her own or with support systems. However, during an emergency, the individual's level of independence is challenged. (Source:

<http://www.fema.gov/glossary/acronyms-0#F>)

Individuals needing support during a dispensing campaign may include, but not be limited to, those with physical, sensory, mental health, and cognitive and/or intellectual challenges. Others may include pregnant women, the elderly, those with difficulty swallowing pills, those with chronic health conditions and already taking medications, and those with limited transportation resources. It is important that planners and the staff working at dispensing sites consider how the needs of these individuals will be met.

### Screening—Staff determine which medications people should get

The screening area can also be called “check-in”, triage, or “sorting”. Whatever it is called, it means to sort people so they can be properly and quickly served. Some things that may happen in this area are:

- At PODs using paper forms, POD staff may check clients' finished forms. Staff members ensure that the forms are complete and determine which medication is appropriate for each individual on the form.
- Screening staff identify persons with symptoms and direct them to a location where they can receive direct medical services, either onsite or at a nearby treatment center. These staff may also identify and better assist individuals with functional needs.
- If there are contraindications, or if additional medical screening is necessary, POD staff direct the client to another area for further medical evaluation or referral.

#### Definition

Contraindication: Something—such as a symptom, condition, or medication—that makes a particular treatment or procedure inadvisable

*Clients with symptoms related to the event need to go to a treatment center quickly in order to receive treatment rather than prophylaxis. The medical countermeasures provided at a POD may not be appropriate to help those who are already symptomatic.*

#### Dispensing—Clients receive the medications

- Staff members review the forms and provide the medical countermeasures.
- Clients receive handouts with medication-related information.
- Some data may be documented here, such as which medications were dispensed.
- Depending on the type of event dispensing could include vaccination, which is more complex and time-consuming than dispensing medications only.

#### Exit—Clients leave the POD

- Clients are directed to the exit.
- POD staff may assist clients who have follow-up questions and ensure that there are no bottlenecks as people leave the facility.
- Quality control measures may be included in this step.

### **Security**

POD security is a very important support activity that encompasses all POD functions. A 2011 study from the Harvard School of Public Health showed that one of the main reasons people would not go to PODs during a crisis is fear for their safety. Having a safe, secure POD environment will help speed operations. Security staff can also assist with protecting SNS assets and directing traffic into and around the POD.

Planners rely on local law enforcement to provide expertise and guidance for security needs at PODs. However, because some public health emergencies also cause a drain on law enforcement personnel, it is wise to identify alternate resources to assist with POD security during an event. Possibilities include volunteers trained by the police, government building security staff, and private security companies. Regardless of who staffs the security function, this effort should be led by a law enforcement officer.

### **Client Education**

Throughout the entire response effort, education is essential not only for addressing the public health threat but for calming the confusion and anxiety that can impact emergency response operations. Planners rely on public health communicators and risk communicators to assist with preparing educational materials for the public before they get to a POD, at the PODs, and for follow-up messaging after they leave the PODs. This is a coordinated effort that ensures messages in the POD are consistent with other parts of the public information campaign. The information may include details about:

- The health threat
- The medicine being distributed (and, of course,)
- Instructions for how to proceed through the POD

In the POD itself, these messages can be relayed through informational videos, posters, handouts, staff members stationed to answer specific questions, and well-positioned signs.

### **Enhancing POD Flow**

With so many people coming through, planners must design the POD to prevent confusion and bottlenecks. Some ways to help ensure the POD flows efficiently may be grouped into what we call the four S's. Click on each topic for further details.

- **Sorting:** The flow of people through a POD can only move as fast as its slowest element. Sorting clients into lines or queues where they can get their specific needs met as quickly as possible will help increase

*throughput*, or the number of people physically going through the POD, as well as improve overall POD efficiency.

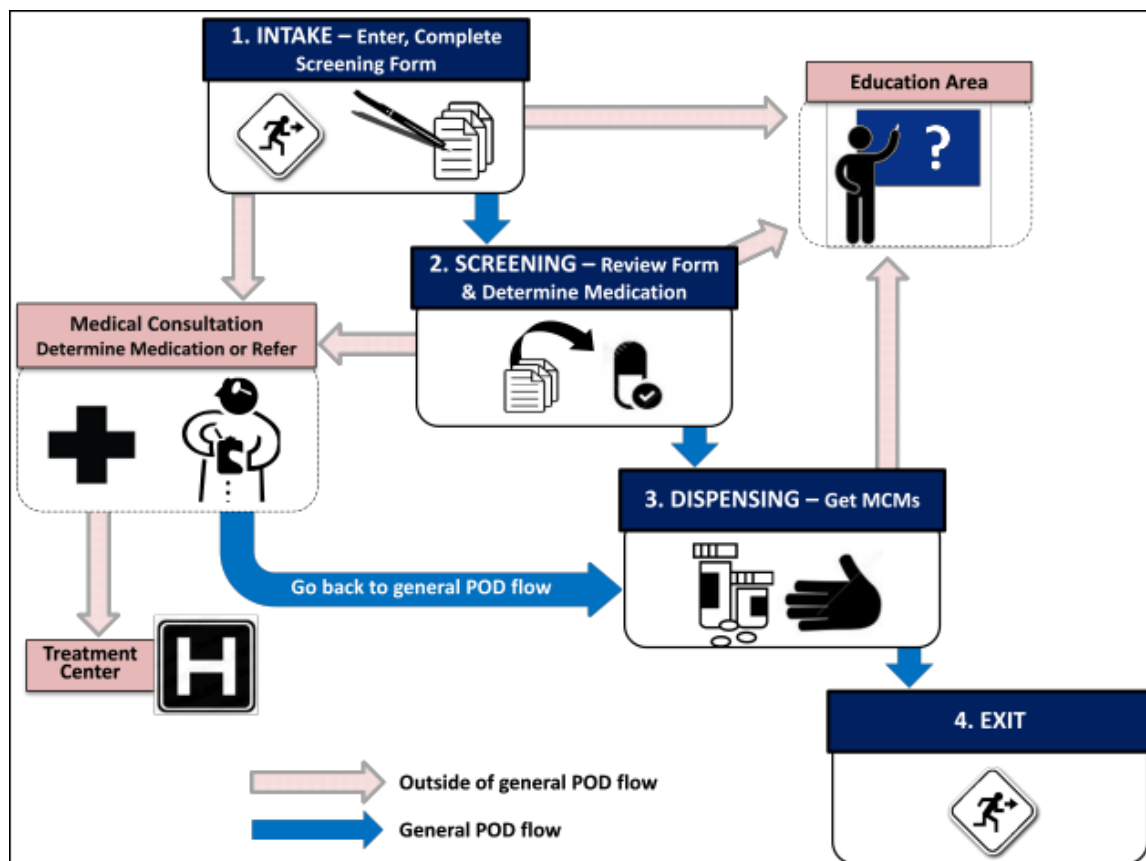
- **Health needs.** Having “express” lines that separate simple client situations from those that take more time to process can increase POD throughput and deliver a higher level of care to those needing it. For example, people who report allergies to the medication being issued can be placed in a separate medical evaluation line while those without complications can move through the POD process without delay.
- **Mobility challenges.** Individuals with mobility challenges could go to a line specifically designed for them so that they can move at a more comfortable pace.

Separating people in this way helps ensure that those who need additional help get it as quickly as possible while maintaining efficient throughput.

- **Stations:** This term refers to places where staff members engage clients, such as where clients are screened or where medications are dispensed. Clients will spend most of their time waiting for the next station. Some jurisdictions may use a different name than “stations”, but, regardless of the name, POD managers should look for ways to improve station efficiency and POD flow.
  - In general, the fewer the types of stations, the better the POD flow. Having more station types causes more stops and slower flow.
  - Managers should continually assess which steps they can streamline at the stations to aid POD flow. Too many steps at any one station can cause congestion. POD clients may be able to complete some steps while they wait in line instead of at a station.
  - To reduce bottlenecks and improve POD flow, POD managers can expand the number of tables at a station if enough staff and space are available.
- **Signs:** The use, positioning, and redundancy of signage throughout the POD are critical for relaying important information and reassuring the public. Signs serve to relay and reinforce information in manageable chunks, as well as to answer anticipated questions.
  - Large directional signs assist in moving clients through the POD. The wording of these signs should take into consideration the specific population in regard to languages used and literacy level.
  - Signs should clearly distinguish the different POD stations and the services they provide.
  - Pictograms are useful for communicating to all POD clients, especially those with cognitive or language needs.
- **Staff:** Having the right people in the right places within the POD can go a long way to speeding flow. Well-trained flow or line managers can quickly identify and mitigate problems, and so are essential to smooth dispensing operations.

To maintain efficiency, POD management should assign staff to positions suited to their skills and abilities. Someone who is shy and reticent may not make a good greeter or guide but may be well-suited to running errands or helping supply medications to the dispensing stations.

## POD Flow Diagrams and Floor Plans



POD Flow Diagram Example

Here you see an example of a POD flow diagram showing how clients will progress through the POD activities. In addition to the flow diagram, each POD should have a floor plan to show where the different stations are located. Either of these documents could be used to assist clients in moving through the POD and are excellent tools for training POD staff. You may click on each image to open a larger version. Please note that floor plans may show only one table or desk at each station, but PODs can have as many tables or desks at a station as the space and staff will allow.



## Lesson 3: POD Command and Management System

### Lesson Objectives

The POD relies on many types of staff, including community volunteers whose roles fit into the POD's management system. After completing this lesson, you will be able to:

1. Identify and discuss the core features of a POD management system
2. Identify and describe basic POD staff roles and responsibilities

### POD Command and Management

Executing mass MCM dispensing is a large-scale community response. From the federal to the local levels, response agencies align according to the Incident Command System, or ICS, which is the universally recognized organizational system for the command, control, and coordination of an emergency response. Planners organize POD leadership and staff following ICS concepts.

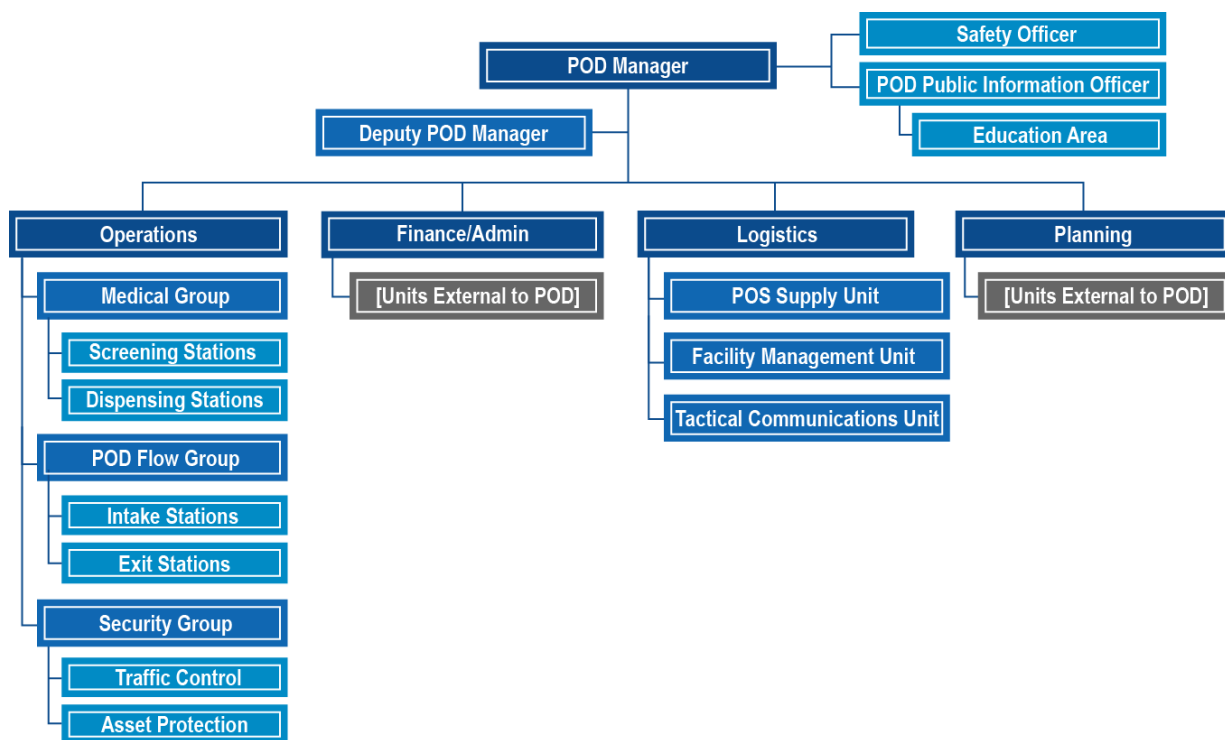
One of the most useful features of the ICS is its flexibility. This flexibility allows planners to organize and fill only those staff positions needed to meet POD goals. In many MCM plans, some functions such as finance, planning, or public information are coordinated at higher command levels, so these positions may not be seen at the POD. While state, territory, tribal, and local planners may use different position titles and organizational names in their POD command system, everyone serving in a POD must become familiar with their POD structure and staff positions.

To learn more about ICS, please go to the [Introduction to the Incident Command System](#) course at the Federal Emergency Management Agency's Independent Study website. You may also learn more by reviewing the [Public Health Incident Command System](#) publication on the University of Albany School of Public Health website.

### Organizational Structure

There are many ways to organize a POD command management structure. Here you see an example of POD staffing that supports the POD flow diagram shown in our last lesson. In our example, we've used a simple ICS structure with four sections: operations, finance/administration, logistics, and planning. Each section will have a chief and possibly a deputy. The POD manager also has a streamlined staff with a deputy manager, a safety officer, and a POD public information officer. In our example, the POD public information officer is responsible for the education area.

The operations section may be subdivided into *groups* according to functions; similarly, the other three sections may be subdivided into *units* to do specific tasks. ICS uses the term "supervisors" for those in charge of groups and "leaders" for those in charge of units. Note that in this structure, no individual in a leadership role has more than seven direct reports.



## The Four ICS Sections

Click on the four section buttons to learn more about ICS sections as they apply to PODs in our example.

### Operations

The operations section runs the POD and is responsible for meeting the POD's objectives. Each group in operations is responsible for ensuring all its positions are filled and workers are trained to do their assigned jobs. In our example, the operations section has three groups including the security group, which we've already discussed.

- **The medical group** runs the screening and dispensing stations. It also operates the medical consultation area which is staffed by certified, credentialed clinicians.
- **The POD flow group** is responsible for the intake and exit stations. It is also responsible for the guides and signs throughout the POD that help direct and assist the clients.

### Finance and Administration

Staff members from the finance and administration section track any incident-related costs, maintain staff records, and store any financial-related documents. They work with planning section staff to determine people needed for future shift periods.

### Logistics

The logistics section coordinates the ordering, receiving, and delivery of all resources and services to support the POD. In this example, the logistics section has three subordinate units to better organize and manage their responsibilities:

- The POD supply unit manages all the MCM assets as well as other supplies for the POD. This means ordering, receiving, storing, and distributing all MCMs and other supplies to the appropriate stations. These staff members work with the planning section to track the amount of assets on hand, MCMs

dispensed, and additional supplies needed within the next operational period. They also work with the security group for asset protection.

- The facility management unit manages all the actions needed to take care of the facility such as lights, heating and air conditioning, trash removal, and restroom maintenance.
- The tactical communications unit will order, distribute, and maintain tactical communications equipment, which can include two-way radios, bullhorns, public information videos, flyers, and directional signage.

### **Planning**

Depending on a POD's size and complexity, staff may have much or little planning to do; the amount of effort needed will determine the size of the planning section. Planners at the POD level will strategize resources and staff for the next operational period. Planning staff can also help with collecting and disseminating information, keeping statistics, constructing reports, and preparing other sections for the upcoming operational period.

### **Command Staff**

The people in charge are called the *command staff*. Remember, you may not see every position at your POD.

**The POD manager** is responsible for everything that happens in a POD, including security, logistics, dispensing, staffing—*everything*. Of course, one person can't do it all alone; a POD needs an entire complement of staff to conduct its activities.

**The deputy POD manager** assists the manager in POD leadership responsibilities. Some deputy POD managers may handle multiple duties such as gathering and reporting data, leading the planning effort, or managing finance and administration tasks. This person may be in charge in the absence of the POD manager.

**The safety officer** is responsible for safe POD operations. The safety officer is the manager's eyes and ears for all safety matters. This includes ensuring the POD site remains a safe environment for workers and the public and checking for staff fatigue. Depending on the situation, the safety officer could also be in charge of infection control.

**The liaison officer** coordinates with representatives from other organizations to advise and assist POD operations. This ICS position is not included in our example organizational structure because in most PODs there is little need for a liaison officer.

**The public information officer, or PIO**, is responsible for handling media interviews and inquiries, releasing POD announcements such as operating hours and closures, and collaborating with other emergency response PIOs to develop messaging and manage risk communications. The collaborative effort takes place in the Joint Information Center, or JIC, where the public information function is centralized. Consequently, individual PODs will probably not have a dedicated PIO, and the POD manager will direct media inquiries to the JIC.

You can learn more about PIO functions in the emergency management environment by taking the [Public Information Officer Awareness](#) course at the Federal Emergency Management Agency's Independent Study website. CDC also offers online training resources for [crisis and emergency risk communication](#), or CERC.

## General Staff Positions

While not part of the command staff, **section chiefs** oversee each of the four organizational sections that follow an ICS structure: operations, logistics, finance/administration, and planning. Each section may also have a deputy section chief, who will likely have various responsibilities.

All PODs will need many and multiple staff members to fulfill all the roles. These staff can include full-time public health workers, staff from other agencies, or community volunteers. Job titles may vary, but here's what we typically see at a POD. Move your cursor over each role for details.

- **Greeters**—These individuals welcome clients into the POD and direct them to the appropriate station. Greeters also answer questions and help anyone with functional issues enter the POD. In some PODs, greeters help look for anyone exhibiting symptoms in order to direct them to a medical facility.
- **Runners**—All stations will need runners to do errands and help take care of the station's operational needs. This may include distributing clipboards, resupplying medications or forms, and providing drinking water to staff.
- **Line monitors**—Sometimes referred to as queue guides, line monitors are used throughout the POD to help people move to the next station and direct them through the POD process. These guides should also be prepared to answer questions, provide aid, or summon additional help.
- **Screeners**—Screeners can have multiple purposes. First they can check to see if a client is showing any symptoms and direct them to medical attention. They can also review completed forms to determine the appropriate medication for each client. Screeners may require specialized training and some clinical staff supervision.
- **Dispensers**—Dispensers actually hand the medications to the client. Receiving MCMs could prompt client questions and concerns, so dispensers will need to know how to handle those situations quickly to the client's satisfaction in order to keep the flow moving. Like screeners, dispensers may require specialized training and may need some clinical staff supervision in order to ensure the success of these critical responsibilities.
- **Client support staff**—Staff members are needed throughout the POD to help with functional need issues such as language barriers, learning disabilities, vision concerns, or mobility challenges.
- **Traffic controllers**—These individuals help clients access the POD building, manage parking lots, and ensure traffic flows smoothly.
- **Security**—A recognized law enforcement officer should lead the security effort. Security is responsible for:
  - Protecting SNS assets, the POD site, staff, and clients
  - Maintaining order in the POD
  - Supporting traffic control operations
- **Emergency Medical Services personnel**—Though not typical in every POD, Emergency Medical Services, or EMS, personnel may be pre-positioned at the POD to assist with first aid and emergency health events for staff and clients.
- **Behavioral health staff**—The experience of going to a POD in a public health emergency can be stressful. Long lines, uncertainty about the threat or countermeasure, and pre-existing health conditions can impair an individual's ability to manage the situation. Consequently, some PODs may include behavioral health professionals to help calm and reassure affected clients.

## General Staff Duties

While the POD needs fully credentialed medical personnel to carry out some essential responsibilities, many of the functions in a POD can be supported by any staff members who have received onsite training for their role. Review this list for some staff duties that do not require special credentials.

- Orienting the public (by playing a video or following a script)
- Directing people through the POD
- Directing traffic
- Weighing children

- Replenishing supplies
- Distributing handouts
- Coordinating volunteers
- Controlling waste
- Running errands
- Escorting clients needing special assistance
- Assisting with childcare
- Monitoring the queues
- Inspecting for quality control
- Supporting security operations (traffic control, queue barricading, asset protection)

### **Staffing Size**

There is no set number for how many people will work in the POD. For example, some small PODs in rural communities may have 15-20 staff members, while some urban communities have combined POD operations to make “mega PODs” that use hundreds of staff members. Staff size will vary depending on such things as:

- The number of staff available
- The number of people the POD will have to serve
- The POD’s operational design
- The type of incident (and)
- The POD site’s infrastructure such as access roads, buildings, and parking lots

To cover any personnel shortages, POD workers need to be flexible and able to learn quickly in order to fill unexpected roles. Also, POD leaders need to pay attention to how they designate shift times. Twelve-hour shifts can easily turn into 14- or 16-hour shifts and can increase worker fatigue. On the other hand, using shorter 8-hour shifts means more staff required and more shift changes, which can disrupt operations.

Also, the influx of clients will be situation-dependent: clients may go to PODs following their daily rhythms with higher numbers going before or immediately after normal work or school hours. Yet especially at the beginning of MCM dispensing, PODs could be consistently crowded with no discernable peak times. As planners and POD leaders design their shifts, they need to be aware of the changing situation and balance operational efficiencies with safety and care considerations for their staff.

## Lesson 4: Considerations in Mass Dispensing Operations

### Lesson Objectives

A jurisdiction must consider many issues when developing its mass dispensing plans. The choices made have a direct impact on the policies and procedures that will be implemented in the PODs. After completing this lesson, you will be able to:

1. Discuss issues that planners should consider for handling children in the POD
2. Identify policies to clarify before opening a POD
3. Discuss issues that are relevant to the safety and well-being of POD staff

### Head-of-Household Pick-Up

Most states allow for “head-of-household” pick-up, where a single representative from a household picks up medication for all household members. Using head-of-household pick-up can significantly increase the number of bottles dispensed in a given period of time.

Remember, “throughput” is the number of people physically going through the POD, and this can be considerably less than the amount of MCMs handed out. For example, a head-of-household picks up enough medicine for herself, her husband, and three children. While the dispensing totals will reflect that she has received MCMs for five members of her household, she counts as only *one* person walking through the POD in the throughput calculation. Beyond tracking the amount of MCMs dispensed and the total clients physically served at the POD, these numbers are useful for calculating the POD’s staffing needs.

*When head-of-household pick-up is implemented, this information must become a primary message in the public information campaign. Ensuring people know that they only need to send one family member helps limit the number of individuals coming to the POD. However, even the best public information campaign will not prevent entire families and unaccompanied minors from going to the POD, and planners and POD staff must be prepared to meet their needs.*

### Issues in Pediatric Dispensing

According to the U.S. Census Bureau’s 2011 statistics, more than 20% of the total population is under 15 years of age. Planning for children’s needs requires special considerations, including:

**State and local regulations.** Emergency dispensing plans must align with state and local dispensing laws for children. For instance, some states have restrictions on who can dispense medications for children.

**Age and weight.** Children’s age and weight can influence the types of MCMs they should receive and the dosing protocol. Approximately 13% of the U.S. population weighs less than 75 lbs., the weight cutoff for a full antibiotic dose. Public information messages should encourage parents to be prepared to provide their children’s weights at the dispensing sites. Planners should include pediatricians in the planning process to ensure that children receive the right MCMs in the correct doses, and that their parents are informed of how to properly administer the medications.

**Liquid medicine.** Many children need to use MCMs in liquid form, or “oral suspension”. It is unlikely that the SNS will have enough suspension to meet all pediatric needs, so jurisdictions may have to prioritize based on age or medical conditions. As a result, planners and PIOs need to have information for the public on pill crushing to provide enough MCMs for children and others who cannot swallow pills. The U.S. Food and Drug Administration has [information on crushing doxycycline](#), one of the MCMs that may be dispensed, on its website.

## Pediatric Planning Tips

Here are some tips for better accommodating children's needs in mass dispensing operations.

- **Include pediatricians in planning.** They understand the issues around children's dosages.
- **Expect families at the POD.** Even with the head-of-household pick-up model, there are likely to be entire families at the POD with parents who have no place to leave their children, so this should factor into calculations for POD layout, staffing, and throughput.
- **Plan for unaccompanied minors.** For instance, people who cannot speak English may not want to come to a POD and may send their children who speak English in their place.
- **Have a strategy for calculating children's weight.** In order to calculate children's dosages, some PODs will have scales on hand while others may use accepted techniques to estimate weights.
- **Ensure all forms created will capture appropriate pediatric data.** Partnering with pediatricians when designing documents such as screening forms can be helpful.
- **Distribute handouts addressing pediatric needs that may be provided by federal resources.** Such documents may include information about determining a child's body weight and pill crushing instructions for parents and caregivers.
- **Emphasize pediatric issues in dispensing exercises.** Dispensing to children can be a challenge. Use your regular dispensing exercises to validate tools and practices for children.

## Just-in-Time Training

Just-in-time training, or JITT, is training specific to the operation about to be launched. All POD workers, regardless of position, should attend. The training may be held in the POD or in a central location for staff serving all area PODs. Click on the categories below to learn more about the content that JITT should cover.

### Mission Essentials

As part of the training process staff will:

- Receive an overview of dispensing objectives and command structure
- Review job action sheet for assigned position
- Be given the same health threat fact sheets and information documents provided to the public
- Receive a handout on anticipated frequently asked questions, or FAQs, for addressing client questions, and know where to refer clients who have more complex questions. POD staff should be able to answer common FAQs such as *"What happens if I am wrong about my child's weight?"* or *"What happens if I have a reaction to the medication?"*

Even though staff members review job action sheets during the training, once they begin their shifts they may need close guidance and monitoring until they become accustomed to their duties.

### Policies and Procedures

Operation-specific training considerations should address these questions:

- Can a minor pick up medications as a head-of-household when the parent is not present at the POD?
- How should staff handle specific functional needs, such as people with cognitive and mental challenges? Non-English speakers? Someone with a learning disability?
- What are the procedures for medical emergencies inside the POD?
- Even someone who is detained by security should receive medicines. How will that be handled?
- How will the public be oriented to what happens in the POD—will there be videos playing, or will volunteer greeters and guides be given a script to follow?
- How should media inquiries be handled?

JITT may also include cultural considerations particular to the surrounding community and tips for managing members of the public who display anxiety or other behavioral issues.

### **Site Orientation**

JiTT should include a walk-through of all the POD stations and staff areas. This will help staff communicate with clients and understand what clients might experience. POD staff should be trained in answering anticipated site-specific FAQs like *“Where is the handicapped bathroom?”*

The POD orientation should include a list of POD contacts and the means by which POD tactical communications will be handled. In part, the orientation should address the topics shown here.

- The chain of command, including identifying each person’s direct supervisor
- How to contact security, including security code words to initiate response to an emergency situation
- Building evacuation procedures
- How to request more supplies
- Who to call for maintenance issues
- Where to find assistance for first aid or behavioral health needs
- How JiTT will be handled for oncoming shifts
- The hours the POD will be open
- The staffing schedule which outlines shift periods and accommodates meals and breaks

### **Badges and Credentials**

POD staff should be visually recognizable with a badge to serve as identification and authorization to access specific areas. Using color-coded staff vests in addition to badges will improve authorized access control and overall security.

Note that a badge is not a “credential”. Credentials allow specific persons to do specialized duties. PODs have numerous and varied staff duties, some that require credentials and many that do not. All PODs will need staff with clinical or specialized skills to provide medical advice and guidance, and those staff members must be licensed, certified, or authorized to work in those roles.

### **Taking Care of POD Staff**

Keeping POD staff safe is a primary priority. All POD workers are considered *responders* and they, as well as their immediate families, should receive MCMs before they begin their duties serving the general public. During JiTT, if not before, POD workers should learn how they and their families will receive MCMs.

Throughout their shifts, staff members should take care to monitor other workers to ensure that they are taking adequate breaks for food and rest, and that no one is becoming ill or experiencing stress-induced symptoms.

### **Legal Protections**

There are federal, state, and often local legal protections for POD staff as well as for the facility that will serve as the POD. One protection provided by the federal government is the Public Readiness and Emergency Preparedness, or PREP, Act. The PREP Act provides protection for those involved in the use of medical countermeasures in response to a public health emergency, including POD staff, public health planners, and POD facilities. This immunity from liability is provided when a PREP Act declaration is made by the Secretary of the Department of Health and Human Services, or HHS. You may learn more about the PREP Act by visiting the HHS [Public Health Emergency](#) website.

In addition, most states have adopted Good Samaritan or other statutes that apply during a disaster or public health emergency. Contact your state or local legal counsel to learn about the protections available in your jurisdiction.



## Lesson 5: Ready, Set...

### Lesson Objective

Now that you understand the features of a POD and its staff, this lesson will introduce you to how the POD is activated and what happens when it is deactivated, or demobilized. After completing this lesson, you should be able to recognize the primary steps in POD activation and demobilization.

### Rapid Response

Guidance from HHS says that in a time-critical anthrax event, state and local jurisdictions should plan to complete the initial dispensing of MCMs to the public **within 48 hours** of the federal decision to do so. It may take up to 12 hours for SNS products to arrive at a state warehousing site, and then potentially an additional 12 hours to arrive at PODs for dispensing. This could leave only 24 hours for state and local responders to complete dispensing. This is a high standard for any jurisdiction, so thorough planning with extensive community involvement is critical for a successful response.

*How fast can a POD activate?* Planners evaluate drills and exercises to determine what to expect. They may have put together “Go Kits” or “POD-in-a-Box Kits” filled with essential supplies, which they either store at the POD site or in a centralized location.

See a sample [supply list](#) that may be included in a Go Kit. As you develop your own checklists, you may also want to review Table 8.4: Sample POD Supplies and Equipment List from the publication [\*Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 11\*](#).

### Activation Overview

Here you see some fundamental POD activation procedures. Roll your cursor over each item for more details.

1. **Activate dispensing site.** The written agreement for each POD should include a procedure for notifying the facility owner or manager of the need to activate the site for POD operations. It is important to provide as much advance warning as possible so facility personnel can make appropriate arrangements such as canceling events or calling in additional staff. The POD manager and members of the logistics section should complete a walk-through inspection and create a checklist of where furniture and supplies belong, and note the condition of the site.
2. **Activate staff & volunteers.** Notify them of: the POD location, their assignment, where and when to report for just-in-time training, what to bring—and what not to bring, and what the anticipated need is, including an estimate of the operational period.
3. **Use an activation checklist.** In the rush to get going as quickly as possible, it is easy to forget to do even important things. Many local public health agencies have developed checklists for POD activation.
4. **Conduct just-in-time training.** All staff members need to be oriented to the POD and receive appropriate JITT. Planners should also incorporate JITT into shift change procedures so that oncoming personnel are informed about what’s been happening in the POD and any impacts on procedures.
5. **Provide MCMs to POD workers and their families.** POD workers can better commit their time once they know their families are safe. MCMs should also be given early to other responders, critical infrastructure personnel, and their families.
6. **Implement security operations.** Secure the location where the SNS supplies will be received and stored. Set up physical barriers and control points of access.
7. **Inform the public of dispensing operations.** While higher levels of response command will manage the public information campaign, everyone staffing the POD will need to know details about where and when PODs will open as well as general information about the public health threat. The plan should identify staff members designated to speak on behalf of their agencies when a media spokesperson is warranted. It is important that spokespersons are trained in communications, which is why qualified PIOs are well-suited for this responsibility.

## Demobilization

Every mobilization should have a plan for demobilization. Click on the primary deactivation steps to learn more.

1. **Coordinate closure of POD sites.** Local authorities will evaluate the situation and throughput of area PODs to determine which should be closed first and which will stay open or operate on reduced hours. Public information officers will continue contacting the media to notify the public of these changes. POD management should consider posting signs for clients who arrive after the POD has closed to direct them to active dispensing locations.
2. **Return unused MCMs and other supplies.** The plan should describe the process for inventorying and returning all resources, including supplies that belong to the facility or to local or state government.
3. **Deactivate POD staff.** The plan will describe the procedures for deactivating POD staff and notifying facility staff working in the POD or supporting it in some manner. The plan also includes how to notify staff scheduled to work the next shift that the POD is closing.
4. **Conduct clean-up and inspection.** Tables, chairs, signage, ropes, bins, clipboards, videos—everything that was set up must be returned to its original order. The POD manager and members of the logistics section, together with the facility's regular manager, should inspect to ensure that no facility equipment is missing and that nothing has been damaged due to dispensing operations. Ideally they will have an inspection checklist to validate the preexisting condition. If there are any damages, a damage report should be submitted. Staff should use the demobilization checklist, [ICS form 221](#), which is available on the Federal Emergency Management Agency's website, to have a signed record of the process.
5. **Turn over facility.** After the inspection, the facility is released back to an authorized representative of the site. If signs have been placed to redirect clients to other POD locations, determine who will remove them and when.
6. **Debrief and document.** Debriefing and documentation is the final activity for closing out a response. After the event has ended, response personnel will be invited to participate in a debriefing session. The purpose is to recognize things that went well and identify things that could be improved. The POD manager, or a designated person, will document the session's findings and relay them to planning personnel for future planning efforts.



## **Conclusion**

In this course you learned that mass dispensing refers to the delivery of medical countermeasures to the public to address a public health threat. There are many methods of dispensing but the cornerstone of any effort is the point of dispensing or POD. You can now identify POD location considerations such as site accessibility and building utility, and discuss layout considerations like using existing infrastructure to aid POD throughput, separating symptomatic clients, and managing queues. You also know how to use flow diagrams and floor plans for designing and operating PODs. You can discuss the core concepts of the Incident Command System and how it is used to organize POD staff and functions, and you can identify primary staff roles and responsibilities. Finally, you have investigated planning considerations, and also activation and demobilization activities for establishing operations and efficiently ending them once the mission is accomplished.

As you've discovered, a lot of organization is involved in creating a comprehensive program for mass dispensing. You may revisit this course at any time for review. To learn more about opportunities for advanced coursework, see the SNS Curriculum Map.