

**Tab 6**  
**Appendix B -**  
**Just in Time Training**

# Just in Time Training (JITT) for Point of Distribution (PODs)

Background: This curriculum has been developed as a guide to provide Just-In-Time Training to Point of Distribution (POD) staff. This curriculum assumes that the Command Staff has had ample training on Incident Command and understands their role as a trainer to those staff that are assigned to them. Training will come from the top down, meaning that Command Staff will train the Unit Leaders, who in turn will train their staff.

The core content in each Lesson Plan includes information needed for each staff member to effectively accomplish the mission of his or her job.

Core contents include:

- Incident Command Structure (ICS)
- Incident Flow
- Job Action Sheets
- Forms applicable to the job

I  
C  
J  
F

Who should be trained:

- All workers, to include staff and volunteers

A

When and where should workers be trained:

- Before their shift begins
- On-site (POD, DOC)

B

O

Trainers should be aware that the situation and specific emergencies would dictate additional information to be included or excluded from the Just-In-Time-Training (JITT). Trainers should adapt training to meet the needs of each situation.

Just-In-Time Training for epidemiological response is also included.

## **Unit Leaders**

### **Just-In-Time Training (JITT)**

**Trainer:** Section Chief

**Participants:** Unit Leaders

**Purpose:** To provide Unit Leaders the information that they will need to carry out the job assigned to them at the Point of Distribution (POD) as well as to provide the Unit Leader the information they will need to train the staff that are assigned under them.

**Objectives:**

- To provide the knowledge necessary to understand and teach the BRDHD Incident Command System (ICS) at the POD.
- To provide the knowledge necessary to understand and teach job responsibilities of staff assigned under their Section.
- To provide the knowledge necessary to understand and teach the clinic flow at the POD.
- To understand his/her role and function in the POD.

**Materials Needed:**

- BRDHD Incident Command Structure
- Diagram of POD
- Job Action Sheets for the appropriate Section
- Necessary forms/documents

**Length of Training:** 30 minutes maximum

# Training Outline for Unit Leaders

## **Incident Command:** 10 minutes

- Hand out the Incident Command System (ICS) flow chart to effectively teach the system.
- Explain who reports to whom.
  - Stress that the Unit Leaders only report to you and you report to the Incident Commander – everyone must follow this chain of command.
- Describe the direction in which communication flows and decisions are made (up the chain and back down).
- Stress that no one should communicate with the media unless directed to by the Public Information Officer.
- Ask the Unit Leader if they have any questions about the ICS chart, who they report to, or who reports to them.
  - Ensure that the Unit Leaders understand the ICS chart well enough to teach it to their staff.

## **Clinic Flow:** 5 minutes

- Hand out the Point of Distribution (POD) clinic flow chart.
- Briefly describe the purpose of the clinic (to provide medication/vaccination to the public).
- Describe the flow of the clinic (forms, vaccine, exit, etc.)
- Describe the Section's role in the clinic.

## **Job Action Sheets:** 15 minutes

- Hand out the appropriate Job Action Sheets (JAS) to the Unit Leader (their JAS as well as any JAS for staff positions under them).
- Explain the duties of the Unit Leader as described in the JAS.
- Explain that the Unit Leader plays a vital role in the success of an incident. Encourage each Unit Leader to come to you with any questions that they may have.
- Hand out any pertinent documents that Unit Leader or the staff under them may need.
  - Explain how to use the documents and make sure the Unit Leader is comfortable with explaining the documents to their staff.
- Ask staff if they have any questions/concerns.

**Miscellaneous Items: 5 minutes**

- Assure all staff has signed in with the Safety Officer
- Describe the protocols for:
  - Breaks
  - Length of shift
- Explain use of pertinent equipment, if necessary
- Explain Personal Protective Equipment (PPE), if necessary
- Explain Hot Wash after shift.
- Assure staff know where they can locate:
  - Pertinent materials/supplies, restrooms, First Aid, etc.

## **Non-Supervisory Staff Just-In-Time Training (JITT)**

**Trainer:** Unit Leader

**Participants:** Non-Supervisory Staff

**Purpose:** To provide the staff the information that they will need to carry out the job assigned to them at the Point of Distribution (POD).

**Objectives:**

- To provide the knowledge necessary to understand the BRDHD Incident Command System (ICS) at the POD.
- To provide the knowledge necessary to understand and teach job responsibilities of staff.
- To provide the knowledge necessary to understand the clinic flow at the POD.
- To understand his/her role and function in the POD.

**Materials Needed:**

- BRDHD Incident Command Structure
- Diagram of POD
- Job Action Sheets
- Necessary forms/documents

**Length of Training:** 30 minutes maximum

### **Training Outline for Non-Supervisory Staff**

**Incident Command:** 10 minutes

- Hand out the Incident Command System (ICS) flow chart to effectively teach the system.

- Explain who reports to whom.
- Stress that the only report to you and you report to the \_\_\_\_\_ everyone must follow this chain of command.
- Describe the direction in which communication flows and decisions are made (up the chain and back down).
- Stress that no one should communicate with the media unless directed to by the Public Information Officer.
- Ask staff if they have any questions about the ICS chart, who they report to, or who reports to them.

**Clinic Flow:** 5 minutes

- Hand out the Point of Distribution (POD) clinic flow chart.
- Briefly describe the purpose of the clinic (to provide medication/vaccination to the public).
- Describe the flow of the clinic (forms, vaccine, exit, etc.)
- Describe his/her role in the clinic.

**Job Action Sheets:** 15 minutes

- Hand out the appropriate Job Action Sheets (JAS) to staff.
- Explain the duties of the staff as described in the JAS.
- Explain that the staff plays a vital role in the success of an incident. Encourage each staff member to come to you with any questions that they may have.
- Hand out any pertinent documents that staff may need
- Explain how to use the documents.
- Ask staff if they have any questions/concerns.

**Miscellaneous Items:** 10 minutes

- Assure all staff has signed in with the Safety Officer
- Describe the protocols for:
  - Breaks
  - Length of shift
- Explain use of pertinent equipment, if necessary.
- Explain Hot Wash after shift.
- Explain Personal Protective Equipment (PPE), if necessary
- Assure staff know where they can locate:
  - Pertinent materials/supplies, restrooms, First Aid

# Just in Time Training (JITT) for Isolation and Quarantine Procedures

Isolation is the separation of people who have a specific infectious illness from healthy people and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.

Quarantine is the separation and restriction of movement of people who are not yet ill, but who have been exposed to an infectious agent and are therefore potentially infectious. Quarantine of exposed individuals is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.

Background: KRS (Kentucky Regulatory Statue) 214.020 gives the Cabinet for Health and Family Services, of which the Department of Public Health is included, the responsibility to “adopt and enforce such rules and regulations as it deems efficient in preventing the introduction or spread of such infectious or contagious disease of diseases within this state, and the accomplish these objects shall establish and strictly maintain quarantine and isolation at such places as it deems proper.” Lastly, KRS 212.370 awards power and duty to city-county Boards of Health relating to “safeguarding the public Health”, to include laws and ordinances regulating quarantines.

The following Just-In-Time curriculum is for staff involved with Isolation and Quarantine Procedures. This curriculum assumes that the Command Staff has had ample training on Incident Command and understands their role as a trainer to those staff that are assigned to them. Training will come from the top down, meaning that Command Staff will train the Unit Leaders, who in turn will train their staff.

The core content in each Lesson Plan includes information needed for each staff member to effectively accomplish the mission of his or her job.

Core contents include:

- Incident Command Structure (ICS) I
- Job Action Sheets J
- Forms applicable to the job F

Trainers should be aware that the situation and specific emergencies would dictate additional information to be included or excluded from the Just-In-Time-Training (JITT). Trainers should adapt training to meet the needs of each situation.



**Trainer:**

- Preferably a nurse with NIMS experience

**Participants:** All BRDHD staff who have isolation / quarantine related responsibilities.

**Purpose:** To deliver information on Isolation and Quarantine to individuals in a given time frame. Information provided will describe the role health departments play in isolation/quarantine, and how to properly execute isolation and/or quarantine procedures.

**Objectives:**

- Define isolation and quarantine terminology.
- Describe public health's legal authority with regard to isolation and quarantine.
- Understand the public health role during isolation and quarantine.

**Length of training:**

- Ten to fifteen minutes

# Just In Time Training for Communication

Media: is defined as newspaper journalist, TV, Radio Personnel and any Advertisement Company.

Media Inquiries: If the media should call any Health Department personnel directly, please refer them to the Public Information Officer (PIO). The PIO will accept the call, determine what the inquiry is about and coordinate the appropriate spokesperson if they are unable to fill the request. The PIO will work with the spokesperson to help prepare them for the interview. Promptness in getting back to the media is pertinent.

Spokesperson: All personnel must treat media request as priority. If anyone is unable to return the media's call within 30 minutes, please inform the PIO.

Press Releases: the PIO and/or Health Information branch will edit and distribute press releases and public service announcements to the appropriated media outlets. The PIO will be listed as the contact person on each press release that is sent out from the health department offices.

PIO is responsible for developing and releasing information about the incident to the media, personnel, and other appropriate agencies/organizations. The PIO is also responsible for coordinating the public messages for local, state and federal agencies and for gathering information for media/press events.

## **JAS Health Information Unit Leader**

The responsibility of the Health Information Unit Leader is to compile health and incident information related to the incident and to provide oversight to the Health Information Unit. The Health Information Unit Leader is also responsible for distributing information that has been approved by the Public Information officer.

## **JAS Incident Command System Health Information Unit**

The responsibility of the Health Information Unit is to distribute accurate information to the public at the appropriate time and to prepare communication materials to be used as needed.

### Participants:

All BRDHD staff not previously trained in the communication process.

### Trainer:

PIO/Deputy PIO

### Purpose:

To educate staff on the flow of information using the Incident Command System, and to provide needed information to those with responsibilities within the communication process.

Objectives:

- To provide the knowledge necessary to understand the BRDHD Incident Command System (ICS).
- To provide knowledge on the operation and protocol of communication equipment.
- To provide knowledge necessary to understand the flow of information.
- To provide knowledge necessary to understand job responsibilities related to communication and equipment.
- To understand the role and function of the Communication process.

Material:

- BRDHD Incident Command System organizational chart
- Applicable forms and equipment
- Job Action Sheets pertinent to the communication unit.

Time: 30-60 minutes

# Just-in-Time Training Outline for Epidemiological Investigation Staff

**Trainer:** Regional Epidemiologist, Member of the Communicable Disease Team, or an Epi Rapid Response Team Member

**Participants:** Staff or volunteers assisting with an epidemiological outbreak

**Review Training Outline for Non-Supervisory Staff (if applicable):** 40 minutes

**Confirm the Situation:** 15 minutes

- Make inquiries to confirm the report and gather as much initial information as possible.
  - Who is making the report?
  - What are the symptoms of the person(s) in question?
  - What date did the symptoms begin?
  - What are the names, phone numbers, and cities of residence of the case(s)?
  - Has any medical care been sought, where?
  - Has anyone else become sick since the initial case?
  - Is there a facility involved and where is it located (school, daycare, nursing home, hotel, restaurant, wedding reception, etc.)?
  - What is the initial hypothesis regarding what disease it is and how it was spread?
- Review the EPID 200 form (below)

**Become an “instant expert” by learning as much as possible about the disease and its epidemiology:** 25 minutes

- What agent causes the disease in question (is it viral, bacterial, etc.)?
- What is the normal reservoir of the disease (humans only, animals, etc.)?
- How the disease is spread (fecal/oral, respiratory droplets, etc.)?
- Its epidemiology (who usually gets the disease, in what parts of the world, what lab test verify the disease?)
- What other diseases have similar symptoms, in case the diagnosis is incorrect?
- How the case should be medically treated?
- Is there a vaccine or medication that can prevent the disease?
- Are close contacts recommended to receive prophylaxis?
- Who is considered a close contact for this disease (household members, EMS)?
- What other control measures are recommended?
- Is there a high-risk situation that needs special measures (hospital, daycare, etc.)?
- Which case report form should be used for this type of investigation?

902 KAR 2:020 require health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (KDPH). (Copies of 902 KAR 2:020 available upon request)

REPORT **IMMEDIATELY** by TELEPHONE to the Local Health Department or the KY Department for Public Health:

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX
- Outbreaks or Unusual Public Health Occurrences

Kentucky Department for Public Health in Frankfort  
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)  
FAX 502-696-3803

**REPORT WITHIN 24 HOURS**

<ul style="list-style-type: none"> <li>• Anthrax</li> <li>• Arboviral Disease*               <ul style="list-style-type: none"> <li>• Neuroinvasive</li> <li>• Non-Neuroinvasive</li> </ul> </li> <li>• Botulism</li> <li>• Brucellosis</li> <li>• Campylobacteriosis</li> <li>• Cholera</li> <li>• Cryptosporidiosis</li> <li>• Diphtheria</li> <li>• <i>Escherichia coli</i> (<i>E. coli</i>) 0157:H7</li> <li>• <i>E. coli</i> shiga toxin positive (STEC)</li> <li>• <i>Haemophilus influenzae</i> invasive disease</li> </ul>	<ul style="list-style-type: none"> <li>• Hansen's disease</li> <li>• Hantavirus infection</li> <li>• Hepatitis A</li> <li>• Listeriosis</li> <li>• Measles</li> <li>• Meningococcal infections</li> <li>• Pertussis</li> <li>• Plague</li> <li>• Poliomyelitis</li> <li>• Psittacosis</li> <li>• Q Fever</li> <li>• Rabies, animal</li> <li>• Rabies, human</li> <li>• Rubella</li> </ul>	<ul style="list-style-type: none"> <li>• Rubella syndrome, congenital</li> <li>• Salmonellosis</li> <li>• Shigellosis</li> <li>• Syphilis, primary, secondary, early latent or congenital</li> <li>• Tetanus</li> <li>• Tularemia</li> <li>• Typhoid Fever</li> <li>• <i>Vibrio parahaemolyticus</i></li> <li>• <i>Vibrio vulnificus</i></li> <li>• Yellow Fever</li> </ul>
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**REPORT WITHIN ONE (1) BUSINESS DAY**

<ul style="list-style-type: none"> <li>• Animal conditions known to be communicable to man</li> <li>• Foodborne outbreak / intoxication</li> <li>• Hepatitis B, acute</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B infection in a pregnant woman or a child born in or after 1992</li> <li>• Mumps</li> </ul>	<ul style="list-style-type: none"> <li>• Streptococcal disease invasive, Group A</li> <li>• Toxic Shock Syndrome</li> <li>• Tuberculosis</li> <li>• Waterborne outbreak</li> </ul>
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**REPORT WITHIN FIVE (5) BUSINESS DAYS**

<ul style="list-style-type: none"> <li>• <b>AIDS</b></li> <li>• Chancroid</li> <li>• <i>Chlamydia trachomatis</i> infection</li> <li>• Ehrlichiosis</li> <li>• Gonorrhea</li> <li>• Granuloma inguinale</li> <li>• Hepatitis C, acute</li> <li>• Histoplasmosis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HIV infection</b></li> <li>• Lead poisoning</li> <li>• Legionellosis</li> <li>• Lyme disease</li> <li>• Lymphogranuloma venereum</li> <li>• Malaria</li> <li>• Rabies, post exposure prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>• Rocky Mountain Spotted Fever</li> <li>• <i>Streptococcus pneumoniae</i>, drug-resistant invasive disease</li> <li>• Syphilis, other than primary, secondary, early latent or congenital</li> <li>• Toxoplasmosis</li> </ul>
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**REPORT WITHIN (3) MONTHS FOLLOWING DIAGNOSIS:**

Asbestosis, Coal Worker's Pneumoconiosis, and Silicosis

**Human Immunodeficiency Virus/AIDS surveillance: See "Report within five (5) business days" above**

**All cases of HIV infections/AIDS are reportable to a separate surveillance system in accordance with KRS 211.180(1)b. To report a HIV/AIDS case call 866-510-0008.**

**DO NOT REPORT HIV/AIDS CASES ON THIS FORM.**

\* Includes California group, Eastern Equine, St. Louis, Venezuelan Equine Western Equine, and West Nile Viruses

Laboratory Surveillance: Influenza virus isolates are to be reported weekly by laboratories.

902 KAR 02:065 requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH.

**Note: Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258:065.**

