



**Delaware County
Medical Countermeasures (MCM)
Program
Vaccine Dispensing Site
Planning, Coordination, Staffing,
and Operations
1 June 2021**



Your Input and Feedback

- ❑ It is likely that you already have some/a lot of exposure too/experience with VPODs
- ❑ Keep in mind that there are hundreds or even thousands of ways to organize and run a VPOD...and we will talk about “a” way
- ❑ It is also likely that if we have a future critical need for this training...many of the participants will NOT have as much exposure and experience as you do!
- ❑ So...we need to get your input and feedback, not just about “a” way that we reflect in the training, but also other ways and TTPs that you have found effective.



Introduction

- ❑ DELCO MCM 101 covered the basics of the DELCO MCM Program and focused on dispensing of pills/oral antibiotics for immediate response scenarios such as ANTHRAX or PLAGUE.
- ❑ DELCO MCM 102 focuses on dispensing of injections. Due to time limitations, we also do not include the MCM/SNS basics. This program is not specific to our COVID response, but it does include many lessons learned from our VPOP planning and operations. We anticipate that we could provide injections primarily in one of two ways/scenarios
 - **Injections Only** and fairly long time (month/year(s)) from onset to beginning of vaccine response – similar to H1N1 and COVID-19, multi-phased response using a vaccine that was developed in response to a pandemic such as we saw in 2020-2021
 - **Injection and Oral Antibiotic** and a very short time (hours/days) from onset to response – aka the “short flash-bang” scenario such as exposure to ANTHRAX for which we have a vaccine and for which oral antibiotics could/would be used for both prophylaxis and treatment and where everyone comes en masse rather than in phases.

Background

- ❑ For more than 15 years, DELCO planned, educated, trained, exercised, and built both capability and capacity for Medical Countermeasures (MCM) response
- ❑ For many of those years the team and program received exceptional evaluation scores and most recently on the 2019 MCM ORR was just the 2nd jurisdiction in the US to achieve the highest rating of “Established”
- ❑ The program in DELCO works because of a very well-prepared core team and long-standing close partnerships with dedication from key stakeholders!
- ❑ We have been immersed in the COVID-19 pandemic response since March 2020 and with the vaccine response since early 2021. This public health situation is not over, but we must continue to plan, train, and exercise for other...and potentially even more dangerous...public health emergencies.
- ❑ MCM 101 (various versions/variants) has been the backbone of our education and training program for many years.
- ❑ MCM 102 is the next step in our program maturity as we broaden the program to also fully cover distribution, handling, and dispensing of oral antibiotics.

Welcome to the Team!

- ❑ If you are participating in this discussion and/or receiving this training, you are part of the very important team that may provide life-saving services to our community!
- ❑ There are many possible ways to organize and operate vaccine dispensing sites. What we will describe herein is our current way of doing it.
- ❑ It is possible, as we saw with the C19 vaccine response, that there will be specific and just-in-time guidelines provided along with EUAs.
- ❑ Our plan/program focuses mainly on basic processes and functions and less on incident/vaccine-specific requirements and procedures.
- ❑ As with all of our POD operations, the site leadership may modify some aspects of operations to suit their specific site and team capabilities/limitations but...but, we strongly desire to keep things as standardized as possible so that this solution is both replicable and scalable.

Basic Dispensing Point Functions

- ❑ Objective – effective, efficient, and safe provision of vaccines to clients while protecting the health and safety of staff... **as many shots to as many people in as little time as is safely possible!**
- ❑ Seven (7) Basic Steps
 - Site Selection and Coordination
 - Public Notice and Instruction
 - Ingress/Arrival
 - Processing - Symptom Screening, administrative processing/scheduling, and medical consult
 - Vaccination
 - Post-Vaccination Observation
 - Egress/Departure



Site Staffing

- ❑ Well...it depends!
- ❑ Most sites will be a combination of...
 - Host Site employees and volunteers
 - County employees
 - County volunteers (CCDC)
 - County contractors (likely in a delayed response like COVID, unlikely in a rapid response)
 - Municipal employees
 - Other response organization staff/volunteers
 - Filled Unmet Staffing Needs from the Commonwealth
 - likely would be National Guard



Site Teamwork

- ❑ The Site Commander and leadership team have the challenge of sorting all of that out and making an effective team from a bunch of individuals who may or may not have worked together before and who may or may not have dispensing site experience
- ❑ Please do your part well...
 - **If in a leadership position** – listen, observe, establish order and priorities, be decisive but not impulsive, and provide clear guidance and direction. Be open to new ideas that may not be “your way” of doing things!
 - **If not in a leadership position** – focus on doing your assigned job well. Be a good follower. Offer your ideas when it is appropriate. Accept the decision and direction of leadership!
 - **All** – be patient, courteous, flexible, resilient, and adaptive!

Big Variables

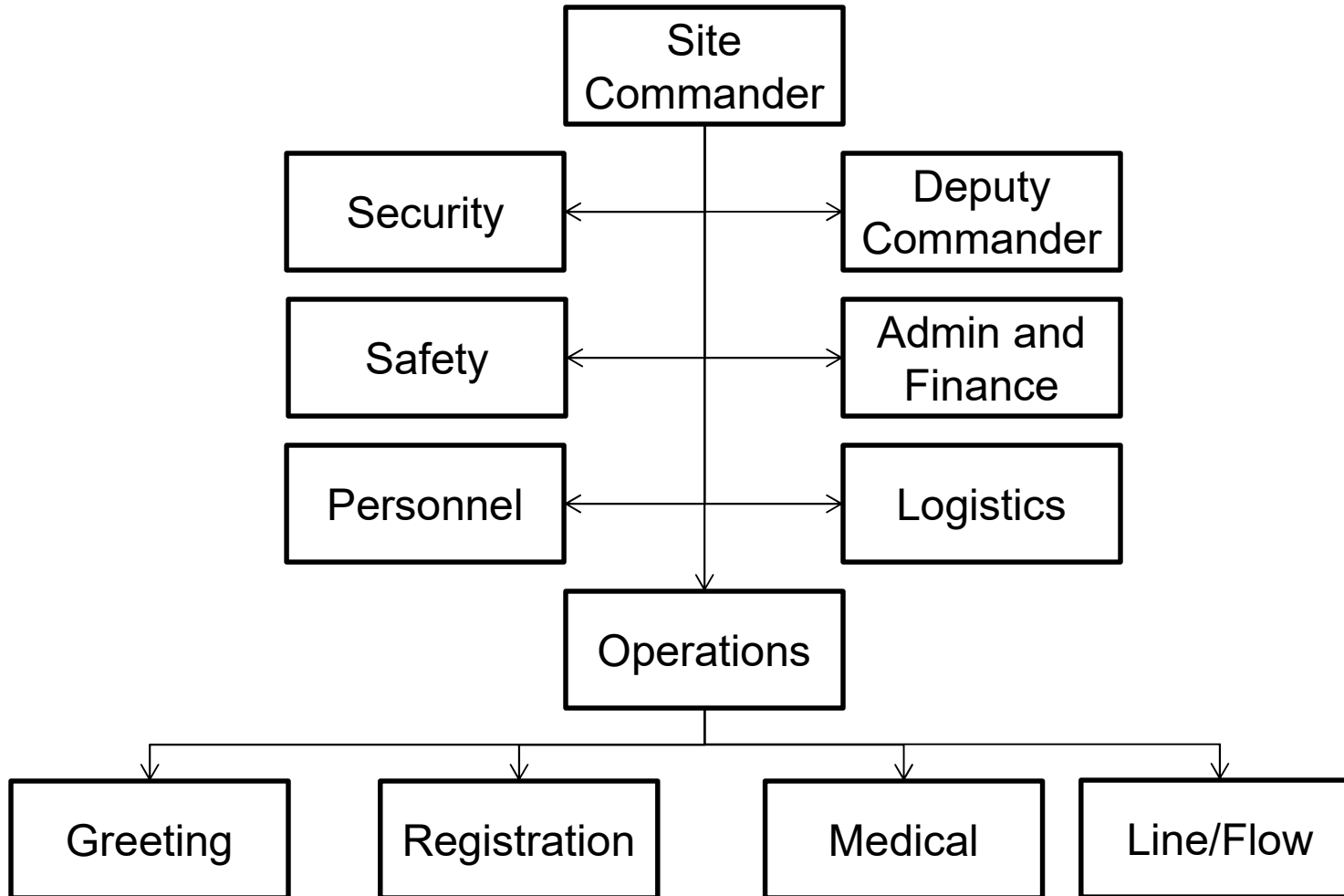
Some big items determine how we setup and how we execute dispensing operations. Several of the most significant variables are presented here and then referenced in later slides

- Vaccine Only or Vaccine and Oral Antibiotics
- Single or Multi-dose Vaccine
- Multi-dose vaccine...primarily first dose (maybe paired with pill dispensing), primarily second dose, or a mix
- Pre-Registration or Open Attendance
- County Run, County Supported, and/or Non-County Dispensing Site
- Vaccine Manufacture and Handling Requirements

Macro Planning Factors - VPODs

- ❑ Pretty much everything is driven by the available quantity of vaccines which drives # of clients, which drives # of vaccinators, which drives # of other staff!
- ❑ Vaccinator productivity - Average of 10-15 vaccines per hour when supported by clinical staff preloading syringes for the vaccinator. This productivity rate may be more or less depending on level of experience and other factors
- ❑ Dispensing Site Throughput – for simple calculations, we use a 10 hour dispensing operation that may be split into two 5 hour shifts
 - 1 vaccinator – 10-15 injections per hour, 100-150 vaccinations per day
 - 10 vaccinators – 100-150 injections per hour, 1000-1500 vaccinations per day
 - 15 vaccinators (our largest planned sites) – 1500-2250 vaccinations per day
- ❑ Staff Ratios – the level of required staffing for other positions is driven by the number of vaccinators
 - Registration Staff – 1:1, one registration staff for each vaccinator if using a two-dose vaccine and if most/all clients are receiving their first dose. If 15 vaccinators then 15 registration staff
 - Vaccinator support (pre-draw) – 1:3, one person pre-drawing vaccine supporting three vaccinators
 - PA SIIS Data Input – 1:2
 - Medical Consult – 1:5
 - Pill Dispensing Staff – if applicable 1:2-3 (i.e. if 10 vaccinators 3-5 pill dispensing)

COVID Vaccine Dispensing Site Organization Chart



Site Planning and Preparation

- ❑ All 15 school districts
 - 16 pre-planned Pill dispensing sites
 - 15 pre-planned vaccine dispensing sites
 - Next step – working best solution for pill and vaccine combined
- ❑ Site Selection
 - Right geography and demographics
 - Ease of site ingress and egress
 - Sufficient Parking for scale of operation
 - Full-size gymnasium (or equivalent) for 10 or more vaccinators/150 vaccinations per hour
 - Seasonal Considerations – HVAC!!!
- ❑ Site Planning
 - Campus/Area Plan
 - Building/Flow Plan
- ❑ Activities of other community partners and providers!!!

Is the gym air conditioned?



Dispensing Site Functions - Sequential Site Steps/Stations (1 of 2)

- ❑ **Ingress/Arrival/Parking** – enter campus and park following signage and LE/security instructions
- ❑ **Reception** – in parking area, inform to proceed to entry door with paperwork and NET 5 minutes prior to scheduled appointment time
- ❑ **Greeting** – at main entry door, maintain social distance/marks on floor, mask required, have paperwork out, issue clipboard with consent form (if needed)
- ❑ **Symptom Screening** – IR Temperature check and verbal questioning for COVID symptoms
- ❑ **Identification Check** – Confirm completed Consent form, verify ID and matching name in Acuity printout, and confirm appointment time. Resolve issues off line

******Note** – some information provided is specific to our COVID-19 response and could be same, similar, or very different based on the contagion or nature of the emergency. But...we expect the basic process steps to remain much the same!



Dispensing Site Functions - Sequential Site Steps/Stations (2 of 2)

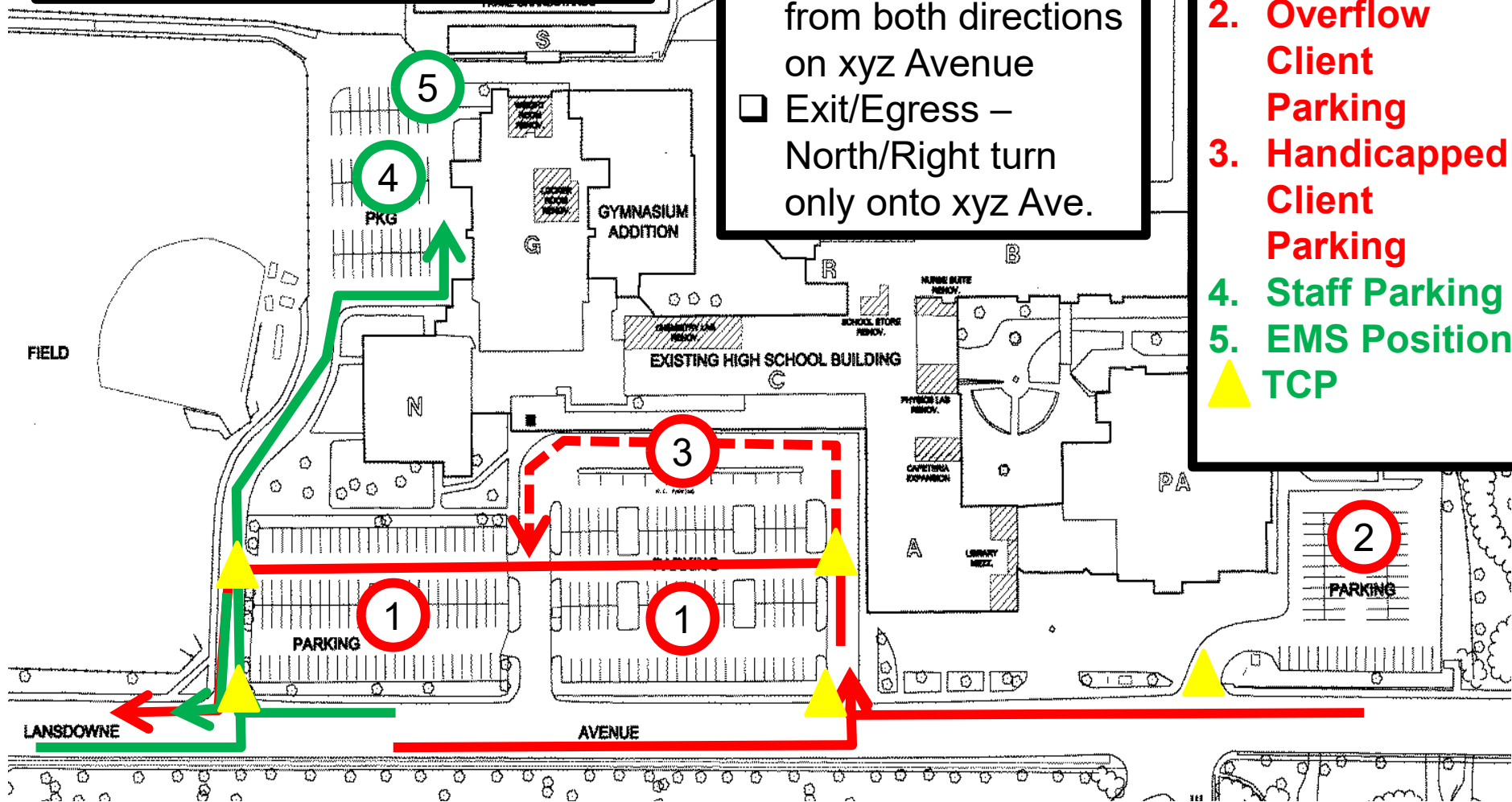
- ❑ **Medical Consult** – medical staff verbally confirm ability to receive vaccine
- ❑ **Registration** – schedule 2nd dose (+28 days, if applicable), begin/update vaccine card, Acuity entries/corrections as needed
- ❑ **Anaphylaxis Check** – Medical staff verbal check for prior adverse vaccine reaction/anaphylaxis. Issue yellow card (30 min post-vaccine observation) if applicable
- ❑ **Vaccination** – Medical staff, complete vaccine, complete vaccine card, keep Consent Form
- ❑ **Post-Vaccine Document Issue** – verbal confirmation that consent form was retained by vaccinator, issue additional paperwork/instructions, direct to seating
- ❑ **Post-Vaccine Observation** – socially distanced seating, EMS and staff monitor for adverse reaction, 15 or 30 minute (Yellow Card) self-timed
- ❑ **Exit** – verbal confirmation that person turned in Consent Form, final check for adverse reaction
- ❑ **Egress/departure** – exit campus following signage and LE/security instructions

Sample Vaccine Dispensing Campus Flow

Traffic Flow Planning

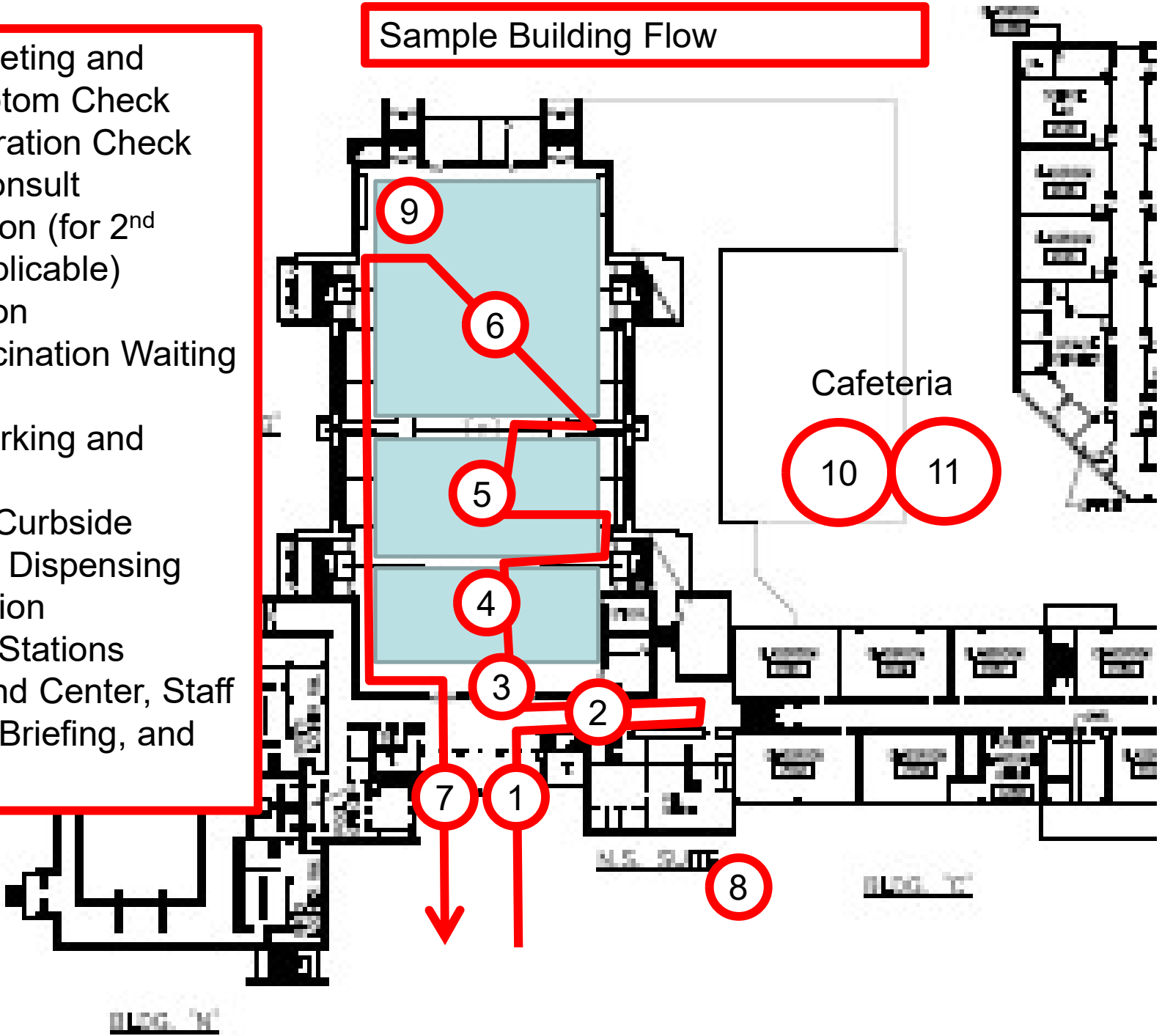
- Entry/Ingress – from both directions on xyz Avenue
- Exit/Egress – North/Right turn only onto xyz Ave.

- 1. Main Client Parking**
- 2. Overflow Client Parking**
- 3. Handicapped Client Parking**
- 4. Staff Parking**
- 5. EMS Position**
- ▲ TCP**



Sample Building Flow

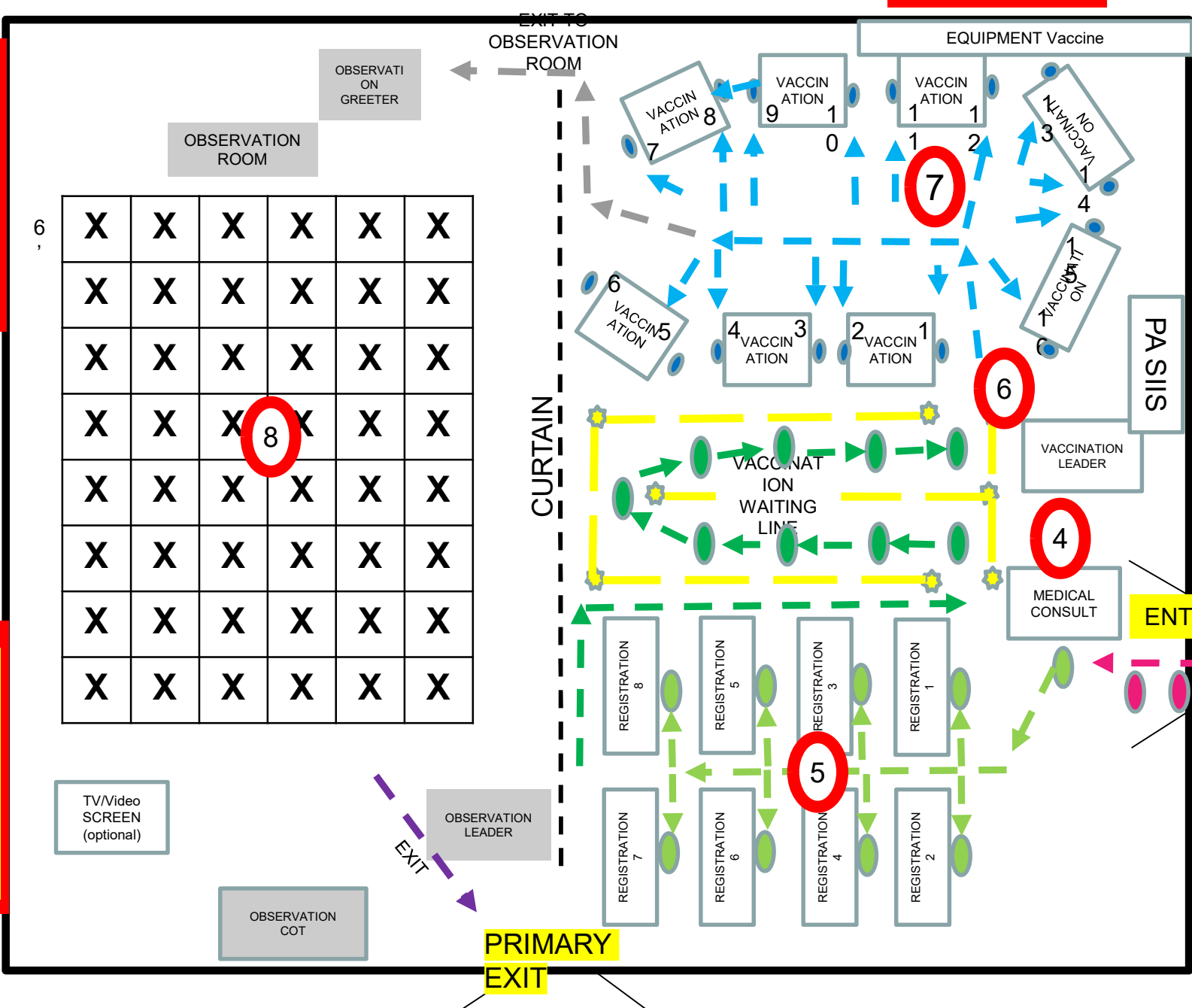
- 1 – Entry/Greeting and COVID Symptom Check
- 2 – ID/Registration Check
- 3 – Health Consult
- 4 – Registration (for 2nd Vaccine if applicable)
- 5 – Vaccination
- 6 – Post-Vaccination Waiting Area
- 7 – Exit to Parking and Egress
- 8 – Possible Curbside Handicapped Dispensing
- 9 – EMS Station
- 10 – PA SIIS Stations
- 11 – Command Center, Staff Registration, Briefing, and R&R



Sample DELCO Vaccine POD Stations and dispensing are flow/layout

EMERGENCY EXIT

EMERGENCY EXIT



- 1 Greeter & COVID-19 screening
- 2
- 3 REGISTRATION REVIEW

PRIMARY EXIT

Staff Planning and Preparation

- ❑ Vaccines, Pills, or both?!
- ❑ 60-100+ for large sites (10-15 vaccinators, 2-dose vaccine, mostly 1st dose)
- ❑ 4-12 hour shifts – a LOT of variables
 - Shorter shifts for vaccinators
 - Shorter shifts if higher level of PPE
 - Shorter shifts may significantly increase total staff requirements
- ❑ Sources
 - Host Site – as many as possible to include vaccinators
 - County/Government Mandatory – will depend on the situation, but for example during COVID
 - Site Commander - required to operate under official authority and protections of DELCO
 - Medical Lead – required for authority to dispense medications under the authority of CCHD
 - Vaccine Handling/Management – team of 3-5 to deliver, secure, manage, and recover vaccine. Not stored on-site, delivered just-in-time
 - Local/Community/Other School Volunteers – coordinated by host site
 - Municipal Staff – such as fire and police, coordinated by host site
 - County Volunteers (CCDC/MRC) – coordinated jointly by host site and county

Staff Training

- ❑ Staff Training – well...it depends!
- ❑ Pre-event training – like MCM 101/102, PODEXs, etc.
- ❑ On-line/Virtual - Example from COVID response
 - o Medical Staff required
 - o General/All Staff required
 - o Additional good to do but not required
- ❑ Just-In-Time...Left-Seat/Right Seat – very likely a large component of training especially in a rapid response scenario



Logistics Planning and Preparation

- ❑ County provided
 - General POD Materials - Pod in a Box (PIB) delivered by County
 - Medical Specific Materials (All materials directly related to vaccines) – likely (hopefully) distributed along with the vaccine.
 - Disposal of bio-hazard waste – likely county contract, but also likely host-site temporary storage requirement
 - All required printed paperwork (host may be asked to make some copies under certain conditions)
- ❑ Host provided
 - Many things like tables and chairs that are part of normal site property
 - Computers and IT – unlikely that county can source enough/in time
 - Chow – likely more efficient/effective for host site to provide/coordinate
 - Traffic Barriers, Sign Boards, etc. – likely best coming from local municipality
- ❑ Bottom line – no single clear solution, but good planning baseline and coordination between County and Host!



Operational Timeline

- ❑ Days, Weeks, Months – it depends!
- ❑ ANTHRAX or PLAGUE-type response
 - o 24-96 hour (likely 24/7) initial response for 75%+ of the population
 - o Days/Weeks for follow-up and target dispensing
- ❑ Pandemic like H1N1, COVID, etc.
 - o Months for initial phased response
 - o Months/Years for follow-up



Setup and Recovery Operations

Example provided from COVID-19 response operations with community partner (School) site!

- D-14: Site Plan Reviewed/Completed (two weeks prior)
- D-7: Key Stakeholder meeting/coordination completed NLT one week prior
- D-4:
 - o Preliminary staffing completed
 - o Unmet needs coordinated with county
- D-1:
 - o Key Leader rehearsal/walk-thru
 - o Final staffing plan completed
 - o Unmet needs met
 - o PIB Delivery
- D+1: PIB pickup by county
- D+5: Site AAR submitted to County
- D+?: Submission for expense reimbursement (if applicable)



Daily Operations Schedule (sample)

9:00AM – 6:00PM dispensing (9-hour)

- 7:30AM: Command Staff arrival
- 8:00AM (NLT):
 - o Shift A Staff Arrival, In-processing, assignments, equipment, just-in-time training
 - o Vaccine delivery
- 9:00AM: Begin dispensing, opening report to EOC/HOC
- 1:00: Shift B arrival, in-processing, assignments, equipment, just-in-time training/LS-RS
- 1:30-2:00PM: Shift Change
- 2:00PM: Shift A Departs
- 5:45PM: last appointment arrival
- 6:00PM: last vaccine
- 6:15-6:30PM: last customer departure
- 6:30-7:00PM: secure vaccine, required cleanup/reset
- 7:00PM: Most Staff depart
- 7:30PM: Closing report to EOC/HOC, leadership departure, secure facility

Daily Operational Cycle

0600 0800 1000 1200 1400 1600 1800 2000

Final Prep



Shift A (0800-1400)



Shift B (1300-1900)



Cleanup,
Recovery

1 = Vaccine Delivery
2 = First Vaccine
Appointment 0900
3 = Shift Change - +/- 30
minutes 1330-1400
4 = Last Vaccine
Appointment 1745
(departure about 1815)

Staff Orientation to a COVID Dispensing Site

- ❑ In the following series of slides, we will present functions and tasks in the dispensing site from the Client perspective – follows the flow that the client will experience during their visit to the dispensing site
- ❑ This information is based on our COVID response, but would likely be similar in other vaccine scenarios



Client Perspective

- ❑ The following slides depict the vaccination program and vaccination dispensing from sequence or flow experienced by a client. They are broken down into three sections
 - Pre-arrival
 - At vaccination site
 - Post-vaccination
- ❑ Each key station/step is presented with
 - Staffing guidelines/qualifications
 - Essential Task(s), and
 - TTPs (Tactics, Techniques, and Procedures)

Client Perspective – Pre Arrival

- Information sources
 - o General Media
 - o Social Media
 - o County Website
 - o Host Site
 - o Community Partners
- Call Center
- Registration process
- Standby list(s)



Ingress/Arrival/Parking

- ❑ General – follow directions and signage to arrive at and enter dispensing site
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical, at least one Credentialed Law Enforcement Officer is desired
 - Quantity – As required for size, complexity, and expected volume
 - Small Site – 4-6
 - Large site – 10-15
- ❑ Essential Function/Tasks –
 - Orderly flow of traffic (vehicle and walking) from roadways to the dispensing site property
 - Parking in regular and/or handicapped designated locations
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - 1-2 staff at each entry/exit control points
 - Cones/physical barriers to restrict movement/travel as needed
 - 1-2 staff at each intersection to direct traffic to proper areas
 - High visibility vests
 - Hand held radios to coordinate operations/de-conflict issues
 - Use of mobile sign-boards along public roadway(s)
 - Be friendly but keep the traffic moving!



Reception

- ❑ General – In the parking and/or pedestrian arrival area. May be combined with Arrival/Ingress and Parking staff if needed
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - Small Site – 1-2
 - Large site – 4-5
- ❑ Essential Function/Tasks –
 - Ensure mask compliance
 - Inform to not enter prior to 5 minutes before scheduled appointment time
 - Inform to have registration confirmation, Consent Form, Vaccine Record (if getting 2nd vaccine), and Photo ID ready
 - Direct to building entry
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Greet as close to vehicle parking as safely possible in case persons forgot their paperwork in their vehicle or need to stay in vehicle until closer to appointment time
 - High visibility vests
 - Hand held radios to coordinate operations/de-conflict issues
 - If no registration confirmation and/or Consent Form, they can be completed in the dispensing site, it will just slow the process
 - Be friendly but keep the clients moving!

Greeting

- ❑ General – At site main entrance. May be just outside or just inside.
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - Small Site – 1-2
 - Large site – 4-5
- ❑ Essential Function/Tasks –
 - Ensure mask compliance
 - Present clipboard and instructions if client does not have completed Consent Form
 - Direct to line/next station
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Tools/Supplies – table(s) for supplies, chair to use during slow periods, clipboards, blank forms, and pens (enough for single use/don't get them back)
 - Sanitize clipboards when returned from prior use
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!

COVID Symptom Screening

- ❑ General – Identify anyone who is COVID-symptomatic and/or who has higher risk of recent exposure. Near site main entrance, just after greeter station. Limit exposure to staff and other clients from anyone who is symptomatic.
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - Small Site – 1-2
 - Large site – 4-5
- ❑ Essential Function/Tasks –
 - Take/scan client temperature using equipment provided
 - Ask required questions
 - For those cleared, direct to line/next station
 - For those not cleared, direct out of dispensing site
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Tools/Supplies – IR temperature sensor, list of required questions
 - Sanitize sensor between uses
 - Read questions until you are 100% sure you have them all committed to memory
 - Re-read questions for each shift...it is possible that the questions/criteria could have changed
 - Consult with medical staff/site leaders if unable to resolve symptom/exposure question
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!

Identification Check

- ❑ General – After COVID Symptom Check and before Medical Consult. Confirm ID and accurate registration information
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - Small Site – 1-2
 - Large site – 4-5
- ❑ Essential Function/Tasks –
 - Review client Registration confirmation printout/image, Consent Form, and Photo ID to confirm match
 - Reference daily registration printout (or on computer) to verify proper appointment time
 - For any non-compliant issues, direct client to area for resolution
 - Recover clipboards to return to Greeter station
 - Direct compliant client to line/next station
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - If client made it this far in the process...our default is to find a way to get them registered/get them the vaccine not kick them out!!!
 - Tools/Supplies – Table/Chair for each staff (no chair for most clients) Pens, master schedule printout and/or access to registration/schedule information online
 - Be prepared for names to not be an exact match
 - Understand that sometimes someone else registered for the time slot and a family/friend showed up instead
 - Consult with section leader/site leaders if unable to resolve ID and/or registration issues
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!

Medical Consult

- ❑ General – After Identification Check and before Registration Station. Confirm medical ability to receive vaccine
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Medical (any credentialed medical person)
 - Quantity – As required for size, complexity, and expected volume
 - 1:5 with vaccinators, but not less than 2 (i.e. if 15 vaccinators then minimum of 3 medical consult)
- ❑ Essential Function/Tasks –
 - Ask required screening questions to determine medical eligibility to receive vaccine
 - For any non-compliant/complex issues, direct client to medical supervisor for resolution
 - Direct compliant client to line/next station
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Ask direct/specific questions and seek Yes/No answers...try to avoid extended discussions!
 - Tools/Supplies – clipboard for printed questions, current list of questions and flow chart for answers/eligibility
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!

Registration

- ❑ General – After Medical consult and before Anaphylaxis Check. Only used for two dose vaccine and only applicable for those receiving first of two doses.
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - 1:5 with vaccinators, but not less than 2 (i.e. if 15 vaccinators then minimum of 3 medical consult)
- ❑ Essential Function/Tasks –
 - Ask required screening questions to determine medical eligibility to receive vaccine
 - For any non-compliant/complex issues, direct client to medical supervisor for resolution
 - Direct compliant client to line/next station
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Tell client when their 2nd dose will be scheduled. Only in limited/special circumstances allow client to seek a different day/time!
 - Tools/Supplies – Table and chair for self, chair for client, computer with internet access and access to registration system
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!

Anaphylaxis Check

- ❑ General – After Registration and before Vaccination.
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Medical
 - Quantity – As required for size, complexity, and expected volume
 - 1-2 or small site
 - 3-5 for large site
- ❑ Essential Function/Tasks –
 - Ask required questions
 - If no prior adverse reaction – direct to next available vaccination station
 - If prior adverse reaction – issue Yellow Card, and direct to next available vaccination station
 - For any complex issues, direct client to medical supervisor for resolution
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Single clear question seeking Yes or No answer. Not a discussion!
 - Tools/Supplies – Yellow Cards
 - Hand held radios to coordinate operations/de-conflict issues
 - Be friendly but keep the clients moving!



Vaccination

- ❑ General – After Anaphylaxis Check and before Post-Vaccination Waiting Area
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Medical (as authorized by current medical directives)
 - Quantity – As required for size, complexity, and expected volume
 - Sufficient to meet schedule/throughput requirements. 10-15 vaccines per hour per vaccinator for planning
- ❑ Essential Function/Tasks –
 - Ask required questions
 - Receive pre-filled syringe from vaccinator support
 - Prepare injection site, inject, observe/cover
 - Complete vaccine record and give to client
 - Take Consent Form from client, complete form & give to runner to deliver to PA SIIS station
 - Call medical staff for any issues
 - Direct to next station
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - See specific vaccinator training materials
 - See vaccinator equipment/supplies list



Post-Vaccination Waiting Area

- ❑ General – After Vaccination and before Exit. Waiting is self-timed by client
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Medical (EMS)
 - Non-Medical for general observation staff
 - Quantity – As required for size, complexity, and expected volume
 - 1:2 with vaccinators but not less than 2 EMS and two general observers
- ❑ Essential Function/Tasks –
 - Check to ensure Consent Form was kept by Vaccinator
 - Check to ensure client has vaccine record
 - Issue any required information/paperwork
 - Direct Yellow Card holders to designated seating area
 - Direct all others to regular seating area
 - Observe clients for adverse reactions
 - Ensure that clients maintain social distance
 - Direct EMS for any issues
 - Direct to Exit
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Number of socially distanced seats = 40-50% of hourly throughput. If 100/hour then 40-50 seats

Building Exit

- ❑ General – After Post—Vaccination waiting and enroute to parking area
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - 1-2
- ❑ Essential Function/Tasks –
 - Recover Yellow Card
 - Confirm client has returned Consent Form
 - Provide directions back to parking area
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - Equipment – Table and Chair(s) for staff
 - Hand held radio

Egress/Departure

- ❑ General – Client is departing the site by vehicle or walking
- ❑ Staffing
 - Source – Host Site (Primary) or County
 - Qualification (Medical, Non-Medical, Other)
 - Non-Medical
 - Quantity – As required for size, complexity, and expected volume
 - Same staff as for ingress/arrival/parking
- ❑ Essential Function/Tasks –
 - Direct to exit control point
 - Comply with any required traffic controls/exit procedures (i.e. one-way flow, single direction exit, etc.)
- ❑ TTPs (Tactics, Techniques, and Procedures)
 - High visibility vest
 - Handheld radio

Leadership and Support Functions

- ❑ In addition to the steps/stations/positions described in the “client perspective” section, the following positions are essential to effective and efficient site operations
- ❑ Leadership
 - Site Commander
 - Site Deputy Commander
 - Medical Lead
 - Personnel Chief
 - Security Chief
 - Operations Chief
 - Logistics Chief
- ❑ General Staff
 - Safety Officer
 - PIO (if required)
- ❑ Special Staff
 - PA SIIS Data Entry
 - Vaccine Handling/Control/Preparation



Typical Issues/Challenges

- Adverse weather
- Delayed vaccine arrival
- Security incident
- Not registered/eligible but insists on getting vaccine
- Adverse vaccine reaction
- Power interruption
- Internet connectivity issues
- Registration system and/or PA SIIS access/functions issues
- Insufficient staffing



Emergency Action Guidance

- ❑ Security Threat – Police/LE lead with support from POD Commander and Staff
- ❑ All Other issues – POD Commander lead with support as required/directed



County Next Steps

- Refinement of MCM 101/102 and continued training
- COVID-19 AAR – Fall 2021/Spring 2022
- Resumption of “normal” MCM program activities
- Continued recruitment...
 - o Additional Closed POD Partners
 - o Partnerships with community stakeholders and resources like Pharmacies and Family Practice/Community Physicians
- Plan Updates
 - o Base MCM Plan – integration of COVID AAR information
 - o Open POD Plans – integration of VPOD site information and layouts
 - o Vaccine-specific planning – staffing, logistics, and training updates
 - o Logistics
 - Enhanced Vaccine storage and handling capabilities
 - Restock/Revise POD in a Box (PIB)



After Action Review

- What did you learn?
- What went well?
- What did not go well/what do we need to change?



Aquila SOG

- ❑ Pennsylvania Veteran Owned Small Business
- ❑ Seasoned professionals with many years of challenging leadership, military and business experience
- ❑ Core Services
 - Strategic Plan – Formulation and Implementation
 - Program/Project – Planning and Leadership
 - Project Rescue – Recovery of failing or failed projects and major initiatives
 - Leader and Team Development
 - Facilitation and Negotiation – finding common ground and resolution in the most challenging circumstances!
 - Operational Services and Special Studies – primarily Department of Defense and Government clients
- ❑ Aquila Senior Team
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