



Title: **Point of Dispensing Prophylactic Antibiotics**

Policy #:  
POD .01

Date Issued: 08/15/2005

Date Reviewed:

Approved:

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Revised:

Dispensing: **Pharmacy Department, Nursing Administration Policies & Procedures Manual**

**POLICY:**

In the event of a public health emergency where all health care workers will require antibiotic prophylaxis, Our Lady of Mercy Medical Center will provide all employees with a 3-day prophylaxis.

**PURPOSE**

When confronted with a public health emergency, the resources provided by a healthcare facility must be maintained to support the infrastructure of society. Providing prophylactic antibiotic coverage for healthcare employees will assist meeting the need of the public health response. Prophylactic antibiotics will be delivered through a Point of Dispensing plan.

**PROCEDURE:**

***Prophylaxis Supplies, Stock and Inventory***

- 1) The hospital's Pharmacy will be in charge of the management of the supply, stock and inventory of its strategic stockpile needed to respond to a public health emergency. The Director of the Pharmacy will be responsible for the receipt of supplies from the New York City Strategic National Stockpile. The Director of the Pharmacy (or the Pharmacist-In-Charge) is located at 600 East 233<sup>rd</sup> Street, Bronx, NY 10466 at 718-920-9633.
- 2) Based upon current estimates of 2,400 total employees, approximate 16,000 doses for Doxycycline and/or Ciprofloxacin are needed to provide prophylaxis for the hospital's entire staff and patients for 3-days (11,000 doses of Doxycycline; 5,000 doses of Ciprofloxacin). The Hospital Pharmacy currently maintains an emergency stockpile of 4,000 doses Doxycycline.
  - a) Additional antibiotic may be purchased through our vendor; Amerisource of Bergen, NJ at 1-800-346-7607 as their supply permits.
- 3) The Pharmacy will maintain all Point-of Dispensing supplies and materials. These will include Prophylaxis Team Medication Bags. The Prophylaxis Team Medication Bag will contain Dose packages of Doxycycline and Ciprofloxacin, Medical Screening Questionnaires, Medication Information Fact Sheets, Adverse Event Report Forms, and Inventory Control Logs. (The Medical Screening Questionnaire is attached in the appendix of this policy).
  - a) Each Prophylaxis team leader will sign for the Prophylaxis Medication Bag and be responsible for the inventory within the bag.

***Point of Dispensing Design***

- 1) The hospital will implement a two-tiered system to assure complete dispensing of the prophylactic antibiotic dosing to its employees. In tier one, twelve pre-identified and trained Prophylaxis Teams will circulate in their designated areas to assure all employees assigned to those areas in a 48-hour period will receive their prophylactic doses of antibiotics. In tier-two, the Hospital's cafeteria will be opened to distribute prophylactic antibiotics to those employees who are not scheduled to work during this same 48-hour period.
- 2) ***Tier One Point-of-Dispensing.*** The following teams will be deployed to distribute to employees scheduled to work during the 48-hour defined Dispensing period.
  - a) *Team 1:* Hospital's first floor – Admissions, Information, Café, Security, Administration, Cashier, Telecommunications, Health Information Management, Case Management, Cafeteria, Patient Relations, Physical Therapy, Orthopedics Department, Nurse Recruitment.  
*Team 2:* Hospital's second floor – Emergency Department, Emergency Administration, Perioperative unit, Operating Rom, Post Anesthesia Care Unit, Ambulatory Surgery, Radiology, Laboratory, Pre-Hospital Care.



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*Team 3:* Hospital's third floor – 3N Med/Surg Unit, 3S Post Partum, Pediatrics, Labor & Delivery, Neonatal Intensive Care Unit, Pre-Natal Testing.

*Team 4:* Hospital's fourth floor – 4N/4S Geriatrics, 4E New Visions, GI Suite, Surgical Department Office.

*Team 5:* Hospital's fifth floor – 5N Med/Surg Unit, Nuclear Medicine, Critical Care Unit, Cardiology, Respiratory Therapy, Medicine Department Office, Pre-Admission Testing.

*Team 6:* Hospital's sixth floor – 6N Surgery Unit, 6E Oncology, Oncology Outpatient Center.

*Team 7:* Hospital's seventh floor – 7N/7S Psychiatry In-Patient, Psychiatry Department Office, Nursing Administration.

*Team 8:* Hospital's Basement Levels – Materials Management, Bioengineering, Dietary, Pharmacy, Central Supply, Engineering, Hyperbaric Medicine, Medical Village Offices of Obstetrics, Neurology, Neurosurgery, Support Services, Mail Room.

*Team 9:* Hospital's Offsite Campus Mercy Community Cares Diagnostic and Treatment Center, Emergency Medical Services Administrative Office and Garage.

*Team 10:* Hospital's Offsite Campus Vireo Business Office Center, Information Services, Human Resources, and Payroll.

*Team 11:* Hospitals Offsite Campus Ferrand Building, Psychiatry and Outpatient Mental Health

*Team 12:* Hospital's Offsite Campus Clinics and Rosalie Hall.

- b) **Team Membership and Training.** The Hospital's Prophylaxis Teams will be comprised of interns and residents from the Medicine, Surgery, and Obstetrics / Gynecology Training programs established at the institution.
- i) All hospital interns and residents will be trained annually on their role in the Hospital's Emergency Management Plan. This training will include team participation in the POD Plan.
- c) **Activation of the Team.** When the Hospital has received notification to activate the POD plan, Prophylaxis Team Leaders will present to the Pharmacy to sign-out their Prophylaxis Medication Bag.
- The Prophylaxis Team will then report to their assigned post and begin dispensing of the Medical Screening Questionnaire to all employees in their designated areas. After review of the questionnaire, the appropriate antibiotic package and information education sheet will be given to the employee.
- i) The Prophylaxis Team leader will assure that the questionnaires are completed in their entirety and kept with the Medication Bag to be returned with the inventory slip after all employees are contacted on the designated floor. The Medication Bag and contents will be returned to the Pharmacy Dispensing Chief.
- ii) To assure all employees scheduled to work are covered during the 48-hour period, Prophylaxis Teams will specifically be present at the designated team areas at 8:00AM, 4:00PM, 8:00PM, and 4:00AM.
- iii) Employees who are not scheduled to work during this initial period will be captured during Tier Two Point of Dispensing (see below, #3).
- iv) Prioritization of Prophylaxis Antibiotic Dispensing will assure that Emergency service providers and clinical personnel receive prophylaxis before non-clinical personnel.
- (1) Teams 2, 3, 4, 5, 6, and 7 cover Clinical personnel.
- (2) Teams 1, 8, 9, 10, 11, and 12 cover Non-Clinical personnel.
- d) **In-Patient population prophylaxis.** In an event where there is thought to be a threat to the in-patient population of the Hospital, the Prophylaxis Team assigned to the patient care areas will notify the patient's primary medical doctor of the request for patient antibiotic prophylaxis.
- i) The Prophylaxis team member will write the date and time the patient's Primary Medical Doctor (PMD) was notified of the request for prophylaxis in the patient's medical record.
- ii) An order from the PMD for antibiotic prophylaxis will be entered into the patient's medical record and the appropriate medication will be left with the patient's primary nurse for the administration in the prescribed manner.



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- iii) The Medical Screening Form will be completed for each patient and included with Medication Bag for inventory control by the Pharmacy Dispensing Chief.
  - iv) If a patient's Primary Medical Doctor is not available to give the medication administration order or if the physician refuses to have their patient receive antibiotic prophylaxis, the Hospital's Chief Medical Officer / Medical Director will be notified to contract the PMD or provide the necessary order.
- 3) **Tier Two Point-of-Dispensing:** For those employees who are not scheduled to work during the initial 48-hour notification of the event, the Hospital's cafeteria will serve as the secondary point-dispensing center. See attached schematic.
- a) The Corridor at the entrance to the Hospital's Cafeteria will be set up as the Registration area. Along this corridor, employees will be given a copy of the Medical Screening Form.
  - b) Entering the Cafeteria Vestibule, employees will be directed to one of eight Triage tables where their questionnaires will be reviewed and the color-coded antibiotic medication information fact sheet will be distributed.
  - c) Employees will then pass to the Dispensing area of the POD area and pick-up their medications. Their Medical Screening Form will be collected at the dispensing point and forwarded to the Pharmacy Dispensing Chief.
  - d) For Employees who require evaluation to determine the appropriate type of antibiotic or who have questions, they will be sent to Medical Evaluation in the POD area.
  - e) Tier Two POD will be staffed by members of the Hospital's Graduate Medical Education programs.
  - f) Members of the Hospital's GME programs will receive training in the Hospital's Emergency Management program during their initial orientation to the institution.

### ***Point of Dispensing Management.***

- 1) Management of the Point-of-Dispensing process will be organized through existing lines of authority and chains of command within the Hospital's Table of Organization.
  - a) The POD Team Leader will default to the Hospital's Chair of the Emergency Management Committee or their designee. When the Emergency Management Committee Chair is not available the designee will be the Hospital's Chief Operating Officer or Administrator-On-Call.
  - b) Job Action Sheets for each management position are located in the appendix of this policy.
  - c) Section Chiefs will follow similar Hospital table of organization identities.
    - i) POD Security Chief – Hospital Director of Security
    - ii) POD Communications Chief – Hospital's Director of Telecommunications
    - iii) POD Logistics Chief – Hospital's Director of Materials Management
    - iv) POD Personnel Chief – Hospital's Director of Human Resources
    - v) POD Flow Monitor Section Chief – Hospital's Director of Nursing
    - vi) POD Triage Section Chief – Hospital's Emergency Department Nurse Manager
    - vii) POD Pharmacy Chief – Hospital's Director of Pharmacy
    - viii) POD Medical Chief – Hospital's Chief Medical Officer
    - ix) POD Dispensing Chief – Hospital Assistant Director of Pharmacy
- 2) Adverse Events: In the event an employee sustains a response to the prophylaxis antibiotic as described in the Antibiotic Medication Fact sheet, which is noxious and unintended, and which occurs at dose normally used, an adverse drug reaction form will be completed.
  - a) Immediately upon recognition of the Adverse Drug Reaction (ADR), the employee will be sent to the Hospital's Emergency Department.
    - i) If a hospitalized in-patient sustains an adverse drug reaction, the physician in charge of that patient will be notified by the patient's primary nurse to evaluate, manage and treat the patient.



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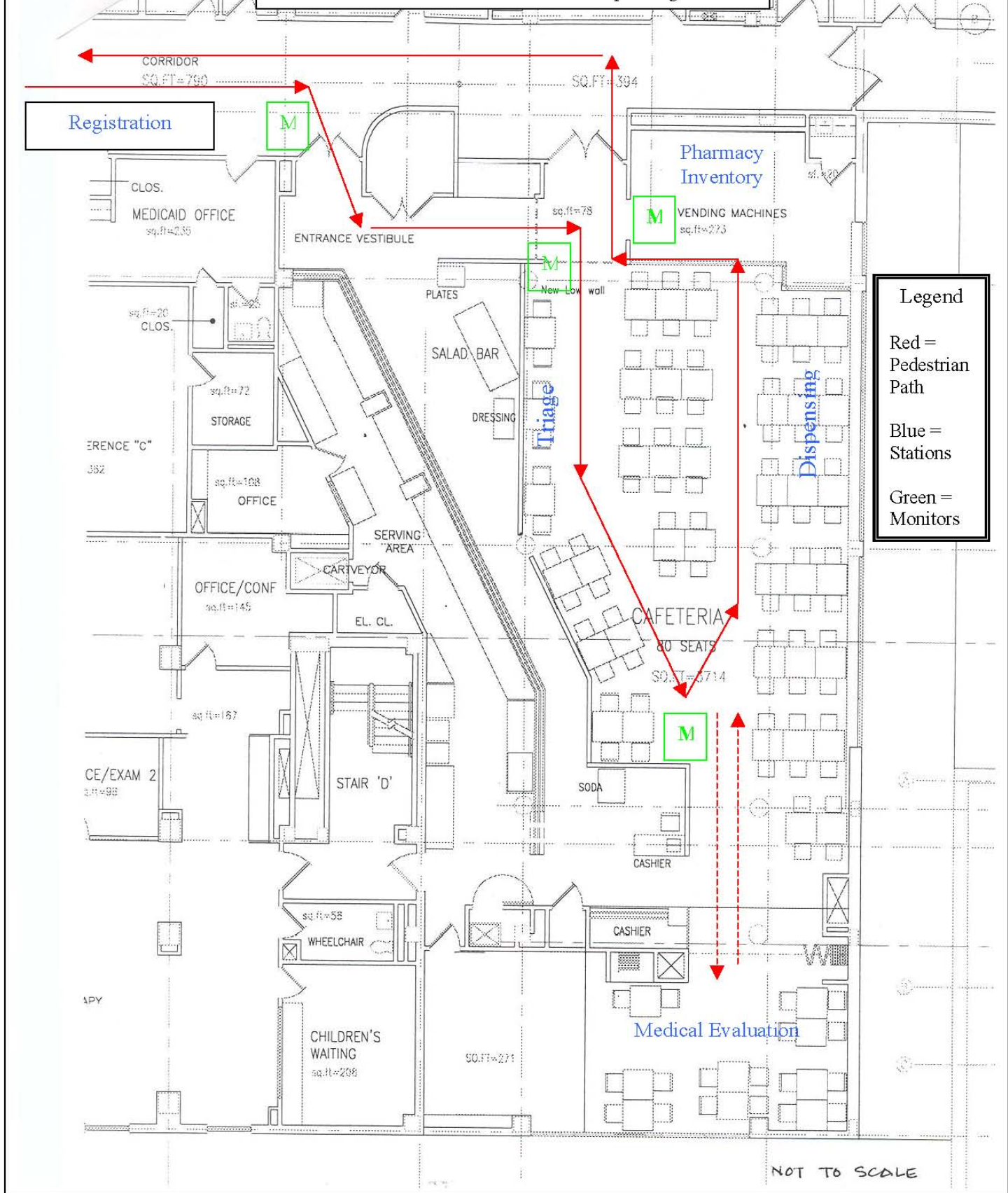
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- b) After medical evaluation, management, and treatment has been provided to the patient the hospital's Adverse Drug Reaction form will be completed and faxed to the Pharmacy at 718-920-6830
- c) The Pharmacy clinical team manager will:
  - i) Assess probability of ADR using Naranjo's algorithm (printed on back of ADR form).
  - ii) Evaluate the cause based on patient's medical and medication histories and a review of the literature.
  - iii) Verify accuracy of the severity assessment scale.
  - iv) Screen for preventability, assessment criteria is described on the back of ADR form.
  - v) Update employees' and/or patient's allergy/clinical profile in the computer system.
  - vi) Report to the Pharmacy and Therapeutics Committee and complete all necessary reporting formats as described in Pharmacy Policy A.40.09: Adverse Drug Reactions
- 3) Antibiotic Supply Safety and Security. The Director of Pharmacy in collaboration with the Director of Security will be in charge of assuring the safety and security of the prophylactic antibiotics.
  - a) All prophylactic antibiotics received from the NYC National Strategic Stockpile will be inventoried and entered into the Pharmacy's Bioterrorism Stockpile.
  - b) When prophylactic antibiotic dispensing is ordered by the NYC Department of Health, Dispensing of the stockpiled medication will take place as described in Tier One and Tier Two Dispensing.
  - c) Both tiered dispensing formats describe a mechanism for inventory and control. If the Chief Dispensing Officer identifies a breach in the inventory control and identifies missing stock and / or inventory, the Director of Pharmacy will be notified to initiate the appropriate investigation processes, which may include the Department of Security.



# Our Lady of Mercy Medical Center POD Floor Plan – Tier Two Dispensing



## **(1) POD Team Leader**

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### Name of Individual Filling Position

The POD Team Leader is the senior staff member at the POD. The Logistics, Communications, and Planning Chiefs report to the POD Team Leader. The Flow Monitor Chief, the Triage Chief, the Medical Evaluation Chief, the Dispensing Chief, and the Pharmacy Chief also report to the POD Team Leader.

All Chiefs should start in the **Command Station**.

#### At the start of the shift:

- Check in with Incident Commander or designee for any situation updates
- Meet with POD Team Leader from prior shift in the **Command Station** to receive updates
- Meet with Section Chiefs in the **Command Station** to give situation updates
  - Each Chief needs to wear a Chief armband and the armband of their section
  - Chiefs need to report to POD Team Leader before they take their position in the POD
- After the Section Chiefs meet with the POD team leader they go back to their stations to meet with their staff to update their staff members (if an update is needed)
- For the first shift only:
  - The POD Team Leader for the first shift should give the teams enough time to meet to review their tasks
  - The POD Team Leader should then quickly walk through the POD to make sure that each station has everything they need and that staff know what they are expected to do
  - When the POD Team Leader has made sure that the POD is ready to go, the POD Team Leader will tell the Flow Monitor Chief and security to let people start coming into the POD
- The POD Team Leader should follow the first few people as they go through the POD to make sure that it is running smoothly and intervene if there is a problem

#### During the shift:

- Coordinate all aspects of the POD
  - Includes routine troubleshooting—look for clustering at any of the stations, consider moving people around to facilitate flow, clear obstructed paths, identify routine errors that are being made, etc.
  - Communications Officer to act as POD Team Leader's right hand. Communication Officer is available to communicate POD Team Leader's messages to personnel outside the POD. Communications Officer to keep record of all communications
  - Coordinate personnel needs with Planning Chief
  - Request additional supplies from Logistics Officer
- Inform all section chiefs of any new developments
  - If there is an urgent message that everyone needs to know immediately or at the same time, the POD Team Leader can stop POD logistics by preventing any additional patients from entering the POD, gather the Section Chiefs together when there are no more patients to give them the information, and then have the Section Chiefs inform their staff of any new developments. The POD Team Leader can re-start the POD when everyone has been informed
- Inform Section Chiefs about 15 minutes before shift change so they know that new staff will be reporting in
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the "observer" feels ready, the "observer" will replace the "worker"
  - The relieved worker will observe the new staff member to make sure that all instructions have been communicated and are correctly being followed

#### End of shift:

- Run debrief meeting with all POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift
- Debrief with the oncoming POD Team Leader in the **Command Station**

## **(2) Security Chief**

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Name of Person Filling Position

The Security Chief coordinates with the POD Team Leader to ensure security of the POD site. Exterior and Interior Section Officers report to the Security Chief.

At the start of the shift:

- Establish Security Command Post and identify self to POD Team Leader

During shift:

- Provide situation reports to Communications Branch Chief
- Ensure Section Officers directly supervise no more than twenty individuals
- Provide stanchions and barriers to control flow of people into the POD, as necessary
- Control flow of people within the POD
- Advise POD Team Leader regarding potentially unsafe conditions
- Establish evacuation routes from POD, if necessary

End of shift:

- Act as the liaison to Flow Monitor staff to ensure that security staff is aware of shift change
- Brief replacement at shift change

## **(2a) Interior Section Officer**

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Name of Person Filling Position

The Interior Section Officer reports to the Security Chief. The Interior Section Staff report to the Interior Section Officer.

At the start of the shift:

- Assist Flow Monitor Section Chief with establishing queues to manage the flow of clients through the POD

During shift:

- Brief Section Officers about current situation
- Assure clients standing on lines within the POD are orderly
- Assure building frozen zones are maintained
- Assure supplies and vaccine are secure and separated from the public
- Alert POD Team Leader of any unsafe, hazardous or security related conditions
- Secure food and water supplies
- Provide situation reports to Security Branch Chief
- Assure staff are not supervising more than twenty individuals

End of shift:

- Brief replacement at shift change



### **(3) Communications Chief**

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Name of Person Filling Position

The Communications Chief reports to the POD Team Leader.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Communications Officer from previous shift
- Assess current status of internal and external telephone system
- Establish phone, fax, computer (internet), and radio communications systems

During shift:

- Manage phone, fax, computer, and radio communications systems
- If available, use pre-established message forms to communicate with external sites
- Act as POD Team Leader's right-hand
  - May be asked to carry POD Team Leader's cell or radio to free up POD Team Leader for other tasks
- Assist POD Team Leader in sending and receiving information.
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the "observer" feels ready, the "observer" will replace the "worker"
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

End of shift:

- Debrief with the oncoming Communications Officer in **Command Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## (4) Logistics Chief

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Name of Person Filling Position

The Logistics Chief reports to the POD Team Leader.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Logistics Officer from previous shift and review supply stash
- Either set-up or assure organization of supplies for POD:
  - Organize supplies so that all the papers, all the gloves, etc. are together and clearly labeled. POD Staff may need to come directly to supply stack to get materials.
- Either update or create inventory control logs
- There should be two inventory control logs – one for inbound materials and one for outbound materials – using the examples provided
- The inbound inventory control log includes columns for:
  - Item description, quantity, time/date received, received by, par level, Lot # and Exp. Date (if applicable)
    - Items will include medications and/or vaccines, syringes, gauze, gloves, etc.—all medical materials which need to be resupplied
- The outbound inventory control log includes columns for:
  - Item description, quantity, time/date provided, given to, par level (if applicable), amount remaining, Lot# and Exp. Date (if applicable)
  - Items will include medications and/or vaccines, syringes, gauze, gloves, etc. – all medical materials which need to be resupplied
- Note par levels of medical materials provided on the examples. Throughout the shift the Logistics Chief needs to note the levels of medical materials. If materials fall to par levels, new materials need to be reordered immediately.
- Either set-up or check stockpile of supplies for POD to make sure inventory control log is up-to-date
  - If some material is unaccounted for, write it down in the outgoing control log. Need to make sure that Inventory is up-to-date at start of each shift. (It is not your responsibility to figure out what happened when you were not there).

During the shift:

- Observe use of administrative supplies
  - Only one shipment will be provided at the POD set-up.
  - If administrative supplies run low, try to find local replacements for common items like paperwork, pens, batteries, etc.
  - If need administrative supplies, notify POD Team Leader who will either try to find local replacements with you.
    - Observe use of any paperwork
  - If supply is low, make copies
  - Lack of available paperwork should not prevent POD from running
- Observe use of medical materials
  - Record all supplies received from warehouse on inbound inventory list
  - Record all supplies given to stations on outbound inventory list
  - Regular shipment of medical supplies given every 24 hours for 2 days
- Observe and assure adequate supply of materials at all stations
  - Want to try to avoid a situation where working POD staff need to go get supplies
- Identify any problems with facility (leaky faucets, blown light bulbs), inform Communications Officer to make a request for repairs, as needed
  - If pre-designed forms are available, fill one out and give to Communications Officer

- **In an antibiotic POD**, colored index cards are given to patients at the **Triage** or **Medical Evaluation Stations** and patients give the index cards to the **Dispensing Station** in exchange for medication. The Logistics Officer should collect the colored index cards from the **Dispensing Station** and bring them back to the **Triage** and **Medical Evaluation Stations** for reuse
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

End of shift:

- Debrief with oncoming Logistics Chief in **Command Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## **(5) Personnel Chief**

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Name of Person Filling Position

The Planning Chief reports to POD Team Leader.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Planning Chief from previous shift and receive any Planning paperwork from the previous shift

During the shift:

- Go from station to station to sign staff in. Planning Chief may write in the information or the worker may write in the information. All workers need to sign in
- Make sure all staff are wearing the correctly colored armband
- Observe flow. If station is bottle-necking, evaluate if a personnel transfer is needed
  - If a personnel transfer is needed:
    - Make proposal to POD Team Leader
    - Discuss with Chiefs of the stations involved
- Make sure all staff take a 1-hour meal break
  - Review the station break plan with the Chief of each section –there may need to be 2 or 3 different lunch shifts
  - Observe staff for signs of emotional stress. If observed, relieve person from duty and refer for mental health support
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

End of the shift:

- Debrief with oncoming Planning Chief in **Command Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## **(6) Flow Monitor Section Chief**

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### **Name of Person Filling Position**

Flow Monitor Section Chief reports to POD Team Leader. Flow Monitor Officers report to Flow Monitor Section Chief.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Flow Monitor Section Chief from previous shift (as applicable) to review the flow patterns and the (potential) problem areas in **Command Station**
- Identify all Flow Monitors who will work on your shift
- Meet with all the Flow Monitors for your new shift in **Command Station**.
  - Since Flow Monitors need to be familiar with the structure and flow of the whole POD, review the floor plan to make sure everyone understands it
  - Review these principles of flow control with Flow Monitors:
    - Flow monitors need to look at each other often to see when a patient is being directed to them. Patient flow works better when one flow monitor can send them to a flow monitor who sees him or her coming, waves their hand, etc.
    - If the Triage, Dispensing, or Med Eval stations are very large, it is helpful to place one flow monitor at the front and one or two further back. Working together, they can coordinate flow to the various providers
    - If patient flow needs to go around a corner, the flow monitor should stand outside the corner as opposed to inside the corner. It is easier to direct traffic when everyone is in front of you as opposed to trying to direct patients trying to go around you
    - Flow works better when patients are directed towards a table that is directly facing them or on an angle. A table placed parallel to the line of flow often ends up stopping flow, and the personnel furthest away from the patient flow are underutilized
- Assign at least one Flow Monitor to each of these roles. The site will determine the number required. (For example, a POD site that requires patients to travel through a building will need Flow Monitors throughout the halls to direct people, but a site where patients enter directly into the POD will not need Flow Monitors to perform this function)
  - **Line Managers (May be inside or outside POD)**
    - Walk up and down the line to troubleshoot any concerns of people waiting for prophylaxis
  - **Number Distributors (May be inside or outside POD)**
    - One staff member should distribute one number per person to assign order to POD line
  - **Seating Area Monitor**
    - Help organize patient seating and/or answer patient questions, as necessary
  - **Number Caller**
    - Call numbers to get patients in line for **Triage**
  - **Triage Flow Monitor**
    - Direct patient to next available **Triage** Officer
  - **Triage to Dispensing/Medical Evaluation Monitor**
    - Direct patients coming from Triage to Dispensing or Medical Evaluation as appropriate
  - **Dispensing Monitor**
    - Direct patients to next available Dispensing Officer
  - **Medical Evaluation Monitor**
    - Direct patients to next available Medical Evaluation Officer
  - **Medical Evaluation to Dispensing Monitor**
    - Direct patients from Medical Evaluation to Dispensing
  - **Exit Monitor**
    - Direct patients out of the POD

#### During shift:

- Identify areas in the POD where patients are getting confused and place Flow Monitors there to make sure people get to the right place
- Oversee Flow Monitor Officers to make sure they are doing their job correctly:
  - Directing clients to the appropriate locations
  - Preventing clustering of people in aisles
  - Maintaining and facilitating one-way traffic flow
  - Utilizing distributed talking points, if available, to help guide communication with the public
  - Be aware of possible problems that might affect service to the public, such as disorderly behavior (report to Security staff), or individuals with special needs or mental impairment
- Perform routine troubleshooting for the **Flow Monitor Section**—identifying any problems and coming up with solutions
- Request additional staff from POD Team Leader if additional staff are required
- Assign staff as needed to special tasks which facilitate POD function
  - Flow monitors may be asked to work on special non-flow assignments
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

#### End of shift:

- Debrief with oncoming Flow Monitor Chief in **Command Station**
- Attend POD Section Leaders meeting in the **Command Station** to discuss any incidents that arose during shift

## (6a) Flow Monitors

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Name of Person Filling Position

Flow Monitors report to Flow Monitor Section Chief.

At the start of the shift:

- Identify Flow Monitor Section Chief
- Attend meeting with all the Flow Monitors and Section Chief in **Command Station**.
  - Put on appropriately colored armband
  - Since Flow Monitors need to be familiar with the structure of the whole POD, the Flow Monitor Section Chief will review the floor plan to make sure everyone understands it
  - Flow Monitor Section Chief will review these principles of flow control:
    - Flow monitors need to look at each other often to see when a patient is being directed to them. Patient flow works better when one flow monitor can send them to a flow monitor who sees him or her coming, waves their hand, etc.
    - If the Triage, Dispensing, or Med Eval stations are very large, it is helpful to place one flow monitor at the front and one or two further back. Working together, they can coordinate flow to the various providers
    - If patient flow needs to go around a corner, the flow monitor should stand outside the corner as opposed to inside the corner. It is easier to direct traffic when everyone is in front of you as opposed to trying to direct patients trying to go around you
    - Flow works better when patients are directed towards a table that is directly facing them or on an angle. A table placed parallel to the line of flow often ends up stopping flow, and the personnel furthest away from the patient flow are underutilized
- At least one Flow Monitor will be assigned to each of these roles by the Section Chief. The site will determine the number required. (For example, a POD site that requires patients to travel through a building will need Flow Monitors throughout the halls to direct people, but a site where patients enter directly into the POD will not need Flow Monitors to perform this function)
  - **Line Managers (May be inside or outside POD)**
    - Walk up and down the line to troubleshoot any concerns of people waiting for prophylaxis
  - **Number Distributors (May be inside or outside POD)**
    - One staff member should distribute one number per person to assign order to POD line
  - **Seating Area Monitor**
    - Help organize patient seating and/or answer patient questions, as necessary
  - **Number Caller**
    - Call numbers to get patients in line for **Triage**
  - **Triage Flow Monitor**
    - Direct patient to next available **Triage** Officer
  - **Triage to Dispensing/Medical Evaluation Monitor**
    - Direct patients coming from Triage to Dispensing or Medical Evaluation as appropriate
  - **Dispensing Monitor**
    - Direct patients to next available Dispensing Officer
  - **Medical Evaluation Monitor**
    - Direct patients to next available Medical Evaluation Officer
  - **Medical Evaluation to Dispensing Monitor**
    - Direct patients from Medical Evaluation to Dispensing
  - **Exit Monitor**
    - Direct patients out of the POD
- After receiving assignment, observe staff member who had your role during the previous shift (as applicable). Ask any questions you need to help you understand what they are doing and why
- Replace the staff member when you feel you can take over
- Expect the staff member to observe you for a few minutes to make sure you understand your role



During shift:

- Direct clients to the appropriate locations
- Prevent clustering of people in aisles
- Maintain and facilitate one-way traffic flow
- Utilize distributed talking points, if available, to help guide communication with the public
- Be aware of possible problems that might affect service to the public, such as disorderly behavior (report to Security staff), or individuals with special needs or mental impairment

End of shift:

- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

## **(7) Triage Section Chief**

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Name of Person Filling Position

Triage Section Chief reports to the POD Team Leader. Triage Officers report to Triage Section Chief.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Triage Section Chief from previous shift in **Triage Station**
- Introduce yourself to all Triage Officers who will work on your shift

During the shift:

- Perform routine troubleshooting for the **Triage Section**—identifying any problems and coming up with solutions
- Oversee Triage Officers to make sure they are doing their job correctly:
  - Triage Officers who are free should raise their hand to indicate they are available
  - Administer appropriate Triage Script
    - The circumstances of the event will determine the appropriate type of prophylaxis and therefore the appropriate Triage Script. The following scripts have been developed and are included in your pre-packaged materials:
      - Doxycycline as a first-line antibiotic, ciprofloxacin as a second-line antibiotic
      - Ciprofloxacin as a first-line antibiotic, doxycycline as a second-line antibiotic
    - A circumstance requiring a different type of prophylaxis will require the development of a new script
    - All scripts are designed so that:
      - All persons with any complaints of not feeling well will be sent to **Medical Evaluation**
      - All persons with a possible allergy to recommended treatment, medical conditions complicating the treatment, or taking a medication that interacts with the treatment will be sent to **Medical Evaluation**
      - All others proceed to **Dispensing**
        - If using an antibiotic script, patient receives a color-coded index card that corresponds to the appropriate antibiotic.
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

End of shift:

- Debrief with oncoming Triage Chief for the next shift in **Triage Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## (7a) Triage Officer

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**Name of Person Filling Position**

Triage Officer reports to the Triage Section Chief.

At the start of the shift:

- Introduce self to one of the Triage Officers from the previous shift who is working and closely watch what they do
- When you feel ready, replace the worker
- Put on appropriately colored armband
- The relieved worker will observe the new staff member to make sure that all the important instructions have been communicated and are being followed correctly
- Identify and introduce yourself to Triage Section Chief

During shift:

- Triage Officers who are free should raise their hand to indicate they are available
- Administer appropriate Triage Script
  - The circumstances of the event will determine the appropriate type of prophylaxis and therefore the appropriate Triage Script. The following scripts have been developed and are included in your pre-packaged materials:
    - Doxycycline as a first-line antibiotic, ciprofloxacin as a second-line antibiotic
    - Ciprofloxacin as a first-line antibiotic, doxycycline as a second-line antibiotic
      - A circumstance requiring a different type of prophylaxis will require the development of a new script
      - All scripts are designed so that:
    - All persons with any complaints of not feeling well will be sent to **Medical Evaluation**
    - All persons with a possible allergy to recommended treatment, medical conditions complicating the treatment, or taking a medication that interacts with the treatment will be sent to **Medical Evaluation**
    - All others proceed to **Dispensing**
      - If using an antibiotic script, patient receives a color-coded index card that corresponds to the appropriate antibiotic
  - Shift change will occur as follows:
    - New staff will observe those who are working
    - When the “observer” feels ready, the “observer” will replace the “worker”
    - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

## **(8) Pharmacy Section Chief**

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Name of Person Filling Position

Pharmacy Section Chief reports to POD Team Leader. Pharmacy Officers report to Pharmacy Section Chief.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Pharmacy Section Chief from previous shift in **Pharmacy Station**
- Introduce yourself to all Pharmacy Officer who will work on your shift

During the shift:

- Oversee Pharmacy Officers to make sure they are doing their job correctly:
  - **For antibiotics**
    - The Pharmacy officers may need to package medication for dispensing.
    - Medications are prescribed in different doses for children and adults, persons with renal failure, persons on medication that interferes with the prophylactic medication. Different doses of the medications are available. For example, there are bottles with 250 mg tablets of Cipro and others with 500 mg of Cipro
    - The specifics of the situation will determine how many bottles each patient will need.
    - Packaging will include:
      - The bag will need to be **identified with a color**. Staff at the **Dispensing Station** will receive a colored index card from the patient. Staff at the Dispensing Station needs to have an easily visible way of giving the correct packages. Color identification may be done by writing the color on the bag, placing the appropriately colored sticker on or in the bag, or placing the appropriately colored index card in the bag
      - A package insert may also be required

End of shift:

- Debrief with oncoming Pharmacy Chief for the next shift in the **Pharmacy Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## (8a) Pharmacy Officers

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## Name of Person Filling Position

Pharmacy Officers report to Pharmacy Section Chief.

At the start of the shift:

- Introduce yourself to one of the Pharmacy Officers from the previous shift who is working and closely watch what they do
- When you feel ready, replace the worker
  - Put on appropriately colored armband
- The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed
- Identify and introduce yourself to Pharmacy Chief

During the shift:

- **For antibiotics**
  - The Pharmacy officers may need to package medication for dispensing.
  - Medications are prescribed in different doses for children and adults, persons with renal failure, persons on medication that interferes with the prophylactic medication. Different doses of the medications are available. For example, there are bottles with 250 mg tablets of Cipro and others with 500 mg of Cipro.
  - The specifics of the situation will determine how many bottles each patient will need.
    - The bag will need to be **identified with a color**. Staff at the **Dispensing Station** will receive a colored index card from the patient. Staff at the Dispensing Station needs to have an easily visible way of giving the correct packages. Color identification may be done by writing the color on the bag, placing the appropriately colored sticker on or in the bag, or placing the appropriately colored index card in the bag
    - A package insert may also be required

End of shift:

- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

## (9) Dispensing Section Chief

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Name of Person Filling Position

Dispensing Section Chief reports to POD Team Leader. Dispensing Officers report to Dispensing Section Chief.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Dispensing Section Chief from previous shift in **Dispensing Station**
- Introduce yourself to all Dispensing Officers who will work on your shift.

During the shift:

- Perform routine troubleshooting for the **Dispensing Section**—identifying any problems and coming up with solutions
- Oversee Dispensing Officers to make sure they are doing their job correctly:
  - Dispensing Officers who are free should raise their hand to indicate they are available
  - Dispense appropriate treatment:
    - **Event with antibiotics as treatment**
      - Use Dispensing Chart to identify correct antibiotic
        - The color of the index card identifies the correct antibiotic to dispense
          - E.g., a blue index card identifies Doxycycline 100 mg 2 times per day
      - All patients who come to **Dispensing** should have an index card
      - If a patient comes to **Dispensing** without an index card, the Dispensing Section Chief should rectify the error
      - Some patients who have contraindications to both Doxycycline and Cipro will not come to **Dispensing**. They will receive a prescription for an alternative medication from **Medical Evaluation**. These patients should go directly to the closest **Exit**
      - Give appropriate antibiotic to patient
      - Collect index card from patient for re-use

End of shift:

- Debrief with oncoming Dispensing Chief for the next shift in **Dispensing Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## (9a) Dispensing Officers

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### Name of Person Filling Position

Dispensing Officers report to Dispensing Section Chief.

At the start of the shift:

- Introduce yourself to one of the Dispensing Officers from the previous shift who is working and closely watch what they do
- When you feel ready, replace the worker
- Put on appropriately colored armband
- The relieved worker will observe the new staff member to make sure that all the important instructions have been communicated and are correctly being followed
- Identify and introduce self to Dispensing Section Chief

During shift:

- Dispensing Officers who are free should raise their hand to indicate they are available
- Dispense appropriate treatment:

#### **Event with antibiotics as treatment**

- Use Dispensing Chart to identify correct antibiotic
  - The color of the index card identifies the correct antibiotic to dispense
    - Eg. a blue index card identifies Doxycycline 100 mg 2 times per day
  - All patients who come to **Dispensing** should have an index card
  - If a patient comes to **Dispensing** without an index card, the Dispensing Section Chief should rectify the error
  - Some patients who have contraindications to both Doxycycline and Cipro will not come to **Dispensing**. They will receive a prescription for an alternative medication from **Medical Evaluation**. These patients should go directly to the closest **Exit**
    - Give appropriate antibiotic to patient
    - Collect index card from patient for re-use

End of shift:

- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed



## (10) Medical Chief

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Name of Person Filling Position

Medical Chief reports to POD Team Leader. Medical Officers report to Medical Chief.

At the start of the shift:

- Meet with POD Team Leader and Section Chiefs in **Command Station**
- Put on appropriate armband
- After meeting with POD Team Leader, debrief with Medical Chief from previous shift in **Medical Evaluation Station**
- Introduce yourself to all Medical Officers who will work on your shift
- Assign one person to be a Medical Greeter
  - The Medical Greeter should be where people are getting on line to wait for prophylaxis. Ill people are not allowed in the POD. It is the Medical Greeter's job to prevent ill people from waiting on line because they will not be allowed in. The Medical Greeter should send ill people to the most appropriate place, including to their home, to their physician, to the hospital, etc. Where possible, the Medical Greeter should assist in helping this ill person get where they need to go.

During the shift:

- Perform routine troubleshooting for the **Medical Evaluation Section**—identifying any problems and coming up with solutions
- Oversee Medical Officers to make sure they are doing their job correctly:
  - Person assigned to do medical greeting should walk the line of waiting patients, asking if anyone is sick. Sick people should not enter the POD. They should seek medical care.
    - Medical Officers who are free should raise their hand to indicate they are available.
  - Administer appropriate Medical Algorithm
    - The circumstances of the event will determine the appropriate type of prophylaxis and therefore the appropriate Medical Algorithm. The following scripts have been developed and are included in your pre-packaged materials:
      - Doxycycline as a first-line antibiotic, ciprofloxacin as a second-line antibiotic
      - Ciprofloxacin as a first-line antibiotic, doxycycline as a second-line antibiotic
    - A circumstance requiring a different type of prophylaxis will require the development of a new algorithm
    - **If the treatment is antibiotics:**
      - Medical Officers use the correct algorithm (doxy as first line, cipro as second; cipro as first line, doxy as second; other) to identify and prescribe the correct medication for someone coming to **Medical Evaluation Station** for an allergy, medical condition, or on medication that requires a different prophylactic treatment or different dose
      - Medical Officer will give a color-coded index card that corresponds to the appropriate prophylactic medication and dose for them, which they should present at Dispensing
      - Those persons requiring a medication not available at the POD will receive a prescription for the appropriate medication
      - Persons will be sent to the correct place
        - Well persons with a color-coded index card will be sent to **Dispensing** to receive their medication
        - Well persons who require an alternative medication will be sent to the **Exit**
- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the “observer” feels ready, the “observer” will replace the “worker”
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed

End of shift:

- Debrief with oncoming Medical Chief for the next shift in **Medical Evaluation Station**
- Attend POD staff Section Leaders in the **Command Station** to discuss any incidents that arose during shift

## (12) Medical Officer

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Name of Person Filling Position

Medical Officer reports to the Medical Chief.

At the start of the shift:

- Introduce yourself to one of the Medical Officers from the previous shift who is working and closely watch what they do
- When you feel ready, replace the worker Put on appropriately colored armband
- The relieved worker will observe the new staff member to make sure that all the important instructions have been communicated and are being followed correctly
- Identify and introduce yourself to Medical Chief
- One Medical Officer will be assigned to do medical greeting
  - The Medical Greeter should be where people are getting on line to wait for prophylaxis. Ill people are not allowed in the POD. It is the Medical Greeter's job to prevent ill people from waiting on line because they will not be allowed in. The Medical Greeter should send ill people to the most appropriate place, including to their home, to their physician, to the hospital, etc. Where possible, the Medical Greeter should assist in helping this ill person get where they need to go

During shift:

- Person assigned to do medical greeting should walk the line of waiting patients, asking if anyone is sick. Sick people should not enter the POD. They should seek medical care.
- Medical Officers who are free should raise their hand to indicate they are available
  - **If the treatment is antibiotics:**
    - Medical Officers use the correct algorithm (doxy as first line, cipro as second; cipro as first line, doxy as second; other) to identify and prescribe the correct medication for someone coming to **Medical Evaluation Station** for an allergy, medical condition, or on medication that requires a different prophylactic treatment or different dose
    - Medical Officer will give a color-coded index card that corresponds to the appropriate prophylactic medication and dose for them, which they should present at Dispensing
    - Those persons requiring a medication not available at the POD will receive a prescription for the appropriate medication
      - Persons will be sent to the correct place
    - Well persons with a color-coded index card will be sent to **Dispensing** to receive their medication
    - Well persons who require an alternative medication will be sent to the **Exit**

End of shift:

- Shift change will occur as follows:
  - New staff will observe those who are working
  - When the "observer" feels ready, the "observer" will replace the "worker"
  - The relieved worker will observe the new staff member to make sure that all important instructions have been communicated and are correctly being followed



**OUR LADY of MERCY MEDICAL CENTER**  
*A University Hospital of New York Medical College*

**Point of Dispensing  
Medical Screening Questionnaire**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Employee? \_\_\_\_  
Hospital Department \_\_\_\_\_  
Relative of employee? ☐ Yes ☐ No Relationship? \_\_\_\_\_

Place In-Patient Admission Name Sticker Here

**There are seven questions below – be sure to answer all 7 questions.**

- (1) Are you allergic to any antibiotic? ☐ Yes ☐ No  
If yes, what medication and what was the reaction? \_\_\_\_\_
- (2) Check any of the following medications you currently are taking:  
☐ Theophylline, ☐ Benemid, ☐ Coumadin, ☐ Cyclosporin, ☐ Dilantin, ☐ Tegretol?
- (3) Do you have a seizure disorder? ☐ Yes ☐ No (4) Do you have kidney disease? ☐ Yes ☐ No
- (5) Are you on dialysis? ☐ Yes ☐ No (6) Are you breast feeding? ☐ Yes ☐ No
- (7) Over the past 10 days have you had any of the following symptoms? (Check all that apply):
- |                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Fever             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Headache                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trouble breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pain, tightness in chest | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough up blood           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore muscles      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Very tired               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Upset stomach     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vomiting                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diarrhea          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |

*If the response to any of these questions is YES, refer to Medical Evaluation Unit before giving medication!*

**Consent / Agreement Statement:**

I have received information about the prophylactic antibiotic and understand the risks and benefits of the program.

☐ I request that antibiotics be given to me. ☐ I do not wish to take antibiotics at this time.

Your Name and Signature: \_\_\_\_\_

**All Areas Below For Dispensing Staff Only**

**Antibiotic Given:**

☐ Doxycycline 100 mg. p.o. BID x 10 days Lot# \_\_\_\_\_ Init. \_\_\_\_  
OR  
☐ Ciprofloxacin 500 mg p.o. BID x 10 days Lot# \_\_\_\_\_ Init. \_\_\_\_

**NOTES:**

Patient's Primary Medical Doctor Notified ☐ Yes ☐ No ☐ N/A

Chief Medical Officer Notified ☐ Yes ☐ No

Disposition: ☐ Home ☐ Hospital ☐ Other \_\_\_\_\_

Triage Officer Name and Signature \_\_\_\_\_

Medical Evaluator Name and Signature \_\_\_\_\_