

Drive-Thru Point of Dispensing Planning Guide



About This Guide

The Drive-Thru Point of Dispensing Planning Guide was developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Orange County (FL) Health Department and the Louisville (KY) Metro Department of Public Health and Wellness to address the challenges facing localities preparing for mass medical countermeasure distributions to populations during disasters. This guide primarily focuses on planning for Strategic National Stockpile (SNS) responses in urban or suburban areas that have difficulties meeting 100 percent prophylaxis coverage of their population within limited time frames using traditional indoor points of dispensing (PODs). It can, however, be modified for use in planning for other responses involving outdoor distribution.

About Us

NACCHO

NACCHO is the national organization representing local health departments (LHDs). NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

NACCHO's preparedness work focuses on activities related to both practice and policy. NACCHO creates new tools and improves existing ones to help LHDs enhance their readiness to respond to public health emergencies and other disasters. NACCHO also serves as a channel through which local input can reach and effect positive change on national initiatives.

ORANGE COUNTY HEALTH DEPARTMENT

Orange County Health Department's mission is to promote, protect, and improve the health of all people in Orange County. The Orange County Health Department places special emphasis on a variety of programs, including health education, maternal and child health, epidemiology, environmental health, school health, and dental care services.

The Emergency Operations Team is a group of professionals within the Orange County Health Department that are responsible for planning for and responding to any disaster or emergency event (natural or man-made) that affects the health and medical infrastructure within Orange County.

LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS

The Office of Emergency and Public Health Preparedness (OE&PHP) was created in 2004 as part of Dr. Adewale Troutman's reorganization of the Louisville Metro Department of Public Health and Wellness. OE&PHP brings together many of the current efforts that have focused on the preparedness, response, and mitigation of natural, man-made, and potential terrorist events. This office is responsible for the planning of incident/emergency response (all-hazards) and works with community and response personnel to educate and train responders.

Funding for this project was made possible by the Centers for Disease Control and Prevention, Division of Strategic National Stockpile. If you have any questions, or would like additional copies of this guide, please contact Andrew Willman, Senior Analyst, National Association of County and City Health Officials at 1100 17th St. NW, Washington, D.C. 20036 or awillman@naccho.org.



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Purpose

This planning guide is intended to facilitate development of an operational plan with drive-thru POD capabilities. These capabilities would be used during an emergency when it is necessary to request medical materials from the state (including SNS assets) and institute drive-thru POD activities in the jurisdiction. Drive-thru PODs potentially increase throughput, allow for infection control by limiting interactions between the public, and can serve populations that cannot stand or walk for long periods of time such as children and the elderly. When complete, the operational document should contain all information necessary for drive-thru POD management, including point-of-contact information, maps, flow charts, and POD clinic management guidance.

Scope

An agency's drive-thru POD plan for mass prophylaxis/clinic response should not be a stand-alone plan but should be incorporated in the SNS plan and attached to the jurisdictional emergency operation plan.

Disclaimer

Because an agency's drive-thru POD plan for mass prophylaxis/clinic response should not be a stand-alone plan, planning issues relating to SNS triggers and requests, security, communication, public information, distribution, inventory control, epidemiology/surveillance, legal issues, hospital coordination, regional coordination, training, exercises, and post-event improvement planning will not be dealt with in any detail in this guide except for in instances that are unique to drive-thru PODs.

Plan Distribution Recommendations

In order to increase the security of drive-thru POD sites after initial drive-thru POD planning is complete, it is important to limit access to the electronic version of the SNS plan or Emergency Operation Plan to active participants and to count and track hard copy versions of the plan.

How to use this Tool

The following tables allow for step by step assignment of planning tasks and recording of comments and progress towards a complete plan.

The National Association of County and City Health Departments (NACCHO) would like to thank the individuals who made this planning guide possible.

CONTRIBUTORS

Arlene Crow

Manager of Emergency Operations, Orange County Health Department
Orlando, FL

Bud Fekete

Cities Readiness Initiative Program Manager, Louisville Metro Department of Public Health and Wellness
Louisville, KY

REVIEWERS

Teresa Bates

SNS Coordinator, Tarrant County Public Health Department
Springtown, TX

Josh Carlyle

Public Health Planner, Carver County Community Health Services
Chaska, MN

Muriel DeLaVergne-Brown

Public Health Director, Crook County Health Department
Prineville, OR

Deborah Hieronim

Regional SNS Pharmacist, Wake County Human Services
Raleigh, NC

Bruce Ugbode

Director, Bioterrorism/Public Health Preparedness Program, Bucks County Department of Health
Doylestown, PA

Elizabeth Faber

Iowa Region 2 Public Health Preparedness Planner, Iowa Department of Public Health
Clear Lake, IA

Martha Wagaman

Emergency Preparedness and Safety Coordinator, St. Johns County Public Health Department
Saint Augustine, FL

Cindra James

Public Health Preparedness Coordinator, Washtenaw County Public Health Department
Ypsilanti, MI

Dana Henderson

Senior Health Program Coordinator, San Francisco Department of Public Health
San Francisco, CA

Sharon Kay Green

Region 9 Healthcare Planning Coordinator, Magoffin County Health Department
Salysersville, KY

Background

After the creation of the Strategic National Stockpile to enhance the federal response to biological attacks, outbreaks, and other public health emergency responses, local health departments were assigned the responsibility of dispensing these countermeasures to the affected public in their jurisdictions. Many methods have been tested for distributing these medications, including: public health clinics, community based points of dispensing, closed points of dispensing (jails, nursing homes, etc), private/business points of dispensing, postal service delivery, home stockpiling, and others.

In responding to category A bioterrorism agents requiring widespread response, a national benchmark for limiting mortality is for local health departments to accomplish the first response mission of prophylaxing an entire population within a 48 hour timeframe. Many public health departments have struggled in exercises to meet this timeframe using the modalities listed above.

Drive-thru Public Health Point of Dispensing sites are a method of dispensing medications relying on the public's access to personal vehicular transportation to more quickly dispense these medications in a safe manner. This option has been used with measured success in areas of high population density to facilitate the mission of prophylaxing an entire population within the 48 hour timeframe. Many urban and suburban localities have determined the need for a hybrid system of dispensing options to quickly reach all populations, including immobile populations, resource poor populations, and those needing more advanced medical consultation.

As discussed in the guide, including drive-thru points of dispensing into an SNS response plan has additional benefits beyond increasing the speed with which you can prophylax your population. These are as follows:

Enhanced infection control: Through self-isolation of the public in their automobiles.

Protection against secondary health threats: Protects individuals from long periods of standing, being exposed to heat, cold, weather, and gives more protection against acts of violence from other members of the public.

Less staffing Required: Can stand up more PODs per person.

Less "damage to property" liability than indoor PODs.

Lowers capacity strain on other POD types: Allows them to operate more efficiently.

If your jurisdiction has the physical resources to explore using drive through PODs, we hope you will find this starter guide a useful step-by-step resource to identifying, coordinating, staffing, supplying, and exercising these sites as you incorporate them into your plans.

Pre-Event Planning

POD LOCATIONS	Responsible Entity/Person	Date Assigned	Date Completed
<p>Determine the ideal ratio and coordination with other POD types (business, first responder, indoor) that are already planned in your jurisdiction.</p> <ul style="list-style-type: none"> The best alignment between different POD styles depends on many factors including population density, abundance of large business that could act as closed PODs, and the percentage of the population with special needs. In areas with heavy densities of healthy working adults, it is advantageous to increase the percentage of business and drive-thru PODs. It is possible that sites formerly used as POD locations may need to be discontinued or retained on a backup basis. 			
<p>Determine the number of drive-thru PODs needed for your jurisdiction.</p> <ul style="list-style-type: none"> The formula for determining a rough estimate of need is as follows: $[(\text{Total population-population served by closed and indoor PODs}) / \text{average throughput per POD/hour} * \text{hours available for completion} = \text{number of drive-thru PODs needed.}]$ If you have no drive-thru POD to draw throughput numbers from, models are available on the SNS extranet at https://www.orau.gov/snsnet/modeling.htm, which can help form an initial rough estimate based on the site specific variables and staffing variables of potential initial locations. The number of required POD sites calculated and decided upon should be modified based on the size of the available potential POD sites, and the sprawl, density, and demographic considerations of your local jurisdiction. Besides location size, the throughput of PODs will be impacted by a number of factors such as the efficiency of the layout, training of the staff, and the utilization percentage of each POD by the public (a corollary to POD location). For this reason, drive-thru POD plans should be routinely exercised and throughput numbers gleaned for each site (not necessarily all during the same exercise). 			
<p>Design a site selection process based on geographic distribution of the population, logistics issues, and locations of other PODs.</p> <ul style="list-style-type: none"> POD sites should be selected based on proximity to population centers, whether residential or commercial centers. Refer to the site selection algorithm included below for assistance in identifying and selecting point of dispensing sites. Demographic information should be taken into account, i.e., resource poor areas may have a high percentage of individuals that do not drive. 			

Pre-Event Planning

POD LOCATIONS	Responsible Entity/Person	Date Assigned	Date Completed										
<p>Gather site specific information on each identified site and incorporate it into the operational plan.</p> <ul style="list-style-type: none"> • Include points-of-contact, maps, flow diagrams, access to buildings, current status of the use agreement/memorandum of understanding (MOU), etc. 													
<p>General Recommendations</p> <ul style="list-style-type: none"> • Drive-thru PODs are best designed for pill distribution where personal contact between staff and the public is limited. • The best location types are as follows, in order: <ol style="list-style-type: none"> 1. Large parking lot venues: stadiums, amusement parks, large businesses 2. Drive-thru accessible buildings: pharmacies, banks, fast food 3. Easily modifiable areas: toll booths, interstate underpasses, parks/fairgrounds • Large variation exists between jurisdictions on policies for the number of courses an individual is able to pick up for family members and others. In a true 48-hour prophylaxis emergency response with abundant supply, pickup ratios should be as high as laws and common sense allow. This planning guide assumes a one to five ratio. • Assuming a good public information campaign encouraging head of household pickup for family, the number of PODs necessary may follow these conservative guidelines: <table border="0" data-bbox="186 903 747 1081"> <tr> <td>POD throughput 3000/hr</td> <td>1 per 131,000 people</td> </tr> <tr> <td>POD throughput 1000/hr</td> <td>1 per 48,000 people</td> </tr> <tr> <td>POD throughput 500/hr</td> <td>1 per 25,000 people</td> </tr> <tr> <td>POD throughput 250/hr</td> <td>1 per 12,800 people</td> </tr> <tr> <td>POD throughput 100/hr</td> <td>1 per 5,500 people</td> </tr> </table> • Multiple POD types, with different audiences served and hours of operation may confuse the public and lead to on-site bottlenecks and lower coverage rates. Try to limit multiple POD modulations in the same area when using a majority drive-thru POD system. Keep indoor PODs limited to serving specific groups related to the building used for dispensing, (school, nursing home, dialysis center, etc.) or needing a medical model-based POD. • Keep in mind that low-income neighborhoods with limited access to transportation cannot be adequately covered by a drive-thru POD. Do not replace other PODs in these areas. • For closed/private run PODs, it is most efficient from a distribution point of view for each POD to be able to cover at least .04 percent of the total jurisdictional population (including families), therefore do not involve all small companies in closed POD planning. 				POD throughput 3000/hr	1 per 131,000 people	POD throughput 1000/hr	1 per 48,000 people	POD throughput 500/hr	1 per 25,000 people	POD throughput 250/hr	1 per 12,800 people	POD throughput 100/hr	1 per 5,500 people
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Pre-Event Planning

MOUs	Responsible Entity/Person	Date Assigned	Date Completed
Assess the suitability of public owned areas for use as drive-thru PODs.			
Carry out a remaining needs analysis for private drive-thru POD locations based on population and POD sites already identified.			
Compose a list of possible partner organizations with location resources.			
Approach potential partner organizations and select the best locations from partner(s) wishing to participate.			
Develop MOUs for each entity providing space for a POD, ideally including the following clauses: <ul style="list-style-type: none"> • Operational responsibility (if needed). • Fiscal reimbursement responsibility (if needed). • First access to countermeasures. • Return to original condition clause. 			
Get legal review of MOU and procure signatures.			

General Recommendations

- Use public-owned facilities or those that will volunteer the premises for non-fee reimbursement.
- Offer prophylaxis to regular occupants of the facility before it opens to the public.
- Use partners that you have already cultivated relationships with in the past.
- Use partners with multiple facilities, to lessen variability in the design of locations.



Pre-Event Planning

POD LAYOUT	Responsible Entity/Person	Date Assigned	Date Completed
Assess the number of lanes that can be arranged in the POD. A minimum width of 13 feet per lane and a radius of 18 feet for turns is recommended.			
Decide on suitable locations for entrance and exit points that can accommodate traffic control and security personnel and will not block external traffic patterns.			
Develop sensible areas to be used as stations: forms distribution, command and control, dispensing, supply depot, first aid station, and staff rehab (Figure 1)			
Plan to use one end lane closest to staff tents to be used for special needs (help with forms completion, first aid, security risk, etc.).			

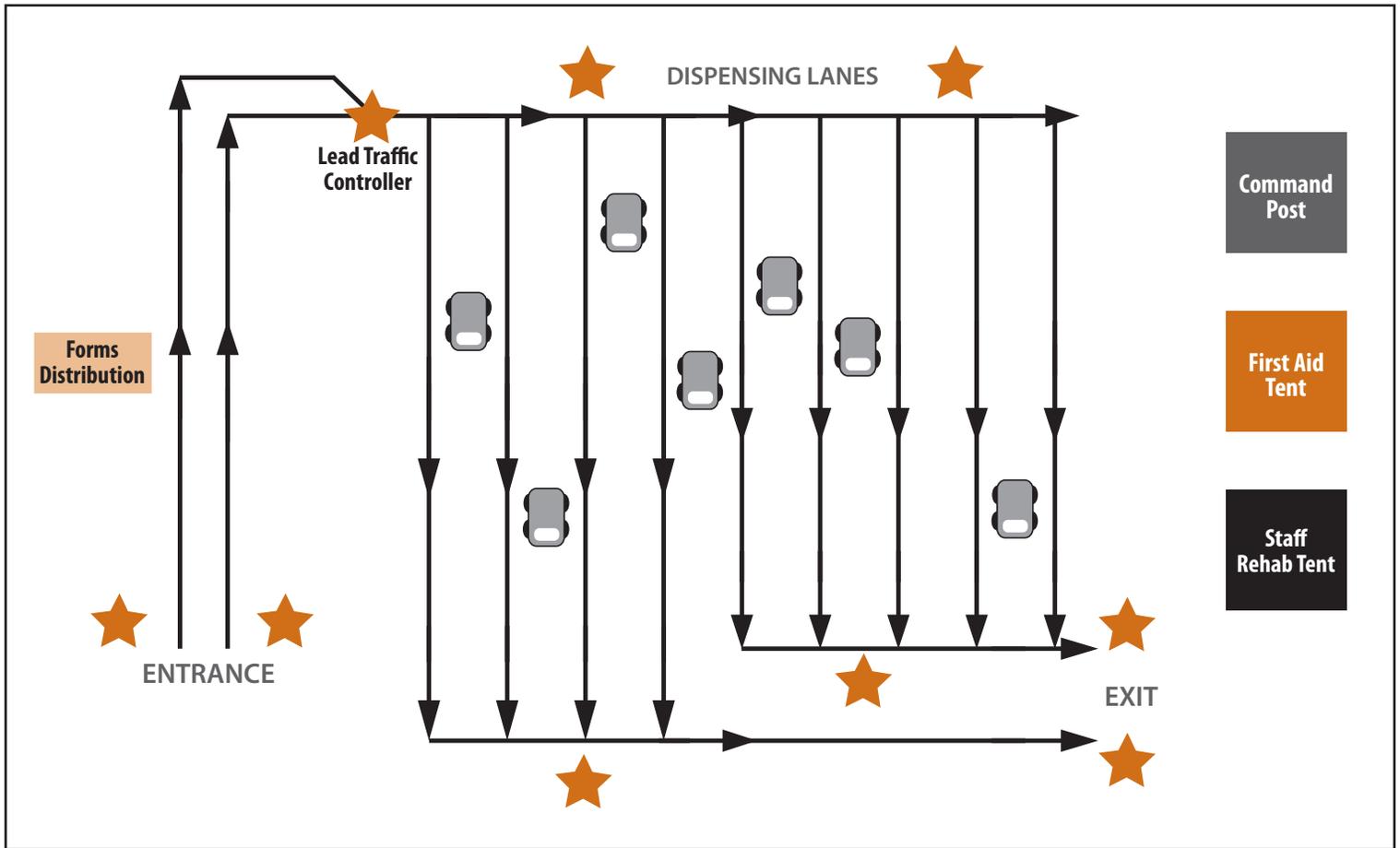
General Recommendations

- Using a basic template (see Figure 1), similar to one used for indoor PODs, layouts should be altered to optimally fit each individual location.
- In planning the number of lanes to be used at a POD, it is important to consider that access to an exit lane from each operational lane will be necessary to accommodate people that are recommended to other medical care and for whom the queue wait time is too long. Therefore, parking areas without concrete barriers are usually the preferred design for layout optimization.
- Exit lanes will solve most issues, but it is important to consider having a towing company on standby for immediate removal of cars with mechanical failure or no gas.
- Leave space for crosswalks for providing medications to dispensing lanes by the re-supply unit leader and for reporting of dispensing numbers back to the emergency operations center (EOC)/area command.
- Place command and control and staff rehab areas away from traffic to remove interaction with the public and exposure to fumes.
- It is easier to secure an MOU if the LHD staff only use the outdoor parts of a facility, which means that many of the stations will have to be tented. If tenting materials or space are limited, it is a good idea to use large vehicles for stations (e.g., using a district school bus as mobile supply storage or a charter bus as a staff recovery area).



Pre-Event Planning

FIGURE 1: Typical Drive-Thru Layout



★ = Traffic Controllers

Pre-Event Planning

ONSITE COMMUNICATION AND SIGNAGE	Responsible Entity/Person	Date Assigned	Date Completed
Use exercise throughput results to estimate wait times from beginning to end of POD (or each similar layout of POD).			
Develop signs to address directions (arrows) and wait time range estimates.			
Translate signs into all languages that are primary for less than 1 percent of jurisdictional population.			
Arrange production of pre-event signage with weather resistant materials.			
Arrange MOU/contract for production and/or storage of event-specific distribution materials (informational packets) with distribution in six hours or less (if necessary).			
Plan for verbal or non-verbal communication to direct citizens to correct media for developing information updates (criminal investigation into incident, quarantine areas, nearby hospitals with capacity, etc.).			
<p>If employing localized radio communication, procure and regularly test radio transmitter(s) for each POD (if necessary).</p> <ul style="list-style-type: none"> If using public announcement/voice amplification technology, regularly test that enough units are in working order to cover all PODs. 			
<p>If employing localized radio communication, procure and regularly test radio transmitter(s) for each POD (if necessary).</p> <ul style="list-style-type: none"> If paid and volunteer staffing cannot support this, plan to provide front page of the info packet with instructions in many languages and direct citizens to a phone or Web destination with more language specific information. 			

General Recommendations

- Each sign should be at least 18 by 24 inches in large block font, secured to the ground or post, and made from weather resistant material.
- The signage at each POD site should include directions, wait times, and warnings/situational information.
- Signs at large venues with multiple lanes should be made for every lane (numbers and arrows).
- Wait time signs should be positioned no closer than to mark every 15 or 30 minutes of wait time.
- For directional signage, there must be a sign placed at every entrance, exit, and choice to turn.
- Signage does not replace the need for greeters and traffic control staff.
- If the health department is employing public hotlines or public radio communications, directions to use these should be included in signage (at the entrance).



* If your SNS plan does not already include the use of reverse 911, consider this as an option for directing people to the correct drive-thru POD in their area.

Event Planning

TRAFFIC CONTROL/SECURITY	Responsible Entity/Person	Date Assigned	Date Completed
Designate traffic control staff to cover the entrance, exit, lane assignments, and merge points with radio communication for flow control.			
Discourage the use of express lanes for healthy individuals with single course pick-up unless exercises have shown full use of this lane.			
Plan for the use of colored cards attached to windshields by forms screening staff to indentify need for traffic control staff to route cars to first aid or to special needs support lane.			

General Recommendations

- It is important to avoid gridlocking traffic outside of the POD during a disaster. Exercising should reveal whether a drive-thru POD site has enough space to accommodate all traffic queuing. When entrance traffic begins to pile into surrounding streets, an LHD should consider the use of pre-planned alternate methods such as ticket and return, traffic bypass/street re-routing, or increased dispensing limits (i.e. one person picking up for 20).
- It is a preferred option to give the traffic control and security role completely over to the local police department if possible. The expertise on most police forces will be adequate to handle POD operations if their staffing availability can cover all of POD operations. It is important to get total signoff from the police chief(s) involved (including exercise participation) if the LHD will use this method.
- If non-police/security staff are in traffic control roles, security should work with traffic control. Security should be located at the entrance, exit, special needs lane, and have a representative in the command center as available.
- Pedestrians should not be allowed through but should be directed to transportation the nearest indoor POD
- A minimum one sworn officers per POD is highly recommended.
- Identify traffic control staff with a specifically colored reflective vest and a lighted traffic baton.



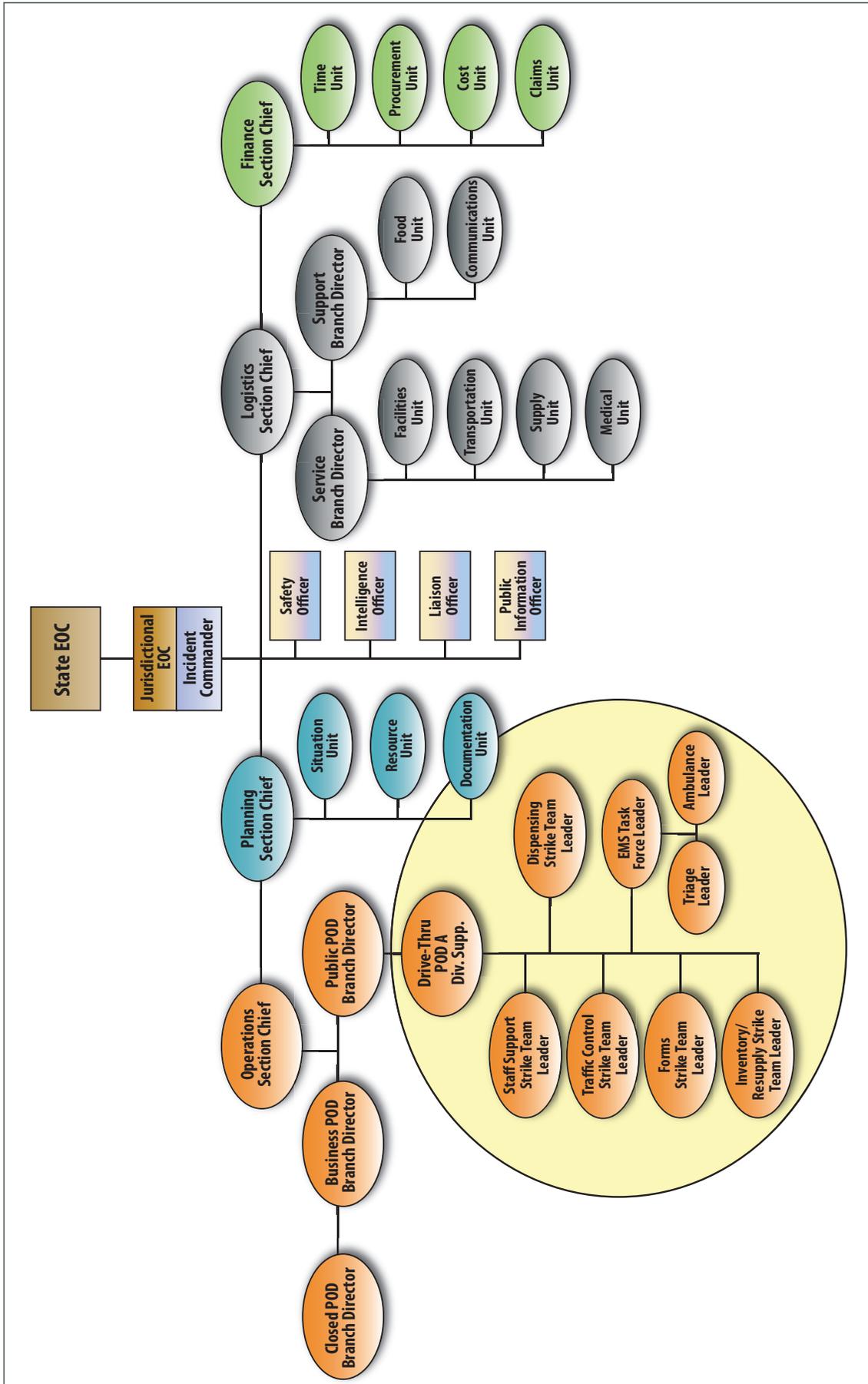
Event Planning

POD MANAGEMENT	Responsible Entity/Person	Date Assigned	Date Completed
<p>Design POD roles and organization under an Incident Command Structure (ICS) in accordance with accepted National Incident Management System/ICS principles.</p> <ul style="list-style-type: none"> PODs should be designated geographically and division supervisors should serve as POD managers for each POD site. If there are more sites than can be managed by one individual, it is advisable to establish a branch level with directors overseeing groups of PODs. 			
<p>Select POD managers based on expertise in dealing with fast-moving response operations and supervising large numbers of people.</p> <ul style="list-style-type: none"> In many jurisdictions or regions, management teams are a resource that can be requested out of the emergency management agency. If managers will be assigned based on day-to-day department roles, consider inserting an “agreement to perform duties” document in the hiring packet for these roles. 			
<p>Allow written authority for the POD manager to change the operational flow of the POD dispensing lanes to accommodate changes in throughput activity.</p>			
<p>Design the command center to accommodate the POD manager and each of the unit leads.</p>			
<p>Unless separate areas are available, place staff registration and throughput tracking/inventory control in or connected to the command center.</p>			

General Recommendations

- ICS is meant to be flexible depending on the size and type of event and available resources. Figure 2 is one possible organizational structure for a large LHD overseeing many PODs in an event requiring population wide prophylaxis. The most important key to planning drive-thru POD staffing is that POD operations should be inserted into the overall ICS. A POD-specific ICS should not be set up.
- Each POD manager should be given a manual with the job action sheets for each role at the POD, briefing suggestions, photos, important contacts, and radio channels.
- The units ringed in yellow are recommended to be on-site at each drive-thru POD. It is important to note that many roles have been eliminated from the standard indoor POD configuration. The need for greeters, medical evaluation, special needs assistance, and security will be fewer when compared to a full indoor POD.
- The planning emphasis should be on a non-medical model with follow-up care happening off-site. Emergency medical care will only be provided if sufficient emergency medical technician (EMT) or volunteer medical staffing is available, freeing up medically trained LHD staff to oversee dispensing operations over many POD sites.
- Large cities with many PODs may opt for a mobilization site where workers are registered and organized before being transported to the POD. If this setup is most efficient for the city, then the staff registration area will not be necessary.

FIGURE 2: Overall ICS Structure



Event Planning

ADDRESSING OTHER STATIONS AND ROLES	Responsible Entity/Person	Date Assigned	Date Completed
<p>Develop a station plan that will be identical across all drive-thru PODs. Recommendations on stations and responsibilities of each are included below</p>			
<p>FORMS</p> <ul style="list-style-type: none"> • Reviews registration forms. • Provides disease, POD, and instructional information. • Ascertains ability to fill out forms. • Labels cars needing the additional assistance lane. <ul style="list-style-type: none"> • Runners can walk down line and hand out forms and information ahead of station. • Give all drug information to all patients, which will allow for standardized information packets. 			
<p>PRIMARY TRAFFIC CONTROL STATION</p> <ul style="list-style-type: none"> • Routes vehicles coming from forms distribution into the next available dispensing lane. • Communicates with other traffic control staff on restricting traffic flow. • Gives recommendations to POD manager on reconfiguration of lanes. <p><i>*May use many staff to cover each lane entrance and manually direct cars</i></p>			
<p>DISPENSING STATION</p> <ul style="list-style-type: none"> • Provides medication in the correct dose and quantity. • Forms collection, bar code labeling (or other recording method) from each regimen dispensed. <p><i>*May distribute information sheet regarding the specific medication(s) dispensed and pediatric suspension instructions if forms station does not do so.</i></p>			
<p>STAFF REHAB</p> <ul style="list-style-type: none"> • Houses the site support unit. • Provides rest area for staff. • Provides meals through coordination between the site support unit and the food unit in the logistics section at the EOC (ICS titles may vary). 			
<p>FIRST AID</p> <ul style="list-style-type: none"> • Provides medical assistance and referral to POD staff. • Performs triage of severely symptomatic or ill individuals at POD (if staffing is available). • Does not interface with the public except when referred by other stations. • Should be a “reserve” station and will be underused if public messaging is adequate 			

ADDRESSING OTHER STATIONS AND ROLES *continued*

General Recommendations

- Designate best customer service individuals to forms distribution. This station does not require medical knowledge and is the first point of contact for the public in a very stressful situation.
- Drive-thru PODs typically accommodate a larger number of people than indoor PODs, requiring fewer POD sites. If the LHD's continued planning leads to a greater number of drive-thru PODs, staffing burdens will be reduced—especially in the area of greeters and triage. Consider transitioning the personnel savings of greeters into runners (floaters), carrying supplies to different stations and directing oncoming staff to their station at very large PODs.
- Job action sheets should be similar to those used for other POD types. **Job action sheet examples are available at www.naccho.org/toolbox.**
- A common best practice is to miniaturize the job action sheet and put it along with pertinent information (radio channels, etc.) on the back of the individual's badge.
- It is important to direct staff that are feeling unwell or have been working for long periods to use the staff support area, especially in harsh (hot, cold) weather conditions.
- Staff the dispensing station with personnel that show superior attention to detail (non-medical).
- Ensure that the first aid station is staffed by a person with the medical training level of an EMT or higher. Also ensure that communication is available with medical staff as needed through the EOC.
- Plan to station the lead traffic control operator at the entrance to the dispensing lanes. Vehicles being evenly distributed between all dispensing lanes and not allowed to back up unnecessarily in any of the lanes will be critical to the flow of the POD.
- Secure a temperature controlled area (or vehicle) with chairs, tables, and cots for the rehab area. This area should also have snacks and beverages that can be used by individuals on break or distributed by runners to stations.
 - See appendix A for a checklist of recommended items for each site



Event Planning

POD STAFFING REQUIREMENTS	Responsible Entity/Person	Date Assigned	Date Completed
<p>Develop total required staffing need estimate based on POD site selection results and throughput testing.</p> <ul style="list-style-type: none"> • Formula: $[\text{Needed throughput per POD}]/[\text{avg. exercised or modeled throughput per staff person}] \times 2.5$. • The multiplier of 2.5 is based on covering two 12-hour shifts with backup staffing for illness and extended deployments. It can be adjusted up or down based on shift length and staffing strength. 			
<p>Estimate per station staffing needed at each POD using clinic modeling software.</p> <ul style="list-style-type: none"> • Rationale: Using the per-POD staffing numbers from formula above, find the best configuration of staff at each station. 			
<p>Develop a staffing plan with assignment of all identified staff and volunteers to a primary POD role based on previous training and station needs.</p> <ul style="list-style-type: none"> • Use this plan to inform training needs assessment and assignment of individuals to trainings. <p><i>*Cross-training and identification of secondary POD roles for staff is recommended.</i></p>			
<p>Carry out volunteer recruitment campaign as needed to fill in remaining staffing gaps across all LHD “all-hazards” response plan activities.</p> <ul style="list-style-type: none"> • In addition to POD staffing, recruited volunteers will be requested for other missions during an emergency. Also, volunteers will be less likely to report during an emergency than paid staff. 			

General Recommendations

- Fill lead roles with experienced LHD staff and cover other shortages with volunteer staffing.
- Pull on existing relationships with Medical Reserve Corps (MRC) and Community Emergency Response Teams to staff POD operations.
- Remember that individuals will be working 12-hour shifts for multiple days and a backup staffing pool may be needed to replace fatigued or ill individuals.
- Needed POD throughput per hour = $\frac{\text{The population to be served (total population - population served by other methods)}}{\text{number of POD sites} / 36 \text{ hours (for bio-terrorism event)}}$
 - Example: Population of 500,000 needing prophylaxis – 100,000 using closed PODs = 400,000 to be served. With 15 POD locations and 36 hrs to prophylax, each POD would need to serve 740 people an hour, including those family members served by each pickup. $(400,000/15/36=740.74)$

Event Planning

TRAINING	Responsible Entity/Person	Date Assigned	Date Completed
<p>Conduct a training needs assessment based on the staffing requirements determined above.</p> <ul style="list-style-type: none"> Identify the training levels of the staff used to estimate throughput as a baseline for other staff. Identify what percentage of POD staff need station specific training to reach throughput goals. 			
<p>Investigate training methods available at low or no cost and incorporate into an annual training plan.</p> <ul style="list-style-type: none"> NACCHO tools Online webcasts ICS courses Pre-trained volunteers (MRC) In-house training CDC training teams (SNS team) 			
<p>Increase training levels by involving all volunteer and newly identified staff in exercise participation.</p> <ul style="list-style-type: none"> Staff them in realistic roles (match with potential). Assess just-in-time training (JITT) materials. Institute setup drills, where all POD site staff and materials are setup but operations are not exercised. <p><i>*Expose new hires to response plans by putting a notice in their orientation materials about emergency response duties and training opportunities.</i></p>			
<p>Develop an exercise plan that focuses efforts on exercising POD sites sequentially to address training needs and account for any variation or site-related throughput and security drawbacks.</p> <ul style="list-style-type: none"> Identify throughput bottlenecks and design flaws in your drive-thru planning. 			
<p>If you are using multiple POD clinic modalities, set up alternating trainings for all modalities in conjunction with normal training cycles.</p> <ul style="list-style-type: none"> Use human resources/training coordinator. Integrate trainings as part of normal department training program. 			
<p>General Recommendations</p> <ul style="list-style-type: none"> Look for regional or state provided training opportunities. Make sure that your jurisdiction has accurate job action sheets for all roles, including roles that are specific to drive-thru clinics, and that these are incorporated into planned and JITT. Practice JITT through smaller and more frequent drills and functional exercises. Exercise using real cars to simulate the importance of safety and awareness with traffic. Include training issues in exercise evaluations and improvement planning to conform to the Homeland Security Exercise and Evaluation Program (HSEEP). 			

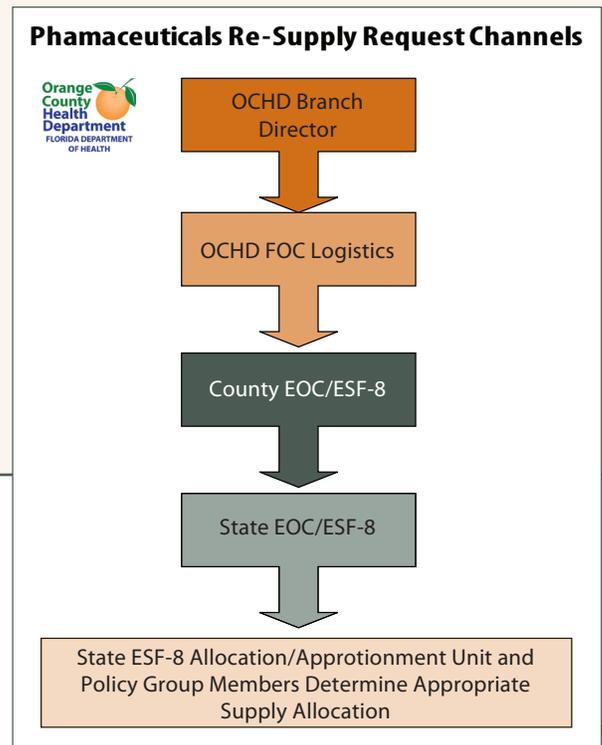
Event Planning

INVENTORY CONTROL	Responsible Entity/Person	Date Assigned	Date Completed
<p>Maintain chain of custody forms from the state through the distribution site to each POD until dispensing.</p> <ul style="list-style-type: none"> The POD manager or a designated medical lead in the inventory team should sign for the medication. Custody should be passed to the inventory unit who will verify shipment amount and assign medication to lanes. 			
<p>Incorporate current inventory management system for drive-thru POD plan.</p> <ul style="list-style-type: none"> An automated (barcode) system is preferred if used in the jurisdiction, but many other inexpensive options are also available. 			
<p>Plan to conduct lane inventory counts every 30 minutes and a full reconciliation at the end of each shift. The high level of reporting is to mitigate inventory shortages from the following:</p> <ul style="list-style-type: none"> Increased variance in outdoor lanes vs. indoor. Increased time needed to transfer medications between stations. Increased time to collate, reorder, and receive inventory needs from dispensing site. Shortages at the distribution site that must be resupplied by the state. 			
<p>If an electronic system is unavailable, plan to use additional inventory control staff or use other methods to estimate inventory levels.</p>			

General Recommendations

- Coordinate inventory management system development and/or purchasing with neighboring jurisdictions and the state, which will allow for staff to transfer between systems using mutual aid with little or no extra training needed.
- Resupply requests should be routed from the inventory strike team leader to the EOC logistics section and communicated to the POD manager.
- Ensure that counts occur before new staff are seated at the station to maintain accountability
- Institute a trigger level for lane resupply requests (i.e., when supply levels reach 50%).

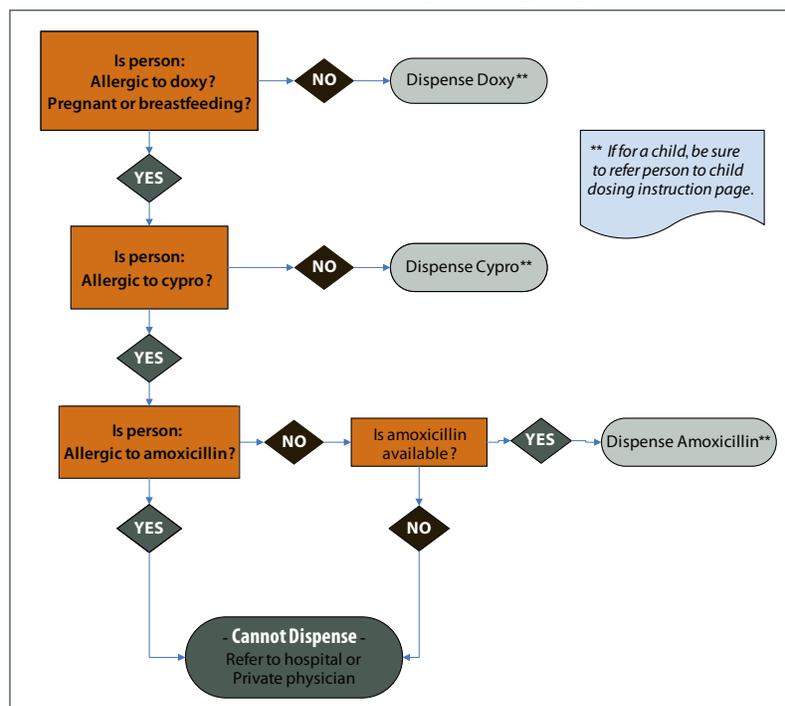
FIGURE 3: Common Resupply Request Chain



Event Planning

DISPENSING	Responsible Entity/Person	Date Assigned	Date Completed
<p>Develop a dispensing screening algorithm for countermeasures that will be used in drive-thru POD operations.</p> <ul style="list-style-type: none"> Develop algorithms that are easy and focus on serious or life-threatening counter-indications (see Figure 4). Other interactions and side effects can be addressed by the informational sheets given to all participants. 			
<p>Use inventory management system to estimate throughput and change dispensing procedures as needed.</p> <ul style="list-style-type: none"> Could include (options if allowable) adding additional lanes or increasing the number of people an individual can pick up for. 			
<p>Coordinate with nearby hospital/treatment centers/private physician's clinics ahead of POD operations for handling of symptomatic and exposed non-treatable populations.</p> <ul style="list-style-type: none"> This planning will inform where to send individuals that should not be dispensed any medication available at the POD. 			
<p>General Recommendations</p> <ul style="list-style-type: none"> Many unique situations can arise when dispensing medication to an entire population. Ensure that staff are trained and exercised in advanced scenarios. The website www.thepodgame.com is a good resource. Equip key dispensing personnel with communication equipment to contact command staff as needed Have a medical evaluation contact positioned over a set number of PODs available by phone or in person. 			

FIGURE 4: General Dispensing Algorithm



Event Planning

SUPPLIES	Responsible Entity/Person	Date Assigned	Date Completed
<p>Increase number of pre-printed medical forms and informational materials to cover planned drive-thru POD sites.</p> <ul style="list-style-type: none"> Emergency printing needs can also be covered with an MOU with a commercial printing company with less than six-hour delivery guarantee for all materials. 			
<p>Designate a single place to store all POD supplies away from day-to-day operational supplies. A shortage that may go unrealized until an emergency will be prevented.</p>			
<p>Capitalize on advance planning and buy in bulk (for all planned PODs at once). Also compare pricing for major drive-thru POD costs including the following:</p> <ul style="list-style-type: none"> Tents; Trailers; Buses; and Chairs and tables. 			
<p>Assign the logistics service branch to an earlier shift rotation (immediate activation) than other staff. This will ensure that all supplies will be in place for the onset of POD operations.</p> <ul style="list-style-type: none"> Law enforcement should also be in place one shift early to provide protection for this group. 			
<p>General Recommendations</p> <ul style="list-style-type: none"> The use of local government vehicles (school buses, transit buses, trailers) and mobile storage units as POD stations and storage should be investigated. Refer to Appendix A for a full list of commonly needed supplies. 			



Event Planning

STAFF MANAGEMENT AND CARE	Responsible Entity/Person	Date Assigned	Date Completed
<p>Develop an emergency response personnel policy annex.</p> <ul style="list-style-type: none"> • Include minimum working conditions allowable for staff (tent). • Include minimum and maximum staffing times. • Include policy enforcing different reporting structure and temporary job duties. 			
<p>Define policy on uniformity requirements and ideal design of staff care tents.</p> <ul style="list-style-type: none"> • TVs and radio for news access; • Number of cots; • Coolers; and • Chairs. 			
<p>Define credentialing procedure and POD assignment policy (should be the same as current SNS plan).</p> <ul style="list-style-type: none"> • If using self-transport, consider assigning individuals to locations near their residence. 			
<p>Plan meal and refreshment delivery for outdoor storage and consumption.</p>			
<p>Provide communication to all drive-thru POD staff on how to obtain prophylaxis for their families. The following are possible options:</p> <ul style="list-style-type: none"> • Invite a family member to collect medication at the deployment site. • Have the staff hold the family medication until the end of their first shift. • Have the staff collect medication after registering and then return home before the beginning of their shift. 			
<p>General Recommendations</p> <ul style="list-style-type: none"> • For large cities with many PODs, a staff staging area for credentialing and site assignment is most efficient as all staff can be transported to a POD site together and no on-site registration is needed. • Have staff report to PODs at least 60 to 90 minutes before the POD opens or the beginning of shift to allow for traffic, parking, registration, prophylaxis, briefing, JITT, and/or shadowing. 			



Event Planning

SPECIAL POPULATIONS	Responsible Entity/Person	Date Assigned	Date Completed
Continue development of the jurisdictional closed POD system through MOUs with hospitals, long-term care facilities, jails, foster care systems, homeless shelters, and home health to allow drive-thru PODs to efficiently service healthy populations.			
Develop public service announcements (PSAs) to strongly encourage people to pick up medications for relatives, friends, and neighbors who are homebound, physically/mentally challenged, or unable to drive.			
Develop PSAs to communicate what symptoms are exhibited by the agent involved and encourage people experiencing those symptoms to contact their own physician or other healthcare provider instead of coming to the POD.			
<p>Because symptomatic individuals are confined to their vehicles and not coming in contact with or potentially exposing others around them, allow for them to be given medications.</p> <ul style="list-style-type: none"> Instructions to contact a physician if someone is experiencing symptoms should be contained in the informational packet that will be given out at the dispensing station. 			
<p>General Recommendations</p> <ul style="list-style-type: none"> Maintain all radio equipment and other necessary communications both on-site and with the area EOC as designed in your emergency operations plan, which will allow for unique situations to be routed to the correct area for resolution. Route all problematic individuals to on-site law enforcement even if they are not a physical threat, which will allow stationed staff to concentrate on maintaining the necessary throughput. 			



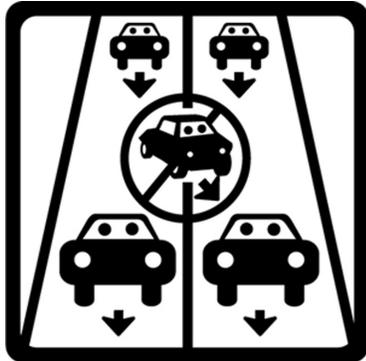
Appendices

Appendix A

SUPPLY CHECKLIST— one needed for each POD

Items	Quantity Needed	In Secured Stock (X as of date)	In General Supplies (X as of date)	Still Needed (X as of date)	Comments
PHP plan binder					
SNS operations plan					
Station tents					
Extension cables and power sources					
Lighting source (floodlight, etc.) for 24/7 operations					
Station tables					
Station chairs					
Traffic cones, tape, wands, etc.					
DVD player and JITT video (if needed)					
Temperature-controlled storage area	1				
Coolers for food items					
Labeled vests					
ID badges for staff					
Radio/TV for situational awareness					
Phones (satellite, cell)					
Transport vehicles (golf carts, etc.)					
Cooling fans or space heaters					
Cots					
Ambulance and supplies					
Portable toilets (if needed)					
Garbage bags and containers					
Water and cups					
Yellow Book directory	1				
List of phone contacts					
English signage					
Alternate language signage and pictograms					
Medical screening forms					
Informational packets (in all necessary languages)					
Paper					
Staplers and staples					
Pens (check at one year and rotate if needed)					
Manila envelopes					
Large Post-it notes					
Legal pads					
Rubber bands					
Clip boards					
Duct tape					
Sharpies (check every six months and rotate if needed)					
Highlighter (check every six months and rotate if needed)					
Scissors					
Boxes for transporting forms, etc.					
Flashlights					
Flashlight batteries (check monthly and rotate out as needed)					
Walkie talkies (check monthly and recharge as needed)					
Megaphones (six batteries per unit)	+AA batteries				
Anti-bacterial washing solution					
First aid boxes					
Tissues/paper towels					
Computers, printers, and internet hookup as needed					

EXAMPLES OF SIGNAGE These and other signage examples are available for download from the State of Kentucky at <http://chfs.ky.gov/dph/epi/preparedness/pictograms.htm>.



**Pick Up
Medicine**

Add language here
Add language here

**Take 1 pill in the AM
Take 1 pill in the PM**

Add language here
Add language here

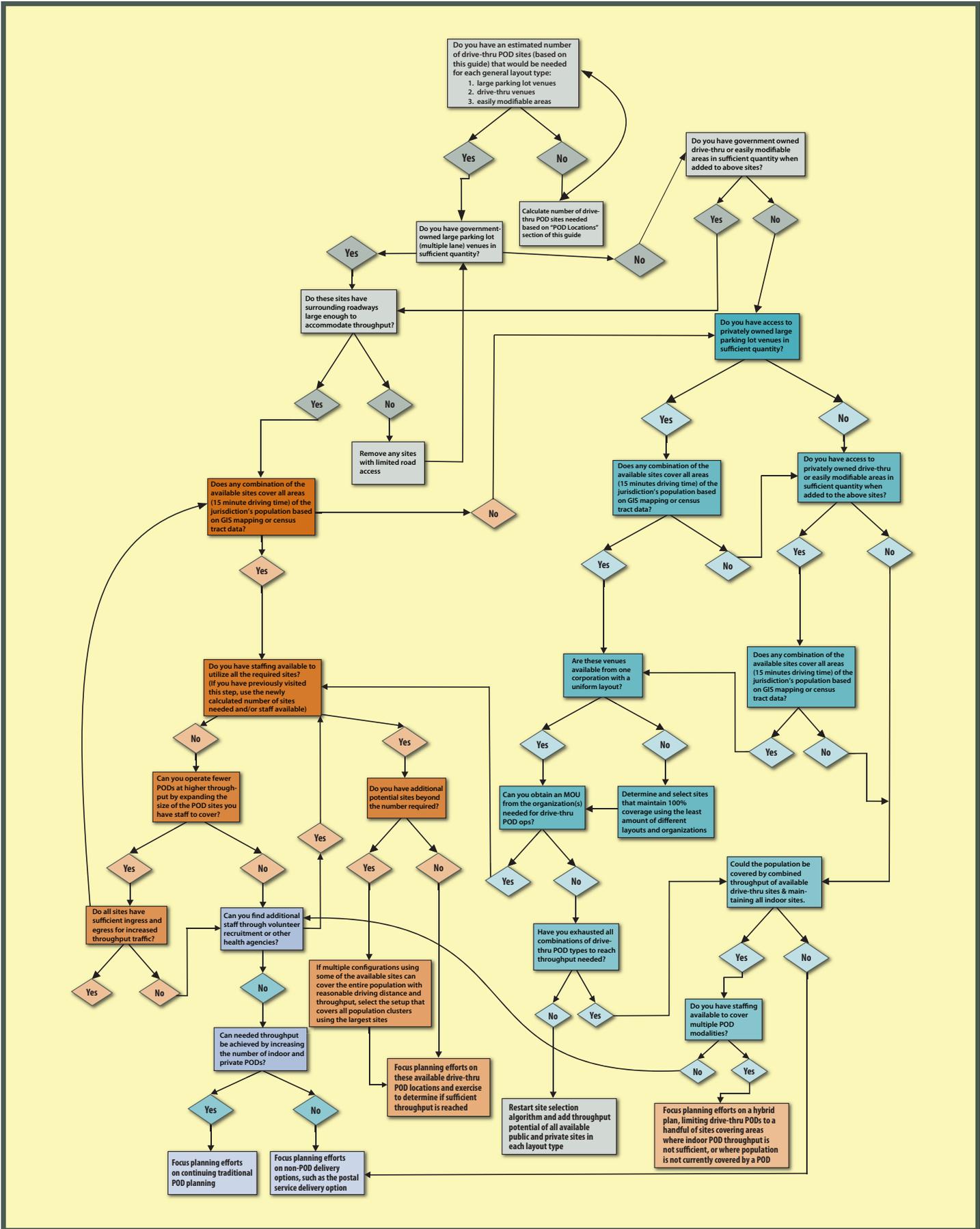
Appendix C

SITE SELECTION ALGORITHM

Assumptions:

- Jurisdiction has enough financial resources to setup and supply any configuration of PODs.
- All PODs will be setup within the jurisdiction of the supporting police department(s).
- Other methods are being used to reach & prophylax individuals that cannot drive.
- The general locations of all suitable drive-thru POD sites in the jurisdiction have been identified.
- A POD or any group of PODs must have a throughput high enough to reach the entire population cluster that is within 15 minutes driving distance to be considered covered.
- Good public messaging will lead to utilization of sites based on distance from home.

Appendix C SITE SELECTION ALGORITHM





National Association of County and City Health Officials
1100 17th Street, NW, Seventh Floor
Washington, DC 20036
Phone: (202) 783-5550
Fax: (202) 783-1583
E-mail: info@naccho.org