

**Point of Dispensing (POD) Exercise Evaluation Guide**

## Public Health Preparedness Capability 8: Medical Countermeasure Dispensing

<b>Capability Description:</b> Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.	
<b>Jurisdiction or Organization:</b>	<b>Name of Exercise:</b>
<b>POD Location:</b>	<b>Date:</b>
<b>Evaluator:</b>	<b>Evaluator Phone &amp; E-mail:</b>

<b>Function 1: Identify and initiate medical countermeasure dispensing strategies</b>		
<b>Function Description:</b> Notify and coordinate with partners to identify roles and responsibilities consistent with the identified agent or exposure and within a time frame appropriate to the incident.		
<b>Task /Observation Keys</b>		<b>Status/Task Completed</b>
#1	Engage subject matter experts to determine what medical countermeasures are best suited and available for the incident based on the risk assessment.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#2	Engage private sector, local, state, regional, and federal partners, as appropriate to the incident, to identify and fill required response roles.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Mark the status of Function 1 based on the assessments of the associated Tasks:</b>		
<input type="checkbox"/> Infrastructure Fully in Place -- Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Fully in Place --Not Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Not Fully in Place <input type="checkbox"/> No Infrastructure in Place		

<b>Function #2: Receive medical countermeasures</b>
<b>Function Description:</b> Identify dispensing sites and/or intermediary distribution sites and prepare these modalities to receive medical countermeasures in a time frame applicable to the agent or exposure.

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Task /Observation Keys		Status/Task Completed
#1	Assess the extent to which current jurisdictional medical countermeasure inventories can meet incident needs.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#2	Request additional medical countermeasures from private, jurisdictional, and/or State partners using established procedures, according to incident needs. — <i>Procedures include engaging hospital partners in submitting an SNS request through the County Emergency Manager to the State EOC.</i>	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#3	Identify and notify any intermediary distribution sites based on the needs of the incident, if applicable.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
<p><b>Mark the status of Function #2 based on the assessments of the associated Tasks:</b></p> <input type="checkbox"/> Infrastructure Fully in Place -- Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Fully in Place --Not Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Not Fully in Place <input type="checkbox"/> No Infrastructure in Place		
<p><b>Evaluator Notes:</b></p>		

### Function #3: Activate dispensing modalities

**Function Description:** Ensure resources (e.g., human, technical, and space) are activated to initiate dispensing modalities that support a response requiring the use of medical countermeasures for prophylaxis and/or treatment.

Task /Observation Keys		Status/Task Completed
#1	Activate dispensing strategies, dispensing sites, dispensing modalities, and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#2	Activate staff that will support the dispensing modality in numbers necessary to achieve	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

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	dispensing goals commensurate with the targeted population.	
#3	Implement mechanisms for providing medical countermeasures for public health responders, critical infrastructure personnel, and their families, if applicable.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#4	Initiate site-specific security measures for dispensing locations, if applicable.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#5	Inform public of dispensing operations including locations, time period of availability, and method of delivery.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
<p><b>Mark the status of Function #3 based on the assessments of the associated Tasks:</b></p> <input type="checkbox"/> Infrastructure Fully in Place -- Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Fully in Place --Not Fully Evaluated and Demonstrated <input type="checkbox"/> Infrastructure Not Fully in Place <input type="checkbox"/> No Infrastructure in Place		
<p><b>Evaluator Notes:</b></p>		

#### Function #4: Dispense medical countermeasures to identified population

**Function Description:** Provide medical countermeasures to individuals in the target population, in accordance with public health guidelines and/or recommendations for the suspected or identified agent or exposure.

Task /Observation Keys		Status/Task Completed
#1	Maintain dispensing site inventory management system to track quantity and type of medical countermeasures present at the dispensing site.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#2	Screen and triage individuals to determine which medical countermeasure is appropriate to dispense to individuals if more than one type or subset of medical countermeasure is being provided at the site.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#3	Distribute pre-printed drug/vaccine information sheets that include instructions on how	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

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	to report adverse events.	
#4	Monitor dispensing site throughout and adjust staffing and supplies as needed in order to achieve dispensing goals commensurate with the targeted population.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#5	Document doses of medical countermeasures dispensed, including but not limited to: <ul style="list-style-type: none"> <li>— <i>Product name and lot number</i></li> <li>— <i>Date of dispensing</i></li> <li>— <i>Location of dispensing (e.g., address and zip code)</i></li> </ul>	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#6	Report aggregate inventory and dispensing information to jurisdictional authorities based on incident needs.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
#7	Determine the disposition of unused medical countermeasures within the jurisdictional health system according to jurisdictional policies.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

**Mark the status of Function 4 based on the assessments of the associated Tasks:**

- Infrastructure Fully in Place -- Fully Evaluated and Demonstrated
- Infrastructure Fully in Place --Not Fully Evaluated and Demonstrated
- Infrastructure Not Fully in Place
- No Infrastructure in Place

**Evaluator Notes:**

### Function 5: Report adverse events

**Function Description:** Report adverse event notifications (e.g., negative medical countermeasure side effects) received from an individual, healthcare provider, or other source.

Task /Observation Keys	Status/Task Completed
#1 Activate mechanism(s) for individuals and healthcare providers to notify health	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>

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	departments about adverse events.	
#2	Report adverse event data to jurisdictional and state entities according to jurisdictional protocols.	Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
<p><b>Mark the status of Function 5 based on the assessments of the associated Tasks:</b></p> <p><input type="checkbox"/> Infrastructure Fully in Place -- Fully Evaluated and Demonstrated</p> <p><input type="checkbox"/> Infrastructure Fully in Place --Not Fully Evaluated and Demonstrated</p> <p><input type="checkbox"/> Infrastructure Not Fully in Place</p> <p><input type="checkbox"/> No Infrastructure in Place</p>		
<p><b>Evaluator Notes:</b></p>          		

## Public Health Preparedness Capability 8: Medical Countermeasure Dispensing

### Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the Evaluators for inclusion in the draft After Action Report/Improvement Plan (AAR/IP). This section includes a chronological summary of what occurred during the exercise for the observed Functions and Tasks. This section also requests the Evaluator to provide key observations (strengths or areas for improvement) to provide feedback to support sharing of lessons learned and best practices, as well as identification of corrective actions to improve overall preparedness. “Lessons Learned” are activities (strength or improvement) identified during your exercise that may be applied or replicated in another jurisdiction.

#### Observations Summary

Write a general chronological narrative of the Players’ actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative provided will be used in developing the After Action Report (AAR)/Improvement Plan (IP).

**Evaluator Observations:** Record your key observations using the structure provided below. Provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as necessary for additional observations). Use these sections to discuss strengths and any areas of improvement. Provide as much detail as possible, including references to specific Functions and/or Tasks. Document your observations with reference to plans, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

#### STRENGTHS

1. Observation Title:

**Related Function & Task:**

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**Record for Lesson Learned?** (Check the box that applies.) Yes  No

**1) Analysis:** (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.)

**2) References:** (Include references to plans, policies, and procedures relevant to the observation.)

**3) Recommendation:** (Even though you have identified this issue as a strength, please identify any recommendations you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.)

**2. Observation Title:**

**Related Function & Task:**

**Record for Lesson Learned?** (Check the box that applies.) Yes  No

**1) Analysis:**

**2) References:**

**3) Recommendation:**

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### Related Function & Task:

Record for Lesson Learned? (Check the box that applies.) Yes  No

1) Analysis:

2) References:

3) Recommendation:

### AREAS FOR IMPROVEMENT

#### 1. Observation Title:

### Related Function & Task:

Record for Lesson Learned? (Check the box that applies.) Yes  No

**1) Analysis:** (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the negative **consequences** of the actions observed.)

**2) References:** (Include references to plans, policies, and procedures relevant to the observation.)



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equipment, training, mutual aid support, management and leadership support.)

### 2. Observation Title:

**Related Function & Task:**

**Record for Lesson Learned?** (Check the box that applies.) Yes  No

**1) Analysis:**

**2) References:**

**3) Recommendation:**

### 3. Observation Title:

**Related Function & Task:**

**Record for Lesson Learned?** (Check the box that applies.) Yes  No

**1) Analysis:**

**2) References:**

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**3) Recommendation:**