



# Ansonia POD Exercise

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After-Action Report/Improvement Plan

June 21, 2018

## EXERCISE OVERVIEW

Exercise Name	Ansonia POD Exercise
Exercise Dates	June 20 - 21, 2018
Scope	<p>This exercise is a functional exercise, planned for two days beginning June 20, 2018 and concluding June 21, 2018. Exercise play is limited to the following locations:</p> <p>June 20, 2018 <b>Initial Response Period and Call-Down Drill:</b> exercise play is conducted at Naugatuck Valley Health District (NVHD), 98 Bank Street, Seymour, CT 06483</p> <p><b>Facility Set Up Exercise:</b> exercise play begins at NVHD and concludes at Ansonia High School (AHS), 20 Pulaski Highway, Ansonia, CT 06401.</p> <p>June 21, 2018 <b>POD Exercise:</b> exercise occurs at AHS</p> <p><b>Hot Wash:</b> occurs at NVHD</p>
Mission Area(s)	Response
Core Capabilities	Public Health and Medical Services



<b>Objectives</b>	<p>Capability #8: Medical Countermeasure Dispensing</p> <ol style="list-style-type: none"><li>1. Demonstrate the ability to staff and set up the POD site and activate dispensing modalities</li><li>2. Demonstrate the ability to dispense medical countermeasures to identified population</li><li>3. Determine if plan/process enhancements can improve efficiency/throughput</li></ol> <p>Capability #9: Medical Material Management and Distribution</p> <ol style="list-style-type: none"><li>1. Demonstrate the ability to secure, manage, and distribute MCM inventory</li></ol> <p>Capability #15: Volunteer Management</p> <ol style="list-style-type: none"><li>1. Demonstrate the ability to credential and deliver just-in-time training to POD staff</li></ol>
<b>Threat or Hazard</b>	Anthrax
<b>Scenario</b>	<p>On July 5, 2018, an anonymous cryptic call was made to the New Haven FBI field office. The caller claimed that the fireworks used in the Valley were contaminated with anthrax. Federal, state and local officials consult meanwhile biosensors have detected traces of anthrax. Samples are sent to the lab for confirmation.</p> <p>Lab results confirm that anthrax was released during the local firework show. It is possible that anthrax contamination has covered the Valley.</p> <p>Medical countermeasures were requested from the Strategic National Stockpile via the Centers for Disease Control and Prevention (CDC) Inventory Management and Tracking System (IMATS).</p>
<b>Sponsor</b>	<p>This exercise is sponsored by: Naugatuck Valley Health District Mass Dispensing Area #13</p>



Participating  
Organizations

Ansonia Police Department  
Ansonia Public Schools  
Catham Health District  
Central CT Health Department  
CT Department of Emergency Services and Public Protection  
CT Department of Public Health  
CT Division of Emergency Management and Homeland Security  
Danbury Health Department  
DaVita Waterbury Dialysis  
Echo Hose Ambulance  
Naugatuck Community Emergency Response Team  
Naugatuck Valley Health District  
Naugatuck Valley Medical Reserve Corps  
New Fairfield Health Department  
New Haven Health Department  
New Milford Health Department  
Newtown Health District  
Pomperaug District Health Department  
Pomperaug Medical Reserve Corps  
Quinnipiack Valley Health District  
Ridgefield Health Department  
Seymour Community Emergency Response Team  
Stratford Health Department  
Stratford Trumbull Monroe Medical Reserve Corps  
Trumbull Health Department  
Wallingford Health Department  
Wallingford Medical Reserve Corps  
Waterbury Health Department  
Western CT Council of Governments  
Westbrook Health Department  
Westport-Weston Health District  
Yale New Haven Health System





**Point of  
Contact**

Jessica Stelmaszek, MPH  
Public Health Emergency Preparedness Coordinator  
Naugatuck Valley Medical Reserve Corps Coordinator  
Naugatuck Valley Health District  
P: 203-881-3255  
E: [jstelmaszek@nvhd.org](mailto:jstelmaszek@nvhd.org)

Jeffrey Dussetschleger, DDS, MPH  
Director of Health  
Naugatuck Valley Health District  
P: 203-881-3255  
E: [jdussetschleger@nvhd.org](mailto:jdussetschleger@nvhd.org)



## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

**Table 1. Summary of Core Capability Performance**

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Demonstrate the ability to staff and set up the POD site and activate dispensing modalities Demonstrate the ability to dispense medical countermeasures to identified population Determine if plan/process enhancements can improve efficiency/throughput	<b>Capability #8:</b> Medical Countermeasure Dispensing	X	X  X		
Demonstrate the ability to secure, manage, and distribute MCM inventory	<b>Capability #9:</b> Medical Material Management and Distribution	X			
Demonstrate the ability to credential and deliver just-in-time training to POD staff	<b>Capability #15:</b> Volunteer Management		X		
<b>Ratings Definitions:</b> <ul style="list-style-type: none"> <li>Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## Capability #8: Medical Countermeasure Dispensing

1. Demonstrate the ability to staff, set up the POD site and activate dispensing modalities.
2. Demonstrate the ability to dispense medical countermeasures to identified population.
3. Determine if plan/process enhancements can improve efficiency/throughput.

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** NVHD established the POD Facility Set-Up Team in 2017, prior to the Naugatuck POD Exercise. The same five Team members conducted the Ansonia POD Facility Set-Up Exercise in 2018.

**Strength 2:** The FSU Team set up the POD site in 113 minutes, seven minutes under the 120-minute target time.

**Strength 3:** Throughput time was tracked using index cards with corresponding stations on them for time to be entered. The number of cards collected matched the number of POD Clinic Voucher/Head of Household forms collected and the total number on the hand counter that was used by the Lane Decision worker (64). The average time it took to go through the Forms, Screening, Dispensing, and Exit Review stations was 10 minutes per client. A total of 117 MCM were dispensed.

**Strength 4:** NVHD utilized Dispense Assist for the first time during this exercise. In the Forms area, there was a station with 3 laptops and 3 wireless printers and a station with paper Head of Household forms.

**Strength 5:** POD workers correctly distributed the proper MCM to the clients and applied the lot sticker to the Head of Household Form/Voucher and to the Drug Information Sheet for each client.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Utilize a throughput platform to calculate the real-time numbers for a 48-hour dispensing operation (RealOPT, etc.).

**Reference:** RealOpt© Software

**Analysis:** NVHD did not have access to the RealOPT software prior to the exercise so the calculations will be made after the fact to verify the accuracy of the current NVHD Mass Dispensing Plan calculations.

**Area for Improvement 2:** Improve utilization of Dispense Assist.

**Reference:** [WWW.DISPENSEASSIST.NET](http://WWW.DISPENSEASSIST.NET)

**Analysis:** This was the first time that the NVHD staff, volunteers and many of the partners had used Dispense Assist. It was identified that further training is needed, especially for the Forms Unit and Dispensing Unit (including Screeners and Dispensers).

**Area for Improvement 3:** The Dispensing Unit (especially Screening and Dispensing) needs to be volunteers/staff with medical background, specifically with prescription authority (Dispensers). The Medical Advisor for NVHD should be on site for training/drills/exercises and real-world events.

**Reference:** N/A

**Analysis:** Non-medical volunteers filled the Screening and Dispensing roles for the most part, so that the exercise could run, however it caused some delay due to interpretation of the Medical Countermeasure Guidance. For example, if a client had an allergy to Ciprofloxacin, and it is not life threatening, Dispense Assist will still print a voucher saying they should receive that medicine. The Medical Advisor for NVHD should be on site for training/drills/exercises and real-world events.

## **Capability #9: Medical Material Management and Distribution**

### **1. Demonstrate the ability to secure, manage, and distribute MCM inventory.**

#### **Strengths**

The full capability level can be attributed to the following strengths:

**Strength 1:** Ansonia Police were on site for the POD exercise.

**Strength 2:** There is a large closet right in the gymnasium at Ansonia High School. This will be used as the inventory room if a real emergency should take place. There is only one-way in and out. Ansonia PD has agreed to assign an officer(s) to that post. The closet has double-doors so pallets can be rolled right inside.

**Strength 3:** Two different flavored/colored Tic-Tacs were used as the simulated MCM for the exercise. CT DPH provided NVHD Cipro and Doxy labels to use for the exercise to make it as close to real as possible.

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Chain of custody and inventory tracking forms were not used during the exercise.

**Reference:** NVHD Public Health Emergency Response Plan Annex D: Mass Dispensing Plan Attachment L: Chain of Custody Form and Attachment A: ICS Forms

**Analysis:** The use of inventory forms was notional although dispensing lanes had the opportunity to request supplies from the individual who was Logistics Chief and supervising the surplus of MCM.

**Area for Improvement 2:** The action of ordering the medical countermeasures was notional.

**Reference:** Inventory Management and Tracking System (IMATS) and NVHD Public Health Emergency Response Plan Annex D: Mass Dispensing Plan

**Analysis:** IMATS was not utilized for this exercise. It should be considered in the future if a training option can be activated.

**Area for Improvement 3:** The action of receiving the medical countermeasures and transporting them to the POD site was notional.

**Reference:** NVHD Public Health Emergency Response Plan Annex D: Mass Dispensing Plan and Addendum 14: Security Plans

**Analysis:** Receiving medical countermeasures at Seymour Police Department and then transporting that shipment to a designated POD site should be drilled in the next fiscal year. The Department of Public Health, Seymour PD, and the local Emergency Management Director should be included in the planning phase.

## Capability #15: Volunteer Management

1. Demonstrate the ability to credential and deliver just-in-time training to POD staff

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Just-in-Time Training was provided to the entire POD workforce ahead of the start of the exercise. The Operations Chief presented the JiTT through a Power Point presentation by utilizing a portable projector and screen in addition to a cordless microphone with an amp. During the JiTT, every person was made aware of the entire exercise and operation from start to finish. Participants then broke into groups for a deeper JiTT by station/area.

**Strength 2:** The Job Action Sheets used were very concise and each job position had a respective JAS. The JAS were adopted from the Region 1 ESF #8 Healthcare Coalition POD Toolbox and modified to fit the NVHD AHS POD Exercise.

**Strength 3:** POD Workers and Mock Clients were easily identifiable by the use of colored and labeled vests and colored badge ID lanyards.

## **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** There is currently not enough NVHD staff to fill every role in the Incident Command System (ICS) for one open Point of Dispensing (POD) location without relying on the use of mutual aid. NVHD has three designated open POD sites for its six-town jurisdiction.

**Reference:** NVHD Public Health Emergency Response Plan Addendum 19: Organizational Charts

**Analysis:** Many NVMRC Volunteers were unable to attend the exercise due to not being able to take off work or due to the push back of public school graduations due to snow days this year. Continue to develop the volunteer force by recruiting more medical and non-medical MRC volunteers. Continue to collaborate with local CERT and other local volunteer units.

**Area for Improvement 2:** Increase volunteer notification/communication methods.

**Reference:** EasyLink Services

**Analysis:** If funding allows, NVHD should add a text capability to its call-down system so that staff and volunteers can be notified by phone, email and text.

**Area for Improvement 3:** Increase the registration and demobilization staff capability.

**Reference:** NVHD Public Health Emergency Response Plan Addendum 19: Organizational Charts and Annex D: Mass Dispensing Plan Attachment K: Job Action Sheets

**Analysis:** It was recommended that more registration staff be assigned to the registration area, as two people seemed to be overwhelmed. Also, consider establishing a separate station be created for receiving equipment such as vests and radios rather than at the sign-in table.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Naugatuck Valley Health District as a result of the Facility Set Up Exercise conducted on June 20, 2018 and the Ansonia POD Exercise conducted on June 21, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>#8 MCM Dispensing</b>	Utilize a throughput platform to calculate the real-time numbers for a 48-hour dispensing operation (RealOPT, etc.).	Gain Access to RealOPT V8.0.4 software	Planning	NVHD	J. Stelmaszek	ASAP	September 2018
		Update Mass Dispensing Plan	Planning	NVHD	J. Stelmaszek	ASAP	September 2018
	Improve utilization of Dispense Assist.	Conduct staff training during FY18-19 on DA	Training	NVHD	J. Stelmaszek	July 1, 2018	June 30, 2019
		Conduct volunteer training during FY18-19 on DA	Training	NVHD NVMRC	J. Stelmaszek	July 1, 2018	June 30, 2019
	The Dispensing Unit needs to have medical background, specifically with prescription authority.	Volunteer recruitment	Training	NVHD NVMRC	J. Stelmaszek	July 1, 2018	June 30, 2019
		Medical Advisor should be on site for training/drills/exercises and real-world events.	Training	NVHD	DOH	ASAP	ASAP

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>2</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>#9 Medical Material Management and Distribution</b>	Chain of custody and inventory tracking forms were not used during the exercise.	Implement the use of inventory tracking forms during training, drills and exercises.	Planning	NVHD	J. Stelmaszek	July 1, 2018	January 1, 2019
	The action of ordering the medical countermeasures was notional.	The use of IMATS should be considered in the future if a training option can be activated.	Training	NVHD CT DPH CDC	J. Stelmaszek	July 1, 2018	June 30, 2019
	The action of receiving the medical countermeasures and transporting them to the POD site was notional.	Receiving medical countermeasures at Seymour Police Department and then transporting that shipment to a designated POD site should be drilled.	Training	NVHD Seymour PD CT DPH EMD	J. Stelmaszek	July 1, 2018	June 30, 2019

<sup>2</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.



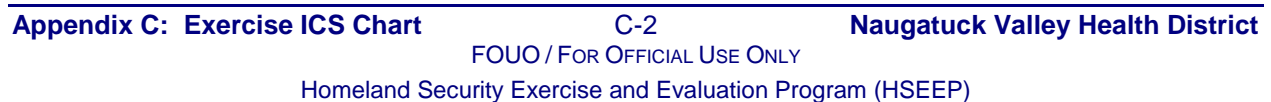
Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>3</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>#15 Volunteer Management</b>	Currently not enough NVHD staff to fill every role in the ICS for one open POD without relying on the use of mutual aid. NVHD has three designated open POD sites for its six-town jurisdiction.	Continue to develop the volunteer force by recruiting more medical and non-medical MRC volunteers.	Planning Training	NVHD NVMRC	J. Stelmaszek	July 1, 2018	January 1, 2019
		Continue to collaborate with local CERT and other local volunteer units	Planning Training	NVHD NVMRC	J. Stelmaszek	July 1, 2018	January 1, 2019
	Increase volunteer notification/communication methods.	Add (additional cost) a text capability to the call-down system so that staff and volunteers can be notified by phone, email and text.	Equipment	NVHD	J. Stelmaszek	July 1, 2018	June 30, 2019
	Increase the registration and demobilization staff capability.	Conduct thorough training for staff in this area.	Training	NVHD NVMRC	J. Stelmaszek	July 1, 2018	June 30, 2019
		Update JAS	Planning	NVHD	J. Stelmaszek	July 1, 2018	January 1, 2019

<sup>3</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

## **APPENDIX B: EXERCISE PARTICIPANTS**

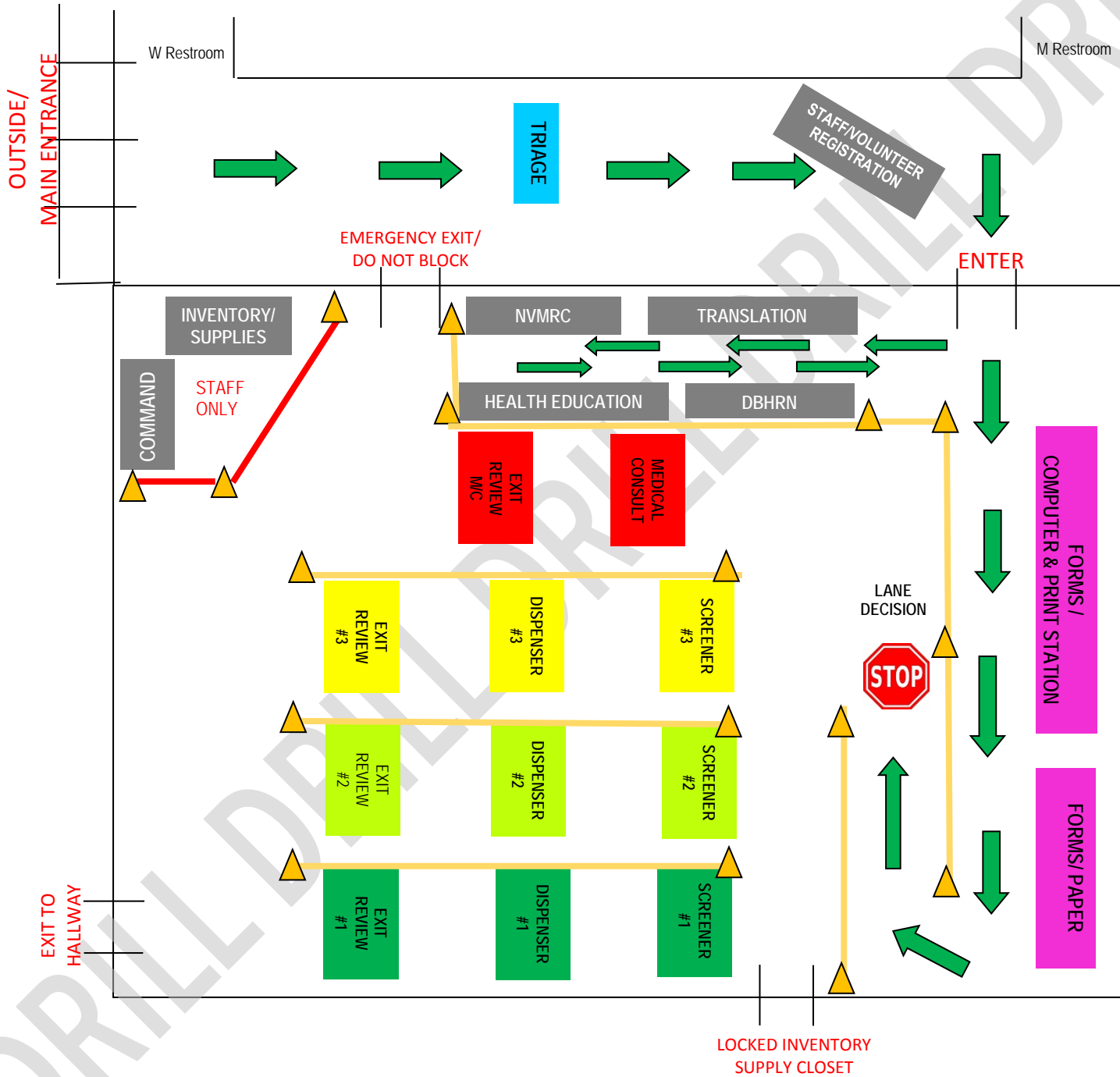
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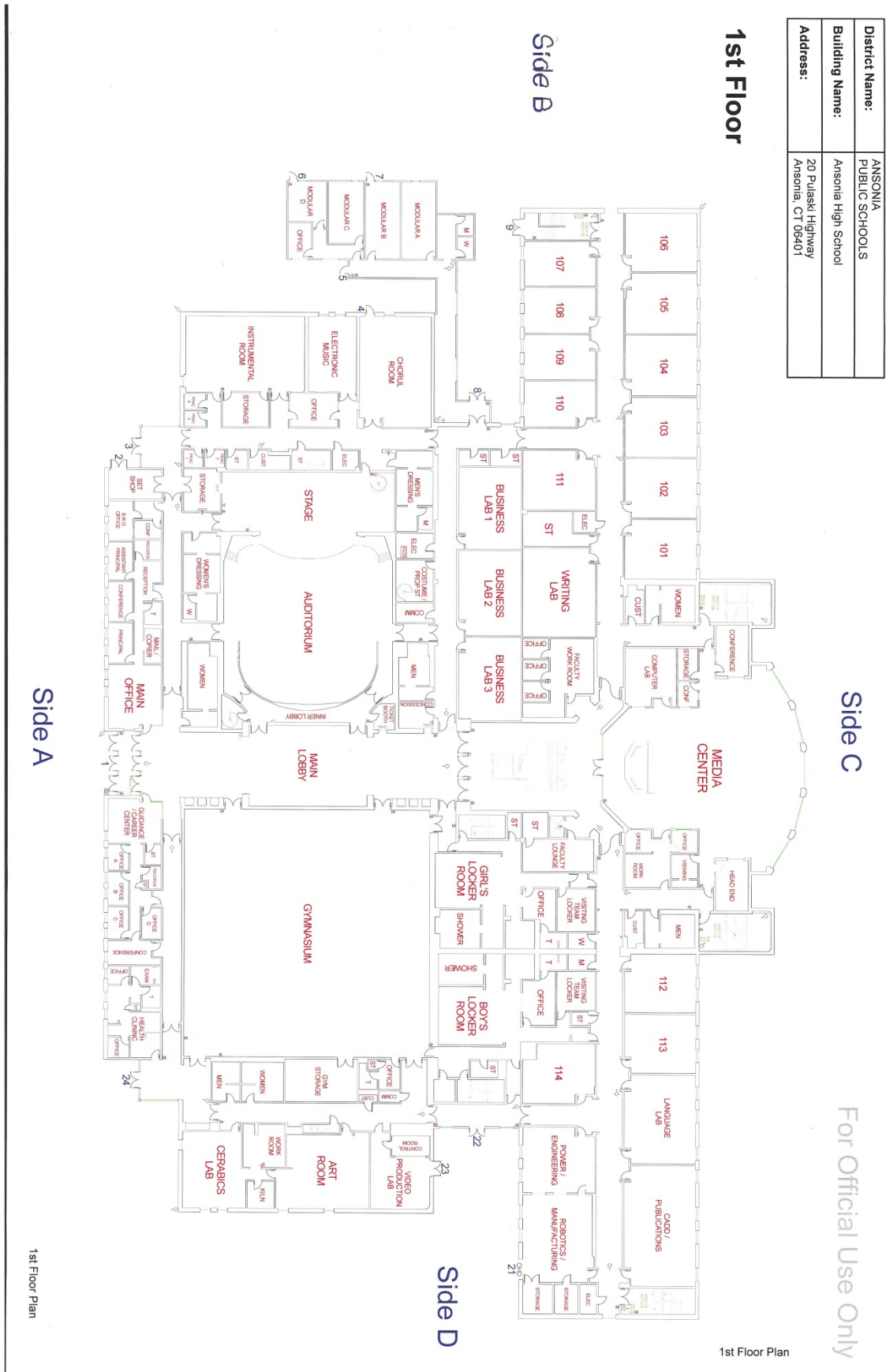
## APPENDIX C: EXERCISE ICS CHART



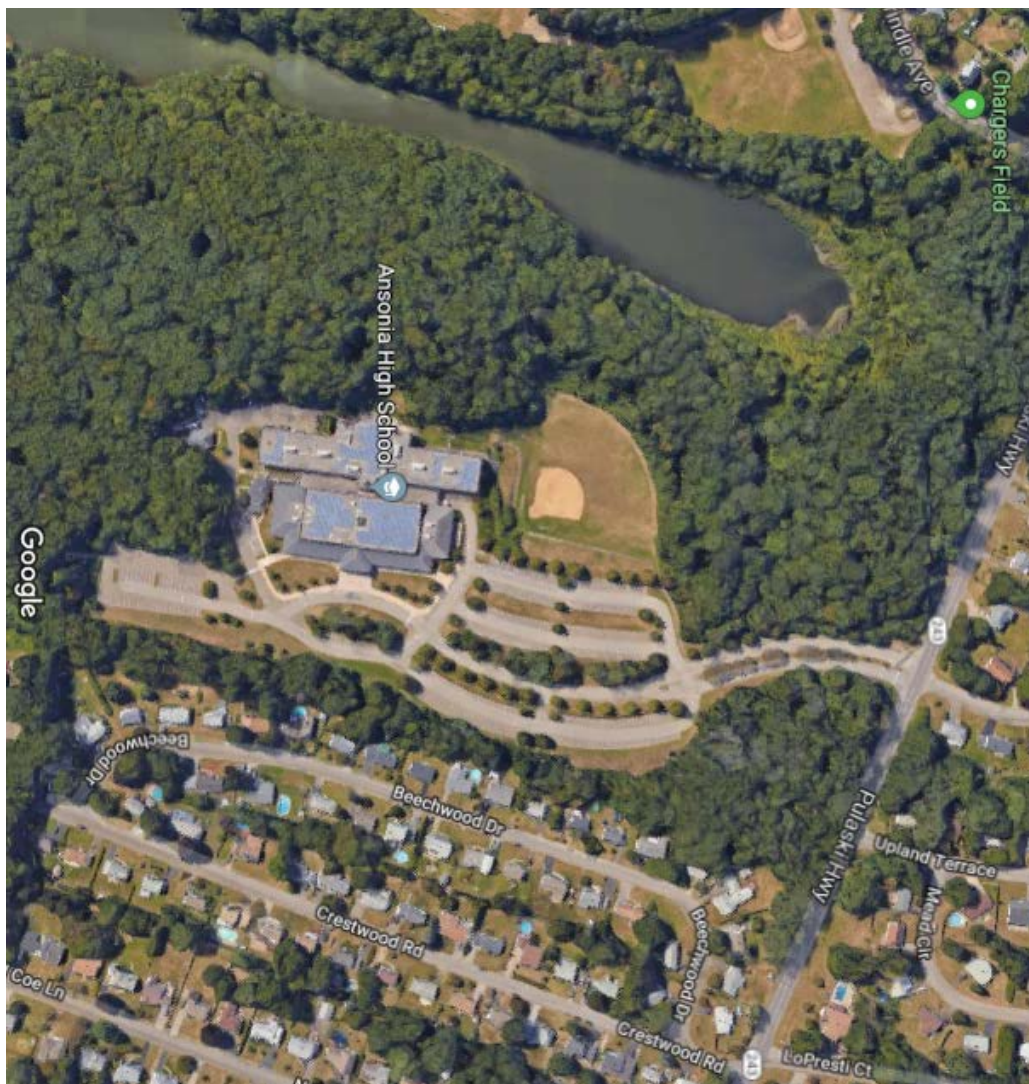
## **APPENDIX D: EXERCISE MAPS**

**POD Exercise Floor Plan**  
**Ansonia High School 6/21/2018**  
(Not to Scale)



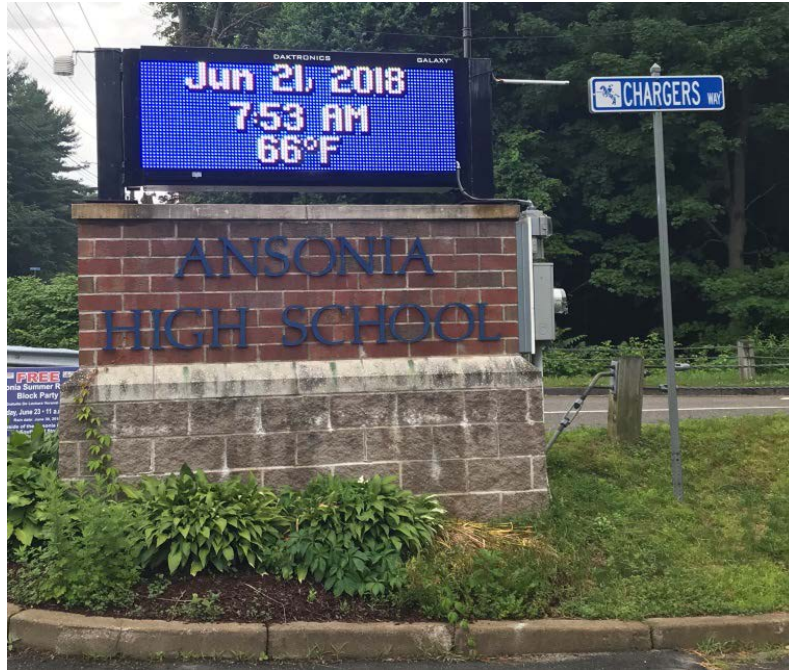








## APPENDIX E: EXERCISE PICTURES

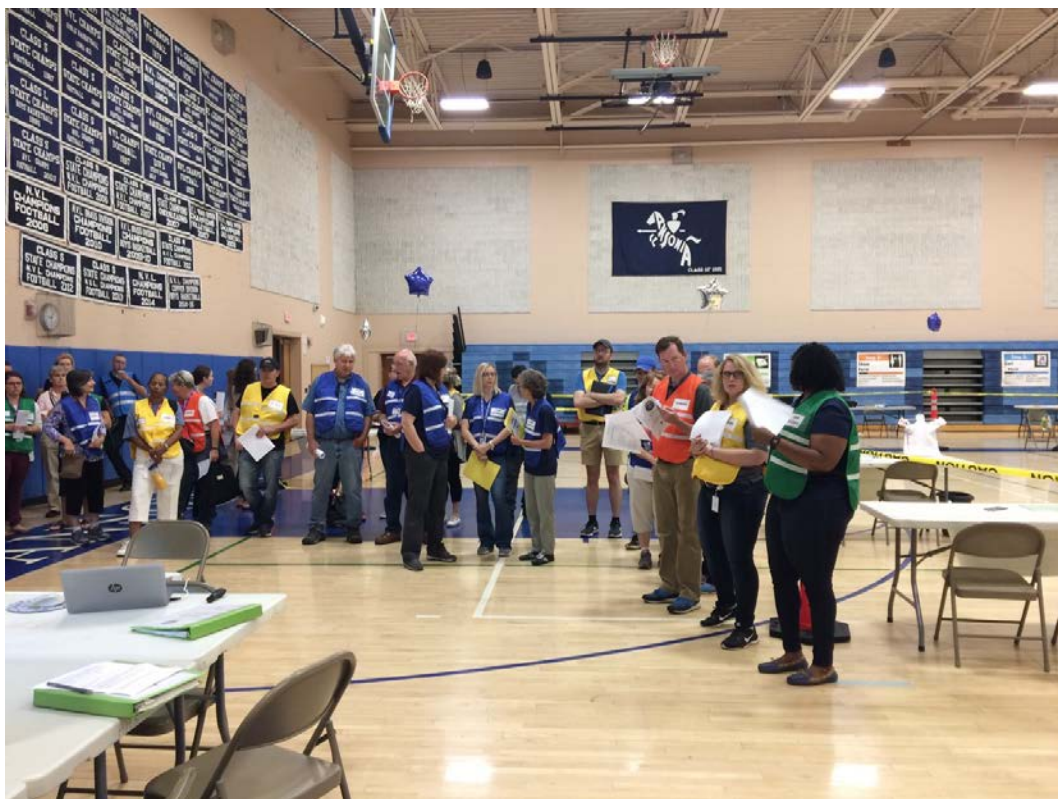


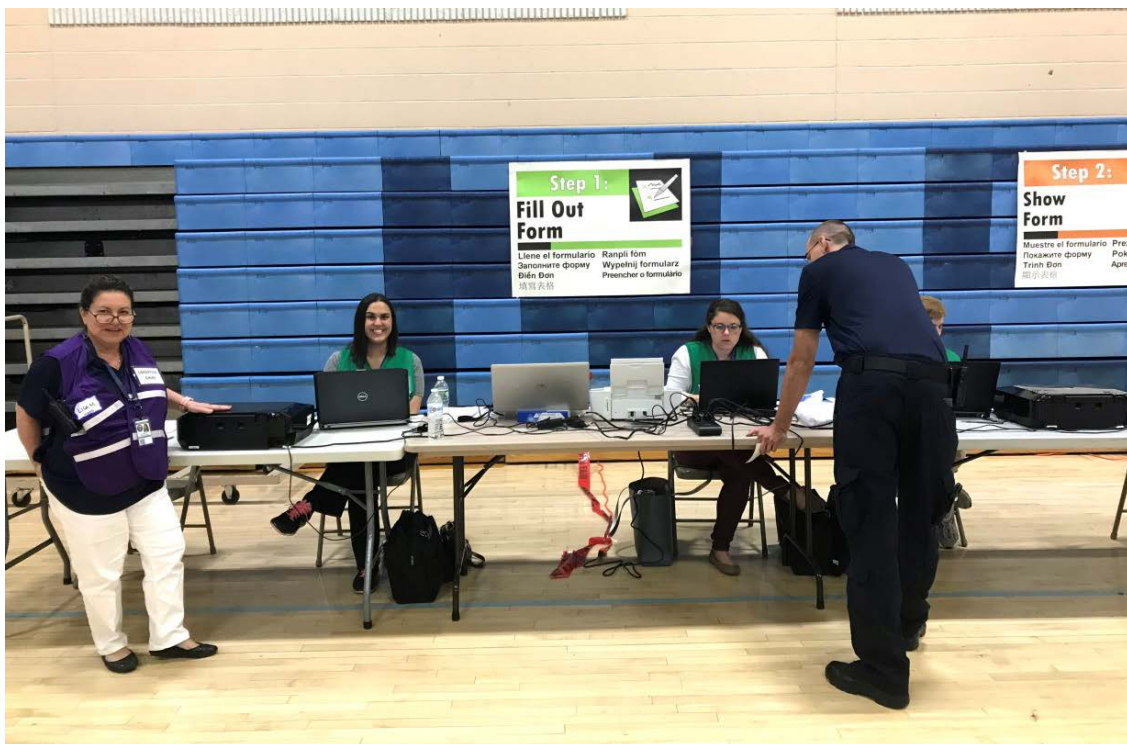




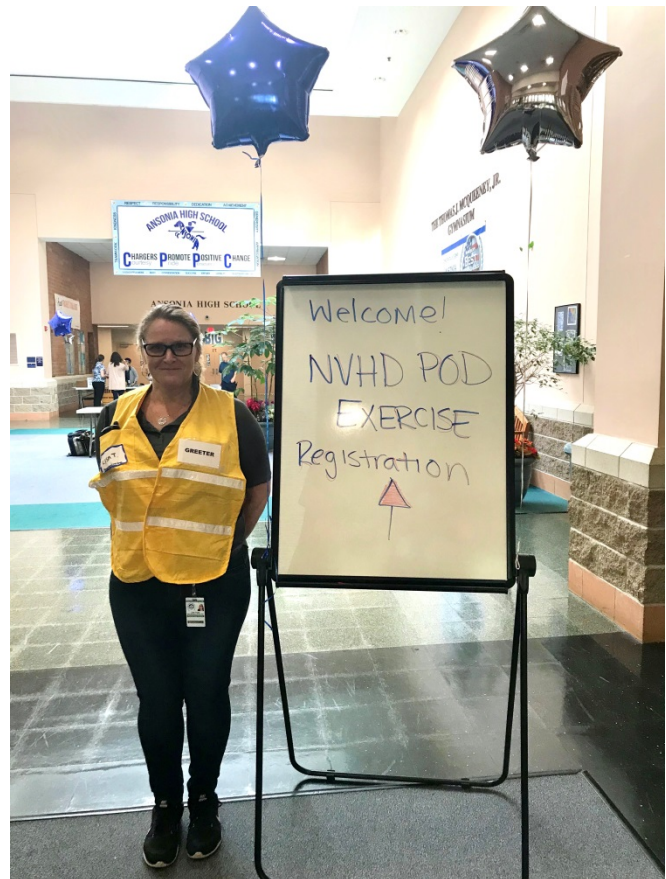








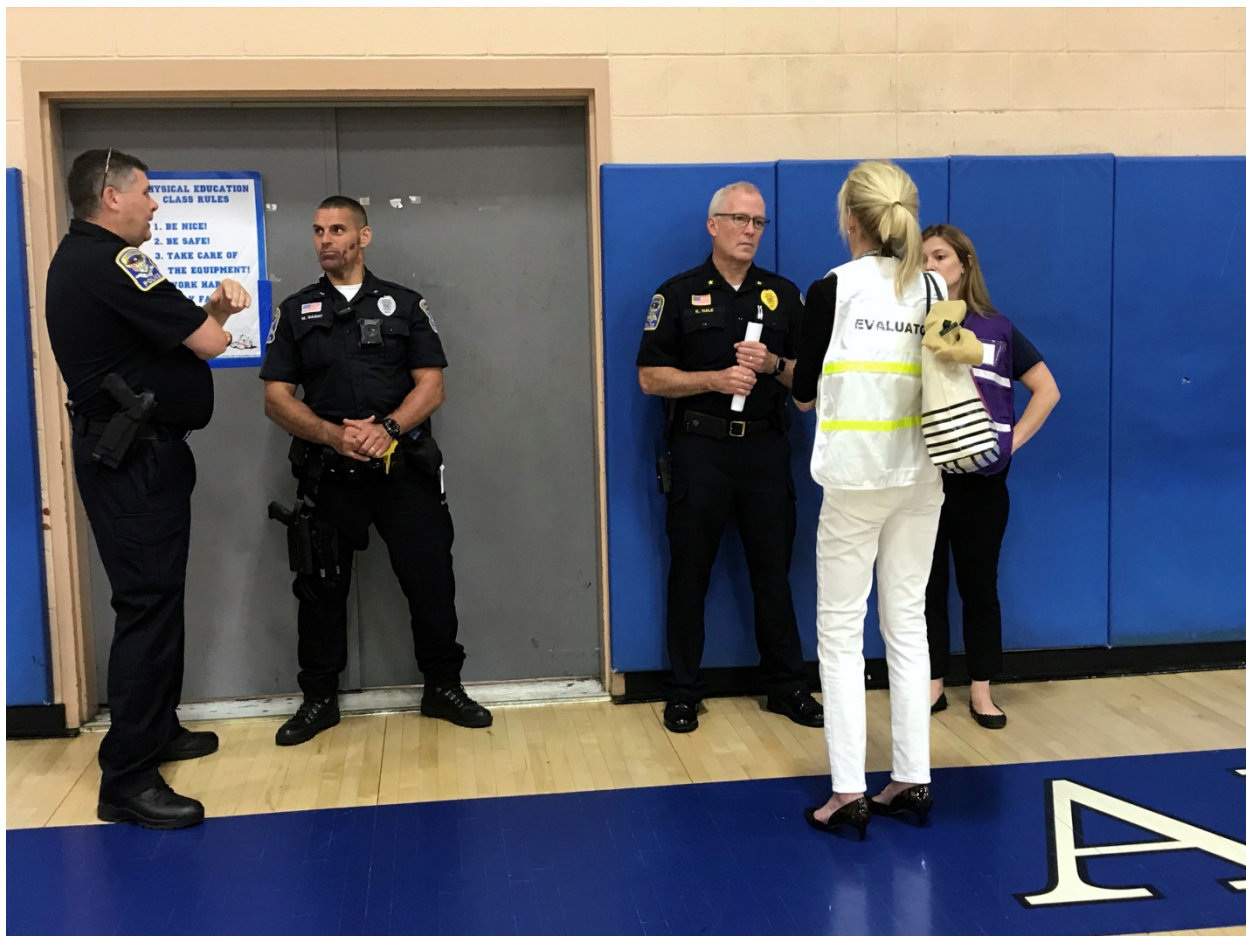
















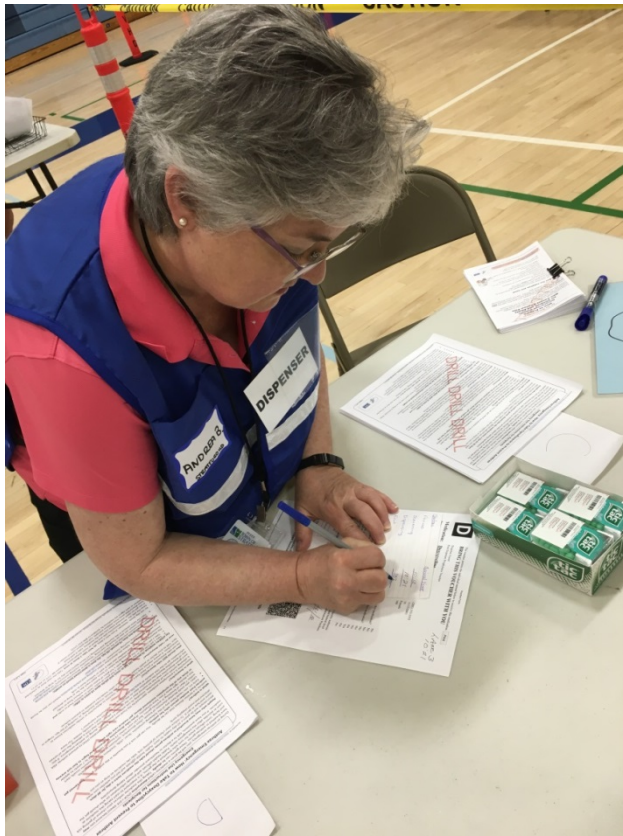


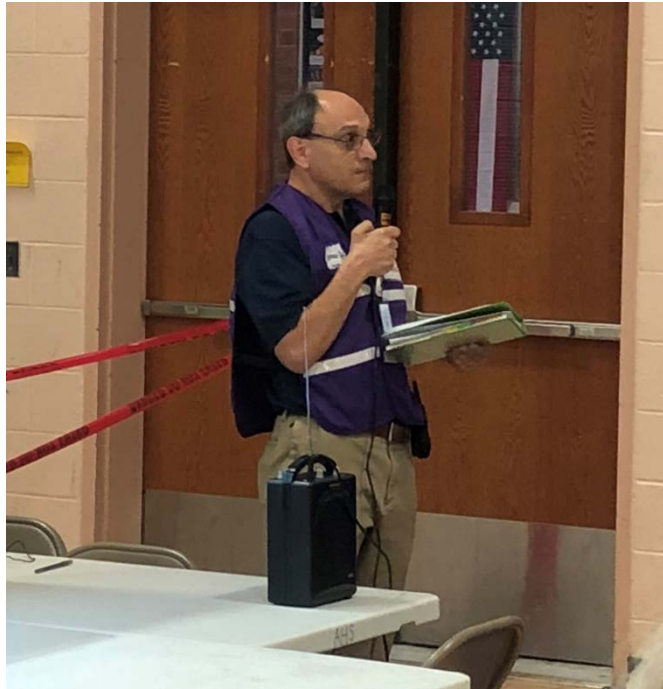






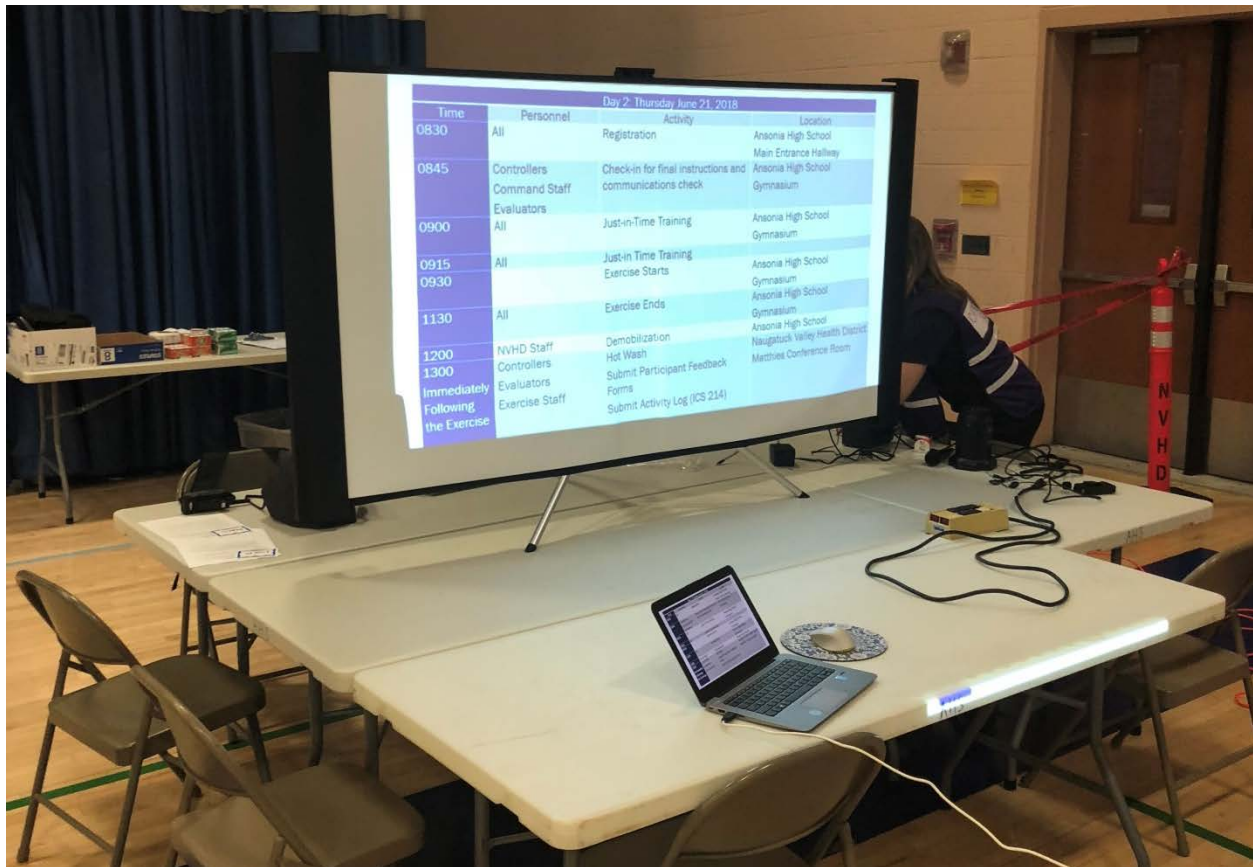
















## APPENDIX F: THROUGHPUT TRACKING Log

**Average Time: 10 minutes**  
**Quantity MCM Dispensed (2hr operation): 117**


Table 2. Ansonia POD Exercise Throughput Tracking Log

	Lane #	Form Type	Time Client Arrives at Station				Average Time (mins)	Qty MCM Dispensed
			Forms	Screening	Dispensing	Exit Review		
1	1	HoH	9:53	9:59	10:04	10:06	13	2
2	1	HoH	10:06	10:13	10:15	10:18	12	2
3	1	HoH	10:09	10:16	10:18	10:20	11	1
4	1	HoH	10:16	10:21	10:24	10:27	11	3
5	1	HoH	10:30	10:35	10:36	10:39	9	3
6	1	HoH	10:58	11:03	11:05	11:07	9	1
7	1	HoH	11:00	11:06	11:09	11:12	12	3
8	1	HoH	11:03	11:09	11:12	11:14	11	3
9	1	HoH	11:08	11:12	11:14	11:17	9	2
10	1	HoH	11:11	11:15	11:17	11:19	8	2
11	1	HoH	11:12	11:17	11:21	11:24	12	3
12	1	HoH	11:14	11:19	11:24	11:26	12	2
13	1	HoH	11:15	11:20	11:26	11:28	13	2
14	2	HoH	9:49	9:52	9:57	10:02	12	4
15	2	HoH	9:50	9:57	10:00	10:01	11	1
16	2	HoH	10:02	10:08	10:09	10:13	11	2
17	2	HoH	10:43	10:47	10:49	10:52	9	5
18	2	HoH	11:10	11:14	11:17	11:21	7	2
19	2	HoH	11:17	11:22	11:25	11:27	10	7
20	2	HoH	11:20	11:24	11:27	11:28	8	3
21	2	HoH	10:32	10:36	10:40	10:42	10	2
22	2	HoH	10:46	10:51	10:52	10:56	10	7
23	2	HoH	11:13	11:15	11:16	11:19	6	1
24	2	HoH	11:13	11:17	11:18	11:20	7	2
25	2	HoH	11:14	11:18	11:21	11:22	8	2
26	2	HoH	9:51	9:58	10:02	10:03	12	2
27	3	HoH	10:43	10:44	10:46	10:47	4	2
28	3	HoH	11:03	11:09	11:11	11:13	10	2
29	3	HoH	11:03	11:06	11:09	11:11	8	2
30	3	HoH	10:25	10:27	10:30	10:31	6	2

31	3	HoH	10:08	10:12	10:15	10:24	16	4
32	3	HoH	10:14	10:20	10:21	10:26	12	2
33	3	HoH	10:23	10:25	10:28	10:29	6	2
34	3	HoH	10:30	10:36	10:39	10:44	14	3
35	3	HoH	9:52	9:53	10:02	10:06	14	4
36	1	V	9:48	9:56	10:02	10:04	16	1
37	1	V	10:13	10:19	10:20	10:23	10	1
38	1	V	10:21	10:25	10:27	10:29	8	1
39	1	V	10:25	10:28	10:30	10:31	6	1
40	1	V	10:47	10:55	10:56	10:58	9	1
41	1	V	10:48	10:54	10:55	10:58	8	1
42	1	V	11:00	11:05	11:07	11:09	9	1
43	1	V	11:04	11:09	11:19	11:21	17	1
44	1	V	11:24	11:27	11:28	11:30	6	1
45	2	V	9:48	9:56	9:58	10:00	12	1
46	2	V	9:50	10:01	10:03	10:05	15	1
47	2	V	9:51	10:04	10:05	10:09	18	1
48	2	V	10:17	10:25	10:28	10:29	12	1
49	2	V	10:43	10:50	10:56	10:57	14	1
50	2	V	10:47	10:51	10:54	10:55	8	1
51	2	V	11:14	11:25	11:28	11:29	15	1
52	2	V	11:14	11:20	11:21	11:23	9	1
53	2	V	11:14	11:21	11:23	11:24	10	1
54	2	V	10:40	10:44	10:45	10:46	6	1
55	3	V	9:49	9:55	9:57	9:59	10	1
56	3	V	9:51	9:59	10:01	10:03	12	1
57	3	V	10:12	10:21	10:26	10:27	15	1
58	3	V	10:18	10:25	10:27	10:28	10	1
59	3	V	10:30	10:35	10:36	10:37	7	1
60	3	V	10:42	10:47	10:50	10:51	9	1
61	3	V	10:43	10:46	10:49	10:50	7	1
62	3	V	10:43	10:48	10:55	10:56	13	1
63	3	V	10:56	11:05	11:06	11:08	8	1
64	3	V	10:56	11:02	11:04	11:05	9	1

## **APPENDIX G: Just in Time Training**

Day 2: Thursday June 21, 2018			
Time	Personnel	Activity	Location
0830	All	Registration	Ansonia High School Main Entrance Hallway
0845	Controllers Command Staff Evaluators	Check-in for final instructions and communications check	Ansonia High School Gymnasium
0900	All	Just-in-Time Training	Ansonia High School Gymnasium
0915	All	Just-in Time Training	
0930		Exercise Starts	Ansonia High School Gymnasium
1130	All	Exercise Ends	Ansonia High School Gymnasium
1200	NVHD Staff	Demobilization	Ansonia High School
1300	Controllers	Hot Wash	Naugatuck Valley Health District
Immediately Following the Exercise	Evaluators Exercise Staff	Submit Participant Feedback Forms Submit Activity Log (ICS 214)	Matthies Conference Room




## Naugatuck Valley Health District

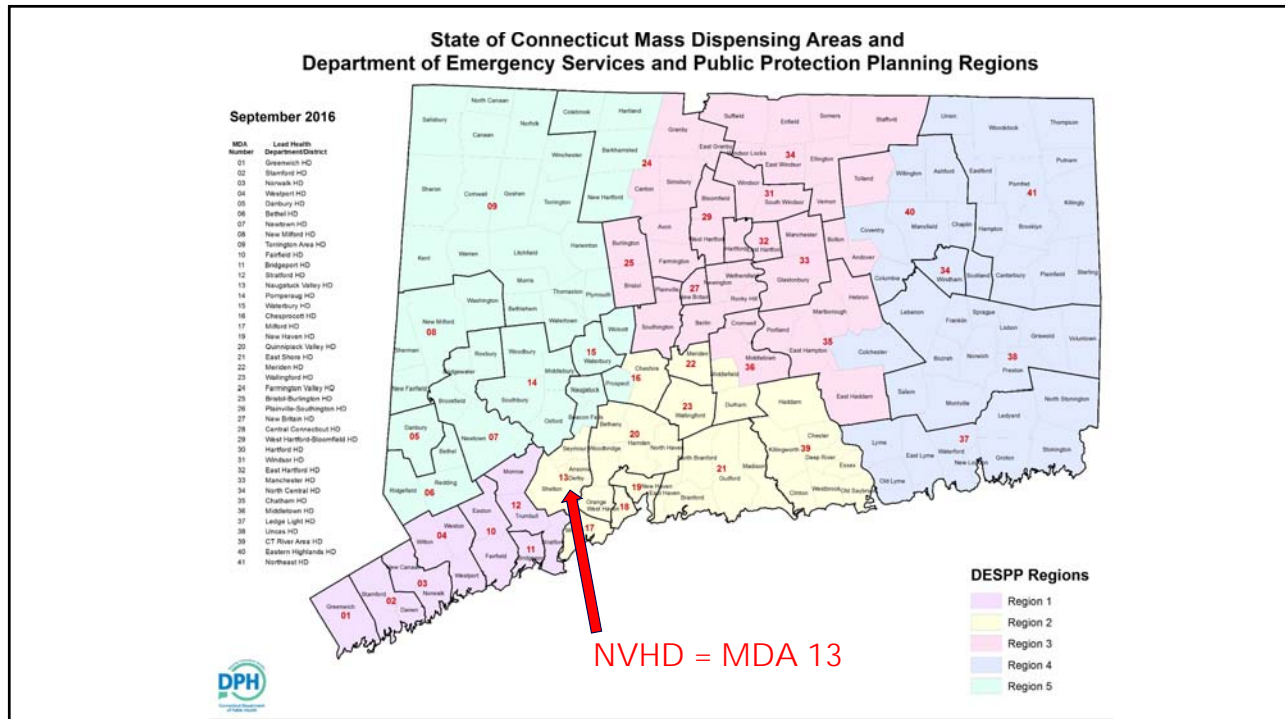
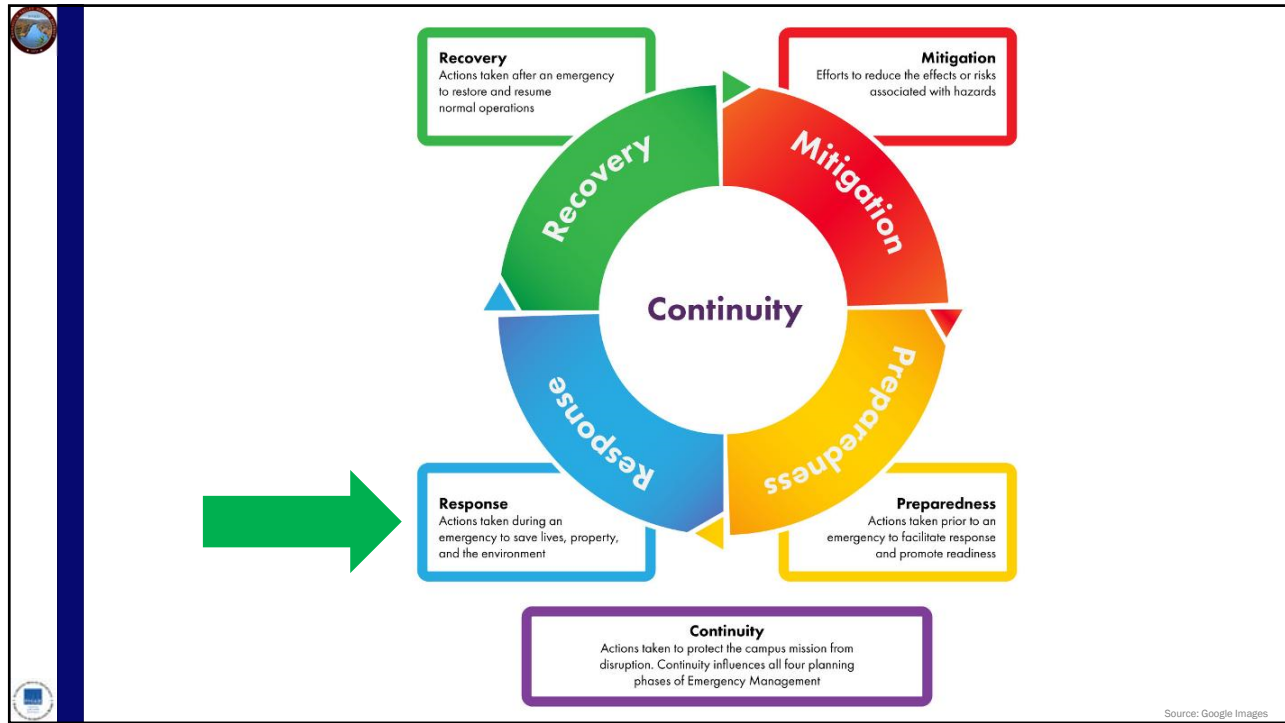
*Public Health Emergency Preparedness*

# JUST-IN-TIME TRAINING

## 2018 ANSONIA POD EXERICSE



June 21, 2018  
Ansonia High School  
20 Pulaski Hwy, Ansonia, CT 06401





**NVHD  
JURISDICTION**  
**ANSONIA\***  
**BEACON FALLS**  
**DERBY\***  
**NAUGATUCK**  
**SEYMOUR\***  
**SHELTON**

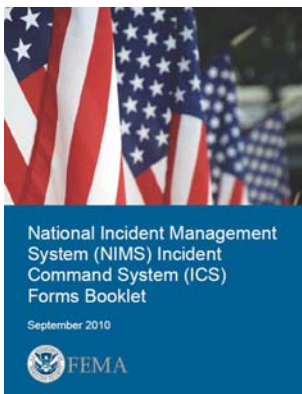


\*Population served by Ansonia POD

## POD SITE: ANSONIA HIGH SCHOOL

TOWN/CITY	2016 CENSUS POPULATION
ANSONIA	18,732
DERBY	12,631
SEYMOUR	16,553
	<b>47,916</b>

## ICS Forms



[View the ICS Forms Here](#)

ICS Form #:	Form Title:	Typically Prepared by:
ICS 201	Incident Briefing	Initial Incident Commander
*ICS 202	Incident Objectives	Planning Section Chief
*ICS 203	Organization Assignment List	Resources Unit Leader
*ICS 204	Assignment List	Resources Unit Leader and Operations Section Chief
*ICS 205	Incident Radio Communications Plan	Communications Unit Leader
**ICS 205A	Communications List	Communications Unit Leader
*ICS 206	Medical Plan	Medical Unit Leader (reviewed by Safety Officer)
ICS 207	Incident Organization Chart (wall-mount size, optional 8½" x 14")	Resources Unit Leader
**ICS 208	Safety Message/Plan	Safety Officer
ICS 209	Incident Status Summary	Situation Unit Leader
ICS 210	Resource Status Change	Communications Unit Leader
ICS 211	Incident Check-In List (optional 8½" x 14" and 11" x 17")	Resources Unit/Check-In Recorder
ICS 213	General Message (3-part form)	Any Message Originator
ICS 214	Activity Log (optional 2-sided form)	All Sections and Units
ICS 215	Operational Planning Worksheet (optional 8½" x 14" and 11" x 17")	Operations Section Chief
ICS 215A	Incident Action Plan Safety Analysis	Safety Officer
ICS 218	Support Vehicle/Equipment Inventory (optional 8½" x 14" and 11" x 17")	Ground Support Unit
ICS 219-1 to ICS 219-8, ICS 219-10 (Cards)	Resource Status Card (T-Card) (may be printed on cardstock)	Resources Unit
ICS 220	Air Operations Summary Worksheet	Operations Section Chief or Air Branch Director
ICS 221	Demobilization Check-Out	Demobilization Unit Leader
ICS 225	Incident Personnel Performance Rating	Supervisor at the incident



## Mass Prophylaxis

Capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.

## Point(s) of Dispensing

A physical location(s) set up to dispense medication in a public health emergency

### Closed POD

- target group
- may include employees and their families and/or clients/members they serve
- operated by/at a private organization

### Open POD

- open to the general public
- operated by Local Public Health agencies

## CT General Statute: 20-571(9)

**Dispense:** Those acts of processing a drug or device for delivery or for administration for a patient pursuant to a prescription consisting of:

- A. Comparing the directions on the label with the directions on the prescription to determine accuracy;
- B. The selection of the drug or device from stock to fill the prescription;
- C. The counting, measuring, compounding, or preparation of the drug or device;
- D. The placing of the drug or device in the proper container;
- E. The affixing of the label to the container; and
- F. The addition to a written prescription of any required notations

**Does not include the acts of delivering a drug or device to a patient or of administering the drug or device to the patient**

## POD MISSION

- ✓ Dispense pharmaceutical countermeasures to many persons exposed to diseases during public health emergencies
  - Minimize (not eliminate) death and illness from the disease
- ✓ Educate recipients about the benefits and risks of the countermeasures and where to obtain follow up, if necessary
- ✓ Triage infected or ill persons
  - Facilitate epidemiological investigation
- ✓ Prevent panic and social disruption

## ASSUMPTIONS

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented. This exercise will not contain any injects that detract from the primary objectives of this exercise.
- Local and/or state EOC operations are notional.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

## SCENARIO

On July 5, 2018, an anonymous cryptic call was made to the New Haven FBI field office. The caller claimed that the fireworks used in the Valley were contaminated with anthrax. Federal, state and local officials consult meanwhile biosensors have detected traces of anthrax. Samples are sent to the lab for confirmation.

Lab results confirm that anthrax was released during the local firework show. It is possible that anthrax contamination has covered the Valley.

Medical countermeasures were requested from the Strategic National Stockpile via the Centers for Disease Control and Prevention (CDC) Inventory Management and Tracking System (IMATS).

# TODAY'S MCM



“Doxycycline”  
Qty x100



“Ciprofloxacin”  
Qty x100



## Office of Public Health Preparedness and Response



### Sample Label

Package by Dispensing  
Solutions, Inc  
Santa Ana, CA 92704  
Manufactured by Ranbaxy  
Laboratories, LTD  
New Delhi 110 019, India  
NDC 24658-220-30



Store at 59° – 86°F  
See USP controlled room  
temperature

**DO NOT USE UNLESS DIRECTED  
BY THE HEALTH OFFICER**  
LOT#: D1234 RX# XXXXXX  
EXP: Dec-22 NCD 24658-220-30

**DOXYCYCLINE 100 MG  
20 TABLETS**

EACH TABLET CONTAINS  
DOXYCYCLINE HYCLATE  
EQUIVALENT TO DOXYCYCLINE  
100MG, FD&C YELLOW #6.

COMPARE TO VIBRATABS

**USUAL DOSAGE:**  
Take 1 tablet every 12 hours

**MFR: IVAX PHARM, INC.**  
**RX ONLY**

LOT # D1234 EXP: Dec 22  
RX# XXXXXX



**DOXYCYCLINE 100 MG  
20 TABLET**  
LOT# D1234 EXP: Dec-22  
NDC 24658-220-30

**DOXYCYCLINE 100 MG  
20 TABLET**  
LOT# D1234 EXP: Dec-22  
NDC 24658-220-30

**KEEP OUT OF THE REACH OF CHILDREN**  
DISPENSE IN THIS TIGHT-LIGHT  
RESISTANT CONTAINER.

Connecticut Department of Public Health - Keeping Connecticut Healthy

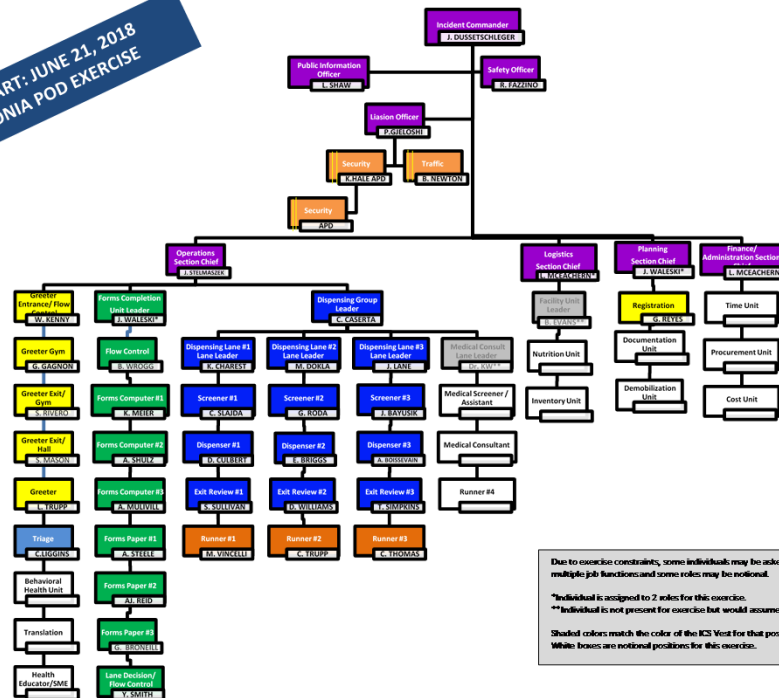



# POD WORKER ROLES

Specific to the June 21, 2018 Ansonia POD Exercise





ICS CHART: JUNE 21, 2018  
ANSONIA POD EXERCISE





# GREETER


- Welcome clients
- Determine if household representative has completed a household form or voucher
  - Completed form/voucher direct to Lane Decision
  - No form/voucher direct to Form Completion Station
    - Household representative = give blue index card & direct to paper station
    - Individual = give white index card & direct to computer station
- Direct media to Public Information Officer/Security

# FORMS UNIT

- ✓ Mark time on client index card (computer = white; paper = blue)
- ✓ Assist individuals with questions or concerns
- ✓ Ensure interpretation services for clients with language barriers
- ✓ Provide client with Anthrax Fact Sheet

COMPUTER	PAPER
<ul style="list-style-type: none"> <li>• Assist clients with completion of Dispense Assist Voucher               <ul style="list-style-type: none"> <li>• Open Dispense Assist (<a href="http://www.dispenseassist.net">www.dispenseassist.net</a> or desktop access if no internet)</li> <li>• Input client information</li> <li>• Print client voucher</li> <li>• Give to client</li> </ul> </li> <li>• Send to Lane Decision</li> </ul>	<ul style="list-style-type: none"> <li>• Assist clients with accurate completion of paper head of household form               <ul style="list-style-type: none"> <li>• Follow algorithm</li> <li>• Use sample as guide</li> </ul> </li> <li>• Send to Lane Decision</li> </ul>



home | contact | training | downloads | dispensers

## DISPENSE ASSIST

**VOUCHERS FOR:**

- Anthrax
- Influenza
- Plaque
- Tularemia

**Additional Languages:**

- Español

### Anthrax Medication Screening Form

*Please complete the screening information below, then press the "Next" button at the bottom of the page for a printable voucher.*

#### Personal Information

First Name:  Last Name:

Address:

Address/Other:

City:  State/Territory:  Zip/Postal Code:

Telephone:

Email:

Date of Birth: mm/dd/yyyy

Weight (lbs):

Sex: ☐ Male ☐ Female

#### Medical Information

1. Is this person allergic to Doxycycline, Tetracycline or any other 'cycline' drug? ☐ Yes ☐ No
2. Is this person allergic to Ciprofloxacin, Levofloxacin or any other 'fluoroquinolone' drug? ☐ Yes ☐ No
3. Is this person allergic to Amoxicillin or other 'penicillin' type drugs? ☐ Yes ☐ No
4. Does this person have seizure disorder or epilepsy? ☐ Yes ☐ No
5. Is this person currently taking Tizanidine (Zanaflex)? ☐ Yes ☐ No
6. Does this person have difficulty swallowing pills? ☐ Yes ☐ No
7. Does this person have renal (kidney) disease or Myasthenia Gravis? ☐ Yes ☐ No

I have been offered a copy of the [Dispense Information Sheet](#). By checking the "I Agree" box, I consent to receive the antibiotic to be given to me or the person named above for whom I am authorized to sign.

☐ I Agree

After completing the screening information, press the "Next" button for a printable voucher.

This voucher permits the individual named below to receive this medication.

### BRING THIS VOUCHER WITH YOU

Dispense Assist  
Post Exposure Prophylaxis Voucher

**Medication: Doxycycline**

**Demographic Information**

First Name: JOHN  
Last Name: SMITH  
Address: 123 HEALTH LANE  
Address2:  
City, St Zip: ANSONIA, CT 06401  
Email: PUBLIC@HEALTH.COM

Telephone: (123) 456-7890  
DOB: 06/21/1980  
Age: 37  
Sex:  
Weight:

**Health History Information**

1. Is this person allergic to Doxycycline, Tetracycline or any other 'cycline' drug?
- 1a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking?
2. Is this person allergic to Ciprofloxacin or any other "fluoroquinolone" drug?
- 2a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking?
3. Does this person have an allergy to amoxicillin?
4. Does this person have seizure disorder or epilepsy?
5. Is this person taking Tizanidine (Zanaflex)?
6. Does this person have difficulty swallowing pills?
7. Does this person have renal (kidney) disease or Myasthenia Gravis?
8. Is this person pregnant?

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of [Notice of Information Practices](#).

Client Signature: John Smith Date Signed: 6/21/2018

**Point of Dispensing Use Only:**

Medication Provided: ☐ Doxycycline ☐ Ciprofloxacin

Place Lot # Sticker Here

Dispensing Site Name:


Dispenser Signature:  Date:

**Fact sheet:** [FDA EUA Doxycycline Drug Information Sheet](#)  
[How to Prepare Doxycycline for Children or Adults Who Can't Swallow Pills](#)

If client wishes for a copy, print HIPAA Privacy Rule: Disclosures for Public Health Activities 45 CFR 164.512(b) from desktop.

# LANE DECISION

- ✓ Control POD flow
- ✓ Direct patients to dispensing lanes
  - Ensure patients with "X" or who desire to speak with Doctor are sent to Medical Consult lane
  - Avoid bottlenecking
- ✓ Use handheld people counter to track POD traffic, only individual with form (HoH)





**D** This voucher permits the individual named below to receive this medication. [Print](#)

**BRING THIS VOUCHER WITH YOU**

Dispense Assist  
Post Exposure Prophylaxis Voucher

Lane #2

**Medication: Doxycycline**

**Demographic Information**

First Name: JOHN	Telephone: (123) 456-7890
Last Name: SMITH	DOB: 06/21/1980
Address: 123 HEALTH LANE	Age: 37
Address2:	Sex: Male
City, St Zip: ANSONIA, CT 06401	Weight: 150
Email: PUBLIC@HEALTH.COM	

**Health History Information**

1. Is this person allergic to Doxycycline, Tetracycline or any other 'cycline' drug?	No
1a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication?	No
2. Is this person allergic to Ciprofloxacin or any other "floxacin" drug?	Yes
2a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication?	Yes
3. Does this person have an allergy to amoxicillin?	No
4. Does this person have seizure disorder or epilepsy?	No
5. Is this person taking Tizanidine (Zanaflex ®)?	No
6. Does this person have difficulty swallowing pills?	Yes
7. Does this person have renal (kidney) disease or Myasthenia Gravis?	No
8. Is this person pregnant?	No

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: John Smith Date Signed: 6/21/2018

**Point of Dispensing Use Only:**

Medication Provided: ☐ Doxycycline ☐ Ciprofloxacin

Place Lot # Sticker Here

Dispensing Site Name: \_\_\_\_\_

Dispenser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fact sheet:** [FDA EUA Doxycycline Drug Information Sheet](#)  
[How to Prepare Doxycycline for Children or Adults Who Can't Swallow Pills](#)

# SCREENER

- ✓ Write client arrival time on index card
- ✓ Write Lane # on top of voucher or HoH form
- ✓ If voucher, verify client has signed
- ✓ If HoH form, verify all information is complete and correct
- ✓ Send to dispenser

**D** This voucher permits the individual named below to receive this medication. [Print](#)

**BRING THIS VOUCHER WITH YOU**

Dispense Assist  
Post Exposure Prophylaxis Voucher

**Medication: Doxycycline**

**Demographic Information**

First Name: JOHN	Telephone: (123) 456-7890
Last Name: SMITH	DOB: 06/21/1980
Address: 123 HEALTH LANE	Age: 37
Address2:	Sex: Male
City, St Zip: ANSONIA, CT 06401	Weight: 150
Email: PUBLIC@HEALTH.COM	

**Health History Information**

1. Is this person allergic to Doxycycline, Tetracycline or any other 'cycline' drug?	No
1a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication?	No
2. Is this person allergic to Ciprofloxacin or any other "floxacin" drug?	Yes
2a. Has person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication?	Yes
3. Does this person have an allergy to amoxicillin?	No
4. Does this person have seizure disorder or epilepsy?	No
5. Is this person taking Tizanidine (Zanaflex ®)?	No
6. Does this person have difficulty swallowing pills?	Yes
7. Does this person have renal (kidney) disease or Myasthenia Gravis?	No
8. Is this person pregnant?	No

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: John Smith Date Signed: 6/21/2018

**Point of Dispensing Use Only:**

Medication Provided: ☒ Doxycycline ☐ Ciprofloxacin

Dispensing Site Name: \_\_\_\_\_

Dispenser Signature: Di Spenser Date: 6/21/2018

**Fact sheet:** [FDA EUA Doxycycline Drug Information Sheet](#)  
[How to Prepare Doxycycline for Children or Adults Who Can't Swallow Pills](#)

# DISPENSER

- ✓ Write arrival time on index card
- ✓ Check box for MCM dispensed
- ✓ Peel label and adhere to voucher or form
- ✓ Put MCM in clear bag
- ✓ Put correct Drug Information Sheet in bag
- ✓ Fill in Dispensing Site Name
  - If HoH, write initials on MCM bottle
- ✓ Sign and Date Form
- ✓ Send to Exit Review

## EXIT REVIEW/ QUALITY CONTROL

- ✓ Write arrival time on index card
- ✓ Write Lane # and Qty of MCM Dispensed on back of index card
- ✓ Keep index card
- ✓ Collect HoH or Voucher and place in wire basket
- ✓ Direct to Exit

## MOCK CLIENTS

- ✓ May enter the POD multiple times during exercise play
  - Use different contact information
- ✓ May use real or creative information as long as vouchers are complete
- ✓ May choose to fill out individual voucher or Head of Household paper form
- ✓ All POD Workers will be able to act as a mock patient when permitted by immediate supervisor



NBC Parks and Recreation

Day 2: Thursday June 21, 2018			
Time	Personnel	Activity	Location
0830	All	Registration	Ansonia High School Main Entrance Hallway
0845	Controllers Command Staff Evaluators	Check-in for final instructions and communications check	Ansonia High School Gymnasium
0900	All	Just-in-Time Training	Ansonia High School Gymnasium
0915	All	Just-in Time Training	
0930		Exercise Starts	Ansonia High School Gymnasium
1130	All	Exercise Ends	Ansonia High School Gymnasium
1200	NVHD Staff	Demobilization	Ansonia High School
1300	Controllers	Hot Wash	Naugatuck Valley Health District
Immediately Following the Exercise	Evaluators Exercise Staff	Submit Participant Feedback Forms Submit Activity Log (ICS 214)	Matthies Conference Room