Medical Emergency Distribution System - Point of Dispensing (POD)
POD COMMANDER Job Action Sheet

COMMAND

MISSION: PROVIDE OVERSIGHT TO OVERALL ONSITE POD OPERATIONS AND FUNCTION AS DECISION MAKER FOR THE SITE; LIAISON WITH THE LOCAL EMERGENCY OPERATIONS CENTER (EOC) OR STATE EOC OR HEALTH DEPARTMENT OPERATIONS CENTER (DOC) IF THERE IS NO LOCAL EOC AND THE RECEIVE, STAGE AND STORE (RSS) SITE

REPORTS TO: INCIDENT COMMANDER / EMERGENCY OPERATIONS CENTER

SUPERVISES: ALL COMMAND AND GENERAL STAFF, SUBJECT MATTER EXPERTS (SME'S)

EQUIPMENT: IDENTIFICATION VEST; CELLULAR TELEPHONE; APPROPRIATE 2-WAY RADIO; COMPUTER WITH CONNECTIVITY TO THE INTERNET; ICS 201 FORM

POD ACTIVATION

- ❑ Familiarize with POD location, flow and all POD functions at least 1 hour before staff is expected to arrive.
- ❑ Read this entire JAS and don ICS vest and proper identification
- ❑ Prepare ICS-201 form
- ❑ Ensure documentation of all key activities, actions and decisions on ICS form 214
- ❑ Report to local EOC/Incident Commander and obtain initial briefing
- ❑ Coordinate with security unit leader to ensure security needs are met and resource needs are made available
- ❑ Brief staff on current situation, incident objectives and strategy; outline IAP and designate operational periods.
- ❑ Ensure the POD is setup and ready to receive SNS assets and handle patients (Check flow and security)
- ❑ Confirm that security perimeter has been established
- ❑ Ensure staff complies with health and safety policies and proper use of PPE

POD OPERATIONS

- ❑ Complete or update ICS-201
- ❑ Lead operations briefing
- ❑ Receive and sign for all SNS assets delivered to the POD (IF not done by the lead pharmacist)
- ❑ Manage and coordinate Command/ SMEs
- ❑ Troubleshoot difficulties and bottlenecks during POD operations and solve problems as they arise.
- ❑ Provide updates to local EOC or Incident commander periodically
- ❑ Hold command / SME staff meetings periodically
- ❑ Handle media inquiries in coordination with the PIO and HEALTH
- ❑ Ensure command/ SME staff are taking breaks to include the POD Commander
- ❑ Maintain Activity Log (ICS Form 214)
- ❑ Upon shift change, brief replacement on the status of all ongoing operations, issues and other relevant incident information

POD DEMOBILIZATION

- ❑ As needs for staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner
- ❑ Ensure return/retrieval of equipment
- ❑ Close site in conjunction with HEALTH
- ❑ Coordinate demobilization plan and ensure completion of all ICS forms
- ❑ Hold and run POD hotwash for entire POD staff
- ❑ Upon deactivation of position ensure all documentation is submitted
- ❑ Attend and run After-action report conference with command / SMEs staff for POD
- ❑ Participate in statewide and local after-action conferences or report writing, as requested

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1	Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

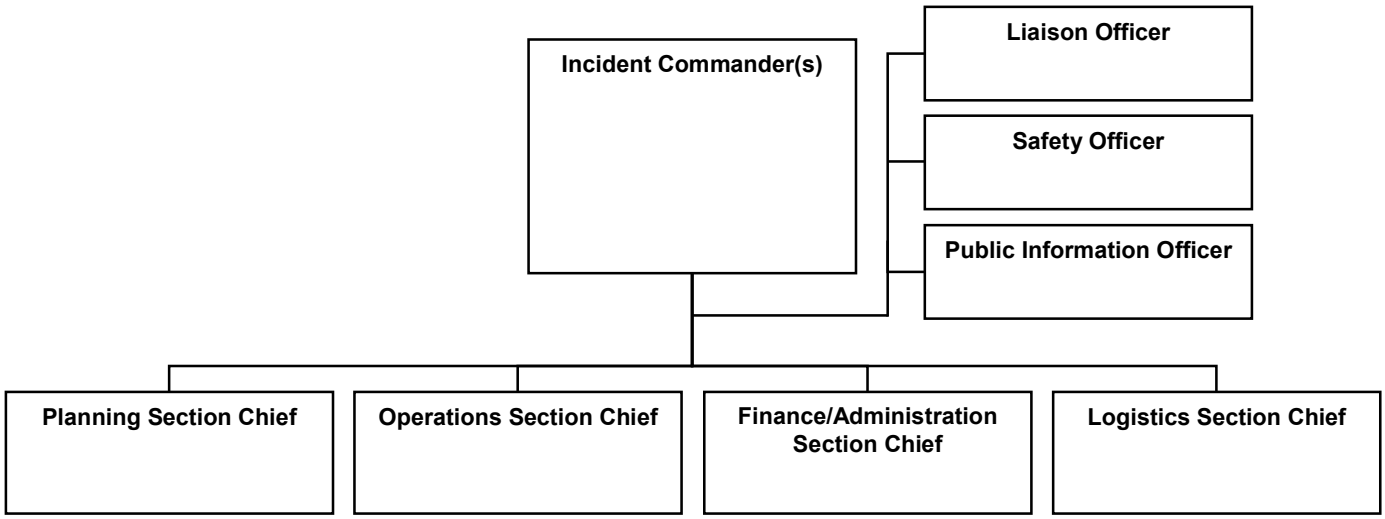
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 2 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate)**:**



6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 3 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
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				☐	
				☐	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

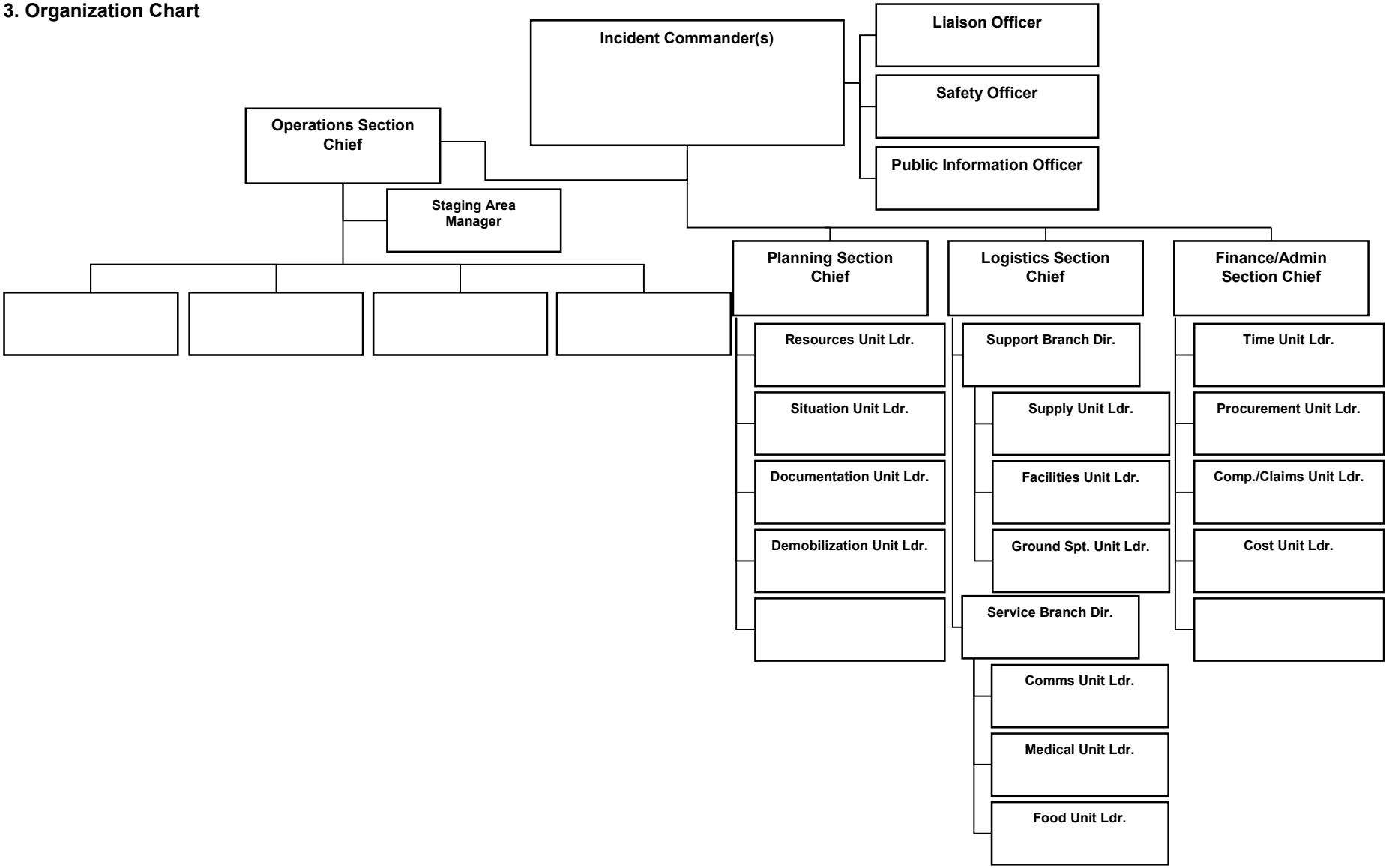
ICS 201, Page 4 Date/Time: _____

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:

2. Operational Period: Date From: Date To:
Time From: Time To:

3. Organization Chart



ICS 207	IAP Page ___	**4. Prepared by:** Name:_____ Position/Title: _____ Signature: _____ Date/Time: _____