

Point of Dispensing Plan

City of Homer, Alaska



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

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Plan Annex/ Review Acknowledgement

Section of Public
Health Nursing:

Date: / /

Emergency
Manager:

Date: / /

Local Law
Enforcement

Date: / /

Jurisdiction
Manager:

Date: / /

Other
Stakeholders

Date: / /

Other
Stakeholders

Date: / /

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Glossary of Acronyms

CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Teams
DHSS	Alaska Department of Health and Social Services
DPH	Alaska Division of Public Health
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESD	Emergency Services Director
FEMA	Federal Emergency Management Agency
HPP	Hours to Provide Prophylaxis
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
ID	Identification
IMT	Incident Management Team
JAS	Job Action Sheets
JIC	Joint Information Center
JITT	Just-In-Time Training
KESA	Kachemak Emergency Services
KPBSD	Kenai Peninsula Borough School District
KPB OEM	Kenai Peninsula Borough Office of Emergency Management
KPCC	Kenai Peninsula Citizens Corps
LEOC	Local Emergency Operations Center
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSD	Marine Safety Detachment
NIMS	National Incident Management System
PHC	Public Health Center
PHN	Public Health Nurse
PIO	Public Information Officer
POD	Point of Dispensing
PPH	People Per Hour (Throughput)
RSS	Reception, Storage and Staging
SEOC	Alaska State Emergency Operations Center
SOA	State of Alaska
SOPHN	Section of Public Health Nursing
SNS	Strategic National Stockpile
SPH	South Peninsula Hospital
VAERS	Vaccine Adverse Event Reporting System
VIS	Vaccine Information Statement

Legal and Liability Statutes

This plan utilizes the following Alaska Statutes as authority to enact the plan's components.

Government Powers

09.65.090 Civil Liability for Emergency Aid

09.65.091 Civil Liability for Responding to Disaster

09.65.300 Immunity for Providing Free Health Care Services

18.15.355-390 Disease Control and Threats to Public Health

26.23.010-220 Disaster Powers of the Governor

Plan Overview

Purpose

The purpose of this document is to provide a plan for opening, operating and closing an Open Point of Dispensing (POD) site to quickly dispense medication from the Strategic National Stockpile (SNS) in the event of a public health emergency for the Southern Kenai Peninsula Region.

This document provides a plan for the distribution of SNS materials through a dispensing location in the community of Homer.

In a coordinated effort to protect lives and mitigate the spread of disease, mass dispensing efforts may be supported by the following primary agencies: Homer Public Health Center; The City of Homer; Homer Police Department; Homer Volunteer Fire Department; Kachemak Emergency Services (KESA); South Peninsula Hospital; local medical homes; local volunteer and service-driven organizations, and other key community stakeholders along with the Kenai Peninsula Borough Office of Emergency Management (KPB OEM). See Appendix C for full list of community partners.

A Memorandum of Understanding (MOU) has been made by the Alaska Department of Health and Social Services, Division of Public Health with agreement by the Kenai Peninsula Borough School District (KPBSD) for the use of facilities listed as primary and secondary POD sites, including Homer High School, Homer Middle School and Chapman Elementary School in Anchor Point.

Assumptions

- This plan assumes that the Alaska Department of Health and Social Services, Division of Public Health will declare a medical emergency which will trigger the release of prophylactic medications for distribution. The Alaska State Emergency Operations Center operating on behalf of the State of Alaska DHSS will request deployment of the SNS and declare a local "State of Emergency".

- The SNS will need to support up to 14,203 year round residents in the Southern Kenai Peninsula, with a seasonal influx of approximately an additional 15,000 tourists and transient population estimated in Homer from May to September.
- Once the State of Alaska DHSS receives the SNS it will take approximately 4-12 hours to be distributed to Alaska hub communities. It is estimated that in a “worst case” scenario, (an observed or announced release of a biological pathogen or presence of a highly contagious pathogen) the total time available to get the first dose of antibiotic or medication into those exposed would be 48 hours before victims begin to pass through the incubation period and show signs and symptoms of disease.
- There may be significant disruption of public and private critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications. In addition, civil unrest may occur with a declared “State of Emergency”.

Background

With the ever present threat of bioterrorism and pandemics, public health officials as well as local and regional partners must be able to lead the rapid prophylaxis of every community member. This remains both an essential and critical public health function.

The total population for the Southern Kenai Peninsula is estimated to be 14,203, covering a broad rural area with the city of Homer being the most populous with 5,153 residents. Homer’s seasonal population includes an influx of approximately 15,000 tourists and transient population. The actual number of population in Homer during the summer months varies hour to hour.

The city of Homer, Alaska lies at the southern tip of the Kenai Peninsula in South Central Alaska. It is 227 miles by road from Anchorage, 35 minutes by regional fixed wing aircraft. It is located on the north side of Kachemak Bay. Kachemak Bay is 24 miles wide at its entrance which connects to Cook Inlet. It is 39 miles long from its entrance to the head of the bay. The Homer Spit is a narrow strip of land that projects out 4.5 miles into Kachemak Bay. The city of Homer is built at the base of this spit where it connects to the rolling hills of the Southern Kenai Peninsula. The Kenai Mountain Range forms the southern side of the Kachemak Bay.

Homer acts as a hub for many communities located on or near the Kachemak Bay. There are 3 Alaska Native communities across the bay that Homer services: Port Graham, Nanwalek and Seldovia. There are 3 communities that reside approximately 20 miles from Homer near the head of Kachemak Bay: Razdolna, Voznesenka, and Kachemak Selo. The communities of Anchor Point, Ninilchik and Nikolaevsk are located north of Homer and are accessed via the Sterling Highway.

Homer Public Health Center is part of the Section of Public Health Nursing in the Division of Public Health under the Alaska Department of Health and Social Services (DHSS) for the State of Alaska. The Homer Public Health Center (Homer PHC) currently operates with three full time Public Health Nurses and one Office Assistant. The Homer Public Health Center is located at 195 E. Bunnell Ave, Suite C Homer, AK 99603.

Homer has one hospital; South Peninsula Hospital (SPH) is located at 4300 Bartlett St, Homer, AK 99603. It is a Level IV Trauma Center with 22 medical beds and a Long Term Care Unit with 28 beds. In the case of a Public Health Emergency, this facility may function as a Closed POD which would provide services to SPH patients and employees and their families during a public health emergency.

Homer also has a local US Coast Guard presence that operates two cutters, the Hickory and Naushon, and one Marine Safety Detachment Unit. The US Coast Guard also may function as a Closed POD during public health emergency.

Basic Operational Concepts

- The temporary site or clinic where mass dispensing is done is called a POD.
- POD sites are designed to safely, efficiently, legally and accurately dispense prophylaxis medication and/or administer vaccine to the exposed population.
- Open POD sites are places to pick up medication and/or receive vaccinations. They are not health care clinics or places to receive medical evaluation outside the scope of prophylaxis.
- Closed POD sites within the community may be opened that function as dispensing sites that provide services exclusively to their clients, employees and employee family members.
- The Head of Household dispensing model is used for PODs that provide medication.
- A vaccine POD requires that every community member be triaged and screened at the POD for medical consideration of vaccination.
- The POD plan can be utilized for “worst case scenarios” and can be scaled back to meet the needs of any public health emergency.
- All agencies and personnel will operate under the Incident Command System.
- Direction and response efforts will remain with the Incident Commander and/or Unified Command.
- Public information regarding the event will be distributed via a State and/or Local Public Information Officer (PIO).

POD Roles and Responsibilities

Command and Control

DHSS and other State agencies will be notified through the Department of Homeland Security and Emergency Management’s State Duty Officer or the Alaska State Emergency Operations Center (SEOC) if assembled. DHSS will notify jurisdictions and tribal agencies who then notify the appropriate public, tribal or private and volunteer agencies necessary for an effective response.

Reception, Storage and Staging key personnel will be notified by DHSS EOC staff.

The Alaska Department of Health and Social Services for SNS events would activate its internal call down list as required and delegate key personnel to support the response effort as directed.

This plan operates under the National Incident Management System (NIMS) and the response protocol outlined in NIMS will be followed.

In addition to incident command, additional resources are available for staff support. An area located away from clinic operations will be established as the staff break area during the POD hours of operation. The POD Clinic Manager is responsible for implementing the Incident Action Plan (IAP) that outlines scheduled breaks and staff rotation. The system will also address the provision of workstation coverage during breaks. The Non-Clinical Staff Support Team will consist of non-medical personnel and will receive oversight from the Clinic Manager.

External Partner Notifications

The State of Alaska SEOC will coordinate with the Director of the Kenai Peninsula Borough Office of Emergency Management (KPB OEM) to request the opening of the local Emergency Operations Center (EOC).

The Kenai Peninsula Borough Office of Emergency Management serves to coordinate disaster management functions between Local IC, KPB OEM and the State of Alaska.

As an aligned response, the KPB OEM will:

- Coordinate overall strategic response with DHSS and other stakeholders during mass dispensing activities.
- Secure additional resources through local, state and federal agencies as needed.
- Coordinate with and support requests for resources and personnel from field agencies.
- Ensure activation of communication links between emergency responders, hospitals in coordination with the State Division of Health and Social Services and the SEOC.
- Provide meeting space at The Office of Emergency Management for Multi-agency Coordination.
- At the discretion of the Director, provide use of the Mobile Command Center which has the capability to plug into any borough office to operate a multi-line telephone and internet communication through that building's infrastructure. Satellite telephones are also available through the unit.

The city of Homer Fire Department, Fire Chief, will act as Local Incident Command (IC) and will coordinate with KPB OEM and DHSS to provide support and coordination regarding the overall Public Health Emergency response which includes the activation of the POD.

At the local level:

- The Local IC notifies municipal partners from each jurisdiction including primary preparedness/first responder partners.
- Homer Public Health Nurses and DHSS will contact local providers and essential agencies to inform them of the incident.

Communications and Notifications

Communication systems that may be utilized at POD sites include cell phones, ultra-high frequency radios, landlines, satellite phones, and email. The Clinic Support Unit Leader will be responsible for assuring adequate communications equipment is present and functioning properly for all POD operations. POD managers will report any communication equipment needs to the Clinic Support Unit Leader who will report to the Incident Commander.

Communications with partners will be accomplished through IC utilizing the Partner Resources and Point of Contact information located in Appendix C.

Homer Public Health Nurses will be notified during normal business hours via direct verbal or phone notification from dispatch or from the PHN V. The PHN IV, Team Leader or designee will initiate an emergency phone tree to contact all employees in the Public Health Center and those that may be away from the office. This may be followed up by an email message.

The Volunteer Coordinator will be notified to dispatch partner organizations and designated facility managers who will then employ their own organizational call out procedures for emergency response. Local non-profit and service organization contact persons may be contacted to recruit volunteers to assist with the POD operations.

Public Information

The State of Alaska Emergency Alert System Plan is updated and published on the website: https://ready.alaska.gov/SEOC/EAS_Plan_Acrobat/Alaska_EAS_Plan_2016_current_02Sep16.pdf

It is anticipated that during a public health emergency requiring mass dispensing/vaccination, that public information and communication campaigns will be activated by local and/or regional officials, including public health officials, in coordination with the Alaska DHSS Public Information Team. Joint Information Centers (JIC) may be set up within each local jurisdiction so that public officials can speak with one voice and provide consistent messages to the public

The PIO will coordinate with DHSS and/or the SEOC PIO. After an emergency has been declared, state and local JICs will assume primary responsibility for all media relations. SOA supplied health education and public information materials will be used during a public health emergency. These

materials, as well as multilingual drug information handouts and incident-specific information, will be provided. All materials will be coordinated through the PIO.

The major languages spoken in this region include English and Russian. Arrangements will be made to ensure that POD staff are available to provide interpretation services to relevant groups. These interpretation services include the use of translation pages and/or CDs providing the information from the CDC.

The PIO will maintain contact with the local media to provide accurate and timely information to the public. (See Appendix C for Media Outlets) During operation of a POD, a media staging area will be designated to ensure efficient POD operations and protection of client privacy. Media access to the POD will be limited during operations and media personnel will be required to have a public health representative escort them through the POD if they are granted access. Written permission from all individuals is needed if the media requests to take pictures inside the POD when the public is present.

Safety and Security

The security functions of all open POD sites located within the City of Homer will be coordinated through local law enforcement or designated agency. Security will be provided for all personnel, supplies, materiel and equipment involved in the management and distribution of the SNS.

Security services to be provided include, but are not limited to:

- Prevention of unauthorized access to locations that support SNS operations.
- Facilitating the movement of vehicles that transport SNS after initial receipt.
- Controlling crowds that might interfere with effective operations.
- Controlling traffic flow that might interfere with effective operations.
- Conducting security sweeps of the POD site(s).
- Providing security for all SNS materiel and medication.

A Safety Officer will be appointed by the Incident Commander. The Safety Officer is responsible for:

- Monitoring, identifying and correcting potential hazards to ensure client and staff safety.
- Maintain facility compliance with fire and all other safety codes.
- Assures compliance with worker safety, and hazardous/medical waste management.
- Collaborate with the Security Officer regarding crowd management and patient flow within the POD.

POD Site Activation

Local IC will coordinate with the KPB OEM and DHSS to provide support and coordination regarding the activation of the POD.

- Following CDC approval of SNS request and plan for deployment; State of Alaska SEOC coordinates with DHSS sections to notify them of SNS deployment. DHSS advises sections to notify staff.
- DHSS will coordinate with local EOC and with the Section of Public Health Nursing (SOPHN). Clinic managers will start to prepare for POD operations.
- The Local EOC IC will contact the site facility manager to request access to the facility for purposes initiating POD operations.
- The Local EOC IC will work with the Homer Public Health Center to coordinate set up of the POD.

Reception, Storage and Staging of Strategic National Stockpile Materiel

The RSS facility operated by the State of Alaska Department of Health and Social Services (DHSS) will receive the Strategic National Stockpile (SNS) materiel. SNS pharmaceutical prescriptions will be labeled in accordance with state and federal regulations.

The RSS will provide labels that are prepopulated with information including name and address of the prescriber, lot number with expiration date. During dispensing, staff at the Homer POD will need to annotate the patient's name, dispensing date and dosing requirements if needed.

- Depending on the nature of the event, SNS materiel will be shipped directly to the Homer Airport or directly to the POD site and received by Homer Public Health accompanied by local law enforcement for security.
- The Pharmacy Supply Team is responsible for keeping inventory of pharmaceutical supply levels, re supplying dispensing stations, checking cold chain and ordering and receiving additional clinic supplies.
- The Vaccine Administration Record and/or Head of Household Prophylaxis Form will be used to track drugs and drug recipients. Forms will be completed by everyone who receives medication, as well as by parents of underage children or authorized representatives of individuals unable to complete the forms. A template of the Head of Household form is found in Appendix H-2

Method of Determining the Number of PODs

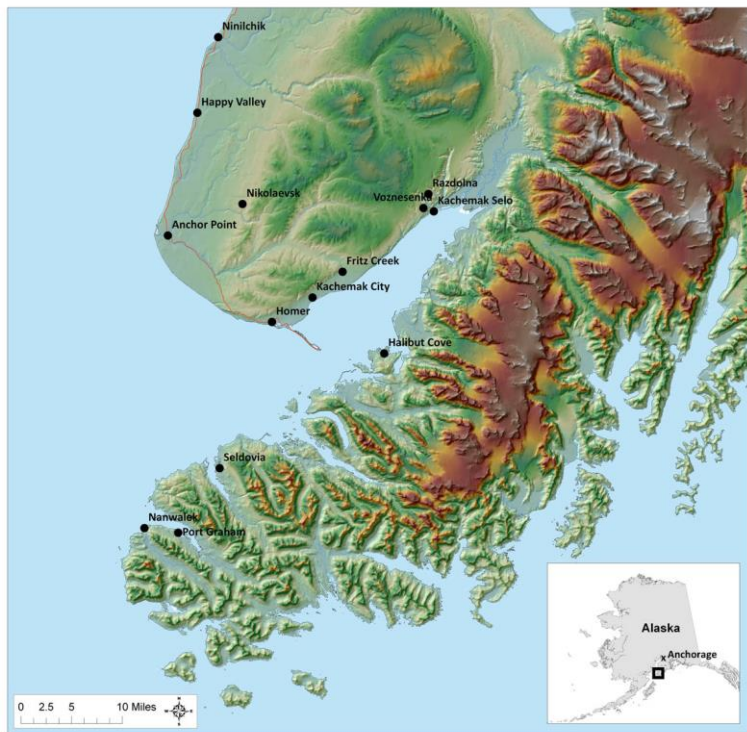
In the event of a public health emergency one POD site will be activated to serve the entire Southern Kenai Peninsula Region.

The total population for the Southern Kenai Peninsula is estimated to be 14,063 based on 2015 census data.

This covers a broad rural area with one major population center. The Southern Kenai Peninsula includes the communities of Ninilchik, Happy Valley, Anchor Point, Nikolaevsk, Homer, Kachemak City, Fritz Creek, Fox River Valley (includes Kachemak Selo, Voznesenka and Razdolna), Halibut Cove, Seldovia, Port Graham, and Nanwalek.

The population for this region varies seasonally with an influx of 15,000 tourists and transient population in the summer months.

The population for the Southern Kenai Peninsula is not evenly distributed and has several smaller rural areas.



Community	2015 Population
Homer	5,153
Fritz Creek	2,043
Diamond Ridge	1,149
Kachemak City	483
Fox River Valley	673
Ninilchik	849
Happy Valley	585
Nikolaevsk	276
Anchor Point	2,054
Halibut Cove	72
Seldovia	255
Port Graham	177
Nanwalek	294
TOTAL POPULATION	14,063

Equation to determine the number of PODs:

The standard equation used to determine the number of PODs required is:

$$\frac{\text{Total Population}}{(\text{HPP} - \text{S}) \times \text{PPH}}$$

Total population = 14,063

HPP - Hours to provide prophylaxis to entire population (48 or less) = 24

S - Set up time = 3 hours (incorporated in the 24 hour HPP)

PPH - People per hour who receive prophylaxis (Throughput)

Throughput = 586 people per hour

Estimated 75 PPH per dispensing station= 8 Dispensing Stations

Pod Site Information

Facility Name	Primary or Alternate Site	Physical Address	Point of Contact	Contact Information
Homer High School	Primary	600 East Fairview Ave Homer, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875
Homer Middle School	Alternate #1	500 Sterling Highway Homer, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875
Chapman Elementary School	Alternate #2	73286 School Street Anchor Point, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875

POD Layout

Floor plans, clinic flow and aerial views for the PODs are listed in Appendix E. The POD Management Staff have the flexibility to adapt the positions and the number of workers assigned to each position.

POD Staffing

Volunteer Call Down Process

Homer Public Health Center will contact the KPB OEM to activate Kenai Peninsula Citizen Corps (KPCC) programs, which include Community Emergency Response Teams (CERT) and Medical Reserve Corps (MRC) Volunteers. If further volunteers are needed, Alaska Respond can be requested by DHSS.

The Volunteer Staff Registration Forms and Volunteer Staff Credentialing Forms can be found in Appendix H-4.

Volunteer Registration and Just in Time Training (JITT)

The POD Supervisor and Team Leaders brief POD staff and conduct JITT trainings regarding shift times, signing in and signing out, job duties, supervision and operational procedures.

- Staff and activated registered volunteers deployed directly to PODs will arrive one and a half hour(s) before the beginning of their shift to receive event briefing, JITT, and report to their stations 45 minutes prior to the beginning of their shift for further job specific training.
- All personnel will have identification badges and sign in when reporting for duty and sign out at shift changes.
- Credentialing, badging and check-in of staff is the responsibility of the Volunteer Unit Leader in the Planning Section.
- Shift duration is 8 to 12 hours long. POD operations may require 24-hour staffing.
- At a minimum, the POD Supervisor and Team Leaders are to conduct briefings at the beginning and end of each shift.
- Personnel are to ensure that their station and duties are covered during breaks.

Further details for JITT provided in the Just in Time Training Worksheet in Appendix J.

Job Action Sheets

Job Action Sheets (JAS) describe the functions of the various participants of a mass dispensing clinic. Job Action Sheet Templates for the various stations and jobs can be found in Appendix K.

Credentialing

Credentialing will occur prior to opening the POD. Distinctive badges and/or vests may be issued to responders to ensure proper identification. All personnel must wear their agency identification or uniforms in addition to POD supplied badges and colored vests if provided. If continuous POD operations are needed, then credentialing of oncoming personnel and briefing of volunteers will occur at the shift change. The Dispensing/Vaccination Unit Leader and POD Clinic Manager will be responsible for verifying that a current SOA professional license is in effect for the POD. Credentials can be checked online at the following online address:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ProfessionalLicenseSearch.aspx>

See the Volunteer Staff Credentialing Form provided in Appendix H-5.

Monitoring Clinic Throughput

POD Clinic Managers are responsible for monitoring and reporting actual throughput to local public health and jurisdictional leadership.

POD Clinic Managers have the authority and the responsibility (without local jurisdiction leadership approval) to maximize clinic flow. This responsibility includes making adjustments in set-up or layout to reduce backup, and making adjustments in staffing, including reassignment of staff, reduction in number of positions filled, etc.

If it is determined that the 48-hour deadline to provide prophylaxis to the target population will not be met given the current throughput, the local public health/jurisdictional leadership will authorize change in the “scalability” of the mass dispensing plan, including but not limited to:

- Activation of additional POD sites
- Call down of additional staff and request additional resources through ICS
- Utilization of alternate dispensing models
- Activation of additional push sites

This process will be repeated until the necessary throughput is obtained to meet the requirement.

POD Supply Requirements

POD Inventory Sample Checklists can be found in Appendix G.

POD Operations

Registration

Registration will be directed by the Administration Unit Leader. The Administration Unit Leader reports directly to the POD Clinic Manager.

Registration will include distribution of the following: Immunization POD Registration Form or Head of Household Registration Form, (See Appendix H-3), Vaccine Information Statement (VIS), and medication prescription.

Client educational information will include the biological agent they are being screened/treated for, the medication/treatment they will receive, possible side effects of the medication or vaccine, and how to address concerns after receiving the treatment.

Triage

All Triage Stations will be directed by the Screening/Triage Unit Leader. The Screening/Triage Unit Leader reports directly to the POD Clinic Manager.

All forms will be distributed prior to patients reaching the Triage station. Staff members will review the forms for completeness and assess any potential contraindications to treatment. A nurse or physician will provide more in depth evaluation for contraindications if needed.

All pediatric patients will require a parent or legal guardian present to fill out the forms and answer triage questions/concerns on behalf of the child. The parent or legal guardian must accompany the child throughout the entire process. At no point should a child be left unattended.

Dispensing

All Dispensing Stations will be under the supervision of the Dispensing/Vaccinating Unit Leader. The Dispensing/Vaccinating Unit Leader reports all needs, events, and incidents to the POD Clinic Manager.

The Dispensing/Vaccinating Unit Team Leader is responsible for oversight of all dispensing tasks, including safety of staff that are administering medications, flow of dispensing stations, and promptly request additional resources when needed.

The dispensing unit is responsible for the review of forms, documenting lot and expiration dates on form, monitoring supply levels and individual vaccine storage units (e.g. stored in appropriate container until distributed; maintenance of cold chain).

The dispensing nurse or health care professional reviews standing orders for anaphylactic reactions; screens each individual for contraindications to treatment; ensures that all 5 Rights of Medication Administration are followed (right patient, right drug, right dose, right route and right time); and, ensures that documentation is complete.

Pediatric Stations will be set up and labeled clearly for the ease and facilitation of patient flow. Pediatric doses at these stations will be kept in a separate container and labeled clearly to assure proper dosing for all pediatric clients.

If an adverse event occurs or any other incident related to the administration of a drug, the nurse or health care professional must complete the SOPHN Internal Incident Report Form (See Appendix H-6). All incidents must be reported to the Dispensing Unit Team Leader, and the Team Leader is responsible for reporting all incidents to the POD Clinic Manager.

First Aid

First Aid will be provided by nurses or other identified medical personnel on-site while connecting the client to the local emergency care. The Medical Directive prepared by SOPHN for “Emergency Treatment for Anaphylaxis” will be utilized in events where SOPHN is the lead professional directly applying treatment efforts. (See Appendix L)

Medical Transport

Medical Transport will be facilitated by local EMS as needed and deemed essential. EMS will be on “standby” status throughout the POD operations. EMS may not be present at all times during a POD clinic, but will respond as soon as possible when dispatched. The POD Dispensing Unit Leader may summon EMS if needed in order to expedite emergency transport. The Dispensing Unit Leader will notify the POD Clinic Manager of the call for help after the request has been made in order to expedite emergency transport.

Mental Health

Mental Health Counseling providers are to be staffed in the POD operations as deemed necessary by the POD Clinic Manager. Availability for mental health providers on site may be limited; therefore the local Behavioral Health agency may be notified for patients requiring follow up services.

Adverse Reaction

The State of Alaska Public Health utilizes the Vaccine Adverse Event Reporting System (VAERS) to track adverse reactions to vaccines given at a POD. The Alaska Department of Health and Social Services will receive medical directives from the state medical director for vaccine/medication administration, as well as for responding to adverse reactions which may occur during the POD.

Unaccompanied Minors

All minors should be accompanied by a parent or legal guardian. Certain exceptions for unaccompanied minors under the age of 18 include:

- Documentation provided by a parent or guardian requesting medical treatment for the minor.
- Medication is administered in accordance with the state's medical consent laws as they pertain to minors.

Checkout / Exit

After dispensing, the nurse or health care professional is responsible for assessing for adverse reactions from the vaccine or medication. After care instructions should be distributed and reviewed with the individual and questions should be answered.

The Forms Collection Unit is responsible for collecting all completed forms from the patient. If there is not a checkout station, these forms can be collected by the dispensing team.

Appendix A: Sample Timetable of Events

** Sample Timetable Open Point of Dispensing Plan**		
Incident Time (Hours from Incident Start)	Action	Responsible Party
Incident Start +0:00	Primary Agencies for POD are notified of incident.	DHSS, SEOC
+0:15	The EOC Manager stands up the EOC. Local IC Established.	Local IC
+0:30	EOC notifies SEOC, Homer Public Health Center and affected communities.	EOC
+1:30	Homer Public Health Center stands up POD, contact facility contacts and Volunteer Manager.	Homer Public Health & DHSS
+2:00	Facility contacts begin facility set-up for POD.	Facility Managers, POD Staff
+2:15	Volunteer Coordinator begins phone contact of agencies to begin organization call out procedures.	Volunteer Coordinator
+2:15	Clinic Manager meets with EOC for incident briefing.	Clinic Manager, Local IC, PIO
+2:30	Clinic Manager identifies required resources and submits to EOC.	Clinic Manager
+3:00	POD Management Staff collaborate with local resources to procure all required items required for POD function.	POD Management Staff and local community partners
+7:30	Complete POD Setup.	Clinic Manager
+12:00	Brief Volunteers and Distribute Schedule.	POD Staff, Clinic Manager
+22:30	POD Volunteer Staff present to POD Site for Incident Overview and Event Briefing, Safety Overview.	POD Staff, Local IC, Clinic Manager
+23:15	All Staff Report to Designated Stations for Job Specific Training and Questions.	Clinic Manager, Unit Leaders
+23:00	If vaccine or medications are available begin dispensing to staff, essential service workers and their families. If not available, provide before opening POD.	POD Staff
Prophylaxis Arrival +24:00	Open POD site doors and begin POD functions.	POD Staff
Reports will be provided by the Administrative Unit Leader to the Clinic Manager and to Local IC hourly for the duration of the clinic		
+30:00	Review Throughput Data and target population to determine if additional POD sties will be needed.	Clinic Manager
+34:30	Next shift staff arrives for event briefing and JITT.	Clinic Manager, Unit Leaders
+36:00	Start second shift. Continue hourly reports and data review.	Clinic Manager
+48:00	End second shift. Tabulate all data and report to EOC for daily briefing. If patient load is at zero begin stand down of centralized clinics.	Clinic Manager, EOC, Local IC
	Begin Demobilization and Staff Debriefing.	Clinic Managers, Local IC, POD Staff

Appendix B: Essential Service Workers

First Responders Prophylaxis Procedure

The City/Borough Priority Groups for prophylaxis during a Public Health Emergency is based on State recommendations.

Priority for prophylaxis will be given to the following essential service workers and their families:

1. Health care workers
2. Essential Healthcare support personnel
3. Public Safety Workers including EMS, Police, fire, 911 dispatchers
4. Other Public Health Emergency Responders
5. Critical Transportation workers (air taxi pilots etc.)
6. Other Identified Workers

Method and Location

Prophylaxis/immunization for essential service workers will be provided by one of the following methods:

- Essential service workers may obtain prophylaxis medication at the POD site
- Specific groups may request prophylaxis medications to be provided to specific agencies for distribution by that agency.
- If the event requires vaccination, all essential service workers must report directly to the POD site

Appendix C-1: Community Emergency Resource Information

Homer Volunteer Fire Department

Terry Kadel, Fire Chief

(907) 235-3155

tkadel@ci.homer.ak.us

Homer Police Department

Mark Robl, Chief of Police

(907) 235-3150

mrobl@ci.homer.ak.us

Kachemak Emergency Services (KESA)

Robert Cicciarella, Chief

(907) 235-9811

bicciarella@kpb.us

Homer Public Health Center:

Business Hours Contact:

(907) 235-8857

After Hours Contact:

See phone numbers listed below

Lorne Carroll

Lorne.Carroll@alaska.gov

Public Health Nurse III

C: (907) 299-8890

Susanne Daley, PHN I

Susanne.Daley@alaska.gov

Public Health Nurse I

C: (907) 538-2064

Kenai Peninsula Borough Office of Emergency Management:

Business Hours Contact:

(907) 262-4910

After Hours Contact:

(907)

Dan Nelson, Director dnelson@kpb.us

South Peninsula Hospital:

(907) 235-8101

Joe Woodin, CEO

Sherry Robinson

Glenn Radke

Nicole Reynolds

Administrator

Infection Control

Facilities Director

ED/Trauma Coordinator

jwoodin@sphosp.org

srobinson@sphosp.org

ger@sphosp.org

nreynolds@sphosp.org

Appendix C-2: Community Emergency Resource Information

Homer Area Medical Homes:

Daytime Contact:

Homer Medical Center	(907) 235-8586
Kachemak Bay Medical Clinic	(907) 235-7000
SVT Health and Wellness Center	(907) 226-2228
Ninilchik Tribal Community Clinic	(907) 567-3970
Nanwalek Clinic	(907) 281-2250
Port Graham Clinic	(907) 284-2241
Seldovia Medical Clinic, La Maestra	(907) 234-7825

Local Media (Print/Radio/Television):

Homer News	(907) 235-7767
Homer Tribune	(907) 235-3714
KBBI Public Radio	(907) 235-7721
KWVV (K-Wave)	(907) 235-6000

US Coast Guard:

The Hickory, Cutter: (907) 235-5235

Primary Contact: Independent Duty Health Services Technician (907) 235-5233

Backup Contact: Duty Officer (907) 235-5235

The Naushon, Cutter: (907) 235-5336

Primary Contact: Executive Officer

Backup Contact: Duty Officer

Homer Marine Safety Detachment (MSD): (907) 235-3292

Appendix C-3: Community Emergency Resource Information

Emergency Response Agencies	Point of Contact	Contact Number	Contact Email
Mayor: Bryan Zak	Jo Johnson, Homer City Clerk	235-3130, ext. 2226	jjohnson@ci.homer.ak.us
City Manager: Katie Koester	Dotti Harness, Admin Assist	235-8121, ext. 2222	kkoester@ci.homer.ak.us dharness@ci.homer.ak.us
Local Emergency Manager	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Law Enforcement	Mark Robl, Chief of Police	235-3150	mrobl@ci.homer.ak.us
Local FBI	FBI in Anchorage	276-4441	anchoragefbi@ak.net
Local Fire Department	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local EMS	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Search and Rescue	Alaska State Trooper, Anchor	235-8239	
Local Ambulance Service	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Airport	Kevin Jones, DOT, Manager	235-8872	kevin.jones@alaska.gov
Local Public Works	City of Homer (Misty Worland)	235-8121,ext 2222	mWorland@ci.homer.ak.us
Electric: Homer Electric Association	Joe Gallagher, HEA PIO	398-3478 (cell, primary), 283-2324 (office, secondary)	jjgallagher@homerelectric.com
Water: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Natural Gas	Enstar Natural Gas company	262-9334/ 877-907-9767	
Sewer: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Phone: ATT/GCI/ACS	ATT: 800-252-7600	GCI:235-6366	ACS: 800-478-3081
Road Maintenance: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Local Behavior Health	South Peninsula Behavioral Health Center	235-7701	cmhc@spbhs.org
Local Red Cross (Anchorage)	Shiloh Powell, Disaster Program Manager Southcentral, Pam Van Hoozer 319-212-1719 Local Contact	646-5407	Shiloh.Powell@redcross.org
Local School District (KPBSD)	Sean Dusek, Superintendent	714-8888, Fax 262-9645	sdusek@kpbsd.k12.ak.us
Local Harbor Master	Bryan Hawkins, Port & Harbor Director	235-3160	bhawkins@ci.homer.ak.us
Past Emergency Events (all hazard): Avalanche, coastal storm surge/erosion, earthquake, energy shortage, fire, flood, landslides, oil/hazmat, transportation accident, tsunamis, terrorism			
Important Community Information (i.e. Tribal Leadership): Seldovia Village Tribe- Crystal Collier, CEO 234-7898, ext. 242. SVT Health and Wellness - Emily Read, Director, 226-2208 erez@svt.org. Chugachmiut Health Corporation - for Port Graham and Nanwalek, Contact North Shore Clinic in Seward, 224-3490; Amy J. Velsko MSN, RN, CMSRN, CBN, RN-BC, APRN, FNP-C, Chugachmiut, Regional Nurse Practitioner, Nanwalek & Port Graham (907) 281-2250			

Appendix C-4: Community Emergency Resource Information

Kenai Peninsula EMS Council, Inc. Contact List Updated 9/2016

Kenai Peninsula EMS Coordinator

Coordinator: Samantha Cunningham
Address: PO Box 1907, Homer, AK 99603
Phone: 907-226-1134
E-mail: scunningham@sremsc.org

Alaska State Troopers – Soldotna

Captain Maurice Hughes
46333 K-Beach Rd. Direct line to call for Troopers on
Soldotna, AK 99669 scene – 260-2770
Phone: 907-260-2706; FAX 907-262-2889
E-mail: Maurice.Hughes@alaska.gov

Alaska State Parks

Rep: Jacques Kosto, Park Ranger ***please use alternate for contact currently!**
Address: State of Alaska, Division of Parks and Recreation
P.O. Box 1247
Soldotna, AK 99669
Phone: (907) 435-7595
Fax:
E-mail: jacques.kosto@alaska.gov
Alternate: Jason Okuly, 435-7595 (cell), office 226-4688 **KPESI secretary**

Anchor Point Fire & EMS

Rep: Al Terry, Chief Cassie Parkinson- Dept. services
Aterry@kpb.us cell: 907-399-8079
Address: P.O. Box 350, E-mail: Cparkinson@kpb.us
72440 Milo Fritz Road
Anchor Point, AK 99556
Phone: 907-235-6700 Station 1 Service Board Chair- Bob Craig
Fax: 907-235-2633 E-mail: Craig67a@gmail.com

Assistant Chief- Pending

Alternates: Jon Marsh

Cell Phone: 907-299-4446

E-mail: JMarsh@kpb.us

Medical Director: William Cooper, MD 907-202-1469

E-mail: bcooper7@icloud.com

Homer Volunteer Fire Department

Rep: Bob Painter, Fire Chief **KPESI President**
Address: 604 E. Pioneer Ave.
Homer, AK 99603 Safe Kids Program: Bob Painter
Phone: 235-3155 fire hall Jaclyn Arnt: Admin
235-2686 home; 299-8605 cell
Fax: 235-3157
e-mail: rpainter@ci.homer.ak.us fire@ci.homer.ak.us
Alternate: Dan Miotke dmiotke@ci.homer.ak.us
Medical Director: William Bell, MD, 235-8586, 235-8805, wmbell51@gmail.com

Appendix C-4: Community Emergency Resource Information

Kachemak Emergency Services

Rep: Robert Cicciarella, Chief
235-9811 Bob – 235-9810
bcicciarella@kpb.us Jeanette, Admin asst
53048 Ashwood Ave. Homer, AK 99603

Phone: 235-9811 Service Area Board Chair:
Fax: 235-8034 Scott Simmons – 399-4203

Alternate: Jason Miller
jasonmiller@kpb.us

Medical Director: William Cooper, MD 907-202-1469
bcooper7@icloud.com

Kenai Peninsula Borough

Mike Navarre Borough Mayor
Scott Walden, Emergency Management Director
Address: 253 Wilson Lane, Soldotna, AK 99669
Phone: 1-800-478-4441 or 262-4910 main; Fax: (907) 714-2395 (OEM)
e-mail: SWalden@kpb.us

LifeMed Alaska

Rep: Mark Beals home address: PO Box 33, Seward, AK 99664
Cell- 907-362-1213
Address: LifeMed Alaska flightandfire@live.com
P.O. Box 256 Sterling, AK 99672
Phone: (907) 362-1213
E-mail: www.lifemedalaska.com,
Alternate: Scott Williamson, Chief Operating Officer
Phone: 907-247-8402
Medical Director: Brian Rogers, MD (An ER Dr. at Providence)

Ninilchik Emergency Services

Rep. David Bear, Fire Chief
Address: NES PO Box 39446 Ninilchik, AK 99639
Phone: 567-3342
Cell, Chief 907-953-0355
Fax: (907) 567-3362
e-mail: davidbear68@live.com
Alternate: Terry Wilkes, assistant EMS Chief -KPESE Vice President
Phone: (907) 567-4467 home, 907-398-4407 cell
e-mail: tnnwilkes@hotmail.com
Medical Director: William Cooper, MD, 907-202-1469 bcooper7@icloud.com

Port Graham/Nanwalek/Chugachmiut (First Responder Services)

Rep. Jeff Wolf, EMS Coordinator, Chugachmiut Health Division
Address: North Star Health Clinic
PO Box 2088
Seward, AK 99664
Phone: (work) 224-4929
e-mail: jeffrey@chugachmiut.org
alternate: Stella Meganack, Port Graham EMS President
Medical Director: William Cooper, MD, 283-3218
bcooper7@icloud.com

Appendix C-4: Community Emergency Resource Information

Seldovia Volunteer Fire & EMS

Rep: Gerry Patrick Office- Jen Swick, Safety Officer
Address: PO Box 74 (Gerry) PO Box 252 (SVFE); 399-3563
Seldovia, AK 99663
Phone: 234-7451 (Gerry - home) 234-7812 (SVFE)
Fax: 234-7430 (City of Seldovia)
e-mail: gpat7@hotmail.com (Gerry's) seldovofireems@gmail.com (Seldovia Fire Hall)
Alternate: Jan Yaeger- EMS Chief- address see Fire Hall below
janyaeger@yahoo.com
Fire Chief: Pending
Address: Seldovia Fire Dept.
PO Box 252
Seldovia, AK 99663
Phone number 398-2407

Medical Director: Lawrence Reynolds, MD, 234-7825 or 234-7697, larryreynolds0@gmail.com

South Peninsula Hospital

Rep. Glenn Radeke, Facilities Director
Address: 4300 Bartlett St. Homer, AK 99603
Phone: 235-8101 (hospital)
Fax: 235-0279; ER Fax, 235-0857
e-mail: ger@sphosp.org
Alternate: Nicole Reynolds; 235-0246; nreynolds@sphosp.org

Appendix D-1: Vulnerable Populations

Facility / Agency Name: South Peninsula Hospital (SPH), Emergency Department and Inpatient Beds	
Contact:	<p>Name: South Peninsula Hospital</p> <p>Phone: 907-235-8101</p> <p>Physical Location: 4300 Bartlett St, Homer AK 99603</p> <p>Population/Capacity: 22 Inpatient beds</p>
Facility / Agency Name: SPH Long Term Care	
Contact:	<p>Name: Long Term Care</p> <p>Phone: 235-0233</p> <p>Physical Location: 4300 Bartlett St, Homer AK 99603</p> <p>Population/Capacity: 28 Beds</p>
Facility / Agency Name: SPH Home Health Care	
Contact:	<p>Name: Home Health Care</p> <p>Phone: 907-235-0369</p> <p>Physical Location: 203 West Pioneer Ave, Homer AK 99603</p> <p>Population/Capacity: Approx. 50 Homebound Clients</p>
Facility / Agency Name: South Peninsula Behavioral Health Services, Inc: Pride Program	
Contact:	<p>Name: Jay Bechtol</p> <p>Phone: 907-235-7701</p> <p>Physical Location: 3665 Ben Walters Lane & 1026 Lakeside Drive</p> <p>Population/Capacity: Approximately 50 clients with Developmental Disabilities served</p>
Facility / Agency Name: South Peninsula Haven House	
Contact:	<p>Name: Missi White, Executive Director</p> <p>Phone: 907-235-7712</p> <p>Physical Location: 3776 Lake Street Homer AK 99603</p> <p>Population/Capacity: 15 Beds</p>
Facility / Agency Name: KPBSD Students in Transition, Homeless Liaison	
Contact:	<p>Name: Jane Dunn</p> <p>Phone: 907-226-1890</p> <p>Physical Location: KPBSD- District Wide</p> <p>Population/Capacity: Approximately 50 Homeless Students in Southern Kenai Peninsula</p>
Facility / Agency Name: Seasonal Tourists- Cruise Ships	
Contact:	<p>Name: Brian Hawkins, COH Harbor Master</p> <p>Phone: 907-235-3160</p> <p>Physical Location: Homer Harbor, Alaska Marine Ferry</p> <p>Population/Capacity: Approximately 2,300</p>
Facility / Agency Name: Homer Senior Citizens	
Contact:	<p>Name: Karen Kelley</p> <p>Phone: 907-235-4551</p> <p>Physical Location: 3935 Svedlund, Homer, AK 99603</p> <p>Population/Capacity: Senior Citizens, Multiple Programs offered through Homer Senior Center</p>

Appendix D-2: Vulnerable Populations

Assisted Living Facilities

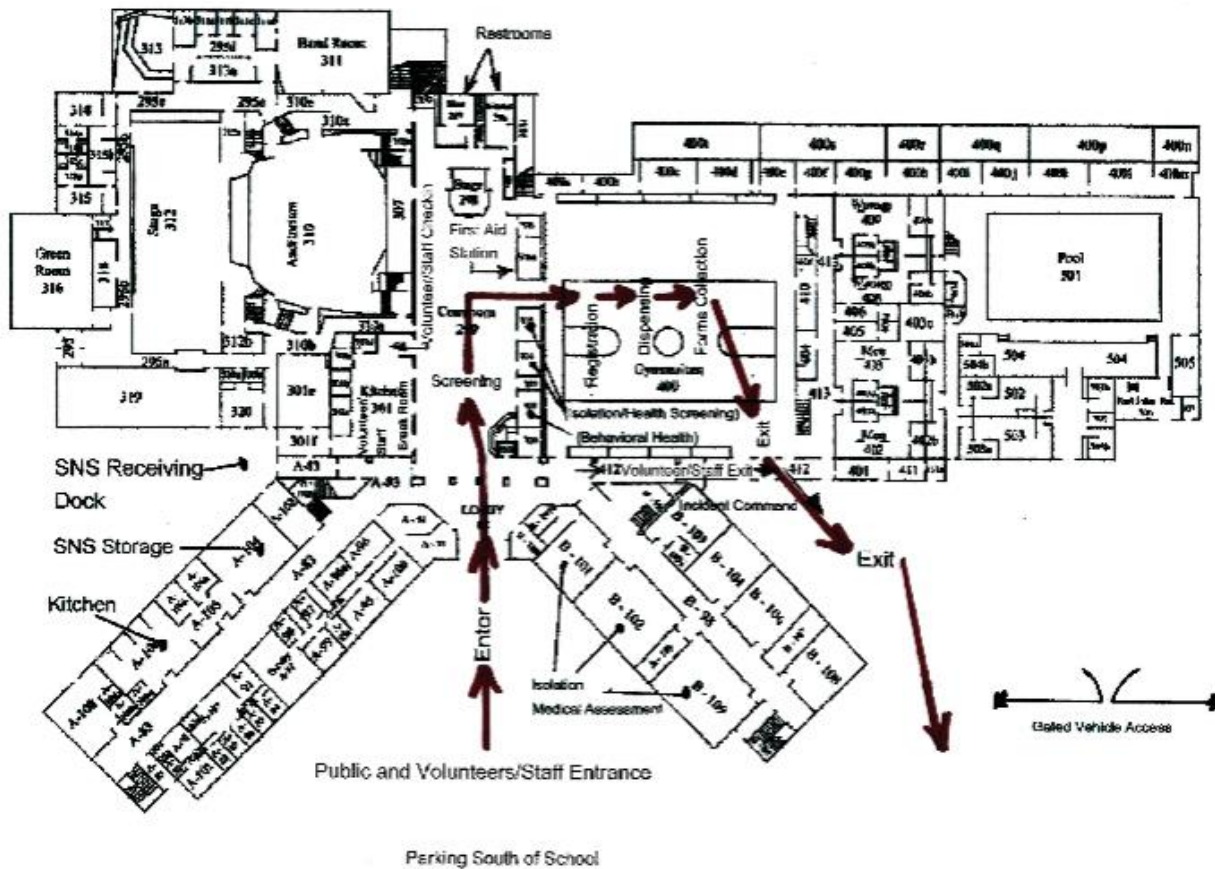
Population	Physical Location	Population	Telephone Contact
Alder Grove Assisted Living	41045 Denny Lane Homer, AK	5	(907) 435-3938
Friendship Terrace Assisted Living	250 Herndon Ave Homer, AK	40	(907) 235-6727
Kachemak Way Assisted Living	4201 Kachemak Way Homer, AK	5	(907) 235-6327
Main Street Assisted Living	4136 Main Street Homer, AK	5	(907) 235-6149
Ninilchik House	Sterling Highway Ninilchik, AK	11	(907) 793-3000
Soundview Assisted Living	980 Soundview Homer, AK	5	(907) 235-6149

Homer High School, Open POD

Primary POD Site

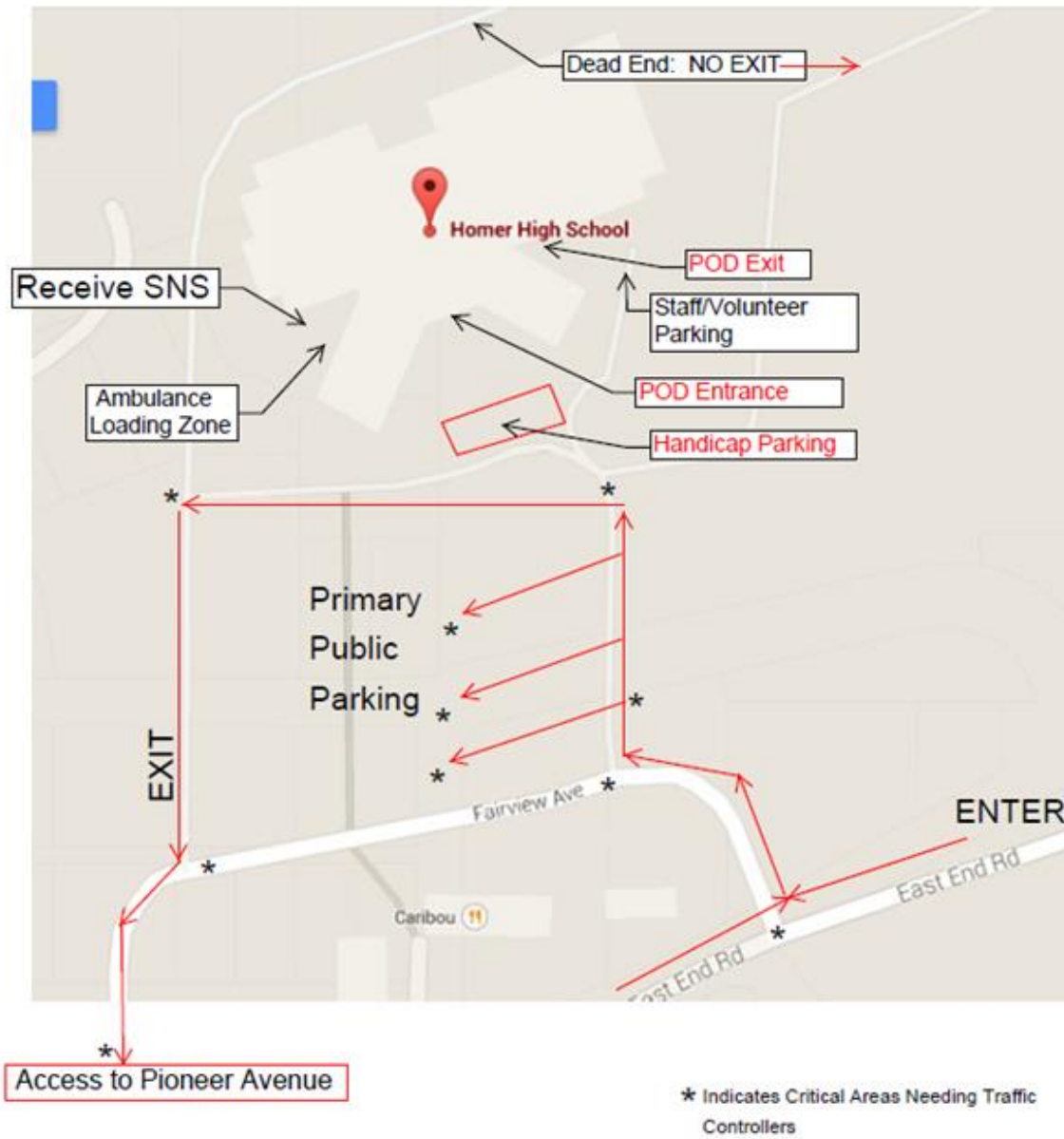
600 E Fairview Ave, Homer AK 99603

Site Phone: 907-235-4600 Site Fax: 907-235-8933



Primary POD , Homer High School Traffic Plan

600 E Fairview Ave, Homer AK 99603



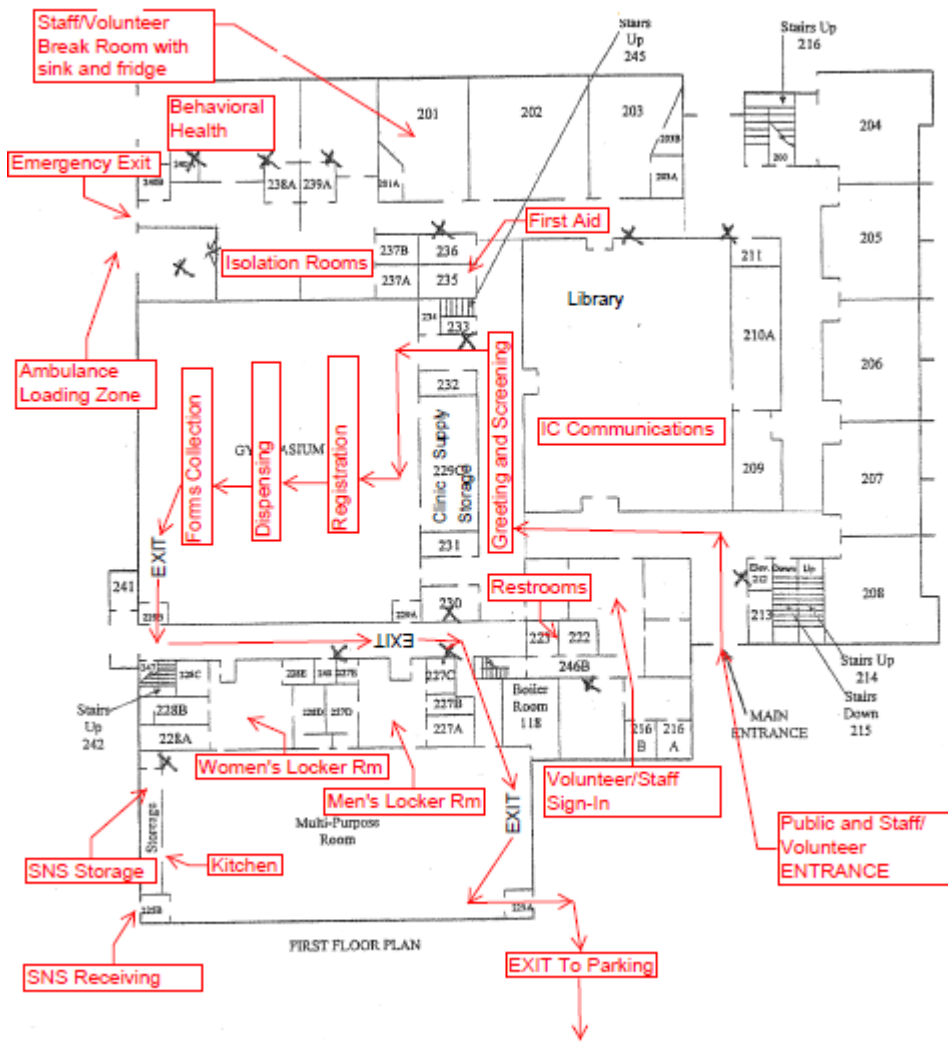
Appendix E-3: POD Site Layout and Ariel Views

Alternate #1 POD, Homer Middle School

500 Sterling Highway Homer AK 99603

Site Phone: 907-235-5700

Site Fax: 907-235-2513



Appendix E-4: POD Site Layout and Ariel Views

Alternate POD #1, Homer Middle School Traffic Plan

Homer Middle School

500 Sterling Highway, Homer, AK 99603 (907) 235-5700



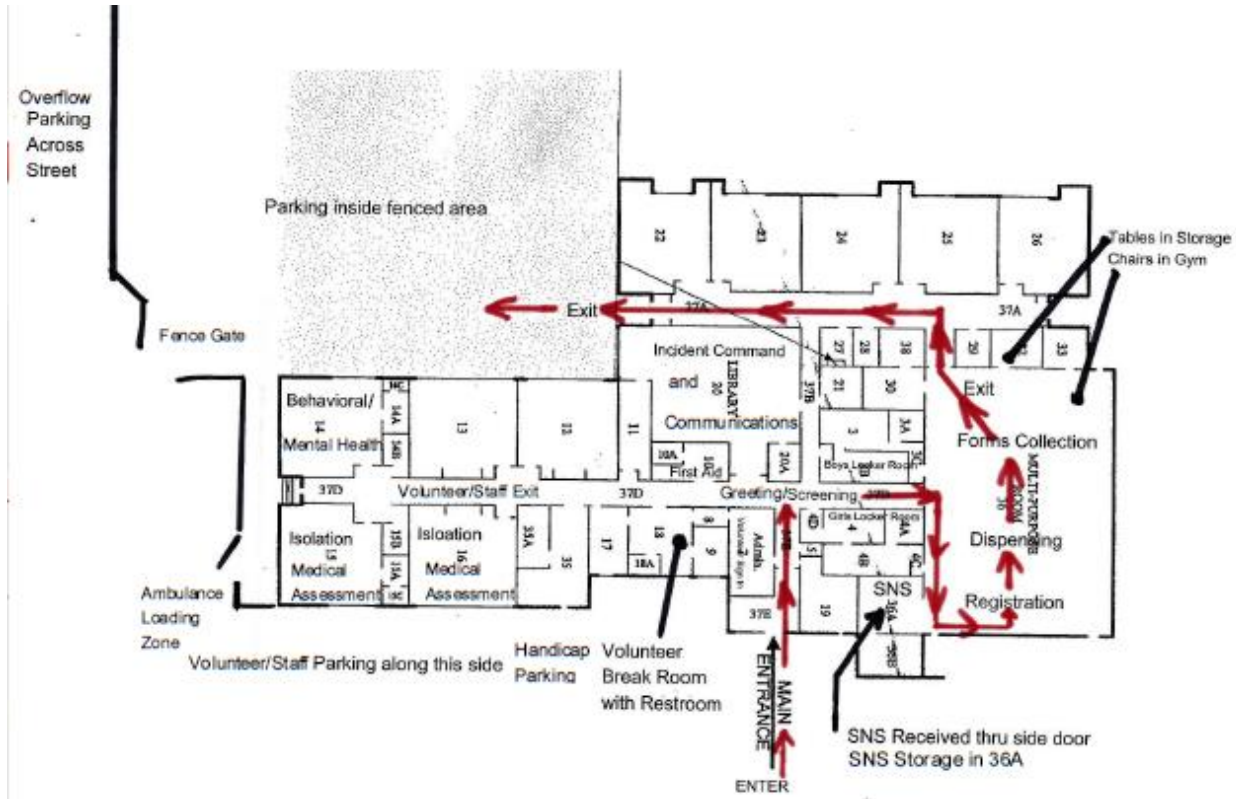
Appendix E-5: POD Site Layout and Ariel Views

Alternate POD #2, Chapman Elementary School

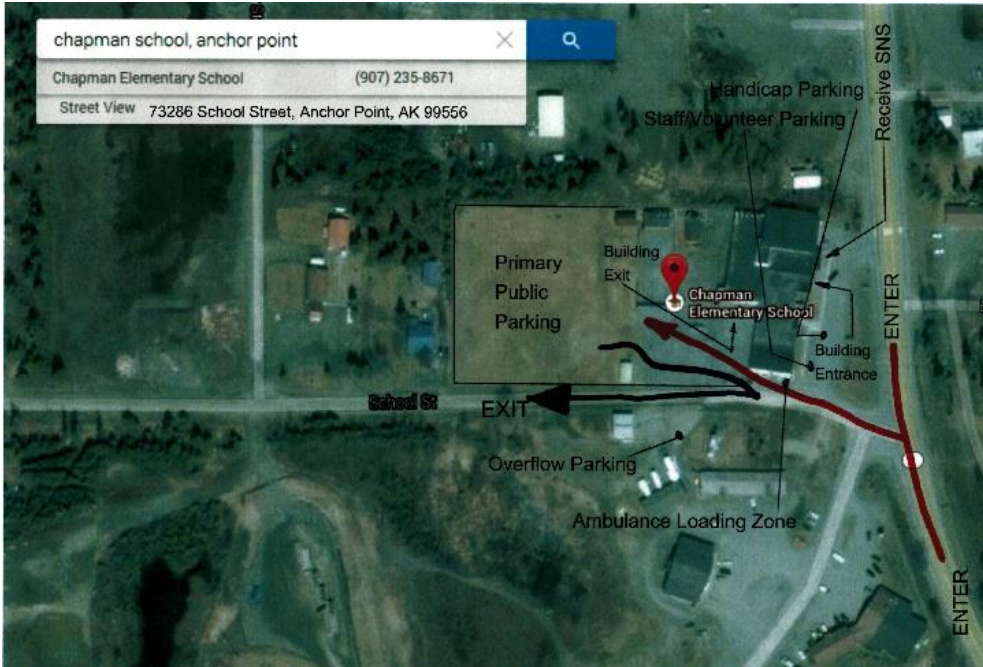
73286 School Street Anchor Point, AK 99556

Site Phone: 907-235-8671

Site Fax: 907-235-5460



Alternate POD #2, Chapman Elementary School Traffic Plan



Appendix F: Pod Staffing Requirements

Position	# Shift
	Throughput 586/Hour
Management Staff	
Incident Commander	1
PIO	1
Safety Officer	1
Security Unit Leader	1
Clinic Manager	1
Support Staff	
Transportation/Security	2
Communications	1
Facility Maintenance	1
Traffic Control	3
Volunteer Coordinator	1
Volunteer Registration	1
Operations Staff	
Administrative Unit	
Unit Leader	1
Registration	8
Check-out	2
Screening/Triage Unit	
Unit Leader	1
Screener	8
Medical Evaluator	4
Behavior Health Evaluator	2
Dispensing Unit	
Unit Leader	1
Vaccinators/Dispensers	16
Pharmacy Supply	2
Clinic Support Unit	
Unit Leader	1
Translator	4
Greeters	4
Runners	6
Clinic Flow Monitors	5
Total Staff Required Per Shift	80

Appendix G-1: POD Inventory Sample Checklist

ITEM	Qty.	ITEM	Qty.
Cleaning Supplies		Staff Hygiene and Meals	
Bucket	1	Paper Towels	10 rolls
Mop	1	Kleenex	4 boxes
Sponges	4	Antiseptic Pre-Moistened Towlettes	2 – 100/box
Trash Bags	1 box	Alcohol-Based Hand Rub	5 bottles
All-Purpose Cleaner	1 can	Drinking Water	2 liters/staff
Bleach	1-gal jug	Paper Napkins	250
Spray Bottle	1	Paper/Plastic Cups	200
Rubber Gloves	4 pairs	Technical	
		Extension Cords (50-ft)	5
		Power Strips	5
		Phone Extension Cord – 25+ feet	1
General		Triage, Education, Planning	
Tables	15	Intake forms	1 to copy
Chairs	55	Disease agent fact sheets	11 to copy
Office Supplies		Medication fact sheet	1 to copy
Paper tablets (8-1/2" x 11")	10 pads	Educational videos/DVD	1-2 (smallpox)
Pens, black	10- 12/box	SNS/Mass Prophylaxis Plan	1
Markers	1 box	Drug reference guides (TBD)	
Highlighters	1 box	Technical	
Stapler	5	Computer (or access to)	5
Staples	1 box	FAX machine (or access to)	1
Scissors	5	Printer (or access to)	1
Calculator	1	Photocopier (or access to)	1
Scotch tape and dispenser	2	Internet Access	5
Masking tape	2 rolls	Telephone for POD Supervisor	1
Clipboards with pens	50	Walkie-Talkies	6
Rubber bands (assorted)	1 box	Ham Radio	1
Easel paper, self-stick	3 pads	Flashlights (for power failures)	10-20
Envelopes - interoffice	10	Flashlight batteries	10-20 sets
Bull Horn	1	Battery-Operated Weather Radio	1
Whistle	1	Batteries for Radio	1 set
Scale, small step-on	1	Disposable Camera	1
Form collection box	1	Television & VCR/DVD Player	1-2
Signage and Staff Identification		First Aid	
POD signs	1 set	<i>see next page</i>	
Tablecloths	4/color	Emergency Medical	
Floor tape	4/color	<i>see next page</i>	
Vests, all staff	100		
Name badges (Manual)	150		
Hand-held flags, red (optional)	12		

Appendix G-2: POD Inventory Sample Checklist

First Aid Kit

Item	Quantity
1-in. adhesive bandage compresses	16
Antiseptic swabs	20
Ammonia inhalers	10
4-in. adhesive bandage compresses	8
40-in. triangular bandage compresses	40
6 containers of silva sulfadiazine	1/8 oz.
Noninflatable arm splint	1
Noninflatable leg splint	1
4-in. roller bandages	4
1-in. rolls of adhesive tape	2
Bandage scissors	1

Emergency Medical Kit

Item	Quantity
Sphygmomanometer	1
Stethoscope	1
Oropharyngeal airways	3
10 cm ³ syringes	4
50 percent dextrose	50 mL
Normal saline or lactated ringers (two 1-L bags)	2-250mL bags
Intravenous catheters-assorted 18 and 20 gauge	5 of each gauge
25-gauge butterfly catheters	10
Epinephrine (1:1000) (4 ampules) or epi-pen (4 adult) and 2 epi-pen junior	
Diphenhydramine hydrochloride (25; 1pkg) and 2 injectable single-dose ampules	
Liquid benadryl for children (12.5mg in 5ml)	1 bottle
Sublingual nitroglycerin tablets	10
AED (automatic external defibrillator) – if feasible/available	1

Appendix H-1: SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS

Clients: Please review and answer the following questions. This will help the Public Health Nurse (PHN) determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean that you will not be vaccinated today. It does mean the PHN will ask some additional questions. If a question is not clear, please ask the PHN to explain.

	Yes	No	Don't Know
1. Is the client sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the client have allergies to medications, food, latex, or any vaccine component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the client ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the client had a seizure, brain, or nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the client ever had Guillain-Barrel syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the client have cancer, leukemia, HIV/AIDS or another immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. During the past 3 months, has the child used cortisone, prednisone, other steroids, chemotherapy, cancer treatment, or radiation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. During the past year, has the client received blood products, immune globulin, or antiviral medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the client received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the client pregnant or is there a chance she could become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If the client is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated 10/2016

Appendix H-1: SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS

Information for the Public Health Nurse about the Screening Questionnaire for Immunizations

1.	Is the client sick today? Minor illnesses with or without fever are not contraindications. Do not withhold vaccination if the client is taking antibiotics. Moderate or severe acute illness is a precaution & vaccines should be delayed until the illness has improved.
2.	Does the client have allergies to medications, food, latex, or any vaccine component? History of an anaphylactic reaction to a vaccine or any component is a contraindication for further doses. Check the package insert, CDC Pink book, or John Hopkins Bloomberg School of Public Health searchable listing. Some of the main allergy contraindications include Eggs (Influenza-although some persons can be vaccinated), Neomycin (Kinrix, Hep A [Havrix & Vaqta], IPV, MMR, Pediarix, Twinrix, Varicella), Gelatin (Fluzone, LAIV, MMR, Varicella, Tripedia, Zoster), and Yeast protein (Hep B [Engerix-B & Recombinax], Gardasil, PCV13, Pediarix, Twinrix), Streptomycin (IPV), Polymixin B (Kinrix, IPV, Pediarix). Gentamicin (Fluarix, FluMist), Arginine (FluMist). Check product packaging for latex.
3.	Has the client had a serious reaction to a vaccine in the past? If a serious reaction to a previous dose of vaccine was immediate and presumably allergic, further vaccination is usually contraindicated. See Table 6, Contraindications and Precautions, p. 40, Gen Recommendations IZ, ACIP, 2011 .
4.	Has the client had a seizure, brain, or nervous system problem? DTaP and Tdap contraindicated if hx of encephalopathy within 7 days receipt of DTP/DTaP. Unstable progressive neurologic problem is a precaution for DTaP/Tdap/Td.
5.	Has the client ever had Guillain-Barre syndrome? Persons with hx of Guillain-Barre syndrome and who want DTaP/Tdap/Td; IIV-, or MCV4 should consult their primary health care provider to determine their risks/benefit and whether they should be vaccinated. (MCV4 – unproven, rare risk.)
6.	Does the client have cancer, leukemia, HIV/AIDS or another immune system problem? Live virus vaccines are usually contraindicated if immunocompromised. See Table 13, p. 48, Gen Recommendations IZ, ACIP, 2011 . MMR and/or Varicella may be given if HIV-infected under certain conditions (asymptomatic, adequate CD4 & T—lymphocyte counts). They could receive IIV. Infants with severe combined immunodeficiency (SCID) should not receive live virus vaccines, including rotavirus vaccine.
7.	During the past 3 months, has the client used cortisone, prednisone, other steroids, chemotherapy, cancer treatment, or radiation? Live virus vaccines may need to be delayed. See Gen Recommendations IZ, ACIP, 2011
8.	During the past year, has the client received blood products, immune globulin, or antiviral medication? Live virus vaccines may need to be delayed. See Table 5, p. 39, Gen Recommendations IZ, ACIP, 2011 . OK to administer IIV. Influenza antivirals include amantadine, rimatadine, zanamivir, or oseltamivir.
9.	Has the client received any other vaccinations in the past 4 weeks? Separate live virus vaccines (LAIV, MMR, MMRV, Varicella, Yellow Fever, Zoster) by at least 4 weeks (28 days).
10.	Is the client pregnant or could she become pregnant within the next month? Pregnant females or those planning to become pregnant within a month should not receive live virus vaccines (MMR, Varicella). Pregnant females should be vaccinated with injectable influenza vaccine (IIV). If pregnant, the preferred time to receive Tdap is during 27 – 36 weeks gestation. Avoid polio vaccination unless increased risk. Counsel non-pregnant females to practice careful contraception X 1 month following receipt of live virus vaccines.
11.	If the client is a baby, have you ever been told he or she has had intussusception? If yes, do not administer rotavirus vaccine.

Sources: [CDC Vaccine Information Statements](#); [General Recommendations on Immunization](#), [Recommendations of the ACIP](#), [MMWR](#) and the [Immunization Action Coalition](#)

Form Updated 10/2016

Appendix H-2: Head of Household Registration Form

STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
HEAD OF HOUSEHOLD FORM



Today's Date: _____ HIPAA Signed? Yes No

Head of Household First and Last Name _____
 Mailing Address: Street, City, State, Zip _____
 What City/Village do you currently live in? _____
 Cell Phone _____ Home Phone _____ Same as Cell
 Race: American Indian/Alaska Native Asian White Black/African American Hawaiian/Pacific Islander
 Ethnicity: Hispanic Not Hispanic

For each question and member of your household, check "Yes", "No", "unk" (unknown)

	Head of House #1	PERSON #2	PERSON #3	PERSON #4
First and Last Name	<input checked="" type="checkbox"/> same as above			
Date of Birth (mm/dd/yyyy)				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergy to Ciprofloxacin or Doxycycline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking the drug Tizanidine (Zanaflex)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
If less than 9 yrs old write weight & age	<u>Weight</u> <u>Age</u>	<u>Weight</u> <u>Age</u>	<u>Weight</u> <u>Age</u>	<u>Weight</u> <u>Age</u>
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Are you breast feeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Severe kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking seizure or epilepsy medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Warfarin (Coumadin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Isotretinoin (Accutane) or Acitretin (Soriatane)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Theophylline (TheoDur)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Glyburide (Micronase)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk

THIS SECTION IS FOR POD STAFF ONLY

POD Staff: choose the appropriate antibiotic according to answers above.	Ciprofloxacin <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Ciprofloxacin <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Ciprofloxacin <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Ciprofloxacin <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs
	Doxycycline <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Doxycycline <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Doxycycline <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs	Doxycycline <input type="checkbox"/> Adult <input type="checkbox"/> Child < 9 yrs tsp every 12 hrs
STICKER				

I HAVE:

- 1) Been informed of reason why I am receiving medication
- 2) Received a medication information sheet indicating the risks and benefits of the medication, its side effects, and where I will be able to receive additional information if side effects were to develop
- 3) Received information about the infectious agent
- 4) I understand that the medication is in a non-child resistant container
- 5) I will dispose of this medication no later than 1 year from date of dispensing
- 6) I understand that I may need to receive additional medication(s) at the direction of licensed medical staff

____ (Initials) I understand that for certain medical conditions including pregnancy, chronic disease or use of other medications as identified on the drug information page, that I must consult with my private provider to determine my ongoing use of this medication

INSTRUCTION FOR POD DISPENSING AND EXPRESS DISPENSING STAFF ONLY:

ADULTS – write name directly on an adult medication bottle. Give medication information sheet.

CHILDREN – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle.

Appendix H-3: Immunization POD Registration Form

STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Point of Dispensing (POD) Clinic

Date: _____ HIPAA Received? Yes No Event Participant Only (no vaccine)

CLIENT INFORMATION	
First and Last Name _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female _____	
Date of Birth _____	Age _____
Mailing Address: Street, City, State, Zip _____	
What City/Village do you currently live in? _____	
Cell Phone _____	Home Phone _____
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/GUARDIAN INFORMATION FOR MINOR CHILDREN	
Parent/Guardian First and Last Name _____	
Parent/Guardian Employer _____	

The above information is true to the best of my knowledge. This registration form must be completed in its entirety.

 Client/Guardian Signature Date

OFFICE USE ONLY			
Clinic Code <u>12</u>	Primary TP Code <u>02</u>	Secondary TP Codes <u>19</u> <u>526</u>	Purpose of Visit <u>Immunization</u>

Vaccine	VFC/VAC	Admin Site	Lot #	Manufacturer	VIS Date
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

SOPHN Provider Signature _____ PCN # _____
 Outside Provider Name (print) _____ Signature _____

POD Location _____

Additional Evaluation Required

VAC/VFC	Code
Ineligible (non AVAP stock)	V01
Medicaid	V02
Uninsured	V03
AK Native/AM Indian	V04
Federally Qualified/Underinsured	V05
State Vaccine (AVAP)	V07

Admin Sites	
Left Thigh IM	LTI
Left Thigh SQ	LTS
Right Thigh IM	RTI
Right Thigh SQ	RTS
Both Thighs IM	BTI
Left Deltoid IM	LDI
Left Arm SQ	LAS
Right Deltoid IM	RDI
Right Arm SQ	RAS
Oral	O
Intranasal	IN
Left Intradermal	LID
Right Intradermal	RID

2015.11.04 (Rev 11/15)

Appendix H-4: Volunteer Staff Registration Form

VOLUNTEER STAFF REGISTRATION FORM

Date: _____

Incident: _____

#	Name	Assignment	Station	Time In	Equipment Sign Out	Time Out	Equipment Sign In	Signature

Certifying Officer: _____

Date/Time: _____

Original: Volunteer Unit Leader

Copy: Clinic Manager

Appendix H-5: Volunteer Staff Credentialing Form

VOLUNTEER STAFF CREDENTIALING FORM

Date: _____

Incident: _____

#	Name	Address	Signature	Driver's License #	PROF/TECH LIC #	Specialty Skills	Employer

Certifying Officer: _____

Date/Time: _____

Original: Volunteer Unit Leader

Copy: Clinic Manager

Appendix H-6: SOPHN Internal Incident Report Form

SOPHN Internal Incident Report Form

Use this form to report all incidents, including hazards/potential hazards, near-misses and good catches. If there are employee injuries or exposures, ALSO complete the State of Alaska Workman's Compensation Report form.

Provide as much information as possible, focus on issues that relate to systems, not just individual behavior.

Fill out top part of form (Sections with Black Headers/Titles) for all incidents. Fill out applicable colored sections dependent on type of incident being reported. See SOPHN P&P ## for types of incidents to report. If it is unclear if an Incident Report is required, it is better to report than not as it assists in finding issues to prevent problems. Incidents of all types are critical learning opportunities for SOPHN, but to learn from them we need to know Monday, December they exist and their details.

Date of report:

Report type:

Staff member reporting Incident:

Reporting staff position:

Reporting staff phone:

Reporting staff email:

Incident Details

Incident date:

Check if time unknown

Incident time:

Date incident discovered:

Date reported to supervisor:

Place incident occurred?

Location of incident:

Number of staff involved:

**Number of
patients/community
members involved:**

**Any involved staff in
orientation?**

Incident Description and Response

Provider a clear, concise, objective description of the incident, including what happened to whom.

Who was involved (staff, and type of client):

What happened:

What went right in this incident? Appendix H-6: POD Documentation Forms

Answer the following questions about incident environment, system, individual and responses.

What environmental factors influenced or potentially influenced the incident and outcome?

What system factors influenced or potentially influenced the incident and outcome?

If there were individual mistakes, slips or errors that potentially contributed or contributed to the incident, give details of the individual actions.

What response was taken at time to mitigate/address the incident?

What suggested changes to the environment might prevent similar the incidents?

What suggested changes to the system(s) might prevent similar the incidents?

Choose the most appropriate type of incident from the menu :

Specific Types of Incidents

Complete the Section(s) below that matches the type of incident described above. Do NOT complete the other sections. Local investigation of causes should stay local and not be recorded here in Section report.

All incidents need to have the signature section at end completed.

Client/Community Member Involved Incident

If more than one community member/client involved, second (and third, etc) client/community member information goes in the description area of the client/community member section.

Client/community member name:

Client age:

Client gender:

Client notified of incident?

Date when Client was notified of incident:

Describe clearly and concisely client's response to the incident, and how they were notified of incident.

If applicable, why was the client NOT notified of the incident?

Additional clients/community members involved (include all information required above for each):

Medication Involved Incident

If more than 1 medication involved, entered information about primary medication involved, then include all the information for the other involved medications in the comment box.

Type of incident:

Did the incident involve vaccines?

Does the situation warrant a VAERS (Vaccine Adverse Event Reporting System) report?

If it was warranted, was VAERS report filed ?

Brand AND generic name of medication or vaccine ordered/medical directive indicated for the client, include dosage, timing, and dose number:

What was the intended/ordered route of administration?

Brand AND generic name of medication given to client, include dosage, timing and dose number.

What was the actual route of administration?

What was the expiration date?

At what stage in the process did the incident originate, regardless of the stage in which it was discovered?

What was the lot number of the medication?

Additional medication/vaccine information (include all information required above for each additional medication/vaccine involved).

Equipment Related Incident

Complete this section for all equipment and device related incidents, including needle failure and vehicle incidents.

Type of equipment/device involved:

Name of manufacturer:

Model number/name:

Serial number or lot number: What type of incident was it?

Was the local and/or SOPHN Safety Officer notified?

Was the manufacturer/supplier notified?

Was the device sent back to manufacturer/supplier?

Staff Injury/Exposure

Complete the State of Alaska Workman's Compensation Form (in addition to applicable sections of this SOPHN form). Send a copy of Workman's Compensation Form with this form to your supervisor.

Signatures

Incident Reporter:

Date:

By entering my name here and checking, I acknowledge I have reported the information contained to the best of my knowledge.

- DSM to BOTH your Nurse Manager/Supervisor and your Regional Administrative Assistant (AA).

Enter Tracking Number received from Regional AA before advancing or signing form.

[Click here to enter text.](#)

Nurse Manager/Supervisor:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report.

- DSM to BOTH Regional AA and RNM

Regional Nurse Manager:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report.

- DSM to Deputy Chief, Regional AA AND Central Office DSM account.

Deputy Chief of Public Health Nursing:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report.

- Send to Central Office DSM account AND QA/QI NC II.

Additional Comments or Notes

Appendix H-7: Incident Action Plan

INCIDENT ACTION PLAN

Incident: _____ **Date:** _____ **Section:** _____

Officer:	For Time Period:
GOAL(S):	OBJECTIVES for Goal Achievement:
Resources Needed:	Reported to/time:
Goal(s) Completed/Status	Reported to/time:

Signature: _____ **Position:** _____ **Time:** _____

Appendix H-8: Emergency Incident Message Form

EMERGENCY INCIDENT MESSAGE FORM

FILL IN ALL INFORMATION

TO (Receiver): _____

FROM (Sender): _____

DATE & TIME: _____

PRIORITY	<input type="checkbox"/> Urgent – Top	<input type="checkbox"/> Non-Urgent – Moderate	<input type="checkbox"/> Informational – Low
-----------------	---------------------------------------	--	--

Message:

Received By:	Time Received:	Comments:
Forward To:		

Received By:	Time Received:	Comments:
Forward To:		

KEEP ALL MESSAGES REQUESTS BRIEF, TO THE POINT AND VERY SPECIFIC.

Appendix I: Strategic National Stockpile Tracking Record

STRATEGIC NATIONAL STOCKPILE TRACKING RECORD

Record the information below to identify the shipment.

Receiver: _____ **Location:** _____

Phone Contact: _____

Inventory levels

Item Name	Date received	Lot Number	Expiration Date	Quantity Received

Record information below to track inventory levels. Use another sheet if dispensing exceeds space and staple it to this sheet.

Item Name	Quantity Dispensed	Lot Number	Expiration Date	Quantity Received

Appendix J: Just in Time Training

Homer POD

Just-in-Time Training – (Incident/Disaster Specific)

Site: _____

Event Type: _____

Date/Time: _____

Agenda and Just-in-Time Training for Volunteers

Overview and Event Briefing: Incident Commander 10 Minutes

- Introduction of Incident Command staff and Operations/Clinic Manager
- POD Functions and Flow
- Expectations and Objectives

Brief Overview and Announcements by Section Leaders 10 Minutes

- Operations Section Leader: Clinic Manager
- Other Section Leaders

POD Safety Briefing: Safety Officer 15 Minutes

- POD Safety and Security Overview

All Staff Report to Designated Stations 45 Minutes

- All staff meet Unit Leaders
- Job Specific Training and Questions

**** After POD efforts are complete, all POD staff return for debriefing.****

JOB ACTION SHEET TEMPLATES

Alaska Department of Health and Social Services
Section of Public Health Nursing



A **Job Action Sheet (JAS)** is a tool for defining and performing a specific emergency response functional role. The JAS were created in fulfillment of the National Incident Management System (NIMS) and based on the use of the Incident Command System (ICS). These JAS were created with the intended purpose of being used for Point of Dispensing (POD) planning. The Actions of the JAS can be amended to fit the situation by adding or deleting tasks.

Job Action Sheets

Clinic Manager	56
Assistant Clinic Manager	58
Safety Officer	60
Safety Unit Leader	61
Safety Unit	64
Security Unit Leader	66
Security Unit	68
Public Information Officer	70
Volunteer Unit Leader	72
Volunteer Unit Staff	74
Administrative Unit Leader	75
Registration/Forms Distribution Unit	77
Forms Collection Unit	79
Clinic Support Unit Leader	80
Translator/Interpreter Unit	81
Greeter Unit	82
Runner Unit	83
Clinic Flow Unit	84
Screening/Triage Unit Leader	85
Screening/Triage Unit	86
Medical Evaluation Unit	87
Behavioral Health Unit	89
Dispensing/Vaccinating Unit Leader	90
Dispensing/Vaccinating Unit	92
Pharmacy Supply Unit	94

CLINIC MANAGER

Job Action Sheet

Responsibility: Oversee POD set-up and on-going POD operations. Must be familiar with all aspects of POD operations and staff positions. Able to identify big picture needs. Coordinate with PIO and JOC for all media inquiries during POD operations. Work with the Assistant Manager to educate the POD staff.

Qualifications: Administrator or Manager with organizational/management experience.

Action	Notes	Done
Report to: Operations Section Chief in the EOC or Mass Prophylaxis Branch Officer		
Supervise: Site Safety Officer; Volunteer Unit Leader; Administration Unit Leader; Clinic Support Unit Leader; Screening (Triage) Unit Leader; Dispensing/Vaccinating Unit Leader		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Receive briefing from local EOC		
Establish that clinic communications, medical treatment protocols & safety plans are in place		
Review Mass Prophylaxis Plan (POD Plan)/SNS Plan/State EOP and CEMP		
Determine staffing needs; acquire appropriate resources		
Ensure clinic operations positions are assigned		
Confirm internal/external lines of communication and authority		
Establish internal communications (2 way radio, runners etc.)		
Establish procedure to verify volunteer credentials and identification		
Review chain of command, decision making, problem solving processes		
Schedule staff, EOC, media reports and briefings		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Maintain briefing and communication schedule with clinic staff, EOC		
Receive reports from Unit Leaders on POD operations		
Update status reports/status board		

Monitor clinic flow for bottlenecks		
Resolve staff/procedural concerns or conflicts		
Coordinate closely with Safety Officer to address and mitigate safety/security concerns		
Provide EOC with updates as to clinic activity		
Monitor news alerts and EOC updates for changing event dynamics		
Ensure posting of staff assignments		
Ensure posting of emergency phone/contact numbers		
Ensure completion of ICS operations forms as indicated		
Ensure adherence to dispensing/vaccination protocol and medication security		
Ensure completion of any incident reports relating to injury or property loss/damage		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Conduct or Participate in shift debrief, EOC and Public Health EOC debrief, After Action process		
Conduct exit interviews with direct reports (Unit Leaders): Ensure that all section reports/ICS forms are completed and turned in to appropriate agency/ authority		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

ASSISTANT CLINIC MANAGER

Job Action Sheet

Responsibility: Assist Clinic Manager in overseeing POD set-up and on-going POD operations. Must be familiar with all aspects of POD operations and staff positions. Able to identify big picture needs. Coordinate with Clinic Manager, PIO and JOC for all media inquiries during POD operations. Work with the Clinic Manager to educate the POD staff.

Qualifications: Administrator with organizational/management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Potential to supervise: Site Safety Officer; Volunteer Unit Leader; Administration Unit Leader; Clinic Support Unit Leader; Screening (Triage) Unit Leader; Dispensing/Vaccinating Unit Leader		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet for both Assistant Clinic Manager and Clinic Manager		
Receive briefing from Clinic Manager		
Establish that clinic communications, medical treatment protocols & safety plans are in place		
Review Mass Prophylaxis Plan (POD Plan)/SNS Plan/State EOP and CEMP		
Work with Clinic Manager to determine staffing needs, acquire appropriate resources		
Ensure clinic operations positions are assigned		
Confirm internal/external lines of communication and authority		
Establish internal communications (2 way radio, runners etc.)		
Establish procedure to verify volunteer credentials and identification		
Review chain of command, decision making, problem solving processes		
Schedule staff, EOC, media reports and briefings		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Maintain briefing and communication schedule with clinic staff, EOC		
Update status reports/status board		

Monitor clinic flow for bottlenecks		
Resolve staff/procedural concerns or conflicts		
Provide EOC with updates as to clinic activity		
Coordinate closely with Safety Officer to address and mitigate safety/security concerns		
Ensure posting of staff assignments		
Monitor news alerts and EOC updates for changing event dynamics		
Ensure posting of emergency phone/contact numbers		
Ensure completion of ICS operations forms as indicated		
Ensure adherence to dispensing/vaccination protocol and medication security		
Ensure completion of any incident reports relating to injury or property loss/damage		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Conduct or Participate in shift debrief, EOC and Public Health EOC debrief, After Action process		
Conduct exit interviews with direct reports (Unit Leaders): Ensure that all section reports/ICS forms are completed and turned in to appropriate agency/ authority		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY OFFICER

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety; maintain facility compliance with fire, OSHA and other safety codes.

Qualifications: Familiarity with standard safety practices and management experience. Training in Conflict Resolution would be preferable.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Safety Unit Leader and Safety Unit; Security Unit Leader and Security Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief & briefing schedule		
Review facility survey, clinic flow chart, emergency evacuation plan, fire plan, OSHA standards and assembly points		
Ensure location of emergency equipment, fire extinguishers & first aid supplies		
Ensure posting of emergency phone/contact numbers/exit signs		
Ensure Safety Unit Leader & Security Unit Leader are assembling their units; assigning personal gear; checking IDs & assigning staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic walk thru to assess safety level at operational stations and public areas		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from Safety & Security Unit Leaders		

Report to Clinic Manager for debrief		
Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY UNIT LEADER

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety; maintain facility compliance with fire, OSHA and other safety codes.

Qualifications: Familiarity with standard safety practices and management experience. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Officer		
Supervise: Safety Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Officer for brief & briefing schedule		
Review facility survey, clinic flow chart, emergency evacuation plan, fire plan, OSHA standards and assembly points		
Ensure location of emergency equipment, fire extinguishers and first aid supplies		
Ensure posting of emergency numbers & exit signs		
Assemble Safety Unit staff; Ensure appropriate ID; assign personal gear; assign staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic walk thru to assess safety level at operational stations and public areas		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Safety Officer for debrief		

Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Safety Officer		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY UNIT

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety, maintain facility compliance with fire and other safety codes

Qualifications: Knowledge of standard safety practices. Ability to think under pressure. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Unit Leader for brief		
Review clinic floor plan and station flow plan		
Ensure appropriate ID; log assigned personal gear; report to assigned to stations		
Locate facility emergency exits, fire extinguishers and first aid equipment		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor client flow & station activity; report potential bottlenecks to Safety Unit Leader		
Assist with periodic 'head count' to ensure compliance with facility safety codes		
Investigate, report and intervene potential safety issues including client staff hostility/anxiety		
Monitor stations; actively check with staff to identify and correct potential safety issues (placement of equipment, power cords, furniture, supplies)		
Attend briefings/communications updates as directed by Safety Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Safety Unit Leader for debrief		

Identify any operations safety issues to Safety Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SECURITY UNIT LEADER

Job Action Sheet

Responsibility: Monitors traffic flow, line movement, security of POD supplies and medications as well as overall POD site security. Intervenes if necessary to protect staff and volunteers. Maintains a good working relationship with law enforcement.

Qualifications: Familiarity with standard safety practices; would prefer experience in traffic & crowd control. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Officer		
Supervise: Security Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Officer for brief & schedule		
Review facility survey, clinic flow chart, emergency evacuation plan and assembly points		
Review traffic flow patterns and routes into and out of parking area		
Ensure appropriate signage is visible to all vehicles entering/exiting area		
Ensure appropriate parking/traffic barriers are clearly visible		
Assemble Security Unit staff; Ensure appropriate ID; assign personal gear; assign staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic/parking lot walk thru; assess security level at operational stations and public areas; assess parking/traffic situation		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor vehicle entrance/exit and traffic flow		
Coordinate monitoring activity with Security Unit staff		
Monitor traffic flow for bottlenecks		
Monitor pedestrian cross walks; ensure signage is clearly visible		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from Security Unit staff		
Report to Safety Officer for debrief		
Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Safety Officer		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SECURITY UNIT

Job Action Sheet

Responsibility: Monitors traffic flow, line movement, security of POD supplies and medications as well as overall POD site security. Intervenes if necessary to protect staff and volunteers. Maintains a good working relationship with law enforcement.

Qualifications: Familiarity with standard safety practices; would prefer experience in traffic & crowd control. Training in conflict resolution.

Action	Notes	Done
Report to: Security Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Security Unit Leader for brief & briefing schedule		
Ensure appropriate ID; log assigned personal gear; report to assigned to stations		
Review facility survey, clinic flow chart, emergency evacuation plan and assembly points		
Review traffic flow patterns and routes into and out of parking area		
Ensure appropriate signage is visible to all vehicles entering/exiting area		
Ensure appropriate parking/traffic barriers are clearly visible		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Security Unit Leader for debrief		

Ensure completion of any incident reports relating to injury or property loss/damage		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

PUBLIC INFORMATION OFFICER

Job Action Sheet

Responsibility: Establish and maintain clear communication, public information link between Clinic Manager and local Emergency Operations Center/liaison /local media. Assist with clinic briefings and status reports.

Qualifications: Training in public relations and knowledge of event.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Locate work station and communications equipment within clinic command post, verify equipment is in working order		
Review Clinic communication plan, operational medical evaluation and treatment protocol		
Review previous operational period's incident reports		
Locate status board, role relevant documentation forms		
Confirm Clinic Manager/section chief and unit leader briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Conduct clinic walk-thru to assess client flow and station activity		
Monitor communications within clinic		
Assess informational signage for accuracy, ease of reading, location		
Attend staff briefings, prepare reports for Clinic Manager		
Ensure completion of communication/information forms as indicated. Prepare information for EOC/media briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate shift debrief or event after action meetings as requested		
Ensure completion of any incident reports relating to injury or property loss/damage		

Ensure that all required communication reports/ICS forms are completed and turned in to the Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

VOLUNTEER UNIT LEADER

Job Action Sheet

Responsibility: Responsible for clinic volunteer contact, updates to volunteer list, oversees volunteer sign in/sign out, monitors volunteer rest area (beverages/snacks)

Qualifications: Management experience with strong organizational skills and attention to detail. Training in conflict resolution would be preferable.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Volunteers		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Review clinic floor plan and clinic flow plan		
Set up & stock volunteer check in area/volunteer rest area		
Meet with volunteer unit staff, assign to work station		
Verify volunteer credentials and identification		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Oversee volunteer sign in/sign out areas; Ensure completion of staffing log		
Confirm professional licensing/credentials where required		
Oversee issuance of ID badges, vests, JAS etc.		
Serve as point of contact for families to contact clinic volunteers		
Provide Clinic Manager with hourly updates as to numbers of staff onsite		
Communicate needs for staff support (beverages, snacks)		
Participate in shift briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief or event after action meetings, identify any ongoing volunteer/staffing concerns		

Ensure completion of staff sign out logs, collection of staff ID badges, vests		
Complete appropriate ICS/clinic forms Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

VOLUNTEER UNIT STAFF

Job Action Sheet

Responsibility: Assist Volunteer Unit Leader with volunteer station, volunteer rest area set up and maintenance. Maintain sign in/sign out logs. Perform other duties as described.

Qualifications: Willingness to assist. Knowledge of event. Ability to follow directions.

Action	Notes	Done
Report to: Volunteer Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Report to Volunteer Unit Leader for brief		
Review Job Action Sheet		
Review Clinic floor plan, clinic flow plan, note common areas of interest (bathrooms, snack area)		
Locate volunteer supplies, set up work area		
Confirm unit volunteer unit briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor flow of POD and report throughput issues.		
Direct individuals to appropriate areas; Assist clients if able		
Assist staff with logistics		
Monitor & re-supply rest area		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Volunteer Unit Leader for debrief		
Complete staffing logs, supply inventory documents turn in to Volunteer Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

ADMINISTRATION UNIT LEADER

Job Action Sheet

Responsibility: Manages administrative unit volunteer staff support for registration, forms distribution and collection

Qualifications: Administrator with organizational management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Registration/Forms Distribution and Forms Collection Units		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Report to Clinic Manager for brief		
Review Job Action Sheet		
Review registration, vaccine/medication information sheets, clinic floor plan, client flow plan		
Review unit job action sheets, meet with unit staff and assign to work stations, schedule unit briefings		
Establish communication schedule with volunteer staff and work stations		
Confirm Clinic Manager briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor & support staff at registration & forms collection stations		
Ensure that client registration forms are complete & legible		
Monitor clinic flow for bottlenecks		
Ensure that registration & forms collection stations are supplied as needed		
Ensure that hourly tabulation of client registration/treatment forms are maintained		
Maintain station briefing schedule		
Provide unit activity updates to Clinic Manager, participate in briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief & event after action meetings; identify any ongoing operational concerns		
Ensure completion, collection & security of all forms		
Complete appropriate ICS/clinic forms and turn in to Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

REGISTRATION/FORMS DISTRIBUTION UNIT

Job Action Sheet

Responsibility: Distribute registration forms, vaccine/medication information forms and any other forms deemed necessary. Assist client in completing forms legibly and thoroughly.

Qualifications: Administrator or volunteer that is organized. Attention to detail.

Action	Notes	Done
Report to: Administration Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Administration Unit Leader for brief		
Review clinic floor plan and client flow plan		
Review necessary forms and how to fill them out		
Walk through work stations, assist in set up or re-supply assigned station		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Distribute forms		
Assist clients in completing forms thoroughly and legibly		
Direct clients to translator assistance as needed		
Refer treatment questions to Administrative Unit leader for redirection		
Monitor clinic flow for bottlenecks		
Anticipate station supply needs request re-supply as needed		
Direct clients to next station		
Provide group/work station activity updates to Administrative Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate in debrief, identify any ongoing operational concerns to Administrative Unit Leader		
Re-supply or secure registration, treatment information forms		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

FORMS COLLECTION UNIT

Job Action Sheet

Responsibility: Collect, organize and secure client registration/treatment forms. Provide exiting clients with any post clinic information handouts.

Qualifications: Administrator or volunteer that is organized. Attention to detail.

Action	Notes	Done
Report to: Administration Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Administration Unit Leader for brief		
Confirm unit briefing schedule		
Review clinic floor plan, client flow plan		
Review necessary forms and how to fill them out		
Walk through work stations; assist in set up or re-supply assigned station		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Check forms for legibility & completeness		
Note exit time on forms, separate forms. Client to retain treatment information section		
Refer post client questions to Administrative Unit Leader, or dedicated information staff		
Tabulate client numbers hourly, secure filed forms		
Report 'bottlenecks' in client flow to Administrative Unit Leader		
Identify any ongoing operational concerns to Administrative Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate in debrief; identify any ongoing operational concerns to Administrative Unit Leader		
Ensure re-supply or safe storage station supplies		
Turn in ID badge & vest. Sign Out.		

CLINIC SUPPORT UNIT LEADER

Job Action Sheet

Responsibility: Supervise & coordinate clinic support unit activities (greeter, runner, flow monitor, translator groups)

Qualifications: Administrator or volunteer that is organized and has some management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Greeters, Runners, Flow Monitors, Translators		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Review clinic treatment protocol, registration forms, clinic floor plan, clinic flow plan		
Confirm location, inventory general clinic supplies		
Meet with greeter, runner, monitor, translator groups; make station assignments		
Establish unit briefing schedule, communications		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor stations and clinic locations where volunteer staff are assigned		
Monitor & resolve congestion or bottlenecks through direction of flow		
Ensure accessibility of translators at screening, registration, review/triage, dispensing		
Ensure that runners are effectively, efficiently delivering messages, supplies		
Identify any operational concerns to Clinic Manager		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief		
Ensure re-supply or safe storage station supplies, clinic traffic flow supplies		
Turn in ID badge & vest. Sign Out.		

TRANSLATOR/INTERPRETER UNIT

Job Action Sheet

Responsibility: Assist clients and clinic staff with language needs.

Qualifications: Any available volunteer/staff that has interpretive experience. Able to use language line.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review treatment information sheets, registration forms (English and non-English)		
Review clinic floor plan, client flow plan, station location and function		
Report to assigned work station, communication plan		
Confirm unit briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Assist non-English speaking clients to complete registration forms		
Provide non-English speaking clients with written vaccine/medication information		
Report 'bottlenecks' in client flow to Clinic Support Unit Leader		
Provide Clinic Support Unit Leader with update on client language, communication needs		
Identify any operational concerns to Clinic Support Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for end of shift, debrief		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

GREETER UNIT

Job Action Sheet

Responsibility: Greet clients on entry to screening station, orient to clinic signage, operations, direct to next station.

Qualifications: Administrator or volunteer that is organized and friendly. Conflict resolution training.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Assist with set up or re-supply screening station		
Confirm unit leader briefing schedule, in house communications		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Welcome clients to clinic		
Direct clients to information; point out directional signage		
Answer client questions re: general clinic operations		
Monitor clinic flow for bottlenecks		
Request additional supplies screening stations as needed		
Provide screening station updates to Clinic Support Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Re-supply screening station or secure supplies		
Turn in ID badge & vest. Sign Out.		

RUNNER UNIT

Job Action Sheet

Responsibility: Transport supplies, messages between stations and Clinic Support Unit Leader or other Unit Leaders

Qualifications: Administrator or volunteer that is organized and able to ambulate and stand for lengthy times.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review message forms, communication procedures		
Locate clinic supply area, review station re-supply procedures		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor station activity, transmit supply and message requests		
Transport supplies to stations		
Monitor clinic flow for bottlenecks and report to Unit Leader		
Alert Unit Leader to needs for translation or other special services		
Provide activity updates to Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Complete requests for station re-supply		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

CLINIC FLOW UNIT

Job Action Sheet

Responsibility: Direct and assist client movement between stations, provide clinic monitor for traffic flow bottlenecks

Qualifications: Administrator or volunteer that is organized.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review message forms, communication procedures		
Locate clinic supply area, review station re-supply procedures		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Assess placement and use of signage (directional, informational) for effectiveness		
Monitor entry area, station areas flow for bottlenecks		
Escort clients as needed		
Notify Unit Leader of client concerns requiring translation, medical evaluation assist		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Turn in ID badge & vest. Sign Out.		

SCREENING/TRIAGE UNIT LEADER

Job Action Sheet

Responsibility: Supervise and coordinate screening/triage, forms review and information briefing activities at Screening and Review/Briefing stations

Qualifications: Registered Nurse or other trained professional in screening and triage. Organizational/management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Screening/Triage Unit		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Locate and review protocol sheets relevant to screening, triage, medical evaluation and treatment		
Review drug information sheets		
Meet, brief & assign volunteers to screening and review/brief stations		
Ensure that screening and review/briefing areas are set up with adequate supplies and copies of medical screening and treatment protocol		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Ensure compliance with, screening, forms review and briefing protocol		
Ensure referral of ill clients to medical treatment, special needs clients to medical and behavioral health		
Assess placement and use of signage (directional, informational) for effectiveness		
Monitor clinic flow for bottlenecks		
Ensure that Screening and Review/Briefing stations are supplied as needed		
Provide unit briefings to Clinic Manager		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit; Report to Clinic Manager for debrief		
Ensure re-supply & safe storage station supplies, clinic traffic flow supplies		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SCREENING/TRIAGE UNIT

Job Action Sheet

Responsibility: Following screening/treatment protocol, verify eligibility to receive medication/vaccination. Identifies clients with illness symptoms, contraindications and refers to appropriate station.

Qualifications: Registered Nurse or other trained professional in screening and triage.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review screening/treatment protocol information, registration forms		
Review drug information sheets		
Check placement of informational and directional signage		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Follow triage algorithm for medication/vaccination		
Screen vaccination records if applicable		
Review medication allergies & contraindications		
Refer client to Medical Evaluators if indicated		
Answer client questions or refer to Unit Leader		
Monitor clinic flow for bottlenecks and report to Unit Leader		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Complete requests for station re-supply		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

MEDICAL EVALUATION UNIT

Job Action Sheet

Responsibility: Assess 'special needs' client health issues & contraindications to treatment. Evaluate referrals from screening and briefing station.

Qualifications: EMT, Registered Nurse or other trained professional in medical evaluation. CPR certified.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Locate first aid supplies/AED		
Locate & review screening, consent & vaccination information forms		
Locate & review adverse event reporting documents		
Set up stations; check supply levels		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Confirm client eligibility for medication/vaccine-refer to dispensing, answer client questions		
Monitor entry area flow for bottlenecks, report any operational safety concerns		
Assist with any emergency health assessments		
Perform lifesaving/emergency treatment if necessary		
Report to EMS/Hospital if transporting a patient		
Maintain any required documentation logs		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Re-supply station		

Report to Screening/Triage Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

BEHAVIORAL HEALTH UNIT

Job Action Sheet

Responsibility: Provide intervention & counseling referrals to clients/staff exhibiting anxiety or other stress reactions.

Qualifications: Registered Nurse or other trained professional in behavioral health evaluation. Training in conflict resolution.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review referral resources		
Locate & review screening, consent & vaccination information forms		
Locate & review adverse event reporting documents		
Set up stations; check supply levels		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Following behavioral health protocol; assess behavioral health referrals; intervene; counsel or refer to outside agency as appropriate		
Monitor entry area flow for bottlenecks		
Conduct clinic walk through; monitor client flow, station activity		
Maintain any required documentation logs		
Provide updates to Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Re-supply station		
Report to Screening/Triage Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

DISPENSING/VACCINATING UNIT LEADER

Job Action Sheet

Responsibility: Supervise and manage activities associated with dispensing medication or administering vaccine to ensure compliance with treatment protocol and supply security.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Dispensing/Vaccinating Unit		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Meet with Dispensing/Vaccinating Unit; review treatment protocol, emergency treatment & documentation		
Set up stations; check supply levels		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor dispensing stations for safety & supply needs		
Monitor pharmaceutical supply, cold chain for vaccines		
Ensure compliance with universal precautions and 'best practices' vaccination practices		
Maintain any required documentation logs		
Provide unit activity updates to Clinic Manager		
Order additional supplies		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain reports from unit staff		
Report to Clinic Manager for debrief		
Document pharmaceutical supply levels & security status		

Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

DISPENSING/VACCINATING UNIT

Job Action Sheet

Responsibility: Provide medication or administer vaccine in compliance with treatment protocol. Maintain supply security and standard universal precautions.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Dispensing/Vaccinating Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Dispensing/Vaccinating Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review treatment protocol, emergency treatment & documentation		
Set up stations; check supply levels		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Label medication bottles with name of client & date; place pre-printed labels (if available) on bottles		
Draw up diluents; mix with vaccine without contaminating needles.		
Monitor time from drawn up to administration by vaccinator(30 minutes)		
Comply with standard universal precautions		
Ask Pharmacy supply for more vaccine as needed(keep at least 10 doses at station)		
Maintain “cold chain” of vaccine at station		
Document dispensing/vaccinating action per clinic protocol(circle lot number on client sheet)		

Provide unit activity updates to Unit Leader		
Request station supplies as needed		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Re-supply station		
Report to Dispensing/Vaccinating Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

PHARMACY SUPPLY UNIT

Job Action Sheet

Responsibility: Monitor pharmaceutical security, 'cold chain' as indicated. Assists with inventory and receipt of local pharmaceutical or SNS supplies. Assist clinic support unit with re-supply to dispensing stations.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Dispensing/Vaccinating Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Dispensing/Vaccinating Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Inventory pharmaceutical supply		
Check 'cold chain' security for vaccine storage		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for ordering, receiving additional supplies		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor pharmaceutical supply & refrigerator temps (cold chain) for vaccines		
Assist with re-supply to dispensing stations		
Maintain any required documentation/inventory logs		
Provide unit activity updates to Dispensing/Vaccinating Unit Leader		
Order additional supplies as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Document pharmaceutical inventory & temperatures in refrigerated storage		
Report to Unit Leader for debrief		

Document pharmaceutical supply levels & security status		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

EMERGENCY TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a serious allergic reaction that typically comes on quickly. It requires immediate medical treatment. If not treated properly, it can be fatal. All antibiotics and vaccines have the potential to cause adverse reactions. In order to safely administer antibiotics and vaccines and reduce the risk of adverse reactions, screen all clients for previous allergic reactions and contraindications before administering vaccines or antibiotics. Adolescents and adults should be seated or lying down during vaccination. Clients should wait in the clinic for at least 15 minutes following vaccination. The list below describes symptoms of anaphylaxis and appropriate management.

ANAPHYLAXIS

Symptoms may include:

- Generalized itching, flushing, erythema (redness)
 - Urticaria (hives)
 - Angioedema (swelling of the lips, face, or throat)
 - Severe bronchospasm (wheezing)
 - Shortness of breath
 - Shock (rapid, shallow breathing; cold, clammy skin; weakness, dizziness)
 - Abdominal cramping
 - Cardiovascular collapse
 - Anxiety, feeling of impending doom, headache
-
- ❖ Prompt administration of epinephrine is essential for treatment of anaphylaxis (Chipps, 2013; Simon, et al., 2013).
 - ❖ There is risk of time delays and dosages errors when drawing up epinephrine (Sicherer, Simons, and the Section on Allergy and Immunology, 2007).

Epinephrine dosages: See table in medical directive

KEY STEPS

- I. Assess circulation, airway, breathing, mental status, skin and body weight.
- II. Promptly and simultaneously:
 - a. Call for help (by a second person if possible)
 - b. Administer epinephrine
 - c. Position client on back with lower extremities elevated
- III. Perform CPR if indicated, following the current American Heart Association guidelines
- IV. Monitor vital signs

If additional staff is available, assign roles. In one nurse or two nurse stations, administrative staff could assist with recording events for the PHN or performing CPR, if certified. **See details in the medical directive below.**

Medical Directive:

In the event of anaphylaxis (symptoms listed above):

- I. Assess circulation, airway, breathing, mental status, skin and body weight.

Note: PHNs routinely obtain the client’s weight with *Healthy Lifestyle* screenings. This puts the PHN in an ideal position to pre-identify the client’s epinephrine dosage prior to an anaphylaxis event.
- II. Promptly and simultaneously:
 - a. Call for help (by a second person if possible; if working alone, prioritize steps so the client promptly receives a first dose of epinephrine)
 - b. Administer epinephrine intramuscularly (IM) in the anterolateral thigh**

Weight in Pounds & Ounces	Epinephrine Auto-Injection Devices		Vial or Ampule of Epinephrine 1:1000 (1 mg/mL) Draw up & administer:
Infant/Child * 9-19 lbs.	N/A		0.05 mg (0.05mL)
Infant/Child* 20-32 lbs.	N/A		0.1mg (0.1mL)
Child 33-65 lbs.	Administer (Dose is 0.15 mg)	OR	0.3mg (0.3mL)
Child 66 lbs. or greater	Administer (Dose is 0.3 mg)	OR	0.5mg (0.5mL)
Adolescent/ Adult 66 lbs. or greater	Administer (Dose is 0.3 mg)	OR	0.5mg (0.5mL)

*<http://www.immunize.org/catg.d/p3082a.pdf> -- Reference for “Infant/Child” doses only.

Medical Directive continued on next page:

Medical Directive continued:

- II. c. Position client on back with lower extremities elevated
- This slows the progression of hemodynamic compromise/preserves fluid in the circulation
 - Maintain this position as fatality may occur if the client suddenly stands or sits (due to empty vena cava/empty ventricle syndrome)
 - If the client has respiratory distress +/- vomiting, place in a position of comfort with lower extremities elevated

If emergency medical support has not arrived & symptoms are still present:

- ./ Repeat dose of epinephrine **every 5 - 15 minutes for up to 3 doses**, depending on client's symptoms & blood pressure (1 or 2 doses are usually sufficient)
- ./ Epinephrine may be given at intervals shorter than 5 minutes if necessary

III. Perform CPR if indicated, following current American Heart Association guidelines

IV. Monitor the client's vital signs closely (every 5 minutes) until Emergency Medical Support arrives

- ./ Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- ./ Do not release client until care is turned over to the Emergency Medical Response team.
 - o Turn primary authority for care over to the EMT/CHA as soon as they arrive at the scene.
 - o Support the EMT/CHA until the EMT/CHA acknowledges that PHN support is no longer needed.

Assure that emergency responders have full information about the drug causing the reaction, including the name of the drug, dosage, site of injection, and time of administration.



Jay . tier, M.D.

Chief Medical Officer Department of Health and Social Services

Director, Division of Public Health

Dec 28 , 2016

Date

Other considerations:

- Protect epinephrine from light and freezing (store between 59° and 77° F)
- Store epinephrine vial in box until ready for use
- Inspect solution – do not use if pinkish or brown in color, darker than slightly yellow, or if precipitate is present
- Record the following dates on the vial of epinephrine:
 - Date opened
 - Discontinue use date (28 days later)
 - If using an opened vial
 - ✓ Check dates to make sure it is still within the date range to use the vial
 - ✓ Check appearance of epinephrine (do not use if discolored or if precipitate is present)
 - Start a new vial by the 28th day
- Maintain supplies needed to respond in an emergency

Supplies:

A tackle box is best for keeping emergency supplies.

- The tackle box should be:
 - Boldly labeled as an emergency kit
 - Have the expiration date of all medications posted boldly on the outside surface
 - Routinely checked to assure that all necessary contents are contained and that no items have expired
 - Checked and replenished after each use

Contents of the emergency kit include:

- At least 2 vials of aqueous epinephrine 1:1,000 dilution (1 mg/mL)
 - This is so you will have enough back up epinephrine to administer once the first vial is opened, or if it shows signs of oxidation (discolored, precipitate)
 - Once a vial of epinephrine is opened, write the opened date on the vial and 28th day expiration date
 - Replace an open vial of epinephrine within 28 days, providing there are no signs of oxidation (discolored, precipitate)
- At least (5) 1-1/2 inch retractable needles or safety needles (needles should be long enough to reach the muscle of anterolateral thigh)
- At least 5 tuberculin syringes
 - Do not use tuberculin syringes with attached needle; the needles are designed for Tuberculin Skin Testing. These needles are not long enough for I.M. administration of medication.
- CPR pocket masks
- Blood pressure cuff and stethoscope
- Alcohol wipes
- At least 3 pair of gloves

- Pen and paper log to record events:
 - Name of the medications/vaccines, route, and site(s) administered prior to the adverse reaction
 - Time and type of initial reaction
 - Time and initial response/care of client from PHN
 - Additional PHN care provided, including vital signs, observations, medical management, epinephrine given
 - Discharge of client, including time, status of client and to whom client was discharged
 - Keep a copy to document for the chart and send a copy of the documentation with emergency personnel

Reporting to VAERS:

Report all adverse vaccine events to your immediate supervisor using the Vaccine Adverse Events Reporting System (VAERS) report and report the anaphylaxis event to the national VAERS program. (See Section VIII of the Immunization Manual.)

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