



**New Mexico Department of Health  
Point of Dispensing (POD)  
Operations Guide**

***Attachment 2.2 to the New Mexico Medical  
Countermeasures Distribution and Dispensing  
Plan***

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Developed by:

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and the  
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This document contains information pertaining to the deployment, mobilization, and tactical operations of the executive branch in response to emergencies and is exempt from disclosure

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**Contents**

|  |    |
|--|----|
| Introduction .....   | 1  |
| 1. Purpose.....  | 1  |
| 2. Scope.....  | 1  |
| 3. Capability Assessment .....                                 | 1  |
| 4. Planning Assumptions.....                                   | 2  |
| Concept of Operations .....                                    | 3  |
| 1. Overview .....  | 3  |
| 2. Activation.....   | 4  |
| 3. Medical Direction.....                                      | 4  |
| 4. Organization.....   | 4  |
| a. Local.....  | 4  |
| b. Public Health Region .....                                  | 5  |
| c. State.....  | 5  |
| Roles and Responsibilities .....                               | 6  |
| 1. Federal.....  | 6  |
| 2. State.....  | 6  |
| 3. Local .....   | 7  |
| 4. Communications.....   | 8  |
| A. Modular POD System .....                                    | 9  |
| 1. Simple or Non-Medical Model.....                            | 10 |
| 3. Complex or Medical Model .....                              | 15 |
| 4. Flow Management.....  | 21 |
| 5. Transitioning from Non-Medical to Medical Model .....       | 21 |
| B. Client Intake, Screening and Data Collection.....           | 22 |
| C. Acquiring Additional Resources and Resource Management..... | 27 |
| D. Access and Functional Needs Clients.....                    | 29 |
| E. Legal and Policy Issues .....                               | 31 |
| F. POD Staff Health and Safety .....                           | 32 |
| G. POD Security.....   | 35 |
| H. POD Communications .....                                    | 37 |
| I. POD UHF Radio User Instructions.....                        | 39 |
| POD Administrative Toolkit Contents .....                      | 45 |
| Acronyms.....  | 46 |

## Tables

|   |    |
|---|----|
| Table 1: Timeline and Critical Path for 48 hour Medical Countermeasures Activity..... | 4  |
| Table 2: Station Descriptions .....   | 13 |
| Table 3: Station Descriptions .....   | 18 |
| Table 4: Communication Modalities.....  | 38 |

## Figures

|  |    |
|--|----|
| Figure 1: Simple POD model.....  | 10 |
| Figure 2: Client Flow and Station Layout for a Single Simple Module .....  | 10 |
| Figure 3: Additional Stations .....  | 14 |
| Figure 4: Complex POD .....  | 15 |
| Figure 5: Client Flow and Station Layout for a Single Complex Module ..... | 15 |
| Figure 6: Additional Stations .....  | 19 |
| Figure 7: Example of a 5 Module Simple POD with Support Station.....       | 20 |
| Figure 8: Dispense Assist Process.....                                     | 23 |
| Figure 9: Walk-Through POD Model .....                                     | 24 |
| Figure 10: Closed POD Site .....   | 25 |
| Figure 11: Drive-Through POD Model (With Completed Vouchers Only).....     | 26 |
| Figure 12: Sample Mobile Base Front Panel .....                            | 40 |
| Figure 13: Sample Portable Unit .....                                      | 41 |

## Introduction

### 1. Purpose

This State of New Mexico Point of Dispensing Operations Guide (POD Guide) provides direction and guidance for New Mexico Department of Health (NMDOH or Department) Point of Dispensing operations activated to distribute and dispense medical countermeasures (MCM) in response to a public health emergency.

### 2. Scope

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

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

### 3. Capability Assessment

NMDOH capabilities include a Department Operations Center (DOC) equipped to support and coordinate a statewide public health emergency.

The NMDOH has approximately 4,000 staff members, including nurses, doctors, EMTs and other health professionals. A significant number of staff work at residential medical facilities across the state, and therefore, may not be available to support a medical countermeasures dispensing operation. Approximately 50 of these staff members are trained to ICS 300 or higher.

NMDOH communications capabilities include the Health Alert Network (HAN); the Department's telephonic and email based messaging system and a limited number of UHF radios with some VHF and 800 system interoperability. NMDOH has broad access to the state email system but limited ability to administer that system.

The New Mexico Department of Homeland Security and Emergency Management (NMDHSEM) capabilities include State Emergency Operations Center (SEOC) support and coordination, Intra-State Mutual Aid System (IMAS) and Emergency Management Assistance Compact requisitioning.

Local/County/City/Tribal capabilities include emergency managers, local emergency operations centers, security, logistics, and facilities. Local emergency management capabilities and preparedness levels vary throughout the state.

## 4. Planning Assumptions

- NMDOH is responsible for the oversight of all MCM activities in the State of New Mexico.
- In New Mexico the public health system is centralized with four (4) regions for public health functions and offices in each county. The centralized organization and management of public health will be maintained while utilizing an appropriate incident command structure throughout a response.
- MCM dispensing activities may utilize a non-medical (no or minimal requirement for medically trained and/or licensed staff to dispense medical countermeasures) or medical (medically trained and/or licensed staff to administer medical countermeasures) model.
- The resources needed to provide MCM to a large number of residents in a short period of time are limited, making coordinated planning essential.
- Incident Command System (ICS) principles and practices will be utilized at all levels of the response in alignment with the National Response Framework (NRF) and the NIMS.
- MCM activities on tribal lands will conform to the strategies and tactics offered in this POD Guide, with consideration to the unique legal and cultural aspects of those communities.
- Local, regional and state pharmaceutical caches must be exhausted or expected to be exhausted before a request for the SNS can be initiated.
- Identification of MCM to be distributed, and the populations that will receive them, will be determined through epidemiological evidence, the type of incident, needs of the State of New Mexico and recommendations from the Centers for Disease Control and Prevention (CDC).
- Sufficient MCM will be provided by the State or Federal Governments.
- MCM activities may be initiated with or without a formal declaration of public health emergency or executive order.
- Relevant boards and oversight entities will provide full cooperation.
- Other governmental agencies will provide full cooperation.

# Concept of Operations

## 1. Overview

MCM activities may be initiated in response to a variety of threats. Those threats include but are not limited to; a disease outbreak, or a release of chemical or biological agents. The threats can occur naturally or be man-made. The threat may be initially present in New Mexico or detected in another state or country.

When a threat to the public health is detected NMDOH leadership will meet and determine the need for POD operations activation. If activation is required a command structure will be implemented to meet the unique needs of the incident or event.

Depending on the incident, medical countermeasures, supplies and equipment will be distributed and managed in one or more of the following ways:

- Directly distributed from federal sources to their ultimate destination
- From to a single location in the state and then distributed to their ultimate destination
- From a single location in the state, redistributed to regional or local distribution sites or staging areas and then distributed to their ultimate destination

A redistribution process will be utilized to ensure that materiel is appropriately disbursed when no longer needed at the original location.

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

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

Each of the above models may vary in configuration and resource needs.

Local MCM activities will be coordinated with or co-managed by the local emergency management organization.

**Table 1: Timeline and Critical Path for 48 hour Medical Countermeasures Activity**

| Hour | Milestone   |
|------|---|
| 0    | A decision is made to implement response activity and SNS is requested                |
| 3    | The RSS, Operation Centers and other coordinating entities are activated              |
| 4    | POD sites are selected; SNS assets are en route to the state; POD staff are activated |
| 10   | POD setup initiated; and a detailed Distribution Plan completed                       |
| 12   | SNS medical assets arrive in state  |
| 13   | In-state transportation of assets initiated   |
| 14   | MCM dispensing campaign initiated   |
| 17   | Transportation of assets initiated  |
| 48   | Initial MCM distribution completed and sustainment begins                             |

## 2. Activation

The following individuals have the authority to initiate the activation of a MCM operations within the State of New Mexico.

- President of the United States, directly or through the Department of Health and Human Services (DHHS) or the Centers for Disease Control and Prevention (CDC).
- Governor or Governor's Authorized Representative. (GAR)
- Secretary of NMDOH
- Chief Medical Officer (CMO) at NMDOH
- Chief Medical Officer at NMDOH Public Health Division (PHD)
- Regional Director at NMDOH PHD
- Division Director at NMDOH PHD

Decisions will commonly be made collaboratively.

## 3. Medical Direction

When MCM activities are initiated with or without an official declaration of emergency or executive order, medical control and direction will be provided or determined by the NMDOH Chief Medical Officer (CMO).

## 4. Organization

A MCM operation will be organized using ICS components. In keeping with ICS principles, the actual organization will depend on the incident characteristics and scale. An example of a statewide activation is represented below:

### a. Local

- Local Emergency Operations Center (LEOC) – provides coordination and support for local POD operations. NMDOH representation in the LEOC is recommended
- One or more PODs or other dispensing sites are organized as Task Forces within POD

Division or Group under an Operations Section of a local ICP.

**b. Public Health Region**

- Regional Operations Center (ROC) provides medical coordination and support to public health functions at the local level only if the scale is regional.
- A DOH/PHD Area Command to provide command functions to regional ICPs is recommended for large scale operations.

**c. State**

- State EOC (SEOC) provides support and coordination between state and federal entities.
- NMDOH is represented at the State EOC. (EOCR)
- NMDOH Department Operations Center (DOC) supports and coordinates MCM operations statewide.

All New Mexico jurisdictions will operate under the New Mexico Emergency Operations System. A multipoint ordering system will be used. All resource requests including POD resources, will be submitted to the SEOC from local or regional entities in order to maintain situational awareness. Specific medical materiel requests will be forwarded to the New Mexico DOC for fulfillment.



## Roles and Responsibilities

### 1. Federal

Provide medical materiel; technical support; financial support; situational information, priorities and guidance.

### 2. State

#### State EOC

- Implements and enforces emergency directives.
- Processes resource requests and EMAC and IMAS requests for assistance from other states, agencies and jurisdictions.
- Establishes a Joint Information System (JIS) and a Joint Information Center (JIC).

#### NMDOH DOC

- Reports to NMDOH executive leadership
- Coordinates receipt, distribution, dispensing and management of medical materiel, including SNS/MCM assets, and other critical resources throughout the state.
- Coordinates and communicates with the CDC and other federal agencies regarding medical materiel logistics.
- Coordinates and communicates with the NMDHSEM and other state agencies regarding coordination and support issues.
- Coordinates and communicates with local, tribal, regional, state and federal emergency operating centers regarding coordination and support issues.
- Develops and coordinates a statewide system for recovery of assets.
- Maintains an inventory management system.
- Coordinates and supports volunteer staffing issues.
- Collects, consolidates and distributes information to maintain a common operating picture.
- Participates in a Joint Information System (JIS).

#### NMDOH Public Health Area Command (PHAC)

- Reports to NMDOH/PHD executive leadership
- Coordinates and communicates with the NMDOH DOC.
- Provides command functions, and develops an Incident Action Plan (IAP) with the objectives to carry out MCM response activities at the local and regional levels
- Communicates agency expectations, intentions and constraints.
- Establishes critical resource use priorities.

- Ensures that local teams are appropriately staffed and equipped.
- Coordinates assignment of resources between local Incident Command Posts.
- Participates in a Joint Information System (JIS).
- Regional
  - ICP or other coordination center (Situation/Scale dependent):
- Represents NMDOH in Local Emergency Operation Centers (LEOCs), if requested, assumes responsibility for MCM operations or provides technical assistance for local POD operations.
- Carries out the objectives for MCM operations as outlined in the Incident Action Plan (IAP) developed by the NMDOH PHAC.
- Coordinates and communicates with local, tribal, regional, entities regarding operational issues.
- Assists in volunteer staffing management.
- Collects, consolidates and distributes information to maintain a common operating picture.
- Participates in a JIS.

### **Regional Level**

ICP or other coordination center (Situation/Scale dependent)

- Represents NMDOH in Local Emergency Operation Centers (LEOCs), if requested. Assumes responsibility for MCM operations or provides technical assistance for local POD operations.
- Carries out the objectives for MCM operations as outlined in an Incident Action Plan (IAP) developed by the NMDOH PHAC.
- Coordinates and communicates with local, tribal, regional, entities regarding operational issues.
- Assists in volunteer staffing management.
- Collects, consolidates and distributes information to maintain a common operating picture.
- Participates in a JIS.

## **3. Local**

### **Local EOC (LEOC)**

- Coordinates with ICP(s)/DOC/EOCR and/or the State EOC for operational support.
- Supports POD operations
- Activates and manages local distribution sites or staging areas for local MCM distribution.(jurisdiction specific)

## 4. Communications

Communication modalities will be situation dependent. Existing telephone, cell phone and email systems will be primary. If those systems are unavailable, UHF, VHF, 800 and amateur radio systems will be used as available and appropriate. Satellite phones may also be used where available.

Communication modes in order of priority:

- Land line
- Cell phone
- Radio
- Satellite phone
- Internet (if available)

Communication pathways between POD sites and LEOCs should be established as a priority. (See Section H)

## A. Modular POD System



This document provides a scalable model for organizing vaccination clinics, treatment clinics or Points of Dispensing (PODs). Each module serves approximately 100 people per hour (PPH) and is made up of the tables, chairs, equipment, supplies and personnel it takes to run it. Multiple modules can be set up to operate a mass vaccination or prophylaxis event.

- These models can be modified for other types of treatment events or if adjustments in the throughput are deemed necessary by the management staff.
- These models can be used as a planning aid, training aid or operations guide.

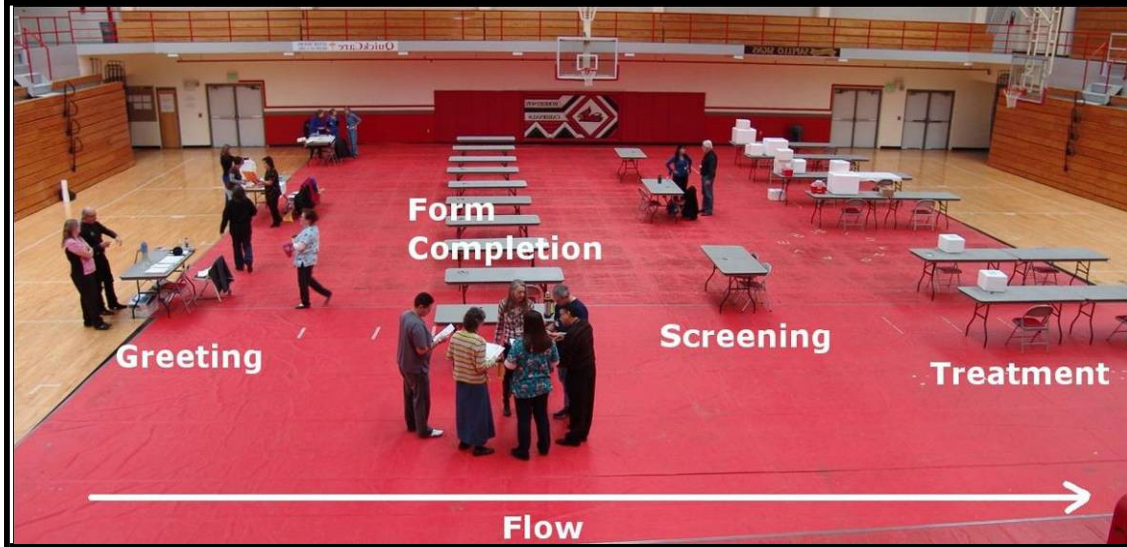
Two variations are presented. A **Simple or Non-Medical** model, used for events requiring few treatment decisions and little or no medically oriented or licensed staff and a **Complex or Medical** model used for events with more treatment options and requires medically trained and licensed staff.

**POD site specific plans for each POD of record are kept on file at different levels of emergency management. They are made available to the assigned POD Director/Manager at the time of activation.**

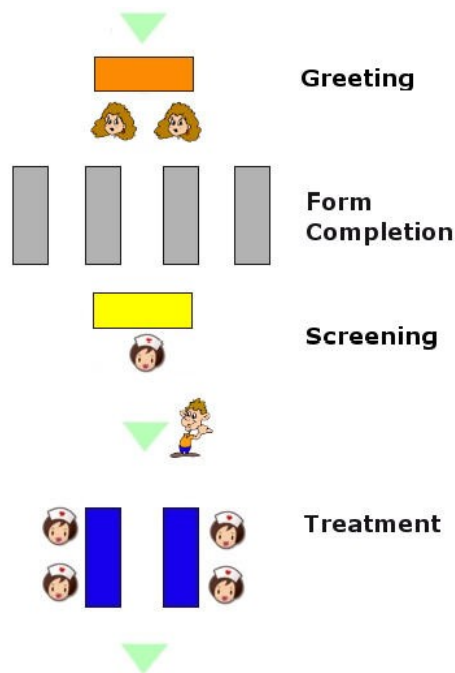
## 1. Simple or Non-Medical Model

This Simple Model is used for events that offer one or two treatment options that do not require a complex decision making process. For example, an event that will offer pre-packaged forms of medication. In the Simple Model decisions about which medication to administer are made after the client has filled out the forms. For Non-Medical operations, the need for medically trained and/or licensed staff to administer medications or to make medical decisions is minimal.

**Figure 1: Simple POD model**



**Figure 2: Client Flow and Station Layout for a Single Simple Module**



**General supplies needed**

- Cold Storage (Refrigeration or Coolers)
- Phone or cell phone
- Signs
- Pens/Pencils
- Forms
- Vaccine/medication
- Ancillary Supplies (band aids, cotton balls, alcohol preps, syringes, etc)
- Equipment and supplies for medical emergencies (Crash Kit)

**General Set-Up Sequence**

1. Remove Unneeded Items From Space
2. Set up Tables
3. Post Signs
4. Place Needed Supplies At Each Station

**Staff needed per module**

- 2 Triage staff (if applicable)
- 2 Greeters
- 1 Screener (medically or specifically trained)
- 1 Queue line manager (between the Forms Review Station and Treatment Station)
- 4 Vaccinators (RN/EMT/MD or other Licensed Medical Professional) or;
- 4 Dispensers (for non-medical operations)
- 4 Support staff

This Section does not address the need for security staff. Required security staff levels are addressed in the Site Plan.

**Space required**

Each module requires a minimum of 25 x 60 feet of space plus additional space for entry and exit from the site. Additional space may be needed for triage and/or support stations.

**General notes**

- Establish a single entry and exit point for clients
- The client flow should go in one direction and never cross itself

- Clients with access and/or functional needs or other issues needing extra attention will be managed using the above process with exceptions made based on the client's unique needs.
- If available, add queue line management staff between all stations to direct clients to the appropriate station.

### **Triage**

Signs and symptoms of the threatening agent should be included in just-in-time training and known by all POD staff and should be immediately reported if a client within the POD is demonstrating them. Symptomatic patients should be isolated and directed to local treatment centers. If the public health threat is due to an agent that is transmissible from human to human and congregation is an issue, a triage station or function should take place outside of the POD prior to the entrance. Public health authorities will provide information about the threat and job aids will be provided to triage staff for decision making purposes.

**Table 2: Station Descriptions**

| Station         | Purpose  | Supplies  | Notes   | Staffing                                  |
|-----------------|--|---|---|---|
| Triage          | Identify clients that exhibit signs and symptoms of infection or exposure to the threatening agent   | Job aids  | This station is only established if the threatening agent is communicable   | 2 staff members                           |
| Greeting        | Provide initial information, answer simple questions, provide forms and instructions, and identify potentially symptomatic or exposed persons.   | Forms (English & Spanish)   | A significant portion of the Greeting staff should be Spanish speaking  | 2 support staff                           |
| Form Completion | Clients Complete Form(s)   | Pens  | Sufficient space for a large number of clients to complete forms; clients should not be entering the treatment queue until all forms have been completed. | As available                              |
| Screening       | Select appropriate vaccine/medication, review forms, answer questions, screen for contraindications, and identify potentially symptomatic or exposed persons.  | Forms (English & Spanish)   | A significant portion of the screeners should be Spanish speaking   | 1 medically or specifically trained staff |
| Treatment Queue | Line up for treatment  |   | No client should be in the treatment queue until ready to be vaccinated or to receive medication.   | 1 support staff                           |
| Treatment       | Select appropriate vaccine/medication, Administer prophylaxis, provide information and education, answer questions, screen for contraindications, and identify potentially symptomatic or exposed persons. | Vaccine, Needles, Hand Sanitizer, Gloves, Other PPE, Alcohol Preps Pens Extra Forms | A significant portion of the Treatment staff should be Spanish speaking   | 4 Vaccinators/ Dispensers                 |
| Support         | Provide support and functional needs to clients. Observation of clients if required  | Wheelchairs   | EMS units may be staged at this station.  | 1 Leader and others as assigned           |



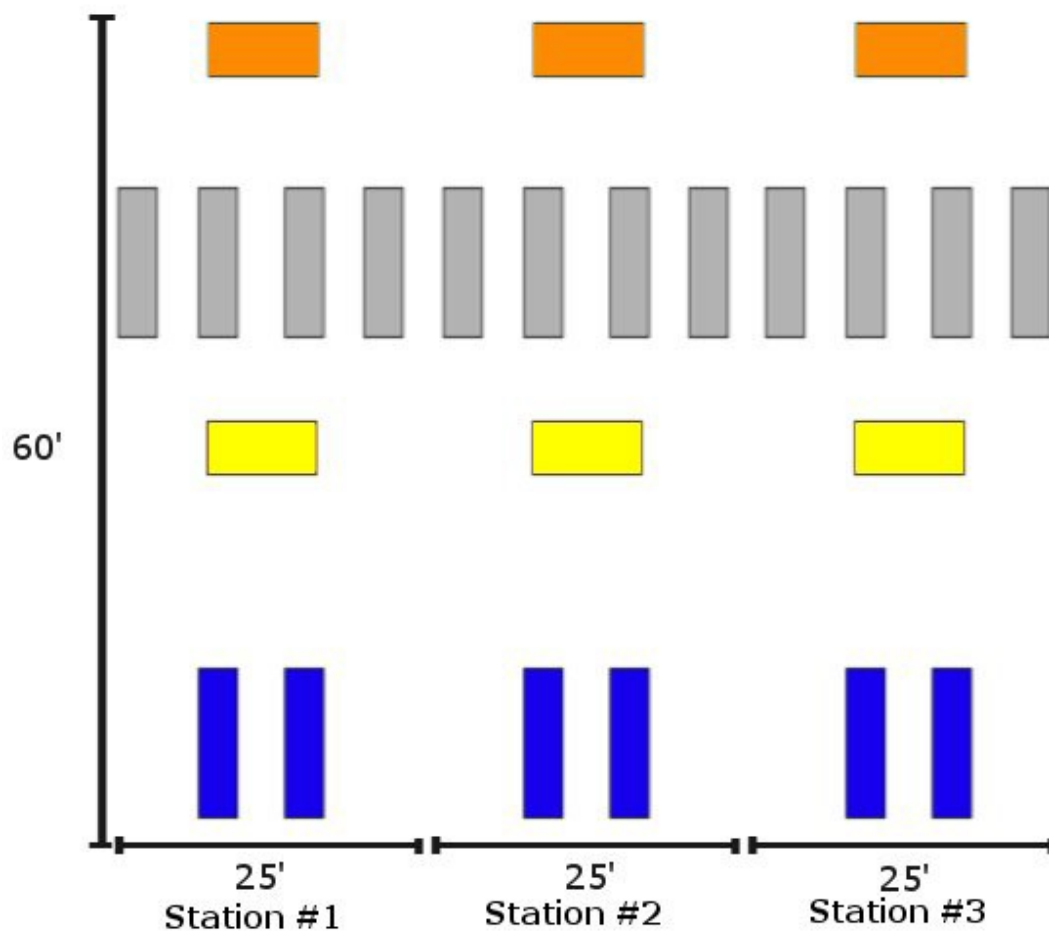
## Adding modules

As modules are added, the requirement for resources will increase. Suggestions:

- For every three 3 modules, consider adding 1 supply staff responsible for receiving, storing and distributing supplies
- If operating multiple modules, queue line managers may direct clients from one module to another in order to equalize workload and/or expedite flow.
- 1 support station may be established for up to 3 modules. Consider adding either more support stations or staff as the number of modules increase to provide assistance to increasing amount of clients.

Space: Additional stations should be setup in parallel. For each additional station the POD will need to be widened by 25'. As shown below a 3 module POD would require a minimum of 60' x 75' plus additional space for a support station and for clients to enter and exit.

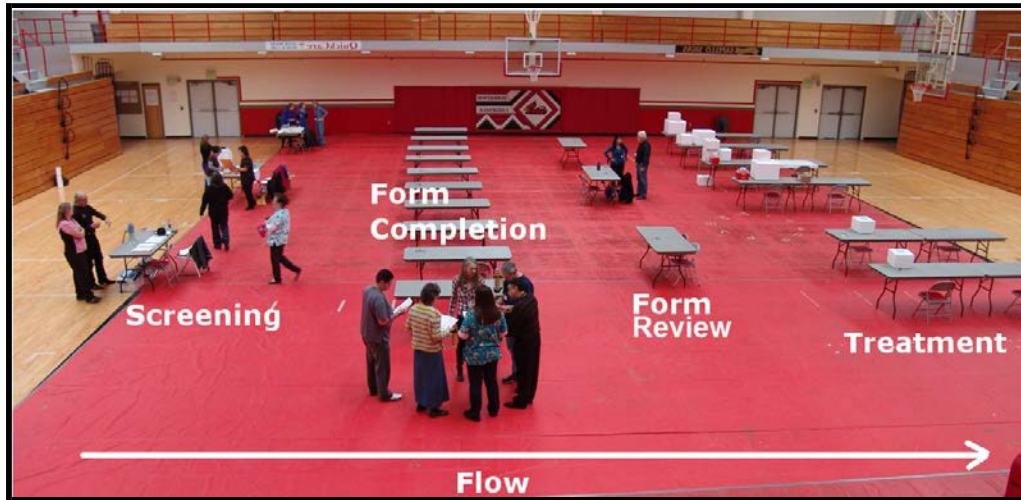
**Figure 3: Additional Stations**



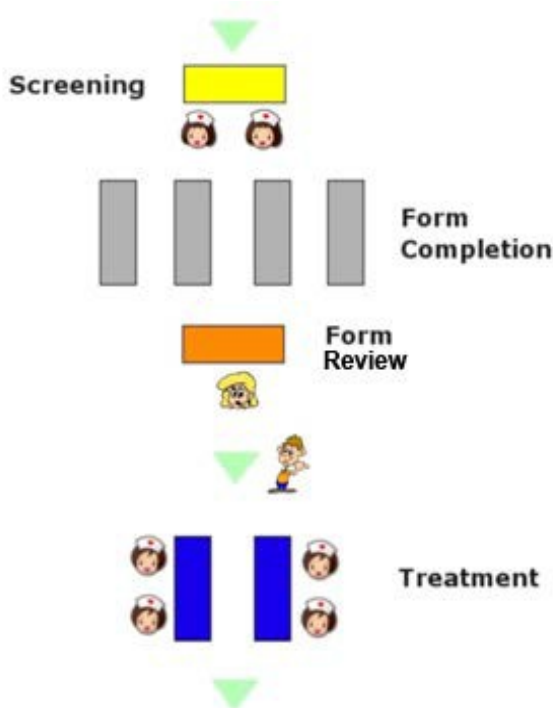
### 3. Complex or Medical Model

The Complex Model is used for events that offer several treatment options. For example, a vaccination event that offers multiple forms of vaccine or an event that offers multiple forms of medication. In the Complex Model, decisions about which vaccine or medication to administer are initiated at the beginning of the process at the (Screening Station in this model) and then verified at the Treatment Station. For medical operations, medically trained and/or licensed staff to screen, administer medications or to make medical decisions is required.

**Figure 4: Complex POD**



**Figure 5: Client Flow and Station Layout for a Single Complex Module**



**General supplies needed**

- Cold Storage (Refrigeration or Coolers)
- Phone or cell phone
- Signs
- Pens/Pencils
- Forms
- Vaccine/medications
- Ancillary Supplies (band aids, cotton balls, alcohol preps, syringes, etc)
- Crash Kit for adverse reactions

**General Set-Up Sequence**

1. Remove Unneeded Items From Space
2. Set Up Tables
3. Post Signs
4. Place Needed Supplies At Each Station

**Staff needed per station**

2 Triage staff (if applicable)  
2 Screening Staff (medically or specifically trained)  
1 Form Review Staff  
1 Queue line manager (between the Forms Review Station and Treatment Station)  
4 Vaccinators (RN/EMT/MD or other Licensed Medical Professional) or;  
4 Dispensers (for non-medical operations)  
4 Support staff

This Section does not address the need for security staff. Required security staff levels are addressed in the Site Plan.

**Space required**

Each station requires a minimum of 25 x 60 feet of space plus additional space for entry and exit from the site. Additional space may be needed for triage and/or support stations

**General notes**

- Establish a single entry and exit point for clients
- The client flow should go in one direction and never cross itself
- Clients with access and/or functional needs or other issues needing extra attention will be handled using the above process with exceptions made based on the client's unique needs.

- If available, add queue line management staff between all stations to direct clients to the appropriate station.

### **Triage**

Sign and symptoms of the threatening agent should be included in just-in-time training and known by all POD staff and should be immediately reported if a client within the POD is demonstrating them. Symptomatic patients should be isolated and directed to local treatment centers. If the public health threat is due to an agent that is transmissible from human to human and congregation is an issue, a triage station or function should take place outside of the POD prior to the entrance. Public health authorities will provide information about the threat and job aids will be provided to triage staff for decision-making purposes.

**Table 3: Station Descriptions**

| Station         | Purpose   | Supplies   | Notes   | Staffing                                  |
|-----------------|---|--|---|---|
| Triage          | Identify clients that exhibit signs and symptoms of infection or exposure to the threatening agent  | Job aids   | This station is only established if the threatening agent is communicable   | 2 staff members                           |
| Screening       | Screen for appropriate type/form of vaccine; Select appropriate vaccine, provide forms and instructions; answer questions, screen for contraindications, and identify potentially symptomatic or exposed persons. | Forms (English & Spanish)  | A significant portion of the screeners should be Spanish speaking   | 2 medically or specifically trained staff |
| Form Completion | Clients Complete Form(s)  | Pens   | Sufficient space for a large number of clients to complete forms; clients should not be entering the treatment queue until all forms have been completed. | As available                              |
| Form Review     | Check forms for completion, answer simple questions, and identify potentially symptomatic or exposed persons.   | Forms (English & Spanish)  | A significant portion of the Form Checking staff should be Spanish speaking   | 1 support staff                           |
| Treatment Queue | Line up for treatment   |  | No client should be in the treatment queue until ready to be vaccinated or to receive medication.   | 1 support staff                           |
| Treatment       | Provide information and education, answer questions, screen for contraindications, administer prophylaxis, and identify potentially symptomatic or exposed persons.   | Vaccine,<br>Needles,<br>Hand Sanitizer,<br>Gloves,<br>Other PPE,<br>Alcohol Preps<br>Pens<br>Extra Forms | A significant portion of the Treatment staff should be Spanish speaking   | 4 Vaccinators/<br>Dispensers              |
| Support         | Provide support and functional needs to clients. Observation of clients if required   | Wheelchairs  | EMS units may be staged at this station.  | 1 Leader and others as assigned           |

## Adding modules

As modules are added, the requirement for resources will increase. Suggestions:

- For every three 3 modules, consider adding 1 supply staff responsible for receiving, storing and distributing supplies
- If operating multiple modules, queue line managers may direct clients from one module to another in order to equalize workload and/or expedite flow.
- 1 support station may be established for up to 3 modules. Consider adding either more support stations or staff as the number of modules increase to provide assistance to increasing amount of clients.

Space: Additional stations should be setup in parallel. For each additional station the POD will need to be widened by 25'. As shown below a 3 module POD would require a minimum of 60' x 75' plus additional space for a support station and for clients to enter and exit.

**Figure 6: Additional Stations**

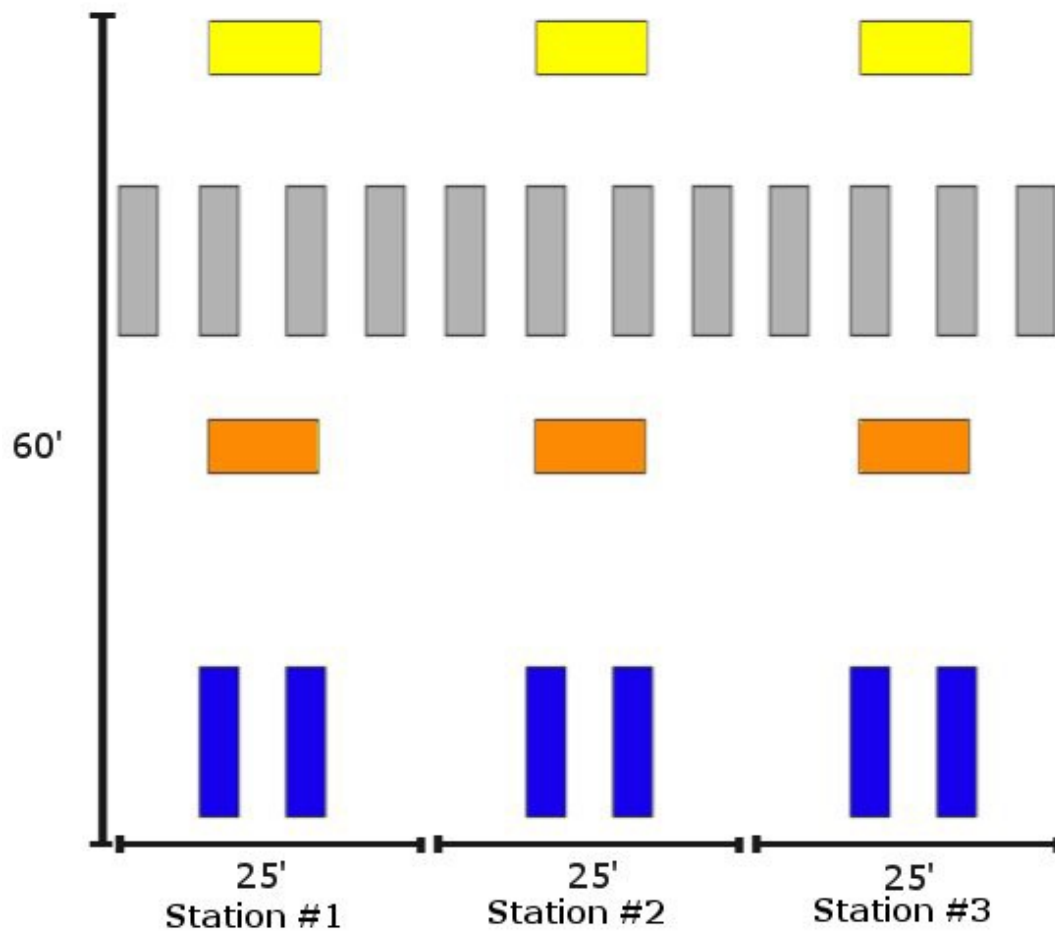
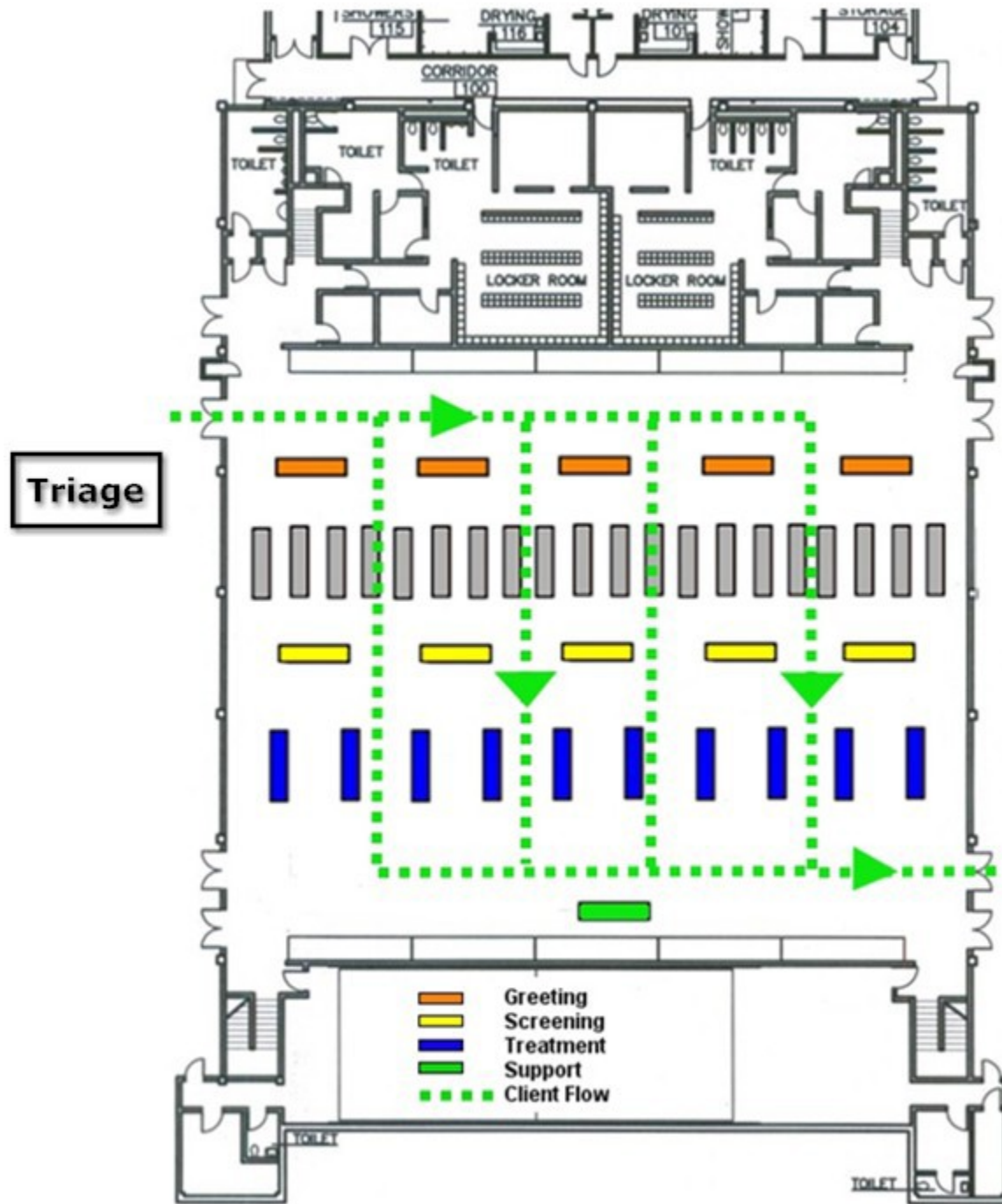


Figure 7: Example of a 5 Module Simple POD with Support Station



## 4. Flow Management

Queue Line management is the key to achieving and maintaining a high throughput. Queue Line Managers should be highly mobile and have a high awareness of the status of all queue lines formed in the POD. This is particularly important when operating multiple POD modules. If a queue line at a different module has less clients than another, the Queue Line Manager should redirect those clients to that line. Even and consistent flow in the goal.

### Flow enhancement strategies

- Orient public (video, public address, signage, greeters with script)
- Screening (use RN or medically trained staff if available)
- Ensure that supplies are replenished often
- Queue line management
- Assistance with forms (support staff)

### Flow Sustainment

- Process families together
- Place data entry and forms collection outside or at end of the normal process

### Eliminate Choke Points

- Ensure lanes are wide enough for wheelchair access
- Ensure lanes can accommodate families
- Ensure lanes that provide adequate personal space

## 5. Transitioning from Non-Medical to Medical Model

There may be POD operations that begin as non-medical operations but because of changing conditions or medical requirements a medical model will be best suited for continued operations. An example of this situation would be when pre-packaged medication is being replaced with a vaccination or other injection or form that requires medically trained staff to administer. This may also happen in reverse.

If this is the case those requirements will be disseminated through formal communications and the POD Director/Manager will be responsible for executing the transition which may require the requisitioning of appropriate staff and supplies.



## **B. Client Intake, Screening and Data Collection**

The New Mexico Department of Health will utilize a pre-POD medical screening system during large scale POD activations. This is a web-based system called Dispense Assist. Through public information campaigning and other media outlets the public will be instructed on how to access the system and what to do with the vouchers that are generated from that system.

The Dispense Assist (DA) System may be utilized when administering medical countermeasures for:

- Anthrax
- Influenza
- Plague
- Tularemia

### **Overview**

Dispense Assist (DA) is an automated screening tool that provides screening for diseases requiring an emergency response.

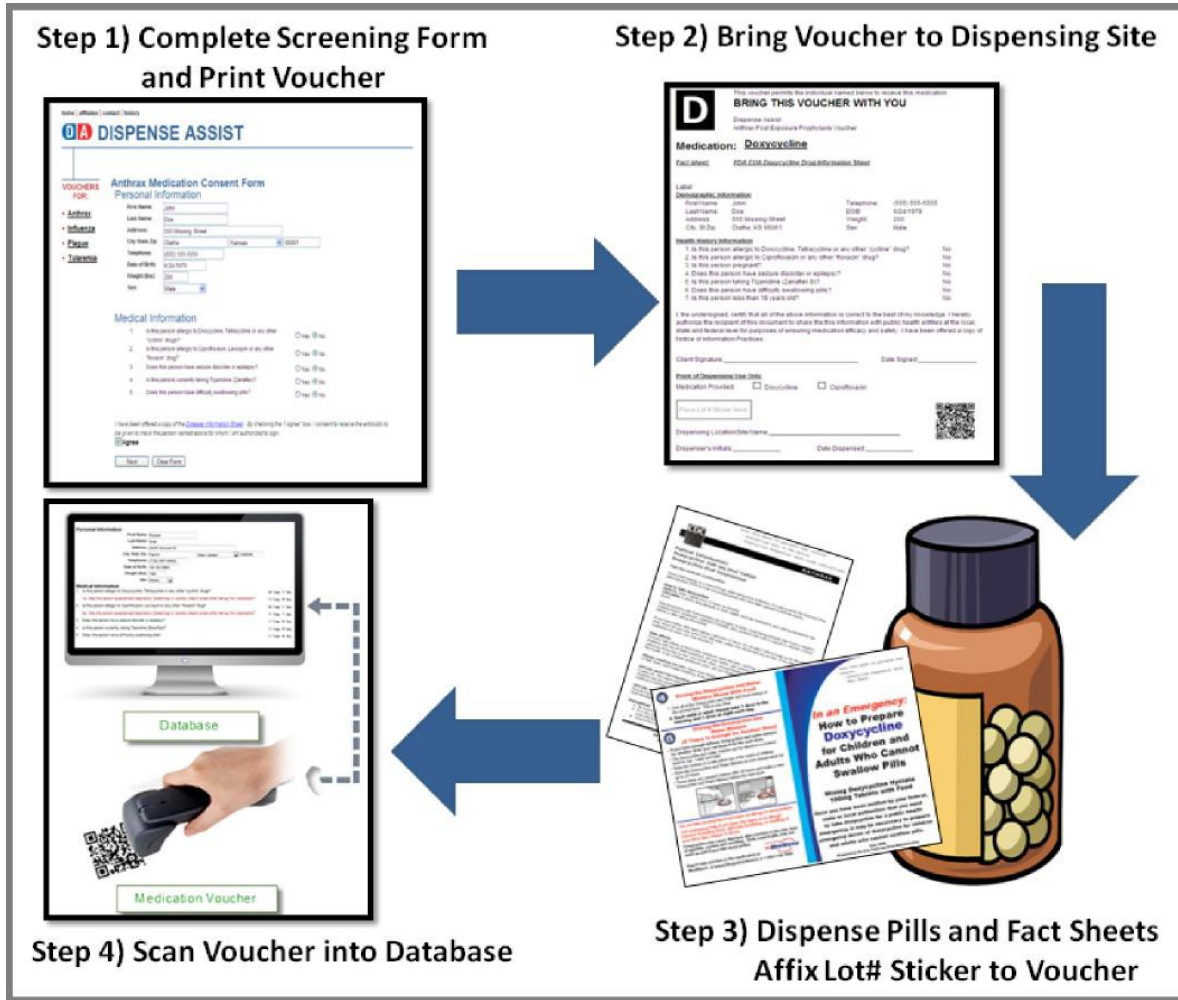
### **Benefits of Dispense Assist**

- Reduction in the number of staff and technological resources required for mass prophylaxis dispensing.
- Client screening prior to POD arrival expedites dispensing process.
- Provides the public a clear actionable task to focus on during a crisis.
- Automated decision-making process and standardized name, address, phone, and health history meets CDC demographic information requirement.
- Unique QR code generated for each completed voucher provides high data accuracy.
- Strategic pre-planning tool for Open and Closed POD operations.

**Dispense Assist Process**

Clients complete the online registration form, bring the printed forms to the dispensing or vaccination site where dispensers fill the orders as indicated on the vouchers and scan the QR code to capture the data.

*Figure 8: Dispense Assist Process*



Lot numbers of the medicine or vaccine is affixed to the voucher by the dispenser and the voucher is collected and secured at the end of the process for reference, data entry and adverse event reporting purposes.

**Paper Intake and Screening**

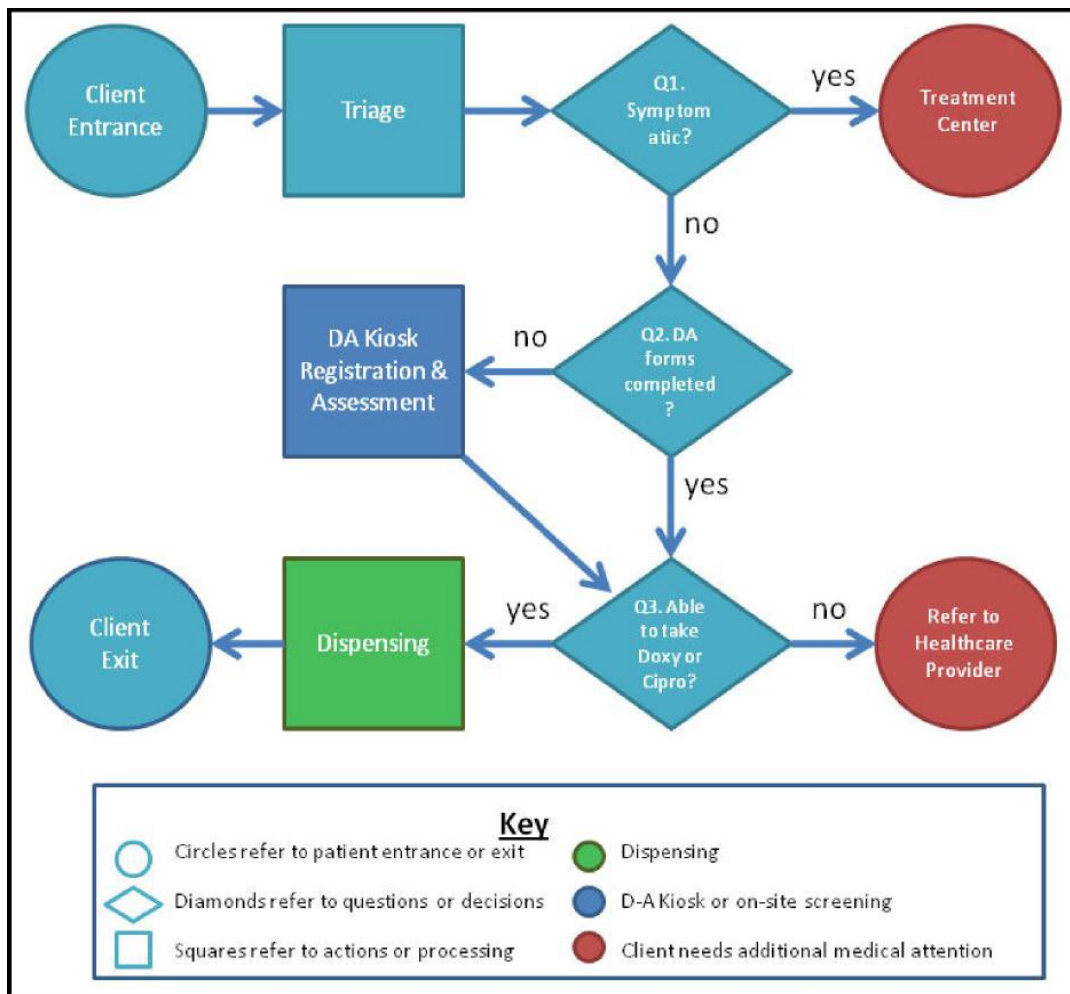
Paper intake and screening forms will be delivered along with medical supplies to the POD site. The DA protocols align with the NMDOH Intake and Screening forms. Job aides for screening staff will also be made available.

**Point of Dispensing Model - Walk-Through**

Clients with internet access and a printer are asked to complete the screening process online and print a voucher using [www.DispenseAssist.com](http://www.DispenseAssist.com). The lack of internet access is not a barrier to using Dispense Assist; computers without internet access can run DA from a flashdrive. Equipment and Supplies pre-programmed for setting up a DA kiosk at the POD site (DA Go Kit) will be deployed or made available for isolated POD operations or for metropolitan area POD sites where high throughput volume is expected. When DA kiosk(s) are set up at the POD site, available staff should monitor and assist clients as needed. Instructions for DA kiosk set-up and use are included in DA Go Kits and in the POD Toolkit

After Greeting, clients with completed vouchers are sent directly to the dispensing stations where medication is provided. Clients with vouchers stating “Do Not Dispense Medication” should be referred to a healthcare provider. There may also be a procedure for this secondary level of screening at the POD or at another location.

**Figure 9: Walk-Through POD Model**

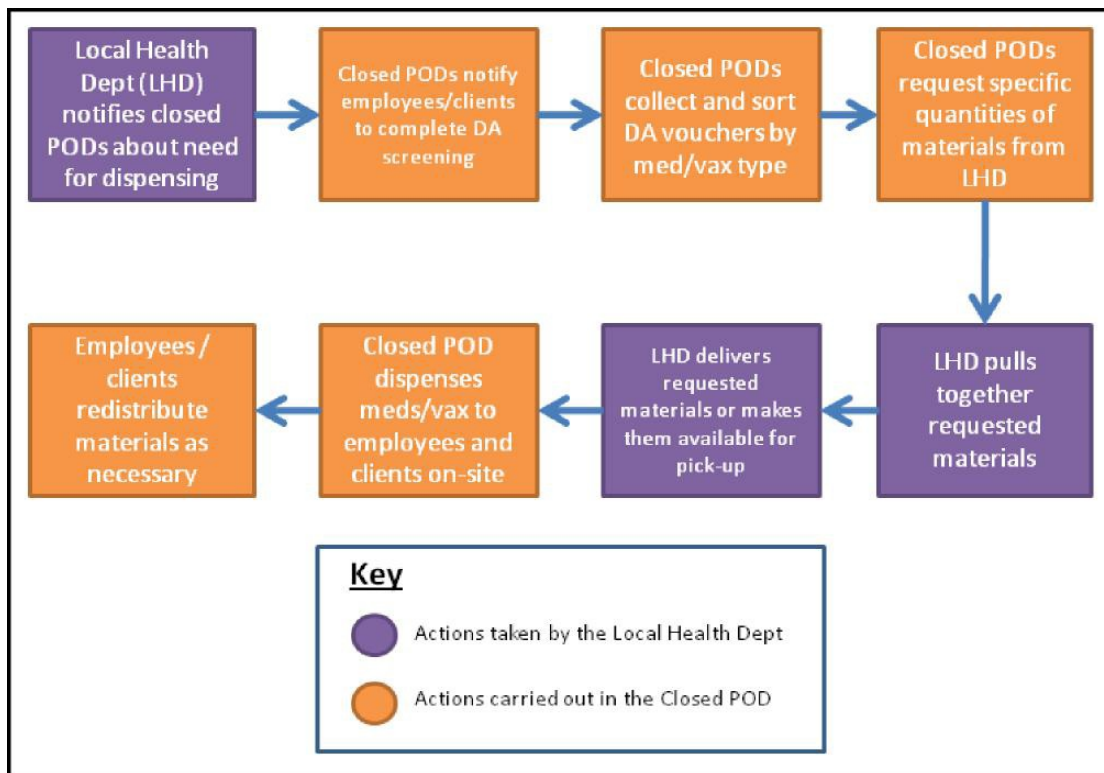


**Point of Dispensing Model – Closed Site**

Closed PODs encourage an agency or organization to dispense medications to their own staff and stakeholders. Closed PODs can support emergency planning for access and functional needs populations by providing an alternate venue for vulnerable community members to receive medication. Closed PODs are operated in partnership with the NMDOH or local jurisdiction. Medical countermeasures can be apportioned from local caches and/or from Strategic National Stockpile assets.

Examples of Closed POD partners include: large businesses, hospitals, detention facilities, government agencies, tribal communities, and higher education institutions.

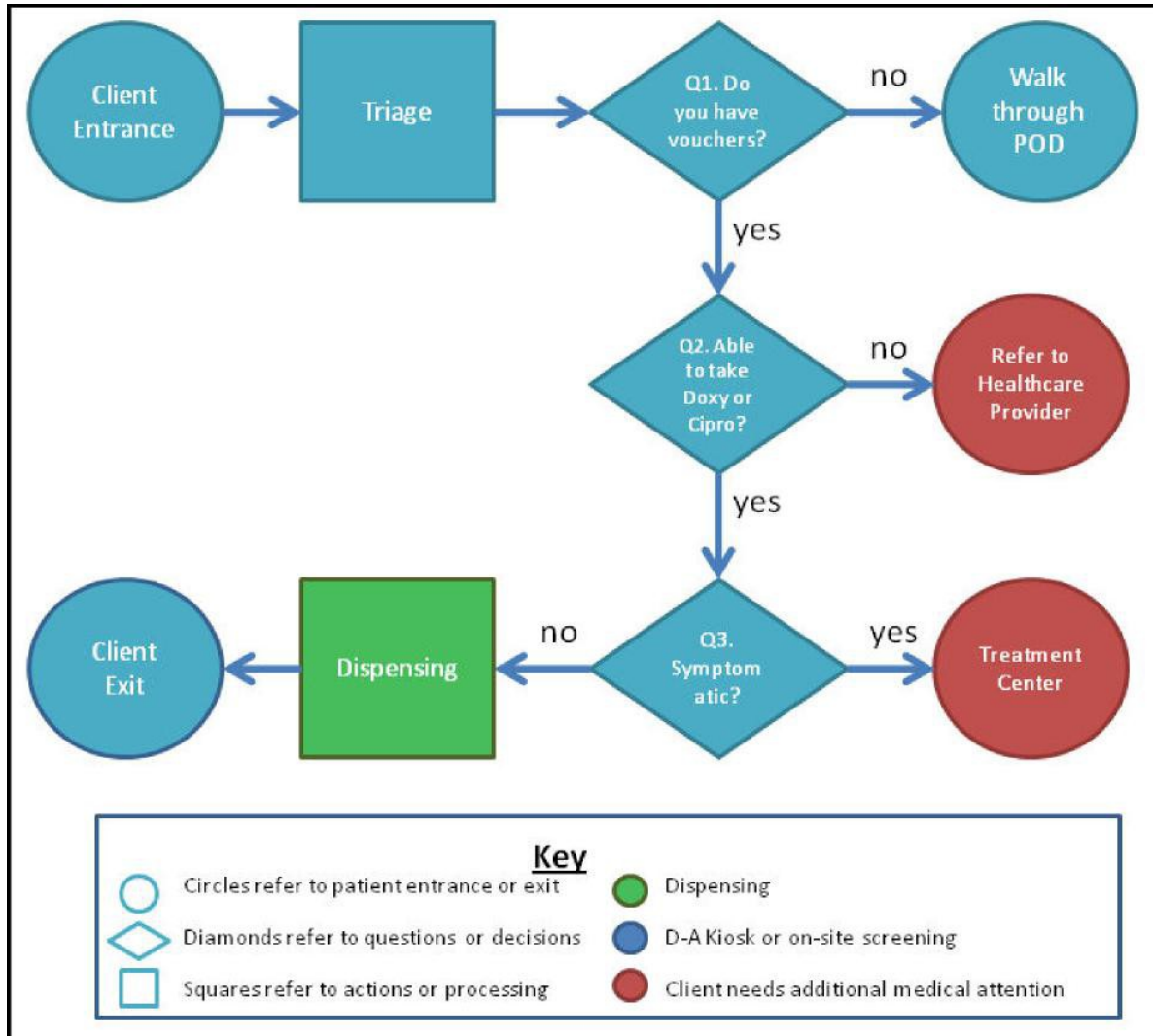
**Figure 10: Closed POD Site**



**Point of Dispensing Model - Drive-Through**

There are two primary options for operating a drive through POD using DA: allow only individuals with completed vouchers to enter the POD, or facilitate completion of forms on site with paper screening forms. Paper screening forms following the DA process will be made available at the POD site.

*Figure 11: Drive-Through POD Model (With Completed Vouchers Only)*



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## C. Acquiring Additional Resources and Resource Management

### State Employees

In most cases, a predetermined number of NMDOH staff will occupy leadership roles at POD sites. All other POD staff will come from volunteer organizations or registries that have been processed and assigned.

In accordance to a NMDOH Continuity of Operations Plan (COOP), that identifies essential and non-essential functions and staff at different activation levels, NMDOH employees will be redirected from their regular duties to serve in response roles. One of which may be POD staff.

At the time of the activation the NMDOH Human Resources Bureau will provide direction and information to POD Directors/Managers on timekeeping and other HR issues.

### Volunteers

Volunteers will be solicited from a variety of resources:

- NM MRC Serves
- VOAD
- Red Cross
- Service Organizations
- Faith Based Organizations
- The General Public
- Medical Reserve Corps
- Community Emergency Response Teams (CERT)
- County-based volunteer organizations
- School staff

All volunteers will be processed through NMMRC Serves or the local Office of Emergency Management and be badged and credentialed for assignment as POD staff.

Unaffiliated or spontaneous volunteers (those who may present at POD site (wanting to help) should be directed to the nearest volunteer coordination center or referred to NMMRC Serves web site <https://volunteer.nmmrcserves.org/index.php> for registration instructions. Medical professionals will be the priority for NM MRC Serves registration to ensure that they are currently licensed.

For information about the New Mexico Volunteer Management Plan refer to the on-line POD Toolkit.

## Requesting POD Volunteers

Using DOH ICS-308 forms that are attached to all POD Site Plans, POD Directors and Managers can submit a request for volunteers to the Local Emergency Operations Center. These forms and NMMRC Volunteer Request Forms can also be found in the POD Tool Kit <https://nmhealth.org/about/erd/bhem/sns/> and are included in the POD Kits.

## Employees or resources from other responding organizations

A medical countermeasure or POD operation may utilize resources activated through other entities and agencies and from other levels of government. All staff assigned to NM PODs must be approved by State, local, tribal or Department Operations Center staff before being assigned to POD sites. For information on the approval process, contact the local Office of Emergency Management or the Department Operation Center (DOC).

Requesting expendable resources

### Requesting Expendable Resources

Resources such as supplies and equipment can be requested using the established system. Resource requests from POD sites are submitted to local emergency management agencies or EOCs and the NMDOH/PHD regional coordination center(s) simultaneously. The simultaneous requests are required for two reasons. If the requested resources are available locally, the request can be fulfilled. If the requested resource is not available locally, the request can be addressed at the state or the department level more expediently. This also provides situational awareness and resource management information at all levels.

The ICS-308 Resource Request forms are used for this purpose. The forms can be found attached to the POD Site Plan, in the POD Toolkit or in the POD Kit.

### POD Inventory and Supply Management

### POD Inventory and Supply Management

Inventory and supply management at the POD is performed by the Supply Unit Leader or other designee. Supply levels should be inventoried frequently or as directed by the POD Director/Manager. Every 4 hours is suggested however, during periods of high throughput, inventory levels should be checked more frequently. At the POD level, inventory tracking and resource requests are performed using a paper-based and/or computer spreadsheet system. Instructions and forms for resource management can be accessed in the POD Toolkit <https://nmhealth.org/about/erd/bhem/sns/> and are included in the POD Kit. All resource requests must be approved by the POD Director/Manager.



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## D. Access and Functional Needs Clients

### Reaching Out to Persons Unable to Come to the POD

The POD is the foundation for any campaign for mass dispensing of medical countermeasures. However, in order to successfully provide medical countermeasures to the entire population, local emergency planning agencies must develop outreach strategies to provide for those in the population who may not be able to access a POD. POD planners should coordinate with their local emergency managers and agencies that serve these populations to ensure that everyone in the community is provided with access to medical countermeasures. Alternative methods to reach these populations may include: mobile dispensing clinics and deliveries of medical countermeasures to institutions.

This appendix only provides guidance for these clients that are able to present to the POD.

Clients who may need special considerations include but are not limited to:

#### Mobility

- Wheelchair
- Walker
- Physical limitations

#### Communication

- Speech
- Hearing
- Sight
- Illiterate
- Limited/Non English Speaking
- Mental Health Disorder

### Americans with Disabilities Act Requirements

Local POD planners have incorporated the Americans with Disabilities Act (ADA) requirements into each POD Site Plan. These requirements include modifying access and making accommodations for individuals with special health care needs, including assistive animals or equipment (for example, crutches, walkers, wheelchairs, oxygen tanks and ventilators). Clients with service/assistive animals should be made aware of the potential for susceptibility to an existing contagion.

Information on individual support services including stress management, crisis intervention and referrals to mental health services will be made available to all POD clients through media outlets and POD handouts.



At the entrance to each POD, a waiting area should be identified to accommodate special needs individuals until a support staff member can escort or assist the client as needed through the POD process.

### **Communications**

POD support and coordination entities will make an effort to provide translation services for the dominant spoken languages of the community(s) and for individuals who are non-english speaking, illiterate, cognitively-, hearing- or vision-impaired, or for those with communication disorders. The Modern Language Association provides information about spoken languages by county and zip code at [http://www.mla.org/census\\_map](http://www.mla.org/census_map). POD hand-outs, administrative forms and informational sheets are provided at the POD sites in English and Spanish only.

The types of clients that may present communication challenges at the POD should be addressed during Just-in-Time Training and an assessment of staff with alternate communication skills should be performed. Those who can be utilized as translators or that possess alternate communication skills should be assigned as support staff and/or be identifiable by all staff members. If required, the POD Director/Manager may submit a request for specific language translator(s) through the established request process.

### **Alternate communication strategies**

- Smart phone translator apps
- Pocket Communicators that are helpful in identifying spoken languages and containing universal pictograms for basic POD process communications. (available by request or included in POD Kits)

### **Undocumented Persons**

Undocumented persons might be reluctant to use the POD. POD Directors/Managers should address the POD staff, particularly Greeters and Support staff, on how they will inform these clients that they will be provided medical countermeasures without regard to their legal status.

## E. Legal and Policy Issues

Through the New Mexico State legislative process, the New Mexico Department of Health has developed statutes that support Mass Prophylaxis events and departmental policies for the provision of medical countermeasures. These statutes and policies address the following issues:

1. Legal Agreements
  - A. Open POD Memoranda of Agreement
  - B. Closed POD Memoranda of Agreement
  - C. Mutual Aid Agreements
2. Dispensing of Medical Countermeasures
  - A. Deciding which countermeasure is appropriate
  - B. Distributing countermeasures
  - C. Setting priority groups for countermeasures
  - D. Prescriptive authority in New Mexico
  - E. Who can distribute or administer medical countermeasures in New Mexico?
3. Use of volunteers for dispensing of countermeasures
  - A. NM-MRCServes and the provision of medical countermeasures
  - B. Other non-NM-MRCServes registered volunteers, including “spontaneous volunteers”
4. Accommodations and considerations for groups and individuals with special planning needs
  - A. At-risk populations
  - B. Incapacitated adults and unaccompanied minors
  - C. Multiple versus individual regimens: pickup by family/household representative for other family/household members
5. Other Issues
  - A. Application of state and federal confidentiality, privacy and security laws and regulations under emergency circumstances.
    - i. POD staff compliance with confidentiality statutes and regulations.
    - ii. DOH Notice of Privacy Practices
  - B. Procurement of Private Property
  - C. Legal Protections for State Employees and Volunteers
6. NM-MRC Serves Registry

These statutes and policies can be accessed in the POD Toolkit <https://nmhealth.org/about/erd/bhem/sns/> or can be requested by the POD Director/Manager, if not provided in the POD Kit.

## F. POD Staff Health and Safety

### General Statement on Worker Safety and Health

The NM Department of Health is committed to providing a safe work environment for health care practitioners, emergency responders, contractors, volunteers, and other personnel who support our incident management operations within New Mexico. Our overall goal is to prevent injury, harm and loss of life to workers and the public, as well as minimize damage to property or the environment.

To protect POD workers, DOH provides medical countermeasure interventions such as prophylaxis (i.e., vaccines, antibiotics, immunoglobulin, antitoxins, etc.) and personal protective equipment as it is available and appropriate to the incident.

DOH also stresses the importance of each worker's responsibility for his/her individual safety, as well as the safety of others. All POD workers must be diligent about keeping current on training and education that prepares them to perform each job in the safest manner possible. Reporting worksite hazards involving equipment and/or space, and coordinating with the site Safety Officer, POD Director/Manager and immediate supervisor regarding any concerns or suggestions to improve worker health and safety is essential.

### Operational and Safety Briefing

An outline of a suggested Operational Briefing can be accessed in the POD Toolkit <https://nmhealth.org/about/erd/bhem/sns/> and is included in the POD Kit.

### POD Staff and Family Prophylaxis

As part of the Operation Briefing, POD staff will be given instruction on how to provide medical countermeasure to their family members. Options will include the designation of a family member to present to the POD to receive and take home an appropriate amount of medicines to immediate family members. If a vaccine is the form of medical countermeasure that is being administered, family members would be instructed to present to the POD. It is recommended that family members gain access to the POD through POD staff entry points and be provided medicines and/or vaccines separately from the main process.

POD staff will be given medicines or vaccines during Just-in-Time training.

A Safety Briefing will be conducted at the beginning of every shift by the POD Director/Manager or their designee. Including information about:

- Personal Protective Equipment
- Material handling equipment
- Safer Medical Devices
- Infection Control
- Other known safety and health hazards
- Pathogen-specific infection control measures

Information Sheets pertaining to the specific threat or agent for which medical countermeasures are being administered will be shipped with the POD's medical supplies. Information Sheets for all of the Category A agents, which are the biologic agents anticipated to pose the highest public health threat, can be accessed in the POD Toolkit <https://nmhealth.org/about/erd/bhem/sns/> . This information can also be accessed on the CDC website <http://emergency.cdc.gov/bioterrorism/> .

The Safety Briefing should also ensure that all POD staff be educated in the signs and symptoms of exposure or infection by the agent and be given instructions on how to report individual instances encountered at the POD.

### **Staff & Client Safety**

- Any staff member observing or being confronted with a potentially dangerous situation will immediately remove themselves from the situation and report to their immediate supervisor, site Safety Officer or POD Director/Manager the nature of the situation.
- Be able to give an accurate description of the situation and person or persons involved.
- Do not challenge an aggressive individual.
- Threatening messages by any method; verbal, telephone, mail, third party, should be reported.
- Do not give out any personal information about other POD staff or clients.

### **Staff Rehabilitation**

It is the responsibility of the immediate supervisor of every POD worker to schedule breaks for rest and meals. The scheduling of these breaks will be dependent on the scheduled length of shift. Every effort to provide POD staff with an environment away from the POD operation for rest and meals will be made.

Suggested:

8 hour and 12 hour shifts – 1 break every 2 hours + 1 hour meal break

### **Stress and Fatigue**

Be aware of these signs in yourself and in POD staff:

- Lack of concentration
- Increasing number of non-critical errors
- Critical errors
- Irritability
- Worry
- Feeling ill

Any POD worker demonstrating these signs should be relieved until resolved and/or referred for debriefing/diffusing if indicated. Medically trained staff (if available) on site may make this determination in consultation with the immediate supervisor.

### **Respiratory Protection**

Depending on the agent and its mode of transmission, appropriate respiratory protection measures will be implemented. If respiratory and/or other personal protective equipment is required, it will be provided at the site(s). NMDOH employees and POD workers from external agencies will use PPE based on the NMDOH Respiratory Protection Plan and/or as recommended by public health authorities. Others POD workers will be provided with appropriate protection and guidance. The proper use of PPE will be addressed and demonstrated as part of just-in-time training at the POD.

### **Emergency Contact Information and Accident/Injury Reporting**

If time permits, it is strongly advised that all POD staff provide information about who to contact in case of an emergency. Any accident or injury that occurs in relation to POD activities must be reported. Forms for all these purposes are available in the POD Tool Kit.

## G.POD Security

### General Considerations

POD site security is a local responsibility. Planning for security of POD staff and the public is an essential component of the planning process. Medical countermeasures might be at increased risk for theft because of perceived or real shortages. If the POD is not open 24 hours a day, consider security of the medications and facility during off hours. PODs might also be targets of secondary attacks because of high visibility and large crowds.

POD locations have been chosen with consideration of controllable entrance and exit points to assist law enforcement in setting up entrance and exit security. Each area of the POD must be secure but in particular, rooms or areas that are designated for equipment and supply storage.

### Essential Capabilities and Tasks

- Providing law enforcement and fire protection if feasible
- Protecting POD staff and the public
- Controlling access to restricted areas
- Safeguarding medical countermeasures
- Crowd and traffic control inside and outside the POD
- Providing identification badges for staff
- Facilitating orderly entrance and exit from the POD
- Maintaining command and control capability for security staff
- Coordinating intra-POD security operations, as well as security operations between PODs and local law enforcement
- Coordinating facility parking
- Maintaining mobile communications with POD staff

### Assessments

Initial POD site security assessments are conducted as part of the POD planning process. When a site has been selected, a comprehensive assessment is conducted by a team that includes representatives from the health department, local emergency management staff and local law enforcement. The product of this assessment is a Security Plan attached to each POD Site Plan.

### Operations

Sworn uniformed officers should maintain a physical presence at the POD if possible. Security tasks can be delegated to trained volunteers, facility security personnel, or private security personnel. However some tasks, for example road closures, might require sworn law enforcement agents. Roles and responsibilities need to be discussed with local law enforcement and/or security staff prior to opening the POD.

All POD staff should have identification badges with name, photograph (if possible), and assignment. Badge holders should be available for staff when they check-in to the POD, NMDOH ICS Form 211, Check In/Out Log, is included the POD Toolkit.

All assigned personnel should be listed on a security access roster. Staff not on the access roster should be cleared by the POD Director/Manager and then added to the roster. A POD Security Access Roster is included in the POD Toolkit.

These security measures will be strictly enforced during incidents and events that produce civil unrest. The activation of a POD in these conditions will depend on the availability of sufficient security resources. It will be the prerogative of the POD Director/Manager to determine if the POD can be safely operated.

### **Staff Training**

Make sure that all POD workers are aware of security concerns. Ensure that they know how to identify and report suspicious individuals and activities. Plan evacuation routes (usually addressed in the POD Site Plan) for the public and staff, and include that information in all staff trainings and briefings.

To ensure health, safety and welfare at the POD, it is important that all POD staff are familiar with and operate under the NMDOH supported Incident Command System (ICS). Most importantly, every POD worker should maintain unity of command by knowing reporting requirements and who their direct supervisor is.

## H. POD Communications

### Communications within the POD

Communication between POD staff workers will be through face-to-face interaction. Staff workers in supervisory roles should ensure that their subordinates know what their reporting requirements are and their whereabouts at all times.

Walkie-talkies are included in POD kits and should be primarily used by command/supervisory staff:

- POD Director/Manager
- Triage Leader
- Greeting Leader
- Screening Leader
- Dispensing Leader
- Safety/Security Leader
- Supply Unit Leader
- Support Leader and staff

Users Manuals for the walkie-talkies are included in the POD kits

### Communications with Supporting and Coordinating Agencies

Although the number for the NM State EOC should be available and is provided in each POD Site Plan, establishing communications with local coordinating and supporting agencies is a priority. These Include:

- Local Emergency Management agencies
- Local Emergency Operations Centers (LEOC)
- Local Public Health Offices
- Public Health Division Regional coordination centers
- Department of Health Operations Centers (DOC)

These critical contact numbers (landline and cell) can be found in every POD Site Plan.

### Two-Way Radio Communications

A single UHF hand-held radio is included in every POD Kit. This radio is used for two-way radio communication with Public Health Division Regional coordination centers, the DOC and can be used for communication with local hospitals and emergency medical services (EMS). For information on what radio channels are available for use in the local area, contact any of the local supporting and coordination agencies.



Establishing communications with local emergency management is crucial. Most emergency management agencies in the state operate on VHF or 800 systems but may have the ability to interoperate with UHF radios used locally. This interoperability can be established by contacting the local emergency management agency. There may also be an option for the local agency to provide a radio to the POD site that operates on local radio channels.

UHF, VHF and 800 radio systems must be licensed by the Federal Communications Commission (FCC). Therefore certain radio communication procedures must be adhered to. The Radio Users Guide in this section will help provide information and instructions on these procedures.

**Table 4: Communication Modalities**

| Landline   | Cellular                 | Fax                      | Email                    | UHF Radio   | FMS/GMRS (walkie-talkie) |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|
| Internal   | Internal                 | Internal                 | Internal                 | Internal  | Internal                 |
| DOH/PHD/<br>Region Staff   | DOH/PHD/<br>Region Staff | DOH/PHD/<br>Region Staff | DOH/PHD/<br>Region Staff | DOH/PHD/<br>Region Staff  | POD Staff                |
| External   | External                 | External                 | External                 | External  | External                 |
| <ul style="list-style-type: none"> <li>▪ Partnering agencies and organizations</li> <li>▪ Federal, state, local and tribal Government Agencies and EOCs</li> <li>▪ Contractors and local services providers</li> </ul> |                          |                          |                          | <ul style="list-style-type: none"> <li>▪ Local EM</li> <li>▪ Hospital</li> <li>▪ EMS</li> </ul> | Not used                 |

### Amateur Radio Emergency Services (ARES)

In a large-scale event the available ARES radio operators will likely be used at the support and coordination level of emergency communication. However, if ARES capabilities exist locally, they will be assigned as needed or as available.

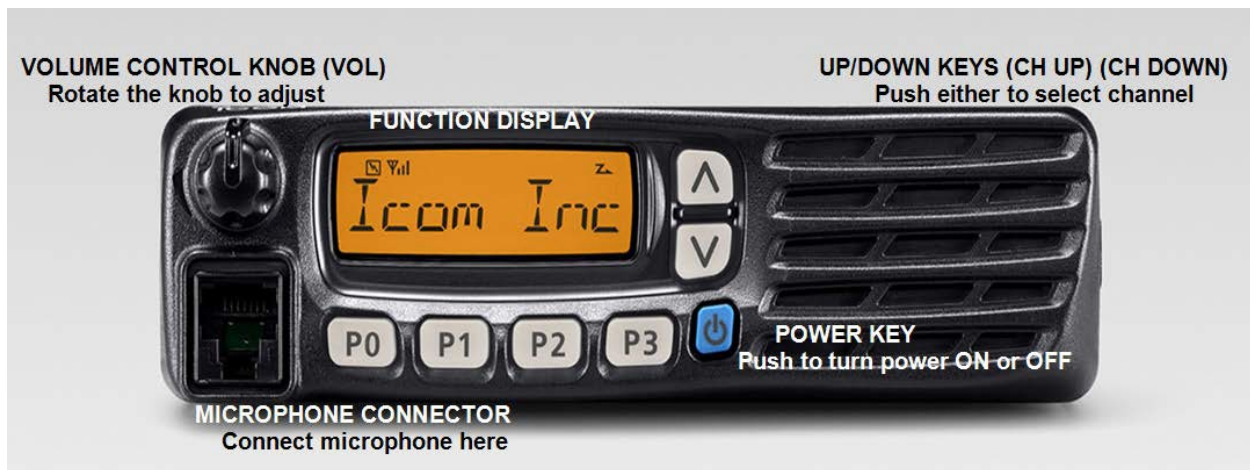
### Media Relations

All media inquiries and contacts at the POD site will be referred to and addressed by the POD Director/Manager. This information should be made known to all POD workers during the Operational Briefing and Shift Briefings. If a Joint Information System (JIS) and/or Joint Information Center (JIC) is activated, POD Director/Managers will be provided instructions on how to manage media relations. As a rule of thumb, any media contact or inquiries should be referred to an agency or jurisdictional Public Information Officer (PIO).

### POD UHF Radio User Instructions



Image: Tait Electronics

**Figure 12: Sample Mobile Base Front Panel**

### Setting Up the Mobile Base Radio

1. Plug microphone to base unit.
2. Connect antenna to base unit.
3. Connect power cord to base unit and plug to wall outlet.
4. Place red power button to "on" position.
5. Turn blue power button to on position. (digital screen will illuminate)
6. Adjust volume.
7. Use up/down arrows to select a medical channel. (See chart below)

**Figure 13: Sample Portable Unit****Portable Unit Operation**

1. Turn radio power on.
2. Adjust volume.
3. Using the channel selector (UP/DOWN arrows) select appropriate channel.
4. To transmit, push the button on the side of the portable unit. Speak slowly and clearly.
5. Allow one second after depressing the button before beginning to speak.
6. After completing your message, sign off.
7. Hold down transmit button.
8. Confirm response.
9. Sign off.

Sign off example: "Plains Regional 3456 CLEAR KU7891"

Request Example: "Santa Fe Control this is Plains Regional 3456 on Med Channel 4 Tesuque for radio check."

**Sending Radio Calls**

1. Depress transmit button.
2. Identify who you are calling.
3. Give the name of your "Service" and your "Unit number" (located on your radio).
4. If you are contacting Santa Fe Control, give the "medical channel" and repeater you are using. If you are talking local, give the "medical channel" you are using.
5. Release microphone transmit button.
6. Listen for response.

Example: "Santa Fe Control this is Plains Regional 3456 on Med Channel 4 Tesuque."

**Receiving Radio Calls**

1. Depress transmit button and wait a few seconds.
2. Acknowledge the unit calling.
3. Identify the receiver.
4. Give caller "go ahead" to transmit.
5. Release microphone transmit button.

Example: "Santa Fe Control this is Plains Regional go ahead."

6. Respond to caller accordingly after receiving transmission.
7. Stand-by for confirmation after transmitting a message.
8. Depress transmit button and wait a few seconds.
9. Sign off using your call sign followed by "CLEAR" after receiving confirmation.
10. Wait a few seconds and release microphone transmit button.

Sign Off Example: "Plains Regional 3456 CLEAR KU7891."

**How to do a Radio Check**

(Use to determine if radio is working properly)

1. Hold down transmit button.
2. Identify who you are calling.
3. Give your service name and/or unit number.
4. Give your "medical channel."
5. Request radio check.
6. Release transmit button and listen for response.

7. Hold down transmit button.
8. Confirm response.
9. Sign off.

Request Example: "Santa Fe Control this is Plains Regional 3456 on Med Channel 4 Tesuque for radio check."

Sign Off Example: "Plains Regional 3456 CLEAR KU7891."

### **Microphone Techniques to Ensure Clear Communication**

- Depress transmit button for a two seconds before speaking and do not release it for two seconds after your transmission.
- Speak directly into the microphone. Keep the microphone approximately four inches from your mouth.
- It is important to maintain a constant voice volume that does not trail off at the end of sentences.
- Speak slowly and clearly. Use clear text. (No 10-codes or jargon)
- Do not transmit while someone else is transmitting. Wait for them to finish their transmission.
- Yelling or shouting into the microphone may cause a distorted signal and make it difficult for your transmission to be understood.
- If there are loud background noises, shield the microphone by either cupping your hand around it or by turning it away from the noise.
- After completing your transmission, sign off and return the microphone to its place to avoid accidental keying of the microphone.

### **General Tips When Using a Radio Unit**

- Be calm and polite.
- Speak in a firm, clear voice.
- Use short phrases in plain English.
- Maintain normal voice tone at a constant level.
- Break up long messages into short, plain English phrases.
- Be specific about time; use a.m. or p.m., or use 24 hour time (0000-2300).
- Transmit numbers twice, stating the word "repeating" between transmissions.
- Hold the microphone transmit button two seconds before speaking and do not release it for two seconds after the completion of your last word.
- Always state your UNIT NUMBER followed by "CLEAR KU7891".
- Periodically depress the microphone transmit button to ensure it's not stuck "on the air".

- Use the Phonetic Alphabet when spelling difficult words or names. They should be transmitted as “A-alpha”, B-bravo, etc.

Sign Off Example: “Plains Regional 3456 CLEAR KU7891.”

### **IMPORTANT**

Refer to the instruction manual included with your radio for further operational instructions.

|                         |     |
|-------------------------|-----|
| <b>MEDICAL CHANNEL</b>  |     |
| Med One                 |     |
| Med Two                 |     |
| Med Three               |     |
| Med Four                |     |
| Med Five                |     |
| Med Six                 |     |
| Med Seven               |     |
| Med Eight               |     |
| <b>DISPATCH CHANNEL</b> | Med |
| Nine                    |     |
| Med Ten                 |     |

### **International Phonetic Alphabet**

The International Phonetic Alphabet (IPA) is a system for transcribing the sounds of speech that is independent of any particular language and applicable to all languages. The IPA should be used when the operator is transmitting proper terms like the name of a person, a town or street.

|             |              |            |
|-------------|--------------|------------|
| A – ALPHA   | J – JULIA    | S – SIERRA |
| B – BRAVO   | K – KILO     | T – TANGO  |
| C – CHARLIE | L – LIMA     | U- UNIFORM |
| D – DELTA   | M – MIKE     | V – VICTOR |
| E – ECHO    | N – NOVEMBER | W- WHISKEY |
| F – FOXTROT | O – OSCAR    | X – X-RAY  |
| G – GOLF    | P – PAPA     | Y – YANKEE |
| H – HOTEL   | Q – QUEBEC   | Z – ZULU   |
| I – INDIA   | R – ROMEO    |            |

## POD Administrative Toolkit Contents

- POD Operations Guide
- Forms
- Job Aids
- NMDOH Volunteer Forms
- NMDOH ICS Forms
- Signage
- Mass Dispensing Protocols
- NM Statutes
- POD Kits/ contents and pictures
- POD Supply Ordering Forms and Instructions
- Drug Information and Adverse Reaction Sheets

These tools are available on-line <https://nmhealth.org/about/erd/bhem/sns/> and are located or will be supplied with each POD Kit



## Acronyms

|             |  |
|-------------|--|
| CDC         | Centers for Disease Control and Prevention   |
| CRI         | Cities Readiness Initiative  |
| CERT        | Community Emergency Response Team  |
| CMO         | Chief Medical Officer  |
| DA          | Dispense Assist  |
| DHHS        | United States Department Health and Human Services   |
| DHSEM       | Department of Homeland Security  |
| DMAT        | Disaster Medical Assistance Team   |
| DOC         | Department Operations Center   |
| EMAC        | Emergency Management Assistance Compact  |
| EMS         | Emergency Medical Services   |
| EOC         | Emergency Operations Center  |
| EOCR        | Emergency Operations Center Representative   |
| EPHIC       | Emergency Public Health Information and Communication  |
| FBI         | Federal Bureau of Investigation  |
| FEMA        | Federal Emergency Management Administration  |
| GAR         | Governor Authorized Representative   |
| HHS         | Health and Human Services (Federal)  |
| HIPAA       | Health Insurance Portability and Accountability Act of 1996  |
| HSEEP       | Homeland Security Exercise Evaluation Program  |
| HSPD        | Homeland Security Presidential Directive   |
| ICS         | Incident Command System  |
| ICP         | Incident Command Post  |
| IMAS        | Intrastate Mutual Aid System   |
| JAS         | Job Aid(s) Sheet   |
| JIC         | Joint Information Center   |
| JIS         | Joint Information System   |
| JITT        | Just In Time Training  |
| LEOC        | Local Emergency Operations Center  |
| MOU         | Memorandum of Understanding  |
| MRC         | Medical Reserve Corps  |
| NDC         | National Drug Codes  |
| NIMS        | National Incident Management System  |
| NMDHSEM     | New Mexico Department of Homeland Security and Emergency Management  |
| NMDOH       | New Mexico Department of Health  |
| NMDOH BHEM  | New Mexico Department of Health Bureau of Health Emergency Management  |
| NMDOH DOC   | New Mexico Department of Health Department Operations Center   |
| NMDPS       | New Mexico Department of Public Safety   |
| NMEOC       | New Mexico Emergency Operations Center (SEOC)  |
| NMMRCServes | New Mexico Medical Reserve Corps Serves is the State System for Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) |
| NNRT        | National Nurse Response Team   |
| NPRT        | National Pharmacy Response Team  |

|         |   |
|---------|---|
| NRF     | National Response Framework                                 |
| PHERA   | Public Health Emergency Response Act                        |
| PHAC    | Public Health Area Command                                  |
| PHD     | Public Health Division                                      |
| PHI     | Public Health Information                                   |
| PIO     | Public Information Officer                                  |
| POD     | Point of Dispensing   |
| PPH     | People Per Hour   |
| RDS     | Regional Dispensing Site                                    |
| RHO     | Regional Health Officer                                     |
| ROC     | Regional Operations Center                                  |
| RSS     | Receipt, Staging and Storing                                |
| SEOC    | State Emergency Operations Center                           |
| SNS     | Strategic National Stockpile                                |
| TARU    | Technical Assistance Review Unit                            |
| TCL     | Target Capabilities List                                    |
| UTL     | Universal Task List   |
| VOAD    | Volunteer Organizations Assisting in Disasters              |
| WEPI    | Warning and Emergency Public Information                    |
| WEPI CG | Warning and Emergency Public Information Coordination Group |