



County of San Luis Obispo
Public Health Department

Closed Point of Distribution (POD) Standard Operating Procedure (SOP)

ORIGINAL PLAN

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REVISED

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PART ONE – OVERVIEW

1. INTRODUCTION

1.1. Overview

The County of San Luis Obispo Public Health Department (SLOPHD) is charged with developing strategies to deliver lifesaving medications to 100% of their population within a 48-hour period, in the event of a large-scale public health emergency, to minimize illness and deaths. If San Luis Obispo (SLO) County were faced with an event requiring the mass distribution of medications, such as a biological attack, a pandemic influenza, or other public health emergencies, the response would involve not only government agencies, but the private sector as well. This type of emergency would also require SLOPHD to establish Points of Distribution (PODs) throughout the County to distribute medication to the public.

It may take up to 12 hours to receive the medications from the federal government and/or the State, leaving the County with 36 hours to distribute the medications. PODs are locations organized by public health where medication that can prevent the threatened disease is distributed in an expedient manner.

Public PODs are open to the general public and are the responsibility of SLOPHD. While public PODs can be used to reach a large portion of the population, the use of additional types of PODs can help reach everyone.

A Closed POD is operated by a private organization in coordination with SLOPHD. It serves a specific group of people, likely that organization's staff and household members. Clients may include residents, patients, inmates, students, parishioners, etc., and potentially their household members as well. Closed PODs are not open to the public-at-large.

Public PODs will be highly stressed in a situation where the entire population needs medication within a short time frame. Closed PODs will help relieve some of the pressure by reaching specific portions of the community. As a result, long lines and public anxiety can be reduced and resources can be used more efficiently. It is apparent that Closed PODs will play an important role in any situation where it is necessary to provide emergency medications to large groups of people.

By partnering with the County of SLO and operating as a Closed POD, a partners' employees, students and their household members will receive medications and/or medical supplies at the partner's facility, which eliminates the need of having to visit the Open PODs. This will provide peace of mind during this crisis; those served will know that the partner has taken the "extra step" and conducted the necessary coordination and planning prior to an event to provide an alternative method to protect them during an emergency.

Operating a Closed POD will ultimately help the partner with their Continuity of Operations (COOP) plans by aiding them in becoming more resilient during and after an emergency. Their employees will be able to return to their normal duties within the organization more quickly, or continue to assist public health officials through volunteering.

Closed PODs provide:

- Ease of access to life-saving medications, vaccine or medical supplies
- Quick distribution of medications, vaccine or medical supplies to staff, students, and their household members
- Enhanced continuity of operations

1.2. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the process for distribution of prophylaxis (medications or vaccines) or medical supplies to Closed POD partners where a written agreement, planning, and training have taken place prior to the emergency event. The SOP also provides guidance to the Closed POD partner(s) for their medication or medical supply distribution process.

Public Health officials will contact Closed POD partners if the plan is activated to confirm participation for distribution of medications, vaccines or medical supplies, reconfirm numbers of employees/students/household members scheduled to receive the medications, establish communications procedures, and identify time frames and logistics for delivery to allow the partner(s) time to plan for activation of their distribution plan.

1.3. Scope

The scope of this SOP is limited to SLOPHD staff involved in the distribution of medications/supplies to Closed POD partners and to the employees of the Closed POD who will set up operations and distribute the medications, vaccines, or medical supplies when asked (and authorized) to do so by SLOPHD.

SLOPHD planners must allow adequate time for partners to prepare for their participation. This is especially important for partners with limited resources; they must be contacted early in the planning process to ensure adequate coordination.

1.4. References and Authorities

SLOPHD is responsible for the protection of the public's health and is the primary department responsible for coordination of public health emergencies and medical services within SLO County in response to an emergency or disaster of natural or manmade origin. See [Attachment 25](#) for further detail on legal authority.

1.5. Assumptions

The following assumptions are made regarding activation of a Closed POD:

- An emergency has occurred resulting in the need for medications, vaccine or medical supplies delivered to the population of SLO County in the most expedient manner.
- SLO County has activated its Medical Countermeasure (MCM) Plan.

- The SLO County Health Officer (CHO) has authorized the activation of Closed PODs as one part of the rapid medication, vaccine or medical supplies distribution plan and process.

1.6. Definitions

- Push Distribution: medications, vaccine, or medical supplies are pushed out to partners and their employees, students and household members in the work place or at home.
- Open POD: a POD that is open for the general population in the County.
- Closed POD: a POD that is open for the employees, customers and/or household members of a specific partner entity. An agreement must be in place prior to the activation of a Closed POD.
- First Responder POD: a POD established to facilitate distribution of medication, vaccine or other medical supplies to First Responders and essential personnel, and possibly to their household members.
- Household: persons who live under the same roof and maintain a single economic unit. Foster children, legal guardian relationships and live-in domestic workers are considered members of households.

2. CONCEPT OF OPERATIONS

2.1. General

A Closed POD is a private partner entity that can distribute or “push” medications to groups of people under extreme, critical circumstances where traditional medication, vaccine or medical supplies distribution models are set aside.

Medications, vaccine or medical supplies will come to the Closed POD site(s) from the SLOPHD. Coordination for delivery will be made through pre-event agreements and delivery plans.

Once medications, vaccine or medical supplies are delivered to the Closed POD site, all set-up and distribution operations are the responsibility of the Closed POD partner with assistance or guidance from SLOPHD as needed. Documentation provided by the SLOPHD will be used and will be returned to SLOPHD as directed.

Employees (and others identified for receipt of the medications, vaccine or medical supplies) use screening forms provided to determine their own medication, vaccine or medical supplies needs. If available, on-site medical staff will be available to answer questions, but the Closed POD model does not require medical personnel intervention.

Non-medical staff will be able to distribute medication during a proclaimed emergency. Additionally, medical staff may have an expanded scope of practice that will allow them to distribute medication or vaccine during a proclaimed emergency. SLOPHD will provide

guidance to the Closed POD organizations on authority of Closed POD staff to distribute medication and vaccine.

2.2. Closed POD Partner/Site Considerations and Requirements

2.2.1. Site Requirements

The Closed POD distribution site should be a location convenient to employees (and others identified for medication, vaccine or medical supplies distribution), securable, accessible to those with access and functional needs (including handicap accessibility), preferably with a covered area for those waiting to enter.

The distribution room should be large enough to accommodate station-to-station flow (see [Attachment 3: Sample Site Layout](#)) that minimizes wait times or bottlenecks and optimizes staff allocation. Ideally, the location will include a secure storage room for bulk storage of medication, vaccine or medical supplies.

2.2.2. Partner Requirements

Requirements for POD partners are kept to a minimum, but must include the following:

- Facility as described above.
- Equipment/Supplies. In general, the site will need tables and chairs, a plain-paper copier machine, and a minimal amount of generic office supplies in addition to a few specialized items such as signage, which can be made at the activation of this plan.
- Staff for Set Up and Distribution (see [Attachment 2](#)). The Closed POD partner will utilize their own employees for the distribution operation. SLOPHD will provide transportation vehicles and security for the shipment of medications, vaccine or medical supplies to the Closed POD site(s). If the Closed POD partner has on-site medical personnel they can be utilized for addressing questions and concerns regarding the antibiotic screening form and use of the distributed medications. Closed POD partner medical personnel can also administer vaccine if that is within their licensed scope of practice.
- Security (see [Section 2.8](#)). The distribution site should have a limited number of controllable entry and exit points. On-site security will be provided by the Closed POD partner, if they have on-site security, or from local Law Enforcement resources, through pre-event agreements, if this resource is needed.
- Communications capability (see [Section 2.8](#)). Procedures for communications between SLOPHD and the Closed POD partner will be provided during an actual event. These will include telephone, email, texting and FAX communication procedures.

2.2.3. Policies and Decisions

Based on the capabilities - or limitations - of the POD partner at the time of the event (space, staffing, equipment/supplies, etc.) decisions will be made on who can receive medications, vaccine or medical supplies when distribution occurs. The choices will include the following:

- Distribute to employees only
- Distribute to employees and their household members (employees may receive medications or medical supplies for everyone in the home)
- Distribute to students and clients/customers that are on site or may have access to the site

Additional planning considerations include:

- Are there multiple sites and should distribution occur at each site or only at a headquarter site? (Will employees come to the medications, vaccine or medical supplies or will the medications, vaccine or medical supplies be brought to the employees?)
- Do all employees speak English, or does the Closed POD partner need to accommodate (verbal and written communications) other languages? If so, which ones? Who will be used as interpreters?

2.2.4. Liability Protection

The Public Readiness and Emergency Preparedness (PREP) Act authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations. This declaration will provide liability protection to SLOPHD Closed POD partners. For more information go to

<https://www.phe.gov/preparedness/legal/prepact/pages/default.aspx>

2.3. Closed POD Partner Agreements

Closed POD partners must have a pre-signed agreement with the SLOPHD prior to an event where medications, vaccine or medical supplies are to be delivered to the Closed POD partner and distributed to employees. See Attachment 24: Closed POD Partner Agreement.

2.4. Pre-Event Planning

2.4.1. Staff Needs/Selections

Staffing needs for set up and operation of a Closed POD are described in Attachment 2. Staffing for a Closed POD is generally from within the organization's employee ranks. The Closed POD will use an Incident Command System (ICS) structure when activating its distribution plan. This will determine which roles and functions will be activated and which staff will be assigned to which tasks and positions. See Section 4 of this plan for more information on the ICS system.

2.4.2. Facility Selection

The Closed POD partner will pre-select the facility(s) targeted for distribution. Attachment 3 (Sample Site Layout) and Attachment 4 (Distribution Process) should be used to help determine the most ideal location for this process. Section 2.2.1 also provides general guidelines for selecting the distribution site(s).

2.4.3. Distribution Population

Determining the total number of people that will be served at the Closed POD is a critical step in the planning process. This will define the distribution strategy by determining the size, location, and layout of the Closed POD facility and the number of staff needed to operate the Closed POD and the necessary time to be allotted for distributing the medication, vaccine or medical supplies.

Under the SLOPHD’s policies:

- All staff members working in the Closed POD will receive medication, vaccine or medical supplies for themselves and their household members prior to the opening of the Closed POD.
- A Head of Household policy allows recipients to pick up medication or medical supplies for all members of their household.
- Medication, vaccine or medical supplies will be provided to recipients free of charge.
- Health insurance or a prescription is not required.
- No proof of residency is required.
- There are no “head of the line” privileges.
- Medication, vaccine or medical supplies are intended for persons not actively displaying symptoms of illness. Those individuals who are displaying symptoms of illness will be directed to a healthcare facility.

The chart below is used to determine maximum capacity and will be provided to SLOPHD for planning purposes. At the time of an event, actual numbers will be provided. Estimates for household members can be calculated by multiplying the number of employees by 4 (average number of persons per households) and by multiplying the number of students by 1.25 (estimated average number of persons per student households).

Targeted Distribution Population	
# Employees/Students	
# Household Members of Employees (# of employees x 4)	
# Household Members of Students (# of students x 1.25)	
TOTAL Distribution POPULATION	

2.4.4. Distribution Process

The Distribution Process (see Attachment 4) is simple and easy for employees to follow. It involves the following steps:

- Entry
- Check-in and Form Issue
 - Form Fill Out
 - Form Review
- Distribution
- Exit

2.4.5. Training

SLOPHD will provide guidance to Closed POD partners for training to receive medications/vaccine/medical supplies, set up, and operate a Closed POD. It is the responsibility of the Closed POD partner to establish routine ongoing training to ensure competency and familiarity with all aspects of Closed POD operations. At a minimum, the training should include a review of this SOP. See Attachment 23 for additional information on training resources.

2.5. Notifications

Following the occurrence of an event whereby the decision is made to provide medication, vaccine or medical supplies to Closed PODs, an **alert** message will be sent from SLOPHD to the Closed POD partner via the California Health Alert Network (CAHAN) and redundant communication measures, such as telephone, email, texting, or FAX. This message will notify the Closed POD partner that an event has occurred and advise them to:

- Contact their Closed POD team to monitor their devices and stand-by
- Confirm receipt of the message
- Prepare to activate the Closed POD

Receipt of the alert will be confirmed by the Closed POD Point of Contact (POC). This confirmation will confirm the intent of the Closed POD Partner to supply medication, vaccine or medical supplies to their facility's population and will provide information on the number of people to which the facility plans to distribute.

2.6. Activation

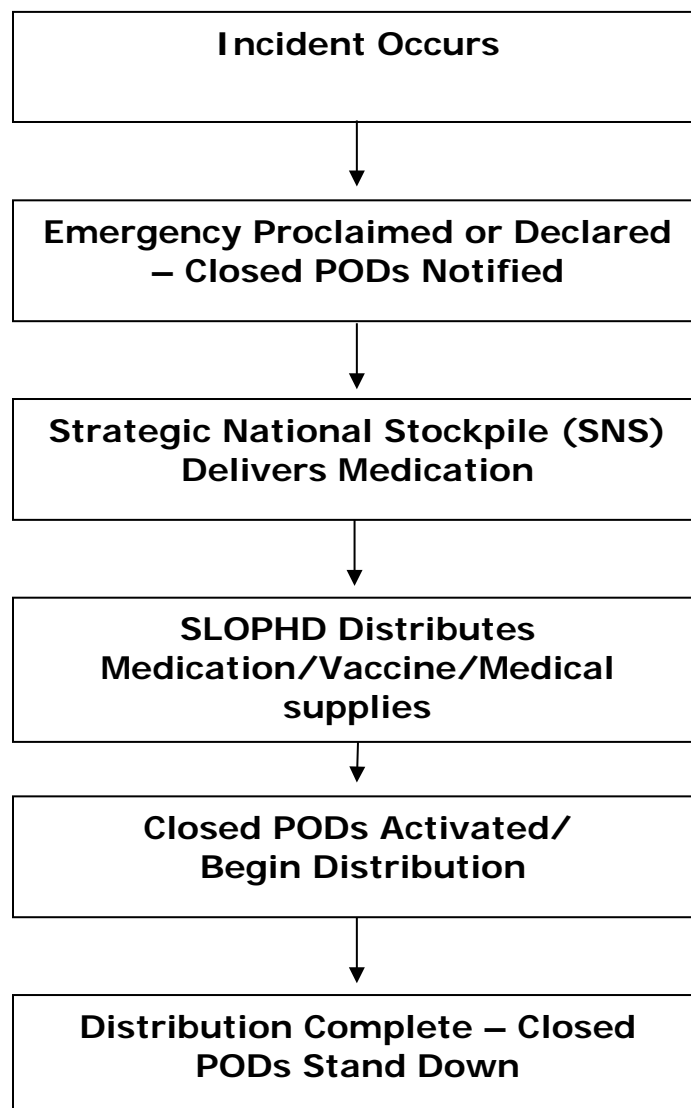
When the SLOPHD decides to activate the Closed POD, a second alert message will be sent via the CAHAN and redundant communication systems. This message will notify the Closed POD Partner to:

- Respond with a confirmation of the message
- Mobilize their Closed POD team and prepare their on-site distribution facilities
- Implement just-in-time training where necessary
- Accept the timeline for set-up established by SLOPHD
- Contact 24-hour SLOPHD emergency contact with any issues that arise

Once confirmation has been received, a supplemental phone call, fax or email with additional instructions will follow containing information on the location where they will receive medications, vaccine or medical supplies.

If the Closed POD Partner has not been contacted by SLOPHD within four hours of the proclaimed emergency through the Alert notification, the Closed POD Partner POC should call the County Health Agency Department Operations Center (CHADOC), when activated, or the SLO Medical/Health Operational Area Coordinator (MHOAC) for more information. Contact information for these individuals is maintained in the Closed POD Partner Agreement (Attachment 24).

The Incident Timeline will proceed as such:



2.7. Medications, Vaccine, Medical supplies

2.7.1. Receiving Medications, Vaccine or Medical Supplies

The shipment of medications, vaccine or medical supplies will be delivered by SLOPHD to the pre-determined location at the Closed POD. The Closed POD representative will receive a Medical Material Transfer form ([Attachment 16](#)), verify the amount received, and sign for the shipment. The Closed POD staff will have equipment available to move the boxes of medication, vaccine or medical supplies to the secured storage area. Once the medication, vaccine or medical supplies has been received and placed in the secured storage area, it should be divided into four equal parts so that it is easy to determine when the inventory is at 75%, 50%, and 25%.

2.7.2. Storage of Medications, Vaccine or Medical Supplies

Medications, vaccine or medical supplies will remain in the secured storage area and removed only as needed to conduct distribution operations. When medications, vaccine or medical supplies are moved from the secure storage area to the POD Operation site, a member of the distribution team will remain with them at all times. The distribution team will determine how much of the medication, vaccine or medical supplies can be moved to the distribution site, and when re-supply from the storage area should occur.

See [Attachment 20](#) for medication, vaccine and medical supplies temperature control guidelines.

2.7.3. Requesting Additional Medications, Vaccine or Medical Supplies

If it is determined that the initial shipment is not adequate, the Closed POD Task Force Leader (TFL) will call the SLOPHD to request additional medication, vaccine or medical supplies. As operation of the POD proceeds and inventory on hand drops to 25%, the Supply Group will notify the POD TFL, who will call to request additional medication, vaccine or medical supplies, if necessary, from the SLOPHD (forecasting of remaining personnel to receive medications, vaccine or medical supplies should be done prior to reordering).

2.7.4. Return of Unused Medications, Vaccine or Medical Supplies

The TFL will insure complete and accurate accounting of medications, vaccine or medical supplies received and medications, vaccines or medical supplies distributed on the Medication Inventory Control Form ([Attachment 17](#)). Upon closure of the POD the TFL will contact SLOPHD to coordinate the pick-up and return of all unused medications, vaccine or medical supplies.

2.8. Closed POD Operations

2.8.1. Site Set Up

Upon initial notification, the Closed POD TFL and the Site Safety Officer will review the availability of the designated Closed POD location. If there are any problems or concerns, this should be communicated to SLOPHD immediately.

Upon activation, the Supply Group will coordinate setting up the Closed POD following the layout design in [Attachment 3](#).

As POD staff report to the staging area, they will be asked to sign in. A Screening Form will be provided to each person to complete for themselves and their household members. Each staff member will keep their form until after the briefings and set-up of the POD are completed. Prior to opening the POD to recipients, all POD staff will report to the distribution area to receive medication, vaccine or medical supplies for themselves and, if appropriate, for their household members as well. They will be instructed to take their first dose immediately and can either hold the medication until the end of their shift or make other arrangements to get the medication to their household members.

The TFL and the Site Safety Officer will conduct a final inspection of the POD site prior to opening for distribution to the general employee population, students, and household members. Each staff member will also inspect their area(s) to ensure that they have all the equipment, supplies, forms, and medications needed for POD operations.

2.8.2. Screening

The screening station is where the employees, students, and household members of the Closed POD Partner fill in their Screening Form, which identifies vaccine contraindications (conditions in a recipient that increases the risk for a serious adverse reaction) or determines the medication(s) or medical supplies and quantities to be distributed. Staff at the screening station will assist in interpreting the form(s) and will check them for completeness and accuracy.

2.8.3. Distributing

The distributing station is where medications, vaccines or medical supplies are distributed to the employees, students, and household members of the Closed POD Partner. Medications, vaccine or medical supplies at the distribution station should be kept as secure as possible, distributing only those appropriate to any individual.

2.8.4. Inventory Control

The medications, vaccine, and medical supplies provided to the Closed POD partners must be tracked and inventoried. The tracking begins with acceptance by the County from either the State or the federal government, follows the medications, vaccine or medical supplies to the Closed POD partners, and then completes the loop with return via SLOPHD to the State. The Closed POD Partner will sign for receipt of the medications, vaccines, or medical supplies and the return of the medications, vaccine or medical supplies at the conclusion of operations. The Closed POD Partner will also conduct a full inventory control using the form. Any discrepancies in medication, vaccine or medical supplies counts will be reported to SLOPHD at the earliest convenience.'

2.8.5. Reporting

The Closed POD Partner will maintain the following forms and submit to SLOPHD upon request or at the completion of Closed POD operations:

- Staffing Plan

- Staff Sign In/Out
- Incident Briefing
- Communications Plan
- Noticeable Events Logs
- All Screening Forms
- Shift Change Briefing Forms
- Inventory Control Forms
- Final Event Summary Form

2.8.6. Communications

It is important to have a robust communications plan to manage your Closed POD operations and to keep your employees well informed in the event of an emergency. Your organization most likely has key messages formulated as part of your Emergency Operations or COOP plan. Although not inclusive, consider adding some of the points below specific to Closed POD operations. They are categorized as messages before, during and after the event.

Before the event, establish an awareness campaign that informs your employees/students of your agency's partnership with SLOPHD to operate a Closed POD. Consider including the following points in your messages.

- Key roles and responsibilities of employees in an emergency that may impact your Closed POD plan.
- Closed POD staff volunteer requirements, duties and training opportunities.
- Definition of your designated population and description of how medication, vaccine or medical supplies will be distributed
- Explanation of what information they should be prepared to provide and/or items they should bring to the Closed POD.

During the event, consider addressing the following key messages to the appropriate audience.

Closed POD Staff

- Activation and recall information which includes where and when to report to the Closed POD.
- Closed POD staff assigned duties and how to perform those tasks.

Employees/Students

- Where and when to go to receive their medications, vaccine or medical supplies.
- What information they should have in order to receive their medications, vaccine, or medical supplies.

- Drug or vaccine information sheets and instructions on what they should do if they have a negative reaction to the medication or vaccine (This information will be provided by SLOPHD)
- How to stay informed during the emergency.

After the event, consider the following messages for your employees/students:

- The importance of taking the entire medicine regimen.
- How to properly use the equipment distributed (e.g., N95 masks).
- The outcome of your organization's distribution effort.
- How to address questions or concerns.
- How to obtain follow up information.

The Communication Plan ([Attachment 13](#)) will be completed by the Closed POD Partner upon activation and is submitted to SLOPHD at the onset and any time it is modified. This will insure successful communications during POD operations.

Communication methods between the Closed POD Partner and SLOPHD will include telephone, email, texting, FAX, and CAHAN.

Contact information for key personnel listed in the Closed POD Partner Agreement should be maintained by both SLOPHD and the Closed POD Partner at all times. Information from this list is critical during the initial notification and activation phases of the Closed POD.

2.8.7. Security

The Security Group Supervisor is responsible for responding to any incidents that occur while the Closed POD is activated and operational, following the organization's internal policies. Security should be provided to the medication, vaccine or medical supplies storage site, the distribution site, to any parking areas as needed, and to all employees, students, and household members (POD staff and medication recipients). The Security Group Supervisor will be responsible for contacting the SLOPHD should the need arise. At a minimum, this would include any security incident involving the medications, vaccine or medical supplies that have been provided to the Closed POD. See [Checklist # 5](#) for complete Security Group responsibilities.

2.8.8. Tracking and Privacy

Private and personally identifiable information will be handled according to the guidelines in effect at the time of activation, as provided by SLO CHO. Any relaxation of standard privacy regulations should not preclude, however, the responsibility to protect individuals' health information wherever possible. This includes keeping screening forms in secured locations and accessed only by those with a need to be involved.

Tracking of all medication, vaccine and medical supplies distribution is done by completion of the Screening Forms, which will be supplied by SLOPHD at the time of the event. At the

end of the Closed POD operations the Closed POD Partner may opt to keep copies of these forms prior to submitting the originals to the SLOPHD.

2.8.9. Demobilization

Once the stand-down command has been delivered by the SLOPHD, the Closed POD Partner staff will:

- Gather all unused medication, vaccine or medical supplies and coordinate its return to SLOPHD together with Inventory Control Forms.
- Report to the SLOPHD the number of units that were distributed and submit all collected Screening Forms.
- Ensure that any supplies used for the POD are gathered and returned to their normal area.
- Ensure that the distribution area is cleaned and returned to its former condition.
- Ensure staff signs out prior to leaving.
- Conduct an event HotWash and participate in a SLOPHD-coordinated After Action Report (AAR) meeting.

3. ROLES AND RESPONSIBILITIES

3.1. San Luis Obispo Public Health Department (SLOPHD)

SLOPHD will be responsible for the following:

- Provide pre-event planning and technical assistance necessary to successfully operate a Closed POD.
- Provide Closed POD training/education/exercise opportunities to identified staff at the Closed POD.
- Provide medication, vaccine or medical supplies and forms during a proclaimed or declared emergency.
- Provide 24-hour emergency contact information for SLOPHD.
- Provide the Closed POD Partner with technical assistance and oversight, as needed, to effectively run a Closed POD during a public health emergency via telephone, email, texting, FAX and CAHAN, and at initial training.
- Notify the Closed POD Partner's primary contact of the need to activate the Closed POD plan.
- Notify the Closed POD Partner's primary contact when the medication, vaccine or medical supplies is to be delivered.
- Coordinate with local law enforcement if security at Closed POD is provided.
- Provide media guidance during a public health emergency to ensure consistency of messages between their designated distribution population and the general public.
- Collect any unused medications, vaccine or medical supplies and unused medical documentation after the distribution process has been completed and the Closed POD has been deactivated.
- Include the Closed POD Partner in the periodic tests of the CAHAN system.
- Include the Closed POD Partner in AAR meeting.
- Train Closed POD Partner in use of ICS forms and other pertinent documentation

3.2. Closed POD Partner

The Closed POD Partner will be responsible for the following:

- Designate staff to work with SLOPHD in planning for the operation of a Closed POD.
- Provide primary and secondary 24-hour emergency points of contact to ensure timely notification and activation of the Closed POD during a public health emergency.
- Develop a Closed POD plan and provide a copy and updates, at least annually, to SLOPHD.
- Identify Closed POD locations
- Develop and provide SLOPHD with the targeted number of people to receive medications, vaccine and medical supplies from the Closed POD.
- Distribute medications, vaccine or medical supplies following protocols and guidance provided by SLOPHD.
- Participate in predetermined and agreed upon training and exercise opportunities provided by SLOPHD.
- Participate in periodic tests of the CAHAN system – both primary and secondary emergency points of contacts.
- Participate in AAR meeting post-event.

4. DIRECTION, CONTROL AND COORDINATION

4.1. Command and Control

SLOPHD will have overall coordination responsibility for Closed POD Operations, therefore the Closed POD partner will adhere to all directives and guidance within this SOP.

4.2. NIMS/SEMS/ICS

The SLOPHD and all response partners have adopted and utilize the National Incident Management System (NIMS) and the Standardized Emergency Management System (SEMS). Responding agencies and Closed POD Partners will use the ICS structure during the public health emergency response to ensure a standardized emergency response (ICS principles are described below). This will help determine which roles and functions will be activated and which staff members will be assigned to which tasks and positions. The number of staff needed to support the Closed POD operations depends on the size of the facility, the floor plan, designated population, desired throughput and time allotted for distribution operations. One of the core purposes of ICS is to ensure the safety of all responders. With well-established lines of authority, responders should be able to obtain answers to these fundamental questions:

- Where do I go?
- Who do I report to?
- What is my job function?
- What specific tasks am I responsible for?

Once the answers to these questions have been obtained, the responder should more fully understand his or her role and responsibility within the organized structure. Each person should answer to only one (1) supervisor. For personnel accountability purposes, each

supervisor is responsible for the safety and well-being of the personnel under their command. It is imperative that supervisors maintain close contact and coordination with the personnel under their command. Maximum safety and accountability will be achieved this way.

It is important to note that the ICS Organization is meant to be flexible. It is not necessary to staff every single ICS position at the Closed POD. Closed POD TFLs have authority to staff the Closed POD according to their needs and can decide to fill only the positions that they believe are necessary for the operation of the Closed POD.

Employees of the Closed POD partner are encouraged to take online ICS training, at a minimum. (See [Attachment 23](#) for training resources.)

4.3. Emergency Operations Center/County Health Agency Department Operations Center

4.3.1. County Emergency Operations Center (EOC)

Incidents requiring the activation and operation of a Closed POD will be managed from the County EOC in accordance with existing emergency management procedures. The EOC is the central location for gathering and disseminating information, coordinating all jurisdictional emergency operations, and coordinating with the Southern Region and the Governor's Office of Emergency Services (CalOES). Key agencies involved in Closed POD operation, including SLOPHD, will be represented at the EOC.

4.3.2. County Health Agency Department Operations Center (CHADOC)

CHADOC is the location, when activated, where Health Agency personnel monitor, coordinate, and support health and medical response activities throughout the County. CHADOC is designed to function as a department-specific centralized information and coordination center for managing and coordinating the Health Agency's response during an incident. CHADOC may be activated to support Closed POD operations. Activities that may be conducted at CHADOC include personnel coordination, procurement, and situational status reporting. If the CHADOC is not activated, these functions would be conducted directly by SLOPHD.

4.3.3 Closed POD partners will be incorporated into CHADOC's ICS structure during activation and operation of the Closed POD.

4.4. Plan Review and Revisions

This plan will be reviewed and updated every two years or as needed by the SLOPHD Emergency Preparedness Program. Revisions will be based on AARs and quality improvement process reviews completed following significant trainings, drills, exercises and actual events. The CHO, Public Health Emergency Preparedness (PHEP) Program Manager or Communicable Disease (CD) Program Manager will determine whether a particular training, drill, exercise or actual event was significant, and, therefore requires an AAR and/or quality improvement process review.

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CHECKLIST 1: COMMON RESPONSIBILITIES

1. ALL STAFF

- _____ 1.1 Check in with Task Force Leader (TFL)
- _____ 1.2 Obtain Position Vest if available
- _____ 1.3 Obtain Position Checklist
- _____ 1.4 Determine:
 - _____ 1.4.1 Your supervisor
 - _____ 1.4.2 Who do you supervise, if any
 - _____ 1.4.3 Who do you liaison with, if any
- _____ 1.5 Obtain a briefing from your supervisor on:
 - _____ 1.5.1 Incident Briefing Form (Attachment 12)
 - _____ 1.5.2 Safety & emergency procedures
 - _____ 1.5.3 Communications systems and pathways
 - _____ 1.5.4 Shifts, breaks, meal periods
 - _____ 1.5.5 Parking
 - _____ 1.5.6 Personal item storage
 - _____ 1.5.7 Meals
 - _____ 1.5.8 Supplies & equipment
 - _____ 1.5.9 Documentation procedures
- _____ 1.6 Review checklist (ALL THE WAY THROUGH)
 - _____ 1.6.1 Yours
 - _____ 1.6.2 Your staffs' (those you supervise)
- _____ 1.7 Obtain needed work materials and supplies
- _____ 1.8 Maintain situational awareness

- _____ 1.9 Communicate up and down the chain of command
- _____ 1.10 Document your work as appropriate for your position using Notable Events Log, Attachment 14
- _____ 1.11 Review all other documentation that may be pertinent to your job responsibilities.
- _____ 1.12 Check out at end of shift:
 - _____ 1.12.1 With your supervisor
 - _____ 1.12.2 With TFL
 - _____ 1.12.3 Turn in all documentation,
 - _____ 1.12.4 Confirm return schedule

2. GROUP SUPERVISORS & UNIT LEADERS

- _____ 2.1 Maintain the Notable Events Log (Attachment 14)
- _____ 2.2 Determine staffing needs
- _____ 2.3 Organize and brief staff on:
 - Information from the Incident Briefing Form
 - Safety & emergency procedures
 - Communications systems and links
 - Shifts, breaks, meal periods
 - Parking
 - Personal item storage
 - Meals
 - Supplies & equipment
 - Documentation procedures
- _____ 2.4 Conduct Just-In-Time (JIT) Training, as needed
- _____ 2.5 Coordinate & monitor staff work

- _____ 2.6 Attend briefing meetings
- _____ 2.7 Ensure that documents, forms, and reports are completed
- _____ 2.8 Conduct a Shift Change turnover briefing

3. EMERGENCY PROCEDURE GUIDANCE

If an emergency occurs on site

- _____ 3.1 Notify coworkers / staff
- _____ 3.2 Notify supervisor
- _____ 3.3 Activate “fire alarm” as appropriate
- _____ 3.4 Call 9 – 1 – 1 (or 9 + 9 – 1 – 1 if appropriate)
- _____ 3.5 TAKE ACTION – as appropriate – examples include
 - First Aid
 - Evacuation
 - Putting out a small fire
- _____ 3.6 Document the incident as appropriate

CHECKLIST 2: CLOSED POD TASK FORCE LEADER

POSITION FILLED BY:	Closed POD Partner Agency
NOTIFIED / ACTIVATED BY:	County Health Agency Department Operations Center (CHADOC) Personnel Unit
REPORTS TO:	CHADOC Pharmaceutical Distribution Group Supervisor
SUPERVISES:	<ul style="list-style-type: none">• Site Safety Officer• Distribution Group Supervisor• Security Group Supervisor• Screening Group Supervisor• Supply Group Supervisor
RESPONSIBILITIES:	Overall management of the Closed POD

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- _____ 1.1 Check-in with Pharmaceutical Distribution Group Supervisor in CHADOC via telephone at 781-5531. Use Brown Net (Public Health radio) frequency only if telephone contact cannot be established.
- _____ 1.2 Obtain briefing from previous shift POD Task Force Leader (TFL), if any.
- _____ 1.3 Review Closed POD SOP and Incident Briefing Form, (Attachment 12), if developed.
- _____ 1.4 Assess the current situation and provide input to CHADOC for incident planning.
- _____ 1.5 Activate assigned staff to begin setting up Closed POD. First, establish Staff Check-In and Supply areas. Set up screening and distribution areas per layout (see Attachment 3).

- _____ 1.6 Communicate activation of Closed POD Plan to employees and/or clients. Notify employees and/or clients where and when to obtain medications, vaccine or medical supplies. If applicable, advise them to know the allergies and prescriptions of those for whom they will be picking up medications. If possible, send the Screening form out electronically to be filled out prior to arrival at the POD.
- _____ 1.7 Await instructions from SLOPHD for pick up or delivery of medications, vaccine or medical supplies. If picking up medications, dispatch courier when instructions have been provided.
- _____ 1.8 Copy needed forms and information.
- _____ 1.9 Conduct POD Site staff briefing (Attachment 6) and provide appropriate Just-in-Time training to Group Supervisors as needed. Direct Group Supervisors to provide appropriate training to staff.
- _____ 1.10 Conduct inventory of medications upon return of courier or delivery of medications. Store medication in cool, dry and secure location.
- _____ 1.11 Conduct final walk-through when POD set-up is complete to ensure that everything is ready.

2. RESPONSE

- _____ 2.1 Determine objectives and strategy and establish immediate priorities.
 - _____ 2.1.1 Ensure Final Event Summary Form (Attachment 18) is completed and forward to CHADOC.
- _____ 2.2 Determine appropriate level of staffing and develop POD organizational structure; utilize Attachment 1 and Attachment 2 for this process.
 - _____ 2.2.1 Coordinate with and provide direction and support to POD Group Supervisors.
- _____ 2.3 Keep CHADOC informed of incident status.
 - _____ 2.3.1 Participate in preparation of the Incident Briefing Form (Attachment 12) through the CHADOC. Distribute completed Incident Briefing Form to POD Group Supervisors.
- _____ 2.4 Work with Group Supervisors to develop and implement accountability, safety and security measures for personnel and resources.

- _____ 2.5 Monitor client flow through POD and problem solve.
- _____ 2.6 Approve requests for additional resources (staff) or for the release of resources.
- _____ 2.7 End of shift duties include:
 - _____ 2.7.1 Brief in-coming Closed POD TFL.
 - _____ 2.7.2 Check out with the Pharmaceutical Distribution Group Supervisor in CHADOC and confirm return schedule.
 - _____ 2.7.3 Coordinate all staff sign-out and return of position vests, documentation, etc.
 - _____ 2.7.4 If you are the last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Notify Closed POD workforce of projected closing time.
- _____ 3.2 Supervise deactivation of POD site. Instruct workforce to complete all remaining operational tasks.
- _____ 3.3 Ensure all employees, students, and household members (appropriate to your Closed POD Plan) have received medication and appropriate paperwork/instructions.
- _____ 3.4 Notify SLOPHD that your Closed POD operations are complete and closing.
- _____ 3.5 Oversee disassembly of equipment and repackaging of materials and documents.
- _____ 3.6 Make sure all medication, vaccine and medical supplies are returned to the SLOPHD.
- _____ 3.7 Complete Final Event Summary Form (Attachment 18) and all other relevant documents.
- _____ 3.8 Collect all documentation and ensure submission to CHADOC.
- _____ 3.9 Ensure space used for Closed POD is cleaned and in pre-POD order.

- _____ 3.10 Debrief and thank staff. Include any updates from SLOPHD. Provide any anticipated follow-up activities and provide an opportunity to discuss things that went well and opportunities for improvement.
- _____ 3.11 Identify issues and participate in AAR meeting scheduled by SLOPHD
- _____ 3.12 Retain and store all completed documentation until further notice from SLOPHD.

CHECKLIST 3: SITE SAFETY OFFICER

POSITION FILLED BY: Closed POD Agency

NOTIFIED / ACTIVATED BY: Task Force Leader

REPORTS TO: Task Force Leader

SUPERVISES: None

RESPONSIBILITIES: Ensure safety throughout the POD operations

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- ___ 1.1 Report to Closed POD Task Force Leader (TFL) and receive instructions.
- ___ 1.2 Assess the situation and make recommendations on personal protective equipment (PPE) as necessary.
 - ___ 1.2.1 CHADOC may provide direction on necessary Personal Protective Equipment (PPE).
- ___ 1.3 Provide orientation to TFL on all safety issues and concerns for the POD and assist in establishing immediate site priorities.
- ___ 1.4 Participate in POD planning activities.

2. RESPONSE

- ___ 2.1 Ensure all POD staff follow health and safety practices.
- ___ 2.2 Provide ongoing reports to TFL on POD safety, including providing Safety Briefings as needed (Attachment 7)
- ___ 2.3 Watch for any behavioral health issues amongst staff or POD clientele, and request Behavioral Health support as needed. See Attachments 21 and 22 for Behavioral Health Tips and Psychological First Aid Guide.

- _____ 2.4 Review all injury reports and ensure incidents/accidents are documented correctly.
- _____ 2.5 Report all injuries to the TFL.
- _____ 2.6 Make recommendations on how to improve the safety of the site as necessary.
- _____ 2.7 Document any site damage or safety issues.
- _____ 2.8 End of shift duties include:
 - _____ 2.8.1 Brief in-coming POD Safety Officer
 - _____ 2.8.2 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Observe disassembly of POD for any safety concerns.
- _____ 3.2 Identify issues for After Action Report (AAR).
- _____ 3.3 Participate in After Action Review scheduled by the SLOPHD.

CHECKLIST 4: DISTRIBUTION GROUP SUPERVISOR

POSITION FILLED BY:	Closed POD Partner Agency
NOTIFIED / ACTIVATED BY:	POD Task Force Leader
REPORTS TO:	POD Task Force Leader
SUPERVISES:	Distribution Group Staff, if any
RESPONSIBILITIES:	Provide medications, vaccine or medical supplies to employees/clients

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- _____ 1.1 Report to Task Force Leader (TFL) and receive instructions.
- _____ 1.2 Review standing orders issued concerning medication or vaccine distribution and (as applicable).
- _____ 1.3 Review the benefits and risks of medication or vaccine.
- _____ 1.4 Set up medication distribution and/or injection workstations.
 - _____ 1.4.1 Verify supply levels are adequate for operations and minimally include:
 - Emergency supplies
 - Lined wastebasket (bio-hazard, regular)
 - Pen
 - Forms
 - Information Sheets
 - Dosage guidelines

_____ 1.4.2 Injection workstations should include:

- Injection site cleansing supplies
- Sharps container
- Vaccine/biologic diluents
- Syringes
- Bandages
- Drape
- Gloves and Personal Protective Equipment (PPE) as indicated

_____ 1.4.3 Medication distribution workstations should include:

- Medications
- Scale
- Dosage instructions for client
- Medication information sheets

_____ 1.5 Participate in POD planning activities.

_____ 1.6 If applicable, obtain training from medical staff on dosage guidelines.

2. RESPONSE

_____ 2.1 Answer final client questions and verify that consent form has been signed.

_____ 2.2 Distribute appropriate medication, administer injection or distribute medical supplies as applicable.

_____ 2.2.1 If injection is administered, apply dressing to site and provide site care instructions as appropriate.

_____ 2.2.1.1 Document product administered and lot number on client's form.

_____ 2.2.1.2 Observe client for immediate reactions or complications and respond or request emergency medical staff assistance. Notify medical staff.

_____ 2.2.2 If distributing medication, verify type and dosage is correct for each person receiving medication.

_____ 2.2.2.1 Ensure proper ID and child weight information for household members not present.

-
- _____ 2.3 For non-English reading/speaking clients, contact Supply Group Supervisor and request interpreter if assistance is needed.
 - _____ 2.4 Provide Psychological First Aid to upset and anxious clients. See Attachment 22 for Psychological First Aid Guide.
 - _____ 2.5 End of shift duties include:
 - _____ 2.5.1 Brief in-coming POD Distribution Group Supervisor
 - _____ 2.5.2 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Assist in disassembly of equipment and repackaging of medication, vaccine or medical supplies.
- _____ 3.2 Make sure all documents are completed and submitted to TFL.
- _____ 3.3 Identify issues for After Action Report (AAR).
- _____ 3.4 Participate in After Action Review scheduled by SLOPHD.

CHECKLIST 5: SECURITY GROUP SUPERVISOR

POSITION FILLED BY: Closed POD Partner Agency

NOTIFIED / ACTIVATED BY: POD Task Force Leader

REPORTS TO: POD Task Force Leader

SUPERVISES: Security Staff, if any

RESPONSIBILITIES:

1. Supervise Security Unit personnel
2. Ensure traffic flow and parking management
3. Coordinate with Site Safety Officer
4. Respond to any security issues that may occur

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- ____ 1.1 Report to POD Task Force Leader (TFL) and receive instructions.
- ____ 1.2 Review site specific traffic flow plan and site security plan. If none exists, create traffic flow plan and/or security plan for site.
- ____ 1.3 Determine current status of security and traffic flow activities.
- ____ 1.4 Develop and implement accountability, safety and security measures for personnel and resources.
- ____ 1.5 Participate in POD planning activities.

2. RESPONSE

- ____ 2.1 Establish contacts with local law enforcement, Sheriff or private security agencies as required.
- ____ 2.2 Provide direct link between law enforcement and security unit to address, coordinate and resolve issues or concerns.

- _____ 2.3 Communicate with security and traffic flow staff to discuss any special requirements that may affect operations, including providing handicap accessible parking near the entrance to the facility.
- _____ 2.4 Request required personnel to accomplish work assignments.
- _____ 2.5 Assign specific duties to security and traffic flow staff including setting up an area for both handicapped parking and general population parking.
- _____ 2.6 Advise Safety Officer of any unsafe or hazardous conditions.
- _____ 2.7 Train and supervise security and traffic flow staff and ensure that they are qualified to manage security and traffic flow issues that may arise.
- _____ 2.8 Coordinate security activities with appropriate personnel.
- _____ 2.9 End of shift duties include:
 - _____ 2.9.1 Brief in-coming POD Security Group Supervisor
 - _____ 2.9.2 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Supervise demobilization of Security Group and secure site.
- _____ 3.2 Ensure all activities are documented on appropriate forms and submitted to Supply Group Supervisor.
- _____ 3.3 Identify issues for After Action Report (AAR).
- _____ 3.4 Participate in After Action Review scheduled by the SLOPHD.

CHECKLIST 6: SCREENING GROUP SUPERVISOR

POSITION FILLED BY: Closed POD Partner Agency

NOTIFIED / ACTIVATED BY: POD Task Force Leader

REPORTS TO: POD Task Force Leader

SUPERVISES: Screener(s)

RESPONSIBILITIES: Oversee all activities of the Screening Group

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- _____ 1.1 Report to Task Force Leader (TFL) and receive instructions.
- _____ 1.2 Review all Screener duties with TFL and review Screener Checklist.
- _____ 1.3 Participate in POD planning activities.

2. RESPONSE

- _____ 2.1 Supervise all activities of Screening Group staff as needed. Act as additional staff as needed.
- _____ 2.2 Keep TFL apprised of POD flow and any concerns or problems.
- _____ 2.3 Support Screeners with additional supplies, forms, etc. as needed.
- _____ 2.4 End of shift duties include:
 - _____ 2.4.1 Brief in-coming POD Screening Group Supervisor
 - _____ 2.4.2 Oversee check-out of all Screening Group staff.
 - _____ 2.4.3 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Assist in disassembly of equipment and repackaging of prophylaxis supplies.
- _____ 3.2 Make sure all documents are completed and submitted to TFL.
- _____ 3.3 Identify issues for After Action Report (AAR).
- _____ 3.4 Participate in After Action Review scheduled by SLOPHD.

CHECKLIST 7: SCREENERS

POSITION FILLED BY: Closed POD Partner Agency

NOTIFIED / ACTIVATED BY: Screening Group Supervisor

REPORTS TO: Screening Group Supervisor

SUPERVISES: None

RESPONSIBILITIES:

1. Greet clients and screen for illness symptoms
2. Provide clients with appropriate questionnaire and information materials
3. Answer client questions and provide direction to clients
4. Review medical questionnaire for completeness and for contraindications

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- _____ 1.1 Report to Screening Group Supervisor and receive instructions.
- _____ 1.2 Obtain appropriate forms, medical questionnaires, etc.
- _____ 1.3 Receive training on case definition and process for referring symptomatic clients to other facilities.
- _____ 1.4 Receive training on contraindications that require client referral to medical evaluation.

2. RESPONSE

- _____ 2.1 Greet clients outside site entrance and screen for symptoms based on case definition.
 - _____ 2.1.1 Symptomatic clients will be referred to alternate facility per County Health Agency Department Operations Center (CHADOC) guidance.

-
- _____ 2.2 Clients with access or functional needs and the elderly should be provided suitable assistance, including consideration of moving them to the front of the line.
- _____ 2.3 Check all clients for appropriate identification to determine eligibility for POD services. Possible appropriate identification may include:
- Uniform
 - Badge
 - Identification Card
 - Business card with photo identification
 - Members of household may present a photocopy of the above and if over 18 years of age must sign Household Member Attestation (Attachment 9).
- _____ 2.4 Provide clients with patient education materials, medical questionnaire and pen.
- _____ 2.4.1 Instruct client to complete and sign form. Instruct client that bubbles on form must be filled in completely.
- _____ 2.4.2 If clients are receiving vaccine, explain that the screening form asks for “Mother’s Name” because it is used by the CA Immunization Registry (CAIR) to distinguish between people with the same first and last name. It is optional to complete this field of the form.
- _____ 2.5 Answer questions as appropriate.
- _____ 2.6 If injections are being administered, instruct clients to remove jackets and roll up long sleeves before getting in distribution line.
- _____ 2.7 For non-English reading/speaking clients, contact Supply Group Supervisor and request interpreter.
- _____ 2.8 Review medical questionnaire for completeness. Bubbles on questionnaire must be completely filled in.
- _____ 2.9 Review medical questionnaire for any contraindications.
- _____ 2.9.1 If client has contraindications use guidance to select the most appropriate medication or advise them they are unable to receive medication or vaccine at POD. If this client needs treatment, refer them for private medical care.

- _____ 2.9.2 If client does not have contraindications direct them to Distribution.
- _____ 2.10 Provide Psychological First Aid for distressed, upset and anxious clients. See Attachment 22 for Psychological First Aid Guide.
- _____ 2.11 End of shift duties include:
 - _____ 2.11.1 Brief in-coming POD Screener(s)
 - _____ 2.11.2 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

3. DEACTIVATION

- _____ 3.1 Assist in proper filing of site documentation and repackaging of unused forms.
- _____ 3.2 Identify issues for After Action Report (AAR).
- _____ 3.3 Participate in After Action Review scheduled by the SLOPHD.

CHECKLIST 8: SUPPLY GROUP SUPERVISOR

POSITION FILLED BY: Closed POD Partner Agency

NOTIFIED / ACTIVATED BY: Task Force Leader

REPORTS TO: Task Force Leader

SUPERVISES: Supply Unit Staff, if any

RESPONSIBILITIES: Provide all Logistics Services

IMPLEMENT THE COMMON RESPONSIBILITIES

CHECKLIST NO. 1

1. ACTIVATION

- _____ 1.1 Report to Closed POD Task Force Leader (TFL) and obtain briefing and training as appropriate.
- _____ 1.2 With TFL, determine staffing needs for the POD.
- _____ 1.3 Determine current status of Supply Group and POD site activities.
 - _____ 1.3.1 Ensure all POD personnel have equipment necessary to perform activities.
- _____ 1.4 Oversee the set-up of the POD. Report any safety concerns to the Site Safety Officer.
- _____ 1.5 Participate in POD planning activities.

2. RESPONSE

- _____ 2.1 Develop on-site staff assignments and work schedules.
- _____ 2.2 Maintain inventory of POD supplies and equipment. Establish stock levels to ensure material availability to meet requests. Track inventory as it is received using Medication Inventory Control Form in Attachment 17.

- _____ 2.3 Ensure proper data entry and tracking system protocols are established and maintained.
- _____ 2.4 Fill all supply and equipment requests.
- _____ 2.5 Coordinate with Distribution Group Supervisor.
- _____ 2.6 Promptly request additional pharmaceuticals, medical supplies and forms from Logistics Section Chief at the County Health Agency Department Operations Center (CHADOC) when inventory reaches 25% of original stock
- _____ 2.7 End of shift duties include:
 - _____ 2.7.1 Brief in-coming POD Supply Group Supervisor
 - _____ 2.7.2 If you are last shift of POD operations, complete deactivation duties and return site to pre-operation status prior to signing out.

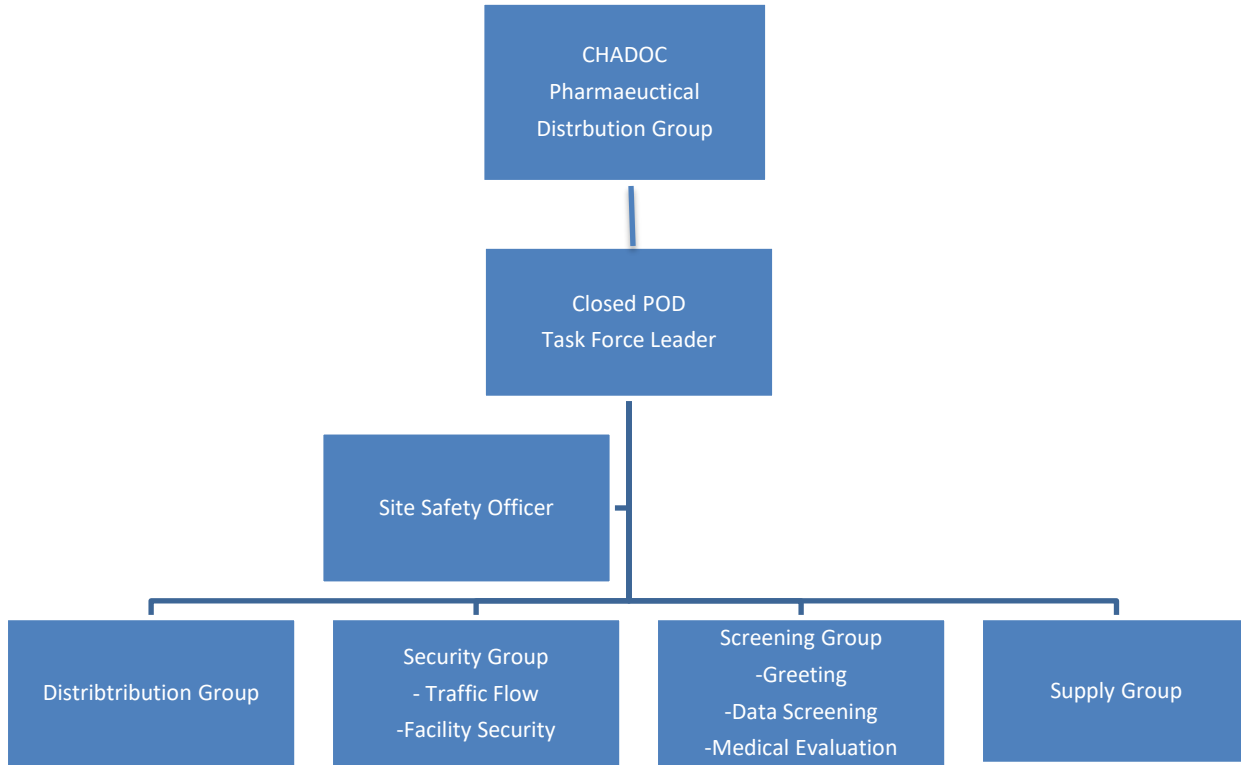
3. DEACTIVATION

- _____ 3.1 Supervise demobilization of POD, including storage of supplies.
- _____ 3.2 Ensure all inventory documents are completed and submitted to TFL.
- _____ 3.3 Return all unused pharmaceuticals and medical supplies to SLOPHD
- _____ 3.4 Develop list of items needed to replenish site cache.
- _____ 3.5 Identify issues for After Action Report (AAR).
- _____ 3.6 Participate in After Action Review scheduled by the SLOPHD.

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ATTACHMENT 1 POD ORG CHART



ATTACHMENT 2 POD STAFFING NEEDS

The number of staff needed to support the Closed Point of Distribution (POD) operations depends on the size of the facility, the floor plan, and designated population to be served.

The number of staff needed to work in the Closed POD is also determined by the desired through-put (number of recipients that need to be processed every hour in order to treat the targeted population in the time allotted). The desired through-put can be determined using the formula below:

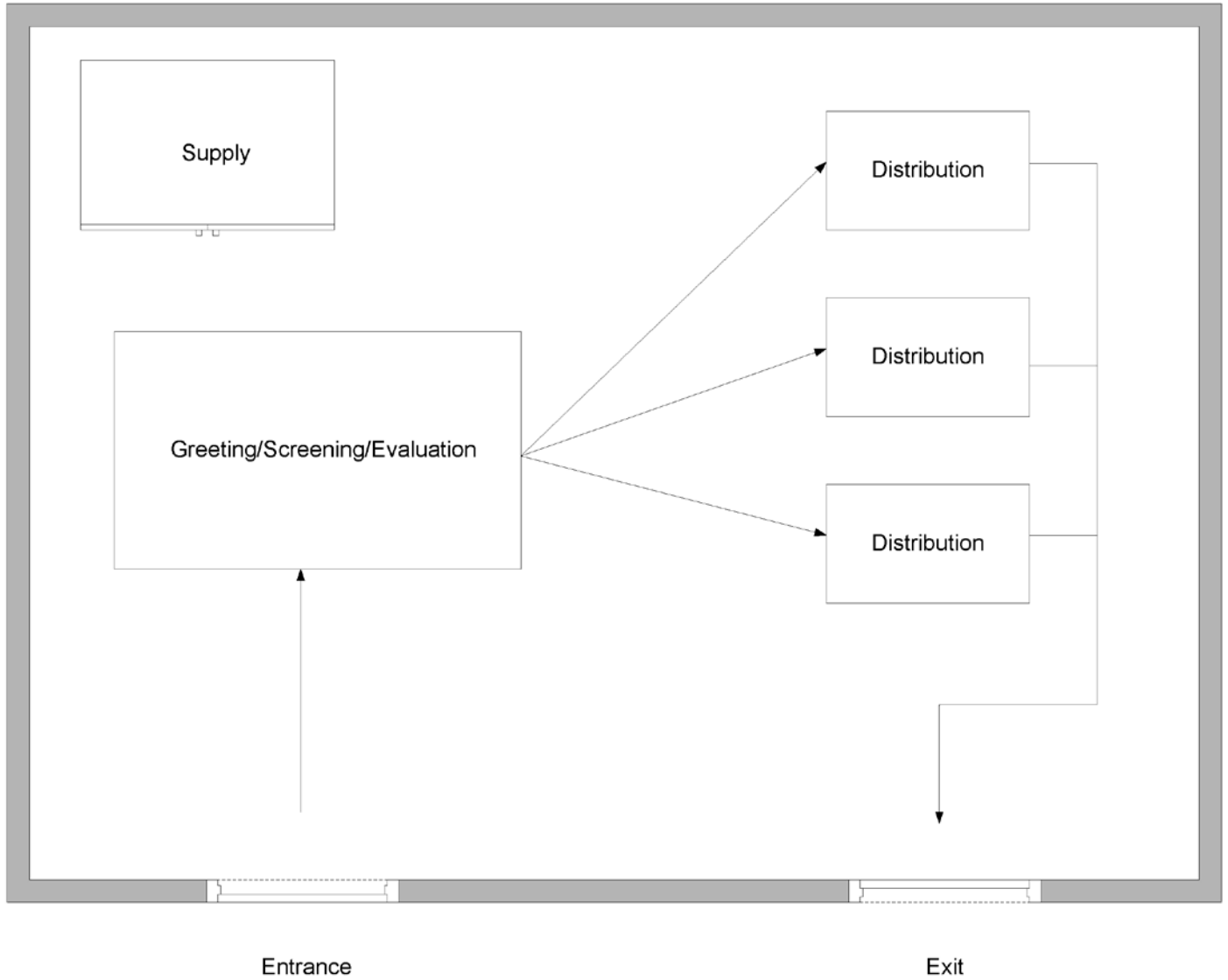
$$\begin{array}{l} \text{Number of recipients} \\ \text{Divided by} \\ \text{Number of Hours of Operation} \\ \text{Equals} \\ \text{Through-Put Number of Recipients} \end{array} \quad \begin{array}{l} \text{_____} \\ \text{_____} \\ \text{_____} \\ \text{_____} \\ \text{_____} \end{array}$$

The through-put number can be increased by having more staff screening and distributing medication/vaccine/medical supplies. Below is the minimum number of staff needed to operate the Closed POD:

Closed POD Job Position	# Staff per shift
Task Force Leader	1
Site Safety Officer	1
Distribution Group Supervisor	1
Security Group Supervisor	1
Screening Group Supervisor	1
Screeener	1
Supply Group Supervisor	1
Total Staff Required	7

ATTACHMENT 3 SAMPLE SITE LAYOUT/DIAGRAM

Closed POD Suggested Site Layout



ATTACHMENT 4 POD DISTRIBUTION PROCESS

Entrance: Signs will be posted to direct people to the designated entrance.

Greeting and Screening Area: Entering individuals will be asked to show appropriate identification. This will help to ensure medication, vaccine or medical supplies distribution is limited to clients, staff, students, and household members. Individuals will be asked questions to determine if they are symptomatic. Once the determination is made that the client is not symptomatic they will be given questionnaires and information about the medications and/or vaccine being distributed (facts sheets, instructions, etc.).

After completing their questionnaire and receiving informational materials, individuals' forms will be reviewed for completeness. Staff will identify persons with contraindications and will assess them. Based on the assessment the person(s) will be sent to Distribution or referred for follow up treatment at a medical facility.

Distribution Area: Individuals are next directed to distribution areas, where they will be asked to sign a consent form, provide information for the log, and receive their medication, vaccination or medical supplies.

Exit: Individuals will be directed to the designated exit.

ATTACHMENT 5 VACCINATION SUPPLY LIST

NOTES:

- The quantity of supplies listed below is for ONE PERSON, one station.
- To get the total quantity needed for the Point of Distribution (POD), multiply by the number of staff assigned to the Distribution Unit.
- These supplies will be assembled by the San Luis Obispo Public Health Department (SLOPHD) and delivered to the POD site.

LINE	DESCRIPTION	QUANTITY	UNIT
1	Hand Sanitizer, waterless, 4 oz bottle	1	Bot
2	Syringe with 1-inch needle, 23 or 25 gauge Box of 100 each	1	Box
3	Alcohol prep swabs Box of 100 each	1	Box
4	Plastic bag, 1 gallon, ("zip lock")	5	Ea
5	Ice chest	1	Ea
6	Ice pack	4	Ea
7	Bubble wrap - 8 in X 10 in	1	Pc
8	Table drape	1	Ea
9	Paper bag for trash	5	Ea
10	Pen - Sharpie - black	1	Ea

ATTACHMENT 6 STAFF BRIEFING TEMPLATE

This briefing will be conducted for all those working at Closed Point of Distribution (POD) and should take no longer than 20 minutes. The Closed POD Task Force Leader or a delegate is responsible for conducting the briefing.

(this is a general outline, and may not be all inclusive)

Item	Subject	Completed
1	Incident Overview (Why Closed POD plan has been activated) <ul style="list-style-type: none"> ▪ Describe the incident that precipitated the response effort ▪ Include information about location, population impacted ▪ Describe your role as a Closed POD Partner Use information from San Luis Obispo Public Health Department (SLOPHD) to explain transmission risk, symptoms and treatment	
2	Scope of Operation (What has to be accomplished) <ul style="list-style-type: none"> ▪ Explain who will be served by this Closed POD ▪ Discuss the anticipated duration of Closed POD operations based on number of people you will serve ▪ Discuss tasks to be accomplished, including process to acquire medication supplies from SLOPHD, Registration/Screening forms, distribution of medication supplies 	
3	Operating procedure (How this Closed POD will operate) <ul style="list-style-type: none"> ▪ Explain Closed POD set-up and flow plan ▪ Describe each functional area of Closed POD and its purpose ▪ Identify leadership roles and who is filling what roles ▪ Describe process for communicating internally (among Closed POD workforce) and externally (workforce to household members, or workforce to SLOPHD) ▪ Describe process for breaks and shift changes 	
4	Safety and Security (How Closed POD staff will be protected) <ul style="list-style-type: none"> ▪ Describe Personal Protective Equipment (PPE) requirements (if) identified by SLOPHD ▪ Explain site security measures (e.g. requirement for ID) ▪ Identify steps Closed POD workforce should take if they observe someone who does not have a required ID ▪ Advise Closed POD workforce to report all suspicious activity to their supervisor or to the Security Group Supervisor 	
5	Media & External Inquiries (Where to direct inquiries) <ul style="list-style-type: none"> ▪ Identify Lead Staff (likely TFL) to whom Closed POD workforce should direct all inquiries (from media and others) about Closed POD operations, including requests made via phone or emails 	
6	Job Specific Training (to explain duties in more details) <ul style="list-style-type: none"> ▪ Use job Checklists to provide more detailed description of duties ▪ Explain who Closed POD workers should contact if they have questions while performing duties 	
7	Other information determined at event	

ATTACHMENT 7 SAFETY BRIEFING TEMPLATE

POD Location: _____ **Date/Time:** _____

TOPICS
Hazard Identification (conditions that exist): <ul style="list-style-type: none"> • Internal hazards • External hazards • Environmental hazards
Look Up, Look Down, Look Around What are we going to do about the hazards? <ul style="list-style-type: none"> • Warn people • Remove hazard • Modify operations • Use Personal Protective Equipment (PPE)
Risk Evaluation & Assessment (our actions) <ul style="list-style-type: none"> • Prioritize risks
Who has First Aid / CPR / AED Training?? <ul style="list-style-type: none"> • Location of First Aid Kit, AED • Location of Fire Extinguisher
Exit locations Where our POD is located:
How contact 9 – 1 – 1
Reporting unsafe conditions
Review weather conditions and forecast
Maintain Situational Awareness
Sign In and Out of POD
Accident/Incident Reporting
Question & Answer

ATTACHMENT 8 DISTRIBUTION GUIDELINES

- Should prophylaxis treatment involve oral medication, a single household member will be permitted to obtain medications for all people within each household.
- Prior to opening the Closed Point of Distribution (POD) to recipients, all Closed POD Staff will receive medication for themselves and for their household members. Closed POD Staff will be instructed to take their first dose immediately, and plans will be discussed for getting medications to their household members.
- Medication will be provided to recipients free of charge.
- Medication will be provided in 10-day unit-of-use bottles. Each bottle is intended to treat one person for 10 days.
- Health insurance or a prescription is not required. Employees will need to present identification to receive medication.
- Injected vaccine and/or medication will require that all individuals respond to the distribution site for treatment.
- Employees arriving at the Closed POD will be identified through the use of affiliated organization identification card/badge, business card with photo identification or other verifiable form of employment documentation.
- Dependents will be identified by a photo copy of above identification.
- There are no “head of the line” privileges.
- Medication and vaccine is for persons not actively displaying symptoms of illness. Those individuals who are displaying symptoms of illness will be directed to an isolation area outside of the distribution area for further evaluation. If healthcare professional is not readily available, specific instructions will be provided.
- There is a potential that – depending on the event – the County of San Luis Obispo Public Health Department (SLOPHD) will be pushing out a 50-day supply of medications, so the distribution process may have to be repeated once this occurs.

ATTACHMENT 9 HOUSEHOLD MEMBER ATTESTATION

Household

Household is defined as persons who live under the same roof and maintain a single economic unit. Foster children, legal guardian relationships and live-in domestic workers are considered members of households.

I have read and understand the above definition of Household. I hereby attest that I am a household member of an employee or student of the _____ [Closed POD Partner Entity]. I understand that because of my status as _____ [Closed POD Partner Entity] employee or student household member, I am receiving preferential treatment in receiving medication and/or medical supplies. I declare that the above statement is true and accurate.

Name (Please print): _____

Signature: _____ **Date:** _____

ATTACHMENT 10 CLOSED POD STAFFING PLAN TEMPLATE

Incident Name/Location: _____ Date: _____

FUNCTION	Name	Cell Phone	Email
Task Force Leader			
Site Safety Officer			
Distribution Group Supervisor			
Distribution Staff			
Distribution Staff			
Distribution Staff			
Security Group Supervisor			
Screening Group Supervisor			
Screener			
Screener			
Screener			
Supply Group Supervisor			

ATTACHMENT 12 INCIDENT BRIEFING FORM

POD Location: _____ **Date/Time:** _____

POD Task Force Leader Contact Info: Name: _____ **Phone:** _____

Summary of Situation:

Summary of Current Events/Activities:

Current Staffing Structure (Org Chart):

POD Layout (Diagram):

Logistics (Communications, Food, Water, Sanitation, Medical, Traffic):

Modified ICS 201 Form – Closed POD

ATTACHMENT 15 SHIFT CHANGE BRIEFING FORM

FACILITY NAME:	
ROOM NAME:	
POSITION / FUNCTION TITLE / DEPARTMENT / AGENCY:	
YOUR NAME:	
YOUR RELIEF'S NAME:	
DAY, DATE, AND TIME OF CHANGE:	

PLEASE MAKE SURE THAT YOUR SHIFT CHANGE PACKAGE INCLUDES AT LEAST THE FOLLOWING ITEMS:

1. Narrative **SITUATION STATUS** summary for your function and ongoing operations you are involved in.
2. Summary of **MAJOR ACTIVITIES COMPLETED** for the past operational period.
3. Summary of **MAJOR ACTIVITIES UNDERWAY** at this time.
4. Summary of **MAJOR ACTIVITIES SCHEDULED** but not started, planned starting times, and key contacts / interfaces.
5. Summary of **COMMITMENTS** made during the past operational period.
6. Your **Noticeable Events Logs**
7. Copies of any **FORMS** or other output you originated, including **SOP Checklists**.
8. Lists of **PHONE NUMBERS & CONTACTS**.

ATTACHMENT 16 MEDICAL MATERIAL TRANSFER FORM



Medical Material Transfer Form

The San Luis Obispo County Public Health Department hereby transfers medical material into the custody and control of the receiving authority listed below. By signing this transfer form, the receiving authority acknowledges receipt of the medical countermeasures listed.

The receiving authority accepts full responsibility for the medical material entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities, of all applicable agreements between the County and local authorities, as well as all applicable federal and state laws and regulations. See attached sheet(s) for listing of items received.

San Luis Obispo County Public Health Department
(PRINT NAME & TITLE)

SIGNATURE & DATE

Authorized Receiving Authority
(PRINT NAME & TITLE)

SIGNATURE & DATE

If control Schedule II Substances are Transferred
Authorized Receiving DEA Registrant
(PRINT NAME & TITLE)

SIGNATURE & DATE

ATTACHMENT 17 MEDICATION INVENTORY CONTROL FORM

DATE: _____

TIME: _____

Unit Leader Name: _____

LINE NO	DESCRIPTION	UNIT (ex: box, each)	QUANTITY		
			REQUESTED	ISSUED	RETURNED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ATTACHMENT 18 FINAL EVENT SUMMARY FORM

Complete after your Closed POD response has concluded

Incident: _____ **POD Location:** _____

Incident Start Date/Time: _____ **Incident End Date/Time:** _____

Summary of Activities:

Unresolved Issues:

Partner Agencies Involved:

Follow Up Recommendations:

Prepared By: _____ **Date/Time:** _____

Approved By: _____ **Date/Time:** _____

Modified ICS 209 Form – Closed POD

ATTACHMENT 19 FREQUENTLY ASKED QUESTIONS

What is the purpose of a Closed Point of Distribution (POD)?	To provide lifesaving medications, vaccine or medical supplies to a designated population of people and their household members during a public health emergency.
What are the requirements for becoming a Closed POD?	In the County of San Luis Obispo, organizations with medically trained personnel and at least 100 employees/students are eligible to become Closed PODs . Could be non-medical if non-pharmaceutical interventions
How much is it going to cost?	Medications, vaccine, medical supplies and training are free of charge.
Will there be training provided?	Training resources are listed in the Closed POD Standard Operating Procedure (SOP).
When would we be asked to distribute medications at their own facility?	The only time the health department would ask organizations to distribute medications, vaccines or medical supplies to their employees, students, clients, and household members would be if there is a great risk to the entire population and preventive medical measures need to be taken immediately.
Who operates the Closed POD?	Your employees operate the Closed POD with oversight from San Luis Obispo Public Health Department (SLOPHD).
Will people be allowed to pick up medications for their household members?	Yes, employees are allowed to pick up medications for their household members.
How will pharmaceuticals be packaged?	Packaging will depend on the type of pharmaceuticals being distributed. Appropriate dosage instructions will accompany the pharmaceuticals.

Who needs to receive the pharmaceuticals or medical supplies?	SLOPHD will provide guidance on who needs to receive the pharmaceuticals or medical supplies, which will depend on the circumstances of the public health emergency.
What about pets?	The pharmaceutical and medical supplies provided at the Closed POD are for humans only. Employees with pets should contact their veterinarians for more information about the risk to their pet and any preventive measures they can take to help protect the health of their pet.
What about employees who telework or commute long distances to and from work?	As a Closed POD , expect to provide pharmaceuticals or medical supplies to all employees and their household members, realizing that long distance commuters may choose to go to an open POD closer to their home.
Is it possible that our organization will need to operate a Closed POD after-hours, during the weekend, or on a holiday?	Public health emergencies can occur at any time. It is essential that your organization be prepared to operate a Closed POD during non-working hours since your employees' health will be at risk if medications are delayed.
Is this legal? What if someone gets hurt or has a reaction to the medicine?	Yes, it is legal. Public health officials depend on volunteers to assist during public health emergencies. Participating as a Closed POD is a voluntary program and there are various laws and statutes applicable to liability protection. We will be happy to review the liability protections afforded to your organization under federal law as well as California statutes.

Questions and Answers for Clients/Employees of the Closed POD

What is prophylaxis?

Infectious disease prophylaxis is the use of medications and/ or vaccines to prevent disease or limit the severity of disease in people who have been exposed to certain bacteria or viruses.

Why is prophylaxis important?

Prophylaxis can prevent or reduce the severity of illness in people exposed to certain bacteria or viruses. Usually, prophylaxis must be given soon after exposure to be most effective, but in some cases the window for providing prophylaxis exposure is several days.

If I am allergic to other antibiotics, can I take Doxycycline or Ciprofloxacin?

Medical professionals & literature tell us that severe adverse reactions to either medication are rare. If you know you have sensitivity to Tetracycline, you may not be able to take Doxycycline as it is in the same family of drugs. Allergies to penicillin may not impact your ability to take either Doxy or Cipro. You should consult your primary care physician for further clarification.

Do these medications have side effects?

As with most medications, there are possible side effects. These symptoms should be balanced against the potential danger of not taking the medications. Refer to the Medication information sheets provided and your primary care physician for further information that may specifically address your medical conditions.

Who has access to the information on the information on the intake form?

The individuals in your agency who have been designated to obtain the information are the only ones who should have access to your personal information. The forms will be submitted to DOPH after the distribution of any medication and will remain secure and are utilized to track where the medications have been distributed.

How & when will I receive the medications?

The medications will be obtained from local, state or federal caches once an emergency has been proclaimed or declared in the County of San Luis Obispo. You will receive them through the leadership of your agency as soon as the logistics of medication pick-up and distribution can be implemented.

What bacteriological disease or agents will these medications protect against?

These are broad spectrum antibiotics that will protect against a wide range of diseases. Plague, anthrax and tularemia are those associated with bioterrorism. Treatment for viral diseases such as influenza and smallpox, require other treatments.

ATTACHMENT 20 MEDICATION TEMPERATURE CONTROL GUIDELINES

1. Consult with the County Health Agency Department Operations Center (CHADOC) / Public Health Nursing (PHN) for detailed guidance

2. Potential controlled temperature storage includes:
 - Refrigerated containers from Strategic National Stockpile (SNS)
 - Refrigerated medical storage at PHN
 - Rental refrigerators (no food or beverage storage allowed in the same container)
 - Insulated containers with “cold packs” or dry ice
 - Refrigerated vehicles:
 - Food purveyors
 - “Meals on Wheels”
 - Ice companies
 - Produce companies
 - Sheriff’s Office Evidence Room

3. Monitoring:
 - At least twice per 12-hour shift
 - PHN has portable temperature monitors
 - Log / post temperatures

(Consult manufacturer’s recommendations for specific materials)

ATTACHMENT 21 BEHAVIORAL HEALTH TIPS FOR RESPONDERS: **MAINTAINING CALM AT A POD**

Assumptions:

- Receiving treatment at a point of dispensing (POD) will be an anxiety producing event for many people.
- Physical site conditions such as long lines, crowded areas, increased noise, perceived lack of personal safety, and limited access to necessities such as water, restrooms, or seating can increase distress.
- If large numbers of the public are involved, a small but significant percentage of individuals will have pre-existing behavioral health issues that make it difficult to remain calm.
- Active attention to the psychological and behavioral impact of the event and calm, consistent communication with persons to be treated will reduce individual and group anxiety.
- Individuals with access and functional needs (AFN) may be especially vulnerable.

What to Do:

- Assign staff to monitor the waiting area or line to actively communicate with persons to receive services to:
- Provide a reassuring presence and convey to everyone will be cared for throughout the entire process;
- Provide basic and accurate information about what to expect when they receive treatment (simple handouts, if available, are helpful. CHADOC can be a resource.
- Identify and intervene with persons experiencing severe psychological distress.
- Keep households or groups together and do not separate service animals from their handlers.
- Identify and provide special support to individuals deemed at higher behavioral health risk (e.g., persons with disabilities, children, older adults, pregnant women, and persons who are not able to communicate in English).
- If possible, establish “quieter” areas with seating to direct individuals experiencing extreme distress so that they do not raise overall anxiety in the environment.
- If available, direct individuals to basic necessities (e.g., water, restrooms, seating, blankets).
- Maintain order in the waiting area or line; if persons need to leave the line for a short time, assist to save their place.

What to Say:

- Speak calmly, convey empathy, and provide basic factual information on what to expect; avoid jargon or complex language.
- Pre-scripted messaging can promote consistency, mitigate anxiety, and increase compliance. Messaging depends on the event, but may include to following:
- Everyone will be treated; the process we are using to treat people is _____ (explain process and any reasons for treating certain people before others).
- We are making effort to move you all through this process quickly and efficiently. From this point in line your wait time should be _____.
- Let me explain how the medications will be administered.

- It's normal to feel anxious right now, but everyone will be treated. We need to help each other stay calm.
- We will keep households and groups together.
- The medication we are giving you is generally tolerated, but you may experience the following side effects _____ (list).

ATTACHMENT 22 PSYCHOLOGICAL FIRST AID FOR FIRST RESPONDERS: TIPS FOR EMERGENCY AND DISASTER WORKERS

Managing Intense Emotions

When people are first faced with disaster and you first meet them, intense emotions are often present and appropriate. They are a result of intense fear, uncertainty, and apprehension,

DO:

- ✓ Communicate Calmly. Sit squarely or stand using the L-stance (shoulder 90° to the other person's shoulder). Body Language: Open posture. Lean forward. Eye contact. Relax.
- ✓ Communicate Warmth. Use a soft tone. Smile. Use open and welcoming gestures. Allow the person you are talking with to dictate the distance between you.
- ✓ Establish a Relationship: Introduce yourself if they do not know you. Ask the person what they would like to be called. Do not shorten their name or use their first name without their permission. With some cultures, it is important to always address the person as Mr. or Mrs.
- ✓ Use concrete Questions to Help the Person Focus: Use closed-end questions. Explain why you are asking the question. Come to an Agreement on Something: Establish a point of agreement that will help solidify your relationship and gain their trust. Active listening will help you find a point of agreement.
- ✓ Speak to the Person with Respect: Use words like please and thank you. Do not make global statements about the person's character. Lavish praise is not believable. Use positive language.

If the Person Becomes Agitated, He or She May (and you can...)

- Challenge or Question Authority: Answer the question calmly. Repeat your statement calmly
- Refuse to Follow Directions: Do not assert control. Let the person gain control of self. Remain professional. Restructure your request in another way, Give the person time to think of your request.
- Lose Control and Become Verbally Agitated: Reply calmly. State that you may need assistance to help them.
- Become Threatening: If the person becomes threatening or intimidating and does not respond to your attempts to calm them, seek immediate assistance.

When you work with people during and after a disaster, you are working with people who may be having reactions of confusion, fear, hopelessness, sleepiness, anxiety, grief, shock, guilt, shame, and loss of confidence in themselves and others. Your early contacts with them can help alleviate their painful emotions and promote hope and healing.

Your goal in providing this psychological first aid is to promote an environment of safety, calm, connectedness, self-efficacy, empowerment, and hope.

DO:

- ✓ Promote Safety: Help people meet basic needs for food and shelter, and obtain emergency medical attention. Provide repeated, simple, and accurate information on how to get these basic needs.
- ✓ Promote Calm: Listen to people who wish to share their stories and emotions, and remember that there is no right or wrong way to feel. Be friendly and compassionate even if people are being difficult. Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.
- ✓ Promote Connectedness: Help people contact friends and loved ones. Keep households together. Keep children and parents or other close relatives whenever possible.
- ✓ Promote Self-Efficacy: Give practical suggestions that steer people toward helping themselves. Engage people in meeting their own needs.
- ✓ Promote Help: Find out the types and locations of government and nongovernment services and direct people to those services that are available. When they express fear or worry, remind people (if you know) that more help and services are on the way.

DO NOT:

- ✓ Force people to share their stories with you, especially very personal details.
- ✓ Give simple reassurances like “everything will be OK” or “at least you survived.”
- ✓ Tell people what you think they should be feeling, thinking, or how they should have acted earlier.
- ✓ Tell people why you think they have suffered by alluding to personal behaviors or beliefs of victims.
- ✓ Make promises that may not be kept.
- ✓ Criticize existing services or relief activities in front of people in need of those services.

ATTACHMENT 23 CLOSED POD TRAINING RESOURCES

Several education and training resources are currently available for POD operations. These include free online training at:

- ❖ FEMA’s Emergency Management Institute <http://training.fema.gov/IS/>
IS-100.B: Introduction to the Incident Command System I-100
IS-200.B: ICS for Single Resource and Initial Action Incidents
IS-700.A: National Incident Management System (NIMS), an Introduction

- ❖ University of Albany School of Public Health
Mass Distribution: A Primer for Community Leaders Working in a Point of Distribution (POD)
<http://www.ualbanycphp.org/learning/default.cfm>

- ❖ CDC’s Mass Antibiotic Distribution Series - **Taking Care of Business** –
A video of this broadcast is available; contact your local health partner.

- ❖ Additional training resources can be found at:
<http://www.bayareadisastermeds.org/trainingfaq.html>

ATTACHMENT 24 CLOSED POD PARTNER AGREEMENT

This Closed POD Partner Agreement (hereafter referred to as “Contract” or “Agreement”) is entered into this the ___ day of _____, 20____ between the County of San Luis Obispo, Public Health Department (hereafter referred to as “SLOPHD”), a public entity and legal subdivision of the State of California, and _____(enter name of Provider), a _____(enter provider entity type, such as: sole practitioner, non-profit agency, corporation, limited liability company, etc.), (hereafter referred to as “Provider”)

Definitions:

1. SLOPHD: County of San Luis Obispo Public Health Department
2. SNS: Strategic National Stockpile
3. POD: Point of Distribution
4. SOP: Standard Operating Procedure
5. Provider: Business/Organization willing to operate a Closed POD

Recitals:

WHEREAS, the Centers for Disease Control and Prevention (CDC), through the California Department of Public Health (CDPH), shall provide resources from the Strategic National Stockpile (SNS), which include medications and medical supplies, to the County of San Luis Obispo Public Health Department (SLOPHD); and

WHEREAS, SLOPHD intends to transfer a pre-determined quantity of the aforementioned medication and/or medical supplies to Provider to respond to a SLOPHD declared public health emergency in accordance with the policies and procedures outlined in the SLOPHD’s CLOSED POD SOP; and

WHEREAS, SLOPHD wishes to collaborate with Provider to enhance its ability to respond to a catastrophic biological incident or other public health emergency requiring mass distribution of medications or medical supplies.

WHEREAS, Provider and the SLOPHD enter into this Contract defining the relationships and responsibilities of the parties to this Contract.

NOW THEREFORE, in consideration for the promises, obligations, and covenants contained herein, the parties agree as follows:

1. **Provider Agrees:**

- a. To request medications and medical supplies according to the number of employees/students and identified household family members (if applicable) expected to use the Closed POD. Provider should consult with the State/Local Health Departments in regard to their distribution plans and

capability in order to decide the appropriate number of bottles to be distributed to employees/students and members of their households.

- b. To assume responsibility of distribution medications (mass prophylaxis) and/or medical supplies to employees/students and identified household family members by the Provider's trained staff, at a site chosen by the Provider in accordance with the policies and procedures outlined in the SLOPHD's Closed POD SOP, and in accordance with any liability protections afforded under local, State, or Federal law.
- c. To utilize medications and medical supplies in accordance with the policies and procedures outlined in the SLOPHD's Closed POD SOP.
- d. To distribute medications and medical supplies per established medical protocols/algorithms (provided by SLOPHD at time of the event) in accordance with applicable State law and to confer with the State Health Officials to determine if any waiver, modification, or exceptions to State law during a public health emergency apply to their distribution staff. (The Provider may also wish to consider pre-registering employees/students and their household members in order to expedite their distribution process.)
- e. To provide training and education to Provider's staff who will be utilized in the Closed POD.
- f. To identify employees/students by jurisdiction of residence and provide that information to SLOPHD in accordance with applicable State law.
- g. To not charge employees/students and their family members for medications, medical supplies, or administration of medications that have been provided through this agreement, except as permitted by the State of California or by the CDC.
- h. To participate in any SLOPHD sponsored distribution training/education opportunities.
- i. To provide SLOPHD with Provider's current emergency point of contact information to ensure timely notification of the Provider in the event of a public health emergency.
- j. To maintain accurate records of medications and medical supplies distributed and other data deemed necessary and provide that data to SLOPHD in a timely manner in accordance with applicable State law and Federal requirements.
- k. To track expenses associated with and emergency response in order to seek any available reimbursement under the Stafford Act or other authorities.
- l. To secure any unused medications and medical supplies in accordance with applicable State and Federal law until a time SLOPHD can make arrangements for retrieval.
- m. To compile and file an after-action report with SLOPHD, identifying shortfalls and accomplishments of the operation.

2. SLOPHD Agrees:

- a. To provide Closed POD specific training/education opportunities to identified staff of the Provider.
- b. To provide pre-event planning and technical assistance, including but not limited to supply lists, POD layouts, fact sheets, distribution algorithms, etc. to the Provider.
- c. As necessary to respond to any particular public health emergency, deliver the appropriate amount of medications and/or medical supplies in a reasonable, timely manner to the Closed POD in accordance with the policies and procedures outlined in the SLOPHD's Closed POD SOP.
- d. To provide with consultation and assistance as needed and available for the given public health emergency to the Provider.
- e. To make arrangements to collect any unused medications and medical supplies as well as copies of all medical documentation from the Provider.
- f. As appropriate, to assist the Provider in seeking any available reimbursement under the Stafford Act or other authorities for costs associated with Provider's response activities by liaising between Provider and the state Emergency Operations Center.
- g. To provide after-action consultation to the Provider.

3. It Is Mutually Agreed That:

- a. The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPAA), as applicable, and any applicable state law.
- b. This Closed POD Partner Agreement can be extended by five-year intervals with written agreement of both parties.
- c. This Closed POD Partner Agreement can be amended by written mutual agreement of both parties at any time and may be terminated by either party upon 60 days' notice in writing to the other party.
- d. This Closed POD Partner Agreement will not supersede any laws, rules or policies of either party.
- e. The activities in the signed Closed POD Partner Agreement will go into effect only at the request and direction of SLOPHD.
- f. Provider is considered a Closed POD, without express permission from SLOPHD, Provider will not Distribute Medications to the "general public" but to employees/students and identified household family members outlined in SLOPHD's Closed POD SOP.

- g. Provider will follow the distribution directives of SLOPHD during mass distribution operations.
- h. It is understood that the Provider’s participation is completely voluntary and may not be available/utilized at the time of any public health emergency. In the event that Provider does not participate as a Closed POD, medication and/or medical supplies will be made available to Provider employees/students and members of their households under the same terms as they are made available to the general public and the Provider’s employees/students and members of their households would not receive any preference or priority in distribution to the general public.
- i. To the fullest extent permitted by law, Provider shall indemnify, defend, and hold harmless the County and its officers, agents, employees, and volunteers from and against all claims, demands, damages, liabilities, loss, costs, and expense (including attorney’s fees and costs of litigation) of every nature arising out of or in connection with Provider’s performance or attempted performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by sole negligence or willful misconduct of the County.

4. Term:

- a. Term, shall be: Unless terminated earlier, pursuant to the provisions of this contract, the term of this contract shall be from its effective date until January 30, 2023.

5. Targeted Distribution Population Chart:

- a. The chart below is used to determine maximum capacity and will be provided to SLOPHD for planning purposes. At the time of an event, actual numbers will be provided. Estimates for family members can be calculated by multiplying the number of employees by 4 (average number of persons per households) and by multiplying the number of students by 1.25 (estimated average number of persons per student households).

Targeted Distribution Population	
# Employees/Students	
# Household Members of Employees (# employees x 4)	
TOTAL DISTRIBUTION POPULATION	

IN WITNESS WHEREOF, the parties have caused their duly authorized representative to execute this Closed POD Partner Agreement.

Provider warrants that it has full power and authority to enter into and perform this contract, and the person signing this contract warrants that he or she has been properly authorized and empowered to enter into this contract.

PROVIDER:

Name: _____

Address: _____

Contact Information
(telephone/Email): _____

By: _____

Date: _____

Printed Name: _____

Title: _____

COUNTY OF SAN LUIS OBISPO:

A Public Entity in the State of California

By: _____

Penny Borenstein, County Health Officer

Date

Approved as to form and legal effect:

RITA L. NEAL
COUNTY COUNSEL

By:  _____
Deputy County Counsel

 _____
Date

Notifications/Contact List:

Primary Coordinator/Closed POD Manager			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
Backup Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
Backup Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
Security Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
County of San Luis Obispo Medical/Health Operational Area Coordinator (MHOAC)			
Business Hours	805-781-5500	:	
After Hours	805-781-4553		

ATTACHMENT 25 LEGAL REFERENCES

Below is a compilation of federal, state and county laws and regulations that support Pandemic Influenza plans and operations.

Key Word/Subject	STATUTE / CASE LAW	CITATION	DESCRIPTION / SUMMARY
Definitions	Title 17 CA Code of Regulations	<u>§§2515, 2516, 2518, 2520</u>	Defines isolation, strict isolation, modified isolation and quarantine.
Destruction of Personal Property	CA Health and Safety Code	<u>§120210(b)</u>	The health officer has the duty to destroy personal property when ordered by California Department of Public Health (CDPH) to do so in certain situations.
Disaster Service Worker (DSW)	CA Government Code	<u>§§3100-3109</u>	All public employees are obligated to serve as Disaster Service Workers (DSWs). Public employees (civil service) are all persons employed by any county, city, State agency or public district in the State of California. DSWs provide services and support during declared emergencies or disasters.
Disease investigation	Title 17 CA Code of Regulations	<u>§2501 (a)</u>	The local health officer has the duty to investigate diseases, conditions or outbreaks.
Enforcement	CA Health and Safety Code	<u>§§101025-101030</u>	The health officer has the duty to enforce in unincorporated territory of the County, local ordinances concerning public health and sanitary matters as well as state statutes, orders and regulations related to public health including quarantine laws, and orders prescribed by CDPH.
Enforcement	CA Constitution	<u>Article 11, §7</u>	Any county may make and enforce within its limits all local, police, sanitary and other ordinances and regulations not in conflict with the general laws.
General Authority	San Luis Obispo County Code	<u>§2.80.080</u>	Chairman of Board of Supervisors (or Director of Emergency Services if chairman is unavailable) may issue such orders and regulations which are necessary for the protection of life and property.

ATTACHMENT 26 ACRONYMS

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
CAHAN	California Health Alert Network
CalOES	California Office of Emergency Services
CD	Communicable Disease
CDC	Centers for Disease Control & Prevention
CDPH	California Department of Public Health
CHADOC	County Health Agency Department Operations Center
CHO	County Health Officer
COOP	Continuity of Operations Plan
DOC	Department Operations Center
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
HIPAA	Health Insurance Portability & Accountability Act
IAP	Incident Action Plan
ICS	Incident Command System
JIT	Just In Time
MCM	Medical Countermeasures
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
PHEP	Public Health Emergency Preparedness
PHN	Public Health Nursing
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
PREP	Public Readiness & Emergency Preparedness
SEMS	Standardized Emergency Management System
SLO	San Luis Obispo
SLOPHD	San Luis Obispo County Public Health Department
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
TFL	Task Force Leader