



Closed Points of Dispensing Planning Considerations

COVID-19 Pandemic and Influenza Vaccine

Introduction

The Oregon Health Authority, Public Health Division has gathered and reviewed planning guides, tools and promising practices for Local Public Health Authorities (LPHAs), Tribes, Community Based Organizations (CBOs) and contractors to plan, implement and evaluate Closed Points of Dispensing (POD). This document identifies promising practices to guide agencies in developing effective plans to implement a Closed POD for vaccine administration, whether the vaccine is seasonal influenza or COVID-19.

During the COVID-19 pandemic, a POD site may not be the best option to administer influenza vaccine or COVID-19 vaccine. All forms of PODs are generally suitable for acute public health emergencies to dispense medical countermeasures within hours. Closed PODs can be effective and useful to provide medical countermeasures, especially vaccines for hard to reach or underserved populations which may not otherwise access the vaccine.

Closed Point of Dispensing plan templates are available on the Oregon Health Authority Public Health Division website. These templated plans are highlighted along with the [POD Planning and Operation Resources webpage](#) to provide promising practices, diagrams and checklists for implementing local Closed PODs. Open and Closed PODs are developed primarily for dispensing pills for mass prophylaxis, yet much of the information and guidance provided can relate directly to vaccine administration. This planning document assists with the crossover to vaccine administration implementation. More planning tools and promising practices are included in the reference sheet to aid agencies in developing Closed PODs for vaccine administration.

When planning for a Closed POD for seasonal influenza vaccine and/or COVID-19 vaccine, plans need to be made to address physical distancing, infection prevention and control, appropriate locations, space constraints, translation and interpretation services, accessibility, and identifying target populations to be served.



Location selection

Closed PODs need enough space to accommodate the safety of personnel and people expected to receive vaccine. Selection of the Closed POD location is also dependent on the populations served, accessibility and the amount of time for the vaccine administration. Please see the [Closed POD Planning Tool](#) for an overview and what to identify when selecting a Closed POD location. Below is a detailed list of considerations for location selection.

- ❑ Location
 - Centrally located for populations served
 - Bus routes
 - Accessibility
 - Safety for POD personnel and participants
 - Enough space to work safely away from cars and adhere to physical distancing requirements among POD personnel
 - Electricity and infrastructure needs
 - Power availability
 - Internet availability
 - Nearby restrooms and rest area for POD personnel
 - See Supplies section for further details

Positions

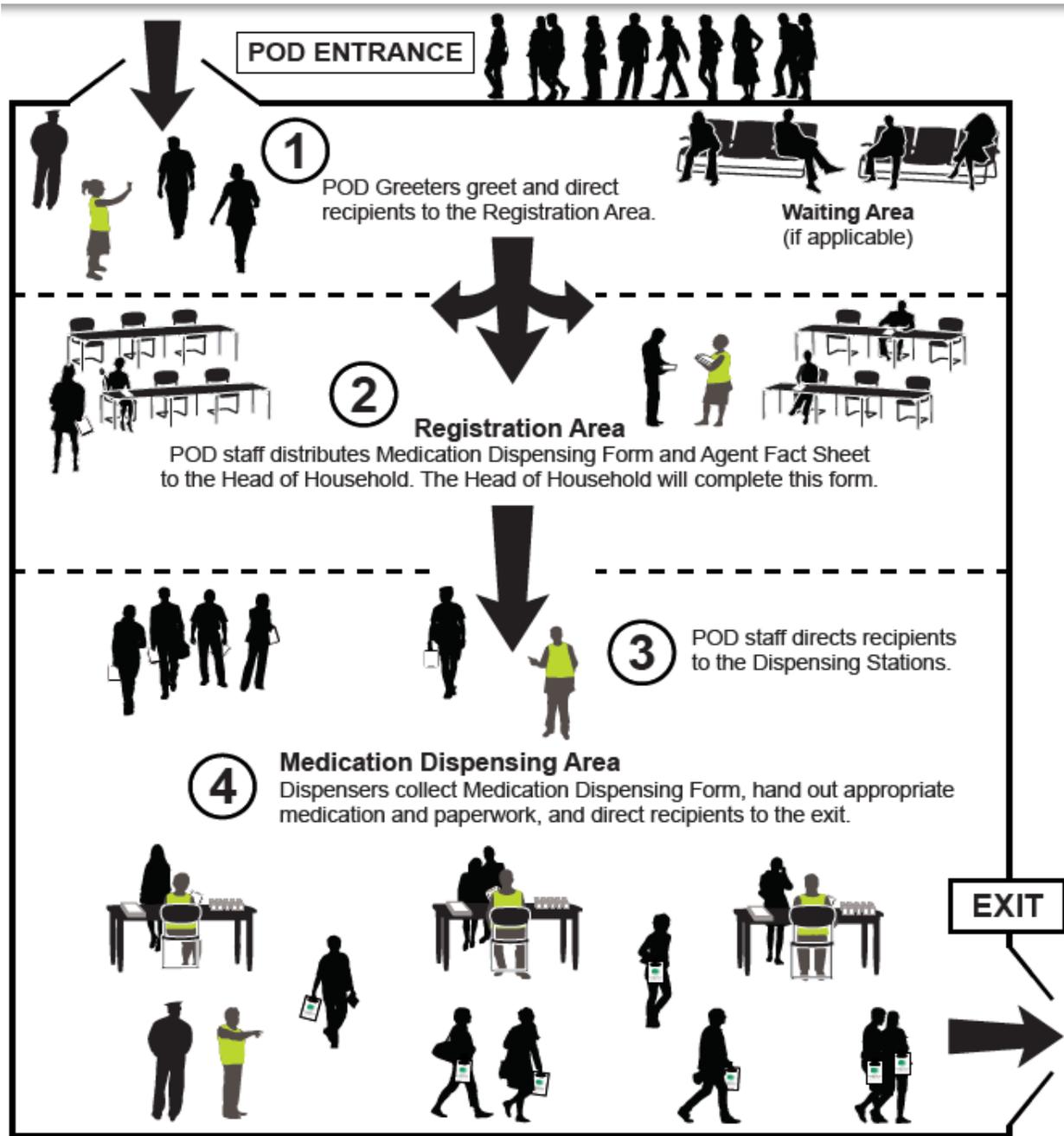
Consider the use of [Incident Command System \(ICS\)](#) in the development of staffing for the Closed POD.

- ❑ Expected number of people receiving the vaccine
 - Ability to flex number of positions and staff working dependent on number of people receiving vaccine
 - Average three (3) minutes per vaccine administered per vaccinator
 - Typically, Closed PODs are small in size and attendance
 - Positions can be combined, i.e., educators serving as Recovery Attendants, Registration Attendants or Greeters
- ❑ Number of available staff working Closed POD
 - Suggested positions and optimal number per position. (Note different position names may be used in references and supplementary documents.)
 - Vaccinator(s) – one per line



- Assisting vaccinator/screener(s) – one per line, also dependent on the size of Closed POD
 - Greeters – one to two at the entry to the Closed POD
 - Registration Attendants – one to two per event
 - Health Educators – one to two per line when entering or leaving the Closed POD
 - Infection Preventionist or Safety Officer - one per event or more based on local circumstances
 - Security/Law Enforcement – determine if needed
 - Flow Monitors – one per line
 - POD Supervisor – one per event
 - Inventory Control and Supply Staff – one to two per event
 - IT Support – one per event
 - Recovery Area Manager – one per event
 - Recovery Attendants – two per event if area is large and attendance is high
 - Behavioral Health Staff – two to three per event if area is large and attendance is high
 - Interpreters – as many as needed to serve expected population
 - Facility Staff – one representative per event, or more if venue is large
 - Supervisors as needed to maintain Span of Control – three to seven positions per supervisor
- ❑ Job Action Sheets (JAS) and Just-In-Time Training (JITT) are important tools for orienting staff to their roles. Examples of JAS are included in the reference sheet and considerations for JITT are included in this document.

From State of Oklahoma's Closed POD Toolkit, the diagram below describes the Closed POD flow.





Accessibility

The [Northwest ADA Center](#) provides promising practices and information for creating accessible PODs.

- ❑ American Disabilities Act (ADA) and Points of Dispensing
 - ADA requirements include modifying access and making accommodations for individuals with special health care needs, including assistive animals or equipment (for example, crutches, walkers, wheelchairs and oxygen tanks).
 - Information on individual support services including stress management, crisis intervention and referrals to mental health services should be made available to all POD clients through media outlets and POD handouts.
 - At the entrance to the Closed POD, a waiting area should be identified to accommodate individuals with special needs until a support staff member can escort or assist the client as needed through the POD process
 - Involve persons with access and functional needs in planning to provide perspectives in ensuring accessibility is available to all populations attending the Closed POD.
- ❑ Ensuring Health Equity

When hosting a Closed POD, health equity and equitable dispensing of vaccine is a deciding factor on location. Provided below is a table from the National Academy of Sciences [Framework for Equitable Allocation of COVID-19 Vaccine](#) book describing the impact of COVID-19 on certain populations.

Population	Key Impact Data
Black	• Compared to non-Hispanic White populations, this group has a case rate that is 2.6 times higher, a hospitalization rate that is 4.7 times higher, and a death rate that is 2.1 times higher (United States).
Hispanic/ Latinx	• Compared to non-Hispanic White populations, this group has a case rate that is 2.8 times higher, a hospitalization rate that is 4.7 times higher, and a death rate that is 1.1 times higher (United States).
American Indian and Alaska Native	• Compared to non-Hispanic White populations, this group has a case rate that is 2.8 times higher, a hospitalization rate that is 4.6 times higher, and a death rate that is 1.4 times higher (United States).
Native Hawaiian and Pacific Islander	• Group has experienced mortality from COVID-19 at a rate up to five times its proportion of the population compared to the general population (United States).



Population	Key Impact Data
Older adults (≥65 years)	<ul style="list-style-type: none"> • Group accounts for approximately 80 percent of reported deaths related to COVID-19 (United States). • Population-level COVID-19 mortality risk is estimated to be 16 to 52 times higher (United States) and 30 to 100 times higher (worldwide) for this group than for younger people.
Older adults (>80 years)	<ul style="list-style-type: none"> • Group is experiencing a mortality rate 5 times greater than average (United States). • Group is experiencing an “overwhelming percentage” of severe outcomes due to COVID-19 (worldwide).
People with underlying or comorbid conditions	<ul style="list-style-type: none"> • Group is 6 times more likely to be hospitalized and 12 times more likely to die from COVID-19 as people without underlying conditions (United States). • Group is at a greater risk of SARS-CoV-2 infection.
People who live congregate and/or work in settings	<ul style="list-style-type: none"> • Older adults living in senior living facilities are at high risk of severe COVID-19. • Long-term care facility residents accounted for half of >10,000 COVID-19 deaths reported by April 2020 (United States).
Sex	<ul style="list-style-type: none"> • Men with COVID-19 are more at risk for worse outcomes and death than women, independent of age (China).
Children	<ul style="list-style-type: none"> • Children and adolescents account for 10 percent of COVID-19 cases and less than 0.3 percent of deaths (United States). • Among children with COVID-19, 1.8 percent of cases resulted in hospitalization (United States). • 78 percent of deaths among adolescents (under 21) reported to the Centers for Disease Control and Prevention between mid-February and the end of July 2020 were people from Black, Hispanic and Latinx, or American Indian and Native Alaskan communities.
People who are pregnant or breastfeeding	<ul style="list-style-type: none"> • Group may be at an increased risk of developing severe COVID-19 disease that requires intensive care unit admission and mechanical ventilation. • Black and Hispanic women who are pregnant appear to be disproportionately at risk of severe disease and hospitalization (United States). • Babies born to women infected with SARS-CoV-2 during pregnancy appear to be more likely to be born preterm or require neonatal intensive care.



NOTE: The following groups are omitted from the table above due to a lack of COVID-specific epidemiological data: people who are undocumented, people with mental and physical disabilities, and people experiencing homelessness.

Translation and interpretation services

Ensuring Closed PODs are accessible to all populations by providing necessary resources and policies to promote health equity such as requiring that translated written materials and interpretation services are available during hours of operation. Local Public Health Authorities (LPHAs) and Community Based Organizations (CBOs) have identified spoken languages that presently serve all populations within their jurisdictions. It is highly recommended and considered a promising practice to collaborate with agencies serving ethnic populations. Oregon Health Authority Office of Equity and Inclusion has resources for understanding [interpretation and the laws](#) and [training opportunities](#).

Communications

Closed PODs are typically held in smaller and enclosed spaces. For effective communications in any POD, consider using short range walkie talkies, UHF/VHF/800 Hz radios and/or cell phones between POD personnel. Any information shared over radios and cell phones are considered not secure and should only be used for making adjustments and stating opening and closing of PODs.

Using the Incident Command System (ICS) is recommended to ensure consistent communications, especially before and during the Closed POD. An Incident Action Plan (IAP) provided at the Operational Briefing before POD opening assists with ensuring POD personnel understand objectives for the day, roles and responsibilities, and safety procedures. Below is the list of [ICS Forms](#) included in the IAP:

- ICS 202 Form Incident or Event Objectives
- ICS 203 Form Organization Assignment List
- ICS 204 Form Assignment List
- ICS 205 Form Radio Communications Plan
- ICS 205A Form Communications List
- ICS 206 Form Medical Plan
- ICS 207 Form Organizational Chart
- ICS 208 Form Safety Plan
- Map of the Closed POD
- ICS 214 Form Activity Log



Signs

To effectively communicate with the public, signs are required. Recommendations for signs and other promising practices include:

- Signs translated in commonly used languages for jurisdiction
- Recommended size for signs is 18" x 24" in large block font
 - Provide information for directions and next steps
- Washington State Department of Health [Medication Centers signs](#)
 - Four Simple Steps
- For the COVID-19 pandemic, have signs made and translated stating "Mask Use is Required" for participants and POD personnel
- Other signs recommended for the Closed POD and translated as needed:
 - Have Completed Paperwork (if available)
 - Have Arm Ready for Vaccination
 - Directional arrows
 - Recovery Area and Wait for 15 minutes

Recovery area

On page 71 in ACIP's [General Best Practice Guidelines for Immunization](#), it is recommended individuals wait 15 minutes after vaccination for observation of any adverse reactions. When establishing a recovery area logistics plays a large role.

- Enough space to allow for physical distancing for:
 - Flow of individuals after receiving vaccine
 - Staff to observe people for 15 minutes
- Ability to communicate when time is finished, and people can leave
- Infection prevention activities increase as tables and chairs required constant cleaning.

More information and references to materials found in the Closed POD Reference Sheet.

Screening (Consent) forms and documentation

Typically, screening forms are completed at a POD. In the scenario of a Closed POD, consent forms on clipboards are handed to individuals to complete while waiting in line. Due to the COVID-19 pandemic and transmission of the virus through air and contact with virus, clipboards and other shared supplies such as pens, are seriously discouraged.

Local Public Health Authorities (LPHA), Tribes and medical providers have vaccine consent forms available. Immunization Action Coalition (immunize.org) has a general



consent form recommended for use for contractors and community-based organizations hosting a Closed POD.

A promising practice is to have people complete the consent forms prior to attending the Closed POD whenever possible to reduce physical contact and use of supplies. In many situations, this is not feasible. Creative options do exist to prevent COVID-19 and other diseases from transmitting to others such as:

- ❑ Pens
 - Single use pens given to clients
 - If pens are returned, sanitizing pens in Recovery Area before returning to Greeters
- ❑ Cardboard squares
 - Cardboard cut into 8" x 8" squares or paper size
 - Recycling bin for cardboard in Recovery Area
- ❑ If clipboards are used
 - Hard plastic clipboards are recommended
 - Sanitizing clipboards in Recovery Area before returning to Greeters
- ❑ Area to complete forms at Drive-Thru POD before entering vaccination lines
 - A parking lot with a section cordoned off with tables and chairs if people choose to not be in their vehicles
 - Tables and chairs are cleaned often with antimicrobial wipes by POD personnel
 - Laminated signs stating tables and chairs are cleaned
- ❑ Forms are available online
 - Print completed forms at off-site location
- ❑ Schedule appointments
 - Clients schedule arrival time to receive vaccinations via webpage or over phone

Infection prevention

When providing vaccines at a Closed POD especially during the COVID-19 pandemic, personal safety is the foremost factor. Vaccinators will come into close contact with individuals to administer vaccines. Wearing appropriate Personal Protective Equipment (PPE) is imperative. Sufficient supply of PPE must be available for all POD personnel including face masks, gloves and eye protection.

In efforts to decrease the spread of SARS-CoV-2, [universal mask use is mandated](#) throughout the state. All individuals attending the Closed POD must wear a face mask appropriately. Exceptions are made for children under two years, anyone who has trouble breathing, and



anyone who is unable to remove a mask without assistance. Additional face masks should be provided for those who arrive without one before receiving the vaccine.

Additional infection prevention considerations:

- At Closed PODs, hand washing for 20 seconds at regular intervals is challenging, therefore using hand sanitizer with 60% alcohol or higher is required. Glove use is recommended and gloves should be changed between vaccinating individuals.
- Before POD personnel check in for work, they should be screened for any new cough, fever or other symptoms consistent with COVID-19 infection, including checking their temperature. For current information of COVID-19 infection, please refer to the [Oregon Investigative Guidelines](#).
- Individuals receiving the vaccine should also be screened for COVID-19 symptoms and have their temperature checked before entering the Closed POD.
- If a POD staff member or person to receive a vaccine is exhibiting positive COVID-19 symptoms, follow local or state written protocols for leaving the venue and seeking medical care as needed.
- Physical distancing guidance requires a minimum six-foot distance, yet vaccinators and POD personnel may need to work in close environment. Have an Infection Preventionist or Safety Officer observe and ensure PPE is worn appropriately and safety measures are taken to prevent potential transmission from an asymptomatic individual.
- All surfaces used for vaccine preparation and administration must be wiped down and cleaned with approved products for Novel Coronavirus SARS-CoV-2. The [EPA](#) has a list of the approved disinfectants and the [CDC](#) procedures in cleaning surfaces for community and workplaces.

Quick Reference Guides are included with this document can be laminated and used at the Closed PODs.

Templates and sample ICS 206 and 208 Forms for Medical Plan and Safety Plan respectively are included with this document in the Incident Action Plan template.

Inventory management

Effective inventory management is essential for recording vaccine and supplies used during the POD as well as to help forecast the number of vaccine doses and supplies needed for the remaining POD operational hours. All PODs should follow inventory management guidelines provided by the Oregon Immunization Program Vaccines for Children [Vaccine Management Guide](#).

Clinics [agencies, organizations, and facilities] are required to:

- Enter public and private vaccine stock into ALERT IIS before administering doses.
- Report all doses to ALERT IIS with an eligibility code within 14 days of administration.



- ❑ Count vaccine in the refrigerator and freezer. Compare the numbers to ALERT IIS inventory monthly. Submit a reconciled inventory count in ALERT IIS to place an order.
- ❑ Rotate vaccine stock to make sure that vaccines that will expire first are used first.

Storage and handling

The Oregon Immunization Program has a wealth of information concerning storage and handling of vaccines. The Oregon Vaccines for Children [Vaccine Management Guide](#) provides detailed instruction on managing vaccines in a clinic setting and off-site setting (aka POD sites). The need for cold chain management is a priority to ensure safety of vaccine and to avoid vaccine wastage.

Supplies

The CDC developed a two-page supply checklist titled “[Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#).” This checklist encompasses all vaccine delivery at off-site clinics and is useful to assist agencies ensuring that equipment and supplies are located at a POD.

Trainings and Just-In-Time Training (JITT)

Training is essential for all POD personnel, especially with personnel who have not worked in a point of dispensing environment. Prior to the POD, trainings should include expectations for working within the pandemic scenario and detailed information on medical countermeasures to be dispensed or administered, as time allows.

When time does not allow for training in advance, Just-In-Time Training (JITT) is required. The goal of JITT is to support and deliver guidance, informational materials and processes used during an emergency or planned event, such as a POD, for staff onsite.

Just-In-Time Training materials adapted from the [Inclusive Just-In-Time Training for Mass Prophylaxis POD Operations](#) and CRI Northwest are included as an annex for vaccine delivery at a Closed POD.

Safety, security and traffic control

Adequate security planning is essential to the safety of POD personnel and those receiving medical countermeasures, the sustainability of operations, and the safeguarding of countermeasures being dispensed or administered.

Local Law Enforcement and/or contracted security businesses should be engaged early when planning a Closed POD and in determining site location. Law Enforcement and contracted security businesses can provide perspectives of location and building security issues.

Ensuring personal safety is a responsibility of each POD staff members. During Operational Briefings and JITT emphasize the need to wear appropriate PPE for their assigned role and assigned identification to ensure Site Safety. A sample ICS 208 form is included to assist with developing a Safety Plan for the Closed POD.



In previously held PODs, animals as family pets and service animals, especially dogs, have accompanied their owners. From lessons learned at PODs, having signs on the day of the event and messaging prior to the event to encourage owners to leave family pets at home is recommended. If a service animal attends the Closed POD, the service animal must wear vest or other identification signaling the animal is on duty. The service animal must allow space for vaccinators to provide medical countermeasures to the individual.

Incident Action Plan template for Closed POD

An Incident Action Plan has been modified for a Closed POD event and included with this planning considerations document. The necessary ICS forms are included within the template and partially completed to assist agencies, organizations and facilities hosting a Closed POD.

Evaluations, after-action reports and improvement plans

Agencies, organizations and facilities that receive medical countermeasures, in this case vaccines, should complete a short after-action report and improvement plan (AAR/IP) to evaluate the POD and use the rapid-cycle improvement strategies to correct and improve actions. For Community Based Organizations and contractors hosting PODs, the AAR/IP forms are returned to the Public Health Division's Health Security, Preparedness and Response Program within one week of hosting a POD. Local Public Health Authorities follow Program Element 12 contract to submit AAR/IPs. A template of the AAR/IP is included with planning considerations document.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us