

1 **3.0 Training, Exercise, and Evaluation**

2
3 **Overview and Objective**

4 Personnel involved in POD operations require a certain degree of training including
5 participation in exercises of different scope and size in order to coordinate the cohesive
6 response necessary for mass dispensing. All training is to be in compliance with the Homeland
7 Security Exercise and Evaluation Program (HSEEP).

8
9 The objective of the Training, Exercise, and Evaluation section of the POD/SOG is to develop a
10 standard exercise and training program that allows uniformity between regions and provides
11 training for both new and experienced staff. The largest problem public health faces is
12 complacency. Through regularly scheduled standardized levels of exercises and training, New
13 Hampshire can ensure that each region in the State is always prepared for a public health
14 emergency.

15
16 **Training**

17 **1. Command Staff Training**

18 The State of New Hampshire uses ICS in accordance with National Incident Management
19 (NIMS) requirements. ICS is a valuable tool to coordinate actions among federal, state,
20 and local responders. Formation of a Unified Command (UC) using ICS will pull federal,
21 state/local, and private resources together within the framework of the existing incident
22 command established by the first responders.

23
24 The ICS provides for maximum flexibility in varied situations, but specific training is
25 recommended. At a minimum, all personnel in a Command Staff position should have
26 completed and passed the following trainings: (see Appendix 12a, Training,
27 Command/Staff).

- 28 ○ ICS - 100
- 29 ○ ICS - 200
- 30 ○ ICS - 700
- 31 ○ ICS - 800
- 32 ○ webEOC
- 33 ○ SNS 101 – Intro to SNS
- 34 ○ SNS 102 – Intro to PODs*
- 35 ○ SNS 201 – Working in a POD*
- 36 ○ SNS 301 – POD Management*

37
38 Clinical staff involved in POD sites should receive training related to their role that
39 emphasizes:

- 40 ● Dispensing of medications
- 41 ● Staff performance management
- 42 ● Availability of educational materials to staff
- 43 ● The importance of daily briefings

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1 Other courses are available, and may be required, through the State SNS Program for
2 appropriate staff:

3
4 *Introductory Courses:*

5 SNS 101 – Intro to SNS

6 SNS 102 – Intro to PODs*

7 SNS 103 – Intro to RSS*

8 SNS 104 – Intro to CHEMPACK*

9
10 *Intermediate Courses:*

11 SNS 201 – Working in a POD*

12 SNS 202 – Working in the RSS*

13 SNS 203 – Public Information for Mass Dispensing*

14 SNS 204 – POD Site Setup/Throughput*

15 SNS 205 – Tactical Communications*

16 SNS 206 – Distribution*

17 SNS 207 – Repackaging*

18 SNS 208 – Security*

19
20 *Advanced Courses:*

21 SNS 301 – POD Management*

22 SNS 302 – RSS Management*

23 SNS 303 – Inventory Management and Control*

24 SNS 304 – Apportionment*

25
26 **under development*

27
28 **2. Volunteer Training**

29 Large numbers of volunteers can be trained through a train-the-trainer model utilizing
30 materials such as the CDC satellite-based courses, web pages and written training
31 materials (see Appendix 12b1, Volunteer Training Curriculum).

32
33 **3. Just-In-Time Training**

34 Volunteer staff may not have attended any pre-event training unless they were
35 expected to perform a leadership role during operation of the POD. It is important to
36 predetermine as many volunteers and staff as possible and encourage them and their
37 affiliate associations to attend training in advance to better understand their role in POD
38 operation, and/or to serve as on-site trainers of other volunteers. It is possible, for
39 example, to predetermine that an affiliated organization such as a faith-based group be
40 trained as “greeters” or as registration personnel for the POD. When needed, they could
41 be called on to train “on-site” spontaneous volunteers in these roles (see Appendix
42 12b2, J-I-T).

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2 **4. Incident-Specific Training**

3 Incident-specific training consists of the following:

- 4 • An initial summary of the event and review of the agent
- 5 • Critical POD information and map
- 6 • Position descriptions, Job Action Sheets, and chain of command (see
7 Appendix 8, Job Action Sheets)
- 8 • Legal issues (authority, liability, confidentiality, other)
- 9 • Personal needs (food, restrooms, breaks, family, critical incident stress
10 debriefing)
- 11 • Safety issues (PPE, emergency procedures)
- 12 • Communications – on site, POD to MACE to ICC

13
14 **Exercises**

15 While the State of New Hampshire has a three-year training and exercise plan that incorporates
16 Public Health and Mass Dispensing exercises, it is imperative that the PHRs develop exercise
17 plans specific to their region. Exercises must be developed in accordance with HSEEP guidance.
18 All After Action Reports and Improvement Plans should be kept on file with the PHR
19 Coordinator, or designee. There are several types of exercises that must be conducted (and
20 documented) at least annually or quarterly.

21
22 **1. Annual Exercises**

- 23 a. All communications equipment at each POD
- 24 b. All communication links with the MACE
- 25 c. Requesting procedures POD to local & local to state
- 26 d. Inventory management
- 27 e. POD Plan (or after a major revision)
- 28 f. Security Plan (see Appendix 12c, PPET)

29
30 **2. Quarterly Exercises**

- 31 a. Call down list for command staff and volunteers
- 32 b. Communication networks (equipment and hardware)

33
34 **Evaluation**

35 **1. POD Plan Evaluation Tool (PPET)**

36 In an effort to standardize the review process, all local plans are evaluated annually through
37 the PPET. This document was developed to bring a uniform approach to assessing the POD
38 plans in the State. The document combines items from the Local Technical Assistance
39 Review (TAR) tool and NH specific requirements outlined in the *POD SOG*. The standard
40 review process attempts to create consistency across the State for planning and operational
41 activities. Adequate staffing is a nationwide problem in emergency response and continues
42 to impact New Hampshire. Utilizing a standard planning and review process will allow for a

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1 more comprehensive transition of sharing volunteers and emergency workers across
2 regional borders.

3
4 In order to complete this process, updated POD plans must be posted to the Public Health
5 Emergency Preparedness eStudio by June 30th of each year. PPETs will be conducted
6 annually through a peer-evaluation process.

7
8 **2. Technical Assistance Review (TAR)**

9 The Hillsborough County POD plans are reviewed annually by CDC in the first quarter of
10 each year. The Strafford County and Rockingham County PHRs are reviewed annually with
11 scores submitted to the State of Massachusetts SNS Program within the third quarter of
12 each year. To conduct the TAR, updated POD plans for the Cities Readiness Initiative (CRI)
13 regions, must be posted to the Public Health Emergency Preparedness eStudio at a
14 minimum of two weeks prior to the scheduled review.