What we can achieve

- A more effective and efficient response
  - Awareness/Understanding
  - Command and Control
    - Establish decision making process
    - Establish lines of communication
    - Ensure accountability
  - Common Procedures
    - Inter-changeability
    - Terminology
  - Base on which to build/act/improve

What will be covered

- What is SNS
- How it will be managed
  - Incident Command System (community, organization)
- Major Operations
  - NODE
  - Points of Dispensing (POD)
- Medical Model
  - Mass Protection Model
- NODE/POD Procedures
- Re-Ordering Supplies
- How to develop a guideline/plan
The Strategic National Stockpile: An Overview

"A national repository of antibiotics, chemical antidotes, vaccines, antitoxins, antivirals, life-support medications, IV and IV administration sets, airway maintenance supplies, and other medical / surgical items used to augment federal, state and local public health agencies in the event of a terrorist attack or other emergency."

Reference: Div. Strategic National Stockpile Brochure

Formulary Information Development

- Based on Category A Threat Agents
  - Smallpox
  - Anthrax
  - Botulism
  - Viral Hemorrhagic Fevers
  - Plague
  - Tularemia
- Chemical nerve agent antidotes
- Recommended by subject matter experts

Formulary Information Contents

- Pharmaceuticals
  - Antibiotics (Oral and Intravenous)
  - Chemical Agent Antidotes
  - Vaccines, Antivirals and Antitoxins
  - Other Emergency Medications
- IV Administration Supplies
- Airway Management Supplies: (Pediatric and Adult)
- Items for Radiation, Burns and Blast
- Wound Care Supplies
- Federal Medical Stations (FMS)
SNS Deployment Process

1. Need for Drugs and Medical Supplies Exceeds Local & State Resources
2. State Requests Federal Assistance
   - Discussion with key officials (i.e. HHS, DHS, CDC, State, etc)
3. Federal Officials Deploy SNS Assets
4. Augments Federal / State / Local Medical Material Resources
   - Division of Strategic National Stockpile

12-Hour Push Package

- Package containing all items within SNS formulary
  - Updated/refined periodically
  - 130 cargo containers (50 tons)
  - 8 tractor trailer loads
- Strategically located throughout U.S.
- Delivered <12 hours by ground or air

Managed Inventory (MI)

- Represents 97% of SNS assets
- Product is “federally owned”
- SNS partners monitor for lot expiration and rotate stock
- QA inspections by SNS personnel (100% annual inventory)
- Re supply the Push Package
- Order special supplies not stocked by SNS and may be shipped directly to affected area

SNS Supply Flow to NC Government PODs

- CDC Stockpile Locations
- Push Package and/or MI
- State Receiving, Staging, Storage Site (RSS)
- Push Package and/or MI – Broken down by county
- Local Receiving Site (LRS)
- County Shipment – Broken down by POD/NODE
- Point of Dispensing (POD)
Your Involvement - Mass Protection Model

• Goal is to focus on the greatest good for the greatest number of people
  – Dispense medications within 48 hours
• Closed PODS part of Mass Protection Model Strategy

Benefits of Operating a Closed POD

• Organization
  – Fits into COOP
• Employees
  – Guaranteed medication
    • Self
    • Family
  – More convenient than government POD
• County
  – Fewer people to serve at our PODs

When to Activate Closed PODs/Mass Protection Approach?

• Partly a Question of Resources
  – Personnel, Facilities
    • A function of
      – Scope – Number of people at risk, Personnel available
      – Time – Incubation period, Time since exposure

Scope

• Targeted vs Extensive
Anthrax’s Ticking Clock

- Exposure Occurs
  - 1 day: 24hrs
  - 2 days: 48hrs
  - 3 days: 72hrs
  - 4 days: 96hrs
  - 5 days: 120hrs
  - 6 days: 144hrs

- Treatable before day 3
- Death after 3 days

Resource Decision Making

- Scope = RED
  - SMALL
  - LARGEx

- Time = Yellow
  - SHORT
  - LONG

Resources Available

- Adequate
- Inadequate

SNS Supply Flow to Non-Government PODs

- CDC Stockpile Locations
  - State Receiving, Staging, Storage Site (RSS)
  - Local Receiving Site (LRS)

- NODE

PODs

- Point of Dispensing (POD)

Legend

- Supply to RSS
- Supply to POD
- Supply to NODE then PODs
- Supply Returned

Mecklenburg’s Proposed SNS Distribution System

- Critical Infrastructure PODs
  - Hospitals, Financial, Universities, LTC Facilities

- First Responder PODs
  - Fire, Meds, Police, National Guard, Red Cross, Health Department

- Push PODs
  - Large employers, Churches

- Goverment PODs
  - Utilities (water, sewer, electricity, communications), Finance, Agriculture, Government, Transportation, Oil/Gas

- Local Emergency Operation Center (EOC) - Command and Control
Mecklenburg’s Proposed SNS Distribution System

CDC

Treatment Centers

RSS

Push PODs

Critical Infrastructure

LRS

First Responders

Gov POD

Legend

- Supply to LRS
- Supply to POD
- Supply to NODE then PODs
- Supply Returned

NODE * - Optional Distribution Hub for an Organization

Will pick up SNS supplies at the LRS

SNS Management

Centers for Disease Control

NC Emergency Management

Mecklenburg County
Emergency Operations Center

Local Receiving Site

NODE

Points of Dispensing

Incident Command System (ICS)

- Crisis management tool
- Establishes a clear chain of command
- Uses common terminology ensuring a clear flow of communication
- Allows for consistent structure

Command at the Local Level

Local Emergency Operation Center (EOC) – Command and Control

Will pick up SNS supplies at the LRS
Key Concepts of ICS

• **Span of Control**  
  – Number of people who directly report to someone limited to 3-7 (optimally 5)

• **Scalability**  
  – Ability to expand and contract depending on incident size and complexity

• **Flexibility**  
  – Can be used in a wide variety of circumstances

**Example of a Unified Command Structure**

- Unified Command
  - Mecklenburg EOC
  - Area Command
    - Area Commander
    - Area Command Logistics Chief
    - Area Command Planning Chief
    - Area Command Finance Chief
    - Area Command Support Staff
  - PIO
  - Area Command Division 1 Director
  - Area Command Division 2 Director
  - Area Command Division 3 Director

**Example of Agency’s/Organization’s Basic ICS Structure**

- Incident Commander
  - Liaison Officer
  - Safety Officer
  - Public Info Officer
  - Operations Section
  - Logistics Section
  - Planning Section
  - Finance Section

**Example of NODE Management – Incident Command System (ICS)**

- Warehouse Manager
  - Safety/Security
  - Public Information Officer
  - Local
  - Operations
  - Logistics
  - Planning
  - Inventory Control Superintendent
  - Posting Superintendent
  - Quality Control Superintendent
  - Shipping Superintendent
  - Distribution Superintendent
Example of POD ICS Structure

Types of PODs

- **Open PODs** — Government Run — Serves Everyone
- **First Responders** — Fire, Police, EMS
- **Treatment Centers** — Hospitals, Nursing Homes
- **Critical Infrastructure** — Water, Electricity, Telecommunications
- **Closed PODs (PUSH)** — Large Churches, Large Businesses, Other — Limited Clientele

NODES

- Distribution centers (hubs) that an agency or organization may use to distribute SNS supplies to multiple facilities within their organization or belonging to other affiliated organizations
  - NODES are NOT required to have a Point of Dispensing (POD)
    - Might be needed for organization with a large number of employees and/or dispersed facilities or fields of operation
    - Similar in function to County’s Local Receiving Site (LRS)

NODE Operations

- Picking up Supplies
- Receiving
- Inventory Control
- Picking
- Quality Control
- Shipping
- Distribution (Transport)
Picking Up Supplies from Local Receiving Site (LRS)

- **WHO?** Representatives from NODES and Non-government PCDs
  - First responders
  - Critical Infrastructure
  - Push PCDs
  - Treatment Centers

- **Organization has registered and been approved to pick up SNS supplies**
- **Representatives have authority to sign and pick up organization’s supplies – LRS notified as to identity**
- **Representatives have organization ID with picture**
  - Show security personnel at LRS
- **Drivers have maps and contact information for LRS**

Pick Up Security

- **Security considerations**
  - Extra personnel/vehicles to escort
  - Cell phones/Radios onboard
  - Scheduled call-ins with organization’s base
  - Unmarked cars or usual vehicles (inconspicuous)
  - Plans to assist transport if emergency
  - Representatives are vetted by organization (background checks, history of reliability and trustworthiness)
  - No stopping/Drivers know route to and from LRS
  - Supplies never left alone
  - Supplies locked and secured (out of publics’ sight)
  - Agency has established chain of custody procedures

Pick Up

- **Verify supplies received = pick list order**
- **Rectify discrepancies**
- **Sign LRS’s chain of custody form**
When SNS supplies arrive at NODE:
Designated person remove supplies from vehicle

- Move materials to staging area or receiving breakdown area
- Separate by product (ex. cipro/dioxy), leave room between stacks to work with boxes
Verifying Shipment
1. If needed, transfer boxes of same material to another box or area
2. Place labels facing out
3. Count product by number of boxes
4. Verify count matches the LRS Pick List/Chain of Custody Form

Example of label on box
- Identity of drug
- Number of tablets per bottle
- Lot Number, Expiration Date
- National Drug Code
- Number of bottles per case

After Verifying Shipment
Move product to staging area – “put away area”

- Locate Pick List/Chain of Custody Form
- Verify type and quantity of supplies received
- Sign Chain of Custody Form
- Provide Pick List Form/Chain of Custody Form to NODE Inventory Manager – Enter Data
- FAX form to LRS Inventory Manager
- Move supplies to locations designated for each type of product
- Leave room to work around pallets

- Tracks product received and shipped, creates Pick List, maintains balance, repository for Chain of Custody forms
- Inventory kept electronically, if possible, in database
- If no electricity, use paper system

Inventory - What Data to Enter?

Receiving from LRS

- LRS Pick Order Number
- Date Received
- Name of Item (drug)
- Lot Number
- Expiration Date
- Quantity
- Units (Boxes as default)

Shipping to POD (Pick List)

- Your Pick Order Number
- Date Pick List Created
- Where sending (name of facility, address, name of primary contact, phone and FAX number)
- Name of Item (drug)
- Lot Number
- Expiration Date
- Quantity
- Units (Boxes as default)
Software to Assist in Inventory Control

- LRS Antibiotic Inventory Control System (LRSAICS)
  - Only antibiotics
  - Equipment and other supplies will have to be tracked separately
- Access 2000 program
  - Must have Access on computer to run

For each type of supply:
- Enter the amount dispersed (Lot, date of expiration if applicable, where going).
- Enter the date of data entry for the column header.
- Enter the total dispersed for each day by summing the "amount dispersed" for all dates.
- The worksheet should calculate the "Total on Hand".

Form should include:
- NODE's Name, Address, Phone #, FAX number

Inventory Control generates a pick list order form.
There should be three (3) carbon copies of this form stapled together for each Pick List Order.
Pass the Pick List Form to the "Picking Station".

Pick List Area
Chain of Custody
Picking

- Picker will receive a clipboard, pen, and the Pick List Order form.
- Determines if the size of the order requires a pallet or box for transport.
- Takes the product boxes in the staging area ("put away area") and places them on a pallet or in a transport box.

Tips on Stacking Pallet:
1. Large items at bottom
2. Group similar products together
3. Labels facing out for visibility
4. Stack boxes no higher than 4 feet
   - Use multiple pallets if necessary

Picker verifies information Pick List Order Form:
1. "Expiration Date", "Lot Number", and "Quantity" for each type of medication listed on the Pick List form (Exp Date and Lot Number found on box labels)
2. For multiple boxes mark on Pick List form the number of boxes
   Example: "Two Boxes"
3. Write number picked if differs number on pick list form
4. Picker initials under "Initial Picker"
Place Pick List Order of order form with filled order
Shipping

When Picking Completed, move orders to Quality Control Station
- Keep orders together (don’t separate pallets)

Quality Control
1. Verifies box count for each drug ordered per Pick List Order – initialize under “Initial QC”
2. Places Pick List Order form on top of shipment
3. If discrepancy, return order to Pick Manager to rectify
4. Moves approved order to shipping - keep shipment together
Shipping Station

1. Arrange each order separately
2. Ensure entire order is present
3. Secure shipment (tape boxes, wrap in plastic, etc)
4. Transfer Pick List Order forms and Product to Distribution Manager
Transfer of product to POD driver:
1. Driver’s credentials are checked
2. Driver verifies order per Pick List Order form
3. Distribution Manager and driver sign “Chain of Custody” – Discrepancies sent to QC to investigate
4. Shipment placed onto vehicle in reverse order - Last place first, first place last
5. Distribution Manager sends top page of Pick List Order to Inventory Control for data entry – Inventory Control places in “Shipped Folder”

Shipping:
Distribution Manager and Truck Driver Sign C of C

Transport:
Distribution Manager:
1. Inquires about security of transport
2. Maintains communication with driver
Driver:
1. At POD - Verifies identity of POD recipient and has them sign Chain of Custody (bottom of Pick List Form)
2. Leaves Pick List Order form at POD. POD’s (dispensing site) Inventory Manager will fax copy to NODE and will return original to NODE Manager when POD operations cease
At NODE - After Transport:
NODE Inventory Control will enter shipment as “delivered” into inventory database when FAX arrives from POD.

Returning Unused Material

When SNS Operations are Completed
1. PODs are to return unused materials to the NODE
2. Returned items must be inventoried and sent to LRS
3. The NC PHPR and EM will ensure return to the States Distribution Center (Receiving, Staging, Storage site) and return to Centers for Disease and Control
**Example of Information Flow w/in NODE Distribution System – Can You Track Shipments?**

1. **Pick List/Chain of Custody** Faxed to NODE Inventory Manager. Original returned to NODE then to LRS after operations cease.

2. **Pick List/Chain of Custody** Faxed to POD. NODE then to LRS.

**Chain of Custody of SNS ASSETS**

<table>
<thead>
<tr>
<th>Action</th>
<th>NODE/POD</th>
<th>POD Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Pick Up at Local Receiving Site</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Sign Chain of Custody</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Handled to Your Facility</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Specific Dispensary</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Sign Chain of Custody/Driver</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Inventory Control Enter “Receive” Edge</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Dispense to People</td>
<td>N/D</td>
<td>N/D</td>
</tr>
<tr>
<td>Process POD Shipment</td>
<td>N/D</td>
<td>N/D</td>
</tr>
<tr>
<td>Transfer to Driver to POD – Chain of Custody</td>
<td>✅</td>
<td>N/D</td>
</tr>
<tr>
<td>Transfer to POD – Chain of Custody</td>
<td>✅</td>
<td>N/D</td>
</tr>
</tbody>
</table>

**Point of Dispensing (POD) Operations**

**Mass Dispensing POD**

Clinic
Potassium Iodide (KI) Dispensing Fall 2002

- Statistics of KI Distribution Phase I & II
- Residents
  - 21,385 Households
  - 64,497 Individuals
- Workplace
  - ~43 Employers;
  - ~3,778 Employees
- Institutions and Schools

POD Key Functional Areas (as needed)
- Triage (infectious disease)
- Greeting
- Registration
- Education
- Health/Drug Screening (review of NAPH)
- Dispensing (General, Special Needs)
- Inventory Control
- Exit Consulting
- Traffic/Line Control

Goal
- Safely and efficiently dispense medications to all employees in your organization within 48 hours
Rough, Ball Park Estimate of Number of POD Staff
– Medically Staffed Mass Protection Model

• Meck. POD Throughput ~ 500 people per hour with 20 Nurses and 40 Non-Medical Support staff (2 Non-Medical to 1 Nurse)
• Number of people dispensed to per nurse per hour = 25
• Your organization has X number of employees and you want to dispense in Y number of hours. NOTE – Maximum time is 48 hours
  – An estimate of the number of Nurses you may need would be
    \( \frac{X}{Y} \times 25 \)
  – An estimate of the number of Non-Medical Staff needed would be
    \( \frac{X}{Y} \times 2 \)
  – We would be strongly influenced by the layout and activities associated with your operation
• Example – You have 1,000 people and want to dispense in 12 hours
  – Estimate of number of nurses needed = \( \frac{1,000}{12} \times 25 \approx 3.3 \) or 4 Nurses
  – You may want to increase this estimate to allow for breaks, surges, floaters, or other situations

Range of Response/Scalability of PODS

• Medical Model
• Mass Protection Model

Medical Model

• Clinical staffing
• Consultation time
• Individual attention

General POD Layout - Medical Model
Medical Model Summary

- Time to plan and prepare
- Ample staffing
- Education

Mass Protection Model

- Goal is to focus on the greatest good for the greatest number of people
Significant Differences

<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Mass Protection Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ample Clinical Staffing</td>
<td>Minimal Clinical Staff</td>
</tr>
<tr>
<td>Discharge Consultation</td>
<td>Rapid Pass through</td>
</tr>
<tr>
<td>Individual Attention</td>
<td>Limited Attention</td>
</tr>
<tr>
<td>POD Staff More Involved</td>
<td>Education More Reliant</td>
</tr>
<tr>
<td>POD Staff More Educate</td>
<td>Education More Reliant</td>
</tr>
<tr>
<td>POD Staff Chooses Drug</td>
<td>Individual Potentially</td>
</tr>
<tr>
<td>Possible Treatment at POD</td>
<td>No Treatment at POD</td>
</tr>
</tbody>
</table>

Who Can Dispense Prescription Drugs? NC BOP

- NC GS § 90-87 (22)
- A physician, dentist, optometrist, veterinarian, scientific investigator, or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance so long as such activity is within the normal course of professional practice or research in this State.
- Pharmacist
Who Can Dispense Prescription Drugs?
NC Board of Pharmacy

Limited Basis
- Physician Assistant
- Nurse Practitioner
- Registered Public Health Nurse
- Pharmacist Technician
- Pharmacy Student

Possible Sources of POD Staffing

- In-house medical staff
- Contract medical staff
- Insurance company medical staff
- EOC supplied
  - Mutual aid, Health Department staff,
    SMATs, DMATs, Medical Reserve Corp, PHRST
    Teams, Churches, Medical Students, Nursing
    Students
- Laypeople for dispensing - (LAST Resort and
  ONLY with permission from EOC)

Pharmacy Rules May be Waived in Declared Emergency

- § 90-85.25. Disasters and emergencies.
  
  (a) In the event of an occurrence which the Governor of the State of North Carolina has declared a disaster or when the Governor has declared a state of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with states of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety, or welfare of its citizens under G.S. 160A-174(a) or G.S. 163A-121(a), as applicable, the Board may waive the requirements of this Article in order to permit the provision of drugs, devices, and professional services to the public.

Alternative Dispensing Options
PODs are to operate under the MEDICAL MODEL of dispensing UNLESS AUTHORIZED to use Mass Protection Model by the EOC.

PODs must dispense SNS supplies using qualified medical professionals UNLESS AUTHORIZED to use Laypeople by the EOC.

How Will You Know What You Can Do?

- When notified by the EOC to open up your POD, the message will state:
  - “Closed PODs for SNS dispensing operations are being opened. You may operate your POD only under the Medical Model approach.”
  - “Closed PODs for SNS dispensing operations are being opened. You may operate your POD under the Mass Protection Model approach. Laypeople are NOT authorized to dispense medications.”
  - “Closed PODs for SNS dispensing operations are being opened. You may operate your POD under the Mass Protection Model approach. Laypeople are authorized to dispense medications as a last resort.”

Your POD Planning

- If you foresee operating a POD for every possibility
  - Develop a plan that includes the Medical Model and Mass Protection Model approach.
- If you foresee operating a POD only during extreme emergencies
  - Develop a plan that includes the Mass Protection approach.
Your POD Planning

• In planning for Mass Protection approach, consider two situations:
  – Not authorized to use laypeople to dispense (only qualified medical professionals dispense)
  – Authorized for laypeople to dispense as a last resort

Other Information When Notified by Emergency Operation Center (EOC)

• Location of Local Receiving Site (LRS)
• Contact information for LRS
• Contact information for EOC

Management Structure for PODs

Example of a Unified Command Structure
Example of POD ICS Structure

POD Roles & Responsibilities: Job Action Sheets

- Describes responsibilities
- Clearly define reporting relationships

Sample Job Action Sheet

Safety

- Training
  - Just in Time
- Protection (3 Ps)
  - Police, Public Announcements, PPE
- Site location
POD-Policy/HR - Legal Issues

- Standing orders
- NCGS 90-85.25(a) – Waiver of Board of Pharmacy requirements in declared disaster
- NCGS 166A-14 – Organizations liability*
- Workers Compensation
- Staff Compensation
- Medical Reserve Corp

* [www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bysection/chapter_166a/gs_166a_title_14.pdf](http://www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bysection/chapter_166a/gs_166a_title_14.pdf)

NC GS 166A - 14 Stipulations

- Acting without compensation or with compensation limited to no more than actual expenses under the following conditions:
  - Services are provided at any place in this State during a state of disaster or state of emergency declared by the Governor
  - Services are provided during a declared local state of emergency
  - Organization is engaged in planning, preparation, training, or exercises with the Division of Emergency Management, the Division of Public Health, or the governing body of each county or municipality

Planning - Open Space to a POD

Main Objective

- The main objective is to treat the largest number of people as quickly as possible.

- Get people in and out of the POD.
POD Planning - Campus

POD Exterior

- Parking
- Re-supply route and accommodations
- Line Control
- Special Needs Assistance
- Traffic flow
- Helicopter

POD Exterior

POD Planning – The Interior
Example of Interior - Layout Mass Protection Model

Command/Communications Center

Restrooms for Public and Staff

Staff Break Area
Secured Storage Room for Antibiotics

Emergency Contingencies

Create a POD Supply Kit

- Logistics Material
  - Job Action Sheets
  - Maps
  - ICS Vests
  - Forms

- Support material
  - POD Signs
  - Fact Sheets
  - Admin. Supplies
  - POD Manual

- Communications
  - Walkie Talkies
  - 800 MHz Radio
  - Bullhorn

POD Policies

- Policies
  - Family Member Pick-Up
  - Minimum Identification
  - Who can you dispense to:
    - Your workers (county of residency does not matter)
    - Employees' family
    - Residents of your facility(ies)
    - Contract employees regularly at facility
General Preparedness Considerations

How Staff Will Be Contacted

- Staff call down tree
- Automated system

What You Will Tell Staff To Do After Being Contacted (messages)

- Evaluate your ability to respond.
- Review your family emergency plan.
- Notify your family and activate your GO plan.
- Report at the time and place specified.

FAQs About Activation (messages)

- It may require immediate attention to set up POD
- Identify Staff (if manager)
- You will likely be asked to work an 8 - 12 hour shift
- Food will be provided
Your Family Emergency Plan (message)

• Volunteers will be asked to work during an emergency
  – Essential to have a plan worked out with your family ahead of time
• Simple things you can do to create an emergency plan for yourself, your loved ones and others in your care

Emergency Communications Plan (message)

Create an emergency communications plan including:

• All contact numbers for the people you are most likely to need to reach
• An out of town contact
• E-mail addresses

Your Emergency Supply Kit (message)

Create a supply kit.

Include:
- First aid supplies (including prescription medications)
- Change of clothing for each person
- Battery powered radio and extra batteries
- Flashlight
- Non-perishable or canned food (and a can opener), bottled water
- Special needs items like formula for babies
- Cash
- Copies of important family documents

Planning Resources

• Department of Homeland Security
  www.ready.gov
• Family Disaster Kit
  www.pueblo.gsa.gov/cic_text/family/disaster/familykit.htm
• FEMA
  www.fema.gov/plan/index.shtm
• Red Cross
  www.redcross.org/services/prepare/0,1082,0_239_,00.html
Opening a Mass Dispensing POD

When Managers Arrive

- POD Managers & Section Chiefs arrive first
- Make contact with facility maintenance
- Review POD Manual (managers)
- Develop Incident Action Plan (IAP)
- Get to know the staff of your POD and be familiar with their roles
- Review contents of POD Supply Kit
- Receive prophylaxis for yourself and your family
- Begin POD set up

What needs to be done

- Post signs
  - Triage, Registration, ...
  - Queue Management
- Set up of tables
  - Materials to handout
  - Registration
  - Education
  - Special needs dispensing
  - General dispensing
  - Inventory control
- Designate command/communications area
- Copy forms/Educational materials (as needed)
- Establish POD flow

- Review POD Manual (managers)
- Develop Incident Action Plan (IAP)
- Get to know the staff of your POD and be familiar with their roles
- Review contents of POD Supply Kit
- Receive prophylaxis for yourself and your family
- Begin POD set up
**When Staff Arrives at POD**
- Credentialing/Badging
- Report to POD’s staff assembly area
- Receive assignments
- Receive JIT training

**Just in Time Training (JIT)**
- Event specific information
- Assignment
- Site specific information
- Equipment to support

**Opening Day**

**Staff Sign-in - Credentialing**
Job Assignments

- Pre-Event
- At sign-in
- After sign-in

Material Handling Equipment

POD Manager Receiving SNS Materials from Local Receiving Site

POD Manager Taking Inventory of Received SNS Material
Keep SNS Materials Secured

POD Manager Giving Initial Briefing
to Staff

Introducing Command and General Staff

Just in Time Training
How PODs Re-Order SNS Supplies: Basic Models

Model of SNS Re-Order Request
Flow → NODE

1. Point of Dispensing (POD)
2. NODE
3. Local Receiving Site (LRS)
4. Mecklenburg Emergency Operations Center
5. State Receiving, Staging, Storage Site (RSS)
6. CDC Command Center

If RSS is out
If LRS is out
Model of SNS Re-Order Request Flow – No NODE

CDC Command Center
State Receiving, Staging, Storage Site (RSS)
Local Receiving Site (LRS)
Point of Dispensing (POD)
NC Emergency Operations Center
Mecklenburg Emergency Operations Center

If RSS is out
2
1

Mecklenburg’s Proposed SNS Distribution System

CDC
SNS
RSS
Pull PODs
NODE
First Responders

Legend
Supply to LRS
Supply Dispensed to POD
Supply Dispensed to NODE from PODs
Supply Returned
NODE* - Distribution Hub for an Organization

Critical Infrastructure

Gov POD

Closing a POD

- Decision made by Incident Commander at EOC
- POD Manager
  - Release non-essential personnel
  - Debriefing
  - Identify demobilization (tear-down) team
  - Ensure unused medications are inventoried, packaged, returned to LRS
  - Gather POD operation documentation
  - Provide to NODE/LRS: LRS to EOC

Preparing your Business

- Develop/Expand Continuity of Operations Plan (COOP)
- Appoint a committee
- Determine who your site will serve
- Provide education/information
- Identify a dispensing location on the premises
What about liability

- Enter into an MOA with Health Department
- Agree to become volunteers of the state
- Liability protection: NC GS 166A
  - Volunteer staff and volunteer property

Examples of Reasonable Effort (Subject to Legal Council Guidance)

- Pre-Event
  - Develop NODE/POD guidelines
  - Train key positions
  - Identify resources needed and their sources
  - Communicate plan to employees - responsibilities
  - Establish ICS – you will act under command and direction of Local EOC
  - Medications will be provided at no charge to staff, family of staff, visitors on-site
  - Develop a disclaimer that medications will be taken voluntarily and provided as a service to staff
  - Exercise

Examples of Reasonable Effort (Subject to Legal Council Guidance)

- POD Staffing
  - In-house medical staff
  - Contract medical staff
  - Insurance Company
  - EOC supplied
    - Mutual aid, SMATs, Health Department staff

- Medical Model vs Mass Protection Model
  - Take lead from EOC and on staff availability
    - Do not use Mass Protection Model unless authorized by EOC
  - Just-in-Time training will be provided to NODE/POD staff

Examples of Reasonable Effort (Subject to Legal Council Guidance)

- NODE/POD Security – Ensure safety/security of:
  - SNS materials
  - Staff
  - Those picking up supplies
    - Designated security staff
    - Traffic and crowd control
    - Cones and signs to direct people
    - Identify verification measures
    - Response teams identified and trained
  - Radio communication
  - Linked to City/County Law Enforcement, MEDIC, Fire
  - Medical information is confidential
Examples of Reasonable Effort (Subject to Legal Council Guidance)

• Safety
  – Designate a safety officer
  – Conduct pre-POD/NODE inspection (identify/mitigate hazards)
  – Communicate hazards identified
  – Conduct periodic inspections during operations
  – Act to mitigate new/emerging hazards identified

• Education
  – What is the hazard (agent)
  – What is the disease
  – What are the symptoms
  – What is the drug
  – How does drug work
  – Who should not take the drug
  – What are drug’s side effects
  – How do I take the drug (full stomach, dose)
  – What to do if get sick or have side effects

Resources – Closed PODs Toolkit

Registration Forms – NODE/POD

Email Completed Form(s) to:
Bobby.Kennedy@MecklenburgCountyNC.Gov
Example of NODE ICS Structure

Example of POD ICS Structure

General POD ICS Structure

Appendix 4 (continued)

Appendix 4

Example of POD ICS Structure

General POD ICS Structure

Appendix 4 (continued)

Example of POD ICS Structure

General POD ICS Structure

Appendix 4 (continued)

Example of POD ICS Structure

General POD ICS Structure

Appendix 4 (continued)

Example of POD ICS Structure

General POD ICS Structure
External Communication (Non-Government POD)
- NODE: POD, LRS, EOC
  - POD: NODE, LRS, EOC
  (Internal will be organization specific)

PODS
A-G County EOC
A-H NC Emergency Management Treatment Centers (Hospitals)
Public Health Command Center
A-G State Public Health Command Center
A-G

Landlines (primary)
Cell Phones (secondary)
GETS Card
Handheld Radios
911 To Hospital
Computers (Desk and Laptop)
E-Mail
HAN Epi-X
FAX
Pack Radio
Web EOC from County to State

IF ABOVE SYSTEMS FAIL:
RUNNERS WITH HANDWRITTEN MESSAGES WILL BE USED

Communication Network Between EOC and PODS
Dissemination of Information to General Public
Clay County School Reverse 911 System
Radio
TV
Newspapers

In the event of a power failure, the Health Dept. has a generator that will operate the Exam Rooms and the Immunization Room, along with several offices that have computers. If the POD experiences a power failure, Blue Ridge Mtn. EMC will be contacted regarding availability and use of a portable generator.

Please see the Emergency Number Notebook for contact information.

Appendix 9
HCDH Operations
- MCEDP: Coordination center (COP) that an agency or organization may use to ensure DSH hospitals are notified. It will notify hospitals within their agency or organization or other affiliated organizations.
- MCEDP Operations
  - Triage/Assessment
  - Page/Call
  - Coordination
  - Decision
  - Debrief

Appendix 10
HCDH Personnel Requirements (as needed)
- Warehouse Manager (One per shift)
  - Inventory Lead
  - Shipping Lead
  - Quality Assurance Lead
  - Data Lead
  - Distribution Lead
  - Distribution Staff
  - Data Entry
  - Technical Communications Lead
  - Communications Lead
  - Logistics Lead
App. 10 (cont)
Job Action Sheets for NODE Staff

App. 11 (cont)
Job Action Sheets for POD Staff
Summary

- Overview of SNS Program
- Overview of SNS Management
  - Command and Control – National, State, Local, Organization
  - Lines of Communication
  - Means to Communicate
- Distribution Chain of SNS Materiel
  - From CDC Facilities to Local NODES and PODs
  - Need for Alternative Dispensing Approaches
- Procedures
  - Picking Up SNS Materials
  - NODE/POD Operations
  - Requesting Re-Supplies

Summary (Continued)

- Resources
  - SNS Staff
  - Facilities
  - Signage
  - Communication Equipment
  - Office Equipment
  - Handouts
- Communication
  - Messages: Pre-Event, During Event, Post Event
- Legal Issues
- Training
- Safety
- Security