

# **Eastern Highlands Health District**

## **MASS DISPENSING PLAN MASS DISPENSING AREA #40**

**Mass Dispensing Annex  
Attachment 1 (Biological)  
Annex G (Terrorism)  
Appendix II (Hazard Specific Considerations)**

**Towns of Andover, Ashford, Bolton, Chaplin, Columbia,  
Coventry, Mansfield, Scotland, Tolland, Willington and the  
University of Connecticut (Storrs Campus)  
Emergency Operations Plans**

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## **I. AUTHORITIES**

Authority for this tab is contained in **Title 28, Chapter 517** of the Connecticut General Statutes, stating that the chief elected officer of each town in the state which a major disaster or emergency occurs is given broad authority to declare and mitigate such disaster or emergency; as amended, and Local Executive Orders, Charter Provisions and Ordinances. Under **Chapter 19a** of the General Statutes pertaining to the detection, prevention and treatment of unnecessary illness and **Public Act. 03-236**.

## **II. RATIONALE AND OBJECTIVES**

Connecticut's Public Health infrastructure utilizes a regional approach to Mass Dispensing planning. A decision was made by the Department of Public Health in 2003 to divide Connecticut into 41 Mass Dispensing Regions (originally called Mass Vaccination Areas). Some modifications have been made to these boundaries since the original divisions to incorporate the expansion and inclusion of new towns into health districts. Civilian vulnerability to the deliberate use of biological agents has been highlighted by recognition of substantial biological weapons development programs and arsenals in foreign countries as well as attempts to acquire or possess biological agents by militants and high profile terrorist attacks. Early detection and response to biological incidents is crucial to the protection of the citizens of each Mass Dispensing Area. Deliberate release of a biological agent may either be overt or covert. Overt, or the open dispersion or spreading of an agent would be considered to cause immediate effects and would be quickly recognized and responded to in an immediate manner. Covert, or the hidden use of these agents generally results in a delay before the effects are recognized, and results in a response delay following the actual release. Detection and response to an outbreak or attack are most likely to occur at the local level, at a town or regional level. Therefore, it is necessary to develop and implement plans and procedures for the Health District, along with its community partners, so they may properly and safely contain and control any incidents involving an outbreak. The need to dispense medications to the entire population of Mass Dispensing Area #40 may be triggered by a naturally occurring disease outbreak such as influenza or by the intentional release of a biological agent such as anthrax.

## **III. PURPOSE**

1. The purpose of this plan is to provide direction and control for Mass Dispensing Area # 40 (MDA#40) and to describe the logistical considerations that need to be in place to provide the mass dispensing of medicine or vaccine for the MDA. Mass prophylaxis is defined as a defined as: "the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats." This plan focuses on notification protocols, resource mobilization, staffing, security, public information, and other elements associated with carrying out medical countermeasures (MCM) dispensing operations. Mass Dispensing Area #40 is comprised of the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington, with a total population of 79,696 (2022 census). The Town of Mansfield also includes the residential student population at the University of Connecticut in Storrs.

2. There are MOA and MOU agreements with all of the community partners in MDA#40 to support the action of the Health District in responding to an emergency situation. Written Mutual Aid Agreements, Memorandum of Understanding (MOU) and Memorandum of Agreement (MOA) have been completed with the University Of Connecticut, the Town of Mansfield and Regional School District #19 (E.O. Smith High School) as well as other health districts/departments in DEMHS Region 3 and Region 4.

#### **IV. INTRODUCTION**

1. Mansfield has been selected as the primary mass-dispensing site to provide medications or vaccine to the general public, visitors and transient individuals in Mass Dispensing Region #40. Eastern Highlands Health District is the Lead Agency for MDA #40 and has the responsibility to host people from the following District towns: Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington

2. Some biological emergencies like Anthrax would necessitate that all of the approximately 79,423 people in the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington would need to be provided with medications. The District will use the Dispense Assist program to dispense medications to all 79,696 residents and visitors in 48 hours. The use of this approved program will allow District and Regional staff as well as volunteers to achieve the throughput necessary to achieve prophylaxis for the entire MDA population. Under these circumstances, the District will consider utilizing alternative dispensing strategies including: Head of Household dispensing, Drive-Through POD dispenses and Closed POD “push” dispensing.

#### **V. ASSUMPTIONS**

1. When exposure to a disease-causing agent has occurred in the general population the government will order a mass dispensing program to take place on an expedited basis. Under this scenario, it is believed that the government will declare that a “State of Emergency” exists. This action by the state or federal government will help to simplify any legal issues associated with a mass-dispensing program. Mass dispensing under this set of circumstances will be known as “Post Event (Exposure) Mass Dispensing”

2. The exposure will not yet have occurred, but credible threats indicate that general population exposure is expected sometime in the very near future. In this case, the mass-dispensing program would proceed at a somewhat slower pace, but still presents similar concerns. Mass dispensing under this set of circumstances will be referred to as “Pre-Event (Exposure) Mass Dispensing”.

3. The outbreak is affecting all members in the Mass Dispensing Region. Medication will be dispensed to all residents or their representatives and transients in the MDA, upon the completion and review of their Dispense Assist Voucher or other registration documents. All towns in MDA # 40 have Mutual Aid Agreements with the District and have agreed to share resources to support these operations. It is anticipated that in the event of the activation of a Mass Dispensing Clinic (Point of Dispensing or POD), that there would be federal assets and assistance available to cover at least a portion of the costs incurred. The parties to this plan agree to share the balance of unreimbursed costs on a formula proportionate to the number of residents vaccinated. The Area’s emergency workers are available to provide services for the duration of the operation.

**Point of Dispensing Sites:** The Health District has determined that it will be necessary to operate two (2) Points of Dispensing to meet the throughput necessary to meet the required timelines (48 hours). One “traditional” Point of Dispensing (walk – through) will operate at the E.O. Smith High School and a second “drive through” Point of Dispensing will operate at the Mansfield Middle School. All persons receiving medications at either POD will be required to utilize the Dispense Assist program to generate a Dispense Assist Voucher. The District will sponsor a community education program to encourage everyone to register and print a voucher as a part of their emergency preparations. Links to the Dispense Assist website will be posted on the District website, town websites, and university websites as well as available at public libraries and senior centers.

It is anticipated that each dispensing POD will operate 24 hours a day for two days, in four 12 hour shifts. Each shift in each POD will require approximately 25 staff supervised by a physician and two nurses. Residents will be dispensed one course of medication for each Dispensing Voucher. Any family member can receive medication for other family members. Persons who are identified as unable to receive SNS medications will consult with the physician on duty who will be able to advise the patient concerning alternative medications and/or write a prescription to be filled at a local pharmacy.

**Vaccines:** Nurses will be the primary staff to administer vaccines. Various nurses like visiting nurses, school nurses, hospital, long term care and nursing home nurses, student health center nurses and medical staff will be available to administer the vaccines. There are more than 100 licensed medical personnel available in the pool of Public Health Volunteers with some that are DEA Registrants. Mass dispensing for the general public will not be provided at hospitals and therefore emergency departments will be provided with information and directions to the Mass Dispensing Clinic site to distribute to persons who present at hospital Emergency Departments. Area doctors will be contacted and encouraged to provide overall medical support. Operation of a vaccination clinic will require more than 50 medical professionals in addition to support staff. Supplies and equipment (other than medications and associated medical supplies) will not be provided by the Centers for Disease Control’s Strategic National Stockpile. The CDC, CT DPH or other State authorities may provide a “selection and callout” plan which outlines the methods that will be used to announce plans to the public concerning which parties are to report to the Mass Dispensing center and when they are to report.

Vaccine shipments may be received at the Mansfield Town Hall (EHHD ECC) where there is a vaccine storage refrigerator and freezer with data logging equipment or at the University of Connecticut – Student Health Services Pharmacy which is also equipped with a vaccine storage refrigerator with data logging equipment.

It is assumed that the plan administrators (Command Staff) will be able to commandeer facilities, supplies, and additional members of the municipal work force to support the expected operation.

**Medications:** In the event of a bio-terrorist attack like anthrax, the Strategic National Stockpile (SNS) medications will be requested and dispensed at Points of Dispensing (PODs) by local lay volunteers and “repurposed” municipal employees, supervised by volunteer doctors and nurses. Clinic operations will be facilitated by the use of the Dispense Assist computer program, developed by the Kansas Department of Health (<http://www.dispenseassist.net/>) Health District Staff and staff from other Health Districts in Region 3 and/or Region 4 will assume key

leadership roles, supported by medical volunteers from the University of Connecticut – Student Health Services.

SNS medications will be received by the District at a Local Distribution Site (LDS) located in the E.O. Smith High School. The school has a lighted, secure loading dock capable of accommodating a 53 foot trailer. The school receiving area is equipped with pallet jacks, dock plates and hand trucks for moving supplies. Once received and “signed off”, the SNS supplies will be moved to an interior storage location (PE-2) where they will be sorted, tracked and packed for use in both Points of Dispensing.

In the event of a post-event emergency and prior to clinic execution, the District will require 24 hours for clinic set-up and staff training. Following the completion of clinic operations, two days will be required for demobilization and a cleanup of site. Schools will need to be closed in order to perform these operations.

The PODs may dispense medication for a family or for other groups, to a person identified as a “Head of Household”. Each Head of Household may be dispensed up to eight (8) courses of medication to be used at home, based on the approval of the registration documents and the provisions of the Standing Orders. Additional doses of medication may be dispensed to a Head of Household by completing an additional Dispense Assist or registration form(s) See Appendix XIX for copies of Head of Household registration forms and Dispense Assist Voucher samples.

The Region may experience the loss of power, telephone service and other utilities during an emergency or disaster. Both Points of Dispensing, the Local Distribution Site and the Mansfield Town Hall and the Student Health Center are equipped with emergency generators to provide electrical power.

## **VI. POPULATION FIGURES**

1. DPH population estimates in 2022 for the towns in Mass Dispensing Region #40 are as follows:

### **NAME OF TOWN POPULATION**

Andover 3,133  
Ashford 4,186  
Bolton 4,819  
Chaplin 2,143  
Columbia 5,246  
Coventry 12,205  
Mansfield 26, 357  
Scotland 1,568  
Tolland 14,511  
Willington 5,528  
**TOTAL 79,696**

## **VII. APPROACH TO DISPENSING**

Medication dispensing differs by the type of biological or infectious disease threat, there will be differing time constraints and approaches. For example, drive-through clinics, household dispensing, closed POD or large employer dispensing may be employed so that the actual number of persons attending a mass dispensing clinic operation (POD) for pick-up of medications could be a fraction of the total population.

## **VIII. CONCEPT OF OPERATIONS**

### **1. ORGANIZATION**

Connecticut is organized into 41 Mass Dispensing-Areas. Each region has a full-time health director, whose public health district is within that region and serves as the leader for that Mass Dispensing Area.

- i. The Mass Dispensing Area leaders are responsible for carrying out the missions assigned in the Mass Dispensing Plan.
- ii. Due to regionalization and grouping of many separate health departments/districts, different administrative structures may need to be implemented in order to accomplish the goal of successfully administering and operating Mass Dispensing Clinics.

### **2. STAFFING**

**OVERVIEW:** All staffing and operation of Emergency Response Programs will be conducted in accordance with the Incident Command System (ICS) and the National Incident Management System (NIMS). An Incident Commander will direct the overall incident response. In the case of Mass Dispensing Area #40, the Incident Commander will be the Director of Health of Eastern Highlands Health District or their designee. The Incident Commander will appoint a Command Staff and General Staff to manage all aspects of the response efforts. The response efforts will include the operation of a Local Distribution Site (LDS) where SNS material and supplies are received and stored, and two Point(s) of Dispensing (PODs) where medical countermeasures (MCM) are dispensed. The Eastern Highlands Health District Command Staff in coordination with the Department of Public Health and Mansfield town officials will manage all response phases.



Prior to the opening of a POD, Eastern Highlands Health District will open a Point of Contact (POC), referred to as a **Local Distribution Site (LDS)**, to receive delivery of SNS materials and supplies, store SNS materials and supplies in a secure environment and organize and ship medications and supplies for use in a POD. The Point of Contact/LDS will be at E.O. Smith High School in Mansfield. SNS materials and supplies will be delivered to the loading dock on the Northwest side of the building, where they will be transported, using pallet-jacks and warehousing equipment, to the Gymnasium (PE-2) for storage and processing. The OIC will assign one sworn law enforcement officer to provide security 24/7 to the medication cache.

Operations of the LDS will require fourteen (14) staff persons for each 12-hour operational period or 56 staff for 48-hour operation. The LDS Site Manager will report to the Support Branch Leader or Logistics Section Chief for the Mass Dispensing Operation. An Organizational Chart that shows LDS assignments for a **Mass Vaccination Clinic** and/or a **Mass Dispensing Clinic** is provided in Addendum 1 c:

ii. In the event that Dispense Assist or Head of Household dispensing at a POD is not feasible, (i.e. in the case of smallpox) through put calculations with the Real-Opt© tool indicate that it will require approximately 228 staff and volunteer personnel to operate each Mass Dispensing Clinic for one 12-hour operational period Clinic (912 staff and volunteers for continuous 48 hour operation.) A Mass Dispensing clinic using Head of Household dispensing or Drive-Through dispensing could be operated with a much smaller staff.

iii. Job Action Sheets (JAS) for each of the positions in the POD or RDS can be found in Addendum

An Organizational Chart that shows clinic assignments for a Point of Dispensing (POD) **Mass Vaccination Clinic** and/or a **Mass Dispensing Clinic** is provided in Addendum 1b.

### **3. PUBLIC HEALTH VOLUNTEERS:**

A Public Health Volunteer database showing both medical and non-medical staff and volunteers has been developed and is operational. The database records identification, contact information and can track training and qualifications. The information held within the database is confidential. Currently, the database contains medically trained personnel and non-medical individuals. Recruitment activities are ongoing. A Leadership Cadre of the Public Health Volunteer program is identified as the **Public Health Emergency Response Team** and is made up of skilled and experienced medical professionals that will fill key roles in POD operations. They will be activated as a group, prior to the activation of other volunteers in the database. The MDA #40 Public Health Emergency Response Team members and District staff clinic coordinators that have been selected, are identified are in Addendum 1d—Staff assignments—(Confidential Information). There are job action sheets (JAS) for specific positions and functions. Staffing numbers may be adjusted up or down depending on clinic needs and volunteer availability. Once volunteers are identified and placed into Mass Dispensing Clinic positions, an emergency contact notification chart will be created so that these volunteers can be quickly contacted and notified when and where to report to begin Mass Dispensing Clinic set-up /operations.

#### 4. LOCATION

A. E. O. Smith School has been selected as the Primary Mass Dispensing facility based upon the following attributes:

##### **FACILITY**

**ADDRESS** 1235 Storrs Rd, Route 195 Mansfield, Ct 06268

**PUBLIC / 24 HR ACCESS?** Yes

**PARKING** 268 spaces

**RESTROOMS** Yes

**PHYSICAL SPACE** Yes

**PHYSICAL LAYOUT** Large open areas in the Cafeteria and Gymnasium as well as Class room spaces

**IMMEDIATE AVAILABILITY UPON DEMAND** Shut down only

**SECURITY / CROWD CONTROL** Adequate

**STORAGE AREA AVAILABLE** Yes

**EASE OF TRAFFIC MANAGEMENT** Yes

**EASILY ACCESSIBLE TO PUBLIC** Yes

#### 5. SUPPLIES AND EQUIPMENT / LOGISTICAL ISSUES

A. It is recognized that the Strategic National Stockpile (SNS) only supplies medications, vaccine, diluents, transfer needles, needles and Styrofoam stabilizers. The CDC Strategic National Stockpile does not supply gloves, dressings, sharps containers, etc. CDC believes that large quantities of these materials exist in most localities.

B. Arrangements have been made and are reflected in a signed All-Hazards Memorandum of Understanding for the University of Connecticut to provide initial ancillary supplies for the first 48 hours of operation. (Addendum XXII)

### C. Supply and Equipment Procurement.

In addition to the cache of supplies managed by the University of Connecticut (Central Stores), an additional supply and equipment cache is maintained by Eastern Highlands Health District at a nearby storage location (Depot Campus Storage Facility). A check list of these supplies can be found in Addendum 4.

### D. Re-supply.

There may need to be a resupply of the clinic after the first 48 hours of operation. This will include all the consumable supplies that are listed in the supply list in Addendum 4. A Re-supply Request form is included in the PHERP.

### E. Shipment of the SNS Materiel.

The Strategic National Stockpile (SNS) program will ship medications and dispensing materiel to the Connecticut Department of Public Health. The CT DPH will then distribute the Mass Dispensing materiel to each of the Mass Dispensing Areas, Point of Contact and receipt point, which in MDA #40 is located in the E.O. Smith High School, the same building as the primary mass-dispensing (POD) site.

Since it is recommended that medicines and vaccines not be received, stored, and administered in the same location as the Primary POD, another location within the E.O. Smith High School is designated for medication receipt, storage and preparation if necessary, until needed in a Mass Dispensing clinic (POD) location. The Health Director and/or his/her designee will receive, sign for and ensure maintenance of chain of custody of the SNS materiel.

**Building Security** – The building / facility will be secured by law enforcement personnel and monitored on a 24-hour basis. Access to the medication storage area will be restricted to authorized staff. The delivery area is in an inconspicuous location near the rear of the building so as not to draw any unwanted attention.

The facility has an adequate alternate power supply (Full Building Generator) capability in the event main line power supply fails. (Note: Vaxicool containers require electricity to maintain adequate refrigeration of the vaccine.)

Vaxicool refrigeration units must be electronically monitored or have the temperature read and logged manually every 12 hours. The District utilizes electronic data loggers. If being monitored manually, a calibrated thermometer must be read and recorded twice daily and recorded by trained personnel.

**Back-up Refrigeration** – The building has “back-up” refrigeration in the school’s walk-in coolers in the event the vaccine has to be held at the site for a period of time longer than the Vaxicool container can provide adequate refrigeration.

**Support system** – Emergency Service numbers and points of contact are available in the event of vaccine / diluents spillage, accidents, etc. during transfer and storage operations. The Region # 40 Mass Dispensing Area – The local receiving process and storage area is detailed in Addendum 6 Confidential Information. The Local Distribution Site (LDS) is located in the rear gym (PE-2) Eastern Highland Health District (EHHD) Medication Dispensing Policy has selected the Dispense

Assist software as the primary system for screening (triage) and recording dispensing. A person who is identified as a Head of Household is allowed to complete a multiple dispensing form, which provide personal and medical information for up to 7 family or group members. If the medication being dispensed is in a self-use format (pills, inhaler, etc.) the Head of Household may receive multiple courses of the appropriate medication for home use in accordance with standing orders. Recovery of SNS materials. The CT DPH assumes all responsibility for shipping all materials back to the repository of original receipt. The only medications that will be recovered by the SNS program will be unopened packages validated to have maintained the “cold chain”.

## **6. TRAFFIC FLOW**

SNS materials and supplies will be received in the rear portion of the E.O. Smith High School, and managed in an area away from the Point of Dispensing (POD). The loading dock at the rear of the building (North Side) is equipped with dock plates and can accommodate a 55-foot trailer truck. Materials will be moved from the loading dock to the storage area by the RDS team using pallet jacks and hand trucks.

The Primary Point of Dispensing (POD) operations will be conducted in the front portion of E.O. Smith High School, utilizing the front entry hall, interior corridors and the Main Gym (PE-1). There will be a bus receiving area near the front door of the school to provide access to the POD. Patients will arrive by bus from designated off site UCONN parking areas, under the control of University Police, utilizing University busses and Mansfield Public School busses. Additional residents may be brought directly to the POD by school busses provided by each district town. The Emergency Manager for each town will be responsible for organizing and operating transfer bus service. Additionally, there will be a parking space at the front of the POD reserved for handicapped parking.

### **A. Vehicular Traffic**

i. Due to the number of people that would need to be treated, traffic flow to and from the Mass Dispensing Clinic site will be a major consideration. It is expected that approximately 650 people may be on site at any given time to sustain a throughput of 350 per hour. Traffic flow of both staff and patients should be one-way and easily controllable by law enforcement personnel.

### **ii. Shuttle Bus Routes**

It is believed that the E.O. Smith High School internal roads and parking lots are adequate to provide for staff parking. Additional parking lots (Mansfield Town Hall and Mansfield Community Center) are available to handle an overflow, if necessary.

A shuttle bus service, will be provided by the University Transportation Department and by Town of Mansfield School busses and will transport individuals back and forth from designated off- site parking lots on the University campus and town staging areas, to the front entrance of the Mass Dispensing Clinic (POD) located nearest Storrs Road (See Section IX. Transportation for more details).

### **B. Flow of Patients**

### i. General

- To limit confusion and reduce bottlenecks, a “once-through” pattern will be used to process patients in the clinic.
- General public entry into the clinic registration area will only be allowed be through the main entrance.
- Staff members or volunteers (flow controllers) will be located at key points to control the direction and the flow of patient traffic.
- Signs and barricades will be posted along the clinic route to limit access and provide direction to the next station.
- The flow will be in one direction. Backtracking will not be allowed as this could slow or disrupt the movement of people.
- Restrooms will be marked for use in certain areas.
- Families will be required to stay together.
- Individuals will come from the bus unloading area and into the main front door, facing east, closest to Storrs Road (Route 195).
- Once inside, people will be required to follow flow patterns established by the staff.
- Color coding will be used to direct patients, depending on need

### ii. Clinic Flow

#### Functional Needs POD

People needing functional assistance will be directed by signs and the staff from the front entrance area, near the handicapped parking area directly to the reception area. They will be assigned a guide depending on their needs and will have assistance through the entire process without needing to wait in lines or travel throughout the school. The intent of this “Functional Needs POD” approach is to reduce the distance to be traveled by persons with functional needs and to maintain as high a throughput as possible for the greatest number of people in the main clinic.

The following stages pertain to people who have **not** been triaged to the Functional Needs POD.

#### **Stage No. 1 – Entry Point, Greet and Triage**

People will enter the POD via the main entrance of the school. Greeters and guides will direct them to a brief triage area located at the entrance to the main gym (Depending on the weather, the triage station may be located just outside the main entrance doors or inside in the gallery.) Medical staff will be located in the area to briefly triage each person for illness. If a person presents with no apparent symptoms of illness, they will be given a blue card and allowed to proceed in to a BLUE line. If a person is identified as ill, they shall be given a RED card. When a person with a RED card gets to a flow control person, they will be directed out of the main stream into to a separate room (The Guidance Office or Nurses Office) for additional evaluation by medical staff. Following that evaluation, they could then be cleared and reenter the BLUE line flow, they could receive their medication in that medical evaluation area, or they may be escorted to an exit to an outside area where ambulances will be staged for transport to a medical facility.

If an individual is in a family or group and has been given a RED card, then the entire group shall be directed to the RED line. Ill persons and all others accompanying the ill person will follow the RED line away from the main public dispensing areas. At that point, all persons in a red group will receive evaluation together as appropriate. The purpose of this is to ensure that families are not separated. The use of color-coded marks will help maintain confidentiality among the public and help separate people with symptoms.

**Patients triaged as non-symptomatic will follow the BLUE line to Stage 3**

### **Stage No. 2 – Forms Review Area & Medical Screening**

(NOTE: Stage 2 will only be used if Dispense Assist dispensing is not available.) Stage No. 2 is an area with tables where people will be provided instruction and asked to fill out a brief medical history form and other registration documents. Volunteers will be available to answer questions and assist with forms completion. Patients will then be directed to a **FORMS REVIEW** area staffed by medical professionals. **FORMS REVIEW:** A medical professional at the Forms Review area will screen each individual's registration and history forms, or in the case Head of Household, information on each member of the household for whom medication is being requested. If not contra-indicated, individuals will proceed to

### **Stage No. 3 – Mass Dispensing Stations**

(Persons following the BLUE line) will proceed to the Dispensing Area under the direction of a Flow Controller. This area may contain as many as fifteen separate Mass Dispensing stations. (The number of stations may need to be adjusted depending on the type of medication being dispensed or on observation of clinic crowd flow.) Stage No. 3 is the Mass Dispensing Area located in Main Gymnasium (PE – 1) Persons will be assigned to one of the fifteen (15) dispensing stations by the Flow Controller and will present their Dispense Assist Voucher to the Dispensing Agent (Lay Volunteer) who will provide one course of medication for each Dispense Assist form presented. Each Dispensing Team will consist of three staff or volunteers: The Dispensing Agent who actually hands the medications to the person; The Administrative Agent who maintains the records of dispensing and the Logistics Agent who orders and prepares the medication for dispensing.

Individuals in need of further medical consultation, screening and/or advising will be directed into a separate medical screening area further counseling by medical staff.

When a person comes through the door from Stage No. 1 (or 2), they will be directed to an open Mass Dispensing Station by a Flow Controller. Colored tape will be used on the floor to designate and control line formation at each Mass Dispensing Station.

There will be a Mass Dispensing staff person who will coordinate the operations within this area. There will also be at least one police officer and two runners for supplies. Once a person signs the consent form, receives the medication, and has their dispensing record form completed; he/she shall leave the area via the exit doors located in the northwest corner of the Gymnasium. At the exit door, there will be two Forms Collectors who will collect forms, answer questions and provide information on the biologic agent and the medication.

### **Stage No. 4 – Observation, Review, and Exit (Optional, depending on the type of medicine or vaccine dispensed)**

Stage No. 4 is dependent on the type of medication being dispensed, standing orders and nursing practice. If necessary, in an area near the exit, tables and chairs will be set-up where people who have been medicated/vaccinated can wait and be observed, if appropriate. This stage may be optional, depending on the medicine or vaccine dispensed. If the medication is an injection, two to three medically trained exit review personnel shall be inside this area to evaluate the condition of those vaccinated, answer questions and make referrals as needed. Patients may also receive patient information packets here. When exiting the facility (other than during emergencies), patients will be required to exit through the doors marked as EXIT at the end of the Mass Dispensing process. If for some reason, an individual needs to leave before completing the clinic process, they will be escorted to an available exit, but not against the flow of traffic. Persons exiting Stage 4 will proceed directly to the shuttle bus pick area for transport back to the offsite parking lots.

Clinic staff members shall have a separate door for entry and exit from the facility. This entrance/exit will be through the door nearest the Mansfield Town Hall. Clinic staff will report to the Volunteer Reception Center and sign in to the clinic staff roster before beginning work. After signing in, volunteers and staff will report to the Staff Break Room for Just-in-Time (JIT) Training. The Break Room will remain staffed throughout clinic operations. When staff and volunteers complete their shift, they will return to the Volunteer Reception Center and sign out before leaving the clinic.

## **IX. TRANSPORTATION**

1. Most people will be able to transport themselves and their families to designated off-site parking lots as follows:

<b>Town</b>	<b>Designated UCONN Parking Lot(s)</b>	<b>Overflow Lot</b>
Andover, Bolton, Columbia, Coventry	Depot Campus/Lot I	Goodwin Elementary
Chaplin, Mansfield, Scotland	Lot I/Lot S	Mansfield Middle School
Ashford, Willington, Tolland	Lot W	Mansfield Bus Garage