

*After-Action Report
Places of Dispensing Drill*



*September 29th & 30th 2004
Blue Hills Fire Department
Bloomfield, CT*

EXERCISE OVERVIEW

Design

The POD Drill was developed by Steven Huleatt, Health Director of the West Hartford-Bloomfield Health District (WHBHD) and chairman of the ESF-8 Public Health subcommittee. The drill was based upon an exercise conducted by the SNS (formerly NPS) Program at Fort Noble in September, 2002. One hundred and two (102) people representing eighteen local health departments and districts as well as first responder agencies participated in the drill. The development team included members of the WHBHD staff as well as the staff from the Connecticut Association of Directors of Health (CADH), the Capitol Region Council of Governments (CRCOG), the Capitol Region Emergency Planning Committee (CREPC), the Capitol Region Metropolitan Response System (MMRS), the Blue Hills Fire Department, the Bloomfield Police Department, Bloomfield Volunteer Ambulance and local health directors. Special thanks to the Connecticut Department of Homeland Security and Homeland Security Education Center, the Connecticut Department of Public Health, the Connecticut Department of Emergency Management, the Connecticut Pharmacists Association and the Connecticut Department of Consumer Protection for their participation and assistance.

The implementation of a rapid mass oral prophylaxis campaign in response to a biological exposure is essential for minimizing associated morbidity/mortality. This required the establishment of mass dispensing clinics or “places of dispensing” commonly called PODs. The determination of the most efficient use of limited personnel and equipment at a given location is essential to achieve the goal of reducing illness. It was necessary to exercise these POD plans and protocols to identify the areas in need of improvement and recognize the needs for future exercises. This exercise aimed to set-up and operate 1 or 2 PODs to evaluate adherence to plan design criteria and the application of the protocols to efficiently dispense oral medication. The POD drill exercised draft clinic protocols for the mass dispensing of oral antibiotics developed by the Connecticut Department of Public Health. The drill ran a total of eight hours over two consecutive days. Day one was a three-hour Q & A session which provided an orientation and a review of all POD components. Day two was a mock implementation and operation of a POD clinic utilizing draft protocols for dispensing oral medications related to anthrax exposure.

Situation:

On Tuesday, September 27, 2004, letters arrived at an unknown number of homes of first responders in the Capitol Region. The content of the letters appeared to be harmless letters of solicitation asking for forgiveness and kindness for the “children of Allah” from the great guardians of America. Most of the letters were opened and tossed out as junk mail; a few were kept for consideration on the merit of the solicitation. For some, the letters caused suspicion, and two in a different jurisdiction were reported as possible white powder letters. The letters were determined at the time to lack a credible threat, but each was retrieved for possible laboratory analysis. On the morning of Wednesday, September 29th, at 1000 hours it was determined a credible threat had occurred as the newly installed sensors at the Postal Distribution Facility were set off indicating possible exposure to anthrax.

The postal facility had taken immediate preventive action to assure the safety of the facility and to provide the exposed workers with medication.

A preliminary trace of the mail led to the home of a local first responder. Two other letters to first responders were found in a processed batch. Each letter contained a white powder considered positive for anthrax. Laboratory analysis for the letters were available in within 12 to 24 hours.

At this point authorities assumed a mass distribution of the letters occurred to first responders in the Capitol Region. At that time there was no indication of a threat or risk to the public at large, however, it was imperative to provide protection against anthrax contamination to all first responders that received one of the letters.

Leaders of first responder organizations in the Capitol Region were alerted to have any department members who received a suspected letter report to a CREPC dispensing clinic (Blue Hills Fire Department in Bloomfield) on the morning of September 30th at 1100 hours. At that time they received medication and medical evaluation and oral medications for themselves and the immediate household members residing at the home within the past 72 hours.

The need was identified by WHBHD Director to operate 2 POD clinics with an expected patient flow of 625 people per hour.

Event Synopsis

Background

- The Blue Hills Fire Department headquarters was selected as the drill location for its multi-room design, abundant parking, accessibility to main routes. The community room was large enough to accommodate all of the participants and was easily transformed into a clinic. The fire truck bay used for the other clinic presented more of a challenge due to its smaller size. Each setting provided the clinic staff with an opportunity to identify challenges and creative solutions regarding space considerations, noise level, clinic flow, etc.
- The event was publicized to local first responder agencies and local health departments.
- Scenario character cards were devised by the development team and later enhanced by a pharmacist.

Event Summary

- Health departments were called to the drill via the Nextel phone Health Alert Network (HAN) system during the morning of Day 1. Attendees were given an orientation by Chief Austin and a security briefing by Chief Hard. The briefing called for two clinics to be operationalized by 1100 hours on Day 2.
- The Incident Commander assigned attendees to work in either Clinic A or B. A Director of Health was appointed to head each clinic. Each team had at least one physician,

pharmacist, nurse, sanitarian and administrative member. All participants had meaningful tasks given the expected clinic staff to patient ratios.

- Each team was designated a clinic space in either the large community room or smaller fire truck bay. Teams then had to assign roles within the group using the incident command structure, including a clinic manager and a logistics officer, and to develop their clinic facility and process.
- Each team developed a list of needed supplies and submitted it to their designated logistics officer to be filled by “central supply” the morning of Day 2. Additional supplies were ordered through the logistics officer as the second day proceeded.
- A separate incident command headquarters was established in the police department mobile command station, positioned across the street. Communication occurred through hand-held radios.
- Both clinics were set up on Day 2 and were operational prior to the time designated to open clinics to the public. Both clinics chose to send test patients through the clinic to evaluate their clinic flow.
- First responders registered outside the clinics at an adjacent tent and were provided instructions on clinic participation. Clinic patients included first responders, designated observers, and clinic personnel.
- In addition, first responder patients also registered spouses, parents, children and other household members potentially exposed to anthrax. Prepackaged candy with pharmaceutical type labels was distributed to the patients.
- The clinics were operational for a total of one hour. A debriefing occurred among staff representing each clinic as well as individuals working at the EOC. All participants then converged to share their experiences in a collective hot wash session. All participants were asked to complete evaluations.

Mission Objectives

The design team set the following mission objectives for the POD drill:

- Test the activation of the Regional Emergency Disaster (RED) Plan
- Provide regional coordination of communications and test the activation of one (1) Regional Incident Dispatching (RID) Team
- Establish a mobile Regional Integrated Communication System (RICS)
- Coordinate the RED Plan resource deployment for emergency support functions
- Determine the aspects of establishing ICS/UC in design, implementation and coordinate the operation of a POD
- Determine the number of patients effectively and efficiently processed per hour based upon the design decisions
- Determine specific design aspects that have a positive and negative impact on the POD operation
- Identify fundamental/critical aspects of the POD plan design to accomplishing the goal
- Identify aspects of the POD plan design that are adjustable without significantly impacting the goal
- Provide results to be used by local, regional and state planners for designing future POD exercises and responses

CRITICAL ANALYSIS

Fifty-three (53) evaluations among clinic staff (“staff”) and thirty-one (31) evaluations among clinic patients (“patients”) were completed and analyzed on the aggregate and stratified by clinic. The following are key findings extrapolated from both patient and staff evaluations.

Overall, clinic staff identified the major strengths of the drill to be (1) Communication, (2) Planning, and (3) Teamwork, while clinic patients identified (1) Clinic flow, (2) Medical screening, and (3) Dispensing of medications/prophylaxis to be the greatest strengths of the drill.

General Findings

Staff:

- Felt comfortable in their roles and clearly understood their responsibilities (96%)
- Were able to direct patients to the appropriate clinic station (83%)
- Felt access to the clinic was controlled adequately (100%)
- Felt clinic stations were easily identifiable (92%)
- Were able to address problems or issues that arose (94%)
- Knew who to report to (98%)
- Were able to communicate with other clinic staff effectively (90%)
- Felt the drill met their expectations (75%)
- Felt staffing was inadequate (46%)

Patients:

- Believe the Medical Screener was both able to address their health concerns adequately and took enough time to answer their questions (97%)
- Felt the Greeter / Health Educator clearly explained to them how to fill-out the clinic forms (80%)
- Did not have difficulty navigating from station to station within the clinic (70%)
- Had a final review of their paperwork and/or antibiotics performed at the Exit Interview Station before leaving the clinic (87%)
- Were not confident they filled out the necessary forms satisfactorily (23%). [Clinic patients in one clinic felt more confident they filled out the forms satisfactorily (84% vs. 64%)].
- Felt they received all the information they needed to know about anthrax and the antibiotics prescribed to prevent anthrax (86%). [One clinic was 100%]
- Felt it would be helpful to keep a written record of their household members’ personal history -- weight, allergies, social security number -- in case of an emergency (95%) since only 63% of them reported knowing this information.
- Felt all written and verbal interactions with them and the Medical Screeners and other clinic staff would remain confidential (90%).
- Felt the drill met their expectations (97%) and that it was a valuable experience overall (100%).

While staff felt the following positions were understaffed – (1) Pharmacist / Pharmacist Technician, (2) Medical Screener and Medical Evaluator, and (3) Triage – they felt that at least one “Runner” would be necessary in each clinic to assist with the acquisition of supplies,

questions, and general communication. The only clinic position that was felt to be overstaffed was the General Information station. It was felt that some of the information provided at the General Information station could be given at registration and other information provided by the medical evaluators.

Areas of Improvement

Several areas of improvement were identified by both staff and patients for future drills. The most frequently cited suggestion among both staff and patients was to improve the clinic forms. They were long, cumbersome, and attributed greatly to any delays (e.g., registration) or bottlenecks (e.g., triage, security) experienced in the clinics.

Staff recommended the following:

- Ensure that patients display appropriate identification
- Improve clinic flow through more streamlined security and triage
- Enhance communication (e.g., clinic to EOC, internal clinic communication)
- Improving signage (specifically to main entrance, and above stations)
- Provide additional supplies and materials (i.e., pencil sharpener, copier/fax, acronym list, etc.)

Patients recommended the following:

- Standardize information provided to patients at the General Information and Exit Stations. Among patients who received a packet (90%), more than 20% believe the materials did not adequately explain the clinic process.
- Develop / Enhance protocols for security that include:
 - Display of primary and/or secondary form of identification
 - Security at sign-in or registration
 - Site security clarification / briefing for staff
 - Handling security breaches.

*In one clinic, 83% of clinic patients were not asked to present proper identification before entering the clinic.
- Improvement of clinic forms that include:
 - Shaded and/or color-coded forms to assist staff and patients in completing required sections
 - Standardization between clinics regarding what needs to be completed by staff and patients
 - Publicizing modified forms as a living appendix to the State's SNS Plan.

Training and Education

Staff suggested the following topics be addressed in future trainings:

- Communication, ICS / NIMS
- Greater awareness of importance / value of clinic stations, such as Mental Health
- Credentialing and scope of practice
- Separate drills for pharmacists and technicians
- Additional POD Drills (recommended by patients, as well)
- Logistics training

- Education on professional liability regarding performance of roles among nurses and other clinical staff
- Work with DPH communications, TRAIN, staff and others to create an educational video

Observer Findings

The following are key observations and recommendations, by clinic station, offered by 14 individuals who participated in the drill as observers.

Clinic Set-Up

Observations:

- Clear identification of staff
- Dispensing station well-organized and set-up quickly
- Small clinic may constrict flow
- Signage should be improved
- Roles need to be clarified before clinic opens; Correlate clinic schematic sheet with job action sheets to clarify more specifically the roles of staff
- Elevated noise level may impact good internal clinic communication

Clinic Entrance / Pre-Clinic Triage

Observations:

- Triage area should be larger
- Registration area should accommodate patients with adequate space, chairs, and clipboards to fill out forms
- Consider alternate location for registration for inclement weather
- Lack of demarcation at clinic entrance
- Need standard procedure for decontamination

Registration (Registration was located at Clinic Entrance for this drill)

Observations:

- Well-organized
- Time consuming -- long, confusing forms
- Need protocol for patients with excessive questions (to avoid bottlenecks)
- Recommend entering patient information into computer that will make the record of each patient available at each clinic station

Triage

Observations:

- Generally efficient, with minimal bottlenecks
- No privacy discussing personal information – recommend screening booths
- Some patients passed through triage without paper clearance
- Need more tables and triage staff to accommodate larger flow of patients

General Information

Observations:

- Clinic A demonstrated great communication with patients, providing a brief explanation of anthrax and why patients are at clinic
- Clinic B provided a very long, narrative explanation – need to keep message simple, concise, brief
- Consider removing chairs and asking people to stand
- Consider including a video (CDC?) for patients to watch that describes anthrax
- Standardize information provided – use key points to minimize amount of information patients need to absorb in stressful situation
- Differentiate between information to read and process at the clinic and information to read at home

Medical Evaluation

Observations:

- Although evaluation was comprehensive (e.g., good, in-depth questioning, addressed problems and concerns), visits were lengthy and could be streamlined – especially important when there are more patients
- Need more mental health clinic staff and a separate area for mental health evaluation
- Need additional supplies (i.e., thermometers, BP cuffs, and rubber gloves)
- Prescribed liquid medication that pharmacy said was not available
- Need clarification regarding who makes decision (MD, PA, RN, APRN, Pharmacist) of who should receive what medication – liability issue

Medical Screening

Observations:

- Well-staffed
- Need more privacy (i.e., individual screening booths) for each station to discuss health history, questions, and concerns
- Would be useful for staff to have a reference chart on table (i.e., ‘cheat sheet’)
- Observed a screener tell a patient that Cipro was better than Doxycycline, but then gave patient’s husband prescription for Doxycycline – should have explained why this decision was made

Antibiotic Distribution

Observations:

- Very thorough; Good attention to detail
- Well-organized; Good flow; Smooth
- Well-staffed
- Excellent job providing information

- Picked-up patients whose names on forms did not match nametags and other identification – resulted in patients being escorted out of clinic
- One example (Clinic A) of pharmacist not telling patient how long medication would be taken for; Another example (Clinic B) of pharmacist not providing instructions about possible return for further medication
- Possible bottleneck area; Needs to be quicker
- Need for tighter, clearer security screening and security controls
- Need gloves to repackage, reconstitute, and dispense
- More table space needed; More dispensing stations and staff needed to process more patients
- Need official guidance regarding the dispensing of antibiotics for people in absentia

Exit Interview

Observations:

- Good job of thoroughly reviewing paperwork and general information
- Identified errors made by pharmacists
- Picked-up unsigned forms
- Highlighted information on sheets for patients
- Needed a copier to make copies of patients' personal medical forms
- Would be useful for staff to provide resource for additional information to patients after they return home (e.g., hotline)

Security

Observations:

- Clinic staff exhibited good communication with security to deal with problems
- Police did a good job keeping unauthorized persons out of the clinic
- Security was well-handled; Potentially-contaminated group was segregated
- Well-done; Both doors were covered; Internal security adequate
- Sufficient and well-placed
- One clinic had security missing at the exit
- When security leaves their post for any reason, there needs to be a back-up
- More security needed
- Security protocols, including a security plan for crowd control, should be established

Communication

Observations:

- Communication was good; Sufficient; Adequate
- Having Section Chiefs minimized volume of discussions/requests and maintained a line of communication with the Clinic Coordinator
- One worried, ill patient was identified as “agitated” – this could have been handled better (e.g., patient could have been sent to speak with staff in mental health)
- Sections / Tables need to communicate better
- Using consensus building in a large group to plan the clinic was ineffective and fragmented
- Need more radios

- Use ICS in smaller planning groups
- Need a formal procedure for clinics to notify hospitals of potential anthrax patients, if the need arises

General Comments

Strengths:

- Director of Health did a great job checking expectations of each station; Addressed potential problems up front
- Excellent interaction during assignment of clinic roles and individual tasks in each group
- Clinic area chiefs gave good briefings to entire team on team duties and responsibilities
- Good command decision in one clinic to swap the Triage and General Information stations
- Good teamwork; good collaboration among clinic staff
- Good communication / interaction between station managers and logistics coordinators

Weaknesses:

- Confusion on the part of clinic staff about how to screen / identify legitimate clinic patients
- One patient made it all the way to the antibiotic dispensing table before being caught without identification
- Decontamination not handled well after patient arrived with an envelope containing white powder; Security not posted to keep people out of potentially contaminated area
- Loose volunteer check-in and credentialing
- Verbal directions of where to go provided to patients vague
- Forms too cumbersome
 - Need to modify forms
 - Forms should include appropriate headers/footers instructing patients and staff of which forms to fill-out, present, and retain
 - Clarify when to provide what form and to whom (which station); what to retain where and what to provide to patient
- Difficult to identify command staff in one clinic
- Present system requires too much repetitive handwriting

Recommendations:

- Need space to accommodate overflow of people
- Take into consideration briefings conducted by Area Chiefs into the planning process – good opportunity to provide team members with an overview of the total process
- Clinic staff need to be aware of patient identification / screening process
- Wheelchairs should be available
- Establish protocols for handling decontamination at clinic
- Clinic security protocols needs to include questions to screen / verify that patients do not bring harmful agents to clinic
- Persons with anxiety should have an assistant to help guide them, if needed, and clinic staff should be able to identify persons in need of this type of assistance
- Need a protocol on how to keep records of persons/families (1) sent to the hospital, and (2) declined or not prescribed medication
- Involve nurses in developing revised protocols for anthrax and for future protocols

CONCLUSIONS

This POD drill set out to test the implementation of a rapid mass oral prophylaxis campaign in response to a biological exposure to first responders and members of their immediate household. This is essential for minimizing associated morbidity/mortality among first responders and to sustain an active and committed workforce. The design tested the ability in the Capitol Region to establish mass dispensing clinics or “places of dispensing” commonly called PODs. Clinical volunteers were tasked to make determination of the most efficient use of limited personnel and equipment at given locations essential to achieve the goal of reduced illness based upon draft plans and protocols available from the Connecticut Department of Public Health. The drill set-up and operated 2 PODs to evaluate adherence to plan design criteria and the application of the protocols to efficiently dispense oral medication. Based upon the drill the following represents the completion of the identified Mission Objectives.

- Test the activation of the Regional Emergency Disaster (RED) Plan
The call-out of ESF 8 clinical participants was impressive with individuals making the commitment for both days of the drill. Support from the ESF 2,4,5,14,16, the Medical Reserve Corp (MRC) and the Capitol Region MMRS (CR-MMRS) were all timely, responsive and professional.
- Provide regional coordination of communications and test the activation of one (1) Regional Incident Dispatching (RID) Team
ESF 2 established communications on Day 2 between the two clinics, the command post, and the staging/registration tent in a timely and efficient manner.
- Establish a mobile Regional Integrated Communication System (RICS)
Interoperability of communications was not an issue during the drill.
- Coordinate the RED Plan resource deployment for emergency support functions
A separate Regional Coordination Center (RCC) was not implemented during the drill. The command post was a shared facility for incident command and police operations. This was efficient for the drill, but should not be the choice during an actual incident.
- Determine the aspects of establishing ICS/UC in design, implementation and coordinate the operation of a POD.
The clinical volunteers adapted well to ICS/UC format. External of the clinical operations the ICS/UC was easily established and effectively implemented. Internally, the clinic staff recognized the appropriateness of the ICS/UC format and identified this area as a future training need.
- Determine the number of patients effectively and efficiently processed per hour based upon the design decisions.
Due to a lower than expected number of patient volunteers this could not be determined. However, areas of real and potential “bottlenecks” were identified and future plans and drills can make changes in increase throughput of patients.
- Determine specific design aspects that have a positive and negative impact on the POD operation.
Specific design aspects were identified in each group by clinical staff, patient volunteers and observers. These will all assist future POD planning and operations.
- Identify fundamental/critical aspects of the POD plan design to accomplishing the goal.

The critical analysis found concrete aspects supporting the POD drill and draft protocols demonstrating the capacity to reduce illness and sustain a healthy and committed first responder workforce during a biological incident.

- Identify aspects of the POD plan design that are adjustable without significantly impacting the goal.

Development of field operations developed for clinical stations in each clinic showed ingenuity and sound professional judgments. The identification of equipment and material will assist in future drill and deployments.

- Provide results to be used by local, regional and state planners for designing future POD exercises and responses.

The POD drill was a valuable experience and training for all participants and can be readily applied to current planning and training efforts. Completion of this exercise will make future POD drills a much simpler process in the Capitol Region and in other preparedness regions in general

APPENDIX A

HOT WASH COMMENTS

Clinic A

1. Expectations met/unmet

- Thought we would be taxed more with the number of patients
- For the most part we thought expectations were met, we thought we would get more curveballs

2. What went well?

- We learned a lot.
- Timing of flow and what it takes to go from one station to next went well
- Ability to communicate
- Team Spirit
- We focused on our tasks
- Chain of Command in clinic went well
- Ability to work in limited space
- We felt comfortable we had people to backfill
- MD, Pharmacist, RN & APRN all at one table, this helped

3. What could be improved?

- Who was authorized to perform medical screening?
- Confusing in the beginning to know where the perimeter was and who was authorized to enter
- Thought pre-screening would be done at the entrance - should be clarified
- Should they have gotten forms in advance?
- Had some problems with forms
- Took us longer than we thought to get someone from start to end

Clinic B

1. Expectations met/unmet

- Came together quickly
- Questions got answers
- Calm demeanors
- Knowledgeable staff
- Info sharing

2. What went well?

- Patients were more expert than anticipated
- More disruption expected
- All three attempted breaches caught
- Used command for disputes

3. What could be improved?

- Supplies disappeared fast
- Central area did not flow well
- People did not come through fast enough so we spent more time than we should have
- Paperwork should have been pre-filled by first responders
- The medical screeners were prescribing medications that they did not have
- Communication gap between med screeners and pharmacists

Emergency Operations Center

- EOC component was to determine how public health served in an incident command role
- Law enforcement is used to working with EMS and Fire. Public health was a new partner.
- We have not done a lot of planning on the public health side in an EOC environment
- A security plan should have been authored by the command post
- Communication at time was good/at times not
- Security policies need to be a written order. We were clear in EOC, then there was confusion
- Need to consider access points
- How can we speed up clinics?
- Press briefing, how would we have handled this?
- Learned valuable lessons because not everyone had been involved in running a clinic

Additional comments

Clinic workers

- Forms need to be standardized and streamlined
- Greeters were told they gave patients too much information
- The Incident Commander should have been stationary – people should go to him not the opposite
- In “real world” you would have portable radios
- Registration area should be at the front of each clinic
- Put the info on what the pharmaceuticals were on a TV and play it in waiting area.
- No use of computers, could have had wireless access set up at both sites so both clinics could communicate

Patients

- Significant discrepancies in both clinics. One gave good instructions and the other did not
- Forms were confusing to the patients. Patients were unclear on where to bring them
- Patient identification were very confusing
- There were no exit instructions about follow up.
- Were not asked for photo ID

Observers

- There was a lot of moving of resources as needed
- Group developed their own tools
- Communication was excellent
- When health director left the room, someone else was named in charge
- Doing a dry run made a lot of sense
- Some kind of routers should have been placed along the way, too much backtracking
- There was some confusion on rules of play
- Should ill people have been removed from clinics?
- Too much paperwork for first responder with a wife and twins
- Paperwork was redundant
- There was a choke point at the entrance door
- Not one of our communities could have done this on their own
- This is an adult stockpile as it stands now - we need to work on this
- Might want to consider color-coding the forms.

APPENDIX B

POD SUPPLY REQUESTS

Clinic A

4 Black Markers
3 Sticky note pads
3 Scotch tape
4 Black clips
1 Box chisel point staples
15 Plastic bags
1 Screw driver, flathead
40 Tie wraps
1 Phone cord
2 Red vests
Yellow tape
1 Box Sanitizer packets
Stapler
2 Blue clipboards
1 Storage bin
Highlighters

1 Pack pencils
1 Thick black marker
1 Box ¾ inch band aids
1 Tape measure
1 Numerator (counter)
1 Swiss army knife
Rubber bands
Wrench
3 Yellow vests
1 Blue vest
10 Clipboards
6 5x8" pads paper
1 Trash can
1 Box staples
2 Vests
Chairs

Clinic B

Pens
10 Green vests
2 Highlighters
Tape
3 Staplers
12 Clip boards

Stamp
2 Blue vests
Paper
1 Yellow vest
staples
1 Box hand sanitizer

APPENDIX C
EVALUATION FORMS

**CREPC – PLACE OF DISPENSING (POD) DRILL
CLINIC STAFF EVALUATION FORM**

Name of Evaluator: _____

Clinic: 1 2 (circle one)

Assigned Job Task: _____

1. Did you feel comfortable in your role and clearly understand your responsibilities?
 Yes
 No
2. Based on the training you received previously, were you capable of answering patients' questions that were relevant to your responsibilities?
 Yes
 No
 I was not asked any questions by the patients
3. Were you able to direct patients to the appropriate clinic station?
 Yes
 No
 I did not direct patients to any area
4. Did the patients follow your directions / instructions correctly?
 Yes
 No
 I did not provide any directions / instructions to the patients
5. Did patients clearly understand what they were expected to do and where they were expected to go?
 Yes
 No
6. Did you have enough time to interact with the patients and answer their questions?
 Yes
 No
7. Was staffing adequate?
 Yes (skip to Q8)
 No

7a. If not, please describe which areas were over- or under-staffed.

-
8. Did patients flow through the clinic in an organized fashion?
 Yes
 No

9. Was access to the clinic controlled adequately?

- Yes
- No

10. Were stations easily identifiable?

- Yes
- No

11. Were the necessary supplies available?

- Yes
- No

12. Were you able to address problems or issues that arose during the clinic?

- Yes
- No
- There were no problems or issues.

13. Did you know who to report to?

- Yes
- No

14. Were you able to communicate with other appropriate clinic staff effectively?

- Yes
- No

15. Did you receive all information necessary to effectively perform your task/role?

- Yes
- No

16. Did this exercise meet your expectations?

- Yes (skip to Q17)
- No

16a. If not, why?

17. In your opinion, what parts of the exercise went well?

18. In your opinion, what parts of the exercise could have been improved?

19. Please identify key areas where training or additional education could be helpful.

Please provide any additional comments or suggestions.

CREPC – PLACE OF DISPENSING (POD) DRILL PATIENT EVALUATION FORM

Name of Evaluator: _____

Clinic: 1 2 (circle one)

1. Did the Security Officers working outside the clinic entrance / pre-clinic triage area know where to direct you?

- Yes
- No
- There were no security officers present

2. Did a Greeter ask you to present proper identification (i.e., picture I.D., proof of residency, etc.) prior to your entrance into the clinic?

- Yes
- No

3. Did a Greeter provide you with an informational packet of materials?

- Yes
- No

3a. Did the materials provided to you adequately explain the steps involved in the clinic process?

- Yes
- No

4. Was the Greeter polite and direct you to the appropriate clinic area?

- Yes
- No
- I had no interaction with a Greeter

5. Was the Medical Evaluator able to determine whether or not you were eligible for the antibiotics?

- Yes
- No

6. Did the Medical Screener address your health concerns adequately?

- Yes
- No

7. Did the Greeter / Health Educator clearly explain how to fill-out the forms you were asked to complete?

- Yes
- No
- I had no interaction with a Greeter / Health Educator

8. Did the Medical Screener take enough time to answer your questions clearly?

- Yes
- No
- I had no interaction with a Medical Screener

9. Did you have any difficulty navigating from station to station within the clinic?

- Yes
- No

10. Did any clinic staff at the Exit Interview Station perform a final review of your paperwork and/or antibiotics before your departure?

- Yes
- No

11. Do you feel confident that you filled-out all the necessary forms satisfactorily?

- Yes
- No

12. Do you feel that you received all the information you needed to know about anthrax and the antibiotics prescribed to prevent anthrax infection?

- Yes
- No

13. Were you receiving medications for other household members?

- Yes, see Question 13a and 13b below.
- No, Proceed to Question 14.

13a. If Yes, Did you know the personal history information (social security number, date of birth, weight) for the other members of your household?

- Yes
- No

13b. Would it be helpful to keep a written record of your household members' personal history information in case of an emergency?

- Yes
- No

14. Do you feel that all written and verbal interactions between you and the Medical Screener(s) and other clinic staff would remain confidential?

- Yes
- No

15. Did you have enough time to ask questions during your visit to the clinic today?

- Yes
- No

16. Did this exercise meet your expectations? If not, why?

- Yes (Skip to Q17)
- No

15 a. If no, why? _____

17. In your opinion, what parts of the exercise went well?

18. In your opinion, what parts of the exercise could have been improved?

19. Did you feel that this was a valuable experience overall?

- Yes
- No

