



**LEGACY**  
HEALTH

# POD People to the Rescue: How Partnership Saved the Day

**Lauren K. Harris, FACMPE**  
**Clinic Manager**

EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

SALMON CREEK Medical Center

RANDALL CHILDREN'S HOSPITAL Legacy Emanuel

LEGACY MEDICAL GROUP

LEGACY LABORATORY

LEGACY RESEARCH

LEGACY HOSPICE

# Situation: What happened?

- Potential Hepatitis A exposure over Valentine's weekend 2016
- Sandy Cinemas — infectious concession stand employee
- Approximately 2,500 potentially exposed
- Small community with minimal infrastructure to respond
- High anxiety created surge at local private clinics



# The Bigger Picture of a POD

- POD = Point of Dispensing
- Clinic model for ASAP large-scale medication events
- Integration of crowd-control and public health concepts
- Basic POD model useful for many routine purposes
- It takes practice, but can be scaled up/down readily



# Timeline

2/14-2/17

- Movie ticket sales to over 3,000 community members

2/18

- Infectious employee identified by County Health Department
- Clinic manager receives phone call from County Health Officer warning of press release coming in 2 hours

2/18

- Clinic manager creates internal action plan, including contacting employee health to access vaccines for clinic staff, communication and accessing pt. vaccine
- Employee health nurse contacts manager who suggests creating POD
- Patients begin calling clinic

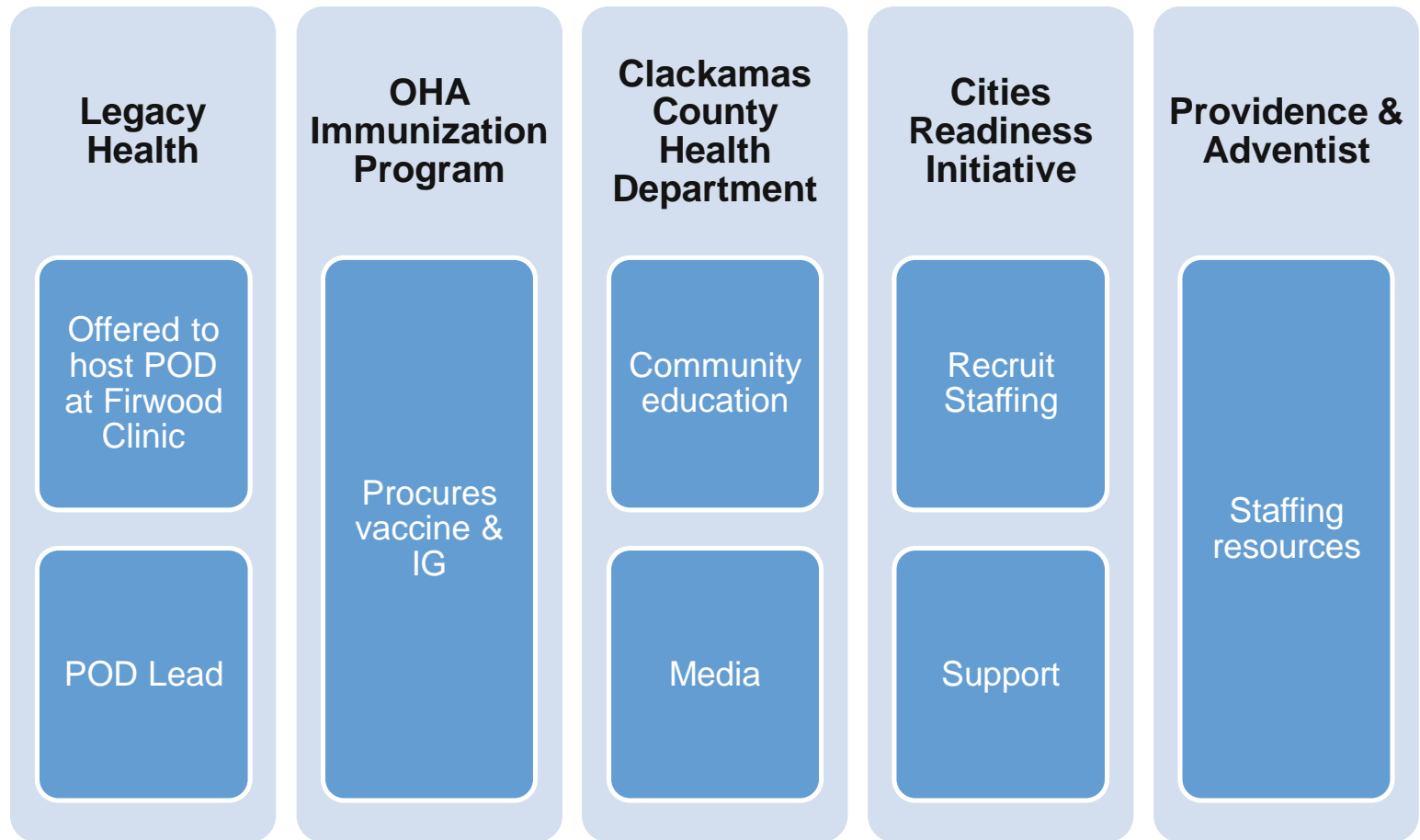
2/19-2/22

- Multi-agency team plans the response

2/23-2/25

- POD outreach at Legacy Firwood clinic

# Early Response:



# A weekend of planning.....

Determine where resources will come from

Establish Incident Command Structure to delineate roles

Planning calls and sub-group meetings

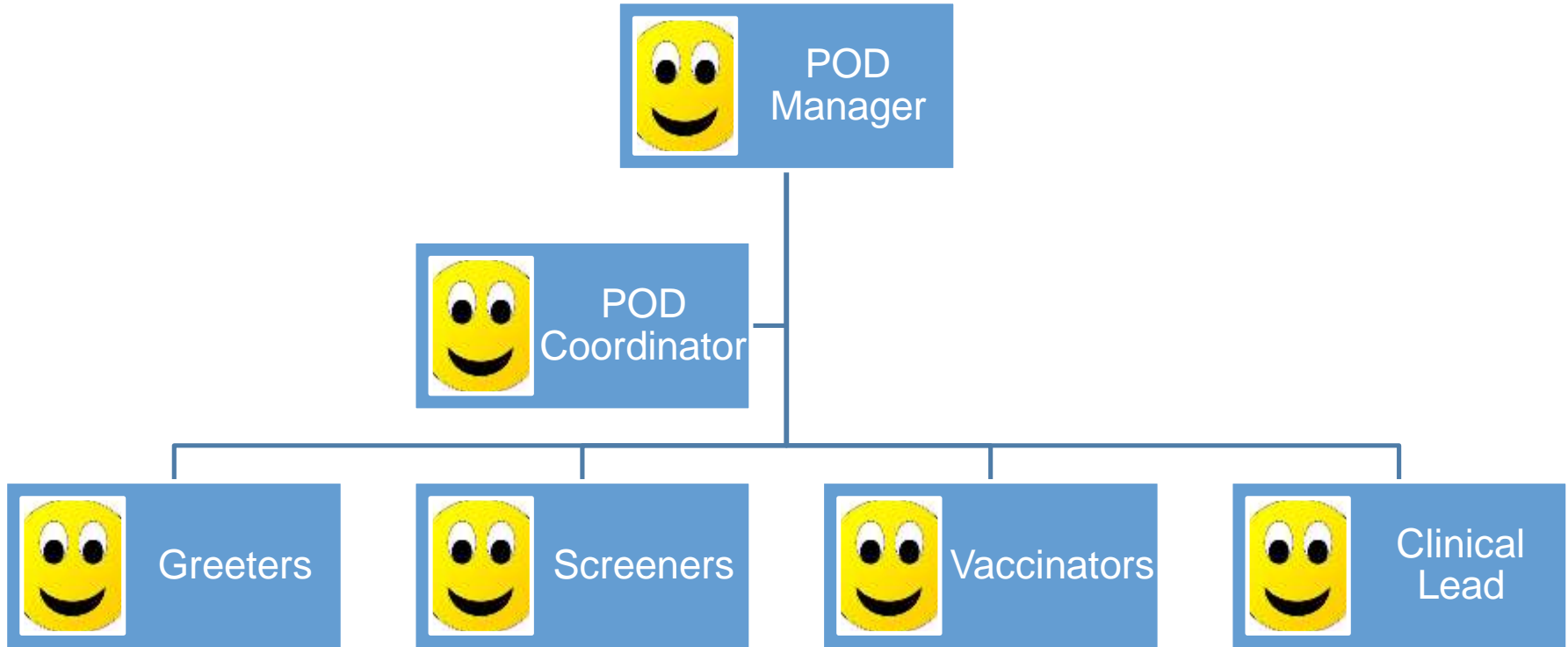
Create Standing Orders and treatment algorithms

Gather staffing, verify credentials, liability insurance issues

Create client screening materials & provider training materials

Coordinate w/ response partners: Sandy Police, local media, etc.

# POD Staffing



## Additional staffing:

- Set up/Take down
- Security
- Runners

# Client Forms:

CLINIC USE ONLY

## Hepatitis A Exposure Screening Form

Sandy, Oregon POD

First Name		MI	Last Name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Date of Birth		Age	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
Month	Day	Year	Telephone Number	
<input type="text"/>				
Street Address				
<input type="text"/>				
City		State	Zip Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Please answer the following questions.

- Have you ever had a bad reaction, a serious swelling, or fainted after a vaccination?  YES  NO
- Are you feeling ill or do you think you might have a fever today?  YES  NO
- Do you have a severe allergy or a history of sensitivity to medications, latex, or to any other substance?  YES  NO
- Do you have any health issues, diagnosis, or chronic medical conditions?  YES  NO
- Have you had any other vaccinations in the past 4 weeks?  YES  NO
- Females Only. Are you pregnant or do you think you might be pregnant?  YES  NO

By being vaccinated today you agree and consent to the following statement:

I have been provided the Vaccine Information Statement for the vaccines to be given today. I understand the questions above, answered truthfully, and had the opportunity to ask questions of a clinician prior to being served. I acknowledge that vaccines, as with any medication, have some risk of side effects and are not a guarantee of immunity. I consent to be vaccinated after understanding the risks and benefits of this decision. I have been informed of my option to wait in the clinic for 20 minutes in case of a serious reaction. I allow use and release of the minimum information needed to communicate vaccination status to my primary care provider, or to meet Federal, State, and CMS requirements.

Signature:  X  Date Signed:

- Review client ALERT Hepatitis A. Dose #1 Date: \_\_\_\_\_ (exclude sooner than 8/22/15)
- Legible and Complete Form
- Verify client age:
  - 41+ highlight name. Give IG sheet. Enter weight in lbs \_\_\_\_\_
  - 1—40. Give VIS sheet. No weight needed.
  - under 1 year highlight name. Give IG sheet. Enter weight in lbs \_\_\_\_\_

Pediatric Dose	Havrix	GSK	A2X9E Lot Number	05/05/2018 Expiration	0.5ml Dose	Injection Site	10/25/2011 VIS published
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Adult Dose	Havrix	GSK	<input type="checkbox"/> 3RS99 Exp. 3/21/17 <input type="checkbox"/> A4M5L Exp. 3/20/17 <input type="checkbox"/> 9927T Exp. 10/18/17	1.0ml Dose	Injection Site	10/25/2011 VIS published
Adult Dose	Vaqta	Merck	<input type="checkbox"/> L031196 exp: 02/05/2017 <input type="checkbox"/> L042039 exp: 01/14/2017 <input type="checkbox"/> L048460 exp: 01/14/2017 <input type="checkbox"/> L017757 exp: 04/08/2018 Lot Number & Expiration Date	1.0ml Dose	Injection Site	10/25/2011 VIS published

IG injection	GamaSTAN	Telaaris	A1AJ4ENLV2 Lot number	Dose	Injection Site	10/08/2017 Expiration
			<input type="text"/> x <input type="text"/>	0.01ml IG		

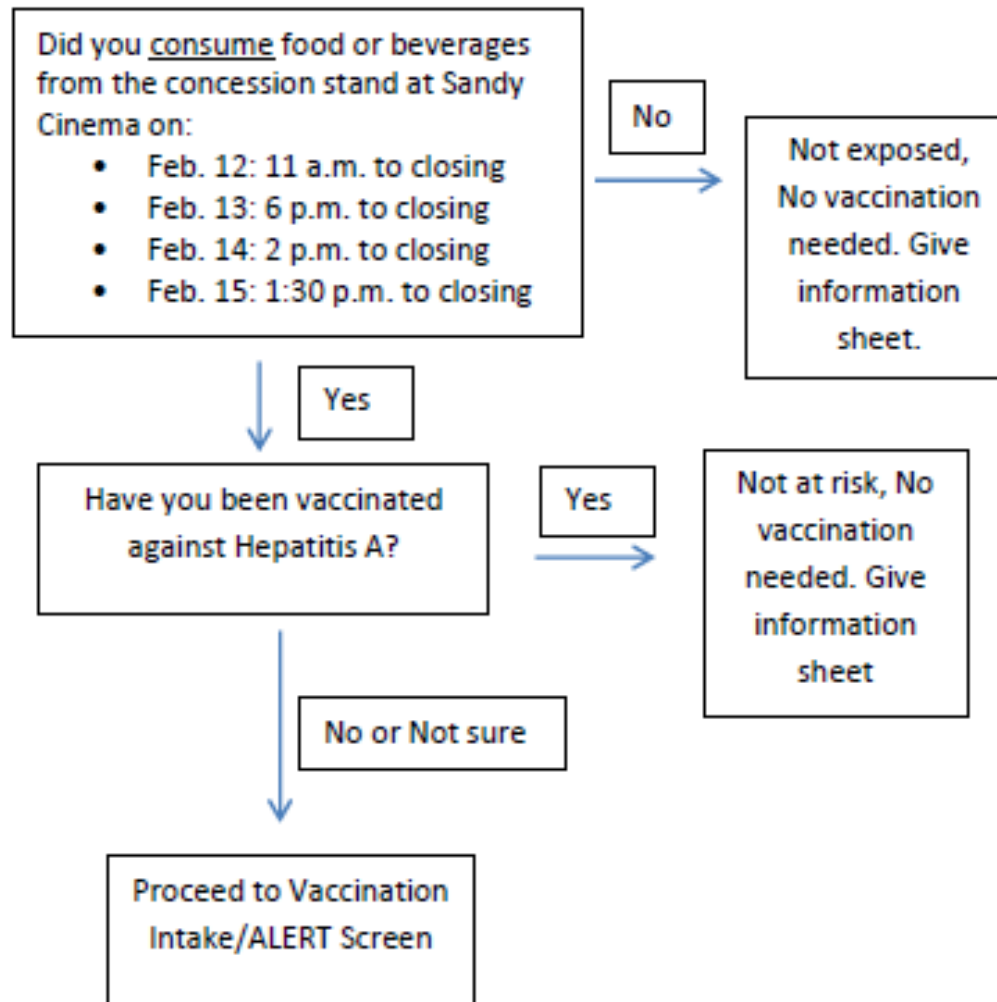
Notes:

Vaccinator's Signature:  Printed Name and Title:  Date of Administration & VIS Provided:



# Client Screening:

## NON-CLINICAL PRE-SCREEN TO REVIEW WITH PATIENTS IN LINE



# Clinical Training (just-in- time)

Situational update

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Job action sheets

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Training slides

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Review consent form

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Clinical reference

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How to IM

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Copy of orders

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IG

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Hep A

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Emergency

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Clinical Flow

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# Clinical Reference:

## IG -- infants under 12 months

<p><b>GamaSTAN</b></p> <p>Dose: 0.02ml/kg (0.01ml/lb)</p> <p>Age: 0—11 months</p> <p>Intramuscular injection</p> <p>Site: vastus lateralis of thigh</p>	<ul style="list-style-type: none"> <li>▪ <b>Routine infant dose less than 0.3ml.</b> Verify dose.</li> <li>▪ Previous serious reaction to any vaccine</li> <li>▪ Severe allergy to any component</li> <li>▪ Moderate to severe illness is contraindication</li> <li>▪ Contraindication if Immunoglobulin A deficiency</li> <li>▪ Contraindication if bleeding or clotting disorder</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>PRESERVATIVE FREE</b></li> <li>▪ <b>LATEX FREE</b></li> <li>▪ Common Side Effects:             <ul style="list-style-type: none"> <li>○ Soreness at site</li> <li>○ Mild swelling at site</li> </ul> </li> </ul>
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## IG -- adults 41 years and older

<p><b>GamaSTAN</b></p> <p>Dose: 0.02ml/kg (0.01ml/lb)</p> <p>Age: 40 years and older</p> <p>Intramuscular injection</p> <p>Site: Deltoid of upper arm</p>	<ul style="list-style-type: none"> <li>▪ <b>Routine adult dose less than 1.5ml.</b> Verify dose.</li> <li>▪ Previous serious reaction to any vaccine</li> <li>▪ Severe allergy to any component</li> <li>▪ Moderate to severe illness is contraindication</li> <li>▪ Contraindication if Immunoglobulin A deficiency</li> <li>▪ Contraindication if bleeding or clotting disorder</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>PRESERVATIVE FREE</b></li> <li>▪ <b>LATEX FREE</b></li> <li>▪ Common Side Effects:             <ul style="list-style-type: none"> <li>○ Soreness at site</li> <li>○ Mild swelling at site</li> </ul> </li> </ul>
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## Vaccine --- 1 year through 18 years

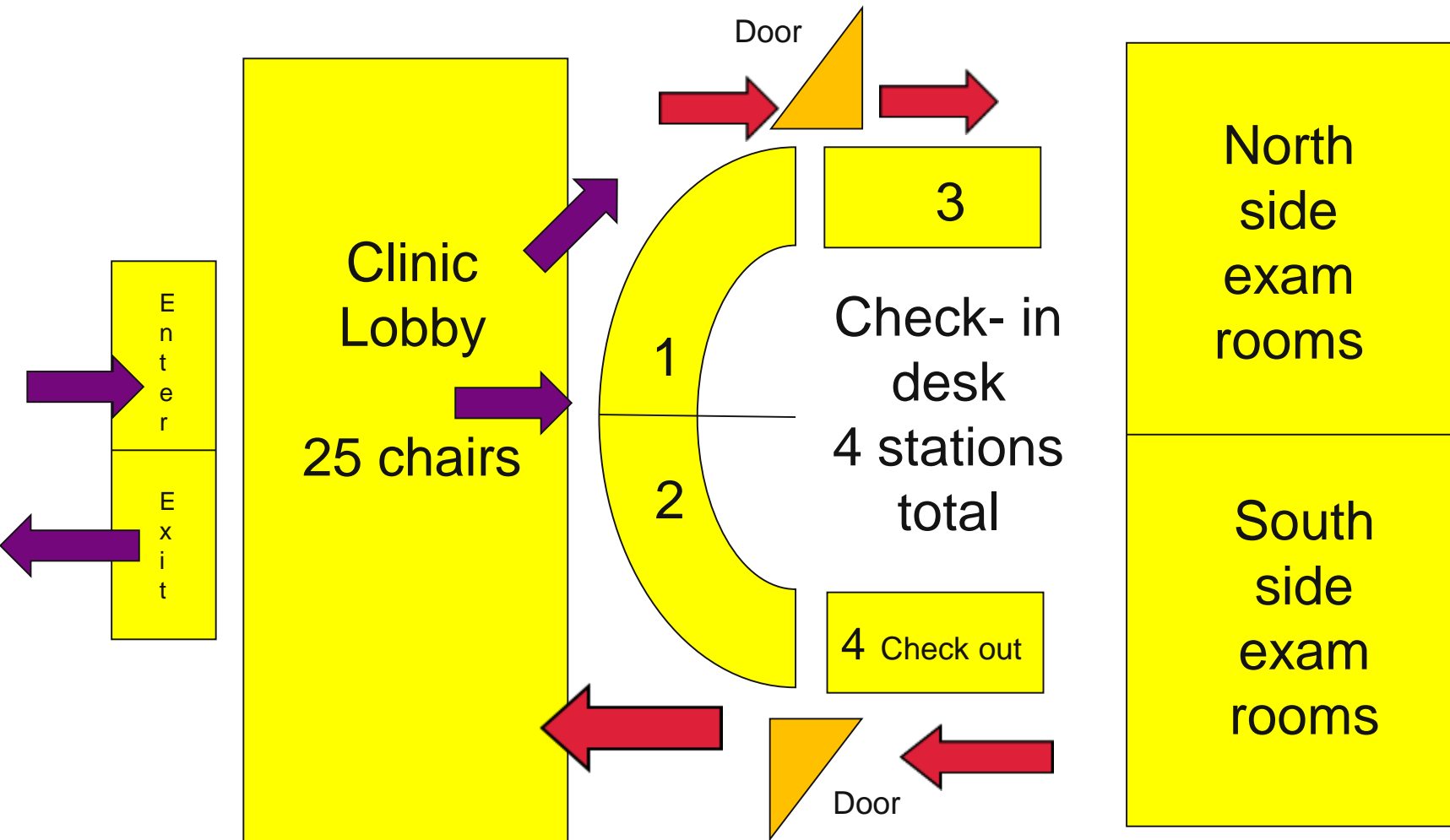
<p><b>Havrix Hepatitis A</b> <b>DOSE ALERT.</b> <b>Verify age on package.</b></p> <p>0.5ml IM ages 12 month -- 17 years</p>	<ul style="list-style-type: none"> <li>▪ Pediatric Dose. Double check medication label</li> <li>▪ Previous serious reaction to any vaccine</li> <li>▪ Severe allergy to any component</li> <li>▪ Moderate to severe illness is contraindication</li> <li>▪ Contains alum</li> <li>▪ Contains 2-phenoxy ethanol</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>THIMERASOL FREE</b></li> <li>▪ <b>LATEX FREE</b></li> <li>▪ Second Hep A dose required at least 6 months after first</li> <li>▪ Common Side Effects:             <ul style="list-style-type: none"> <li>○ Soreness at site</li> <li>○ Mild swelling at site</li> <li>○ Headache</li> <li>○ Redness at site</li> <li>○ Warmth at site</li> </ul> </li> </ul>
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## Vaccine --- 19 years through 39 years

<p><b>Havrix Hepatitis A</b> <b>DOSE ALERT.</b> <b>Verify age on package.</b></p> <p><b>Vaqta Hepatitis A</b></p> <p>1.0ml IM ages 18 years -- 39 years</p>	<ul style="list-style-type: none"> <li>▪ Adult Dose. Double check medication label</li> <li>▪ Previous serious reaction to any vaccine</li> <li>▪ Severe allergy to any component</li> <li>▪ Moderate to severe illness is contraindication</li> <li>▪ Contains alum</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>THIMERASOL FREE</b></li> <li>▪ <b>LATEX FREE</b></li> <li>▪ Second Hep A dose required at least 6 months after first</li> <li>▪ Common Side Effects:             <ul style="list-style-type: none"> <li>○ Soreness at site</li> <li>○ Mild swelling at site</li> <li>○ Headache</li> <li>○ Redness at site</li> <li>○ Malaise</li> </ul> </li> </ul>
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<p><b>Question 1:</b> Have you ever had a bad reaction, serious swelling, or fainted after a vaccination?</p>	<p><i>Persons who have a history of fainting should lay down for vaccination and remain at the clinic for 20 minutes to prevent falls or syncope-related injury.</i></p> <p><i>CLINICAL LEAD to make determination</i></p>
<p><b>Question 2:</b> Are you feeling ill or do you think you have a fever today?</p>	<p><i>Most vaccines can be given during times of minor illness. Most vaccines cannot be given during times of fever above 101F or during moderate or severe illness.</i></p>
<p><b>Question 3:</b> Do you have a severe allergy to medications, latex, or any other substance?</p>	<p><i>Severe allergy is defined as having an anaphylactic reaction or seeking medical treatment.</i></p> <p><i>CLINICAL LEAD to make determination</i></p>
<p><b>Question 4:</b> Do you have any health issues, diagnosis, or chronic medical conditions?</p>	<p><i>Persons answering yes are indicated for IG injection</i></p> <ul style="list-style-type: none"> <li>• Immunocompromised</li> <li>• Chronic liver disease</li> </ul> <p><i>Persons answering yes are indicated for Hep A vaccination:</i></p> <ul style="list-style-type: none"> <li>• Bleeding disorders</li> <li>• Thrombocytopenia</li> </ul>
<p><b>Question 5:</b> Have you had any other vaccinations in the past 4 weeks?</p>	<p><i>Persons that received a live vaccine in the past 4 weeks may need to repeat the dose if given IG injection.</i></p> <p><i>CLINICAL LEAD to make determination</i></p>
<p><b>Question 6:</b> Females, Are you pregnant or think you could be pregnant?</p>	<p><i>CLINICAL LEAD to make determination</i></p>

# POD Clinic flow:



# POD Outcomes:

- Over 400 clients screened
- 232 clients provided medication
- 243 call center clients
- Fantastic support by Sandy community
- Lessons learned by all agencies
- Wide media coverage
- Strengthened partnerships



**Jennifer Pester Grattan** I have been so impressed with how Sandy Cinema and Clackamas County have handled this situation. It sounds like the actual risk to the public was very low and I'm sure it must have been tempting to ignore it and hope for the best. It makes me much more confident in supporting local businesses to know that health risks are addressed in such an open and proactive way.

Unlike · Reply · Message  2 · February 20 at 11:26pm



Write a reply...



# LESSONS LEARNED



Pre-existing partnerships REALLY matter!

Business impact due to messaging

Health Department looks to providers

Communication is the BIGGEST issue

Providers look to Health Department



Having conducted a POD before was crucial

Community members easily become the "worried well"

Handling the media

# Media Coverage:



Romy Davis, 14, (left) Clifford Dunn, 11 (middle) and John Wunische, 35, of Sandy came to the Legacy Firwood Clinic Tuesday to receive medications against hepatitis A.



Dr. Sarah Present, Health Officer with Clackamas County, talks with reporters Wednesday outside the Legacy Health Firwood Clinic in Sandy

Breaking: Clackamas County health officials are investigating a possible Hepatitis A exposure at a Sandy movie theater.



**Possible Hepatitis A exposure at Sandy movie theater**

Hepatitis A is a viral disease of the liver that is contagious, and is spread from person to person, health officials said.

KGW.COM | BY TEGNA



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Thank you!  
[laharri@lhs.org](mailto:laharri@lhs.org)

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