

**COVID-19 Drive Through Vaccination Plan**

SAMPLE

Introduction

As part of the public health system, local health departments, in collaboration with our state, tribal, and federal partners, have been charged with preparing for, responding to, and recovering from threats to public health. These threats can include acts of biological and chemical terrorism such as the dissemination of aerosolized anthrax spores or food product contamination and naturally occurring infectious disease threats such as pandemic influenza.

Preparing to address these types of public health threats is a formidable challenge, but the consequences of being unprepared can be devastating. With emerging infectious diseases, the early detection and control of biological and chemical attacks depends upon a strong and flexible public health system at the local, state, federal, and international levels.

Purpose

This planning guide is intended to facilitate development of an operational plan with drive-through POD capabilities. These capabilities would be used during an emergency when it is necessary to request medical materials from the state (including SNS assets) and institute drive-thru POD activities in the jurisdiction. Drive-thru PODs potentially increase throughput, allow for infection control by limiting interactions between pod workers, and employees and family members. When complete, the operational document should contain all information necessary for drive-through POD management, including point-of-contact information, maps, flow charts, and POD clinic management guidance

Scope

The primary audience for this POD Guide includes first responders, emergency planners, local, tribal, state planners and community partners who may be required to implement or support a MCM dispensing operation. This POD Guide assumes the reader has an understanding of the National Incident Management System (NIMS), Incident Command System (ICS). The strategies and tactics in this POD Guide are to be used for both declared and undeclared public health emergencies in any or all communities in the state.

Medical countermeasures are used to prevent death or disease from existing and emerging chemical, biological, radiological or nuclear threats, pandemic influenza, and other emerging infectious diseases by providing treatment, prophylaxis, and consequence management stemming from exposure to these threat agents or diseases. These countermeasures include vaccines, immunoglobulin, antitoxins, anti-viral medications, antibiotics, medical surgical supplies and other life support medication. Medical countermeasure operations may be initiated either before or after a confirmed exposure event.

Point of Dispensing Models

If required, PODs, or points of dispensing, are a key function of local health departments in their mass prophylaxis and vaccination response to a public health and medical disaster or emergency. The goal of PODs is to medicate the population as quickly and accurately as possible to prevent morbidity and mortality. In emergency preparedness, PODs, or mass prophylaxis clinics, are the primary strategy used by local health departments to distribute medical countermeasures to the public. PODs are also used in the everyday function of local health departments such as annual flu or routine immunization clinics. They vary in size, number, and location depending upon the jurisdiction, disease, and other factors.

Departments may choose to use either one of these models or a combination. In addition to using different POD models, departments may staff PODs using medical or nonmedical staff, or a combination. Depending on the type and scale of the incident or event, it may be necessary to use primarily nonmedical staff. For example, if the event or incident is small and manageable, primarily medical staff can provide accurate screening, triage, and exams, and could answer medical questions. If an incident is so large that it exceeds the local health department’s medical staff capacity, nonmedical personnel may be used to supplement medical staff. The nonmedical workers would be able to dispense medications and triage as appropriate but would not be able to provide medical consultation or assessments

Local sites will be activated to dispense MCM. Those local sites may use one or more following models:

* Point of Dispensing (POD) – A temporary facility to provide MCM to a large number of people in a short period of time.
* Mass Clinics – A temporary facility to provide MCM to large numbers of people over a longer period of time
* Health Care Facility – Existing facilities that can provide MCM to their usual clientele.
* Closed POD – A private location where MCM are dispensed to a pre-identified population.
* Drive-through POD – designated sites where MCM is provided to persons in their vehicles
* Other models depending on circumstances

Prophylaxis Medication

After determining the agent or disease, the Health Department will determine the type of prophylaxis to be dispensed. Different types of diseases will require different types of prophylaxis, including vaccination and/or distribution of antibiotics. In addition to the type of prophylaxis, the route (e.g., oral, injection, and nasal) and the number of doses are also important, particularly when planning for a mass prophylaxis operation as treatment will vary depending on the exposure.

Target Populations

During the planning stages, planners must determine the size of the target population and identify subpopulations or priority groups that may be especially vulnerable or need special assistance. This will vary depending on the type of POD you are operating and will be outlined by the Florida Department of Health.

For purposes of the COVID pandemic, the primary priority groups may differ from other infectious diseases. . They may include healthcare facilities, high risk populations, long term care providers and first responders.

Dispensing Method

After the target populations are identified, the method (oral, injectable, nasal) of dispensing must be evaluated. Dispensing involves providing prophylactic medication to the affected population in response to an incident or threat. Ideally, those in the target population could obtain the prophylaxis from a web of entry points such as primary care providers, PODs, pharmacies, and other private healthcare providers however, this plan will concentrate solely on the drive through model.

Planning Considerations and Identification of POD Resources

Local MCM activities will be coordinated with or co-managed by the local emergency management organization. Planning considerations are made based upon information collected and include design and layout of PODs and access and security. Resource planning models can then assist to identify some of the resources necessary such as staffing and associated costs. Additional resources necessary for PODs include supplies and logistics, communications, outside partners, and political influences. Many of these planning considerations and identification of resources can be done pre-event, while others may occur during real time after the incident begins.

Another consideration will be with the registration process. The determination must be made as to whether or not to pre-register clients, conduct on-site registration (Florida Shots), or use a paper process. Whichever method is chosen, steps should be outlined and ample staff provided to meet goals and maintain flow of the POD.

POD Location

When selecting a location(s) for your drive through POD, design a site selection process based on geographic distribution of the population, logistic issues, and locations of other PODs.

* The site should be selected based on proximity to population centers, whether it be residential or commercial.
* Gather site specific information on each identified site and incorporate it into the operational plan
* Include points-of-contact, maps, flow diagrams, access to buildings, current status of the use agreement/memorandum of understanding (MOU), etc.
* The best location types are as follows, in order:
* Large parking lot venues: stadiums, amusement parks, large businesses
* Drive-thru accessible buildings: pharmacies, banks, fast food
* Easily modifiable areas: toll booths, interstate underpasses, parks/fairgrounds
* Multiple POD types, with different audiences served and hours of operation may confuse the public and lead to on-site bottlenecks and lower coverage rates. Try to limit multiple POD modulations in the same area when using a majority drive-thru POD system. Keep indoor PODs limited to serving specific groups related to the building used for dispensing, (school, nursing home, dialysis center, etc.) or needing a medical model-based POD.

Design and Layout

The design and layout of the POD operation is critical. Design refers to conceptualizing the plan and purpose of the POD. Layout refers to the actual laying out (i.e., on paper or in a computer program) the design or plan to move people through the POD. See Figure 1 as a sample POD layout. Ideally, much of the design and layout of the drive through is performed pre-event.

There are some design elements that need to be considered. The size and dimensions of the area being used must be well suited to handle large crowds and long lines of waiting vehicles with a good traffic flow in and out of the POD.

People receiving medications should enter from one area and exit from another without having to backtrack past others who are still waiting in line. Specific stations visited during the process of receiving the medication will need to be designed. These stations can include screening & registration, education, and dispensing of medication. Some PODs have many stations, while others will have as few as two. The number of stations and staff needed may depend upon the amount of data collection or additional patient education required by local, state, and federal governments at the POD. This may not be determined until the event.

The time to serve the target populations must also be considered. When time is of the essence it may be better to have as few stations as possible in order to reduce the time in the POD. For an annual flu vaccination POD, it is necessary to collect paperwork and documentation on the client or resident receiving the medication; additional stations are necessary to process this paperwork, but time is not as critical as during an emergency.

Most local mass prophylaxis plans include a general POD layout which may need to be adjusted depending upon the event. This layout is intended to be flexible and may change, expand, or contract, depending upon the characteristics of the mass prophylaxis campaign.

Planners should perform a site assessment, pre-event if possible, to determine each site’s capacity to meet the design needs of the POD. Once the POD sites have been selected, a site-specific plan must be developed for each site.

**POD Layout recommendations:**

* Assess the number of lanes that can be arranged in the POD.A minimum width of 13 feet per lane and a radius of 18 feet for turns is recommended
* Decide on suitable locations for entrance and exit points that can accommodate traffic control and security personnel and will not block external traffic patterns.
* Develop sensible areas to be used as stations: forms distribution, command and control, dispensing, supply depot, first aid station, and staff rehab
* Plan to use one end lane closest to staff tents to be used for special needs (help with forms completion, first aid, security risk, etc.)
* Using a basic template similar to one used for indoor PODs, layouts should be altered to optimally fit each individual location.
* In planning the number of lanes to be used at a POD, it is important to consider that access to an exit lane from each operational lane will be necessary to accommodate people that are recommended to other medical care and for whom the queue wait time is too long. Therefore, parking areas without concrete barriers are usually the preferred design for layout optimization.
* Exit lanes will solve most issues, but it is important to consider having a towing company on standby for immediate removal of cars with mechanical failure or no gas.
* Leave space for crosswalks for providing medications to dispensing lanes by the re-supply unit leader and for reporting of dispensing numbers back to the emergency operations center (EOC)/area command.
* Place command and control and staff rehab areas away from traffic to remove interaction with the public and exposure to fumes.

Traffic Control and Security

Accessibility, time, and security are essential factors that affect the design of POD operations. Many of these decisions can be made pre-event, but again some may need to be changed or modified real time. Your established traffic pattern must take into consideration areas that may become a bottleneck. Throughput of the POD depends greatly on the ease of ingress and egress.

In order to maximize accessibility, it is important to have PODs at venues and times that best reach the target population. Security for POD sites is a local law enforcement responsibility. It is critical for mass dispensing during a public health emergency, especially in controlling large crowds and/or in dealing with a shortage of the medications. Local planners must coordinate with local law enforcement to ensure that thorough security assessment is conducted by law enforcement on each designated POD site and that a security plan is written by law enforcement.

* Designate traffic control staff to cover the entrance, exit, lane assignments, and merge points with radio communication for flow control.
* Discourage the use of express lanes for healthy individuals with single course pick-up unless exercises have shown full use of this lane.
* Plan for the use of colored cards attached to windshields by forms screening staff to identify need for traffic control staff to route cars to first aid or to special needs support lane.
* It is important to avoid gridlocking traffic outside of the POD during a disaster. When entrance traffic begins to pile into surrounding streets, the use of pre-planned alternate methods such as traffic bypass/street re-routing, should be implemented.

Onsite Communication and signage

* Use exercise throughput results to estimate wait times from beginning to end of POD (or each similar layout of POD).
* Develop signs to address directions (arrows) and wait time range estimates.
* Arrange production of pre-event signage with weather resistant materials.
* Plan for verbal or non-verbal communication to direct employees
* If employing localized radio communication through respective agencies and used common radio channel
* Each sign should be at least 18 by 24 inches in large block font, secured to the ground or post, and made from weather resistant material.
* At large venues with multiple lanes signs should be made for every lane with lane numbers and directional arrows when indicated.
* For directional signage, there must be a sign placed at every entrance, exit, and choice to turn.
* Signage does not replace the need for greeters and traffic control staff.

POD Management

Staffing is one of the largest challenges when planning PODs. Considerable pre-event planning must be devoted to recruiting, training, and maintaining sufficient numbers of POD staff and volunteers to open and operate the PODs. In less populated areas, consider partnerships with other healthcare provider services and neighboring jurisdictions.

The NIMS or Incident Command System (ICS) provides a structure to assure a clear chain of command, communication, and supervision and includes the functional areas of finance, logistics, operations, and planning. ICS is the on-site structure used at the scene of an event. Because the public health functions during an emergency are much more complex than they are during typical public health activities and require collaborating with many different agencies and disciplines, having a common structure like the ICS is key to the function of the response, which include PODs. POD plans should include detailed ICS organizational staffing charts for use in emergencies, and it may be necessary to include other agencies, such as law enforcement, to demonstrate a unified response. For annual flu vaccination PODs and other nonemergency PODs, a modified version of these organizational charts can be used.

Once the positions and duties are determined, staff must be told where and when to report to duty. This can be accomplished through various notification methods that contact staff at any time, including outside normal hours. Finally, planners should create a detailed staffing schedule for multiple shifts if necessary. As part of the POD plan, the planners should be encouraged to develop procedures for the care and feeding of the POD staff and volunteers.

POD staffing levels will be scalable based upon the event. The matrix below outlines the recommended staffing levels and should be used as a guide. Based upon the event and staff availability, some positions may be combined.

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**Unified Command**

* Incident Commander(s)

**Supervisors**

* POD Manager
* Operations Coordinator
* Security Coordinator
* Line Flow Coordinator
* Dispensing Coordinator
* MCM Coordinator
* Safety Coordinator
* Logistics Coordinator
* Finance Coordinator

**General POD Staff**

* Registration (worker sign-in/out & temperature checks; consider using wristbands)
* Greeters
* Screeners/Greeters positions can easily be combined in to one station
* Line Flow
* Dispensers
* MCM cold chain management
* Runners
* Exit Monitor

**Description of Staff Roles for the PODS:**

* **POD Managers:** Oversees the POD activities and keeps in constant communication with Incident Command
* **Security & Traffic:** Help Maintain safety and security in and around the PODS along with traffic flow
* **Logistics Support:** Ensure that POD staff has the supplies/equipment necessary to operate thePOD
* **Staffing & Line Flow Supervisor:** Ensure that each position is staffed and breaks are coordinated
* **Dispensing Supervisor:** Maintains hourly count of medication and keeps in constant

communication with Primary Dispensing Coordinator in Incident Command

* **Greeters:** Organize people into orderly lines; makes sure that forms are complete prior to entering POD, provides instructions when necessary
* **Line flow:** Maintains an organized flow throughout the process, gives direction on which

screener/dispenser to go to along with exiting

* **Screeners:** Review Medication Screening forms and determines the type of medication for each recipient (pills form only) and completeness of forms
* **Dispensers:** Administers the vaccine to the recipient and provides additional information on the observation period.
* **MCM:**
* Hourly inventory counts at dispensing stations and bulk storage
* Hourly temperature checks on vaccines in bulk storage and in dispensing stations
* Vaccine preparation (following vaccine storage guidelines, stock coolers well in advance so the temperature can stabilize prior to putting vaccines in cooler)
* **Runners:** Help with overall flow of POD, run medications from inventory room to dispensing tables; assist supervisors with needsand ensures that there is an adequate supply of necessary documentation (medication tracking, algorithms, patient education materials, registration forms, etc…...)
* **Exit Monitor:** maintains flow out of POD

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Supplies and Logistics

The demands to manage supplies and logistics can be overwhelming. Some of the supplies will arrive real time (e.g., vaccine); however, supplies may also be stockpiled (e.g., gloves, alcohol wipes, band-aids) as part of the pre-event planning. The actual amount of the vaccine may be determined by the Florida Department of Health through a phased approach.

During a pandemic influenza situation (or the current COVID-19 pandemic), where there is a declared emergency, the vaccine supply chain will require the federal government to deliver medications to state health departments which in turn distribute them to the local health departments. During H1N1, localities were solely dependent upon this vaccine supply chain. Vaccine deliveries were sporadic and limited, and challenges may arise.

In addition to medication, other medical supplies (e.g., needles, alcohol wipes, and gloves) need to be considered as well as the removal of hazardous waste. Supplies for staff such as vests for identification, directional signs, communication tools (e.g., walkie-talkies), printed materials for the public (e.g., screening forms, drug/vaccine information), and other event-specific materials should also be included.

POD Operations

The POD operations will last for one or more days depending upon the scope of the mass prophylaxis campaign. Vaccine POD operations are approximately 1–6 months, depending upon public demand and the availability of vaccine and resources. The schedule of the PODs may change as public demand and the availability of vaccine changes. POD operations will generally flow more smoothly if sufficient time (pre-event) is allocated to the planning considerations and identification of resources discussed in the above section.

On-Site Setup and Command Structure

The standup of a POD should occur at minimum, a day in advance of POD operations. If the POD is large and will be open for many days. It may be useful to staff a setup team and a demobilization team to perform these tasks in order to prevent fatigue among the staff. The staff should utilize the detailed POD layout and design that was created from the site assessment. Tables, chairs, directional signs, and supplies should be positioned correctly according to the POD layout.

Staff not participating in setup activities should arrive before the start of POD operations to sign in, have their temperature taken and receive just-in-time training for their POD duties and assignments. There may be last minute reassignments due to absences or other changes.

For most POD operations, the NIMS model is utilized in order to ensure clear leadership roles, delegation of duties, chain of command, personnel reporting system, identification of personnel, and record keeping. On site the staff follow the ICS communications structure in that there is only one person who oversees the operation and no one supervises more than five direct staff. It is important to note that the ICS structure is flexible and is used for a variety of incidents across all levels of nongovernmental and governmental organizations and many different disciplines.

Off-site command personnel will depend upon the size of the entire POD operation. A command post will be set up on site at a predesignated location. The POD leaders will oversee operations from the command post.

Training

Before the POD begins serving the public, it is important to provide training to the staff. This can be accomplished through methods such online training, online meetings, literature or just in time training. If a formal session is not feasible, just-in-time training, usually led by the team leaders, will be provided on-site. Ideally, all staff should have received training, participated in an exercise or previous PODs, or received information on POD operations prior to the event, but this may not happen. Therefore, it is important to plan for and implement just-in-time training immediately before a POD operation to ensure that all personnel, including those from outside organizations, are able to participate fully. Effective just-in-time training can help staff to:

* Increase their knowledge of the duties they are being asked to perform, which may be different from their normal tasks
* Feel more confident to perform these duties in an unfamiliar environment and under high-stress circumstances
* Work better with unfamiliar people and clients

Flexibility and Limitations

Once the POD is open to the public, there will be challenges. When planning, recognize this and realize that no one plan can address every possible challenge. The important thing is to be flexible when trying to solve problems. For example, if a queue of vehicles has formed outside the POD, ask those in line who have not completely filled out their registration form to pull out of line into the designated area to complete necessary paperwork.

Some challenges require solutions that cannot be implemented feasibly during operations. Planners should note such problems and analyze them thoroughly afterwards.

Post-analysis and Corrective Actions

The final step of the POD Operations involves capturing lessons learned and identifying next steps. This includes the things that worked well during the POD operation and the challenges. This step is an important opportunity for agencies to learn and to document how they will improve their mass prophylaxis plans in the future.

Hot Wash and After-Action Report

Although a hot wash is usually conducted after an operations-based exercise, many agencies and other emergency responders also find it useful after a real event. A hot wash is a facilitated discussion that allows participants in the POD operations to engage in self-assessment of their roles and responsibilities and to help form an overall assessment of the response. Ideally, the hot wash is conducted soon after the POD operation is complete, preferably the same day while information is still fresh, and by a facilitator who was not part of the operation. The facilitator works to ensure that the discussion is constructive and brief and focuses on both the strengths of the operation and the areas for improvement. Some agencies may develop evaluation forms that can be distributed to all participants, while others may choose to designate someone to take notes during the hot wash discussion.

The AAR serves as the primary documentation of what happened during a POD operation. The AAR describes what happened, outlines best practices or strengths, identifies areas that need improvement, and suggests recommendations for improvement. The HSEEP standards provide a template for an AAR and specific requirements including an improvement plan.

Improvement Planning

Improvement planning is the final piece of an effective POD operation. Recommendations should be recorded in the improvement plan in the AAR and put them into action. A facilitated after-action conference can be used to bring together all the agencies and organizations involved in the real event to first identify the corrective actions and second who and by when they will be completed. Concrete corrective actions are then prioritized, tracked, and incorporated into a continuous quality improvement plan. Many of the actions may require changes in POD operations plans, fine-tuning policy and procedure manuals, or partnering with additional organizations to acquire additional staff. It is crucial to begin to implement these recommendations in order to improve POD operations in the future.

Figure 1: Drive through layout example

