

# PARTNERING WITH PUBLIC HEALTH

## CLOSED POD PLANNING WORKBOOK



**ADD LOGO HERE/ XYZ DEPARTMENT OF  
HEALTH**

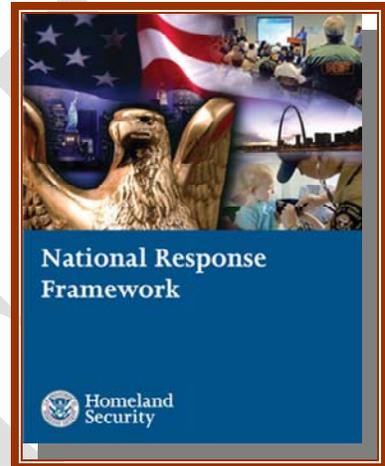


# National Preparedness – Everyone’s Priority

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## I. National Response Framework

After the attacks on the World Trade Center, the Pentagon and the anthrax letter incidents, it became increasingly apparent that the federal government must develop an emergency preparedness framework that promotes cooperation and coordination amongst all levels of government and the private sector. As a result, in December 2003, President George W. Bush signed *Homeland Security Presidential Directive 8 (HSPD-8), National Preparedness*. This directive established policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies. Additionally the Department of Homeland Security (DHS) developed the *National Response Framework (NRF)* that established a comprehensive, national, all-hazards approach to domestic incident response. Its guiding principles enable all response partners to prepare for and respond to disasters and emergencies in a unified national response. In implementing HSPD-8, the federal government has released various planning tools and established a variety of funding sources to assist federal agencies, state, local, tribal and private sector organizations in understanding their roles and responsibilities during emergencies and developing the capability to prevent, protect against, respond to, and recover from emergencies.



The Department of Health and Human Services (HHS) is the principal federal agency responsible for protecting public health. In 2002, HHS, through the Center’s for Disease Control and Prevention (CDC), began awarding funds for public health preparedness activities to states, select cities, the Pacific Islands, the U.S. Virgin Islands and Puerto Rico via a cooperative agreement currently referred to as the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. In addition to a variety of key public health related preparedness activities, cooperative agreement recipients are required to develop plans to receive, distribute and dispense medical countermeasures from the Strategic National Stockpile (SNS) to their affected populations during and emergency. The SNS is a national repository of critical medical countermeasures and supplies that are available to supplement state and local public health officials during public health emergencies. The items in the SNS are capable of supporting all-hazards emergencies, with a great emphasis on acts of bioterrorism.

As a partner to [redacted] Department of Health, your organization plays a critical role in our community’s public health preparedness activities. Your willingness to operate a closed point of

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dispensing or **Closed POD** during an emergency for your {Insert appropriate term - employees, members, faculty} and their families and to assist our community demonstrates your organization’s commitment to the national preparedness initiative. \_\_\_\_\_ Department of Health will match your commitment with equal dedication by providing the necessary technical assistance, planning tools and resources to help you develop your **Closed POD** plan.

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## I. Imagine This Scenario . . .

Whether by accident or as part of a terrorist attack, a biological agent such as anthrax has been released and millions of people across the nation are at risk, including those in our community. People need preventive medications immediately, so through the activation of emergency transportation and logistics plans at the federal and state levels, the CDC delivers supplies from the SNS destined for local public health agencies. These life-saving medications are delivered to local public health officials who have activated long-standing and well rehearsed mass prophylaxis plans via “pull and push” methods of dispensing. Most likely given this scenario, local officials will use the traditional “pull” method as its primary dispensing method and encourage the general public, via an extensive public information campaign, to come to identified locations at common areas within the community to receive medications. These locations usually consist of fixed facilities such as schools, arenas, or other public buildings and are most often referred to as open PODs. But, even with extensive preparation there are long lines at every POD site as thousands of people wait in line for their pills. People are stressed about missing work, trying to calm their children as they endure long waits, and anxiety and tempers are starting to flare. Remember, our jurisdiction is comprised of (INSERT NUMBER) people and everyone

**Mass prophylaxis** is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.

### The Strategic National Stockpile (SNS)

- A national repository of medications and medical supplies to be used for emergency situations such as a bioterrorism attack or natural disaster
- Designed to supplement and re-supply state and local health and medical resources

may have been exposed to anthrax, so the local health departments will have to provide the necessary medication to the entire population in less than 48 hours. If this type of scenario were to ever occur, public health officials must be ready to respond. To help meet this 48-hour timeframe, local officials across the nation are working with various organizations within their communities and establishing partnerships to develop innovative alternate dispensing options to enhance the dispensing capability. These alternate options are commonly referred to as “push” methods of dispensing. Medications are “pushed” or delivered to organizations such as private businesses, universities, or large organizations and these organizations in turn provide the

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medication to their designated population. Your **Closed POD** is an example of a push method of dispensing.

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## II. Setting Expectations – What Can You Expect?

### Current Planning Efforts

Local public health agencies in the **[INSERT YOUR MSA or JURISDICTION]** region have created plans which identify sites and resources that can support POD operations during a public health emergency. Each site has been evaluated to ensure that it is appropriate for such use, facility use agreements have been developed and signed and plans have been made for all aspects of establishing the POD, including:

- Communicating with the public
- Communicating with emergency responders (police, fire and EMS)
- Transportation medicines and supplies to each site
- Floor plans and client flow patterns for dispensing at each site
- Security and safety precautions
- Staffing needs including medical professionals and volunteers
- Necessary supplies

### How Closed PODs Fit into Mass Prophylaxis

Closed PODs will play an important role in any situation where it is necessary to provide emergency medications to large groups of people.

Traditional medical providers, such as hospitals and medical clinics, will likely be overwhelmed during a large-scale public health emergency. The PODs established to support the public will also be highly stressed in a situation where the entire population

[Consider inserting information about your local DOH such as a Mission Statement or importance of collaboration. The example below is from Portland MSA]

#### Public Health Departments in the Portland Metro Region

**example**  
Local public health departments are leaders in improving the health and well-being of our communities. The Portland Metropolitan region, encompassing four Oregon counties and one Washington State county, is served by local health departments that work together to protect public health. These agencies help prevent disease, illness and injury, and positively impact the social, economic and environmental factors fundamental to good health.



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needs medication within a short time frame. **Closed PODs** will help relieve some of the pressure by reaching specific portions of the community. As a result, long lines and public anxiety can be reduced and resources can be used more efficiently.

By partnering with public health and operating a **Closed POD**, your {Insert appropriate term - employees, members, faculty} and their family members will receive medications at your facility which reduces the likelihood of having to visit the open PODs. This will provide peace of mind during this crisis because they know that their {Insert appropriate term - employer, organization, association} has taken the “extra step” and conducted the necessary coordination and planning prior to an event to provide an alternative method to protect them during an anthrax emergency.

Operating a **Closed POD** will ultimately help organizations with their continuity of operations plans by aiding them in becoming more resilient during and after an emergency. Their {Insert appropriate term - employees, members, faculty} will be able to return to their normal duties within the organization more quickly, or continue to assist public health officials through volunteering.

**Closed PODs** provide:

- Ease of access to life-saving medications
- Quick dispensing of medications to your {insert appropriate term - employees, members, faculty} and their families
- Enhanced continuity of operations

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## III. Establishing Responsibilities

### Public Health Responsibilities

{Insert State/Local Health Department} will work closely with your organization to ensure that you have the necessary information and resources to establish a **Closed POD**. As with all preparedness activities, the more we communicate and exercise our response plans now, the better we will respond if an emergency occurs. Appendix \_\_ provides a sample Memorandum of Agreement (MOA) to delineate expected roles and responsibilities.

#### {Insert State/Local Health Department} Responsibilities:

- Provide pre-event planning and technical assistance, including but not limited to policies, procedures, job aids such as example POD layouts, fact sheets, dispensing algorithms, forms, and other information necessary to successfully operate a **Closed POD**.
- Provide **Closed POD** training/education opportunities to identified staff in your organization.
- Provide medication and forms during an emergency.
- Provide 24-hour emergency contact information for {Insert State/Local Health Department}.
- Provide your organization with technical assistance and oversight, as needed, to effectively run a **Closed POD** during a public health emergency.
- Notify your organization of the need to activate your **Closed POD** plan.
- Provide media guidance during a public health emergency to ensure consistency of messages between their designated dispensing population and the general public.
- Collect any unused medications as well as copies of all medical documentation after the dispensing process has been completed and the **Closed POD** has been deactivated.

The challenge for government officials, working with the private sector, nongovernmental organizations, and individual citizens, is to determine the best way to build capabilities for bolstering preparedness...the “best way” will vary across the Nation.  
*National Preparedness Guidelines*

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## Your Organization's Responsibilities

{Insert State/Local Health Department} will help you prepare to set up your **Closed POD**, but there are steps you must take to ensure the proper plans are in place to establish and operate a **Closed POD** efficiently.

{Insert Organization Name Here} Responsibilities:

- Designate staff to work with {Insert State/Local Health Department} in planning for the operation of a **Closed POD**.
- Provide primary and secondary 24-hour emergency points of contact to ensure timely notification and activation of your **Closed POD** during a public health emergency.
- Develop a **Closed POD** plan and provide a copy and periodic updates to {Insert State/Local Health Department}.
- Identify **Closed POD** locations for your organization.
- Maintain the necessary supplies and equipment needed to operate a **Closed POD**.
- Dispense medications following protocols and guidance provided by {Insert State/Local Health Department}.
- Participate in predetermined and agreed upon training and exercise opportunities provided by {Insert State/Local Health Department}.

“Our partnership with public health, like our partnerships with other community efforts, is another way we feel connected to the communities we live in”

Stasha Wyskiel, Manager  
Business Continuity Planning, Gap Inc

# Partnering With Public Health

## IV. Understanding the Dispensing Process

Developing a plan to dispense medication to a large number of people at first glance appears to be extremely challenging, especially for non-public health professionals. Rest assured that the **Department of Health** understands the challenges you face and is committed to walking you through the process, step by step to help you develop a comprehensive, responsive **Closed POD** plan that not only supports your organization but supports our overall community mass dispensing efforts. The remaining information in this workbook focuses on assisting planners with understanding the dispensing process and developing **Closed POD** plans.

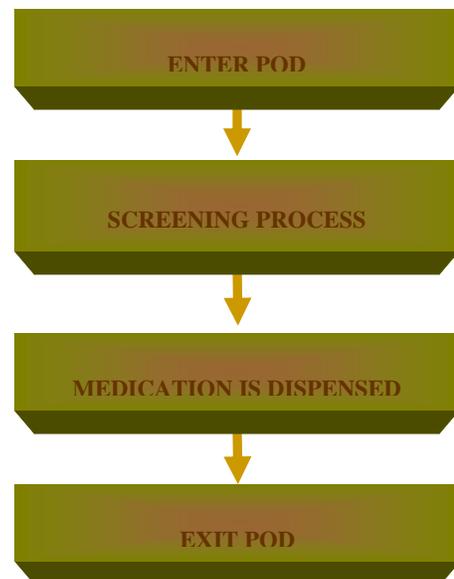
A recent report developed by Rand Corporation, **Recommended Infrastructure Standards for Mass Antibiotic Dispensing** addresses minimal functions that should be incorporated into mass dispensing operations during emergency operations where time is of the essence. These minimal functions include:

- **Directing** clients through the POD
- **Deciding** which medication to dispense
- **Dispensing** the medication
- **Disseminating** information about the medication

**Appendix \_\_** provides a **Closed POD** planning template. Upon reviewing the template, it will become apparent that the majority of the tasks involved in establishing a **Closed POD** support one of these four functions.

- a) Directing – how to get **{Insert appropriate term - employees, members, faculty}** to and through the POD.
  - 1) Prior to directing **{Insert appropriate term - employees, members, faculty}** through the POD, there are numerous pre-event planning activities to accomplish. It is important to remember that given the aerosolized release of anthrax scenario, time is the worst enemy and the medication must get into the population as soon as possible.

Informing your **{Insert appropriate term - employees, members, faculty}** that your organization has established a partnership with public health and will operate a



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**Closed POD** during an emergency, and soliciting volunteers to assist with operating the facility is one of those key initial activities. Sample information letters are provided in **Appendix \_\_\_**.

- 2) Defining your dispensing population – Determining how many people comprise your organization’s dispensing population sets the stage for many other planning tasks for your **Closed POD**, such as facility size and design; the number of staff needed to operate the facility and the amount of medication received from public health. When determining the appropriate number, in addition to **{Insert appropriate term – employees, members, faculty}**, are there others who are critical to operations that should be considered? During any emergency, public health officials realize that people are most concerned with the health, safety and protection of their loved ones. Family members will form the support structure that allows your **{Insert appropriate term – employees, members, faculty}** to continue normal operations to the extent necessary or allowable as the community endures and recovers from a public health emergency. For this reason, we recommend that you plan to provide medications to your **{Insert appropriate term – employee’s, member’s, faculty’s}** families as well. This is referred to as the “Head of Household” model, meaning your **{Insert appropriate term – employees, members, faculty}** will be able to obtain enough medication from your **Closed POD** for themselves and their designated family members, as long as they are accounted for on the necessary forms - Patient Information Forms. The **Closed POD** planning template in **Appendix \_\_\_** will provide a formula to assist in establishing the baseline population for planning purposes.
  - 3) **POD throughput** – Directing also requires you to determine your **Closed POD** throughput which is based on your designated population, the number of dispensing staff available, your dispensing flow and the time available to dispense medication. Keep in mind that operations at your **Closed POD** fit into the larger scheme of **{Insert Health Department}** mass dispensing campaign; therefore, it is extremely important that your organization establish a throughput that supports the time available to dispense. You can find more information on developing throughput targets and designing the layout of your **Closed POD** to support your targets in **Appendix \_\_\_**.
- b) Deciding – determining which medication is appropriate to dispense.

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- 1) Patient Information - Prior to receiving medication at a POD, regardless of whether it is a open or **Closed POD**, federal and state laws require certain information for each person receiving medication be completed and provided at the POD. Given the time constraints in the aerosolized release of anthrax scenario, the medical community understands that time is of the essence and applicable emergency powers afforded to the Governor, related to mass dispensing, will most likely be enacted. {Insert Health Department} has developed medical screening forms that support the minimal data that needs to be collected during this type of emergency. See a sample form at Appendix \_\_. These forms must be completed and turned in at the POD prior to receiving medication. A major advantage of being a **Closed POD** is that {Insert Health Department} can make these forms available pre-event to help improve throughput goals. {NOTE: delete if not applicable to your health department.}
  
  - 2) Which medication is appropriate? - Medical screening is the term that describes the process of determining which medications are appropriate for each individual given their current medical status based on the information provided on the medical screening form. In traditional scenarios, medical screening is conducted by licensed healthcare professionals who will assess the medical screening form and any available medical history to determine the best medication. In the anthrax scenario, again, time is of the essence. The decision of which medication to provide will mostly be based on written and approved protocols which will allow decisions to be made by those without formal medical training. Your public health liaison from {Insert Health Department} will provide the necessary algorithms, guidance and training to your **Closed POD** staff involved in the screening process to determine which medication should be dispensed at your facility . They will also ensure access to licensed medical staff if necessary while your **Closed POD** is operational.
- c) Dispensing - the actual process of handing the medication over to the client.
- 1) Head of Household Policy - {Insert guidance for your jurisdictions head of household policy detailing how many bottles a person can pick up on behalf of others in their family}
  
  - 2) Dispensing Policy - (Insert guidance on who can dispense medication given local policies - medical model vs. Non - medical model. If medical model, does the

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organization have occupational health? If not, describe how access to medical staff will be available to the **Closed POD**?)

d) Disseminating - providing the necessary information/education forms and follow-up information.

1) Drug Information and Instructions - The Food and Drug Administration (FDA) requires each person who receives medication at your **Closed POD** also receive information about the medication they are taking, dosage instructions and who to call or what to do if they experience adverse reactions to the medication. This information will be provided to you from your public health liaison.

2) Other Important Information - It is important to provide accurate and complete information to **{Insert appropriate term - employees, members, faculty}**. Let your **{Insert appropriate term - employees, members, faculty}** know why and how the **Closed POD** would be established, and how the medication dispensing process will work. This will provide your **{Insert appropriate term - employees, members, faculty}** with confidence in the overall approach, and is an opportunity to present accurate and reassuring information before and during the emergency. In addition to information about the medication, the following topics should be addressed in the information/education process:

- Possible threatening agents - In a public health emergency it is very important that people are informed of the true nature of the threat.

They need to know the answers to questions like:

- How do I know if I've been exposed?
- What are the symptoms?
- Is the disease contagious? If so, what do I need to do to protect myself and my family?
- What are the long-term implications?

Your public health liaison will explain how this information will also be part of the **{Insert Health Department's}** public information campaign. They will also provide fact sheets about anthrax to disseminate.

# Preparing Your Business for Public Health Emergencies

## V. Developing a Closed POD Plan

Now that you have a common understanding of point of dispensing operations, it is time to develop your **Closed POD** plan. Your organization is most likely already engaged in continuity planning to ensure it is prepared for disruptive events. It is likely you will have to activate various aspects of your continuity plan when you establish your **Closed POD**. The following information will provide key planning considerations to develop actionable items to help you with this process. These action items can be transferred to the **Closed POD** Planning Template found in **Appendix** **\_\_\_**.

- a) Protect Your Assets – Prepare Your **{Insert appropriate term – Employees, Members, Faculty}** – Identify **{Insert appropriate term – Employees, Members, Faculty}** within your organization who will assist with the planning and preparation process and involve them early.



- 1) Appoint a planning committee – Consider including human resource personnel, continuity managers, medical advisors, logistics specialists, security staff and your local public health liaison.
- 2) Determine your dispensing population - Decide whether you will accommodate employee’s families in your preparedness effort, and identify beforehand how you will define household, dependents or family. Then determine how many total **{Insert appropriate term – employees, members, faculty}** and family members will be served so that you’ll be able to estimate the amount of medication needed at the time of a public health emergency. In some instances and depending on the type of organization, you may want to include contractors or clients in your dispensing population.

- b) Organize Your Staff -

- 1) Determine Organizational Structure – The government uses the Incident Command System (ICS) to organize and manage its all-hazards response operations. ICS has also been adapted by many private sector organizations. ICS divides an emergency response into five manageable general staff functions which will all play an important role in your **Closed POD** operations -

## Preparing Your Business for Public Health Emergencies

- Command
- Operations
- Planning
- Logistics
- Finance/Administration



The command staff functions of safety, public information and liaison may also be incorporated in the structure. See Appendix \_\_\_ for more information on developing and ICS structure for your Closed POD.

- 2) Determine Staffing Needs – as you develop your staffing plan for the Closed POD based on your organizational structure, consider the following:
  - a. Determine security needs and capabilities - Consider your current security resources and capabilities to determine if additional security will be needed in an emergency to protect your facility and staff. {Insert appropriate term - employees, members, faculty} attending the Closed POD will need to feel safe to do so.
  - b. Closed POD Operations Staff - The number of staff volunteers needed to staff your Closed POD will be determined by a variety of factors such as the size of your dispensing population, your desired throughput and the design of your Closed POD floor plan. As a Closed POD you have the advantage of coordinating some functions prior to an emergency. For example, if you disseminate the patient information forms on line for {Insert appropriate term - employees, members, faculty} to download and complete prior to arriving at the Closed POD, you will reduce the need to have as many staff to cover registration. If you provide an intense education campaign about your involvement with public health and ensure {Insert appropriate term - employees, members, faculty} understand that if they are sick, they should report to a hospital or treatment facility and not come to the Closed POD, you will decrease the number of staff needed to conduct the triage function. Your public health liaison has access to modeling tools from the CDC to assist with efficient POD design and staffing.
  - c. Recruiting Staff - Mass dispensing operations rely heavily on volunteers. It is important that you solicit volunteers within your organization to help staff your Closed POD. {Insert Health Department} may augment your staff with the

## Preparing Your Business for Public Health Emergencies

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necessary medical professionals to be on site (if required) but will look to your organization to meet the necessary staffing requirements to support your throughput goals.

c) Prepare Your Facility - Preparing your facility ahead of time is essential.

1) Identify a dispensing location - In order to dispense medications to a large number of people in a relatively short time, you may need to identify ahead of time a particular location (primary and alternate are recommended) that is capable of certain accommodations. This area should be fairly large and open, preferably a large meeting room or cafeteria. See **Appendix \_\_ for Closed POD site considerations**. Some key factors to consider include:



- Separate entrance and exit
- Easily identifiable by all employees
- Place to secure medications and supplies
- Accommodations for people with disabilities
- Accommodation of tables, chairs and large numbers of people
- Moving people through the POD in only one direction to avoid confusion and crossovers

2) Identify/purchase/store necessary supplies - See **Appendix \_\_** for a list of recommended supplies.

d) Develop Your Procedures - The planning committee should develop procedures directly related to **Closed POD** operations, in collaboration with **{Insert Health Department}**.

1) Determine procedures specifically related to the activation, set-up, operation and deactivation of the dispensing site.

2) Determine how medications will be received - Your public health liaison will provide insight on how your organization should prepare to receive medication. In some instances, the medications may be delivered to your site with a police escort. In these instances, a pre-determined delivery location should be identified in your planning efforts. Identify individuals authorized to accept and sign for delivery and provide that

## Preparing Your Business for Public Health Emergencies

- information to your local public health agency. Security personnel should be on-hand at all times when the medications are on the premises. In other instances, public health agencies may have alternate methods of delivery such as having organizations pick up medications at a predetermined location. Plan for material handling equipment (MHE) to assist with downloading and moving medication into your facility. Additionally, your public health liaison will provide training on how to track the inventory you receive and dispense.
- 3) It is possible that there will be some medications left over after all of your **{Insert appropriate term – employees, members, faculty}** have attended the **Closed POD**. Procedures should be developed to account for how medication will be returned to your local public health agency.
  - 4) Include procedures for handling small/typical emergencies that could potentially happen during the dispensing process. Consider and plan for:
    - Minor medical emergencies – Call 9-1-1? Handle on-site?
    - Security breach – Call police? Handle on-site?
  - e) Provide education/information/training - Provide **{Insert appropriate term – employees, members, faculty}** with as much information about dispensing site operations as possible. Much of this can be done pre-event. A well trained staff will become essential to ensure your designated population receives medication in a timely manner; thereby, promoting continuity of operations for your organization and meeting public health’s dispensing time goal.
- PLAN  
ORGANIZE & STAFF  
EQUIP  
**TRAIN**  
EXERCISE
- 1) Several education and training resources are currently available for POD operations. These include free online training at:
    - FEMA’s Emergency Management Institute <http://training.fema.gov/IS/>
      - IS-100.B: Introduction to the Incident Command System I-100**
      - IS-200.B: ICS for Single Resource and Initial Action Incidents**
      - IS-700.A: National Incident Management System (NIMS), an Introduction**
    - University of Albany School of Public Health
      - Mass Dispensing: A Primer for Community Leaders Working in a Point of Dispensing (POD)**

# Preparing Your Business for Public Health Emergencies

<http://www.ualbanycphp.org/learning/default.cfm>

- CDC's Mass Antibiotic Dispensing Series - **Taking Care of Business** -

A video of this broadcast is available; contact your local health partner.

2) **{INSERT HEALTH DEPARTMENT}** also provides training on the following topics:

f) Exercise Your Plan - Exercising plans helps to identify any problems that can be rectified before an emergency occurs. Consider conducting such exercises jointly with your local public health agency to further strengthen your collaboration. We recommend **conducting annual internal training** for your **Closed POD** staff, specifically addressing the following three key areas:

- 1) **POD activation** (*add opportunity here*)
- 2) **Medication receipt and dispensing procedures** (*add opportunity here*)
- 3) **POD staff roles/responsibilities** (*add opportunity here*)

PLAN  
ORGANIZE & STAFF  
EQUIP  
TRAIN  
**EXERCISE**

## Frequently Asked Questions

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What is the purpose of a Closed POD?	To provide life saving medications to a designated population of people and their family members during a public health emergency.
What are the requirements for becoming a Closed POD?	In {Insert State/Local Health Department}, organizations with XX (Fill in number) of {Insert appropriate term - employees, members, faculty} or more are eligible to become Closed PODs. {Insert any additional criteria used by your health department}
How much is it going to cost?	Medications and training are free of charge.
Will there be training provided?	Yes. {Insert the type of training your health department provides}
When would we be asked to dispense medications at their own facility?	The only time the health department would ask organizations to dispense medications to {Insert appropriate term - employees, members, faculty} and their families would be if there is a great risk to the entire population and preventive medications need to be taken immediately.
Who operates the Closed POD?	{Insert appropriate term - employees, members, faculty} within your organization will operate the Closed POD with oversight from the health department. {Note: if medical model is used, adjust your response accordingly}
Will people be allowed to pick up medications for their families?	Yes, {Insert appropriate term - employees, members, faculty} will be allowed to pick up medications for their families. {Note: Adjust response if Head of Household is not employed}
How will medication be packaged?	The medication will be packaged for individual use and will be taken orally. Appropriate dosage instructions will accompany each bottle of medication.

## Frequently Asked Questions

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Who needs to take the medication?

Under this type of emergency, the entire population within a community will need to take the medication. This includes adults and children. Appropriate dosage instructions will accompany each bottle of medication that is dispensed at the **Closed POD**.

What about pets?

The medications provided at the **Closed POD** are for humans only. {Insert appropriate term - employees, members, faculty} with pets should contact their veterinarians for more information about the risk to their pet and any preventive measures they can take to help protect the health of their pet.

What about {Insert appropriate term - employees, members, faculty} who telework or commute long distances to and from work?

As a **Closed POD**, expect to provide medications to all {Insert appropriate term - employees, members, faculty} and their families, realizing that long distance commuters may choose to go to an open POD closer to their home.

Is it possible that our organization will need to operate a **Closed POD** after-hours, during the weekend, or on a holiday?

Public health emergencies can occur at any time. It is essential that your organization be prepared to operate a **Closed POD** during non-working hours since your {Insert appropriate term - employees, members, faculty} health will be at risk if medications are delayed.

Is this legal? What if someone gets hurt or has a reaction to the medicine?

Yes it is legal. Public health officials depend on volunteers to assist during public health emergencies. Participating as a **Closed POD** is a voluntary program and there are various laws and statutes applicable to liability protection. We will be happy to review the liability protections afforded to your organization under federal law as well as {Insert Your State} statutes.

## Conclusion

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{INSERT LOCAL HEALTH DEPARTMENT} would like to thank you for taking the time to review this workbook to help you develop your **Closed POD** plan.

By developing long-lasting relationships with the private sector, government agencies will be more adept and prepared to respond to a potential public health emergency. We appreciate your cooperation.

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## Resource & Reference Guide

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{INSERT POTENTIAL WEBSITES THAT MAY BE BENEFICIAL FOR YOUR BUSINESS PARTNER AGENCY AND INCLUDE HERE. SOME EXAMPLES ARE BELOW FOR CONSIDERATION}

### Local Public Health Authorities and Resources

- {INSERT RESOURCES FROM YOUR LOCAL DEPARTMENT OF HEALTH}
- {INSERT RESOURCES FROM YOUR LOCAL EMERGENCY MANAGEMENT OFFICE}

### State Resources

- {INSERT RESOURCES FROM YOUR STATE DEPARTMENT OF HEALTH WEBSITE}
- {INSERT RESOURCES FROM YOUR STATE EMERGENCY MANAGEMENT OFFICE}

### Other Resources

- Rand Corporation  
[http://www.rand.org/pubs/technical\\_reports/TR553/](http://www.rand.org/pubs/technical_reports/TR553/)
- Center's For Disease Control and Prevention Emergency Preparedness & Response  
[www.bt.cdc.gov](http://www.bt.cdc.gov)
- Federal Emergency Management Agency Independent Study Courses  
[www.training.fema.gov/IS/crslst.asp](http://www.training.fema.gov/IS/crslst.asp)
- National Preparedness Guidelines (September 2007)
- <http://www.dhs.gov/national-preparedness-guidelines>
- National Response Framework Resource Center  
<http://www.fema.gov/emergency/nrf/>
- Department of Health and Human Services  
Assistant Secretary for Preparedness and Response (ASPR) Public Health Emergency  
<http://www.phe.gov>  
Public Readiness and Emergency Preparedness Act  
<http://www.phe.gov/preparedness/legal/prepact/pages/default.aspx>
- Ready.GOV - Ready Business  
<http://www.ready.gov/business/>

## Resource & Reference Guide

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### Local Public Health Departments in the {INSERT REGION OR MSA}

CITY or COUNTY

ADDRESS

CITY, STATE, ZIPCODE

Phone: • Fax:

Department of Health Website address

Public Health Liaison Email address

CITY or COUNTY

ADDRESS

CITY, STATE, ZIPCODE

Phone: • Fax:

Department of Health Website address

Public Health Liaison Email address

CITY or COUNTY

ADDRESS

CITY, STATE, ZIPCODE

Phone: • Fax:

Department of Health Website address

Public Health Liaison Email address

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**PROTECTING YOUR [INSERT APPROPRIATE  
TERM] IN PUBLIC HEALTH EMERGENCIES**

**CLOSED POINT OF DISPENSING  
PLANNING TEMPLATE**

**[INSERT ORGANIZATION NAME  
AND LOGO]**

# Appendix 1 – Sample Closed POD Planning Template

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## Appendix 1 – Sample Closed POD Planning Template

### ☐ APPOINT A PLANNING COMMITTEE

1. **Collaborative Planning** - Establishing a **Closed POD** for your organization will involve many people from various departments/agencies within and possibly outside of your organization. It is important to have their input during the planning process to obtain their perspective and expertise in establishing operational policies and procedures and to ensure they understand and accept their roles and responsibilities during an emergency that requires establishing a **Closed POD**.
2. **Committee Members** - Consider the positions below as part of your planning committee. Address the expertise and/or resources they bring to the team to help define their roles and responsibilities. This list is not inclusive. Add/delete positions based on your organization's structure.

Primary Coordinator/Closed POD Manager			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
<b>If the primary is unable to respond, the person(s) below will succeed in management.</b>			
Backup Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Security Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Logistics Coordinator			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			

## Appendix 1 – Sample Closed POD Planning Template

Human Resources			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Business Continuity Manager			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Legal Counsel			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Medical Advisor			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Public Health Liaison			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			
Other			
Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
What they bring to the planning team:			

## Appendix 1 – Sample Closed POD Planning Template

### ❑ DETERMINING YOUR DISPENSING POPULATION:

1. Determining the total number of people you expect to service at your **Closed POD** is a critical step in your planning process. This number will help define the dispensing strategy for your organization by helping determine the size, location and layout of your **Closed POD** facility; the number of staff volunteers needed to operate the facility; as well as drive the timeline allotted for dispensing medication.
2. Total Dispensing Population Includes: **{The chart below uses Employees and Clients. Modify the chart to address your designated population – employees, members, faculty etc.}**

# Employees:		# Clients:	
# Family Members of Employees:		# Family Members of Clients:	
TOTAL (Employees + Family Members):		TOTAL (Clients + Family Members)	
<b>TOTAL DISPENSING POPULATION</b>			

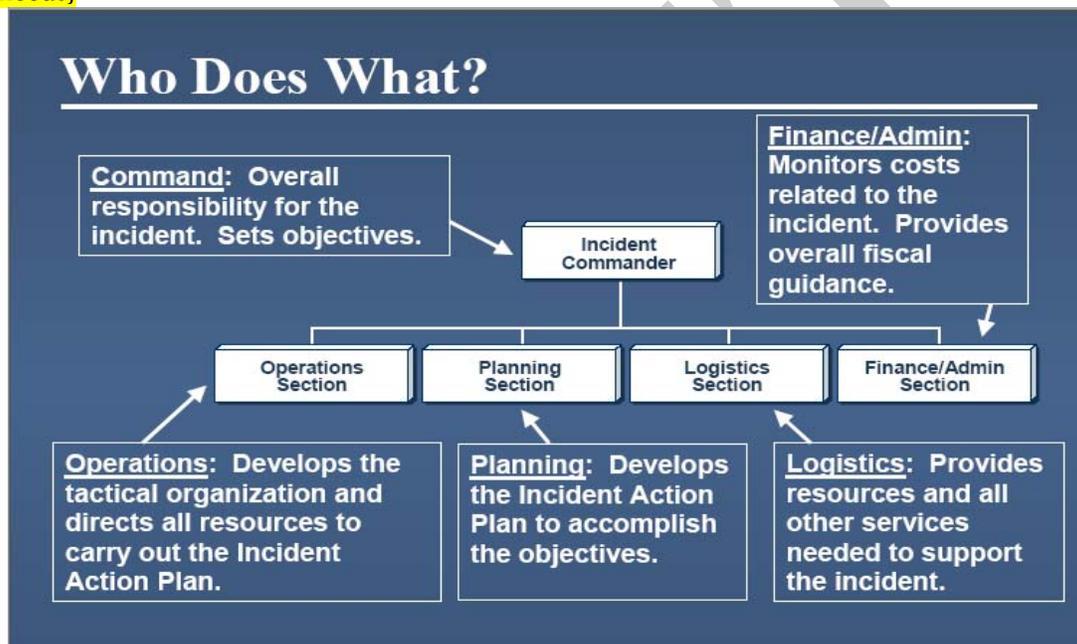
*Estimates of family members can be calculated by multiplying the number of employees and clients by 2.5 (average number of persons per household).*

## Appendix 1 – Sample Closed POD Planning Template

### ❑ ORGANIZE YOUR CLOSED POD STAFF

1. **Determine Organizational Structure** - Based on the Incident Command System (ICS), your **Closed POD** is an active part of the Operations Section of the public health response. The ICS structure below identifies all of the potential sections that may be activated to manage and coordinate your **Closed POD** operations. Determine which roles and functions will be activated and which management staff/volunteers will be assigned to the positions. See **Appendix \_\_** for Job Action Sheets for the specific job functions that will be required at the Closed POD.

[NOTE: This diagram is for illustration purposes only. Insert your health jurisdiction’s ICS structure for PODs to help the organization define their structure and determine staffing needs]



3. **Determine Staffing Needs** - The number of staff volunteers need to support your **Closed POD** operations depend on the size of your facility, the floor plan, designated population, desired throughput and time allotted for dispensing operations. [NOTE: Insert a discussion on determining throughput based on the designated population and its significance in determining staffing needs, facility and the floor plan design.]

List your *Closed POD* staffing requirements by position

Closed POD Job Position	# Staff Required Per Shift
<b>TOTAL STAFF REQUIRED</b>	

## Appendix 1 – Sample Closed POD Planning Template

### ☐ IDENTIFY DISPENSING LOCATION AND DESIGN:

1. **Identify a primary and alternate facility** - Based on your organizations operations and the location of your designated population, you may choose to operate more than one **Closed POD**. For example if your organization operates multiple campuses located throughout the city you may choose to have PODs at each campus. See **Appendix \_\_\_**, *Closed POD Site Considerations*, for further guidance on selecting a dispensing facility location.

Primary Dispensing Facility				
Name of Facility				
Address				
City		State		Zip Code
Phone Number:		Fax Number		
Alternate Dispensing Facility				
Name of Facility				
Address				
City		State		Zip Code
Phone Number:		Fax Number		
Point of Contact		Phone Number		
Dispensing Facility Campus A (if required)				
Name of Facility				
Address				
City		State		Zip Code
Phone Number:		Fax Number		
Point of Contact		Phone Number		
Dispensing Facility Campus B (if required)				
Name of Facility				
Address				
City		State		Zip Code
Phone Number:		Fax Number		
Point of Contact		Phone Number		

2. **Facility Design** – The design and layout of your Closed POD will impact the efficiency of your **Closed POD** operations. The visual below is an example of a Closed POD in an employee break room. Design your floor plan to help you achieve the throughput goals developed with your public health liaison. See **Appendix \_\_\_**, *Sample Dispensing Flow/Closed POD Staffing*. **[NOTE: Update this section with information relevant to**

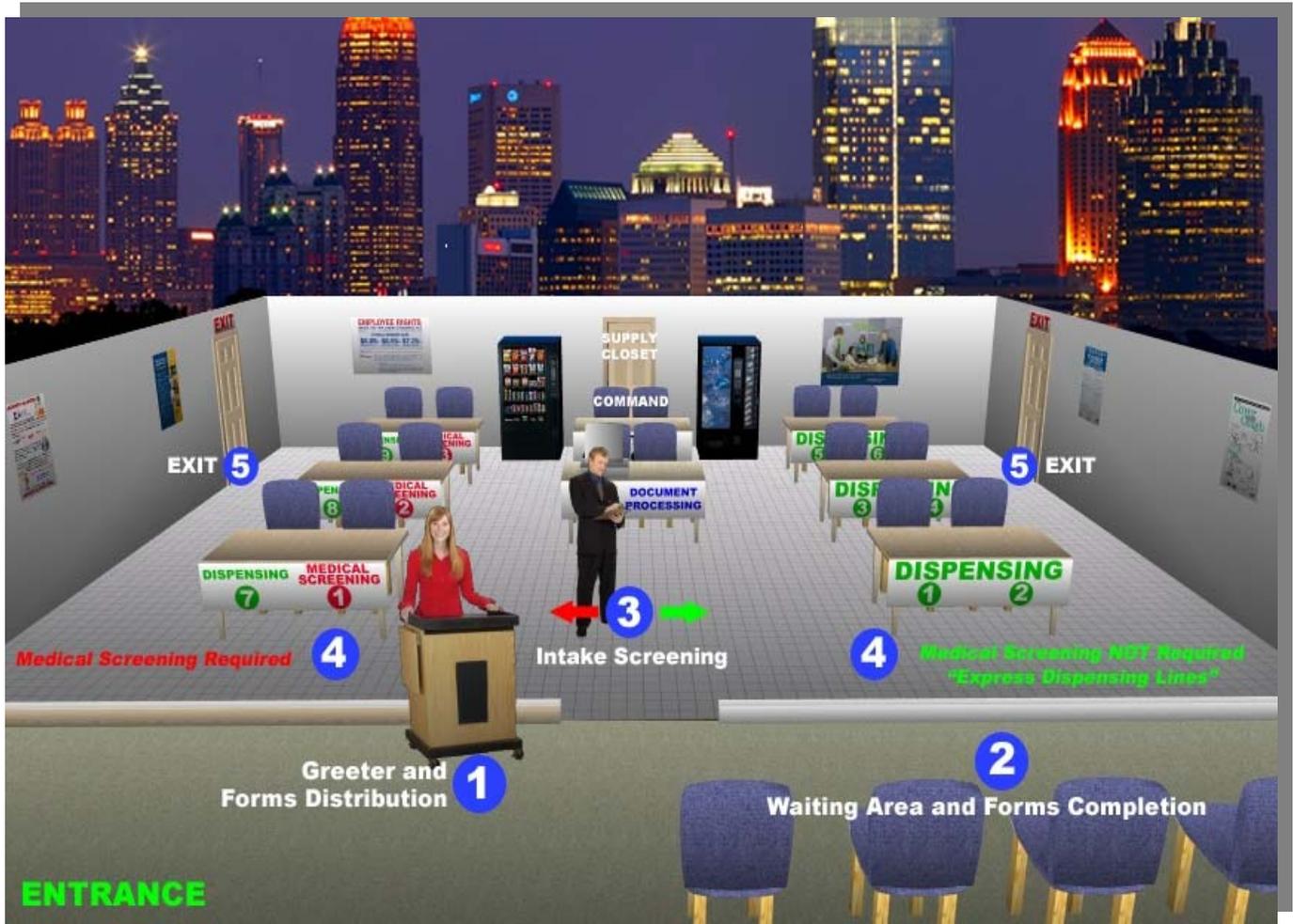
## Appendix 1 – Sample Closed POD Planning Template

explaining throughput and POD design. Insert your own jurisdiction's floor plan examples and diagrams as required. Include information on any modeling tools available to help the organization develop their floor plan and throughput goals.}

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## Appendix 1 – Sample Closed POD Planning Template

Sample Facility Floor Plan *{Insert your facility floor plan}*



❑ **COMMUNICATIONS** - It is important to have a robust communications plan to manage your Closed POD operations and to keep your *{Insert appropriate term - employees, members, faculty etc.}* well informed in the event of an emergency. Your organization most likely has key messages formulated as part of your Continuity of Operations plan. Although not inclusive, consider adding some of the points below specific to Closed POD operations. They are categorized as messages before, during and after the event.

1. **Before the event**, establish an awareness campaign that informs your *{Insert appropriate term - employees, members, faculty etc.}* of your agency's partnership with the health department to operate a Closed POD. See **Appendix \_\_\_** for information letter templates. Consider including the following points in your messages.
  - Key roles and responsibilities of *{Insert appropriate term - employees, members, faculty etc.}* in an emergency that may impact your Closed POD plan.
  - Closed POD staff volunteer requirements, duties and training opportunities.
  - Define your designated population and describe how medication will be dispensed.

## Appendix 1 – Sample Closed POD Planning Template

- Explain what information they should be prepared to provide and/or items they should bring to the **Closed POD**.

Describe how you will communicate with your **[Insert appropriate term - employees, members, faculty etc.]** employees *before the event* and the key messages you will share. List the responsible party for completing this action.


Check all communication methods that you might use to disseminate this information *before the event*:

<input type="checkbox"/>	Telephone:	_____ external information line	_____ call center/phone book
<input type="checkbox"/>	Electronic:	_____ website posting	_____ mass email message/fax
<input type="checkbox"/>	In Person:	_____ meeting/presentation	_____ visits to clients' homes
<input type="checkbox"/>	Radio:	_____ what station(s)	
<input type="checkbox"/>	Other:	(please specify) _____	

2. **During the event**, consider addressing the following key messages to the appropriate audience.
  - Closed POD management staff and staff volunteers -
    - Activation and recall information which includes where and when to report to the Closed POD.
    - Closed POD staff volunteer assigned duties and how to perform those tasks.
  - **[Insert appropriate term - employees, members, faculty etc.]**:
    - Where and when to go to receive their medications.
    - What information they should have in order to receive their medications.
    - Drug information sheets for the medications, including what they should do if they have a negative reaction to the medication. (This information will be provided by the health department).
    - How to stay informed during the emergency.
    - For **[Insert appropriate term - employees, members, faculty etc.]**, consider adding appropriate alternate work schedule instructions.

Describe how you will communicate with your **[Insert appropriate term - employees, members, faculty etc.]** *during the event*. List the responsible party for completing this action.

## Appendix 1 – Sample Closed POD Planning Template


Check all communication methods that you might use to disseminate this information *during the event*:

<input type="checkbox"/> Telephone: _____ external information line      _____ call center/phone book
<input type="checkbox"/> Electronic: _____ website posting      _____ mass email message/fax
<input type="checkbox"/> In Person: _____ meeting/presentation      _____ visits to clients' homes
<input type="checkbox"/> Radio: _____ what station(s)
<input type="checkbox"/> Other: (please specify) _____

3. **After the event**, consider the following messages for your **[Insert appropriate term - employees, members, faculty etc.]**.

- The importance of taking the entire medicine regimen.
- The outcome of your organization's dispensing effort.
- How to address questions or concerns.
- How to obtain follow up information.

Describe how you will communicate with your **[Insert appropriate term - employees, members, faculty etc.] after the event** (and who is responsible):


Check all communication methods that you might use to disseminate this information *after the event*:

<input type="checkbox"/> Telephone: _____ external information line      _____ call center/phone book
<input type="checkbox"/> Electronic: _____ website posting      _____ mass email message/fax
<input type="checkbox"/> In Person: _____ meeting/presentation      _____ visits to clients' homes
<input type="checkbox"/> Radio: _____ what station(s)
<input type="checkbox"/> Other: (please specify) _____

## Appendix 1 – Sample Closed POD Planning Template

### □ PREPARING TO RECEIVE AND DISPENSE MEDICATIONS

1. **Closed POD Activation** - {NOTE - Insert how your public health department will conduct notification}

Once you have been notified that your **Closed POD** will be activated, you will be given instructions on how and when to receive the medication based on your designated population.

{NOTE - Insert how your public health department will provide medications to your **Closed PODs**. Will your public health department deliver or will you require organizations to pick up medication? List your method here so the **Closed POD** manager can include their action items that support your processes.}

There are many considerations to address to ensure your facility is ready for activation. Here are some initial steps to prepare your organization to receive and dispense medications. Modify as needed to fit your organization.

- **Establish Recall Procedures** - - includes **Closed POD** management staff and staff volunteer recall procedures.
- **Assign tasks** - Use the Job Action sheets in **Appendix \_\_\_** to assign tasks to staff volunteers upon arrival.
  - Site Set Up - The amount of facility preparation needed to set up the **Closed POD** depends on the size of your dispensing population and dispensing strategy. Explain how your staff volunteers will receive their tasks to prepare the facility for operations. This includes configuring the facility according to the floor plan sketch, obtaining necessary non-medical supplies, placing appropriate signage throughout the facility (See **Appendix \_\_\_** for Signage examples) etc.
  - Dispensing Operations - {NOTE - Insert how your public health department will provide assistance with dispensing operations based on the use of the medical model or non-medical model.
  - Just In Time Training - {NOTE - Insert the type of JIT tools your health department will provide to the **Closed POD** manager so they can initiate during the facility set up operations.

2. **Receive medications** - The amount of medication your **Closed POD** receives is based on your designated population. The response plans developed by public health state that each person in the affected community will receive one 10-day supply (one bottle) of medication. {NOTE - Insert how your public health department will deliver the medication and necessary forms to the **Closed POD**. Describe the type of identification required if your jurisdiction has **Closed PODs** pick up medication. Ensure you discuss the necessary security and material handling equipment required so the **Closed POD** managers can develop their plan. Describe how follow on medication will be dispensed in your jurisdiction and its impact on whether or not you will use **Closed PODs**.} Describe how

## Appendix 1 – Sample Closed POD Planning Template

your organization will receive medication and forms from your public health liaison. Consider the following points -

- appropriate security measures when medications arrive at your organization
- appropriate equipment and staff to off load medications and/or move to appropriate storage area or alternate locations (if required).
- forms reproduction (if required)
- chain of custody procedures for medication
- **{NOTE - Insert other considerations based on your health departments dispensing plans.**

*Describe how your organization will receive medication.*


### 3. Internal Distribution of Medication - **{NOTE- If not applicable to your public health jurisdiction, delete this section}**

If your Closed POD is delivering medications to multiple dispensing sites within your organization, describe your distribution plan including:

- procedures to activate drivers and obtain vehicles
- main storage area to load vehicles
- identification of routes (primary and alternate) used to drop off locations
- maps
- communications plan
- security plan

Vehicle 1	Vehicle 2	Vehicle 3	
Type/Make and Model:	Type/Make and Model:	Type/Make and Model:	
License Number:	License Number:	License Number:	
Driver:	Driver:	Driver:	
Contact Number:	Contact Number:	Contact Number:	
Delivery Locations and Routes:			
Campus A:			
Campus B:			

## Appendix 1 – Sample Closed POD Planning Template

### 3. Storing medications –

- Your facility may need to provide temporary storage for the supply of medication during dispensing operations. If so, medications should be stored in a secure location (a locked room or locked cabinet where few individuals have access) and kept at controlled room temperature as specified by the medication manufacturer (away from extreme heat or cold).

*Describe how and where the medications will be temporarily stored.*


### 4. Prepare materials - **{NOTE - Insert how your public health department will deliver the necessary forms to the Closed POD. Will they be included in the medication shipment? Emailed pre-event or upon activation? Include the types of forms you will distribute.}**

Closed PODs will receive the same forms that are distributed at public PODs to distribute to your designated population. This involves reproducing enough required materials for your total dispensing population. Forms will include drug information sheets for the medication, medical screening forms, inventory management forms, Frequently Asked Question (FAQ) sheets, and dispensing algorithms.

*Describe how your organization will reproduce the required forms. Address any translation requirements.*


## Appendix 1 – Sample Closed POD Planning Template

### ☐ SECURITY CONSIDERATIONS

Security is most likely a component of your Continuity of Operations plan. It is also an important component of **Closed POD** operations. The safety and security of your **Closed POD** staff and designated population that will come to the facility, the actual facility and the medications being dispensed should be addressed. The following outlines preventive measures to enhance the security of your facility and designated population.

1. **Physical Security:** Take practical steps to prevent unauthorized access to your **Closed POD** site, facility, and medication:
  - Control the flow of traffic arriving and departing from your **Closed POD** site as well as throughout the **Closed POD** process.
  - Secure unused entrances and exits.
  - Pre-identify a *secure* location within your facility where your medications can be stored until needed.
  - Use appropriate signage (See Appendix \_\_, Signage)
  
2. **Personnel Protection:** Security measures should be taken to promote the safety of your **[Insert appropriate term here - ex. employees, member, etc.]** and other individuals being served by your **Closed POD**. Individuals disruptive to the operation of the **Closed POD** may need to be removed by security and/or law enforcement personnel. Establish a process of emergency communications so **Closed POD** staff can quickly request assistance from security personnel as needed.

*Identify internal communication processes and equipment*

Equipment		Process
<input type="checkbox"/>	Public Address System	
<input type="checkbox"/>	Hand-held Radios	
<input type="checkbox"/>	Break room Boards	
<input type="checkbox"/>	Cell Phones	

3. **Law Enforcement/EMS:** Have contact information readily available for your local police department should a security issue arise that requires intervention by local law enforcement. Ensure you have an understanding of your areas 911 capacity. Consider alternate methods since use of landlines during emergencies may be overwhelmed.

Emergency Contact Information	
Law Enforcement	
Fire	
Insurance	

## Appendix 1 – Sample Closed POD Planning Template

### □ The Dispensing Process: Step-by Step

1. **Closed POD Staff Volunteers** - Establish procedures to first dispense appropriate quantities of medication to those staff that are assisting with operating the **Closed POD**.
2. **Designated Population** – Establish a strategy to dispense to your designated population. Such factors as the **Closed POD** design, traffic patterns at the facility or your organization’s structure will impact the strategy. For example, upon notification of opening the **Closed POD**, do these factors support a first come - first served strategy or do they better support a phased or tiered approach to dispensing by department or activity. Regardless of the strategy used, it is important to stress that all who come will receive medication in a timely manner and there is enough medication for everyone within your designated population. Consult your public health liaison for assistance in determining the best strategy for your organization.
3. Provided below is a step-by-step process of the dispensing operations most likely to occur at the **Closed POD**. By establishing procedures to support these steps, your organization is well on their way to developing an efficient dispensing operation to best serve your designated population and your community during a public health emergency.
  - a. **[Insert appropriate term - employees, members, faculty] complete medical screening form** - Prior to receiving medication at PODs, regardless of whether they are open to the public or **Closed PODs**, each person receiving medication is required to complete a medical screening form. See **Appendix \_\_\_** for an example medical screening form. Under the Head of Household dispensing method, your **[Insert appropriate term - employees, members, faculty]** can complete one screening form for their entire household, but information on each person within the household must be annotated completely on the form. **{NOTE: Update this section if your jurisdiction will provide screening forms to the organization prior to the event. If so, the organization may be able to disseminate the forms on line and have their designated population complete them before arriving at the Closed POD. This could potentially decrease the amount of time it takes them to dispense.}**
  - b. **Staff reviews medical screening form** - These forms are used to screen for possible contraindications to taking the medication.
  - c. **Staff dispenses appropriate medication and drug information sheets** - Based on the information provided on the medical screening form and dispensing algorithms, the appropriate medication will be provided for each person listed on the medical screening form. **{NOTE: Update this section to reflect your jurisdictions labeling protocols.}** Medical screening forms must be completed and maintained by the **Closed POD**. They must be returned to your public health liaison once the **Closed POD** has terminated its dispensing operation.
  - d. Advise **[Insert appropriate term - employees, members, faculty]** to take the first dose right away.

## Appendix 1 – Sample Closed POD Planning Template

- e. Closed POD Managers may be asked to provide a status update such as the amount of medication dispensed to your public health liaison at various times throughout the dispensing process.
- f. Return medical screening forms, inventory forms, and unopened medication bottles to the local public health liaison.

*Describe how your organization will dispense medications at your Closed POD.*


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SAMPLE INFORMATION LETTERS FROM CLOSED POD ORGANIZATION  
INFORMATION LETTER  
VOLUNTEER SOLICITATION LETTER

SAMPLE JOB ACTION SHEETS

SAMPLE SITE CONSIDERATIONS

SAMPLE DISPENSING FLOW/CLOSED POD STAFFING

**SIGNAGE:**

ENTRANCE  
PROHIBITED  
ANTHRAX SYMPTOMS  
MEDICATION CENTER  
FOUR SIMPLE STEPS  
STEP 1: FILL OUT FORM  
STEP 2: SHOW FORM  
STEP 3: PICK UP MEDICINE  
STEP 4: TURN IN FORM & EXIT  
THANK YOU FOR YOUR COOPERATION  
PLEASE WAIT  
EXIT  
FIRST AID  
NO ENTRANCE  
NO EXIT

**INFORMATION SHEETS:**

ANTHRAX: WHAT YOU NEED TO KNOW

EXAMPLE MEMORANDUM OF AGREEMENT (MOA)

SAMPLE POINT OF DISPENSING MEDICAL SCREENING FORM

{NOTE: These are examples only. Tailor these examples based on the job aids and examples available in your jurisdiction prior to disseminating to your Closed POD partner organization}.

## Sample Information Letter From Closed POD Organization

---

[Insert Date Here]

[Insert Organization Name and Appropriate Term - employees, members, faculty]:

Subject: Preparedness Plans for Public Health Emergencies

Your health and safety are very important to [Insert Organization Name]. One of the many things that can threaten your health and safety is a public health emergency. You can be confident that we have a plan in place to limit the impact of public health emergencies on our [Insert appropriate term - employees, members, faculty] and their families. Our goal is to protect the health of all [Insert Organization Name and Appropriate Term - employees, members, faculty] employees during such an event.

[Insert Organization Name] has been working with state and local authorities to create an emergency preparedness plan that will help protect your health and safety during a public health emergency. We encourage you to read the [Insert Organization Name] emergency preparedness plan. The plan is available online at: [Insert Website].

Another way that we are working to protect your health and safety is through our collaborative planning efforts with [Insert Name] Department of Health. These efforts include having [Insert Organization Name] serve as a closed point of dispensing, or **Closed POD**, during a public health emergency so that we can dispense medication to keep you and your family from getting sick. Please read the attached fact sheet for additional details about **Closed PODs**.

[Insert Organization Name] will continue to plan to protect you and your family's health and safety during public health emergencies. As we make enhancements to our emergency preparedness plans, we will update you by [Insert how contact individuals will be notified of updates to emergency preparedness plans].

If you have any questions about [Insert Organization Name] emergency preparedness plans or our plans to serve as a Closed POD, or if you are interested in volunteering to help with emergency preparedness planning, contact [Insert Contact Person] at [Insert Phone Number].

Regards,

[Insert Organization's Official Name and Title]

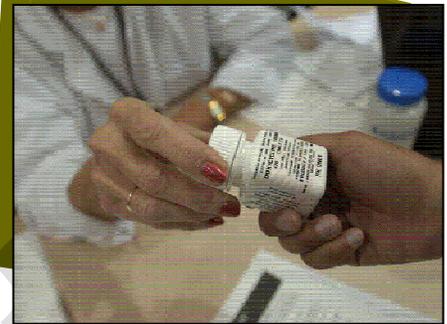
## VOLUNTEER OPPORTUNITY DURING A PUBLIC HEALTH EMERGENCY

[Insert Organization Name] has been preparing to protect you and your family in case of an emergency, such as a widespread disease outbreak, natural disaster or a bioterrorism attack. In order for us to do this, we must ensure we have the resources and staff needed to help in an emergency. We have worked closely with the [Insert Name] Department of Health to develop a plan for setting up a closed point of dispensing (Closed POD) for your convenience and safety during a public health emergency.

A Closed POD will allow us to:

- ✓ Provide free medicine on-site for you and your family
- ✓ Give important information during and after a public health emergency
- ✓ Answer questions and address concerns about the event

[Specific information about business plans or pictures can be inserted here]



If you are interested in volunteering to help with the setup and operations of our on-site **Closed POD**, contact [Insert Contact Person] at [Insert Phone Number]. As we continue to develop our public health emergency plans, we will provide additional communications about our endeavors as well as more specifics about your role in keeping yourselves and your families safe. We are committed to preparedness because it is important to the [Insert Organization Name] family, and it is important to the entire [Insert Jurisdiction Name] community.

## JOB ACTION SHEET – CLOSED POD MANAGER

Position Assignment: Closed POD Manager

Staff Name: \_\_\_\_\_

Mission: Coordinate the CLOSED POD effort at your agency.

### Get Ready

- Read this entire Job Action Sheet
- Receive notification from local public health authority that your **Closed POD** is activated (via email/phone/website)
- Obtain contact information for the public health liaison supporting your organization
- Review your **Closed POD** Dispensing Plan
- Inform **[Insert appropriate term - employees, members, faculty]** that the **Closed POD** is activated and assign tasks
- Provide orientation and position training to those assisting the dispensing effort
- Prepare the site, obtain basic supplies and get vehicles dispatched (if required)
- Communicate to your **[Insert appropriate term - employees, members, faculty]** that you will be dispensing medications

### Get Medications

- Send an authorized staff member to the **Closed POD Delivery Site/Distribution Site** to receive medications (modify based on Public Health's plan distribute medication to **Closed PODs** or have **Closed PODs** pick up medication)
- Lock medication in secure location away from extreme heat or cold; inventory initial supply
- Copy dispensing materials (medical screening forms, drug information sheets, others) or post to website for downloading by **[Insert appropriate term - employees, members, faculty]**

### Dispense the Medications

- Monitor dispensing of medications
- Dispense medication to **Closed POD** staff first
- Ensure appropriate screening and drug dispensing
- Ensure distribution of drug information sheets
- Request additional medications from the local public health authority if required
- Update your public health liaison with dispensing status and forecast estimates according to the prescribed schedule or as needed

### Follow up

- Return all medical screening forms and inventory control forms to public health liaison

## JOB ACTION SHEET – GREETER/EDUCATOR

Position assignment: Greeter/Educator

**Consider combining these functions at the Closed POD**

You report to: Closed POD Manager

Staff name: \_\_\_\_\_

Mission: To answer questions and education clients as appropriate for the event.

### Get Ready

- Read this entire Job Action Sheet
- Receive assignment, orientation and position training from **Closed POD Manager**
- Familiarize self with **Closed POD** layout, especially noting restrooms, emergency exits and POD flow
- Make copies of medical screening forms and educational material
- Set up station with medical screening forms, clipboards, pens and educational material (Fact Sheets)
- Receive medication for self and family first before dispensing to others; take first dose

### Dispense the Medications

- Set up station with appropriate materials
- Greet clients as they enter and provide necessary forms – **in addition to medical screening forms, consider distributing the patient education and information forms also.**
- Answer client questions within scope of training and qualifications
- Direct clients to Screening
- Maintain adequate supply levels.
- Provide routine reports to **Closed POD Manager**
- Report disruptive client behavior to team leader
- Performs other duties as assigned by **Closed POD Manager**

### Follow Up

- Brief replacement as necessary
- Return all materials to **Closed POD Manager**
- Demobilize station, as directed by **Closed POD Manager**
- Participate in after-action meetings, as directed
- Sign-out after approval from **Closed POD Manager**

**IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR  
CLOSED POD MANAGER IMMEDIATELY**

## Sample Job Action Sheets

### JOB ACTION SHEET – SCREENER

Position Assignment: **Screeener/Medical Screeener**

Staff Name: \_\_\_\_\_

Mission: Conduct initial screening of medical screening form for contraindications.

#### Get Ready

- Read this entire Job Action Sheet
- Receive briefing from **Closed POD** Manager
- Familiarize self with screening forms and Fact Sheets procured from greeters
- Receive medication for self and family first before dispensing to others; take first dose

#### Duties

- Review client medical screening form for completeness
- Scan medical screening form for contraindication if a “yes” answer is answered on any portion of the form, direct to Medical Screening; otherwise direct to Dispensing
- Direct clients with medical questions that can not be answered from the Fact Sheets to Medical Screening

#### Follow up

- Brief replacement as necessary
- Debrief with team leader
- Demobilize station, as directed by **Closed POD** Manager
- Participate in after-action meetings, as directed
- Sign-out after approval from **Closed POD** Manager

**IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR  
CLOSED POD MANAGER IMMEDIATELY**

**JOB ACTION SHEET – MEDICAL SCREENER**

Position Assignment: **Medical Evaluation**

Staff Name: \_\_\_\_\_

Mission: Assess contraindications and determine appropriate medication.

**Get Ready**

- Read this entire Job Action Sheet
- Receive briefing from **Closed POD** Manager
- Familiarize self with screening forms and Fact Sheets procured from greeters
- Receive medication for self and family first before dispensing to others; take first dose

**Duties**

- Review client medical screening form for contraindications
- Determine appropriate medication based on algorithms and annotate on medical screening form
- Direct client to Dispensing

**Follow up**

- Brief replacement as necessary
- Debrief with team leader
- Demobilize station, as directed by **Closed POD** Manager
- Participate in after-action meetings, as directed
- Sign-out after approval from **Closed POD** Manager

**IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR  
CLOSED POD MANAGER IMMEDIATELY**

**JOB ACTION SHEET – DISPENSER**

Position assignment: Dispenser

You report to: Closed POD Manager

Staff name: \_\_\_\_\_

Mission: Dispense appropriate medication

**Get Ready**

- Read this entire Job Action Sheet
- Receive assignment from **Closed POD Manager**
- Receive orientation and position training from **Closed POD Manager**
- Familiarize self with screening and dispensing process (including algorithms)
- Set up station, or prepare supplies needed if dispensing in the field
- Receive medication for self and family first before dispensing to others; take first dose

**Dispense the Medications**

- Assure that each client completes a medical screening/screening form
- Weigh children as needed and note weight on medical screening form (delete if not required)**
- Review form for contraindications. If no contraindications, dispense as directed. If contraindications exist, follow algorithms for dispensing
- Remove lot # labels from pill bottles or label sheet. Put one on clinic medical screening form and one label on drug information sheet
- Fill out information on prescription label and adhere to pill bottle or to drug information sheet.
- Dispense appropriate medication and record medication dispensed on medical screening form, initial medical screening form and retain form
- Remind client to complete the entire dosing regimen
- Provide dispensing status updates to your **Closed POD Manager** as required

**Follow Up**

- Return all materials to **Closed POD Manager**, including medical screening forms and any unused medication

**IF YOU ENCOUNTER A PROBLEM WHILE DISPENSING, CONTACT YOUR  
CLOSED POD MANAGER IMMEDIATELY**

## Closed POD Site Considerations

<b>Site Name</b>		<b>Site Address</b>	
<b>Date of Survey</b>		<b>City, State Zip</b>	
<b>Facility Point of Contact</b>			
Name/Title:		Access to facility keys? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
<b>Alternate Point of Contact</b>			
Name/Title:		Access to facility keys? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	
<b>Facility Information</b>			
<input type="checkbox"/> Adequate Parking	<input type="checkbox"/> Separate Entrance/Exit	<input type="checkbox"/> Lockable storage area for medications	
<input type="checkbox"/> Adequate HVAC capacity	<input type="checkbox"/> Telephone Availability	<input type="checkbox"/> Refrigeration for medication (if necessary)	
<input type="checkbox"/> ADA Accessible restrooms	<input type="checkbox"/> Nearby break rooms for staff	<input type="checkbox"/> Hand washing facilities	
<input type="checkbox"/> Electricity	<input type="checkbox"/> Backup Power Source	<input type="checkbox"/> Tables and chairs	
<b>Suggested Equipment and Supply List</b>			
<input type="checkbox"/> Clipboards	<input type="checkbox"/> Janitorial supplies (i.e. toilet paper, paper towels, hand soap, etc)	<input type="checkbox"/> First Aid Kit with equipment for measuring vital signs	
<input type="checkbox"/> File folders and file boxes	<input type="checkbox"/> Extension cords	<input type="checkbox"/> Gloves – latex and vinyl	
<input type="checkbox"/> Notepads	<input type="checkbox"/> Wastebaskets and trash bags	<input type="checkbox"/> Envelopes or small bags (to hold multiple bottles of medicine)	
<input type="checkbox"/> Paper	<input type="checkbox"/> Facial tissues	<input type="checkbox"/> 1-2 cots (if available)	
<input type="checkbox"/> Pens (preferably blue or black ink)	<input type="checkbox"/> Hand sanitizer	<input type="checkbox"/> Automated External Defibrillator (AED) (optional item; should only be used with proper training and under emergency conditions)	
<input type="checkbox"/> Staplers	<input type="checkbox"/> TV/VCR (for education if available)		
<input type="checkbox"/> Computer and printer	<input type="checkbox"/> Signs to identify each station: Greeting/Registration, Education, Screening,, Dispensing	<input type="checkbox"/> List of emergency numbers: Local Public Health, Police, Emergency Medical Services	
<input type="checkbox"/> Copier			

## Closed POD Site Considerations

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Facility Layout

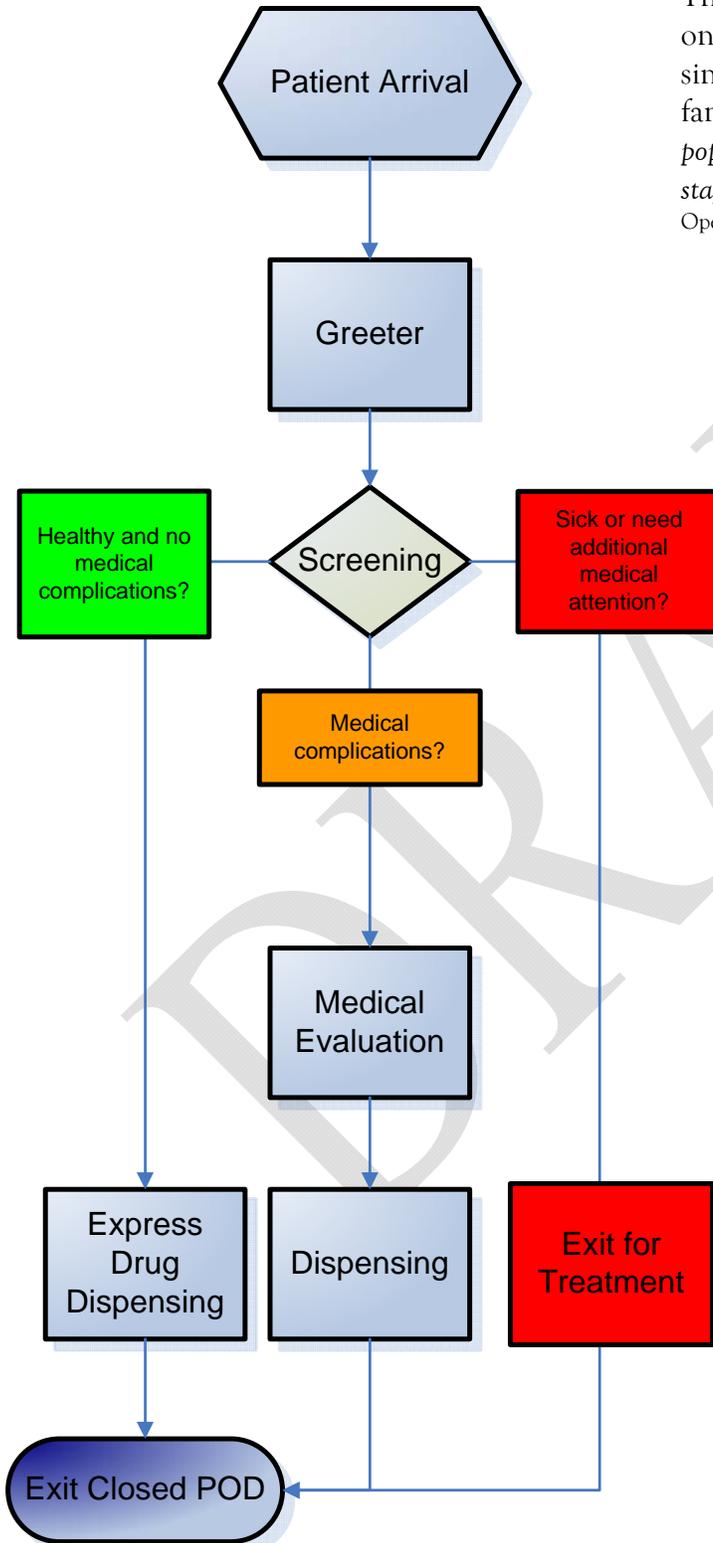
Name:	Location:	Point of Contact:
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Facility Diagram

## Sample Dispensing Flow/Closed POD Staffing

### Closed POD Example Process Flow



### Closed POD Staffing RECOMMENDATION

The following staff numbers are recommended based on POD modeling using RealOpt\*. Dispensing in a single line set up, processing 2,000 employees/their families and clients in 4 hours. *Adjust according to your population, anticipated operational hours, and available staff.* \*RealOpt was developed by Dr. Eva K. Lee of the Center for Operations Research in Medicine at Georgia Institute of Technology.

**Greeter:**  
Four (4) employees

Roles: Greeters/Educators  
Issue/Review Forms  
Provide Information

**Screening:**  
Four (4) employees

Roles: Form Completion  
Flow Control

**Medical Evaluation:**  
Four (4) employees

Roles: Review contraindications  
Determine appropriate medication

**Dispensing:**  
Seven (7) employees

Roles: Dispense Medication

# Entrance



Entrada

Войти

Đi Vào

入口



# Prohibited

- Photography
- Smoking
- Weapons
- Alcohol
- Video or sound recording
- Pets (service animals allowed)



# **Anthrax Symptoms**

If you have recently developed the following symptoms, go to the hospital now:

- Fever
- Weakness
- Cough
- Difficulty Breathing
- Headache
- Chest Discomfort
- Chills



# **Medication Center**

- **Free medicine —  
large supply**
- **We are here to help**
- **Four simple steps**



# **Four Simple Steps**

**1. Fill Out Form**

**2. Show Form**

**3. Pick Up Medicine**

**4. Turn In Form & Exit**

Step 1:



# Fill Out Form

Llene el formulario  
Заполните форму  
Điền Đơn  
填寫表格

**Step 2:**



**Show  
Form**

**Muestre el formulario**  
**Покажите форму**  
**Trình Đơn**  
**顯示表格**

© 2014 American, Vietnamese and Chinese

**Step 3:**



# Pick Up Medicine

**Recoja el medicamento**

**Получите лекарство**

**Lãnh Thuốc**

**取藥**

**Step 4:**



# Turn In Form & Exit

**Entregue el formulario y salga**

**Верните форму и уходите**

**Nộp Đơn & Đi Ra**

遞交表格並退出



# **Thank you for your cooperation**

- Read and follow your medication handout.
- Regularly check for updates (radio, TV, newspapers, Internet).
- Call area hotlines for more information.

**Please Wait**



**Por favor espere**  
**Просьба подождать**  
**Xin Vui Lòng Chờ**  
**請等候**

Example Signage

**Exit**

**Salida**

**УЙТИ**

**Đi Ra**

**出口**

Spanish, Russian, Vietnamese, and Chinese

# First Aid



**Primeros auxilios**

**Первая помощь**

**Sơ Cứu**

# No Entrance



**No entrar**  
**Không Được Vào**  
**입장 금지**  
**Hindi Pasukan**

# No Exit



**No es una salida**

**Нет выхода**

**Không Phải Lối Ra**

無出口



**FACT SHEET**

**Anthrax: What You Need To Know**

**What Is Anthrax?**

Anthrax is a serious disease caused by *Bacillus anthracis*, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:

- **skin (cutaneous)**
- **lungs (inhalation)**
- **digestive (gastrointestinal)**

**How Do You Get It?**

Anthrax is not known to spread from one person to another.

**Anthrax from animals.** Humans can become infected with anthrax by handling products from infected animals or by breathing in anthrax spores from infected animal products (like wool, for example). People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals.

**Anthrax as a weapon.** Anthrax also can be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with powder containing anthrax. This caused 22 cases of anthrax infection.

**How Dangerous Is Anthrax?**

The Centers for Disease Control and Prevention classifies agents with recognized bioterrorism potential into three priority areas (A, B and C). Anthrax is classified as a Category A agent. Category A agents are those that:

- pose the greatest possible threat for a bad effect on public health
- may spread across a large area or need public awareness
- need a great deal of planning to protect the public's health

In most cases, early treatment with antibiotics can cure cutaneous anthrax. Even if untreated, 80 percent of people who become infected with cutaneous anthrax do not die. Gastrointestinal anthrax is more serious because between one-fourth and more than half of cases lead to death. Inhalation anthrax is much more severe. In 2001, about half of the cases of inhalation anthrax ended in death.

**What Are the Symptoms?**

The symptoms (warning signs) of anthrax are different depending on the type of the disease:

- **Cutaneous:** The first symptom is a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister and ulcer do not hurt.
- **Gastrointestinal:** The first symptoms are nausea, loss of appetite, bloody diarrhea, and fever, followed by bad stomach pain.

## Example Information Sheet

### **Anthrax: What You Need To Know**

(continued from previous page)

- **Inhalation:** The first symptoms of inhalation anthrax are like cold or flu symptoms and can include a sore throat, mild fever and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness and muscle aches. (Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

### **How Soon Do Infected People Get Sick?**

Symptoms can appear within 7 days of coming in contact with the bacterium for all three types of anthrax. For inhalation anthrax, symptoms can appear within a week or can take up to 42 days to appear.

### **How Is Anthrax Treated?**

Antibiotics are used to treat all three types of anthrax. Early identification and treatment are important.

**Prevention after exposure.** Treatment is different for a person who is exposed to anthrax, but is not yet sick. Health-care providers will use antibiotics (such as ciprofloxacin, levofloxacin, doxycycline, or penicillin) combined with the anthrax vaccine to prevent anthrax infection.

**Treatment after infection.** Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

### **Can Anthrax Be Prevented?**

**Vaccination.** There is a vaccine to prevent anthrax, but it is not yet available for the general public. Anyone who may be exposed to anthrax, including certain members of the U.S. armed forces, laboratory workers, and workers who may enter or re-enter contaminated areas, may get the vaccine. Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine.

### **What Should I Do if I Think I Have Anthrax?**

If you are showing symptoms of anthrax infection, call your health-care provider right away.

### **What Should I Do if I Think I Have Been Exposed to Anthrax?**

Contact local law enforcement immediately if you think that you may have been exposed to anthrax. This includes being exposed to a suspicious package or envelope that contains powder.

### **What Is CDC Doing To Prepare For a Possible Anthrax Attack?**

CDC is working with state and local health authorities to prepare for an anthrax attack. Activities include:

- Developing plans and procedures to respond to an attack using anthrax.
- Training and equipping emergency response teams to help state and local governments control infection, gather samples, and perform tests. Educating health-care providers, media, and the general public about what to do in the event of an attack.
- Working closely with health departments, veterinarians, and laboratories to watch for suspected cases of anthrax. Developing a national electronic database to track potential cases of anthrax.
- Ensuring that there are enough safe laboratories for quickly testing of suspected anthrax cases.
- Working with hospitals, laboratories, emergency response teams, and health-care providers to make sure they have the supplies they need in case of an attack.

For more information, visit [www.bt.cdc.gov/agent/anthrax](http://www.bt.cdc.gov/agent/anthrax),  
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

July 31, 2003

Page 2 of 2

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**  
**SAFER • HEALTHIER • PEOPLE™**

## Sample Memorandum of Agreement (MOA)

*This template can be used to draft a memorandum of agreement between your public health department and your closed points of dispensing partners. It is not intended to be a CDC approved legal contract. Please consult with your legal counsel to incorporate the appropriate language for your public health jurisdiction.*

### EXAMPLE

## Memorandum of Agreement (MOA) Regarding Mass Prophylaxis Dispensing CLOSED Point of Dispensing (POD)

This Memorandum of Agreement is entered into this the \_\_\_ day of \_\_\_\_\_, 200 between the \_\_\_\_\_ (hereinafter “Provider”) and the CITY Government, HEALTH DEPARTMENT NAME/ACRONYM.

#### Definitions:

1. HEALTH DEPARTMENT NAME/ACRONYM
2. CRI: Cities Readiness Initiative
3. SNS: Strategic National Stockpile
4. POD: Point of Dispensing
5. Provider: Business/Organization willing to become a CLOSED POD

#### Recitals

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) has established the Cities Readiness Initiative (CRI) program to assist certain Metropolitan Statistical Areas (MSA) in the event of a catastrophic biological incident; and

**WHEREAS**, the CDC, through the (Name) STATE HEALTH DEPARTMENT, will provide resources from the Strategic National Stockpile (SNS), which include medications and medical supplies, to HEALTH DEPARTMENT NAME/ACRONYM for the (name) City MSA; and

**WHEREAS**, the HEALTH DEPARTMENT NAME/ACRONYM intends to transfer a pre-determined quantity of the aforementioned medication and/or medical supplies to Provider as needed to respond to a particular public health emergency in accordance with the policies and procedures outlined in the HEALTH DEPARTMENT NAME/ACRONYM Public Health Emergency Response Plan and the Provider’s own Mass Prophylaxis Dispensing Plan: and

**WHEREAS**, the HEALTH DEPARTMENT NAME/ACRONYM wishes to collaborate with Provider to enhance its ability to respond to a catastrophic biological incident or other public health emergency requiring mass dispensing of medications or medical supplies.

**NOW THEREFORE**, in consideration of the foregoing, the parties hereto agree as follows:

## Sample Memorandum of Agreement (MOA)

### The Provider Agrees:

- a. To request medications according to the number of employees and identified household family members (if applicable) expected to use the Provider POD. (The Provider should consult with the State/Local Health Departments in regard to their dispensing plans and capability in order to decide the appropriate number of bottles to be dispensed to employees and members of their households.)
- b. To assume responsibility of dispensing medications (mass prophylaxis) to those individuals identified above by the Provider's trained staff, at a site chosen by the Provider in accordance with the policies and procedures outlined in the HEALTH DEPARTMENT NAME/ACRONYM Public Health Emergency Response Plan and the Provider's own Mass Prophylaxis Dispensing Plan (on file with the HEALTH DEPARTMENT NAME/ACRONYM), and in accordance with any liability protections afforded under local, State, or Federal law. (States should insert their own language here for circumstances that fit their state)
- c. To utilize pharmaceuticals in accordance with the policies and procedures outlined in the HEALTH DEPARTMENT NAME/ACRONYM Public Health Emergency Response Plan and the Provider's own Mass Prophylaxis Dispensing Plan (on file with the HEALTH DEPARTMENT NAME/ACRONYM).
- d. To dispense medications per established medical protocols/algorithms (provided by HEALTH DEPARTMENT NAME/ACRONYM at time of the event) in accordance with applicable State law and to confer with the State Health Officials to determine if any waiver, modification, or exceptions to State law during a public health emergency apply to their dispensing staff. (The Provider may also wish to consider pre-registering employees and their household members in order to expedite their dispensing process.)
- e. To provide any updates of the Provider's Mass Prophylaxis Dispensing Plan to the HEALTH DEPARTMENT NAME/ACRONYM.
- f. To provide training and education to Provider's staff that will be utilized in Mass Prophylaxis Dispensing Operations in regards to specifics of the Mass Prophylaxis Dispensing Plan provided by the Provider. (Individual Health Departments may wish to add any details with regard training)
- g. To identify employees by jurisdiction of residence and provide that information to HEALTH DEPARTMENT NAME/ACRONYM in accordance with applicable State law. (Again, the provider pre-registering their employees in order to expedite their dispensing process.)
- h. To not charge individuals for medications, medical supplies, or administration of medications that have been provided through this agreement, except as permitted by the STATE OF (name) or by CDC. (The provider will need to negotiate with the state/local health department on issues regarding administrative cost)
- i. To participate in any HEALTH DEPARTMENT NAME/ACRONYM-sponsored dispensing training/education opportunities. (Individual Health Departments may wish to add details they wish to add with regard training and/or consequences for providers failing to participate in training)
- j. To provide emergency point of contact information to ensure timely notification of the Provider in the event of a public health emergency.

## Sample Memorandum of Agreement (MOA)

- k. To maintain accurate records of medications dispensed and other data deemed necessary and provide that data to HEALTH DEPARTMENT NAME/ACRONYM in a timely manner in accordance with applicable State law and Federal requirements. (The FDA is developing standards for a minimum data set and those standards will be made available to States as soon as they are published).
- l. To track expenses associated with and emergency response in order to seek any available reimbursement under the Stafford Act or other authorities.
- m. To secure any unused medications in accordance with applicable State and Federal law until a time HEALTH DEPARTMENT NAME/ACRONYM can make arrangements for retrieval.
- n. To compile and file an after-action report with the HEALTH DEPARTMENT NAME/ACRONYM, identifying shortfalls and accomplishments of the operation. (The State/Local Health Department should provide technical assistance to the provider as to the purpose and content of the AAR)

### The HEALTH DEPARTMENT NAME/ACRONYM Agrees:

- a. To provide Mass Prophylaxis Dispensing specific training/education opportunities to identified staff of the Provider.
- b. To provide pre-event planning and technical assistance, including but not limited to supply lists, POD layouts, fact sheets, dispensing algorithms, etc. to the Provider.
- c. As necessary to respond to any particular public health emergency, to, deliver the appropriate amount of medications in a reasonable, timely manner to the Provider POD in a accordance with the policies and procedures outlined in the HEALTH DEPARTMENT NAME/ACRONYM Public Health Emergency Response Plan and the Provider's own Mass Prophylaxis Dispensing Plan (on file with the HEALTH DEPARTMENT NAME/ACRONYM).
- d. To provide coordination services as outlined in the HEALTH DEPARTMENT NAME/ACRONYM Emergency Plan to the Provider to the best of their ability.
- e. To provide proper standing orders and medical protocols regarding Dispensing activities including but not limited to, dosing, follow-up procedures and releasable information regarding the public health emergency to the Provider.
- f. To provide with consultation and assistance as needed and available for the given public health emergency to the Provider.
- g. To make arrangements to collect any unused medications as well as copies of all medical documentation from the Provider.
- h. As appropriate, to assist the Provider in seeking any available reimbursement under the Stafford Act or other authorities for costs associated with Provider's response activities by liaising between Provider and the state Emergency Operations Center.
- i. To provide after-action consultation to the Provider.

## Sample Memorandum of Agreement (MOA)

### It Is Mutually Agreed That:

- a. The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPAA), as applicable, and any applicable State law.
- b. This Memorandum can be extended by two-year intervals with written agreement of both parties.
- c. This Memorandum can be amended by written mutual agreement of both parties at any time and may be terminated by either party upon 60 days notice in writing to the other party.
- d. This Memorandum will not supersede any laws, rules or polices of either party.
- e. The activities in the signed Memorandum will go into effect only at the request and direction of the HEALTH DEPARTMENT NAME/ACRONYM. (The State/Local Health Department should identify a specific office or authorized individual. They should also clarify whether the request and direction has been written or can be oral.)
- f. The Provider would be considered a CLOSED POD in that it would not Dispense Medications to the “general public” but to employees and identified household family members outlined in the Provider’s Mass Prophylaxis Dispensing Plan and the HEALTH DEPARTMENT NAME/ACRONYM Emergency Plan.
- g. The Provider will follow the dispensing directives of the HEALTH DEPARTMENT NAME/ACRONYM during Mass Dispensing Operations.
- h. It is understood that the Provider’s participation is completely voluntary and may not be available/utilized at the time of any public health emergency. If so, the Provider would not be used by Provider or HEALTH DEPARTMENT NAME/ACRONYM as a CLOSED POD during that public health emergency. Prophylactic medications may be made available to Provider employees and members of their households under the same terms as they are made available to the general public and the Provider employees and members of their households would not receive any preference or priority in dispensing to the general public.

### SIGNATURES

My signature indicates agreement with the above stated agreements and conditions:

\_\_\_\_\_  
Director of the HEALTH DEPARTMENT NAME/ACRONYM

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Provider Representative)

\_\_\_\_\_  
Date

\* May want to include the name of the city manager or a representative of city government in those cities that are funded directly.

## Sample Medical Screening Form

### POINT OF DISPENSING INTAKE FORM

**INSTRUCTIONS:** Please FILL OUT this form completely to receive medicine for you and up to 7 other individuals. Please PRINT

Your Name:	Phone Number:
Address:	

Name (First and Last)	Age (if under 10 yrs)	Weight (if under 90 lbs)	Is the individual ALLERGIC to any of these medicines?				Is the individual PREGNANT or BREASTFEEDING?	Is the individual on KIDNEY DIALYSIS or have KIDNEY DISEASE?	Is the individual TAKING any of these medicines?
			Doxycycline <i>Vibramycin</i>	Ciprofloxacin <i>Cipro</i>	Levofloxacin <i>Levaquin</i>	Ofloxacin <i>Floxin</i>			
1. Yourself:			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
4.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
6.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
7.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
8.			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

**Staff Use Only:** Screener, please indicate medicine to be given. Dispenser, please adhere medication label for each person.

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	
Circle Affix label here	D C A	D C A	D C A	D C A	D C A	D C A	D C A	D C A	Initial Here: Screener: _____ Dispenser: _____

**This Page Is Intentionally Left Blank**