

## MEDICATION POD / DISPENSE ASSIST POD – DAY OF TRAINING

### Just In Time Training (JITT) Instructions for Use

The following Point of Dispensing (POD) Staff training materials should be used by POD leadership staff following the completion of POD set-up and after staff have been assigned POD staff roles.

- All POD staff should receive JITT from their supervisors prior to performing their roles at a POD.
- Optimally JITT should occur where staff will be performing their job functions (e.g. Screeners receive JITT at Screening Stations; Dispensers receive JITT at Dispensing Stations, etc.).
- Each leadership person should go through their JITT materials starting at the top of their sheet and proceeding to the bottom.
- **NOTE: THESE TRAINING MATERIALS CAN BE USED FOR TRAINING AT BOTH MEDICATION PODS AND DISPENSE ASSIST PODS**

MEDICATION POD

MEDICATION POD

**POD Assistant Manager**

*Instructions: POD Assistant Manager goes through the items on this sheet with ALL POD staff. This training should occur prior to any other leadership staff providing role-specific training.*

1. Convene all POD staff and conduct training (use megaphone/microphone if necessary).
2. Describe the City's and Philadelphia Department of Public Health's (PDPH) disaster response activities, including recommended prophylaxis. This information is provided by the citywide Public Health Emergency Coordination Center (PHECC) to the POD Manager (or Leadership staff).
3. Organizational Chart:
  - Remind staff to follow the chain of command. Identify POD Leadership staff: POD Manager, POD Assistant Manager, Medical (Operations) Lead, Non-Medical (Logistics) Lead and Line Lead (Refer staff to review Job Action Sheets).
4. Client Flow: Describe the client flow through the POD and the major tasks for each area.
  - Entrance to building: identify entry and exit points, place security and line staff at the doors.
  - Entrance to screening / medication dispensing area: staff distribute screening form and a pen.
  - Line staff review client's completed screening form and direct clients to screening or express medication dispensing. **Clients go to the EXPRESS medication dispensing line if they mark all "NO" answers for all household members on the screening form, which indicates that they can receive the adult form of the primary medication.**
  - Express Medication Dispensing: write each household member's name on a medication bottle and hand the medication for the entire household to the client.
  - Screening: review the client's completed screening form and check the recommended medication and dose for each household member.
  - Medication Dispensing: review the client's completed screening form; write the appropriate household name on each bottle of medication and hand the medication for the entire household to the client.
  - Discuss the importance of balancing the lines and moving staff between functions if necessary (i.e. from vaccination to screening).
  - Place best-suited line staff at critical line junctures (i.e. place tall people at the beginning of lines, place assertive people at points where the crowd needs to be verbally encouraged to keep moving forward).
5. Review other key locations (if applicable):
  - Command Center
  - Supply Room
  - Staff Break Room (water, snacks and meals provided for those on breaks)
  - First Aid Room
6. Media:
  - Only the POD Manager or designee should speak with the media.
7. Rumors:
  - Staff must notify their supervisor when they hear rumors.
8. End of Shift:
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.
9. Next Steps:
  - Medical (Operations) Lead, Non-Medical (Logistics) Lead, and Line Lead hold training with all of their staff.
  - Direct staff to specific work locations to complete staff trainings with supervisors.

MEDICATION POD

**Medical (Operations) Lead**

*Instructions: Medical (Operations) Lead goes through the items on this sheet with the following POD staff: Screening Supervisor/Staff, First Aid Staff, and Dispensing Supervisor/Staff. **This training should occur after the POD Assistant Manager training and before the Screening Supervisor and Dispensing Supervisor(s) trainings.***

1. Convene all screening staff, dispensing staff, and first aid staff for training.
2. POD Operations include screening and vaccination
3. Organizational Chart:
  - Review medical (operations) positions.
  - Remind staff to follow the chain of command.
4. Role of Screeners:
  - Thoroughly read the medication information sheets and dispensing algorithm prior to starting your shift; pay special attention to pediatric dosing instructions within the dispensing algorithm. **NOTE: Use the same pediatric dosing guidelines if you have pediatric suspension at the POD or if parents have to crush pills at home to make their own suspension.**
  - Review the completed client screening form and check the recommended medication and dose.
  - Direct the client to the medication dispensing area.
5. Role of Express Medication Dispensers:
  - Write each household member's name on a medication bottle and hand the medication and one *medication information sheet* to the client.
6. Role of Medication Dispensers:
  - Review the client's completed screening form.
  - Write the client's name on the recommended medication bottle and hand the medication to the client. Hand the client one *medication information sheet* and one *medication crushing instructions sheet* (if suspension is not available) for each type of medication dispensed.
7. Screeners and Medication Dispensers:
  - The purpose of the POD is to dispense medication to as many people as possible as quickly as possible. The POD is a place to receive medication and is not a clinic.
  - Hold up the red sign to ask for assistance; hold up the green sign when you are ready for the next client.
  - Instruct the clients to contact their personal medical provider or City telephone call-line or visit the City website if they have any questions.
8. Role of Screening Supervisor, Medication Dispensing Supervisor(s):
  - Provide position specific Just-in-Time training following this briefing.
  - Supervise screeners / medication dispensers and answer their questions.
9. Role of First Aid Staff:
  - Call 911 if there is a medical emergency.
  - Evaluate sick and injured clients or staff and recommend that they go home or to the nearest medical facility for additional evaluation. Limited medical supplies are available in the First Aid Room.
  - Instruct injured staff to complete workers' compensation paperwork before leaving the premises.
10. Staff Rotation/Breaks:
  - Screeners and medication dispensers will go on break to the Staff Break Room as directed by the Operations Lead, Screening Supervisor, or Medication Dispensing Supervisor(s).

11. Rumors:

- Staff must notify their supervisor when they hear rumors.

12. End of Shift:

- All staff must sign out at the staff registration desk and return their equipment.
- Staff must debrief their replacement.

13, Next Steps:

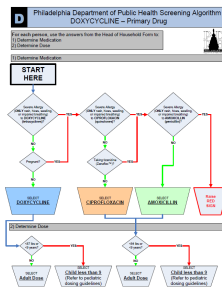
- Screening Supervisor, Dispensing Supervisor, and Express Dispensing Supervisor hold training with all of their staff.
- Direct staff to specific work locations to complete POD staff trainings with supervisors.

MEDICATION POD

**Screening Supervisor**

*Instructions: Screening Supervisor goes through the following items with Screeners. This training should occur after the Medical (Operations) Lead training.*

- Organizational Chart:
  - Review screening position.
  - Remind staff to follow the chain of command.
- Forms Needed for this Training: Head of Household Form (HOH), Screening Algorithm, and Pediatric Dosing Guidelines (Shown below, in their respective order):



**Pediatric Dosing Guidelines for Doxycycline, Ciprofloxacin, and Amoxicillin**

| DOXYCYCLINE            |                      |        |                                |
|------------------------|----------------------|--------|--------------------------------|
| Age                    | Appropriate Weight   | Dose   | Frequency/Response             |
| Infant - 3 months      | 0-10 lbs             | 10 mg  | 1 teaspoon every 12 hours      |
| Over 3 months - 1 year | Over 10.1 - 20 lbs   | 20 mg  | 1 teaspoon every 12 hours      |
| Over 1 year            | Over 20.1 - 30 lbs   | 30 mg  | 1 1/2 teaspoons every 12 hours |
| Over 1 - 2 years       | Over 30.1 - 40 lbs   | 40 mg  | 2 teaspoons every 12 hours     |
| Over 2 - 3 years       | Over 40.1 - 50 lbs   | 50 mg  | 2 1/2 teaspoons every 12 hours |
| Over 3 - 4 years       | Over 50.1 - 60 lbs   | 60 mg  | 3 teaspoons every 12 hours     |
| Over 4 - 5 years       | Over 60.1 - 70 lbs   | 70 mg  | 3 1/2 teaspoons every 12 hours |
| Over 5 - 6 years       | Over 70.1 - 80 lbs   | 80 mg  | 4 teaspoons every 12 hours     |
| Over 6 - 7 years       | Over 80.1 - 90 lbs   | 90 mg  | 4 1/2 teaspoons every 12 hours |
| Over 7 - 8 years       | Over 90.1 - 100 lbs  | 100 mg | 5 teaspoons every 12 hours     |
| Over 8 - 9 years       | Over 100.1 - 110 lbs | 110 mg | 5 1/2 teaspoons every 12 hours |
| Over 9 - 10 years      | Over 110.1 - 120 lbs | 120 mg | 6 teaspoons every 12 hours     |
| Over 10 years          | Over 120 lbs         | 120 mg | 6 teaspoons every 12 hours     |

| CIPROFLOXACIN          |                      |        |                                |
|------------------------|----------------------|--------|--------------------------------|
| Age                    | Appropriate Weight   | Dose   | Frequency/Response             |
| Infant - 3 months      | 0-10 lbs             | 10 mg  | 1 teaspoon every 12 hours      |
| Over 3 months - 1 year | Over 10.1 - 20 lbs   | 20 mg  | 1 teaspoon every 12 hours      |
| Over 1 year            | Over 20.1 - 30 lbs   | 30 mg  | 1 1/2 teaspoons every 12 hours |
| Over 1 - 2 years       | Over 30.1 - 40 lbs   | 40 mg  | 2 teaspoons every 12 hours     |
| Over 2 - 3 years       | Over 40.1 - 50 lbs   | 50 mg  | 2 1/2 teaspoons every 12 hours |
| Over 3 - 4 years       | Over 50.1 - 60 lbs   | 60 mg  | 3 teaspoons every 12 hours     |
| Over 4 - 5 years       | Over 60.1 - 70 lbs   | 70 mg  | 3 1/2 teaspoons every 12 hours |
| Over 5 - 6 years       | Over 70.1 - 80 lbs   | 80 mg  | 4 teaspoons every 12 hours     |
| Over 6 - 7 years       | Over 80.1 - 90 lbs   | 90 mg  | 4 1/2 teaspoons every 12 hours |
| Over 7 - 8 years       | Over 90.1 - 100 lbs  | 100 mg | 5 teaspoons every 12 hours     |
| Over 8 - 9 years       | Over 100.1 - 110 lbs | 110 mg | 5 1/2 teaspoons every 12 hours |
| Over 9 - 10 years      | Over 110.1 - 120 lbs | 120 mg | 6 teaspoons every 12 hours     |
| Over 10 years          | Over 120 lbs         | 120 mg | 6 teaspoons every 12 hours     |

**Role of Screeners:**

- Using the answers on the HOH Form, Use the Screening Algorithm and Pediatric Dosing Guidelines to determine the appropriate medication and dose for each individual.
- For each person listed on the HOH form, Begin using the Screening Algorithm at the box entitled “START HERE” and proceed through the algorithm based on the answers on the HOH form and clients’ answers to questions on the algorithm.
- Ensure that the individual contact information is completely filled out at the top of the HOH form.

**Determining Medication:**

- Any individuals answering “No” to all questions on the HOH form will be assigned the primary medication and an adult dose.

- Rash, Hives, Swelling, and Impaired Breathing are classified as “Severe” Allergies to a medication. Client should not be assigned a medication that they have a severe allergy to.
- Upset Stomach, Nausea, and Vomiting are considered “Non-Severe” drug reactions. Clients can still be assigned a medication that they have a non-severe reaction to.

**D** \*\*\*\*\* Doxycycline – Primary Drug \*\*\*\*\* PDH  
**Head of Household Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. For each question, circle YES or NO.

|   |                  |                           |           |                    |                    |               |           |                    |           |               |           |                    |                    |
|---|------------------|---------------------------|-----------|--------------------|--------------------|---------------|-----------|--------------------|-----------|---------------|-----------|--------------------|--------------------|
| Relationship to you   | Self             |                           |           |                    |                    |               |           |                    |           | Person #4     | Person #5 |                    |                    |
|   | Other            |                           |           |                    |                    |               |           |                    |           |               |           |                    |                    |
| Allergic to doxycycline (Vibramycin®) or other tetracyclines? | Yes              | Yes                       | No        | Yes                | No                 | Yes           | No        | Yes                | No        | Yes           | No        | Yes                | No                 |
|   | Severe Allergies | Non-Severe Drug Reactions |           |                    |                    |               |           |                    |           |               |           |                    |                    |
| If yes, circle symptoms, if known.                            | Rash             | Upset Stomach             | Hives     | Swelling           | Impaired Breathing | Upset Stomach | Nausea    | Vomiting           | Rash      | Upset Stomach | Hives     | Swelling           | Impaired Breathing |
|   | Swelling         | Nausea                    | Vomiting  | Impaired Breathing | Upset Stomach      | Nausea        | Vomiting  | Impaired Breathing | Swelling  | Nausea        | Vomiting  | Impaired Breathing | Upset Stomach      |
| Pregnant?   | Yes              | No                        | Yes       | No                 | Yes                | No            | Yes       | No                 | Yes       | No            | Yes       | No                 | Yes                |
| Less than 9 years old?  | Yes              | No                        | Yes       | No                 | Yes                | No            | Yes       | No                 | Yes       | No            | Yes       | No                 | Yes                |
|   | Age _____        | Weight _____              | Age _____ | Weight _____       | Age _____          | Weight _____  | Age _____ | Weight _____       | Age _____ | Weight _____  | Age _____ | Weight _____       | Age _____          |

**DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)**

|                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         |
| Doxycycline                | Doxycycline                | Doxycycline                | Doxycycline                | Doxycycline                |
| Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              |
| Amoxicillin                | Amoxicillin                | Amoxicillin                | Amoxicillin                | Amoxicillin                |
| <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         |
| Adult dose                 | Adult dose                 | Adult dose                 | Adult dose                 | Adult dose                 |
| Child less than 9          | Child less than 9          | Child less than 9          | Child less than 9          | Child less than 9          |
| ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours |

- If a client does not know if an individual on their HOH form has an allergy to a medication, treat that individual as having no allergy to the medication in question.
- When going through the algorithm questions, if a client knows that an individual on their HOH form has had an allergic reaction to one of the medications, but does not recall the symptom(s) experienced or if that individual had another symptom not listed, treat that individual as though they have a severe allergy to the medication in question.

- If a client answers “Yes” to having a drug allergy on their HOH form but only selects Non-Severe drug reactions, then that individual is not considered to have a severe allergy to the medication and may still be able to be assigned the medication in question (given that pregnancy or tizanide use does not exclude them from taking that medication).

**D** \*\*\*\*\* Doxycycline – Primary Drug \*\*\*\*\* PDH  
**Head of Household Form**

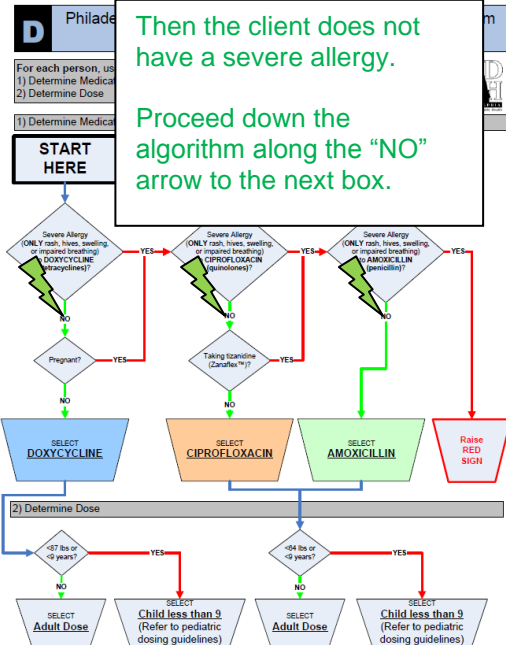
Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Client indicates a drug allergy but only has non-severe symptoms

|   |          |               |          |                    |                    |               |          |                    |          |               |          |                    |                    |
|---|----------|---------------|----------|--------------------|--------------------|---------------|----------|--------------------|----------|---------------|----------|--------------------|--------------------|
| Relationship to you   | Self     |               |          |                    |                    |               |          |                    |          |               |          |                    |                    |
| Allergic to doxycycline (Vibramycin®) or other tetracyclines? | Yes      | No            | Yes      | No                 | Yes                | No            | Yes      | No                 | Yes      | No            |          |                    |                    |
| If yes, circle symptoms, if known.                            | Rash     | Upset Stomach | Hives    | Swelling           | Impaired Breathing | Upset Stomach | Nausea   | Vomiting           | Rash     | Upset Stomach | Hives    | Swelling           | Impaired Breathing |
|   | Swelling | Nausea        | Vomiting | Impaired Breathing | Upset Stomach      | Nausea        | Vomiting | Impaired Breathing | Swelling | Nausea        | Vomiting | Impaired Breathing | Upset Stomach      |

**DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)**

|                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         | <b>Select Drug</b>         |
| Doxycycline                | Doxycycline                | Doxycycline                | Doxycycline                | Doxycycline                |
| Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              | Ciprofloxacin              |
| Amoxicillin                | Amoxicillin                | Amoxicillin                | Amoxicillin                | Amoxicillin                |
| <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         | <b>Select Dose</b>         |
| Adult dose                 | Adult dose                 | Adult dose                 | Adult dose                 | Adult dose                 |
| Child less than 9          | Child less than 9          | Child less than 9          | Child less than 9          | Child less than 9          |
| ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours | ____ tsp every _____ hours |



- If a client does not know the answer to a question listed on their HOH form or a question on the screening algorithm, assume that the answer is “No”.



- Screeners circle the appropriate medication in the “Select Drug” box on the HOH form as they go through algorithm for each individual.

**Determining Dose:**

- Once a medication type has been assigned to an individual, determine the appropriate medication dose using the HOH form, the Screening Algorithm, and the Pediatric Dosing Guidelines.
- If an individual is **not less than 9 years old**, then check “Adult Dose” in the “Select Dose” box on the HOH form.

Philadelphia Department of Public Health Screening Algorithm

**D** \*\*\*\*\* Doxycycline – Primary Drug \*\*\*\*\* **DDPH**

**Head of Household Form**

**Individual is 9 years of age or older**

3. If you need another form, ask one of the clinic staff.

**1) Determine Medication**

**START HERE**

Severe Allergy (ONLY rash, hives, swelling or impaired breathing) to DOXYCYCLINE (tetracyclines)?

YES → **When using the algorithm, proceed down the “NO” arrow to the Adult Dose box**

NO → Pregnant?

Pregnant? YES → **When using the algorithm, proceed down the “NO” arrow to the Adult Dose box**

Pregnant? NO → Taking Isotretinoin (Accutane™)?

YES → **When using the algorithm, proceed down the “NO” arrow to the Adult Dose box**

NO → **SELECT DOXYCYCLINE** (if allergic/severe allergy) or **SELECT CIPROFLOXACIN** or **SELECT AMOXICILLIN**

**2) Determine Dose**

<87 lbs or <9 years? YES → **SELECT Adult Dose**

<87 lbs or <9 years? NO → **Child less than 9 (Refer to pediatric dosing guidelines)**

<84 lbs or <9 years? YES → **SELECT Adult Dose**

<84 lbs or <9 years? NO → **Child less than 9 (Refer to pediatric dosing guidelines)**

|  | YOU   | Person #2  | Person #3  | Person #4  | Person #5  |
|--|---|--|--|--|--|
| First Name AND Last Name   |   |  |  |  |  |
| Relationship to you  | Self  |  |  |  |  |
| Allergic to doxycycline (Vibramycin®) or other tetracyclines?  | Yes No  | Yes No   | Yes No   | Yes No   | Yes No   |
| Rash   | Upset Stomach   | Rash Upset Stomach   | Rash Upset Stomach   | Rash Upset Stomach   | Rash Upset Stomach   |
| Hives  | Hives Stomach   | Hives Stomach  | Hives Stomach  | Hives Stomach  | Hives Stomach  |
| Swelling   | Nausea  | Swelling Nausea  | Swelling Nausea  | Swelling Nausea  | Swelling Nausea  |
| Impaired Breathing   | Impaired Vomiting   | Impaired Breathing   | Impaired Vomiting  | Impaired Breathing   | Impaired Vomiting  |
| Pregnant?  | Yes No  | Yes No   | Yes No   | Yes No   | Yes No   |
| Less than 9 years old?   | Yes No  | Yes No   | Yes No   | Yes No   | Yes No   |
| If yes, give age and weight, if known  | Age _____ Weight _____  | Age _____ Weight _____   | Age _____ Weight _____   | Age _____ Weight _____   | Age _____ Weight _____   |
| <b>DO NOT WRITE BELOW THIS LINE</b>  |   |  |  |  |  |
| Instructions for POD Screening Staff: For each person circle the appropriate antibiotic and then select the appropriate dose.<br>• Adults – check “Adult dose” box.<br>• Children less than 9 years old – check “Child” box and make the number of teaspoons needed every 12 hrs using the pediatric dosing guide (every 8 hrs if amoxicillin).  | <b>Select Drug</b>  | <b>Select Drug</b>   | <b>Select Drug</b>   | <b>Select Drug</b>   | <b>Select Drug</b>   |
|  | Doxycycline   | Doxycycline  | Ciprofloxacin  | Ciprofloxacin  | Amoxicillin  |
|  | Amoxicillin   | Amoxicillin  |  |  |  |
|  | <b>Select Dose</b>  | <b>Select Dose</b>   | <b>Select Dose</b>   | <b>Select Dose</b>   | <b>Select Dose</b>   |
|  | <input type="checkbox"/> Adult dose<br><input checked="" type="checkbox"/> Child less than 9<br>_____ tsp every _____ hours | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9<br>_____ tsp every _____ hours | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9<br>_____ tsp every _____ hours | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9<br>_____ tsp every _____ hours | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9<br>_____ tsp every _____ hours |
| <b>INSTRUCTIONS FOR DISPENSING STAFF ONLY:</b>   |   |  |  |  |  |
| Adults – write name directly on an adult medication bottle. Give medication information sheet. Place the label on the back of this sheet. Children – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle (if suspension is not available). Give medication information sheet. If suspension is not available, also give medication crushing instructions sheet. |   |  |  |  |  |

**Sticker:** Screener checks the “Adult Dose” Box on the HOH form

- If an individual is less than 9 years old, then refer to the Pediatric Dosing Guidelines to determine the dose and frequency of medication.

**Individual is less than 9 years of age**

|  |                    |                   |                    |                   |                    |                   |                    |                   |                    |                   |
|--|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
| First Name   |                    |                   |                    |                   |                    |                   |                    |                   |                    |                   |
| Last Name  |                    |                   |                    |                   |                    |                   |                    |                   |                    |                   |
| Relationship to you  | Self               |                   |                    |                   |                    |                   |                    |                   |                    |                   |
| Allergic to doxycycline (Vibramycin®) or other tetracyclines?  | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                |
| If yes, circle symptoms, if known.   | Rash               | Urticaria         | Rash               | Urticaria         | Rash               | Urticaria         | Rash               | Urticaria         | Rash               | Urticaria         |
|  | Hives              | Stomach           | Hives              | Stomach           | Hives              | Stomach           | Hives              | Stomach           | Hives              | Stomach           |
|  | Swelling           | Nausea            | Swelling           | Nausea            | Swelling           | Nausea            | Swelling           | Nausea            | Swelling           | Nausea            |
|  | Impaired Breathing | Vomiting          | Impaired Breathing | Vomiting          | Impaired Breathing | Vomiting          | Impaired Breathing | Vomiting          | Impaired Breathing | Vomiting          |
|  |                    |                   |                    |                   |                    |                   |                    |                   |                    |                   |
| Pregnant?  | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                |
| Less than 9 years old?   | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                | Yes                | No                |
| If yes, give age and weight, if known.   | Age                | ###               | Age                | ###               | Age                | ###               | Age                | ###               | Age                | ###               |
|  | Weight             | ###               | Weight             | ###               | Weight             | ###               | Weight             | ###               | Weight             | ###               |
| DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)  |                    |                   |                    |                   |                    |                   |                    |                   |                    |                   |
| Instructions for POD Screening Staff: For each person circle the appropriate antibiotic and then select the appropriate dose. Adults – check "Adult dose" box. Children less than 9 years old – check "Child" box and mark the number of teaspoons needed every 12 hrs using the pediatric dosing guide (every 8 hrs amoxicillin). | Select Drug        | Select Drug       | Select Drug        | Select Drug       | Select Drug        | Select Drug       | Select Drug        | Select Drug       | Select Drug        | Select Drug       |
|  | Doxycycline        | Doxycycline       | Doxycycline        | Doxycycline       | Doxycycline        | Doxycycline       | Doxycycline        | Doxycycline       | Doxycycline        | Doxycycline       |
|  | Ciprofloxacin      | Ciprofloxacin     | Ciprofloxacin      | Ciprofloxacin     | Ciprofloxacin      | Ciprofloxacin     | Ciprofloxacin      | Ciprofloxacin     | Ciprofloxacin      | Ciprofloxacin     |
|  | Amoxicillin        | Amoxicillin       | Amoxicillin        | Amoxicillin       | Amoxicillin        | Amoxicillin       | Amoxicillin        | Amoxicillin       | Amoxicillin        | Amoxicillin       |
|  | Select Dose        | Select Dose       | Select Dose        | Select Dose       | Select Dose        | Select Dose       | Select Dose        | Select Dose       | Select Dose        | Select Dose       |
|  | Child less than 9  | Child less than 9 | Child less than 9  | Child less than 9 | Child less than 9  | Child less than 9 | Child less than 9  | Child less than 9 | Child less than 9  | Child less than 9 |
|  | ### tsp every      | ### tsp every     | ### tsp every      | ### tsp every     | ### tsp every      | ### tsp every     | ### tsp every      | ### tsp every     | ### tsp every      | ### tsp every     |
|  | ### hours          | ### hours         | ### hours          | ### hours         | ### hours          | ### hours         | ### hours          | ### hours         | ### hours          | ### hours         |

Once the dose amount and frequency has been determined, check the "Child less than 9" box and fill in the appropriate fields in the "Select Dose" box on the HOH form

- Pediatric Dosing Guidelines:**
- Use the weight of an individual child to determine the appropriate medication dose (ages less than 9)
  - If the child's weight is unknown, use the age of the child to determine the appropriate dose.
  - If a child is less than 9 years old and his/her weight exceeds the maximum weight listed on the table, assign the child the maximum dose listed on the table.

**Pediatric Dosing Guidelines for Doxycycline, Ciprofloxacin, and Amoxicillin**

**DOXYCYCLINE**  
Children (Based on availability of 100 mg tablets and 25 mg/5 mL (50 mL) suspension):

| Age                    | Approximate Weight (lbs) | Doxycycline Dose       | 25 mg/5mL suspension         |
|------------------------|--------------------------|------------------------|------------------------------|
| Newborn – 3 months     | 0-12.5 lbs               | 12.5 mg every 12 hours | ½ teaspoon every 12 hours    |
| Over 3 months – 1 year | Over 12.5 – 25 lbs       | 25 mg every 12 hours   | 1 teaspoon every 12 hours    |
| Over 1 – 4 years       | Over 25-37.5 lbs         | 37 mg every 12 hours   | 1 ½ teaspoons every 12 hours |
| Over 4 – 6 years       | Over 37.5 – 50 lbs       | 50 mg every 12 hours   | 2 teaspoons every 12 hours   |
| Over 6 – 8 years       | Over 50-62.5 lbs         | 62.5 mg every 12 hours | 2 ½ teaspoons every 12 hours |
| Over 8- 9 years        | Over 62.5 – 75 lbs       | 75 mg every 12 hours   | 3 teaspoons every 12 hours   |
| Over 9-10 years        | Over 75 – 87.5 lbs       | 87 mg every 12 hours   | 3 ½ teaspoons every 12 hours |
| Over 10 years          | Over 87.5 lbs            | 100 mg every 12 hours  | 4 teaspoons every 12 hours   |

**CIPROFLOXACIN**  
Children (based on availability of 250 mg/5mL (100 mL) suspension and 500 mg tablets):

| Age                      | Approximate Weight (lbs) | Ciprofloxacin Dose    | 250 mg/5mL suspension        |
|--------------------------|--------------------------|-----------------------|------------------------------|
| Newborn – 2 months       | 0-11 lbs                 | 63 mg every 12 hours  | ¼ teaspoon every 12 hours    |
| Over 2 months – 7 months | Over 11 – 19 lbs         | 125 mg every 12 hours | ½ teaspoon every 12 hours    |
| Over 7 months – 2 years  | Over 16 – 27.5 lbs       | 188 mg every 12 hours | ¾ teaspoon every 12 hours    |
| Over 2 – 4 years         | Over 27.5 – 37 lbs       | 250 mg every 12 hours | 1 teaspoon every 12 hours    |
| Over 4 – 5 years         | Over 37 – 46 lbs         | 313 mg every 12 hours | 1 ¼ teaspoon every 12 hours  |
| Over 5 – 7 years         | Over 46-55 lbs           | 375 mg every 12 hours | 1 ½ teaspoon every 12 hours  |
| Over 7 – 8 years         | Over 55-64 lbs           | 438 mg every 12 hours | 1 ¾ teaspoons every 12 hours |
| Over 8 years             | Over 64 lbs              | 500 mg every 12 hours | 2 teaspoons every 12 hours   |

- The purpose of the POD is to dispense medication to as many people as possible as quickly as possible. The POD is a place to receive medication and is not a clinic.
- Hold up the red sign to ask for assistance; hold up the green sign when you are ready for the next client.
- Instruct the clients to contact their personal medical provider or City telephone call-line or visit the City website if they have any questions.
  
- Staff Rotation/Breaks:
  - Screeners will go on break to the Staff Break Room as directed by the Operations Lead or Screening Supervisor.
  
- Rumors:
  - Staff must notify their supervisor when they hear rumors.
  
- End of Shift:
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.

MEDICATION POD

MEDICATION POD

**Dispensing Supervisor**

*Instructions: Dispensing Supervisor goes through the items on this sheet with Dispensers. This training should occur after the Medical (Operations) Lead training.*

- Organizational Chart:
  - Review Dispensing position.
  - Remind staff to follow the chain of command.
- Forms Needed: Head of Household Form (HOH, shown below), medication information sheets, disease information sheets, pill crushing instructions, pediatric medication labels:

- Role of Dispensers:
  - Using the medication and dose assignments made by Screening Staff on the HOH Form or on Dispense Assist vouchers, provide individuals with the appropriate number and type of medication bottles as well as the appropriate drug and disease information sheets.

\*\*\*\*\* Doxycycline – Primary Drug \*\*\*\*\*

**Head of Household Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

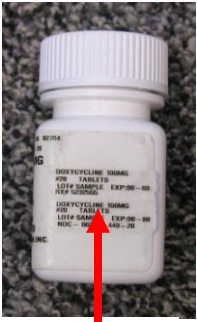
1. For each question, circle 'yes' or 'no' for each person in your household.  
 2. If you do not know the answer to a question, leave it blank.  
 3. If you need another form, ask one of the clinic staff.

|  | YOU                         | Person #2                   | Person #3               | Person #4                   | Person #5                   |
|--|-----------------------------|-----------------------------|-------------------------|-----------------------------|-----------------------------|
| First Name AND Last Name   | Self                        |                             |                         |                             |                             |
| Relationship to you  | Self                        |                             |                         |                             |                             |
| Allergic to doxycycline (Vibramycin) or other tetracyclines?   | Yes No                      | Yes No                      | Yes No                  | Yes No                      | Yes No                      |
| Rash Hives Upset Stomach Swelling Nausea Impaired Breathing Vomiting   |                             |                             |                         |                             |                             |
| Pregnant?  | Yes No                      | Yes No                      | Yes No                  | Yes No                      | Yes No                      |
| Less than 9 years old?   | Yes No                      | Yes No                      | Yes No                  | Yes No                      | Yes No                      |
| Age Weight   |                             |                             |                         |                             |                             |
| <b>DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)</b>   |                             |                             |                         |                             |                             |
| Instructions for POD Screening Staff: For each person circle the appropriate antibiotic and then select the appropriate dose.  | Select Drug                 | Select Drug                 | Select Drug             | Select Drug                 | Select Drug                 |
| • Adults – check 'Adult dose' box  | Doxycycline                 | Doxycycline                 | Doxycycline             | Doxycycline                 | Doxycycline                 |
| • Children less than 9 years old – check 'Child' box and mark the number of teaspoons needed every 12 hrs using the pediatric dosing guide every 8 hrs if amoxicillin  | Ciprofloxacin               | Ciprofloxacin               | Ciprofloxacin           | Ciprofloxacin               | Ciprofloxacin               |
|  | Amoxicillin                 | Amoxicillin                 | Amoxicillin             | Amoxicillin                 | Amoxicillin                 |
|  | Select Dose                 | Select Dose                 | Select Dose             | Select Dose                 | Select Dose                 |
|  | Adult dose                  | Adult dose                  | Adult dose              | Adult dose                  | Adult dose                  |
|  | Child less than 9           | Child less than 9           | Child less than 9       | Child less than 9           | Child less than 9           |
|  | _____ tsp every _____ hours | _____ tsp every _____ hours | ### tsp every ### hours | _____ tsp every _____ hours | _____ tsp every _____ hours |
| <b>INSTRUCTIONS FOR DISPENSING STAFF ONLY:</b>   |                             |                             |                         |                             |                             |
| Adults – write name directly on an adult medication bottle. Give medication information sheet. Place the label on the back of this sheet. Children – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle (if suspension is not available). Give medication information sheet. If suspension is not available, also give medication crushing instructions sheet. |                             |                             |                         |                             |                             |

Dispensers use the assignments made by screeners to determine the number and type of medication bottles to provide.

Dispensers also use the assignments to determine which information sheets should be provided to a client.

- Ensure that the screening staff has made a treatment assignment for each individual listed on the HOH form. If not, send that client back to the Screening Stations to complete screening process.



Place one sticker from each bottle on the back of the HOH form.

- Provide *pill crushing instructions* for the appropriate medication when the “Child less than 9” box is checked on a HOH form.
- Provide *pill crushing instructions* to the clients if they indicate a person on their HOH form has difficulty swallowing pills.
- Write the client’s name on the recommended medication bottle and hand the medication to the client. Hand the client one *medication information sheet* for each type of medication dispensed.
- For children less than 9, write the child’s name and dosing information on a pediatric dosing sticker and place the sticker on the recommended medication bottle.
- If pediatric dosing stickers are not available, circle the dose that the child should receive on the *pill crushing instructions* and write the name of the child next to the circled dose.
- Before providing medications to clients, tear away one sticker on the side of each medication bottle and place it on the back of the HOH form.
- Do not provide duplicate copies of the same form to a client (e.g. if two people on a HOH form are receiving doxycycline, provide that individual with only one copy of the doxycycline medication information sheet rather than two copies).
- If Dispense Assist is being used, see guidance on next page for processing Dispense Assist Vouchers.
  
- General Guidance:
  - The purpose of the POD is to dispense medication to as many people as possible as quickly as possible. The POD is a place to receive medication and is not a clinic.
  - Hold up the red sign to ask for assistance; hold up the green sign when you are ready for the next client.
  - Instruct the clients to contact their personal medical provider or City telephone call-line or visit the City website if they have any questions.
  
- Staff Rotation/Breaks:
  - Medication dispensers will go on break to the Staff Break Room as directed by the Operations Lead or Medication Dispensing Supervisor.
  
- Rumors:
  - Staff must notify their supervisor when they hear rumors.
  
- End of Shift:
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.

- Dispense Assist Voucher Guidance:
  - Review each voucher and ensure that each voucher is signed by client.
  - Use the information at the top of the voucher to determine which medications and information sheets to the clients.
  - Also provide disease information sheets to all clients in addition to the forms listed on the voucher.
  - If voucher arrives with a “D/C” icon in the corner, either medication can be provided to the client. The Dispensing Supervisor should coordinate with the Supply Supervisor to determine if one medication should be provided over the other based on remaining medication inventory.
  - Dispensers should complete the information at the bottom of the voucher under the section entitled “Point of Dispensing Use Only”
  - Before providing medications to clients, tear away one sticker on the side of the client’s medication bottle and place it on the voucher.
  - If a client arrives with a voucher where no medication is recommended, raise the red sign for additional guidance. These clients may be able to take another type of antibiotic (if available) or need to be directed to a medical care facility.
  - The voucher sample on the following page provides additional guidance.

Clients will arrive at dispensing sites with a voucher indicating which medication, if any, they should receive. Specific guidance related to dispensing is shown in red.

This voucher permits the individual named below to receive this medication

**D** **BRING THIS VOUCHER WITH YOU**

Dispense Assist  
Post Exposure Prophylaxis Voucher

**Bold icon in upper left corner indicates which medication should be dispensed.**  
D = Doxycycline C = Ciprofloxacin  
X = Do Not Dispense Medication

**Medication: Doxycycline**

**Fact sheet: FDA EUA Doxycycline Drug Information Sheet**  
**Dispensers should provide clients with the fact sheets listed here**

**Demographic Information**

|               |                              |            |                |
|---------------|------------------------------|------------|----------------|
| First Name:   | Alisha                       | Telephone: | (913) 477-8332 |
| Last Name:    | Griswold                     | DOB:       | 7/15/1982      |
| Address:      | 11875 S. Sunset              | Weight:    | 150            |
| Address 2:    | Disease Containment Division | Sex:       | Female         |
| City, St Zip: | Clathe, KS 66061             |            |                |

**Health History Information**

1. Is this person allergic to Doxycycline, Tetracycline or any other "cycline" drug?
2. Is this person allergic to Ciprofloxacin or any other "floxacin" drug?
3. Is this person pregnant?
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. Is this person less than 18 years old?

**Answers will reflect responses to follow-up questions to prevent false contraindicators.**

No  
No  
No  
No  
No  
No  
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.

**Clients indicate that they have been offered a copy of the Notice of Information Practices by signing and dating the voucher.**


Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Point of Dispensing Use Only:**

Medication Provided  Doxycycline  Ciprofloxacin

**QR code contains all demographic data and health history information listed above.**

**Dispensers will organize vouchers according to Lot # for records purposes.**

Place Lot # Sticker Here 

Dispensing Location/Site Name: \_\_\_\_\_

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



**Express Dispensing Supervisor**

*Instructions: Express Dispensing Supervisor goes through the items on this sheet with Express Dispensers. This training should occur after the Medical (Operations) Lead training.*

- Organizational Chart:
  - Review Express Dispensing position.
  - Remind staff to follow the chain of command.
- Forms Needed: Head of Household Form (HOH, shown below), drug information sheets, disease information sheets:

- Role of Express Dispensers:
  - Review the client's completed screening form.
  - Provide the primary medication to the client based on the number of individuals listed on their HOH form. Provide only one disease information sheet and drug information sheet to each client.
  - Review the clients HOH form and verify that all answers listed on the form are "No".

**D** \*\*\*\*\* Doxycycline – Primary Drug \*\*\*\*\*  
**Head of Household Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. For each question, circle "yes" or "no" for each person in your household.  
 2. If you do not know the answer to a question, leave it blank.  
 3. If you need another form, ask one of the clinic staff.

|  | YOU   | Person #2   | Person #3   | Person #4   | Person #5   |
|--|---|---|---|---|---|
| First Name AND Last Name   |   |   |   |   |   |
| Relationship to you  | Self  |   |   |   |   |
| Allergic to doxycycline (Vibramycin®) or other tetracyclines?  | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     |
| If yes, circle symptoms, if known.   | Rash Hives  | Rash Hives  | Rash Hives  | Rash Hives  | Rash Hives  |
|  | Upset Stomach   | Upset Stomach   | Upset Stomach   | Upset Stomach   | Upset Stomach   |
|  | Swelling  | Swelling  | Swelling  | Swelling  | Swelling  |
|  | Nausea Vomiting   | Nausea Vomiting   | Nausea Vomiting   | Nausea Vomiting   | Nausea Vomiting   |
| Pregnant?  | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     |
| Less than 9 years old?   | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     | Yes <input type="radio"/> No <input checked="" type="radio"/>                     |
| If yes, give age and weight, if known  | Age _____   | Age _____   | Age _____   | Age _____   | Age _____   |
|  | Weight _____  | Weight _____  | Weight _____  | Weight _____  | Weight _____  |
| <b>DO NOT WRITE BELOW THIS LINE (FOR POD STAFF ONLY)</b>   |   |   |   |   |   |
| Instructions for POD Screening Staff: For each person circle the appropriate antibiotic and then select the appropriate dose.<br>• Adults – check "Adult dose" box<br>• Children less than 9 years old – check "Child" box and mark the number of teaspoons needed every 12 hrs using the pediatric dosing guide (every 8 hrs if amoxicillin)  | Select Drug   | Select Drug   | Select Drug   | Select Drug   | Select Drug   |
|  | Doxycycline   | Doxycycline   | Doxycycline   | Doxycycline   | Doxycycline   |
|  | Ciprofloxacin   | Ciprofloxacin   | Ciprofloxacin   | Ciprofloxacin   | Ciprofloxacin   |
|  | Amoxicillin   | Amoxicillin   | Amoxicillin   | Amoxicillin   | Amoxicillin   |
| Select Dose  | Select Dose   | Select Dose   | Select Dose   | Select Dose   | Select Dose   |
| <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9  | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9 | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9 | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9 | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9 | <input type="checkbox"/> Adult dose<br><input type="checkbox"/> Child less than 9 |
| _____ tsp every _____ hours  | _____ tsp every _____ hours   | _____ tsp every _____ hours   | _____ tsp every _____ hours   | _____ tsp every _____ hours   | _____ tsp every _____ hours   |
| <b>INSTRUCTIONS FOR DISPENSING STAFF ONLY:</b>   |   |   |   |   |   |
| Adults – write name directly on an adult medication bottle. Give medication information sheet. Place the label on the back of this sheet. Children – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle if suspension is not available. Give medication information sheet. If suspension is not available, also give medication crushing instructions sheet. |   |   |   |   |   |

Express Dispensers verify that all contact information is completed before dispensing medication.

Express Dispensers verify that all answers provided are "No" and then provide the number of bottles of primary medication based on the number of people on the HOH form.

This section of the HOH form will not need to be filled out at express dispensing.

- If there are any "Yes" answers marked on a client's HOH form, direct the client to Screening Stations.

- If a client does not know the answer to a question on the HOH form, direct the client to go to Screening Stations.
- Ensure that the contact information on the HOH form is filled out prior to dispensing medications.
- The bottom section of the HOH form need not be completed in Express Dispensing.
- Do not provide duplicate copies of the same form to a client (e.g. if two people on a HOH form are receiving doxycycline, provide that individual with only one copy of the doxycycline information sheet rather than two copies).
  
- **General Guidance:**
  - The purpose of the POD is to dispense medication to as many people as possible as quickly as possible. The POD is a place to receive medication and is not a clinic.
  - Hold up the red sign to ask for assistance; hold up the green sign when you are ready for the next client.
  - Instruct the clients to contact their personal medical provider or City telephone call-line or visit the City website if they have any questions.
  
- **Staff Rotation/Breaks:**
  - Express medication dispensers will go on break to the Staff Break Room as directed by the Operations Lead or Express Medication Dispensing Supervisor.
  
- **Rumors:**
  - Staff must notify their supervisor when they hear rumors.
  
- **End of Shift:**
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.

**Non-Medical (Logistics) Lead**

*Instructions: Non-Medical (Logistics) Lead goes through the items on this sheet with the following POD staff: Registration-Training-Break Room Staff, Supply Supervisor, Runners, and Facility Supervisor. **This training should occur after the POD Assistant Manager training.***

1. Operations are the “support” activities: managing the supply room, resupplying the function areas and ensuring the facility is clean and needed rooms are accessible
2. Organizational Chart:
  - Review logistics positions.
  - Remind staff to follow the chain of command.
3. Role of Registration / Training / Break Room Staff:
  - Register POD staff and distribute staff equipment and job action sheets.
  - Remind staff to sign out at the end of their shift and return their equipment.
  - Provide training to staff who arrive after the shift has started.
  - Manage the staff break room, ensure food and water are available.
4. Role of Supply Supervisor:
  - Organize medication and supplies in the supply room.
  - Track medication and screening form supplies as they come into and out of the supply room on the large tracking sign.
  - Provide supply updates about medication and screening forms to the POD Manager on an **hourly basis**.
5. Runner:
  - Deliver medication, forms and other items to staff throughout the POD to ensure that they have adequate supplies at all times.
6. Role of Facility Supervisor:
  - Ensure building maintenance and housekeeping issues are addressed.
7. Staff Breaks:
  - Staff will go on break in the Staff Break Room as directed by the Non-Medical (Logistics) Lead.
8. First Aid Room:
  - Go to the first aid room if you have immediate medical needs and/or call 911.
  - Complete workers’ compensation paperwork before leaving the premises.
9. Rumors:
  - Staff must notify their supervisor when they hear rumors.
10. End of Shift:
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.

MEDICATION POD

**Line Lead**

*Instructions: Line Lead goes through the items on this sheet with the Line Staff. **This training should occur after the POD Assistant Manager training.***

Line flow is key to a successful POD operation

1. Organizational Chart:
  - Review chart with Line staff.
  - Remind staff to follow the chain of command.
2. Role of Line Staff: (Line Lead assigns line staff positions within the building.)
  - Entrance to building: Direct clients to screening / medication room, explain to clients what to expect in the POD.
    - a. If Dispense Assist is used, direct clients to into two separate lines based on whether they have Dispense Assist vouchers for all household members or not:
      1. Those with Dispense Assist vouchers for all will get directed to dispensing.
      2. Those without Dispense Assist vouchers for all household members: provide screening forms, clipboards, and pens to those that need them.
    - b. If Dispense Assist is not used, provide screening forms, clipboards, and pens to those that need them and direct clients toward screening / medication room.
  - Entrance to screening / medication room: collect pens and clipboards from clients who have completed filling out screening forms, return screening forms to clients, explain to clients what to expect in the POD, request translation and mental health assistance as necessary.
  - Head of screening line: send clients to EXPRESS medication dispensing or an open screening table based on the client's screening form (direct clients who have answer "NO" to all of the questions to the EXPRESS medication dispensing line; direct all other clients to the open screening table).
  - Exit from screening: send clients to open medication dispensing table.
  - Exit from medication dispensing: direct clients to the building exit.
  - Building exit: direct clients out of the building.
  - Place best-suited line staff at critical line junctures (i.e. place tall people at the beginning of lines, place assertive people at points where the crowd needs to be verbally encouraged to keep moving forward).
3. Staff Breaks:
  - Staff will go on break in the Staff Break Room as directed by the Line Lead.
4. First Aid Room:
  - Go to the first aid room if you have immediate medical needs and/or call 911.
  - Complete workers' compensation paperwork before leaving the premises.
5. Rumors:
  - Staff must notify their supervisor when they hear rumors.
6. End of Shift:
  - All staff must sign out at the staff registration desk and return their equipment.
  - Staff must debrief their replacement.

MEDICATION POD