SUMMIT COUNTY PUBLIC HEALTH



CLOSED PODS

Sample Job Action Sheets

| Position Assignment: | | Closed POD Manager | |
|----------------------|--|---|--|
| Sta | ff Name: | | |
| Mission: | | Coordinate the CLOSED POD effort at your agency. | |
| Ge | t Ready | | |
| | Review your Closed POD Dispensing Plan Inform that the Closed POD is activated and assign tasks Provide orientation and position training to those assisting the dispensing effort Prepare the site according to Closed POD Dispensing Plan | | |
| Ge | t Medications | | |
| <u> </u> | public health to receive medications for Closed POD operations. Lock medication in secure location away from extreme heat or cold. Record (inventory) the medication received for record keeping purposes. | | |
| Dis | spense the Medication | ons | |
| | Open Closed POD a Monitor dispensing Ensure appropriate Ensure distribution Request additional a Update your public | n to Closed POD staff first at designated time / date of medications screening and drug dispensing of drug information sheets medications from the public health point of contact (if applicable) health point of contact periodically with Closed POD status (i.e. throughput numbers, medication osed POD closing time) | |
| Wl | nen Finished | | |
| | Submit documentat | as necessary nedication to public health point of contact via agreed upon method ion to the public health point of contact via agreed upon method down the Closed POD site | |

Sample Job Action Sheets Position assignment: **Triage Supervisor** You report to: Closed POD Manager Staff name: To assess client's suitability to enter Closed POD. Mission: **Get Ready** ☐ Read this entire Job Action Sheet Receive assignment, orientation and position training from Closed POD Manager ☐ Familiarize self with Closed POD layout. ☐ Supervise the Triage Personnel ☐ Assist in constructing Closed POD ☐ If applicable, make copies of Triage forms & questions ☐ Set up station with Triage forms, clipboards, and pens Receive medication for self (and family), Closed POD staff before dispensing to others **Dispense the Medications** ☐ Greet clients before they enter and assess client suitability to enter Closed POD by asking the following questions: Are you currently sick or experiencing any of the following: Fever or chills Respiratory Symptoms (Cough, Sore Throat, Chest Pain, Shortness of Breath) - New skin Lesions (blisters, skin ulcers, black lesions) Nausea or Vomiting Bloody stool or bloody diarrhea If the client answers YES to any of the above, direct them to go to their primary care provider or the nearest hospital. ☐ Maintain a record of the names and number of client's referred to primary care provider or hospital for further care. ☐ Direct clients to Greeting ☐ Maintain adequate supply levels ☐ Provide routine reports to the Closed POD Manager ☐ Report disruptive client behavior to the Closed POD Manager and/or Security if applicable

When Finished

□ Brief replacement as necessary
 □ Return all materials to the Closed POD Manager
 □ Tear down station, as directed by the Closed POD Manager
 □ Participate in after-action meetings, as directed
 □ Sign-out when dismissed

☐ Perform other duties as assigned by the Closed POD Manager

| □ Familiarize self with □ Assist in construction □ If applicable, make □ Set up station with | | Triage Personnel Triage Supervisor | |
|---|--|---|--|
| | | | |
| | | To assess client's suitability to enter POD. | |
| | | , orientation and position training from Closed POD Manager th Closed POD layout the Closed POD copies Triage forms & questions | |
| | | | Are you <u>cu</u> - Fever o - Respire - New sl - Nausea - Bloody |
| | Direct clients to Greeting Maintain adequate supply levels Provide routine reports to your Closed POD Supervisor | | |
| \mathbf{W} | hen Finished | | |
| | Tear down station, | as directed by your Closed POD Supervisor action meetings, as directed | |

| Position assignment: | | Greeter/Educator Supervisor | |
|----------------------|---|---|--|
| You report to: | | Closed POD Manager | |
| Sta | aff name: | | |
| Mission: | | To answer questions and education clients as appropriate for the event. | |
| Ge | t Ready | | |
| | Supervise the Greeter / Educator Personnel Assist in constructing Closed POD If applicable, make copies of medical screening forms and drug information sheets | | |
| Dis | spense the Medicati | ons | |
| | Greet clients as they enter and provide necessary forms – in addition to medical screening forms, consider distributing the patient education and information forms also. Answer client questions within scope of training and qualifications Direct clients to Screening Maintain adequate supply levels Provide routine reports to the Closed POD Manager Report disruptive client behavior to the Closed POD Manager Performs other duties as assigned by the Closed POD Manager | | |
| \mathbf{W} | hen Finished | | |
| | Tear down station, | as directed by the Closed POD Manager action meetings, as directed | |

| Position assignment: | | Greeter/Educator Personnel | |
|----------------------|--|---|--|
| You report to: | | Greeter/Educator Supervisor | |
| Sta | aff name: | y | |
| Mission: | | To answer questions and education clients as appropriate for the event. | |
| Ge | t Ready | | |
| | Assist in constructing Closed POD If applicable, make copies of medical screening forms and drug information sheets | | |
| Dis | Dispense the Medications | | |
| | the patient education and information forms also. Answer client questions within scope of training and qualifications Direct clients to Screening Maintain adequate supply levels Provide routine reports to your Closed POD Supervisor Report disruptive client behavior to your Closed POD Supervisor | | |
| Wl | hen Finished | | |
| | Tear down station, | as directed by your Closed POD Supervisor action meetings, as directed | |

Sample Job Action Sheets Position Assignment: **Screener Supervisor** Your Report To: Closed POD Manager Staff Name: Mission: Conduct initial screening or medical screening for contraindications **Get Ready** ☐ Read this entire Job Action Sheet ☐ Receive assignment, orientation and position training from Closed POD Manager ☐ Supervise Screener Personnel ☐ Familiarize self with screening forms ☐ Assist in constructing Closed POD ☐ Set up station with required materials ☐ Receive medication for self (and family) before dispensing to others **Dispense the Medication** ☐ Review client medical screening form ☐ Scan medical screening form for contraindication if a "yes" answer is answered on any portion of the form, direct to Medical Screening / Evaluation; otherwise direct to Dispensing Direct clients with medical questions that cannot be answered within the scope of your training to Medical Screening / **Evaluation Personnel**

☐ Sign-out if dismissed

When Finished

☐ Brief replacement as necessary

Return all materials to your Closed POD Manager
 Tear down station, as directed by Closed POD Manager

☐ Participate in after-action meetings, as directed

| Po | sition Assignment: | Screener Personnel |
|---|--|--|
| Yo | u Report To: Screen | ing Supervisor |
| Sta | aff Name: | |
| Mi | ssion: | Conduct initial screening or medical screening for contraindications |
| Get Ready Read this entire Job Action Sheet Familiarize self with screening forms Assist in constructing Closed POD Set up station with required materials | | |
| ⊔ Di: | Receive medication spense the Medicati | on for self (and family) before dispensing to others |
| <u> </u> | Medical Screening / Evaluation; otherwise direct to Dispensing | |
| Fo | llow up | |
| | Tear down station, | as directed by Screening Supervisor action meetings, as directed |

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR SCREENING SUPERVISOR IMMEDIATELY

| Position Assignment: | | Medical Screening / Evaluation Supervisor | |
|--------------------------|---|--|--|
| You Report To: | | Closed POD Manager | |
| Sta | ff Name: | | |
| Mission: | | Assess contraindications and determine appropriate medication. | |
| Ge | t Ready | | |
| | Receive assignment, orientation, and position training from Closed POD Manager Familiarize self with screening forms and medical information sheets Supervise Medical Screening / Evaluation Personnel Assist in constructing Closed POD Set up station with required materials | | |
| Dispense the Medications | | | |
| | | | |
| When Finished | | | |
| | Tear down station, | as directed by the Closed POD Manager action meetings, as directed | |

| Position Assignment: | | Medical Screening / Evaluation Personnel | |
|----------------------|---|--|--|
| You Report To: | | Medical Screening / Evaluation Supervisor | |
| Sta | ff Name: | | |
| Mi | ssion: | Assess contraindications and determine appropriate medication. | |
| | □ Receive assignment, orientation, and position training from Closed POD Manager □ Familiarize self with screening forms and medical information sheets □ Assist in constructing Closed POD □ Set up station with required materials | | |
| | | | |
| When Finished | | | |
| | Tear down station, | s to the Medical Screener / Evaluation Supervisor as directed by the Medical Screener / Evaluation Supervisor action meetings, as directed | |

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR MEDICAL SCREENER / EVALUATION SUPERVISOR IMMEDIATELY

Sample Job Action Sheets Position assignment: **Dispenser Supervisor** You report to: Closed POD Manager Staff name: Mission: Dispense appropriate medication **Get Ready** ☐ Read this entire Job Action Sheet ☐ Receive assignment, orientation, and position training from Closed POD Manager ☐ Familiarize self with screening and dispensing process (including algorithms) ☐ Supervise Dispensing Personnel ☐ Assist in construction Closed POD ☐ Set up station with required materials Receive medication for self (and family) first before dispensing to others **Dispense the Medications** ☐ Assure that each client completes a medical screening form ☐ Weigh children as needed and note weight on medical screening form (delete if not required) Review form for contraindications. If no contraindications, dispense as directed. If contraindications exist, follow algorithms for dispensing Remove / Record lot # labels from pill bottles or label sheet. Put / Write on clinic medical screening form and on their drug information sheet ☐ Fill out information on prescription label and adhere to pill bottle or to drug information sheet. Dispense appropriate medication and record medication dispensed on medical screening form, initial medical screening form and retain form ☐ Remind client to complete the entire dosing regimen

When Finished

| Return all materials to Closed POD Manager, including medical screening forms and any unused medication |
|---|
| Brief replacement as necessary |
| Tear down station, as directed by the Closed POD Manager |
| Participate in after-action meetings, as directed |

☐ Provide dispensing status updates to your Closed POD Manager as required

☐ Sign-out if dismissed

| Position assignment: | | <u>Dispenser Personnel</u> | | |
|-------------------------|--|--|--|--|
| You report to: | | Dispensing Supervisor | | |
| Staff name: Mission: | | | | |
| | | Dispense appropriate medication | | |
| Ge | t Ready | | | |
| | Read this entire Job Action Sheet Receive assignment, orientation, and position training from Closed POD Manager Familiarize self with screening and dispensing process (including algorithms) Assist in construction Closed POD Set up station with required materials Receive medication for self (and family) before dispensing to others | | | |
| Dis | spense the Medicat | ions | | |
| | Weigh children as needed and note weight on medical screening form (delete if not required) Review form for contraindications. If no contraindications, dispense as directed. If contraindications exist, folloalgorithms for dispensing Remove / Record lot # labels from pill bottles or label sheet. Put / Write on clinic medical screening form and of their drug information sheet Fill out information on prescription label and adhere to pill bottle or to drug information sheet. Dispense appropriate medication and record medication dispensed on medical screening form, initial medical screening form and retain form Remind client to complete the entire dosing regimen | | | |
| W | nen Finished | | | |
| | Brief replacement Tear down station, | as directed by Dispensing Supervisor -action meetings, as directed | | |

IF YOU ENCOUNTER A PROBLEM WHILE DISPENSING, CONTACT YOUR DISPENSING SUPERVISOR IMMEDIATELY