

Point of Dispensing (POD) Staff Survey

Please fill in marks like this: ● not like this: ✗

Your POD Role

1. Were you:
- Volunteer POD Staff
 - Paid POD Staff (Participating as part of work duties / responsibilities)

4. Date of POD:

M	M	D	D	Y	Y

3. What was your role /What station were you assigned to?

- Triage
- Education
- Form Distribution
- Medical Screening
- Medical Evaluation
- Vaccination
- Data Entry
- Unassigned
- Registration
- Forms Completion
- Forms Collection
- Flow Control
- Runner
- Security
- Station Supervisor
- High Level Management (e.g. Incident Commander)
- Evaluation/Observation
- Unassigned
- Other (please specify): **INSERT BOX**

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

5. County Code:

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

County Name:

For the following items, please indicate your level of agreement with the statements using this scale:
1= Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

- | | | | | | |
|---|---|---|---|---|---|
| 6. I knew where I was to report initially. | 1 | 2 | 3 | 4 | 5 |
| 7. I knew what duties I was to perform. | 1 | 2 | 3 | 4 | 5 |
| 8. I was assigned a specific functional role in the POD. | 1 | 2 | 3 | 4 | 5 |
| 9. I was given clear instructions on the expectations of my functional role in the POD. | 1 | 2 | 3 | 4 | 5 |
| 10. I knew who supervised me in my functional role. | 1 | 2 | 3 | 4 | 5 |
| 11. I knew where in the POD to go to fulfill my functional role. | 1 | 2 | 3 | 4 | 5 |
| 12. I knew which other staff I was to work with in the POD. | 1 | 2 | 3 | 4 | 5 |
| 13. Other POD staff knew how to use me in my assigned functional role | 1 | 2 | 3 | 4 | 5 |
| 14. When I had questions during the POD, I was able to get answers from my supervisor. | 1 | 2 | 3 | 4 | 5 |

Please Continue on the Reverse of This Page

15. Situations arose during the POD exercise that I felt unprepared to deal with. ① ② ③ ④ ⑤
16. I understand how POD operations will be activated. ① ② ③ ④ ⑤
17. The POD was well organized ① ② ③ ④ ⑤
18. The POD layout was easy to understand. ① ② ③ ④ ⑤
19. POD clients were processed efficiently ① ② ③ ④ ⑤

20. Please note below any key issues and recommendations for future POD operations.

Issue	Recommendation
A)	
B)	
C)	

21. How were you trained to participate in this POD exercise? (indicate all that apply)

- | | |
|--|--|
| <input type="radio"/> Just-in-time training the day of the exercise
<input type="radio"/> University at Albany School of Public Health's "Working in a POD" online training | <input type="radio"/> In-person training on day(s) before the exercise
<input type="radio"/> I was not trained
<input type="radio"/> Other: (please specify) |
|--|--|

22. The training provided a good explanation of what a POD is and how it is managed. ① ② ③ ④ ⑤
23. The training materials I was given were clear and easy to understand. ① ② ③ ④ ⑤
24. The duration of the training session was appropriate. ① ② ③ ④ ⑤
25. The training prepared me well for my work in the POD. ① ② ③ ④ ⑤
26. Following the training, I understood the duties I was expected to perform in the POD. ① ② ③ ④ ⑤
27. Please note any comments about the training you already received.

28. Please note any comments about additional training needs you have now.

Thank you for completing this survey!