MASS VACCINATION
POINT OF DISPENSING
WALK-THROUGH CLINIC

FIELD OPERATION
GUIDE

CONTRA COSTA
HEALTH SERVICES

November 10, 2010
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Section 1: Introduction

The purpose of this Field Operation Guide (FOG) is to assist the Point of Dispensing (POD) Site Manager and support personnel establish and operate a non-traditional clinic site (POD) in which to offer seasonal flu and other vaccinations. These sites are designed to be walk-through (as opposed to drive-through) and offer free vaccination services to the general Contra Costa population. The Public Health Division Operations Chief (see page 48) or designee is responsible for assuring the activation of the mass vaccination PODs and will determine what types of vaccinations will be offered.

This FOG may be used to complete all pre-vaccination planning such as determining POD location(s) and client flow, identification and assignment of key POD personnel, resource allocation, POD operation set-up, POD deactivation, and staff demobilization.

The FOG contains:

- A list of Acronyms used in this document (Attachment A)
- Incident Command Structure (POD Staffing Organization Chart) (page 4)
- POD Activation Checklist to determine site viability and initiate key functions (Appendix B)
- Staffing Roster to assist in identifying and assigning key POD personnel (Appendix C)
- Medical Supply List to facilitate efficient medical operations (Appendix D)
- Non-medical Supply List to ensure adequate POD operations (Appendix E)
- Job Action Sheets (JAS) for each POD position and organized by Incident Command System (ICS) section (Appendix F)
- POD Site Hazard Assessment to conduct a POD safety assessment (Appendix G)
- POD patient flow diagram to achieve optimal throughput while considering the safety of staff and clients (Appendix H)
- POD Deactivation & Demobilization Checklist to provide for the orderly closure and documentation of POD operations (Appendix I)
- Workers’ Compensation Claim Form (Appendix J)
- Volunteer Disaster Service Worker Form (Appendix K)
- CCHS Volunteer Registration Form (Appendix L)
- Medical Plan Form – ICS Form 206 (Appendix M)

Section 2: Concept of Operations

The mission of this mass vaccination POD is to provide vaccinations free-of-charge to Contra Costa residents on a non-emergency basis at community-based, non-clinical locations.
Each POD should have adequate ingress (entry) and egress (exit) capacity to accommodate a large influx of people. A POD can be scaled up or down depending on the number and type of vaccinations offered and the number of patients to be served.

Activation and staffing of a POD may involve collaboration among public and private stakeholders including other county departments, schools, colleges or universities, faith-based and community-based agencies and institutions, the business community, local governments, and volunteers.

Site-specific supplies will be delivered to POD sites. Once the supplies arrive, POD staff is responsible for receiving and storing them, including ensuring that any cold-chain vaccine requirements are met.

The following factors were taken into consideration when selecting mass vaccination POD sites.

- The number and locations of PODs were selected based upon the availability of vaccines and the populations to be served.
- Adequate staffing considerations must be addressed since vaccination PODs may be operating during more than one shift.
- Mass vaccination activities conducted at PODs will be consistent with the incident command, control, and communications terminology, and response management systems specified by the Incident Command System (ICS) in the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).
- The Public Health Division (PHD) of Contra Costa Health Services (CCHS) will direct the vaccination activities at PODs, including the deployment of medical staff and supplies. As Disaster Service Workers, medical and non-medical Contra Costa County employees, as well as registered licensed medical and non-licensed, non-medical volunteers may provide additional staffing.

Section 3: POD Activation

3.1 Activation Checklist

Activating a mass vaccination POD involves a number of steps. These steps are shown in Appendix B, Activation Checklist, and have been grouped into three main areas: Opening the POD, Unit Operations and Management Responsibility, and Dry-Run of the Station.

3.2 Staffing Roster

Personnel required to fully staff the mass vaccination POD are listed in Appendix C: Staffing Roster. The roster is based on a single POD and based on one 8-hour shift. Staffing will need to be increased in proportion to the number of shifts or operational
periods. The roster provides the position name, number required, and position classification.

3.3 Medical Equipment and General POD Supplies List

Appendix D and E are lists of medical equipment and general POD supplies that are necessary to operate each Mass Vaccination POD. The lists include the items but not specific numbers. Table and chairs will be set up ahead of time at each POD site; however, the number of tables and chairs are dependent upon the size of each POD site. Crowd control supplies are also limited upon availability at each POD site as well. All POD-Specific supplies (vaccines, screening forms, etc), Vaccination Station supplies (syringes, needles, gloves, etc), and Emergency supplies will need to be brought to each respective POD site.

3.4 “Day-Of” or Just-In-Time Training

It may be necessary to utilize employees and volunteers who may not have received training on mass vaccination POD operations prior to the activation. Before activation, the POD Site Manager will provide an overview of POD operations, staffing, patient flow, key roles and responsibilities, supervisory and reporting relationships (ICS structure), and staff documentation requirements including signing in and out procedures. The briefing will also include a review of all safety measures incorporated into mass vaccination POD operation to protect both staff and clients.

Medical Screening and Vaccination Orientation

Vaccination and/or Medical Operations Supervisors will provide training on patient screening, vaccine administration (per protocols), client flow, and how to answer certain frequently asked questions.

Staff Walk-Through

After training listed above is completed, the Medical Operation Leader and the Non-Medical/Logistics Leader will walk their staff through their respective area of responsibility to familiarize them with their associated tasks and resources. All staff not associated with the actual dispensing operation should walk through the clinic to gain a better understanding of the entire operation.

Late Staff Arrivals

Late staff arrivals will receive orientation by Supervisors on a time-permitting basis.
3.5 Staff Vaccinations

All POD staff should be vaccinated at least two weeks prior to POD activation. Staff who are not vaccinated prior to activating the POD should be offered the opportunity to be vaccinated that day.
Section 4. Operational Guidelines

4.1 Organization Charts

The following page illustrates the site-specific Incident Command System (ICS) structure of each Mass Vaccination Clinic POD. The only ICS Section that is activated at the POD level is the Operations Section.
POD (Site Manager)  
Medical Treatment Supervisor (First Aid)  
Medical Treatment Staff  

Medical Operations Leader  
Vaccination Supervisor  
Vaccinators  
Vaccination Assistants/Floaters  
Vaccine Controller/Fillers  
Screening Supervisor  
Screeners  
Medical Supply Supervisor  

PH Ops  
Health and Safety Officer  

Non-Medical Logistics Leader  
Registration/Break Room Supervisor  
Registration/Break Room Staff  
Non-Medical Supply Supervisor  
Client Flow Supervisor  
Greeters  
Flow/Line Controllers  
Outside Monitor  
Runners  
Special Assistance Supervisor  
Interpreters
The Public Health Division’s Operations Center (PH Ops) will be activated to coordinate, support, and respond to any operations, planning, finance, and/or logistics needs of the nine simultaneous PODS. The ICS Organization Chart for PH Ops is detailed on the following page.
4.2 Position Descriptions

**POD Site-specific Positions**

**POD Site Manager**
The primary decision-maker for the POD location. Responsible for ensuring the POD has everything it needs to operate successfully. Communicates status reports to and requests assistance from the Public Health Division Operations (PH Ops). The POD Site Manager is the only person at the POD authorized to speak with the media unless there is a designated POD Public Information Officer (PIO) available.

**Health & Safety Officer**
Responsible for monitoring and assessing client and staff health and safety hazards or unsafe situations, and developing measures for ensuring personnel and client safety. Reports to the POD Site Manager.

**Medical Treatment Supervisor**
Responsible for responding to medical emergencies at the POD and coordinates with Emergency Medical Services (EMS) if appropriate. Performs or supervises the performance of medical treatment staff during the medical evaluation of injured client and/or POD staff to determine appropriate care and treatment. Manages the Medical Treatment Area. Ensures the availability of adequate First Aid supplies. Coordinates with EMS for appropriate care of client through external facilities or to request medical transportation as needed. Monitors staff and client for signs of fatigue or stress. Reports to the POD Site Manager.

**Medical Treatment Staff**
Provides first aid assistance for clients and staff. Reports to the Medical Treatment Supervisor.

**Medical Operations Leader**
Responsible for overseeing medical operations of the POD including medical screening, vaccinations, and medical supplies. Reports to the POD Site Manager.

**Non-Medical / Logistics Leader**
Responsible for overseeing non-medical POD operations including: staff registration, breaks/refreshments, non-medical supplies inventory and distribution, client flow, special assistance and interpretation needs of client and runners. Reports to the POD Site Manager.

**Vaccination Supervisor**
Oversees vaccination staff and makes recommendations for change. Observes staff and clients for signs of stress. Provides general oversight of the vaccination unit function, including assisting clients arriving by bus or automobile. This may require staff to screen and vaccinate clients’ while in their vehicle. Reports to the Medical Operations Leader.
**Vaccinators**
Prepares and administers vaccine to clients. Reports to the Vaccination Supervisor.

**Vaccination Assistants/Floaters**
Assists with station set-up and/or breakdown as needed. Assists special needs clients or large families throughout clinic process as needed. Covers/fills in and/or temporarily assists with responsibilities from other areas of the mass clinic as appropriate. Ensures that proper documentation is maintained for all activities. Reports to the Vaccination Supervisor.

**Vaccine Controller/Fillers**
Reviews screening forms and assists the Vaccinators by preparing appropriate type vaccine.

**Screening Supervisor**
Ensures that Screeners are following appropriate screening procedures. Observes unit operations and logistics and makes recommendations for change. Observes staff and clients for signs of stress. Provides general oversight of the screener unit function. Reports to the Medical Operations Leader.

**Screener**
Responsible for evaluating client screening forms and determining which types of vaccine to administer. Reports to the Screening Supervisor.

**Medical Supply Supervisor**
Responsible for labeling, storage, and inventory of medications and vaccines. Also obtains general equipment and supplies necessary for activation and continuity of the POD operation. Reports to the Medical Operations Leader.

**Registration/Break Room Supervisor**
Responsible for ensuring that staff and volunteers are properly registered, all required forms are completed, and that every PD worker signs in and out. Manages and monitors the staff break room area to ensure a comfortable, safe, and clean place for staff to rest and/or eat. Reports to the Non-Medical/Logistics Leader.

**Registration/Break Room Staff**
Responsible for staffing the registration/check-in table. Ensures that all POD staff complete all required forms, distributes vests, assists worker fill out name tags, monitors the break area for cleanliness, food supply, etc. Monitors meal distribution. Reports to Registration/Break Room Supervisor.

**Non-Medical Supply Supervisor**
Responsible for ensuring that non-medical supplies and equipment necessary for the POD operation are available. This includes ensuring that equipment and supplies such as clinic forms, signage, and general supplies are inventoried, stored, and distributed at the site. Reports to Non-Medical/Logistics Leader.
**Client Flow Supervisor**

Responsible for supervising Greeters, Flow/Line Controllers, and Outside Monitor(s). Oversees staff responsible for welcoming clients to the POD and guiding arriving clients into the queue. Has overall responsibility for all client flow into, within, and out of the POD. This unit is vital to the safe flow of clients through the POD. Responsible for keeping dispensing lines moving smoothly and directing clients to stations throughout the clinic. The Supervisor is responsible for placing and/or moving Flow/Line Controller staff at specific areas to enhance smooth POD flow. Reports to Non-Medical/Logistics Leader.

**Greeters**

Responsible for greeting clients upon entry to clinic, orient to clinic signage, operations, direct to Screening Station. Answer client questions regarding general clinic operations. Reports to Client Flow Supervisor.

**Flow/Line Controller**

Responsible for guiding arriving clients into the queue. Assists with client flow into, within, and out of the POD as directed by Client Flow Supervisor. Directs and assists client movement between stations, monitors entry area, station areas flow for bottleneck. These staff members are vital to the safe flow of clients through the POD. Reports to Client Flow Supervisor.

**Outside Monitors**

Monitors outside of facility including ingress (entry) and egress (exit) access for any bottlenecks or lines. Assists with setup and/or breakdown of clinic as needed. Assists with directing parking or traffic flow as safety permits. Directs and monitors outside client line. Communicates status of exterior POD site (traffic, parking, lines, etc.). Reports to Client Flow Supervisor.

**Runners**

Provide non-medical support and assistance where needed. Runners are usually used for communication or moving resources. Reports to the Non-Medical/Logistics Leader.

**Special Assistance Supervisor**

Ensures the availability of safe areas to assist clients with families, those needing interpretation or clients with other special needs. Advises all operations staff on recognizing subtle, unique or difficult to recognize presentations of special needs in clients. Works with Health & Safety Officer to ensure ADA compliance and general accessibility for all clients. Supervises Interpreters. Reports to Non-Medical Logistics Leader.

**Interpreters**

Provide interpretation services, as available, to assist non-English speaking clients, deaf and hard of hearing clients, and those unable to read. Reports to Special Assistance Supervisor.

*Note: Additional interpreter Services are available through the HCIN System: 925-313-8360*
4.2.1 Public Health Operations Positions

**Public Health Operations Chief**
Responsible for the overall POD Operations, safety of staff and is the primary decision-maker for all nine Mass Clinic POD sites.

**Public Information Officer**
Responsible for interfacing with the public and media or with other agencies with Mass Clinic POD related information requirements. Reports to Public Health Division Operation Chief.

**Operations Section Chief**
Responsible for operations of all nine Mass Vaccination Clinic POD Sites. Coordinate with Logistics to support any Staffing and/or Supply issues. Reports to Public Health Division Operation Chief.

**Planning Section Chief**
Responsible for gathering and assessing POD information and leading Action Plan development. Reports to Public Health Division Operation Chief.

**Logistics Section Chief**
Responsible for providing services and materials for the POD including; receiving, storage, inventory and distribution of POD, equipment and medical supplies. Works with Operations to resolve any staffing and resource issues. Reports to Public Health Division Operation Chief.

**Finance/Admin Section Chief**
Responsible for tracking all costs and claims, including arranging purchase of any additional equipment and or supplies related to POD operations. Reports to Public Health Division Operations Chief.

4.3 Job Action Sheets

A job action sheet (JAS) for each of the positions listed in Section 4.2, Position Descriptions, is included in Appendix F, Section Job Action Sheets. Each job action sheet provides detailed guidance for performing functions in that position.

4.4 Client Flow & Station Descriptions

Appendix H shows a General Client POD Flow. Each station description is explained in more detail on the following pages.
4.4.1 Main Stations

**Client Check-In**

Greeters will give clients numbered vaccine screening forms. Ensure consistency in information provided to clients. Direct clients to Screening Station.

**Screening**

Screeners will review Screening form and confirm the type of vaccinations clients will receive or refer to their own provider if the client is not able to be vaccinated at the POD Site. Screeners will answer any questions the client may have about the form or the drugs they may receive.

When clients have completed the Screening process, Screeners will direct them to the Vaccination Station.

**Flow/Line Controllers**

Responsible for directing clients with special needs, families with children etc…to appropriate Vaccination Station.

**Vaccination Station**

At the Vaccination Station a Vaccinator will review the client’s form and administer the proper vaccine.

After clients have received their Vaccination the Vaccination Station staff will direct them to the exit.

**Exit**

A Flow/Line Controller posted at the exit will assist the client with exiting the POD. The Flow/Line Controller Staff member will ensure a safe and orderly exit.

4.1.2 Other POD Areas

**Supply Storage**

The Supply Storage area will house, out of public view, medications and supplies (medical and non-medical) that may be needed by the vaccination stations or other POD operations. Portable ice chests/coolers will be used to store vaccine or other medication that must be kept cool.
**Staff Registration & Break Area**

POD staff will report for their shifts to the Staff Registration area where they will be required to sign in and complete all required forms and documentation. Staff will also receive identification materials (vest, name tag, etc.) in this area. At the end of their work shift, all staff will report to this area and sign-out. During dispensing operations, this will also be the area where the staff can take a rest break and eat meals.

**4.5 Communications**

**Internal/External Communications**

Most of the communication taking place at the POD will be direct and face-to-face. Cell phones will be used to communicate between the POD Site and PH Ops. A public address system may be used during the initial meeting of all staff for briefing and general instructions.

**4.6 Safety Guidelines**

Prior to opening a POD, a site hazard assessment should be conducted. This provides a review of safety considerations for the site and covers topics including training for all site workers, environmental conditions that may produce risk, general housekeeping conditions that affect site safety, availability and training on appropriate personal protective equipment for all POD staff, material and supplies handling and storage concerns, and safety issues involving vehicle traffic at the site. These issues are listed in a summary table for ease of consideration. The table is found in Appendix G: POD Site Hazard Assessment Form.
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# APPENDIX A: LIST OF ACRONYMS

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<tr>
<td>AAR</td>
<td>After Action Report</td>
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<tr>
<td>CCHS</td>
<td>Contra Costa Health Services</td>
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<td>DOC</td>
<td>Department Operations Center</td>
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<td>Disaster Service Worker</td>
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<td>Emergency Operations Center</td>
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APPENDIX B: ACTIVATION CHECKLIST

Opening POD
- Contact property owner of selected location and confirm availability and use of site as a Mass Vaccination Point Of Dispensing (POD) site
- Establish location for staff and volunteer registration/break room for vest and badge issuance, communications equipment, food, water, refreshments and any other necessary equipment
- Deliver all supplies and equipment necessary to operate
- Stage POD in preparation for client flow (i.e. tables, chairs, signage, stanchions (if available), etc.)
- When POD is staged for operation, gather all staff and volunteers for an initial briefing
- Brief all staff and volunteers about general incident and POD operation
- Provide “day-of” training on all issues that are applicable to the whole operation
- Establish work schedules for all staff and volunteers
- Receive pharmaceutical and medical supplies
- Validate initial inventory
- Store pharmaceuticals and medical supplies in a secure location
- Assign quality assurance staff to routinely monitor temperature of vaccine
- Periodically notify Public Health Operations (PH Ops) to provide estimates on readiness to open
- When appropriate, contact the PH Ops when POD is ready to receive clients
- Open POD at time specified by PH Ops

Station Operations and Management Responsibility
- Describe the roles and responsibilities of the station
- Provide “Day-Of” or Just In Time Training (JITT)
- Describe and show the layout of the station
- Identify what materials are used at the station
- Identify the materials to be distributed at this station
- Identify and describe the various staff positions required at the station
- Have staff review their Job Action Sheets (JAS)
- Clarify any ambiguous or unclear directions presented on the Job Action Sheets.
- Assign break times for staff and volunteers

Dry Run of the Station
- Have staff practice a run-through of all station operation
- Provide feedback on the tasks and flow of the station
- Address concerns or issues identified by the staff
- Have all staff and volunteers process through the flow to receive their vaccination (if needed)
APPENDIX C: STAFFING ROSTER

Staffing roster will be provided prior to site activation.
## APPENDIX D: MEDICAL EQUIPMENT AND SUPPLIES LIST

<table>
<thead>
<tr>
<th>Location/Supply Type</th>
<th>Supplies and Equipment</th>
<th>Estimated Number Needed</th>
<th>Available On Site</th>
<th>Number Available</th>
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<tbody>
<tr>
<td><strong>Education &amp; Screening Station</strong></td>
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<td>Tables</td>
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<td></td>
<td>Chairs</td>
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<td></td>
<td>Patient Check-In Forms</td>
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<td></td>
<td>Clipboards</td>
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<td></td>
<td>Pens, pencils</td>
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<tr>
<td><strong>Vaccination Station</strong></td>
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<td>Tables</td>
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<td>Chairs</td>
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<td></td>
<td>First aid kit</td>
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<td></td>
<td>Hand Sanitizer</td>
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<td></td>
<td>Adhesive Tape</td>
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<td></td>
<td>Gloves, Exam-Latex Free (S)</td>
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<td>Gloves, Exam-Latex Free (M)</td>
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<td></td>
<td>Gloves, Exam-Latex Free (L)</td>
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<tr>
<td></td>
<td>Syringes &amp; Needles (BD Safety Glide) 23g x 1” Ref# 305902</td>
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<td></td>
<td>Sharps Containers</td>
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<td></td>
<td>Band-Aids</td>
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<td></td>
<td>Cotton Balls/Swabs</td>
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<td></td>
<td>Towels</td>
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<td></td>
<td>Alcohol Wipes/Prep Pads</td>
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<td></td>
<td>Garbage can and bags</td>
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<td></td>
<td>Table covers (sheets or clean paper)</td>
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<td></td>
<td>Paddle Signs</td>
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<td></td>
<td>Grey Storage Containers</td>
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<tr>
<td><strong>POD-specific Supplies</strong></td>
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<tr>
<td></td>
<td>Vaccines</td>
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<td></td>
<td>Ice Chests-Coolers</td>
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<tr>
<td></td>
<td>Vaccine Screening Form - English</td>
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<td></td>
<td>Vaccine Screening Form - Spanish</td>
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<tr>
<td></td>
<td>Vaccination Record/After Shots &amp; Disclosure - English</td>
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<tr>
<td></td>
<td>Vaccination Record/After Shots &amp; Disclosure - Spanish</td>
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<tr>
<td></td>
<td>Flu Vaccine Injectable Forms - English</td>
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<tr>
<td></td>
<td>Flu Vaccine Injectable Forms - Spanish</td>
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<tr>
<td></td>
<td>Flu Nasal Forms – English</td>
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<tr>
<td>Location/Supply Type</td>
<td>Supplies and Equipment</td>
<td>Estimated Number Needed</td>
<td>Available On Site</td>
<td>Number Available</td>
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<tr>
<td>POD Specific Supplies (Cont.)</td>
<td>Flu Nasal Forms - Spanish</td>
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<td>Pneumococcal (Adult) Forms - English</td>
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<td>Tdap Forms – English</td>
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<td>Tdap Forms - Spanish</td>
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<td></td>
<td>Clinic Calendars – English</td>
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<tr>
<td></td>
<td>Pink Epidemiology Book – 10th Edition</td>
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<tr>
<td></td>
<td>Stickers</td>
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<tr>
<td></td>
<td>Yellow Mobile Boxes</td>
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<tr>
<td>Emergency</td>
<td>Epinephrine</td>
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<tr>
<td></td>
<td>First Aid Kit</td>
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<tr>
<td></td>
<td>Stethoscope</td>
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<td></td>
<td>Oxygen w/delivery system</td>
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<tr>
<td></td>
<td>Pocket Masks, 1-way valve, adult</td>
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<tr>
<td></td>
<td>Pocket Masks, 1-way valve, child</td>
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</table>
## APPENDIX E: GENERAL POD OPERATION SUPPLIES LIST

<table>
<thead>
<tr>
<th>Location/Supply Type</th>
<th>Supplies and Equipment</th>
<th>Estimated Number Needed</th>
<th>Available On Site</th>
<th>Number Available</th>
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<tr>
<td></td>
<td></td>
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<td>Yes</td>
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<tr>
<td><strong>General POD Supplies</strong></td>
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<td>Yes</td>
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<tr>
<td>Push carts (if available)</td>
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<tr>
<td>Paper pads, lined</td>
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<tr>
<td>Pens, pencils, highlighters</td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td>Clipboards</td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td>Trash cans and bags</td>
<td></td>
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<td>Yes</td>
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<tr>
<td>Paper clips</td>
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<tr>
<td><strong>Communications Equipment</strong></td>
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<td>No</td>
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<tr>
<td>Telephones, cell and/or land lines</td>
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<td>No</td>
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<tr>
<td>Portable Mini-Vox</td>
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<tr>
<td><strong>Crowd Control Supplies</strong></td>
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<td>Yes</td>
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<tr>
<td>Signage (Enter, Exit, Registration, Arrows, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Barricade/Caution Tape (if available)</td>
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<tr>
<td>Package Tape/Velcro</td>
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<td>Yes</td>
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<tr>
<td>Scissors</td>
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<td>Yes</td>
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<tr>
<td>Sign Stands/ Holders (if available)</td>
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<td>No</td>
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<tr>
<td>Stanchions/Line Dividers (if available)</td>
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<tr>
<td><strong>Additional Site Supplies – As Needed</strong></td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Containers/Empty Bins</td>
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<td></td>
<td>Yes</td>
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<tr>
<td>Extension Cords</td>
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<tr>
<td>Marking Pens, permanent</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Post-it notes/Sticky notes</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Rubber Bands</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Tape: Scotch, Duct, Packing</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Paper Towels</td>
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<tr>
<td>Cups, Paper Plates</td>
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<tr>
<td>Stapler &amp; Staples</td>
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<td>Yes</td>
<td>No</td>
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<td>Scissors</td>
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<tr>
<td>Water</td>
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<td>Yes</td>
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<tr>
<td>Stopwatch</td>
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<td>Yes</td>
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</tbody>
</table>
APPENDIX F: JOB ACTION SHEETS

POD SITE MANAGER

REPORTS TO: Public Health Division Operations Chief
SUPERVISE: Health & Safety Officer, Medical Operations Leader and Non-Medical/Logistics Leader, Medical Treatment Supervisor
WORKSTATION: As needed throughout the clinic

QUALIFICATIONS: Thorough knowledge of ICS, Mass Prophylaxis/Vaccination Plan, all stations of the POD, organizational skills and management experience.
MISSION: Overall management of the POD operation.

Activation Set-up:
- Coordinate with Public Health Operations as to the readiness to activate the POD.
- Notify and/or request any additional supplies necessary for operation through the Public Health Operations as appropriate.
- Review the POD Field Operations Guide (FOG).
- Brief staff on situation, operation and performance expectations.

Management:
- Establish short-term and long-term priorities.
- Determine objectives and strategies for the POD.
- Establish the level of organization needed, and continuously monitor the operation and effectiveness of that organization.
- Approve incident action plans.
- Approve requests for incoming or outgoing resources.
- Contact Public Health Operations for reconciliation regarding any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery of items.
- Assist local government in briefing officials and media, as appropriate.
- Establish schedule for operational briefings.

Communication:
- Communicate with Public Health Operations at regular intervals.
- Conduct initial briefing/planning meeting with Medical Operations Leader and Non-Medical/Logistics Leader.
- Determine appropriate times for ongoing briefings/planning meetings with Medical Operations Leader and Non-Medical/Logistics Leader.
- Obtain overall media policy strategies for VIP visits from PIO.
- Assist local government representatives in briefing officials and media, as appropriate.
Prior to Shift Change (If applicable):
- With replacement POD Site Manager, conduct briefing/planning meeting.
  - Assess current clinic situation.
  - Provide Public Health Operations with updated Situational Status Reports.
- Send all reports, documents, etc. to the necessary Section Chiefs at Public Health Operations.

Deactivation:
- Schedule and hold deactivation planning meeting with Command Staff, Medical Operations Leader and Non-Medical/Logistics Leader.
- Maintain communication with PH Ops to arrange to have equipment/supplies returned to their storage/staging location.
- Release resources, supplies and workforce as appropriate.
- Send all reports, documents, etc. to Public Health Operations.
- Ensure that all staff complete the feedback form.
HEALTH & SAFETY OFFICER

REPORT TO: POD Site Manager
SUPERVISE: NA
WORKSTATION: Roaming

QUALIFICATIONS: Familiarity with OSHA standards of safety. Recommend Environmental Health Employee.

MISSION: Ensure that the safety of staff, volunteers, guests, clients, and everyone involved in the response operation is considered and maintained during the set-up, operation and closure of the POD.

Primary Responsibilities:

- Attend briefings held by POD Site Manager and review items relevant to safety.
- Participate in ongoing staff meetings and briefings to ensure that safety considerations are a part of planning at all times.
- Prepare a brief statement for staff briefing regarding:
  - Any hazards or threats to staff health and safety
  - Evacuation signals and routes, if necessary
  - How to contact security
- Walk the POD area actively evaluating the general safety of activities, procedures, equipment, etc.
- Identify and make known to the appropriate Supervisor any safety issues that cannot be resolved on the spot, or inform POD Site Manager if additional intervention is required.
- Ensure that accidents are adequately investigated and that accident reports are written.
- Review sanitation issues as they arise.
- Review handling of medical waste.

Prior to Shift Change (If applicable):

- Ensure that the POD Site Manager or designee is in charge while briefing the replacement Health & Safety Officer.
- With incoming Health & Safety Officer, participate in the turnover meeting with Command and General Staff.
- Send all reports, documents, etc. to the necessary Section Chiefs.

Deactivation:

- Complete all outstanding written reports and give to POD Site Manager.
- Alert POD Site Manager of any outstanding incidents or concerns that require further attention.
MEDICAL TREATMENT SUPERVISOR

REPORT TO: POD Site Manager
SUPERVISE: Medical Treatment Staff
WORKSTATION: First Aid Station

QUALIFICATIONS: Licensed clinician, EMS, nurse or other appropriately trained and recognized health professional.

MISSION: Address the first aid needs of clients or staff that become ill or injured during clinic functions (within scope of practice and according to clinic medical plan). Immediately request 911 assistance for life-threatening emergencies.

Supervision Responsibilities:
- Ensure First Aid workstation is set up properly, including leaving appropriate space for client confidentiality.
- Ensure First Aid workstation has appropriate forms and equipment needed.
- Ensure First Aid workstation has appropriate PPE and other equipment needed.
- Ensure all Medical Treatment Staff adheres to infection control procedures.
- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief, and shift transitions for all Medical Treatment Staff.
- Direct Medical Treatment Staff on expectations and job performance.
- Determine number of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- If applicable, review and confirm staffing levels for next shift with POD Site Manager.
- Provide routine progress and/or status reports to POD Site Manager.

Primary Responsibilities:
- Perform medical evaluation to determine appropriate care and treatment for clients and/or POD staff.
- Manage First Aid Station.
- Ensure availability of adequate First Aid supplies.
- Coordinate with EMS for appropriate care of clients through external facilities or to request medical transportation as needed.
- Complete client referral documentation. Send copy to receiving medical facility and retain copy for POD records.
- Answer client questions within scope of training/qualifications.
- Work with Health & Safety Officer and POD Site Manager regarding all incident report information.
- Provide routine progress and/or status reports to POD Site Manager.
- Monitor staff and clients for signs of fatigue or stress. Notify supervisor as appropriate.
MEDICAL TREATMENT STAFF

REPORT TO: Medical Treatment Supervisor
SUPERVISE: NA
WORKSTATION: First Aid Station

QUALIFICATIONS: Licensed clinician, EMT, nurse or other appropriately trained and recognized health professional.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by addressing needs of people ill or injured beyond the scope of clinic focus.

Primary Responsibilities:
- Perform medical evaluation to determine appropriate care and treatment for clients and/or POD staff.
- Ensure availability of adequate First Aid supplies.
- Coordinate with EMS for appropriate care of clients through external facilities or to request medical transportation as needed.
- Complete client referral documentation. Send copy to receiving medical facility and retain copy for POD records.
- Adhere to infection control procedures.
- Answer client questions within scope of training/qualifications.
- Work with Health & Safety Officer and Medical Treatment Supervisor regarding all incident report information.
- Provide routine progress and/or status reports to the Medical Treatment Supervisor.
- Monitor staff and clients for signs of fatigue or stress.
MEDICAL OPERATIONS LEADER

REPORT TO: POD Site Manager
SUPERVISE: Vaccination Supervisor, Screening Supervisor and Medical Supply Supervisor
WORKSTATION: Dispensing Area or as needed throughout the clinic

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official, thorough knowledge of ICS, Mass Prophylaxis/Vaccination Plan and management experience.

MISSION: Get medication to as many people as possible quickly, safely and accurately.

Primary Responsibilities:
- Receive briefing from POD Site Manager
- Conduct briefing for those reporting to you.
- At initial briefing, identify units within the section to be activated and resources required for section operations.
- Obtain a list of authorized POD staff and volunteers.
- Obtain information and updates from those reporting to you for resources needed.
- Communicate staff needs to POD Site Manager.
- Communicate all requests for medical supply resources to Medical Supply Supervisor.
- Communicate all requests for non-medical supply resources to Non-Medical Supply Supervisor.
- Obtain hourly count of clients and number of vaccinations/medications dispensed.
- Request additional pharmaceuticals, if applicable from PH Operations.
- Provide routine progress and/or status reports to POD Site Manager.
- Ensure all documents and reports are complete for section and submitted appropriately.
- All completed Activity Logs and General Messages to POD Site Manager.
- If applicable, review and confirm staffing levels for next shift with Supervisors.
- Monitor staff and clients for signs of fatigue or stress.

Prior to Shift Change (If applicable):
- Ensure that the POD Site Manager or designee is handling operations issues while briefing the replacement Medical Operations Leader.
- With replacement Medical Operations Leader, participate in briefing/planning meeting with other Leadership Staff.
- Send all reports, documents, etc. to the POD Site Manager.
Deactivation:

- Advise POD Site Manager on the process for demobilizing the POD operation.
- Complete all outstanding written reports and transfer to POD Site Manager.
- Assign specific break down duties at each station and pack all equipment and supplies.
- Alert POD Site Manager of any outstanding incidents or concerns that require further attention.
- Identify issues for the After Action Report.
- Participate in the debrief process, if applicable.
VACCINATION SUPERVISOR

REPORT TO: Medical Operations Leader
SUPERVISE: Vaccinators, Vaccination Assistants/Floaters and Vaccine Controllers/Fillers
WORKSTATION: Dispensing Station

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official qualified to administer vaccine or dispense medication under state law and properly supervised.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible.

Supervision Responsibilities:
- Ensure Vaccination workstations are set up properly.
- Ensure Vaccination workstations have appropriate forms and equipment needed.
- Ensure Vaccination workstations have appropriate PPE and other equipment needed.
- Monitor client flow patterns and assist the Medical Operations Leader in correcting any problems.
- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief, and shift transitions for all Vaccination Staff.
- Instruct Vaccination Staff on expectations and job performance.
- Determine number and types of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Determine break schedules and rotations for Vaccination Staff.
- If applicable, review and confirm staffing levels for next day and/or next shift with Medical Operations Leader.
- Provide routine progress and/or status reports to Medical Operations Leader.

Primary Responsibilities:
- To administer vaccination or dispense medication to clients who do not have identified contraindications.
- Alert POD Medical Operations Leader when supplies drop below specific assigned threshold quantities.
- Ensure all Vaccination Staff adhere to infection control procedures.
- Provide routine progress and/or status reports to Medical Operations Leader as needed.
- Train Vaccination Staff.
- Monitor staff and clients for signs of fatigue or stress.
- Retrieve all unused medical supplies issued to medical staff.
VACCINATOR

REPORT TO: Vaccination Supervisor
WORKSTATION: Vaccination Station

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official qualified to administer vaccine or dispense medication under state law or legally delegated and properly supervised.

MISSION: Dispense medicine/administer vaccine with the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible.

Primary Responsibilities:
- To administer vaccine or dispense medication to clients who do not have identified contraindications.
- Vaccinate clients using appropriate administration method.
- Alert Vaccination Supervisor when supplies drop below specific assigned threshold quantities.
- Adhere to infection control procedures.
- Answer client questions within scope of training/qualifications.
- Report disruptions and changes in client flow to Vaccination Supervisor.
- Provide routine progress and/or status reports to Vaccination Supervisor as needed.
- Monitor staff and clients for signs of fatigue or stress. Notify the Vaccination Supervisor or Health and Safety Officer as appropriate.

Additional Assisting Duties:
- Maintain adequate pre-staging of workstation supplies and materials within reach of Vaccination Controller/Filler for maximum efficiency of client throughput.
- Alternate roles if directed by the Vaccination Supervisor or Medical Operations Leader as needed.

Standard Operating Procedures:
- Review forms to administer proper vaccine type.
- Vaccinate clients
- Document location where vaccine was administered
- Sign forms
- Collect forms
VACCINATION ASSISTANT/FLOATER

REPORT TO: Vaccination Supervisor
SUPERVISE: N/A
WORKSTATION: As needed throughout the entire clinic.

QUALIFICATIONS: May involve moderate physical requirements such as movement and carrying supplies.
MISSION: Speed efficiency of overall service delivery by helping to solve problems and by making things happen.

Primary Responsibilities:
- Know clinic layout, workstations, their functions and staff. Stay abreast of all changes in clinic structure.
- Assist with clinic set-up and/or breakdown as needed.
- Assist special needs clients throughout clinic process as needed.
- Refer client questions to the appropriate persons.
- Cover/fill in and/or temporarily assist with responsibilities from other areas of the mass clinic as appropriate.
- Fulfill directives from other areas as requested.
- Ensure that proper documentation is maintained for all activities.
- Provide routine progress and/or status reports to Vaccination Supervisor.
- Monitor staff and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- Assist large families.
- Assist Vaccinators by completing forms.
VACCINE CONTROLLER/FILLER

REPORT TO: Vaccination Supervisor
SUPERVISE: N/A
WORKSTATION: As needed throughout the entire clinic.

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official qualified to administer vaccine or dispense medication under state law or legally delegated and properly supervised. May involve moderate physical requirements such as movement and carrying supplies.

MISSION: Dispense/Control vaccine with the best possible care, consideration and education while maintaining the highest level of efficiency possible.

Primary Responsibilities:
- Familiarity with the 6 different vaccines (4 flu formulations, Tdap and Pneumococcal) and the age indications of those vaccines.
- Handing vaccines to the vaccination staff.
- Filling syringes with 0.5 ml of flu vaccine from a multi-dose vial.
- Drawing up 0.5 ml of Tdap or Pneumococcal from a single dose vial.
- Alert Vaccination Supervisor when supplies drop below specific assigned threshold quantities.
- Adhere to infection control procedures.
- Provide routine progress and/or status reports to Vaccination Supervisor as needed.

Additional Assisting Duties:
- Assist the Vaccinator (for vaccinations) by:
  - Preparing needle and vaccine.

Standard Operating Procedures:
- Review forms to administer proper vaccine type.
- Ensure correct Vaccine is handed to Vaccinator.
SCREENING SUPERVISOR

REPORT TO: Medical Operations Leader
SUPERVISE: Screeners
WORKSTATION: Screening Station

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with vaccine information statements, good communication and organizational skills.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by informing clients on their medical treatment and satisfying all relevant client questions or concerns.

Supervision Responsibilities:
- Ensure Screening Area workstation is set up properly.
- Ensure Screening Area workstation has appropriate forms and equipment needed.
- Ensure Screening Area workstation has appropriate PPE and other equipment needed.
- Ensure all Screening Staff adheres to infection control procedures.
- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief and shift transitions for all Screeners.
- Instruct Screeners on expectations and job performance.
- Determine number of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Review and confirm staffing levels for next day and/or next shift with Medical Operations Leader.

Primary Responsibilities:
- Manage Screening Area.
- Familiarize all Screening staff with contraindications, potential drug interactions, medical/vaccine/biological side effects, disease symptoms, and appropriate dosages.
- Request Interpreter assistance if there are any concerns regarding client understanding.
- Provide routine progress and/or status reports to Medical Operations Leader.
- Monitor staff and clients for signs of fatigue or stress. Notify the person you report to, as appropriate.
- Based on information provided in the forms, determine the appropriate vaccine type
- Circle the vaccine type on the form.
- Answer any questions the client may have.
- Provide clients the appropriate VIS statements.
- When the client is finished with education and screening they are ready to proceed to the Vaccination Station.
SCREENER

REPORT TO: Screening Supervisor
SUPERVISE: NA
WORKSTATION: Screening Station

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official, familiar with vaccine information statements (VIS), with good communication skills.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by informing clients on their medical treatment and satisfying all relevant client questions or concerns.

Primary Responsibilities:
- Ensure workstation has appropriate handouts, and all other educational materials needed.
- Familiarize with contraindications, potential drug interactions, medical/vaccine/biological side effects, disease symptoms, and appropriate dosages.
- Present the educational materials to the client if no contraindications/interactions or disease symptoms are present.
- Educate clients on the specific and relevant medications and treatments they are receiving. Review risk/benefit, dosage, expected reactions, and adverse effects instructions.
- Answer client questions within scope of training/qualifications.
- Request assistance from Interpreter Staff if there is any concern regarding client understanding.
- Refer clients with specific or additional concerns to the appropriate station or clinic area.
- Adhere to infection control procedures.
- Maintain client flow to remain on schedule. Report disruptions and changes in client flow to Screening Supervisor.
- Provide routine progress and/or status reports to Screening Supervisor.
- Monitor staff and clients for signs of fatigue or stress. Notify the Screening Supervisor as appropriate.

Standard Operating Procedures:
- Based on information provided in the forms, determine the appropriate vaccine type
- Circle the vaccine type on the form.
- Answer any questions the client may have.
- Provide clients the appropriate VIS form.
- When the client is finished with education and screening they are ready to proceed to the Vaccination Station.
MEDICAL SUPPLY SUPERVISOR

REPORT TO: Medical Operations Leader
SUPERVISE: NA
WORKSTATION: Supply Storage Area

QUALIFICATIONS: Licensed pharmacist or licensed clinician, nurse or other appropriately trained and recognized health professional. Knowledge of mass clinic operations, ICS, pharmaceutical storage and handling, inventory tracking and good organizational skills. May involve moderate physical requirements such as moving and carrying supplies.

MISSION: Regulate the receipt and dissemination of pharmaceuticals. Manage all aspects of the pharmaceutical inventory.

Primary Responsibilities:
- Evaluate and approve planned storage area for quality control, security, and accessibility.
- Coordinate for arrival of interim pharmaceutical caches.
- Establish refrigeration needs, if necessary.
- Establish and enforce documentation, sign-off, and chain of custody procedures for pharmaceuticals when delivered.
- Maintain an inventory and accountability record of pharmaceuticals.
- Verify accuracy of individual packaging including labels.
- Confirm dosage information on client education handouts is appropriate for each medication.
- Manage distribution and movement of pharmaceuticals, including potential re-packaging needs.
- Assess pharmaceuticals needed, maintaining temperature control and light-sensitivity precautions if appropriate.
- Monitor rates of use. Ensure that current and future resource and supply requirements have been closely estimated.
- Request all medical supplies and medications through the Medical Operations Leader.
- Provide routine inventory status reports to Medical Operations Leader.

Prior to Shift Change (If applicable):
Ensure that a designee is handling inventory issues while briefing the replacement Medical Supply Supervisor.
- Send all reports, documents, etc. to the Medical Operations Leader.

Deactivation:
- Ensure that all pharmaceutical supplies are inventoried and returned to appropriate agency.
- Complete all outstanding written reports.
- Alert the Medical Operations Leader of any outstanding incidents or concerns that require further attention.
NON-MEDICAL LOGISTICS LEADER

REPORT TO: POD Site Manager

SUPERVISE: Registration/Break Room Supervisor, Special Assistance Supervisor, Non-Medical Supply Supervisor, Client Flow Supervisor and Runners.

WORKSTATION: As needed throughout the clinic

QUALIFICATIONS: General leadership skills, some knowledge of supply management and acquisitions, knowledge of ICS and the Mass Prophylaxis/Vaccination Plan

MISSION: Ensure resources are available to support the operational mission of providing medication to as many people as possible quickly, safely and accurately.

Supervision Responsibilities:

- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief and shift transitions for staff.
- Instruct Registration/Break Room Supervisor, Special Assistance Supervisor, Non-Medical Supply Supervisor, Client Flow Supervisor and Runners on expectations and job performance.
- Determine number of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Review and confirm staffing levels for next day and/or next shift with the POD Site Manager

Primary Responsibilities:

- Ensure receipt of equipment, supplies and pharmaceuticals.
- Coordinate with Medical Operations Leader to ensure all units have the resources necessary to effectively operate.
- Conduct a general inspection of the facility prior to it becoming operational with POD Site Manager and facility representative.
- Confirm with POD Site Manager prior to activation that the dispensing site has been set up with all equipment and supplies and is ready to open.
- Receive briefing from POD Site Manager.
- Conduct briefing for those reporting to you.
- At initial briefing, identify units within the section to be activated and resources required for section operations.
- Obtain a list of authorized POD staff and volunteers.
- Obtain information and updates from those reporting to you for resources needed.
- Communicate staff needs/availability to POD Site Manager and Medical Operations Leader.
- Document all requests for incoming and outgoing resources.
- Provide routine progress and/or status reports to POD Site Manager.
- Ensure all non-medical documents and reports are complete and submitted appropriately.
- Provide completed Activity Logs and General Messages to POD Site Manager, as appropriate.
- Review and confirm staffing levels for next day and/or the next shift with the POD Site Manager.
- Monitor staff and clients for signs of fatigue or stress.
- Assign runners to tasks when requested.
- Be aware of where the runners are assigned at all times.

Prior to Shift Change (If applicable):
- Ensure that the POD Site Manager or designee is handling operations issues while briefing the replacement Non-Medical/Logistics Leader.
- With replacement Non-Medical Logistics Leader, participate in briefing/planning meeting with Command Staff and Medical Operations Leader.
- Send all reports, documents, etc. to the POD Site Manager.

Deactivation:
- Advise POD Site Manager on the process for demobilizing the POD operation.
- Complete all outstanding written reports.
- Assign specific tear down duties at each station and pack all equipment and supplies.
- Alert POD Site Manager of any outstanding incidents or concerns that require further attention.
- Identify issues for the After Action Report.
- Conduct exit interviews with your direct reports.
- Participate in the debrief process.
REGISTRATION/BREAK ROOM SUPERVISOR

REPORT TO: Non-Medical Logistics Leader
SUPERVISE: Registration/Break Room Staff
WORKSTATION: Staff Registration/Break Room Area

QUALIFICATIONS: Knowledge of the mass clinic operations, clinic jobs, disaster service worker responsibilities, organizational and management skills, general human resources knowledge.

MISSION: To register and track time of all employees and volunteers, to classify all staff into type and document their availability. To verify appropriate emergency credentials for volunteers. To manage a place for staff to rest, eat, and/or drink.

Supervision Responsibilities:
- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief and shift transitions for staff.
- Instruct Registration/Break Room Staff on expectations and job performance.
- Determine number of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Review and confirm staffing levels for next day and/or next shift with the POD Site Manager.

Primary Responsibilities:
- Assist Medical Operations Leader and Non-Medical/Logistics Leader in determining staffing needs/availability.
- Register and classify emergency workers and volunteers by verifying experience and credentials.
- Assign disaster service workers where needed.
- Obtain or print forms for registering volunteer disaster service workers.
- Direct all volunteers to fill out appropriate forms.
- Issue Job Action Sheets to all supervisors.
- Provide staff with identification card and appropriate color vest.
- Provide relief crews as needed.
- Maintain appropriate records and report, especially time records for County employees.
- Ensure food and beverages are available and staged for staff.
- Manage the operation of check-in/check-out table.
- Manage the ID issue and credential verification table.
- Review and confirm staffing levels for next day and/or next shift with Non-Medical/Logistics Leader.
- Monitor staff and clients for signs of fatigue or stress.
- Work with staff to verify food and drink availability.
- Check out includes retrieving equipment and other non-medical supplies issued to staff.
- Ensure that all vests and nametags have been collected.
REGISTRATION/BREAK ROOM STAFF

REPORT TO: Registration/Break Room Supervisor
SUPERVISE: NA
WORKSTATION:  Staff Registration/Break Room Area

QUALIFICATIONS: Good communication skills

MISSION: To operate the registration/check-in table and ensure the break area is clean and stocked for use.

Primary Responsibilities:
- Register and classify emergency workers and volunteers by verifying experience and credentials.
- Direct disaster service workers to assigned work station or area.
- Obtain or print forms for registering volunteer disaster service workers.
- Issue Job Action Sheets for all assigned personnel.
- Provide relief crews as needed.
- Maintain appropriate records and report, especially time records for County employees.
- Remind supervisors to ensure scheduled breaks and relief for all staff is offered periodically.
- Hand out name tags and vests to all staff.
- Monitor staff and clients for signs of fatigue or stress.
- Ensure break room area is clean and staged for staff use.
- Notify Registration/Break Room Supervisor if supplies run low.
- Check out staff.
- Collect nametags and vests upon check out.
NON-MEDICAL SUPPLY SUPERVISOR

REPORTS TO: Non-Medical/Logistics Leader
SUPERVISE: N/A
WORKSTATION: Supply Area

QUALIFICATIONS: Knowledge of mass clinic operations, ICS, pharmaceutical storage and handling and inventory tracking and good organizational skills. May involve moderate physical requirements such as moving and carrying supplies.

MISSION: The Non-Medical Supply Supervisor is responsible for ensuring that supplies and equipment necessary for the dispensing operation are available. This may include ensuring that equipment and supplies such as barricades, signage, refreshments, communication equipment, and general supplies are acquired and transported to the site.

Primary Responsibilities:
- Participate in planning meetings
- Ensure an adequate number of forms available for anticipated number of clients
- Notify and coordinate with Non-Medical Logistics Leader in case supplies run low.
- Work with Non-Medical/Logistics Leader to assess communications equipment needs for the POD (computer, landlines, cell phones, pagers, fax, and email).
- Assess equipment and supply needs (tables, chairs, etc) for operation.
- Arrange for pickup and delivery of equipment and supplies to and from POD site.
- Assist and coordinate with the Non-Medical/Logistics Leader (if applicable) on delivery of supplies and equipment.
- Collect and submit all documentation to Non-Medical/Logistics Leader.
- Attend briefings with Non-Medical Logistics Leader.
- Provide routine progress and/or status reports to Non-Medical/Logistics Leader.
CLIENT FLOW SUPERVISOR

REPORT TO: Non-Medical / Logistics Leader
SUPERVISE: Greeter/Line Monitor Staff
WORKSTATION: Roaming

QUALIFICATIONS: Knowledge of client flow and line monitoring systems.

MISSION: Ensure clients receive the best possible care and consideration while maintaining the highest level of throughput efficiency possible by escorting clients through the preliminary screening process, vaccination and exit process.

Supervision Responsibilities:
- Ensure consistency in information provided to clients.
- Ensure scheduled breaks, relief and shift transitions for staff.
- Instruct Greeter/Line Monitor Staff on expectations and job performance.
- Determine number of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Review and confirm staffing levels for next day and/or next shift with the Non-Medical Logistics Leader.

Primary Responsibilities:
- Assign staff to greet clients as they enter the clinic.
- Assign staff to monitor clients in line and assist with preliminary client self-screening process by clarifying choices and line/cue direction options.
- Direct staff on expectations and job performance.
- Ensure consistency in information provided to clients.
- Recognize clients with special needs. Alert Medical Operations Leader and Special Assistance Supervisor to client(s) requiring assistance through clinic process.
- Take steps to maintain comfort of client during wait time and dispel any mounting frustration, tension, confusion or fear.
- Employ assistance of Medical Operations Leader whenever necessary for staff or clients.
- Assess workload demand and adjust staffing levels to reflect changing needs.
- Ensure scheduled breaks, relief and shift transitions for all greeter/line monitor staff.
- Ensure that proper documentation is maintained for all activities. Collect documentation as necessary.
- If appropriate, review and confirm staffing levels for next day and/or next shift with Non-Medical/Logistics Leader.
- Provide routine progress and/or status reports to Non-Medical/Logistics Leader.
- Monitor staff and clients for signs of fatigue or stress. Notify the Non-Medical Logistics Leader as appropriate.
GREETER

REPORT TO: Client Flow Supervisor
SUPERVISE: N/A
WORKSTATION: Roaming

QUALIFICATIONS: Good communication skills.

MISSION: Ensure clients receive the best possible care, and consideration while maintaining the highest level of throughput efficiency possible by escorting clients through the preliminary screening process, vaccination and exit process.

Primary Responsibilities:

- Familiarize yourself with all forms to be distributed.
- Assist with setup and/or breakdown of clinic as needed.
- Greet clients as they enter the clinic.
- Direct clients to stations (Registration, Screening, Vaccination, Exit)
- Monitor clients in line and assist as needed.
- Take steps to maintain comfort of client waiting time and dispel any mounting frustration, tension, confusion or fear.
- Assist with client flow.
- Control access to vaccinators.
- Ensure consistency in information provided to clients.
- Recognize clients with special needs. Alert Client Flow Supervisor of client(s) requiring assistance through clinic process.
- Employ assistance of Client Flow Supervisor whenever necessary for clients.
- Ensure that proper documentations are maintained for all activities.
- Report disruptions and changes in client flow to the Client Flow Supervisor.
- Monitor outside line, as necessary.
- Monitor outside facility for traffic issues as needed.
- Provide routine progress and/or status reports to Client Flow Supervisor.
- Monitor staff and clients for signs of fatigue or stress. Notify the Client Flow Supervisor as appropriate.
FLOW/LINE CONTROLLER

REPORT TO: Client Flow Supervisor
SUPERVISE: N/A
WORKSTATION: Roaming
QUALIFICATIONS: Good communication skills.

MISSION: Ensure clients receive the best possible care, and consideration while maintaining the highest level of throughput efficiency possible by escorting clients through the preliminary screening process, vaccination and exit process.

Primary Responsibilities:
- Familiarize yourself with all forms to be distributed.
- Assist with setup and/or breakdown of clinic as needed.
- Greet clients as they enter the clinic.
- Direct clients to stations (Client check-in, Screening, Vaccination, Exit)
- Monitor clients in line and assist with line/queue direction options.
- Take steps to maintain comfort of client waiting time and dispel any mounting frustration, tension, confusion or fear.
- Assist with client flow.
- Control access to vaccinators.
- Ensure consistency in information provided to clients.
- Recognize clients with special needs. Alert Client Flow Supervisor of client(s) requiring assist through clinic process.
- Employ assistance of Client Flow Supervisor whenever necessary for clients.
- Ensure that proper documentations are maintained for all activities.
- Report disruptions and changes in client flow to the Client Flow Supervisor.
- Monitor outside line, as necessary.
- Monitor outside facility for traffic issues as needed.
- Provide routine progress and/or status reports to Client Flow Supervisor.
- Monitor staff and clients for signs of fatigue or stress. Notify the Client Flow Supervisor as appropriate.
- Call out client numbers when requested.
OUTSIDE MONITOR

REPORT TO: Client Flow Supervisor
SUPERVISE: N/A
WORKSTATION: Outside Facility

QUALIFICATIONS: Safety awareness and good communication skills.

MISSION: Ensure clients receive the best possible care and consideration while maintaining the highest level of throughput efficiency possible by escorting clients in the parking area and into the clinics and assist with exit process of clients and autos.

Primary Responsibilities:

- Familiarize yourself with outside of facility including ingress and egress access.
- Assist with setup and/or breakdown of clinic as needed.
- Direct traffic flow as needed.
- Direct and monitor outside client line.
- Monitor clients in line and aid clients needing special assistance.
- Assist with handicapped parking and automobile flow.
- Recognize and notify Client Flow Supervisor of clients needing special assistance, i.e. vaccination in automobiles, clients requiring assistance through the clinic process.
- Notify Client Flow Supervisor of bus arrival for determination and evaluation of client’s ability to stand in line.
- Take steps to maintain comfort of clients’ during waiting time and dispel any mounting frustration, tension, confusion or fear.
- Assist with client flow.
- Ensure consistency in information provided to clients.
- Notify and/or request assistance from Client Flow Supervisor for client line or automobile overflow as necessary.
- Report disruptions and changes in client flow to the Client Flow Supervisor.
- Monitor outside facility for traffic issues as needed.
- Provide routine progress and/or status reports to Client Flow Supervisor.
- Monitor staff and clients for signs of fatigue or stress. Notify Client Flow Supervisor as appropriate.
- Notify Client Flow Supervisor or Non-Medical/Logistics Leader upon arrival of media or VIP.
RUNNER

REPORT TO: Non-Medical/Logistics Leader
SUPERVISE: N/A
WORKSTATION: As needed throughout the entire clinic.

QUALIFICATIONS: Good communication and organizational skills. May involve moderate physical requirements such as moving and carrying supplies.

MISSION: Speed efficiency of overall service delivery by helping to solve problems and by making things happen.

Primary Responsibilities:
- Know clinic layout, workstations, their functions and staff. Stay abreast of all changes in clinic structure.
- Assist with clinic set-up and/or breakdown as needed.
- Refer client questions to the appropriate persons.
- Cover/fill in and/or temporarily assist with responsibilities from other areas of the clinic as appropriate.
- Fulfill directives from other areas as requested.
- Only fulfill tasks assigned by the Non-Medical/Logistics Leader.
- Ensure that proper documentation is maintained for all activities.
- Provide routine progress and/or status reports to Non-Medical/Logistics Leader.
- Monitor staff and clients for signs of fatigue or stress.
- Go to other places as requested.
SPECIAL ASSISTANCE SUPERVISOR

REPORT TO: Non-Medical/Logistics Leader
SUPERVISE: Interpreters Staff
WORKSTATION: Dispensing Area

QUALIFICATIONS: Appropriately trained person with experience and knowledge of special needs populations, mass clinic operations and ICS structure.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by focusing on the experience of clients with language comprehension, mobility, behavioral health, and other difficulties.

Management Responsibilities:
- Ensure all Special Needs & Dispensing areas are set up properly, including leaving appropriate space for client confidentiality.
- Ensure all Special Needs & Dispensing areas have appropriate forms and equipment needed.
- Ensure all Special Needs & Dispensing areas have appropriate PPE and other equipment needed.
- Ensure all Special Needs & Dispensing area staff adheres to infection control procedures.
- Direct staff members on expectations and job performance.
- Work with staffing to ensure successful and appropriate workstation assignments.

Primary Responsibilities:
- Ensure availability of necessary safe areas to assist special needs clients.
- Advise all operations staff on recognizing subtle, unique or difficult to recognize presentations of special needs in clients.
- Work with Health & Safety Officer to ensure ADA compliance and general accessibility for all clients.
- Ensure that proper documentation is maintained for all activities. Collect documentation as necessary.
- Assist with answering client questions within scope of training/qualifications.
- Ensure scheduled breaks, relief, and shift transitions for all workstation area staff.
- Determine number and types of staff required. Assess workload demand and adjust staffing levels to reflect changing needs.
- Project needs for additional staff based on number of special needs clients arriving at the clinic; review and confirm staffing levels for next day and/or next shift with Public Health Operations.
- Monitor staff and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
INTERPRETER

REPORT TO: Special Assistance Supervisor
SUPERVISE: N/A
WORKSTATION: Mobile (Screening & Vaccination Stations)

QUALIFICATIONS: Linguistically trained individual in interpretation services.

MISSION: Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by focusing on the experience of clients with language comprehension or communication barriers.

Primary Responsibilities:

- Prepare multi-language signs, handouts and posters for those who do not speak English, are hearing impaired or illiterate, that:
  - Facilitate the movement of people through the stations.
  - Let people know what is happening.
  - Tell them what they need to know about the drugs they may receive.
- Review and become familiar with all forms and materials to enable easier interpretation.
- Provide interpretation services as needed. Provide translation of forms and material, if possible.
- Assist clients at each station if needed and/or applicable.
- Ensure understanding and comprehension by confirming information with client.
- Document services and track numbers as appropriate.
- Ensure that proper documentation is maintained for all activities.
- Provide routine progress and/or status reports to the Screening Supervisor.
- Monitor staff and clients for signs of fatigue or stress.
PUBLIC HEALTH DIVISION OPERATIONS - JOB ACTION SHEETS
PUBLIC HEALTH OPERATIONS CHIEF

REPORT TO: NA

SUPERVISE: Planning Section Chief, Logistics Section Chief, Operations Section Chief, Finance & Administration, Public Information Officer, Public Health Ops Administrative Support

WORKSTATION: Public Health Division Operations

QUALIFICATIONS: Thorough knowledge of ICS, Mass Prophylaxis/Vaccination Plan, all stations of a POD, organizational skills and management experience.

MISSION: Overall management of the POD operation.

Activation Set-up:
- Activate elements of the Incident Command System (ICS).
- Your direct reports are to report ONLY to you.
- Determine hours of operation and work with your direct reports to provide staff coverage as needed.

Management:
- Assure that Sections have reviewed job tasks
- Approve staff schedule and assignments as developed by Logistics including hours of operation.
- Approve requests for incoming or outgoing resources.
- Manage any incidents or problems while the nine simultaneous Mass Clinics are operational.
- Assist local government in briefing officials and media, as appropriate.

Communication:
- Communicate with Section Chiefs at regular intervals.

Deactivation:
- Coordinate between the PODs and Logistics Section to develop the Deactivation Plan.
- Release resources and supplies and workforce as appropriate.
- Coordinate with Logistics to arrange to have all equipment and supplies returned from all POD sites.
- Ensure POD Sites are Contact POD Site
- Ensure that an After Action Review occurs, is documented and key participants are involved
PUBLIC HEALTH DIVISION OPERATIONS
PUBLIC INFORMATION OFFICER

REPORT TO: Public Health Operations Chief
SUPERVISE: PIO Staff
WORKSTATION: Media Area and Public Health Division Operations

QUALIFICATIONS: Experience working with the media

MISSION: Provide information to Public Health Operations Chief regarding public information issues at POD sites.

Primary Responsibilities:
- Establish communication with and receive briefing from POD Site Manager.
- Obtain and review copies of all press releases, fact sheets, etc. from PH Ops.
- Ensure that POD and General staff are aware of all news releases prior to the release, if appropriate.
- Inform POD Site Manager of any communication issues, as appropriate.
- Inform Medical Operations Chief of any public information issues.
- Maintain consistent communication with PH Ops Chief.
- Provide appropriate information/press releases to media as approved by Public Health Operations Chief.
- Coordinate effective dissemination of appropriate information to the public and staff at assigned sites via internal communications channels.
- Document all PIO actions/decisions

Deactivation:
- Complete all outstanding written reports and transfer to Planning Section.
- Alert Public Health Operations Chief of any outstanding incidents or concerns that require further attention.
PUBLIC HEALTH DIVISION OPERATIONS
PUBLIC HEALTH ADMINISTRATIVE SUPPORT

REPORT TO: Public Health Operations Chief
WORKSTATION: Public Health Division Operations

Mission: Support Public Health Operations Chief as needed

Primary Responsibilities:

☐ Report to the Public Health Operation Chief to obtain assignment and briefing.
☐ Determine your personal operating location and set up as necessary.
☐ Handle telephone and other communications as directed.
☐ Handle email communications.
☐ Carry out other duties as assigned.
☐ Ensure that in-progress activities are identified and follow-up requirements are known.
PUBLIC HEALTH DIVISION OPERATIONS
OPERATIONS SECTION CHIEF

REPORT TO: Public Health Operations Chief

SUPERVISE: Operations Staff

WORKSTATION: Public Health Division Operations

QUALIFICATIONS: Licensed clinician, nurse or other appropriately trained and recognized health official, thorough knowledge of ICS, Mass Prophylaxis/Vaccination Plan and Management experience.

Mission: Provide overall guidance for the clinical operations of all nine Mass Vaccination POD sites

Primary Responsibilities:

- Review Mass Vaccination Clinic Field Operations Guide (FOG)
- Coordinate with Logistics to maintain and provide updates on staffing needs and/or changes
- Communicate all requests for incoming and outgoing resources to Logistics
- Provide Medical Consultations to POD Staff as needed.
- Obtain hourly count of clients and number of vaccinations/medications dispensed from POD Site Manager.
- Request additional Vaccine as determined by the POD Site Manager.
- Provide routine progress and/or status reports to Public Health Operations Chief.
- Monitor staff and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- Provide routine progress and/or status reports to Public Health Operations Chief.

Deactivation:

- Advise Public Health Operations Chief on the process for deactivating all nine POD operations.
- Complete all outstanding written reports and transfer to Planning Section.
- Alert Public Health Operations Chief of any outstanding incidents or concerns that require further attention.
- Identify issues for the After Action Report.
PUBLIC HEALTH DIVISION OPERATIONS
PLANNING SECTION CHIEF

REPORT TO: Public Health Divisions Operations Chief
SUPERVISE: Documentation/Situation Status
WORKSTATION: Public Health Division Operations

QUALIFICATIONS: Thorough knowledge of ICS, mass clinic operations, basic principles of strategic planning, and general management experience.

MISSION: Provides situation status to Public Health Operations Chief, leads development of incident action plan and after-action reports for POD operations, and provides assistance to the as needed.

Primary Responsibilities:

- Conduct briefing for your direct reports.
- Identify resources required for section operations.
- Confirm with Logistics prior to clinic start time that staffing is adequate.
- Communicate staff needs to Logistics
- Provide routine progress and/or status reports to Public Health Operations Chief.
- Ensure all documents and reports are completed and submitted for all POD sites:
  - Staff sign-in/out sheets.
  - Equipment sign-in/out sheets.
  - Workers Comp DWC1-4 form (if any)
  - DSW Registration Forms
  - Volunteer Registration Forms
- Review and confirm staffing levels for next shift with Logistics.

Deactivation Phase

- Advise Public Health Operations Chief on the process for deactivating POD operation.
- Determine who will take possession of all records at all POD sites
- Track and inventory materials used.
- Arrange return of equipment & supplies.
- When relieved, review and transfer all documents to person relieving you
- Alert Public Health Operations Chief of any outstanding incidents or concerns that require further attention
- Identify issues for the After-Action Report.
PUBLIC HEALTH DIVISION OPERATIONS
LOGISTICS SECTION CHIEF

REPORT TO: Public Health Operations Chief

SUPERVISE: Staffing Issues/Adjustments, Medical Supplies/Non-Medical,
Distribution/Redistribution

WORKSTATION: Public Health Division Operations

QUALIFICATIONS: Thorough knowledge of ICS, mass clinic operations, supply management and
general leadership experience.

MISSION: To coordinate and direct the work associated with maintenance of the POD sites and
to ensure adequate levels of supplies to support all POD sites. Arranges required facilities,
equipment, supplies, and overall logistics support (communication, transportation,
pharmaceuticals, food, equipment, etc.) for each operational period.

Primary Responsibilities:

- Confirm with POD Site Managers prior to activation that the dispensing site has been
  set up with all equipment and supplies and is ready to open.
- Ensure shipment of equipment/supplies/pharmaceuticals and arrange for their transport
to site.
- Activate all communications and technology necessary to site operations and establish
communication protocols.
- Coordinate with Operations to obtain information and updates from all POD sites for
resources needed and resources requested.
- Communicate all requests for incoming and outgoing resources with Public Health
  Operations Chief.
- Coordinate medical waste management.
- Ensure appropriate quantities of staff meals are being planned.
- Provide routine progress and/or status reports Public Health Operations Chief.
- Alert Public Health Operations Chief of any outstanding incidents or concerns that
  require further attention
- Monitor staff and clients for signs of fatigue and distress. Notify the appropriate person.
PUBLIC HEALTH DIVISION OPERATIONS
FINANCE/ADMINISTRATION

REPORT TO: Public Health Operations Chief
SUPERVISE: None
WORKSTATION: Public Health Division Operations

QUALIFICATIONS: Knowledge of ICS and mass clinic operations. Finance and Administrative experience preferable.

MISSION: Monitor the utilization of financial assets and human resources. Authorize and ensure the accurate documentation of expenditures relevant to POD operations.

Primary Responsibilities:

- Responsible for all costs and claims, including purchase of any Medical and/or Non-Medical supplies as needed.
- Provide routine progress and/or status reports to Public Health Operations Chief.
- Alert Public Health Division Operations Chief of any outstanding incidents or concerns that require further attention.
## APPENDIX G: POD SITE HAZARD ASSESSMENT FORM

<table>
<thead>
<tr>
<th>POD SITE HAZARD ASSESSMENT FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inspected by:</strong></td>
</tr>
</tbody>
</table>

### Training:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is each person assigned to a job within their capability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did each person receive a safety brief at inception or shift change?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is training on PPE and equipment provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Environment:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are resources available to deal with very hot or very cold conditions? (drinking water, heaters, air conditioning, fans, shade)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does staff know the symptoms of heat cramps, heat stroke, and hypothermia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the level of light adequate for safe and comfortable performance of work?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Housekeeping:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the work area clear of debris and tripping hazards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are materials properly stacked and spaced?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are work areas clear of fluid spills or leakage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are aisles and passageways clear of obstructions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are walkways clear of holes, loose debris, protruding nails, and loose boards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the break area kept clean and sanitary?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are garbage cans or dumpsters available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the restrooms (portable or fixed) clean, sanitary and restocked?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal Protective Equipment:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is required equipment provided, maintained, and used?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does equipment meet requirements?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are warning signs prominently displayed in all hazard areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Material Handling and Storage:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there safe clearance for all equipment through aisles and doors?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are medical material storage areas stable and secure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are storage areas free from tipping hazards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are only trained operators allowed to operate forklifts? (if necessary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do personnel use proper lifting techniques?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ADDITIONAL COMMENTS OR CONCERNS

---
APPENDIX H: CLIENT FLOWCHART

CLINIC FLOWCHART

CLIENT CHECK-IN

Greeters
- Hands out numbered Vaccine Screening Forms to clients
- Helps with forms, pens, clipboards, & interpreting

Flow/Line Controller
- Calls up client by numbers
- Keeps track of numbered sheet

Supplies
- Clipboards
- Pens
- Vaccine Screening Forms

SCREENING

Screeners
- Review Vaccine Screening Forms
- Determine vaccines needed
- Check vaccines to be administered
- Gives out VIS (Vaccine Information Statements) for appropriate vaccines

Flow/Line Controller
- Directs Clients to appropriate station

Supplies
- VIS for all vaccines
- Pens

VACCINATION STATION

Vaccinators
- Vaccinates with appropriate vaccine
  - Flu
  - Tdap
  - Pneumococcal
- Documents vaccine given on Screening Form and places it in form collection box
- Documents vaccine given on Vaccination Record and gives to client

Supplies
- Pens
- Vaccination Records
- PH IZ Clinic schedules
- Vaccines
- Vaccination supplies

Larger Vaccination area for Special Needs Clients

Vaccine Controller/Filler
- Fills syringes
- Hands appropriate vaccine to Vaccinators

Vaccinator Assistant/Floaters
- Helps fill out vaccination record
- Assist with clients

Phone Call
Medical Consult & IZ History
APPENDIX I: DEACTIVATION & DEMOBILIZATION CHECKLIST

The POD Site Manager will work with Public Health Operations for determining when the functions of mass vaccination at the site are complete or nearing completion. When this has been determined, the POD Site Manager will work with the Medical Operations Leader and Non-Medical/Logistics Leader to coordinate the following deactivation activities.

Staff
- Notification of time to be released from duties
- Collection and verification of any pertinent payroll and time accounting records

Equipment/Supplies
- Tear down of equipment after all clients have left the premises
- Packing of equipment and supplies
- Inventory unused medications and supplies
- Coordinate with Public Health Operations to arrange to have equipment/supplies returned to their storage/staging location

Documentation
- Determine who will take possession of all records pertinent to the dispensing operation
- Logging of all documentation being turned over, and maintenance of any duplicates as deemed necessary
- Packing of records and transfer to appropriate personnel
- WARNING – It is vital to ensure all information collected is secured. It is crucial that all staff handling documents practice proper Information Security techniques throughout all stages of the POD operation.

Debriefing (Deactivation / Shift Change)
- Prior to leaving the facility, all staff and volunteers have to fill out a Staff Feedback form that captures their thoughts and observations regarding:
  - Concerns for how the process took place
  - Any problems that they personally are experiencing as a result of participating in this process
  - Suggestions they have for improving the process for future POD operations
  - Provide county employees and volunteers with a formal contact in case they have questions post operation.
  - For shift change, staff should be informed of their next reporting period
**Location Maintenance**

- Prior to leaving the location, the POD Site Manager will ensure the location is left as it was found upon starting the process.
- If the operation had any negative impact on the location the POD Site Manager will document those impacts for resolution/repair and report any complications to Public Health Operations.

**After Action Report**

- An After Action Report will be completed using data compiled from all Staff Feedback forms and other data documenting:
  - What occurred, including:
    - Number of clients treated
    - Start and stop dates/times and total number of hours of operation
    - Listing of all personnel involved
    - How the process took place
    - Problems identified throughout the process, and suggestions for improvement.
APPENDIX J: WORKERS’ COMPENSATION CLAIM FORM (DWC 1)

Contra Costa County - Risk Management
2520 Arnold Driv, #140
Martinez, CA 94553
State of California
Department of Industrial Relations
DIVISION OF WORKERS’ COMPENSATION

WORKERS’ COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the “Employee” section and give the form to your employer. Keep a copy and mark it “Employee’s Temporary Receipt” until you receive the signed and dated copy from your employer. You may call the Division of Workers’ Compensation and hear recorded information at (800) 736-7401. An explanation of workers’ compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers’ compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.

Employee—complete this section and see note above

1. Name, Nombre, ____________________________

2. Home Address, Dirección Residencial, ____________________________

3. City, Ciudad, ____________________________ State, Estado, ____________________________ Zip, Código Postal, ____________________________

4. Date of Injury, Fecha de la lesión (accidente), ____________________________ Time of Injury, Hora en que ocurrió, a.m. ____________________________ p.m. ____________________________

5. Address and description of where injury happened, Dirección/lugar donde ocurrió el accidente, ____________________________

6. Describe injury and part of body affected, Describa la lesión y parte del cuerpo afectada, ____________________________

7. Social Security Number, Número de Seguro Social del Empleado, ____________________________

8. Signature of employee, Firma del empleado, ____________________________

Employer—complete this section and see note below

9. Name of employer, Nombre del empleador, ____________________________

10. Address, Dirección, ____________________________

11. Date employer first knew of injury, Fecha en que el empleador supo por primera vez de la lesión o accidente, ____________________________

12. Date claim form was provided to employee, Fecha en que se le entregó al empleado la petición, ____________________________

13. Date employer received claim form, Fecha en que el empleador devolvió la petición al empleado, ____________________________

14. Name and address of insurance carrier or adjusting agency, Nombre y dirección de la compañía de seguros o agencia administradora de seguros, ____________________________

15. Insurance Policy Number, El número de la póliza de Seguro, ____________________________

16. Signature of employer representative, Firma del representante del empleador, ____________________________

17. Title, Título, ____________________________ 18. Telephone, Teléfono, ____________________________

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

White - Employer copy/Copia del Empleado
Pink - Employee copy/Copia del Empleado
Green - Temporary Receipt/Recibo del Empleado

POD FOG  Rev. 11/04/2010

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

PETITION DEL EMPLEADO PARA DE COMPENSAción DEL TRABAJADOR (DWC 1)

Empleado: Complete la sección “Empleado” y entregue la forma a su empleador. Quítese con la copia designada “Recibo Temporal del Empleado” hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oir información gravada. En la hoja cubierta de esta forma está la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulentamente con el fin de obtener o negar beneficios o pagar de compensaciones a trabajadores lesionados es culpable de un crimen mayor “felonía”.

Empleado—complete esta sección y note la notación arriba.

1. Name, Nombre, ____________________________

2. Home Address, Dirección Residencial, ____________________________

3. City, Ciudad, ____________________________ State, Estado, ____________________________ Zip, Código Postal, ____________________________

4. Date of Injury, Fecha de la lesión (accidente), ____________________________ Time of Injury, Hora en que ocurrió, a.m. ____________________________ p.m. ____________________________

5. Address and description of where injury happened, Dirección/lugar donde ocurrió el accidente, ____________________________

6. Describe injury and part of body affected, Describa la lesión y parte del cuerpo afectada, ____________________________

7. Social Security Number, Número de Seguro Social del Empleado, ____________________________

8. Signature of employee, Firma del empleado, ____________________________

Empleador—complete esta sección y note la notación abajo.

9. Name of employer, Nombre del empleador, ____________________________

10. Address, Dirección, ____________________________

11. Date employer first knew of injury, Fecha en que el empleador supo por primera vez de la lesión o accidente, ____________________________

12. Date claim form was provided to employee, Fecha en que se le entregó al empleado la petición, ____________________________

13. Date employer received claim form, Fecha en que el empleador devolvió la petición al empleado, ____________________________

14. Name and address of insurance carrier or adjusting agency, Nombre y dirección de la compañía de seguros o agencia administradora de seguros, ____________________________

15. Insurance Policy Number, El número de la póliza de Seguro, ____________________________

16. Signature of employer representative, Firma del representante del empleador, ____________________________

17. Title, Título, ____________________________ 18. Telephone, Teléfono, ____________________________

Empleador: Se requiere que Ud. feche esta forma y que provoque copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD
Workers’ Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn’t offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJD): If you do not return to work within 60 days after your temporary disability ends and your employer does not offer modified or alternative work, you may qualify for a non-transferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJD is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person’s workers’ compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an attorney or an assistance officer of the State Division of Workers’ Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at www.dir.ca.gov. Link to Workers’ Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaja, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico de que le atienda, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, o cualquier otra actividad, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alternativo, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incumplimiento permanente. Este es un beneficio para lesiones que ocurrieron después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivían en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despidi, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por perdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afectan su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratuita, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (Division of Workers’ Compensation – DWC), o puede esclarecer información grabada, así como una lista de oficinas locales, llamando al (800) 736-7401. Ud. también puede ir al sitio electrónico en el Internet de la DWC en www.dir.ca.gov. Enlace a la sección de Compensación para Trabajadores.

Ud. puede consultar con un(a) abogado(a). La mayoría de los abogados ofrecen una consulta gratuita. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (State Bar) al (415) 538-2120, o vaya a su sitio electrónico en el Internet en www.californiaspecialist.org.
# APPENDIX K: DISASTER SERVICE WORKER REGISTRATION FORM

## DISASTER SERVICE WORKER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

<table>
<thead>
<tr>
<th>ATTACH PHOTOGRAPH HERE</th>
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<tbody>
<tr>
<td>This block to be completed ONLY by government agency or jurisdiction</td>
</tr>
<tr>
<td>CLASSIFICATION:</td>
</tr>
<tr>
<td>AGENCY OR JURISDICTION:</td>
</tr>
<tr>
<td>REGISTRATION DATE:</td>
</tr>
<tr>
<td>EXPIRATION DATE:</td>
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<tr>
<td>PROCESSED BY:</td>
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#### TYPE OR PRINT IN INK

(HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

<table>
<thead>
<tr>
<th>NAME: LAST</th>
<th>FIRST</th>
<th>MI:</th>
<th>SSN:</th>
</tr>
</thead>
</table>

| ADDRESS: |
| CITY: |
| COUNTY: |
| HOME PHONE: |
| WORK PHONE: |

| PAGER: |
| E-MAIL: |
| DATE OF BIRTH (optional): |

| DRIVER LICENSE NUMBER: (if applicable) |
| DRIVER LICENSE CLASSIFICATION: A | B | C |
| LICENSE EXPIRATION DATE: |

| PROFESSIONAL LICENSE: (if applicable) |
| FCC LICENSE: (if applicable) |
| LICENSE EXPIRATION DATE: |

| IN CASE OF EMERGENCY, CONTACT: |
| PHYSICAL IDENTIFICATION: |
| HAIR: |
| EYES: |
| HEIGHT: |
| WEIGHT: (optional) |
| BLOOD TYPE: (optional) |

**Government Code §3108-§3109:**

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

#### LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, ____________________________, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

**DATE: ____________________________**

**SIGNATURE: ____________________________**

**IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN:**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH:**

**TITLE:**

*Registration for the active DSW volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an internship or a single event, the expiration date is set at the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §3102)*

OES 2009 Rev. 940

Entered into OES data base: ____________________________

Date: ____________________________
APPENDIX L:  CCHS VOLUNTEER REGISTRATION FORM

CONTRA COSTA COUNTY
VOLUNTEER APPLICATION AND REGISTRATION FORM

Name ___________________________ Age ___________________________

Home Address _____________________ Home Phone ______________________

Business Address __________________ Business Phone __________________

Driver's License No., If Any

Do you have a health problem we should be aware of in an emergency?
Yes ___ No ___ (Describe: such as a history of back trouble, heart, epilepsy, diabetes, fainting, etc.)

Is there a medication you must take? Yes ___ No ___
Is there a medication to which you are allergic? Yes ___ No ___
If yes, medication is:

Medical or Hospital Insurance Plan:
Automobile Insurance Carrier:

Person to Call in Emergency ___________________________ Address ___________________________ Phone No. ___________________________

I have been informed against and accept responsibility for any breach on my part respecting confidential information. I have read the Policy adopted by the Contra Costa County Board of Supervisors on volunteer programs. In return for the benefits provided by Contra Costa County in case of my illness, injury, death, or third party liability while providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the County of Contra Costa any other agency governed by the Board of Supervisors, and any agent, officer or employee thereof for illness, injury, debts or without limitation, other harm arising from my volunteer services, whether or not authorized.

Signature ___________________________ Date ___________________________

Received: ___________________________ Signature ___________________________ Date ___________________________
CONTRA COSTA COUNTY
PARENTAL CONSENT FORM
VOLUNTEER PROGRAM

Name of Minor: ____________________________________________

Address: __________________________________________________

Birth Date: ________________________________________________

Volunteer Activity: _________________________________________

The above person, a minor, desires to perform volunteer services for the County in accordance with the attached application form.

As parent/guardian of this minor, permission is hereby granted for him/her to participate in the volunteer program. My child does not have any physical or medical problems which would prohibit or limit participation in the volunteer program, except:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In case of illness or emergency, please call: ____________________________

Telephone Number: _________________________________________________

________________________________________________________________________
I have reviewed the volunteer application and registration form and the policy adopted by the Contra Costa County Board of Supervisors on volunteer programs, and give my consent for _______________ to participate in the volunteer program subject to the terms and conditions expressed therein.

Signed by Parent/Guardian: ____________________________________________

Date: ________________
CONTRA COSTA COUNTY
VOLUNTEER SERVICES
AUTO INSURANCE DECLARATION

Date: __________________________

This is to certify that I, the undersigned, am in possession of a valid California Driver’s License:

No.: __________________________ Expiration Date: __________________________

My car is a:

Make: __________________________ Model: __________________________

Year: __________________________ License No.: __________________________

My car is insured with:

Company: __________________________

Policy No.: __________________________

Expiration Date: __________________________

I further certify that I have minimum liability insurance coverage as follows:

$15,000 for injury to, or death of, one person;

$30,000 for injury to, or death of, two or more persons in one accident;

$ 5,000 for property damage.

If I no longer meet the minimum liability insurance coverage requirements, I will immediately notify the Volunteer Program Coordinator.

I certify that I will not be operating a vehicle in my capacity as a volunteer.

________________________________________
Signature

________________________________________
Address
CONTRA COSTA COUNTY
Martinez, California

VOLUNTEER PROGRAM POLICY

The use of volunteers in performing specific services is a valuable resource and provides an avenue for citizen participation in various County programs which is recognized as being of public benefit. In recognition of the benefits which may be derived from volunteer services, it is hereby declared that it shall be County policy to encourage and promote volunteer programs determined to be in the public interest.

It is County policy that volunteers will not replace County employees but will provide services to supplement or enrich regular County programs and services.

This policy statement is designed to provide the framework for County volunteer programs activities. The following guidelines are adopted for volunteer programs.

A. Volunteer Programs

A description of each volunteer program shall be submitted by the department head to the County Administrator for review and approval.

Factors to be considered in evaluating programs are the need for and public benefit to be derived from the volunteer program, associated County cost and staff effort required for such a program, the potential for injury to volunteers, and the possibility for injury to others including injuries giving rise to possible liability claims.

The County Administrator may adopt regulations governing the administration of this volunteer program.

B. Volunteers

A volunteer is defined as a person who renders services gratuitously and has been accepted in the volunteer program. The volunteer is not an employee of the County.

In recognition of the benefit to the County derived from volunteer services, and in return for their waiver on their own behalf and on behalf of their heirs, representatives, and assigns of any claim against the County of Contra Costa, other agency governed by the Board of Supervisors, and any agent, officers, or employee thereof, for illness, injury, debts, or without limitation any other harm arising from such volunteer services, authorized volunteers serving in approved programs shall be provided the benefits indicated below:
1. **Injury to Volunteer.** Contra Costa County volunteers are not entitled to workers' compensation benefits. In lieu thereof and in return for the volunteer's waiver of any claim against the County for illness, injury or other harm arising from acts or occurrences while providing volunteer services, the County shall provide, in the case of volunteer illness, injury or death resulting from acts or occurrences while providing authorized volunteer services, through self-insurance, for reimbursement of County authorized necessary medical expenses, and for minimum permanent disability compensation equal to that afforded under the workers' compensation laws of California, provided, however, that no temporary disability compensation shall be paid; that medical expenses shall be limited to reimbursement for expenditures otherwise qualified for reimbursement which are not covered by the volunteer's health plan, other available insurance coverage, or other third party (i.e., Federal, State or other payment); and that the County may elect to have the County's Health Service Department provide the volunteer's necessary medical care.

2. **Public Liability.** The County through its self-insurance program shall defend and indemnify volunteers upon request against liability claims initiated by third parties arising out of the volunteer's acts or omissions occurring within the scope of authorized volunteer service, unless the volunteer acted or failed to act because of actual malice, fraud, corruption or gross negligence. Volunteers may be permitted to operate County vehicles in the performance of authorized volunteer services. Volunteers using County or personal automobiles in performing authorized services must maintain liability insurance at limits which as a minimum comply with the California Financial Responsibility Law and must have a driver's license. The protection afforded by the County shall be in excess only of any other public liability or automobile insurance maintained by or which provides coverage for the volunteer, and shall not cover any damages to the volunteer's vehicle, including any deductible amount.

3. **Expense Reimbursement.** Volunteers may be reimbursed for actual and necessary expenses in performance of authorized volunteer services at the same rates and in accordance with regulations and procedures established for County employees. No reimbursement will be made for any child care expenses, mileage from the personal residence of the volunteer to the County facility or service location or for damage to personal vehicles or other property of volunteers used when performing authorized volunteer services.
### MEDICAL PLAN

<table>
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<tr>
<th>1. Incident Name</th>
<th>2. Date Prepared</th>
<th>3. Time Prepared</th>
<th>4. Operational Period</th>
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#### 5. Incident Medical Aid Station

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<th>Paramedics</th>
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#### 6. Transportation

**A. Ambulance Services**

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**B. Incident Ambulances**

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<th>Location</th>
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#### 7. Hospitals

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<th>Travel Time Ground</th>
<th>Phone</th>
<th>Helipad</th>
<th>Burn Center</th>
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</tbody>
</table>

#### 8. Medical Emergency Procedures

Prepared by (Medical Unit Leader)

Reviewed by (Safety Officer)