

# **Closed Point of Dispensing (POD) Forms Book (attachments) for Operating POD**



**Public Health**  
Prevent. Promote. Protect.

Public Health Emergency Preparedness

Minnesota Cities Readiness Initiative

Mass Prophylaxis – 100% of population in 36 hours

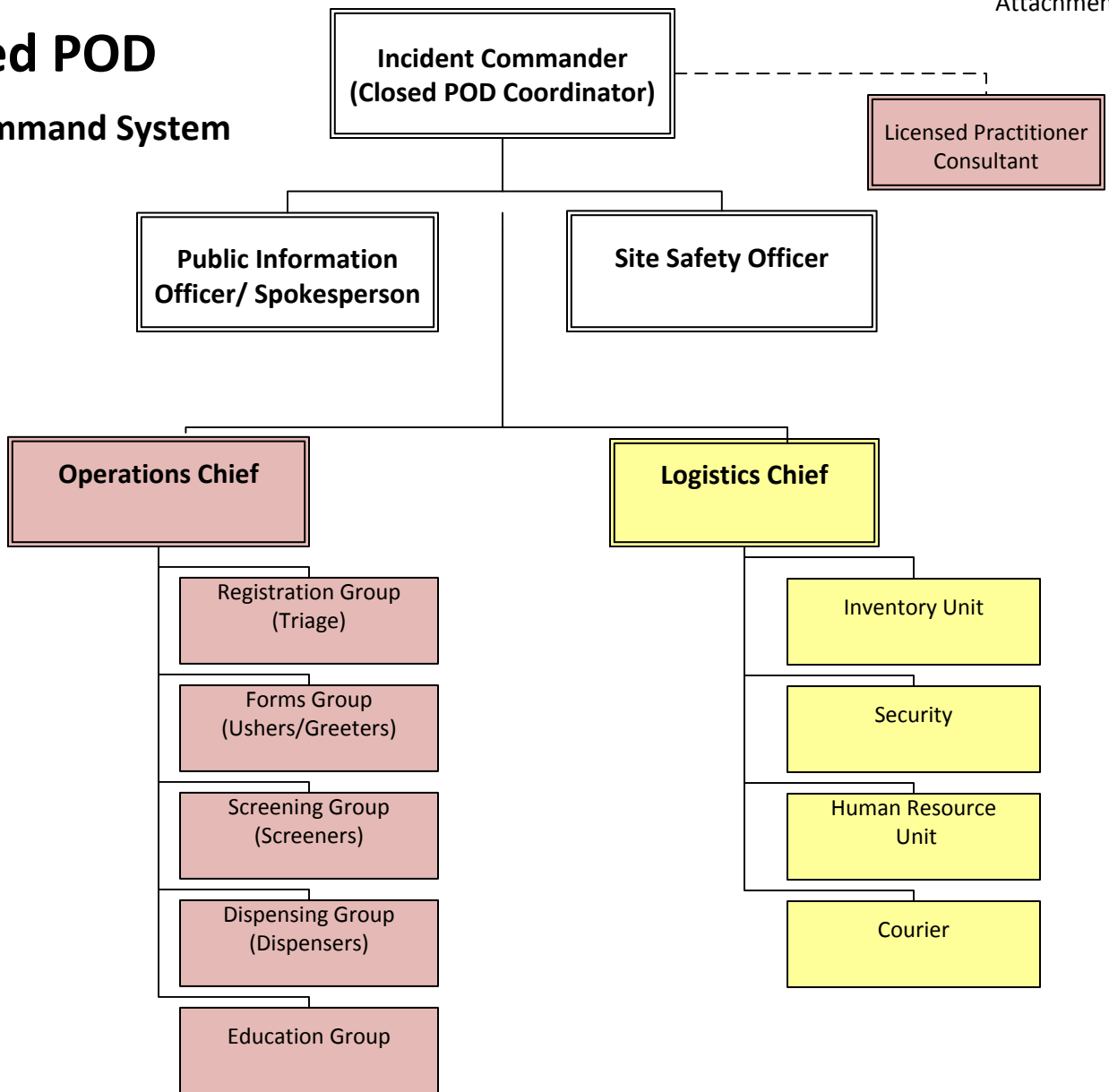
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# Closed POD

## Incident Command System



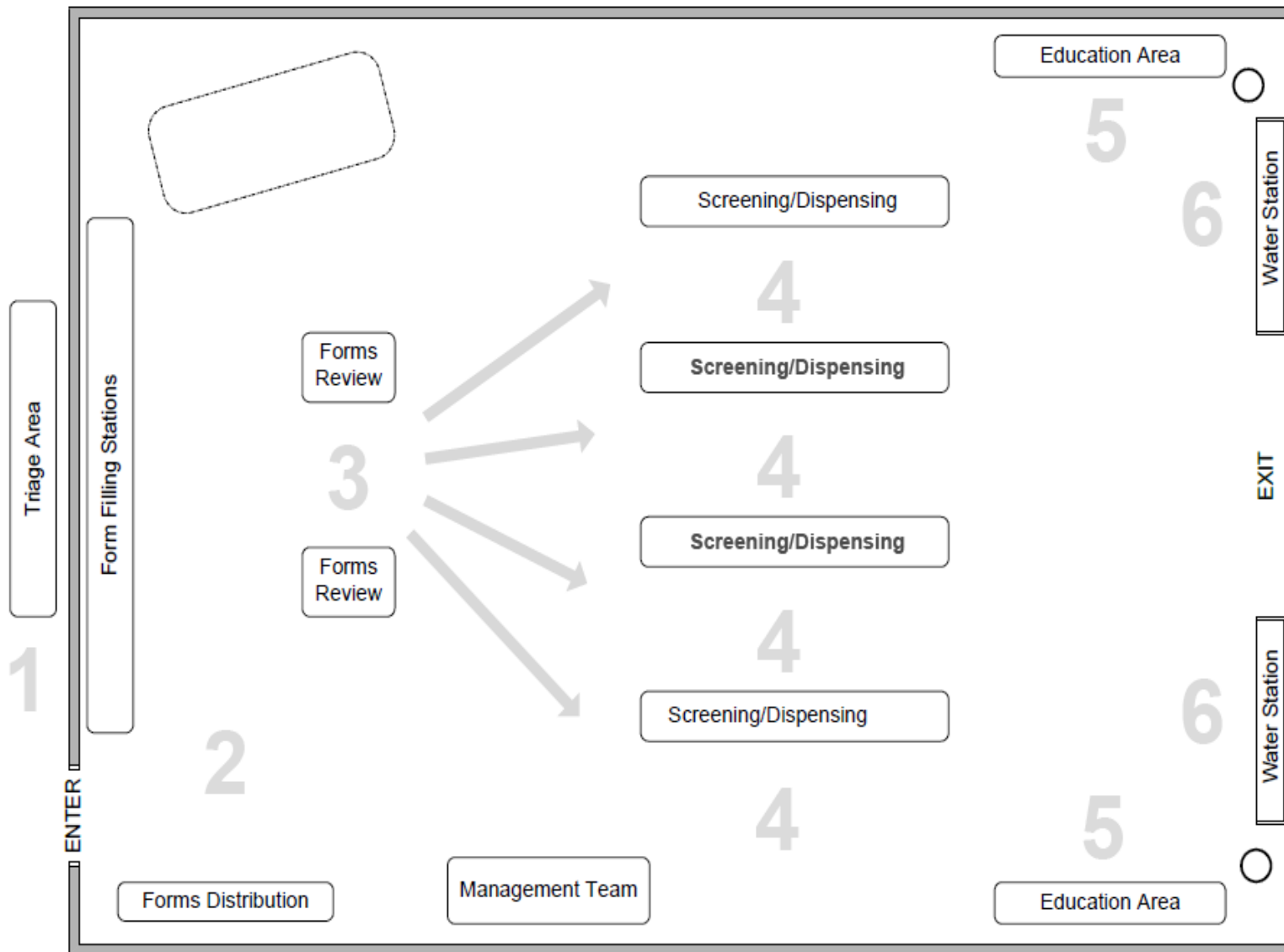
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<b>Closed POD Agency Set-Up Checklist</b>		
<p><b>Upon activation of the agency Closed POD plan, Incident Commander (Closed POD Coordinator) or designee will complete the following checklist</b></p> <p><i>(this is a general guide, you may add or delete elements to fit the needs of your organization)</i></p>		
Item	Procedure	Completed
1	Review Closed POD Plan and staff assignments to ensure availability of personnel to staff key positions. Reassign as needed.	<input type="checkbox"/>
2	Activate assigned staff to begin setting up Closed POD. First, establish Staff Check-in and Supply areas. Set up screening and dispensing areas per lay-out design. (Forms Book, Attachment 3)	<input type="checkbox"/>
3	Communicate activation of Closed POD Plan to employees and/or clients. <ul style="list-style-type: none"> <li>▪ Notify employees and/or clients where and when to obtain medications.</li> <li>▪ Advise them to know the allergies and prescriptions of those for whom they are picking up medications.</li> <li>▪ If available, send the screening form out electronically to be filled out prior to arrival at the POD.</li> </ul>	<input type="checkbox"/>
4	Post the <i>Information Use Warning</i> (Forms Book, Attachment 11)	<input type="checkbox"/>
5	Await instructions from LPH for picking up medications. Ensure Courier has needed documents and is prepared to go to Local Distribution Node. Dispatch courier when instructions arrive.	<input type="checkbox"/>
6	Copy needed forms and information. <ul style="list-style-type: none"> <li>▪ For original Closed POD forms to copy, see Closed POD Forms Book</li> <li>▪ For number of copies needed, see Closed POD Plan, page 6</li> </ul>	<input type="checkbox"/>
7	Prepare and schedule staff briefing.	<input type="checkbox"/>
8	Conduct briefing and necessary Just-in-Time Training.	<input type="checkbox"/>
9	Conduct inventory of medications upon return of courier. Store medication in cool, dry and secure location. Store vaccines as directed by LPH.	<input type="checkbox"/>
10	Conduct final walk through when POD setup is complete to ensure that everything is ready.	<input type="checkbox"/>
11	OPEN DOORS	<input type="checkbox"/>

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**Sample Layout Option - Closed POD Site Floor Plan**



Step 1: Triage Step 2: Receive & Fill Out Form Step 3: Forms Review Step 4: Receive Medications  
 Step 5: Education Station Step 6: Take Your First Dose as soon as possible

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## Closed Point of Dispensing (POD) Authorization Letter

For Medication/Supply Pickup at Public Health Local Distribution Node (LDN)

This letter authorizes \_\_\_\_\_ to designate a representative with appropriate identification to pick up medications at the Public Health Local Distribution Node (LDN) in the event of a Public Health Emergency requiring activation of Closed POD operations.

Name of representative authorized to pick up medications/supplies: \_\_\_\_\_

Name of person in leadership role at Closed POD Partner Organization giving authorization:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Take this letter with the appropriate ID for pickup of medication.  
Appropriate identification includes State or federally issued ID  
(Drivers' license, DMV ID card, or Passport) or Agency picture identification.**

FOR COUNTY USE ONLY		
Name of Medication	Number of Bottles Picked-up	Lot Number
<b>Doxycycline</b> 100 mg tablets, 20 tablets per bottle		
<b>Ciprofloxacin</b> 500 mg tablets, 20 tablets per bottle		
<b>Amoxicillin</b> 500 mg tablets, 30 tablets per bottle		

LDN Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

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<b>Closed POD Workforce Briefing Checklist</b>		
<p><b>This briefing will be conducted for all those working at Closed POD and should take no longer than 20 minutes. The Incident Commander (Closed POD Coordinator) or a delegate is responsible for conducting the briefing.</b>  <i>(this is a general outline, and may not be all inclusive)</i></p>		
Item	Subject	Completed
1	<p><b>Incident Overview (Why Closed POD plan has been activated)</b></p> <ul style="list-style-type: none"> <li>▪ Describe the incident that precipitated the response effort</li> <li>▪ Include information about location, population impacted</li> <li>▪ Describe your role as a Closed POD Partner</li> <li>▪ Use information from LPH/MDH to explain transmission risk, symptoms and treatment</li> </ul>	<input type="checkbox"/>
2	<p><b>Scope of Operation (What has to be accomplished)</b></p> <ul style="list-style-type: none"> <li>▪ Explain who will be served by this Closed POD</li> <li>▪ Discuss the anticipated duration of Closed POD operations based on number of people you will serve</li> <li>▪ Discuss tasks to be accomplished, including process to acquire medication supplies from LDN, MDH Registration forms, distribution of medication supplies</li> </ul>	<input type="checkbox"/>
3	<p><b>Operating procedure (How this Closed POD will operate)</b></p> <ul style="list-style-type: none"> <li>▪ Explain Closed POD set up and flow plan</li> <li>▪ Describe each functional area of Closed POD and the purpose of it</li> <li>▪ Identify leadership roles and who is filling what roles</li> <li>▪ Describe process for communicating internally (among Closed POD workforce) and externally (workforce to household members)</li> <li>▪ Describe process for breaks and shift changes</li> </ul>	<input type="checkbox"/>
4	<p><b>Safety and Security (How Closed POD staff will be protected)</b></p> <ul style="list-style-type: none"> <li>▪ Describe Personal Protective Equipment (PPE) requirements (if) identified by MDH/LPH</li> <li>▪ Explain site security measures (e.g. requirement for ID)</li> <li>▪ Identify steps Closed POD workforce should take if they observe someone who does not have a required ID</li> <li>▪ Advise Closed POD workforce to report all suspicious activity to a supervisor</li> </ul>	<input type="checkbox"/>
5	<p><b>Media &amp; External Inquiries (Where to direct inquiries)</b></p> <ul style="list-style-type: none"> <li>▪ Identify Lead Staff to whom Closed POD workforce should direct all inquiries (from media and others) about Closed POD operations, including requests made via phone or emails</li> </ul>	<input type="checkbox"/>
6	<p><b>Job Specific Training (to explain duties in more details)</b></p> <ul style="list-style-type: none"> <li>▪ Use job assignment and job action sheets to provide more detailed description of duties</li> <li>▪ Explain who Closed POD workers should contact if they have questions while performing duties</li> </ul>	<input type="checkbox"/>
7	<b>Other information determined at event</b>	<input type="checkbox"/>

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## Closed POD Agency Closing Checklist

**Upon completion of Closed POD operation or notification of Agency Demobilization, the Incident Commander (Closed POD Coordinator) or Designee will complete the following procedures.**

Item	Subject	Completed
1	Notify Closed POD workforce of projected closing time	<input type="checkbox"/>
2	Instruct Closed POD workforce to complete all remaining operational tasks	<input type="checkbox"/>
3	Ensure all clients, staff and families (appropriate to your Closed POD Plan) have received medication and appropriate paperwork and instructions	<input type="checkbox"/>
4	Notify LPH that your Closed POD operations are complete and closing	
5	Ensure unused medications are placed in secure location until they are returned to LDN/LPH	<input type="checkbox"/>
6	Ensure all documentation has been completed including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Closed POD Workforce sign in/out sheet</li> <li><input type="checkbox"/> Inventory Tracking Sheet (Attachment 8)</li> <li><input type="checkbox"/> Closed POD Final Summary Form (Attachment 7)</li> </ul>	<input type="checkbox"/>
7	Ensure space used for Closed POD operations is cleaned up and in pre-Closed POD order	<input type="checkbox"/>
8	Provide Closed POD workforce with final briefing including: <ul style="list-style-type: none"> <li>▪ Any updates from LPH or MDH</li> <li>▪ Any anticipated follow up activities</li> <li>▪ An opportunity to discuss things that went well and opportunities for improvement to add to Closed POD Plan</li> </ul>	<input type="checkbox"/>
9	Contact LPH – Closed POD Liaison to confirm procedure for returning unused medications	<input type="checkbox"/>
10	Retain and store all completed documentation until further notice	<input type="checkbox"/>

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## Closed POD Final Summary Form

**Complete this form at the end of Closed POD Dispensing Operations and return it with Antibiotic Inventory Tracking Sheet to your Local Public Health (LPH) Liaison**

**Name of Closed POD:** \_\_\_\_\_

**Address of Closed POD:**

Name	Phone Number	Email	Times of shift
List all persons who filled the role of Closed POD Site Coordinator			

How many people were referred to Primary Care or Hospital? \_\_\_\_\_

Have there been any reported adverse reactions to medications?

- Yes (if so please provide information below) attach additional page if necessary
- No

Name	Medication Received	Date and Reaction Reported	Action Taken (referral, given info, etc)

Name of person completing this form: \_\_\_\_\_ (please print) Date: \_\_\_\_\_

## Antibiotic Inventory Tracking Sheet

Date:	Doxycycline		Ciprofloxacin		Amoxicillin	
	Lot #	Quantity	Lot #	Quantity	Lot #	Quantity
Initial Bottles Received						
Resupply Bottles Received						
Resupply Bottles Received						
<b>Total Bottles Received</b>						
<b>Total Bottles Dispensed</b>						
<b>Total Bottles Returned</b>						

**To reorder more medication or supplies contact Local Public Health (LPH) representative.**

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## Anthrax Triage Symptom Questions with Actions

### Questions with Actions

For Staff Use

Did the following symptoms develop after (obtain date from MDH)?

#### 1. Any unusual sores on skin or in mouth?

- ACTIONS:**
- If YES, these may be symptoms of infection with anthrax.
  - Complete "For Staff Use Only" portion of the *Anthrax Symptom Evaluation and Referral form, Attachment F*. Make a copy to retain at the site or enter the client information in a client log. Provide original form to the client.
  - Quickly dispense antibiotics using screening and dispensing procedures and refer to clinician, clinic or hospital.
  - If NO proceed to #2.

#### 2. Any shortness of breath, trouble breathing, or chest discomfort?

- ACTIONS:**
- If YES, these may be symptoms of infection with anthrax.
  - Complete "For Staff Use Only" portion of the *Anthrax Symptom Evaluation and Referral form, Attachment F*. Make a copy and retain at the site or enter the client information in a site log. Provide original form to the client.
  - Quickly dispense antibiotics using screening and dispensing procedures and refer to clinician, clinic or hospital for evaluation.
  - If NO proceed to #3

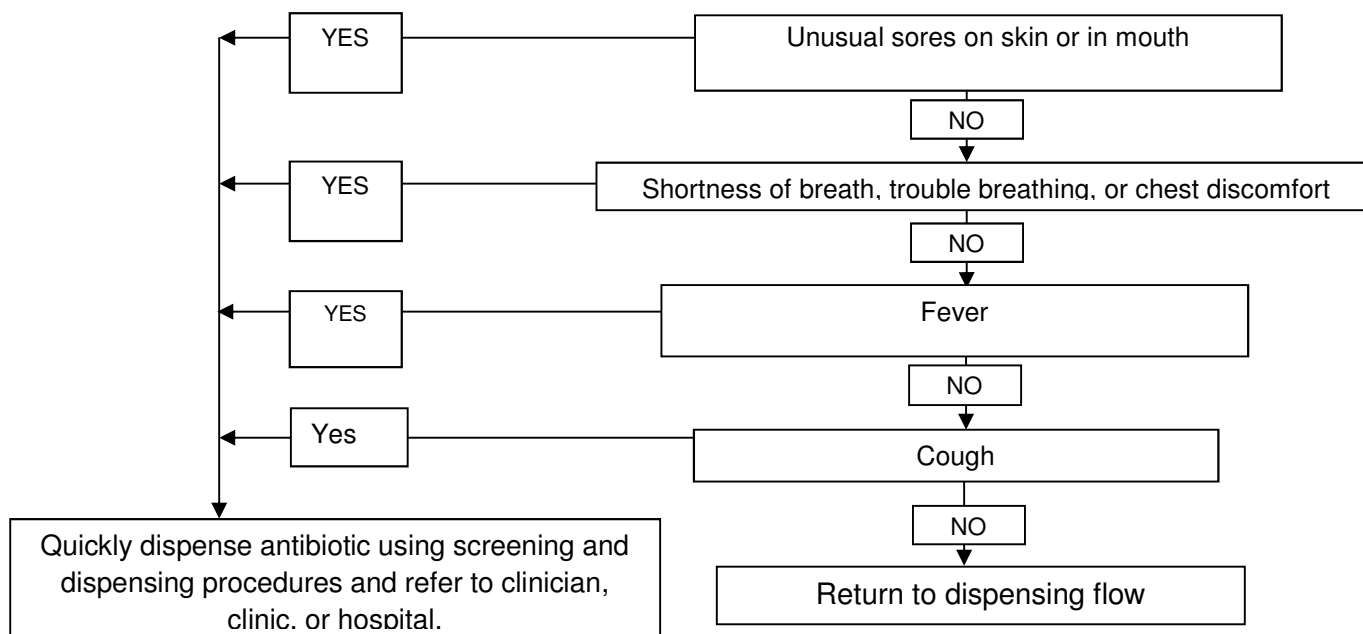
#### 3. Fever > 100.4 F?

- ACTIONS:**
- No need to take temperature if a fever is self-reported. If client is unsure, take temperature.
  - If fever > 100.4 F in the last 24 hours, this may be a symptom of infection with anthrax.
  - Complete "For Staff Use Only" portion of the *Anthrax Symptom Evaluation and Referral form, Attachment F*. Make a copy and retain at the site or enter the client information in a site log. Provide original form to the client.
  - Quickly dispense antibiotics using screening and dispensing procedures and refer to clinician, clinic or hospital for evaluation.
  - If NO, proceed to #4.

#### 4. New onset of cough?

- ACTIONS:**
- If YES, these may be symptoms of infection with anthrax.
  - Complete "For Staff Use Only" portion of the *Anthrax Symptom Evaluation and Referral form, Attachment F*.
  - Make a copy and retain at the site or enter the client information in a site log. Provide original form to the client.
  - Quickly dispense antibiotics using screening and dispensing procedures and refer to clinician, clinic or hospital for evaluation.
  - If NO, return to dispensing flow.

#### Algorithm of Questions and Actions Above





For Client and Staff

## Anthrax Symptom Screening and Referral

**Information Use Warning for Clients/Parents:** This information will be used to determine whether to dispense medication to you, to follow-up on your health if medication is provided, to make health care referrals, and possibly to provide additional information to you. Persons who may have access to this information are staff involved with the medicine center and consultants.

The Minnesota Department of Health, local public health agencies, your health care provider and the United States Department of Health and Human Services, which includes the Centers for Disease Control and Prevention, may also have access to these records for public health purposes. We will not provide the information to anyone else without your consent. There is no legal obligation to provide this private information to us. However, without it, the medicine center may need to deny services.

I have read or been informed of the Information Use Warning \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following. Use one form for each household member.				
Last Name:		First Name:		M.I.
(Circle one) Male Female		Date of Birth:		
Home Address:		City:	State:	Zip:
Home Phone:		Other (phone/cell phone):		
Parent/Guardian/Primary Contact:		Phone:		
Primary Physician:	Clinic:	City:		
Check (✓) YES or NO to questions 1 – 3				
What are you/your household member experiencing?		YES	NO	
1. Any unusual sores on skin or in mouth?				
2. Shortness of breath, trouble breathing, or chest discomfort?				
3. Fever - 100.4 F. or more?				
4. New onset of cough?				
FOR STAFF USE ONLY				
<ul style="list-style-type: none"> <li>Use with <i>Anthrax Triage Symptom Questions with Actions, Attachment E</i></li> </ul>				
<input type="checkbox"/> <b>Referred to (clinician, clinic or hospital):</b> _____ Reason for referral: _____				
<b>OR</b>				
<input type="checkbox"/> <b>Returned to dispensing line (if all "NO" answers)</b>				
Staff: _____				
Signature		Date		
_____		_____		
Print		Site contact number		



## Information Use Warning

This information will be used to determine whether to dispense medication to you, to follow-up on your health if medication is provided, to make health care referrals, and possibly to provide additional information to you. Persons who may have access to this information are staff involved with the medication center and consultants.

The Minnesota Department of Health, local public health agencies, and the United States Department of Health and Human Services, which includes the Centers for Disease Control and Prevention, may also have access to these records for public health purposes. We will not provide the information to anyone else without your consent. There is no legal obligation to provide this private information to us. However, without it, the medication center may need to deny services.

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# Household Antibiotic Dispensing

For Client and Staff Use

<b>A</b> Home Address: Street		City	State	Zip Code	County					
Phone #:			<b>C</b> Enter names of all people for whom you are obtaining medication. Use additional forms if needed.							
<b>B</b> Read the Information Use Warning statement. Initial both statements below. Then sign your name and print the date. _____ I am picking up medication for myself and/or others who have entrusted me to pick up medications for them. I agree to provide medication and instructions to all of them. None of these people are receiving additional medication at other medicine centers. I understand that the decision to take medication is voluntary. All of the information I have provided to the clinic is true, correct, and complete to the best of my knowledge. _____ I have read the Information Use Warning statement. <b>X</b> _____ <i>Signature</i> <span style="float: right;"><i>Date</i></span>			Last Name	Last Name	Last Name	Last Name	Last Name			
			1. First Name	2. First Name	3. First Name	4. First Name	5. First Name			
<b>D</b> Answer the following questions by circling yes or no.										
1. Allergic* to any Tetracycline antibiotics? <i>*Allergic reactions include: hives, difficulty breathing, or wheezing.</i>			Yes	No	Yes	No	Yes	No	Yes	No
2. Taking?    Accutane        Methotrexate        Rifampin Lithium                Phenobarbital        Tegretol			Yes	No	Yes	No	Yes	No	Yes	No
3. Currently pregnant, breastfeeding a baby, or age under 6 months old?			Yes	No	Yes	No	Yes	No	Yes	No
4. Taking?    Coumadin        Insulin Digoxin            Probenicid Glyburide        Any Tetracyclines			Yes	No	Yes	No	Yes	No	Yes	No
5. Under 89 pounds? If Yes, list weight.			Yes	__lbs	Yes	__lbs	Yes	__lbs	Yes	__lbs
6. Do you have trouble swallowing tablets or capsules?			Yes	No	Yes	No	Yes	No	Yes	No
<b>For each person listed, if you circled "YES" to any of 1 – 3 above, complete questions 7 – 9 below.</b>										
7. Experiencing kidney failure and/or on dialysis?			Yes	No	Yes	No	Yes	No	Yes	No
8. Taking?        Ciprofloxacin        Ropinirole Cyclosporine        Theophylline Dilantin                Tizanidine			Yes	No	Yes	No	Yes	No	Yes	No
9. Allergic to?    Quinolones (including Ciprofloxacin)			Yes	No	Yes	No	Yes	No	Yes	No
<b>STOP</b> <b>Staff Use Only</b>			<b>STOP</b> <b>Staff Use Only</b> <b>STOP</b>							
Check if provided: <i>Special Health Care Instructions, Attachment M</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Doxy</b>	100 mg tablets, 20/bottle    (Initial when provided)									
	Suspension                            (Initial when provided)									
	Check if provided: <i>In an Emergency: How to Prepare Doxycycline for Children and Adults who Cannot Swallow Pills, Attachment R</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cipro</b>	500 mg tablets, 20/bottle    (Initial when provided)									
	Suspension                            (Initial when provided)									
	Check if provided: <i>Ciprofloxacin Special Instructions: Children, Attachment Q</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other</b>										
<input type="checkbox"/> 7 days <b>Quantity</b> <input type="checkbox"/> 10 days <input type="checkbox"/> 14 days <input type="checkbox"/> 50 days <input type="checkbox"/> Other: _____		Write lot and prescription (Rx) number Or paste label from bottle	1. Lot	Rx	2. Lot	Rx	3. Lot	Rx	4. Lot	Rx
<b>Dispenser:</b>			<b>Date:</b>		<b>Clinic:</b>					

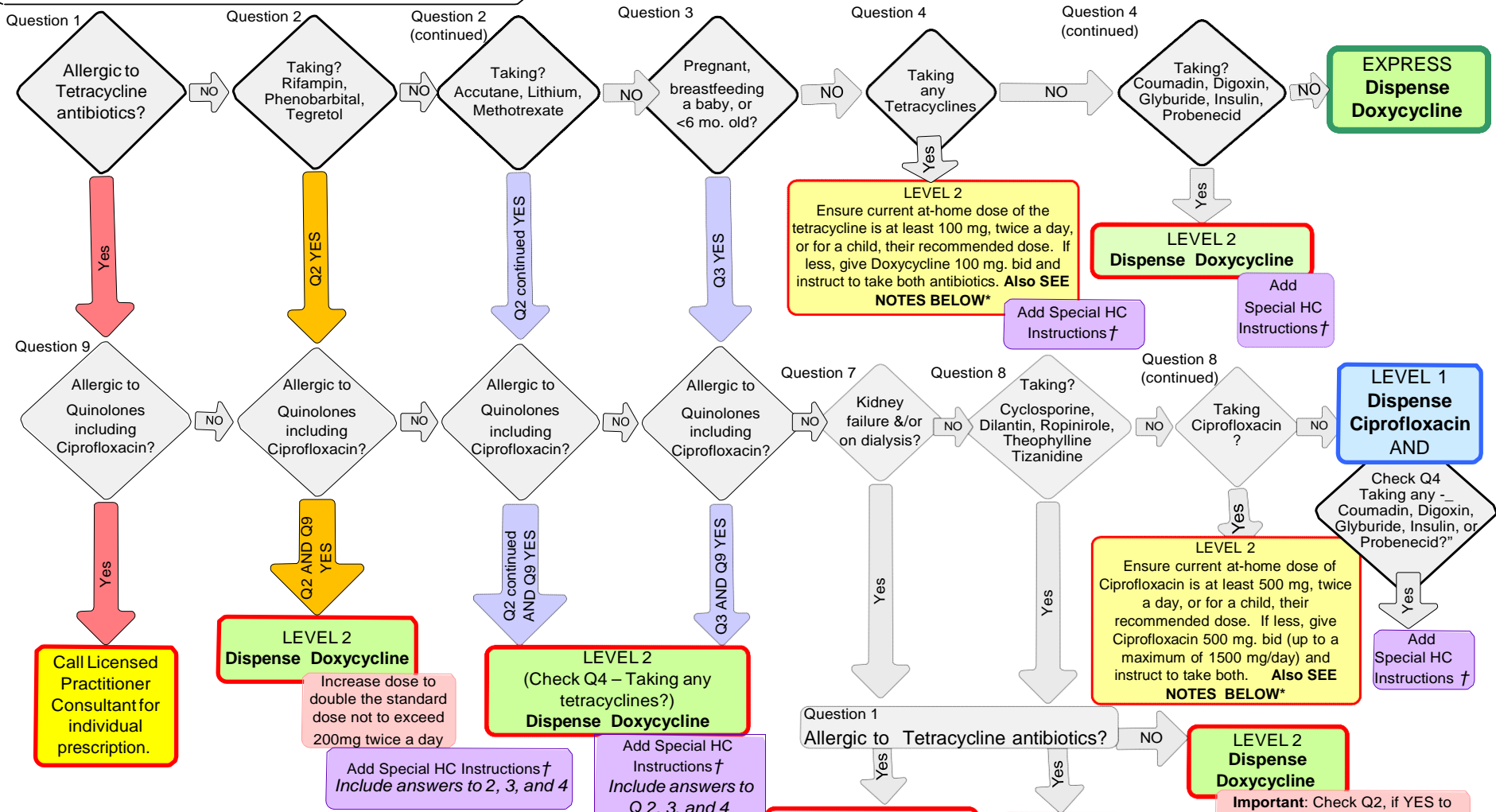
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### Doxycycline and Ciprofloxacin Dispensing Flow Chart

For Staff Use

  Express   
   Level 1   
   Level 2  
  Doxycycline   
   Ciprofloxacin   
   Adjust dose or schedule



**NOTES:**  
 \* CONTINUED FROM   ABOVE - If more, instruct to continue to take the antibiotic at the higher dose as prescribed for another indication and ensure they currently have an adequate supply.  
 † Special HC Instructions" = Special Health Care Instructions, Attachment M  
**ALSO REMEMBER -**

- Mark all conditions on the Special Health Care Instructions, Attachment M that apply.
- Write adjusted med doses or schedule on the medication label.
- See Attachment K for instructions on questions 5 and 6.
- Write any adjusted med doses or schedules on the medication label.

Anthrax

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## Dispenser Instructions

All dispensers: See Standard Regimen, Dose, Route and Schedule, page 17; and *Labeling of Prescriptions, Attachment W*. Sign and date the form.

For Staff Use

### High Flow Dispenser – Use with *High Flow Antibiotic Dispensing Form, Attachment B*

- A. Review the client's form. If any YES or DO NOT KNOW boxes are checked, client needs to be directed out of High Flow to complete the *Household Antibiotic Dispensing form, Attachment G*.
- B. For each person with none of the Conditions checked, dispense one regimen of doxycycline.
- C. For each person who weighs less than 89 lbs. or cannot swallow pills:
  - a. Use *Doxycycline: Weight/Dose/Bottle Chart, Attachment S*
  - b. Dispense doxycycline suspension (liquid) if available.
  - c. If suspension (liquid) is not available, dispense doxycycline tablets and provide *In an Emergency: How to Prepare Doxycycline for Children and Adults who Cannot Swallow Pills, Attachment R*
- D. Provide *Doxycycline EUA Fact Sheet for Recipients, Attachment N* (one per household).
- E. Complete the "For Staff Use Only" section, including signature, date and total number of regimens dispensed.

### Express – Doxycycline - Use with *Household Antibiotic Dispensing Form, Attachment G* or *Individual Antibiotic Dispensing Form, Attachment H*

- A. Review the form for each person listed. Answers for Express: 1-4 should be "NO." If any 1-4 are YES, or answers are incomplete, send client back to the Forms Reviewer.
- B. Check answer to question #5 (weight). If 89 lbs or greater, go to D, below.
- C. If less than 89 lbs refer to *Doxycycline: Weight/Dose/Bottle Chart, Attachment S* for correct dose and (for suspension) number of bottles, and:
  - a. Dispense doxycycline suspension (liquid) to children 30 lbs. or less, if available.
  - b. If suspension (liquid) is not available, dispense tablets and provide the fact sheet *In an Emergency: How to Prepare Doxycycline for Children and Adults who Cannot Swallow Pills, Attachment R*
  - c. Skip D and go to E
- D. Check answer to question #6.
  - a. If NO, dispense tablets and provide *In an Emergency: How to Prepare Doxycycline for Children and Adults who Cannot Swallow Pills, Attachment R*
  - b. If YES, dispense tablets.
- E. Provide *Doxycycline EUA Fact Sheet for Recipients, Attachment N* (one per family)
- F. Complete the "Staff Use Only" Section for each person on the form including signature and date
  - a. Doxy section: Indicate what is dispensed - either 100 mg tablets or Suspension by initialing in the correct box
  - b. Check the box(es) indicating the fact sheets provided
  - c. Quantity: Check "10 days"

### Level 2 - Use with Individual Antibiotic Dispensing Form or Household Antibiotic Dispensing Form

- A. Review the form. Answers for Level 2 should be: Either 4 is YES, OR one of 1 or 2 or 3 is YES AND 7 or 8 or 9 is YES. (See *Client Queuing Diagram, Attachment A*.) If not, send person back to Forms Reviewer.
- B. For YES answer to 2, 4, or 8, ask client which medications they are taking and document. Determine appropriate medication and any dose or schedule adjustments using *Doxycycline and Ciprofloxacin Dispensing Flow Chart, Attachment L*
- C. Complete the *Special Health Care Instructions, Attachment M* when indicated on the *Doxycycline and Ciprofloxacin Dispensing Flow Chart, Attachment L*. Check all conditions that apply to the client related to the antibiotic being dispensed and point out the adjusted doses or schedules, and checked items. When completed, provide *Special Health Care Instructions, Attachment M* to the client. Write adjusted doses or schedule on medication label.
- D. Dispense the medication determined in A above:
  - a. If doxycycline, follow "Directions for Express – Doxycycline" above.
  - b. If ciprofloxacin, follow "Directions for Level 1 – Ciprofloxacin" below.
- E. If both 1 and 9 are YES, contact your supervisor or Site Manager for consultation with the Licensed Practitioner.

### Level 1 – Ciprofloxacin - Use with Individual Antibiotic Dispensing Form or Household Antibiotic Dispensing Form

- A. Review the form for each person listed. Answers for Level 1 should be: 1, or 2, or 3 is YES and 7, 8, and 9 are all NO.
- B. Check answer to question #5 (weight). If 67 lbs. or greater, skip C and proceed to D.
- C. If less than 67 lbs.:
  - a. See *Ciprofloxacin Weight/Dose/Bottle Chart, Attachment T* for correct dose and (for suspension) number of bottles:
  - b. Provide *Ciprofloxacin Special Instructions: Children, Attachment Q*.
  - c. Dispense suspension (if available). If suspension (liquid) is not available, dispense tablets. Skip D and go to E. below.
- D. Check answer to question #6:  
If NO, dispense tablets. If YES, dispense tablets and provide *Ciprofloxacin Special Instructions: Children, Attachment Q*.
- E. If question 4 is YES, complete the *Special Health Care Instructions, Attachment M*.
- F. For all, provide the *Ciprofloxacin Summary Fact Sheet for Recipients, Attachment O, one per family*.  
Complete the "Staff Use Only" Section for each person on the form including signature and date
  - a. Cipro section: Indicate what is dispensed - either tablets 500 mg or Suspension by initialing in the empty cell
  - b. Check the box(es) indicating the fact sheets provided
  - c. Quantity: Check "10 days"

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For Client and Staff Use
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## Girls and Boys 50<sup>th</sup> Percentile Weight by Age

If the weight of a child is unknown use this chart to estimate the child's weight based on age.

Girls	Age	Boys
Pounds		Pounds
7	Newborn	8
14	3 months	15
16	6 months	18
19	9 months	21
21	12 months	23
23	15 months	25
25	18 months	27
27	2 years	29
30	3 years	31
34	4 years	36
40	5 years	41
44	6 years	46
50	7 years	51
56	8 years	57
64	9 years	63
72	10 years	71
82	11 years	80
92	12 years	89
100	13 years	101

Based on Weight-for-age, 50<sup>th</sup> percentile.

Source: Vital and Health Statistics, Series 11, Number 246; Data from National Health Examination Surveys and the National Health and Nutrition Examination Surveys (2000)

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## Alphabetized List of Medications Referred To On Antibiotic Dispensing Forms Generic and Common Brand Names

 For Client  
and Staff Use

Directions: If a currently prescribed medication is on this list, see the name following it in parentheses ( ) for the dispensing form questions. Use with Household Antibiotic Dispensing, Attachment G or Individual Antibiotic Dispensing form, Attachment H

A	E	M	R
Abitrexate Folex (Methotrexate)	Enoxacin (Ciprofloxacin)	Minocin (Doxycycline)	Roaccutan (Accutane)
Accutane (Accutane)	Epanutin (Dilantin)	Minocycline (Doxycycline)	Robitet (Doxycycline)
Achromycin (Doxycycline)	Epanutin (Dilantin)	Minotab (Doxycycline)	Rofact (Rifampin)
Acuatim (Ciprofloxacin)	Epitol (Tegretol)	Monodox (Doxycycline)	Ropinirole (Ropinirole)
Adoxa (Doxycycline)	Ep-mycin (Doxycycline)	Moxifloxacin (Ciprofloxacin)	Rosoxacin (Ciprofloxacin)
Aerolate (Theophylline)	Equetro (Tegretol)	MTX (Methotrexate)	Ruflox (Ciprofloxacin)
Ak-ramycin (Doxycycline)	Eradacil (Ciprofloxacin)	N	Rufloxacin (Ciprofloxacin)
Ak-ratabs (Doxycycline)	Eskabarb (Phenobarbital)	Nadifloxacin (Ciprofloxacin)	S
Amnesteem (Accutane)	Eskalith (Lithium)	Nalidixic acid (Ciprofloxacin)	Sandimmune (Cyclosporine)
Apo-doxy (Doxycycline)	Euglucon (Glyburide)	Neggram (Ciprofloxacin)	Slo-Bid (Theophylline)
Apo-Glyburide (Glyburide)	F	Neoral (Cyclosporine)	Sofarin (Coumadin)
Apo-Coumadin (Coumadin)	Floxin (Ciprofloxacin)	Norfloxacin (Ciprofloxacin)	Sotret (Accutane)
Arestin (Doxycycline)	Folex (Methotrexate)	Noroxin (Ciprofloxacin)	Sparfloxacin (Ciprofloxacin)
Athrombin-K (Coumadin)	G	Nor-tet (Doxycycline)	Sumycin (Doxycycline)
Avelox (Ciprofloxacin)	Gatifloxacin (Ciprofloxacin)	Novolin (Insulin)	T
B	Gen-Glybe (Glyburide)	Novolog (Insulin)	Tegretol (Tegretol)
Barbidonna (Phenobarbital)	Gengraf (Cyclosporine)	O	Teline (Doxycycline)
Bellamine (Phenobarbital)	Glubate (Glyburide)	Ocuflox (Ciprofloxacin)	Temafloxacin (Ciprofloxacin)
Bellergal (Phenobarbital)	Glucophage (Glyburide)	Ofloxacin (Ciprofloxacin)	Tequin (Ciprofloxacin)
Benemid (Probenecid)	Glucovance (Glyburide)	Omniflox (Ciprofloxacin)	Terak (Doxycycline)
Benuryl (Probenecid)	Glyburide (Glyburide)	Oxolinic (Ciprofloxacin)	Terra-cortril (Doxycycline)
Bio-tab (Doxycycline)	Glynase (Glyburide)	Oxykessotetra (Doxycycline)	Terramycin (Doxycycline)
Bristacycline (Doxycycline)	Grepafoxacin (Ciprofloxacin)	OxyDoxycycline (Doxycycline)	Terrastatin (Doxycycline)
C	H	P	Tetrachel (Doxycycline)
Carbamazepine (Tegretol)	Humalin (Insulin)	Panmycin (Doxycycline)	Tetracycline (Doxycycline)
Carbatrol (Tegretol)	Humalog (Insulin)	Panwarfin (Coumadin)	Tetracyn (Doxycycline)
Carfin (Coumadin)	I	Peflacin (Ciprofloxacin)	Tetralan (Doxycycline)
Centet-250 (Doxycycline)	Ifamet (Methotrexate)	Pefloxacin (Ciprofloxacin)	Tetram (Doxycycline)
Chibroxin (Ciprofloxacin)	Insulin (Insulin)	Penetrex (Ciprofloxacin)	Tetrex (Doxycycline)
Cibalith (Lithium)	Isotrex (Accutane)	Periostat (Doxycycline)	Theochron (Theophylline)
Ciloxan (Ciprofloxacin)	J	Phenobarbital (Phenobarbital)	Theoclear (Theophylline)
Cinobac (Ciprofloxacin)	Jantoven (Coumadin)	Phenytek (Dilantin)	Theo-Dur (Theophylline)
Cinoxacin (Ciprofloxacin)	L	Phenytoin (Dilantin)	Theolair (Theophylline)
Cipro (Ciprofloxacin)	Lanoxi-caps (Digoxin)	Probalan (Probenecid)	Theophylline (Theophylline)
Cipro cystitis pack (Ciprofloxacin)	Lanoxin (Digoxin)	Probecid (Probenecid)	Theo-SR (Theophylline)
Claravis (Accutane)	Lantus (Insulin)	Proben-C (Probenecid)	Tizanidine (Tizanidine)
Colbenemid (Probenecid)	Ledermycin (Doxycycline)	Probenecid (Probenecid)	Topicycline (Doxycycline)
Coumadin (Coumadin)	Ledertrexate (Methotrexate)	Q	Trexall (Methotrexate)
Cyclinex (Doxycycline)	Lemtrex (Doxycycline)	Quixin (Ciprofloxacin)	Trovafloxacin (Ciprofloxacin)
Cyclopar (Doxycycline)	Levaquin (Ciprofloxacin)	R	Trovan (Ciprofloxacin)
Cyclosporine (Cyclosporine)	Levofloxacin (Ciprofloxacin)	Raxar (Ciprofloxacin)	U
D	Levsin PB (Phenobarbital)	Repreve (Ropinirole)	Uniphyl (Theophylline)
Daonil (Glyburide)	Liskonum (Lithium)	Requip (Ropinirole)	Uri-tet (Doxycycline)
Declomycin (Doxycycline)	Lithane (Lithium)	Restasis (Cyclosporine)	Urobiotic (Doxycycline)
Demeclocycline (Doxycycline)	Lithium (Lithium)	Retet (Doxycycline)	Uroquina (Ciprofloxacin)
DiaBeta (Glyburide)	Lithobid (Lithium)	Rexamycin (Doxycycline)	Utibid (Ciprofloxacin)
Digitek (Digoxin)	Lithonate (Lithium)	Rheumatrex (Methotrexate)	V
Digoxin (Digoxin)	Lithotabs (Lithium)	Rifadin (Rifampin)	Vectrin (Doxycycline)
Dilantin (Dilantin)	Lomefloxacin (Ciprofloxacin)	Rifamate (Rifampin)	Vibramycin (Doxycycline)
Donnata (Phenobarbital)	Luminall (Phenobarbital)	Rifampin (Rifampin)	Vibratab (Doxycycline)
Doxy-cap (Doxycycline)	M	Rifater (Rifampin)	Vigamox (Ciprofloxacin)
Doxycycline (Doxycycline)	Martet (Doxycycline)	Rifinah (Rifampin)	W
Dynacin (Doxycycline)	Maxaquin (Ciprofloxacin)	Rimactan (Rifampin)	Warfarin (Coumadin)
	Methotrexate (Methotrexate)	Rimactane (Rifampin)	Z
	Mexate (Methotrexate)	Rimactane/INH Dual Pack (Rifampin)	Zagam (Ciprofloxacin)
	Micronase (Glyburide)		Zanaflex (Tizanidine)
			Zymar (Ciprofloxacin)



## Categories of Medications Generic and Brand Names

Includes the generic and brand names of medications by question.

For Client and  
Staff Use

Use with *Household Antibiotic Dispensing, Attachment G* and *Individual Antibiotic Dispensing, Attachment H*

Tetracyclines (Question 1)	<b><u>Accutane</u></b> (Question 2)	<b><u>Rifampin</u></b> (Question 2)	<b><u>Probenecid</u></b> (Question 4)	<b><u>Theophylline</u></b> (Question 8)	<b><u>Quinolones</u></b> (Question 9)
Achromycin Adoxa Ak- ramycin Ak-ratabs Apo-doxy Arestin Bio-tab Bristacycline Centet-250 Cyclinex Cyclopar Declomycin Demeclocycline Doxy-cap Doxycycline Dynacin Ep-mycin Ledermycin Lemtrex Martet Minocin Minocycline Minotab Monodox Nor-tet Oxykessotetra Oxytetracyclin e Panmycin Periostat Retet Rexamycin Robitet Sumycin Teline Terak Terra-cortril Terramycin Terrastatin Tetrachel <b>Tetracycline</b> Tetracyn Tetralan Tetram Tetrex Topicycline Uri-tet Urobiotic Vectrin Vibramycin Vibratab	<b>Accutane</b> Amnesteem Claravis Isotretinoin Isotrex Roaccutan Sotret	Rifadin Rifamate <b>Rifampin</b> Rifater Rifinah Rimactan Rimactane Rimactane/INH Dual Pack Rofact	Benemid Benuryl Colbenemid Probalan Probecid Proben-C <b>Probenecid</b>	Aerolate Slo-Bid Theochron Theoclear Theo-Dur Theolair <b>Theophylline</b> Theo- SR Uniphyl	Acuatim Avelox Chibroxin Ciloxan Cinobac Cinoxacin Cipro Cipro cystitis pack <b>Ciprofloxacin</b> Enoxacin Eradacil Floxin Gatifloxacin Grepafloxacin Levaquin Levofloxacin Lomefloxacin Maxaquin Moxifloxacin Nadifloxacin Nalidixic acid Neggram Norfloxacin Noroxin Ocuflox Ofloxacin Omniflox Oxolinic Peflacin Pefloxacin Penetrex Quixin Raxar Rosoxacin Ruflox Rufloxacin Sparfloxacin Temafoxacin Tequin Trovafoxacin Trovan Uroquina Utibid Vigamox Zagam Zymar
	<b><u>Lithium</u></b> (Question 2) Cibalith Eskalith Liskonum Lithane <b>Lithium</b> Lithobid Lithonate Lithotabs	<b><u>Tegetol</u></b> (Question 2) Carbamazepine Carbatrol Epitol Equetro <b>Tegetol</b>	<b><u>Digoxin</u></b> (Question 4) Digitek <b>Digoxin</b> Lanoxi-caps Lanoxin	<b><u>Cyclosporine</u></b> (Question 8) <b>Cyclosporine</b> Gengraf Neoral Restasis Sandimmune	
	<b><u>Methotrexate</u></b> (Question 2) Abitrexate Folex Folex Ifamet Ledertrexate <b>Methotrexate</b> Mexate MTX Rheumatrex Trexall	<b><u>Coumadin</u></b> (Question 4) Apo-Warfarin Athrombin-K Carfin <b>Coumadin</b> Jantoven Panwarfin Sofarin Warfarin	<b><u>Insulin</u></b> (Question 4) "Common Brands"  Humalin Humalog Lantus Novolin Novolog	<b><u>Ropinirole</u></b> (Question 8)  Repreve Requip <b>Ropinirole</b>	
	<b><u>Phenobarbital</u></b> (Question 2) Barbidonna Bellamine Bellergal Donnata Eskabarb Levsin PB Luminall <b>Phenobarbital</b>	<b><u>Glyburide</u></b> (Question 4) Apo-Glyburide Daonil DiaBeta Euglucon Gen-Glybe Glubate Glucophage Glucovance <b>Glyburide</b> Glynase Micronase	<b><u>Dilantin</u></b> (Question 8) <b>Dilantin</b> Epanutin Epanutin Phenytek Phenytoin	<b><u>Tizanidine</u></b> (Question 8)  <b>Tizanidine</b> Zanaflex	



## Doxycycline: For prevention of anthrax



You are being given a medicine called doxycycline (sounds like DOCK-see-SY-cleen) because you may have breathed in anthrax germs. These germs can be deadly. Taking this drug reduces your chance of getting sick and dying.

Until officials know for sure who breathed in the germs, it is important to start taking this medicine now. People who may have breathed in anthrax should take the medicine for 60 days. If you do not have enough for 60 days, public health officials will tell you whether you need more and how to get it.

Taking this drug is your choice. If you can, talk to a health care provider about taking doxycycline.

**Do not take doxycycline if you have had a severe allergic reaction to doxycycline or another tetracycline drug. A severe reaction may include swelling of the tongue, hands, feet, closing of throat, or trouble breathing.** Public health officials will tell you if other medications are available. The risks and benefits of those medications will be explained separately.

### How to take doxycycline

#### Adults and children weighing 89 pounds (40 kg) or more

- Take 1 pill (100 mg) in the morning, on an empty stomach, with a full glass of water **AND**
- Take 1 pill (100 mg) in the evening, on an empty stomach, with a full glass of water.

- If the medicine upsets your stomach, take it with food or milk.
- If you miss a pill, take only your next pill at the time you are supposed to. DO NOT take 2 pills at once.

\*If you cannot swallow pills, follow the crushing and mixing directions you were given. Directions are also available at [www.fda.gov](http://www.fda.gov) (search for “doxy crushing”) and [www.health.state.mn.us](http://www.health.state.mn.us).

*Doxycycline may not work as well when taken with some medicines. Take it 2 hours before or 2 hours after taking:*

- Didanosine
- Cholestyramine
- Bismuth subsalicylate (Helidac, Pepto Bismol, Kaopectate, or other products for indigestion, nausea, or diarrhea)
- Antacids
- Sucralfate (Carafate)
- Multivitamins or supplements with calcium, iron, magnesium or sodium bicarbonate
- Colestipol (Colestid)

#### Children weighing less than 89 pounds (40 kg)

A child’s dose is based on the child’s weight. For liquid doxycycline, follow instructions on the bottle’s label. For pills, follow crushing and mixing directions that you were given. Crushing and mixing directions are also at [www.fda.gov](http://www.fda.gov) (search for “doxy crushing”) and [www.state.mn.us](http://www.state.mn.us).

Keep pill bottles away from children and pets. Call the poison center if they take the medicine by accident (1-800-222-1222).

Talk to your doctor if you are on blood thinners or seizure medicines. Doxycycline may affect how much of these medicines you need.

Keep the pills dry. Store them at room temperature (between 68–77°F or 20–25°C).

**STOP taking this medicine if you get any of these serious, but rare, side effects. Get medical help right away (go to the emergency room or call 911):**

- swelling of the tongue, hands, or feet
- closing of the throat or trouble breathing
- severe itching or rash, especially hives and wheals
- severe stomach cramps with high fever or bloody diarrhea
- yellowing of the eyes or skin or dark-colored urine
- pain when swallowing
- unusual bleeding or bruising
- severe headaches, dizziness, or double vision

**Other possible severe side effects:**

- Serious liver problems (liver failure)
- Sensitivity to the sun
- Birth control pills stop working. Use another form of birth control until you finish taking all of your doxycycline
- Slowed bone growth in children
- Discolored teeth or poor tooth enamel in children younger than 8 years and in children whose mothers took doxycycline during the last half of pregnancy or while nursing

**Keep taking the medicine if you have:**

- vaginal yeast infection
- mild nausea or vomiting, upset stomach, loose stools

**Report side effects or medication errors:**

Tell your doctor right away and report side effects or medication errors to MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088.

**What is doxycycline?**

Doxycycline is a prescription medicine approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA has allowed certain uses of doxycycline, including its use with no prescription, for this emergency. Do not be alarmed if the medicine you receive from public health officials has an expired date on the package. FDA has authorized its use because testing of the medicine found it is safe to use past the expiration date.

**What is anthrax?**

Anthrax is a serious disease that can be deadly. You can get sick if you breathe in anthrax germs. You cannot get anthrax from another person.

- First signs or symptoms may seem like a cold or the flu (such as a mild fever and muscle aches).
- Later signs or symptoms may be a cough, chest discomfort, shortness of breath, tiredness, and muscle aches.

Symptoms usually start within seven days of breathing in anthrax germs, but can take up to 60 days to appear. See a doctor right away if you have symptoms. If you take doxycycline as directed and begin to feel sick anyway, get medical care right away.

The benefit of providing emergency access to doxycycline is expected to outweigh the risks. The impact of using the medicine without a prescription, or how well these instructions will be followed, is unknown.

**Information: [www.health.mn.us](http://www.health.mn.us) ♦ 651-201-3920**

# ***In an Emergency:*** **How to Prepare** **Doxycycline** **for Children and** **Adults Who Cannot** **Swallow Pills**

## **Mixing Doxycycline Hyclate 100mg Tablets with Food**

**Once you have been notified by your federal, state or local authorities that you need to take doxycycline for a public health emergency, it may be necessary to prepare emergency doses of doxycycline for children and adults who cannot swallow pills.**

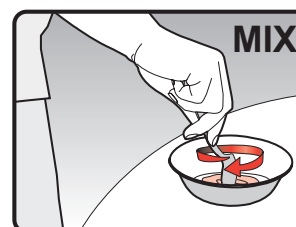
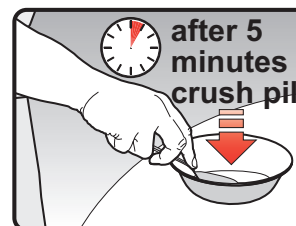
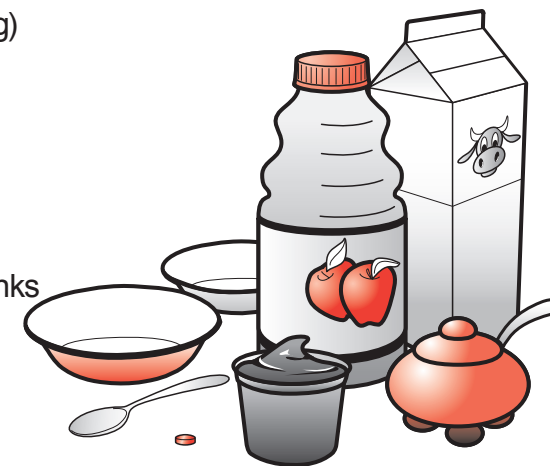
June 2008

Prepared by the U.S. Food and Drug Administration

### **1 Supplies You Will Need**

You will need these items to make doses of doxycycline for adults and children who cannot swallow pills:

- 1 doxycycline pill (100 mg)  
*(Do not take doxycycline if you are allergic to tetracyclines)*
- a metal teaspoon
- 2 small bowls
- Water
- one of these foods or drinks to hide the bitter taste of crushed doxycycline:
  - milk or chocolate milk
  - chocolate pudding
  - apple juice and sugar



### **2**

### **Crushing the Pill and Mixing with Water**

1. Put 1 doxycycline pill in a small bowl.
2. Add 4 full teaspoons of water to the same bowl.
3. Let the pill soak in the water for 5 minutes so it will be soft.
4. Use the back of a metal teaspoon to crush the pill in the water. Crush the pill until no visible pieces remain.
5. Stir the pill and water so it is well mixed.

**You have now made the  
Doxycycline and Water  
Mixture.**








Closed POD Forms Book

Updated 5/14/2014

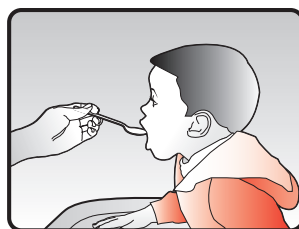
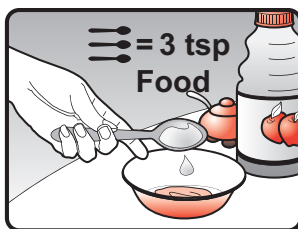
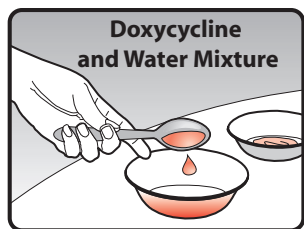
Child's weight: \_\_\_\_\_

### 3 Adding Food to the Doxycycline and Water Mixture to Make It Taste Better

1. Weigh your child.
2. Find your child's weight on the left side of the chart below.
3. Next, look on the right side of the chart to find the amount of the Doxycycline and Water Mixture to mix with food. The chart shows you the amount to give your child for 1 dose. (For a ½ teaspoon dose, fill the metal teaspoon half way. It is better to give a little more of the medicine than not enough).

Child's Weight	Amount of Doxycycline and Water Mixture	Teaspoons
12 pounds or less	½ teaspoon	
13 to 25 pounds	1 teaspoon	
26 to 38 pounds	1½ teaspoons	
39 to 50 pounds	2 teaspoons	
51 to 63 pounds	2½ teaspoons	
64 to 75 pounds	3 teaspoons	
76 to 88 pounds	3½ teaspoons	
89 pounds or more and adults	Use the entire mixture	Entire Mixture

4. Add the right amount of the Doxycycline and Water Mixture from the chart above to the second bowl. For adults and children 89 pounds and more, use the entire mixture.
5. Add 3 teaspoons of milk **or** chocolate milk **or** chocolate pudding **or** apple juice to the second bowl. If you use apple juice, also add 4 teaspoons of sugar to the second bowl.
  - Stir well.



6. Go to Step **4** for dosing.

4

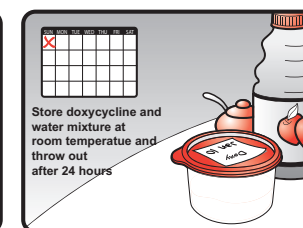
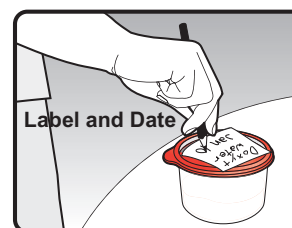
### Dosing the Doxycycline and Water Mixture Mixed With Food

1. Give all of the Doxycycline and Water and food mixture in the second bowl. This is one dose.
2. **Each child or adult should take 1 dose in the morning and 1 dose at night each day.**

5

### Storing the Doxycycline and Water Mixture (If There Is Enough for Another Dose)

- If you have enough leftover doxycycline and water mixture for another dose, you can keep it for the next dose.
- The doxycycline and water mixture can be stored in a covered bowl or cup. Label and date.
- Keep the mixture in a safe place out of the reach of children.
- Store the Doxycycline and Water Mixture at room temperature for up to 24 hours.
- Throw away any unused mixture after 24 hours and make a new Doxycycline and Water Mixture before the next dose.



**Do not take doxycycline if you have an allergy to tetracyclines**  
**Get emergency help if you have any signs of an allergic reaction including hives, difficulty breathing, or swelling of your face, lips, tongue or throat.**

Doxycycline may cause diarrhea, skin reaction to the sun, loss of appetite, nausea and vomiting. Birth control pills may not work as well if you take doxycycline.



Report any reaction to the medication to  
 MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088





If you have any questions,  
call 651-201-3920

For Client Use

## **CIPROFLOXACIN SUMMARY FACT SHEET FOR RECIPIENTS**

You have been given ciprofloxacin because you may have been exposed to the anthrax germ, which can be deadly. You can decide whether to take this drug. Taking ciprofloxacin can help keep you from getting sick from the anthrax germ. If you are taking ciprofloxacin as directed and you begin to feel sick, get medical care right away.

You will start with only enough medicine for 10 days. This is not a full course of treatment which is usually 60 days. Public officials will announce where you can get the rest of the medicine that you will need.

### **What is Anthrax?**

Anthrax is a serious disease caused by the germ *Bacillus anthracis*. People who breathe in (inhale) anthrax spores are at risk of getting serious disease including death. You cannot give anthrax to other people.

### **What is ciprofloxacin?**

Ciprofloxacin is a medicine that is approved by the U.S. Food and Drug Administration (FDA) to prevent infections, including anthrax disease.\*

### **Who should not take ciprofloxacin?**

Do not take ciprofloxacin if you have ever had a severe allergic reaction to ciprofloxacin or other fluoroquinolone, or if you are taking a medicine called tizanidine (Zanaflex®).

### **How much should I take?**

Adults (≥18 years) who can swallow pills or children who weigh 31kg (67 lbs) or more who can swallow pills -- Take one tablet (500 mg) in the morning and one tablet in the evening

Adults who cannot swallow tablets or children who weigh less than 31 kg (67 lbs) or who cannot swallow pills - -Take suspension. Your provider will write the amount to be taken on the bottle. Take the same amount in the morning and in the evening. Shake very well before each use.

If you have severe kidney problems you may need a dose adjustment.

If you are taking magnesium or aluminum antacids, sucralfate, Videx (didanosine), or products that contain calcium, iron, or zinc, then take the ciprofloxacin at least 2 hours before or 6 hours after taking any of these products. Do not take ciprofloxacin with milk.

### **What are the possible serious side effects of ciprofloxacin?**

- Joint and tendon problems including tendonitis
- Serious allergic reactions such as swelling of the tongue, trouble breathing and death
- Central nervous system effects including seizures, nightmares, confusion, depression, dizziness
- Serious heart rhythm disorders
- Intestinal infection (fever and watery or bloody diarrhea)
- Changes in sensation and possible nerve damage
- Low blood sugar (hypoglycemia)
- Sensitivity to sunlight

### **How do I report side effects or medication errors?**

Tell your doctor right away and report side effects or medication errors to MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088.

\*Certain aspects of this emergency use are not part of the approved drug applications. **For more information** about the emergency use, benefits and risks of ciprofloxacin, and alternatives see <http://emergency.cdc.gov/> (Fact Sheet for Recipients, Medication Guide).

*Produced by FDA - version January 16, 2009\_final*

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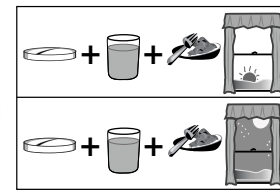
# MDH CIPROFLOXACIN Special Instructions: Children

The amount of medicine needed by anyone who weighs less than 67 pounds (34 kilograms) is based on a patient's weight. Use the weight chart on this page to find the correct amount of medicine for each patient. Watch for changes in weight, and give more medicine if weight goes up and less if weight goes down.



**Take this medicine twice a day:**

**One dose in the morning and one dose at night.**



## Ciprofloxacin tablets:

- Patients who can swallow tablets might need them cut into two or four pieces to get the right amount.
- Patients should not take more medicine than the weight chart says they need to take. **See the weight chart.**
- If the patient cannot swallow tablets, use the mixing instructions below to make a ciprofloxacin mixture.


## Liquid ciprofloxacin (suspension):

- Shake bottle well before each use.
- Patients should not take more medicine than the weight chart says they need to take. **See weight chart.**
- Use straight from bottle. Do not mix with anything.
- Refrigerate after opening.


**Use a drugstore medicine measuring spoon, dropper or syringe or a cooking measuring spoon to give the correct amount of medicine.**

## Mixing Instructions


- 1. Bowl 1** 1) Put one 500 milligram (mg) ciprofloxacin tablet into a small bowl.




2) Use the back of a metal spoon to crush the pill.



3) Mash all the pieces into a fine powder.

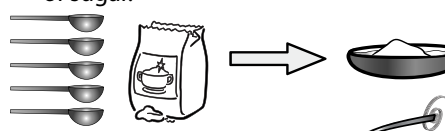

- 2. Bowl 2** In a different bowl, use a measuring spoon to:

1) Put five level teaspoons of fruit juice **OR** fruit sauce into Bowl 2.




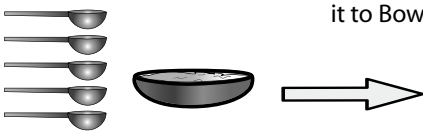
**Add**

2) five level teaspoons of sugar.





3) Stir the mixture in Bowl 2 until all the sugar dissolves. This may take several minutes.


- 3. Use a measuring spoon:** 1) Take five level teaspoons of the mixture in Bowl 2 and add it to Bowl 1 (throw away any unused mixture left in Bowl 2).

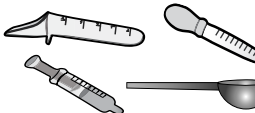


2) Stir the mixture in Bowl 1 for several minutes until the ciprofloxacin powder dissolves and it is blended evenly with the mixture from Bowl 2.


- 4. Give the correct amount of medicine to the patient for his or her weight.**



**See the weight chart.** Use a medicine measuring spoon, dropper or syringe or a cooking measuring spoon to give the correct amount of medicine.



## 5. Cover the final mixture in Bowl 1, and keep it in the refrigerator when it is not being used.

- Always stir the final mixture thoroughly before each use.
- Throw away any of the final mixture that is not used within 24 hours, and make a new final mixture.
- Never add an old final mixture to a new final mixture.



**\* See the ciprofloxacin information sheet for important warnings about drug side effects, allergies and interactions with other medicine.\***

Weight	Ciprofloxacin mixture made with the mixing instructions	Ciprofloxacin tablet 500 milligrams (mg)	Liquid ciprofloxacin 250 milligrams per 5 milliliters or per teaspoon
Under 7 lbs, 9 oz (under 3.5 kg)	1/2 teaspoon (tsp) (50 mg)		1 milliliter (mL) (50 mg) tsp N/A (No tsp measurement possible)
7 lbs, 9 oz — 9 lbs, 14 oz (3.5 to 4.5 kg)	3/4 tsp mix (75 mg)		1.5 mL (75 mg) tsp N/A
9 lbs, 15 oz — 13 lbs, 3 oz (4.6 to 6.0 kg)	1 tsp mix (100 mg)		2 mL (100 mg) tsp N/A
13 lbs, 4 oz — 18 lbs, 11 oz (6.1 to 8.5 kg)	1 1/4 tsp mix (125 mg)		2.5 mL (125 mg) <b>OR</b> 1/2 tsp
18 lbs, 12 oz — 24 lbs, 3 oz (8.6 to 11 kg)	1 1/2 tsp mix (150 mg)		3 mL (150 mg) tsp N/A
24 lbs, 4 oz — 37 lbs, 6 oz (11.1 to 17 kg)	2 tsp mix (200 mg)		4 mL (200 mg) tsp N/A
37 lbs, 7 oz — 48 lbs, 6 oz (17.1 to 22 kg)	2 1/2 tsp mix (250 mg)	1/2 tablet	5 mL (250 mg) <b>OR</b> 1 tsp
48 lbs, 7 oz — 66 lbs, 15 oz (22.1 to 30.4 kg)	3 3/4 tsp mix (375 mg)	3/4 tablet	7.5 mL (375 mg) <b>OR</b> 1 1/2 tsp
67 lbs (30.5 kg) or more FULL ADULT DOSE	5 tsp mix (500 mg)	OR 1 (one) 500 mg tablet	10 mL (500 mg) <b>OR</b> 2 tsp

## Weight Chart



Weight lbs (pounds) oz (ounces) kg (kilograms)

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If you have any questions,  
call 651-201-3920

## Patient Information: Amoxicillin Amoxicillin 500-mg Oral Capsules (Pills) Amoxicillin Oral Suspension

### ***Take this medicine as prescribed.***

Amoxicillin belongs to a class of drugs called penicillin antibiotics. It has been approved by the Food and Drug Administration (FDA) to treat people with infections caused by certain types of bacteria. Amoxicillin has not been approved by the FDA to use when treating people who have been exposed to anthrax. However, if test results show that the anthrax bacteria can be killed by penicillin antibiotics, the use of amoxicillin is recommended to prevent the development of anthrax disease in people who have been exposed to anthrax, **when other antibiotics are not as safe to use such as with children and pregnant women.**

### **How to take amoxicillin**

**ADULTS:** Take one pill three times a day.

**CHILDREN:** A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.

Take amoxicillin with a large glass of water. This medicine can be taken with or without food. Taking with food may decrease the chance that upset stomach will occur.

If you miss a dose, start again taking 1 pill three times a day. Do not take 2 pills to make up for the missed dose. ***Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.***

### **Side effects**

Common side effects of amoxicillin include an upset stomach, vomiting, and diarrhea. If you have problems with any of these symptoms, tell your doctor.

**Allergic reactions are rare.** Signs of an allergic reaction include rash, itching, swelling of the tongue, hands or feet, fever, or trouble breathing. If any of these symptoms occur, call your doctor right away.

### **Precautions**

- Be sure to tell your doctor if you are allergic to any medicine.
- It is very important to tell the doctor the names of **ALL** medicines that you are currently taking—even pills bought at the store such as vitamins and antacids.
- Tell your doctor if you have asthma, which is a breathing problem, or any other illnesses.
- Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you have finished the entire course of treatment.
- Amoxicillin is safe to take when you are pregnant but be sure your doctor knows if you are pregnant.
- In women, amoxicillin can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.

### **Reporting side effects or medication errors**

Tell your doctor right away and report side effects or medication errors to MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088.

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For Client Use

## Special Health Care Instructions

Recommendations for You and Your Health Care Provider Regarding the  
Medication Dispensed in a Public Health Emergency

Client Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Your medication directions are:

- Take Doxycycline 100 mg twice/day for 10 days (Standard adult dose and schedule)
- Take Doxycycline \_\_\_\_\_ mg \_\_\_\_\_/day for \_\_\_\_\_ days
- Take Ciprofloxacin \_\_\_\_\_ mg \_\_\_\_\_/day for \_\_\_\_\_ days
- Take \_\_\_\_\_ mg \_\_\_\_\_/day for \_\_\_\_\_ days

**Instructions for you:** This note contains special instructions for you or your household member regarding your medication. See the items checked below.

**Share this information with your health care provider as instructed below.** Questions that you have about your medication or health condition(s) should also be directed to your health care provider.

*Call your doctor. Tell your doctor about the medication prescribed and any checked items below.*

**Information for your health care provider:** Your patient was seen at a public health antibiotic dispensing site. These special instructions are provided due to a patient condition or medication already prescribed that may need attention.

**Patient and Provider Information:** Read those below that have a

- Incomplete information was provided about your health history and medications.**  
\_\_\_\_\_ has been provided for you.

If you are allergic to the medication provided, **do not take it.** Call your health care provider as soon as possible for an alternate medication. If you are not allergic you should begin taking the medication **after** reading about the medications or conditions below to see if the recommendations apply to you.

**Accutane:** Doxycycline could cause blurred vision and headaches. Call your doctor immediately or seek medical care if symptoms occur. Ciprofloxacin should not have this effect.

**Allergic to Doxycycline and Ciprofloxacin: Neither should be taken.** An alternate antibiotic was prescribed as indicated above. Contact your doctor right away if you develop any problems with this medication.

**Already taking Amoxicillin, Ciprofloxacin or aTetracycline:** The dose of your current antibiotic may have been increased or the number of days for you to take it extended to provide you antibiotic protection. You may be on your original antibiotic plus an additional antibiotic provided to you at the dispensing site.

**Coumadin (Warfarin):** Doxycycline or Ciprofloxacin may enhance Coumadin's effect, which could increase the risk of bleeding. Contact your clinic as soon as possible to discuss potential need for additional monitoring of your drug therapy. **Call your clinic immediately to report abnormal bleeding.**

- Cyclosporine:** Ciprofloxacin may alter your cyclosporine medication level. Call your clinic within 2 days. Your provider may want to test your kidney function and monitor your medication level. Doxycycline should not have this effect.
- Digoxin:** Doxycycline or Ciprofloxacin may increase digoxin levels. Call your clinic within one week. Your provider may test your digoxin level.
- Dilantin or Phenytoin:** Ciprofloxacin may increase or decrease phenytoin levels. Call your clinic within one week. Your provider may test your phenytoin level. Doxycycline should not have this effect.
- Glyburide:** Ciprofloxacin can result in sudden low blood sugars; doxycycline sometimes also causes low blood sugars. Monitor blood sugars more frequently and call your clinic to report if they are abnormal.
- Insulin:** Ciprofloxacin can result in sudden low blood sugars; doxycycline sometimes also causes low blood sugars. Monitor blood sugars more frequently and call your clinic to report if they are abnormal.
- Kidney failure, or on dialysis:** Reduce Ciprofloxacin frequency to 1 dose per day instead of 2 per day. This is due to decreased renal clearance of the drug. Call your clinic within 2 days. Your provider may want to monitor your kidney function.
- Lithium:** Doxycycline may alter the effectiveness of your lithium. Please call your clinic within 2 days. Your provider may want to test your lithium level. Ciprofloxacin should not have this effect.
- Methotrexate:** Doxycycline and amoxicillin may cause serious toxicity when combined with methotrexate. Call your clinic within 24 hours to see if the methotrexate dose requires adjustment or if the methotrexate can be temporarily discontinued during antibiotic treatment. Ciprofloxacin should not have this effect.
- Phenobarbital:** Doxycycline's effectiveness may be decreased and your dose of **doxycycline was altered**. Please review your individualized instructions written on your medication bottle.
- Pregnant, breastfeeding, or age under 6 months old:** Doxycycline's possible side effects include discolored teeth or poor tooth enamel in children younger than 8 years and in children whose mothers took doxycycline during the last half of pregnancy or while nursing.
- Probenecid (Benemid):** It is advised to stop taking the Probenecid and to notify your clinic within two days to inform them that it was recommended that Probenecid be stopped until antibiotic regimen is completed. **For You and Your Provider's Information:** if Probenecid is currently prescribed for gout, then colchicine may be prescribed as it doesn't interact with either doxycycline or ciprofloxacin.
- Rifampin:** May reduce the effectiveness of doxycycline. Your dose of **doxycycline dose was altered**. Please review your individualized instructions written on your medication bottle.
- Ropinirole:** Ciprofloxacin when combined with ropinirole may increase side effects. Please contact your clinic within three days to discuss with your provider. Please report agitation, confusion, sedation, nausea and vomiting, or dizziness to your clinic immediately as they are evidence of increased side effects of ropinirole. Doxycycline should not have this effect.
- Tegretol or Carbamazepine:** May reduce the effectiveness of doxycycline. Your dose of **doxycycline was altered**. Please review your individualized instructions written on your medication bottle.
- Theophylline:** Ciprofloxacin can alter the effectiveness of theophylline. It is advised that the theophylline dose be decreased in half under the advisement of your provider. Report an abnormally rapid heartbeat, an irregular heartbeat, seizures, vomiting, or a skin rash to your clinic immediately. Doxycycline should not have this effect.
- Tizanidine:** Ciprofloxacin can enhance the action of Tizanidine and could lower your blood pressure significantly. Call your clinic immediately to report light headedness or fainting. Doxycycline should not have this effect.
- Other:** \_\_\_\_\_



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## Labeling/Dispensing Doxycycline Job Aid for Attachment K and L

### **For persons receiving a standard dose:** 100 mg twice a day

- **PRINT CLIENT NAME** on medication bottle with permanent marker
- Give client medication and Doxycycline Fact Sheet (one per family)

### **For persons who weigh less than 89 lbs:**

- **CALCULATE THE DOSAGE** using Doxycycline crushing factsheet (In an Emergency How to prepare Doxycycline for Children and Adults who cannot swallow Pills)
- **Highlight the dosage** on Doxycycline crushing factsheet (In an Emergency How to prepare Doxycycline for Children and Adults who cannot swallow Pills)
- **On Label sticker:**  
Write:
  - 1) name
  - 2) dosage
  - 3) frequency
- Give client medication, highlighted crushing fact sheet (one per special dosage) and Doxycycline Fact Sheet (one per family)

### **For persons who cannot swallow pills**

- Print client name on medication bottle with permanent marker
- Give client medication and crushing fact sheet with adult dose highlighted (one per special dosage) and Doxycycline Fact Sheet (one per family)

### **For persons who are receiving an altered dose or frequency**

- **DETERMINE ANY DOSE OR SCHEDULE ADJUSTMENTS (per MDH attachment L)** Complete special healthcare instruction form (MDH attachment M) and give to client (one per special dose) with medication and Doxycycline Fact Sheet (one per family)
- Use label sticker to label medication with special dose or schedule

### **For persons who for any other reason require special health care instructions**

- Complete special healthcare instruction form and give to client (one per special dose) with medication and Doxycycline Fact Sheet (one per family)

### **FOR ALL: Complete "staff use only" section for each person on the form**

- **Lot number sticker** - remove from each bottle being dispensed and paste onto dispensing form
- Document medication dispensed, fact sheet given, and any special instructions provided, check "10 days" and sign
- Instruct to take first doses ASAP - direct to water source

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## Labeling/Dispensing Ciprofloxacin Job Aid for Attachment K and L

### **For persons receiving a standard Dose: 500 mg twice a day**

- **PRINT CLIENT NAME On Label Sticker**
- Give client medication and Ciprofloxacin Fact Sheet (one per family)

### **For persons who weigh less than 67 lbs**

**CALCULATE THE DOSAGE** using Ciprofloxacin Special Instructions: Children

- **Highlight the dosage** on Ciprofloxacin Special Instructions: Children
- **On Label Sticker:**
  - Write: 1) name**
  - 2) dosage**
  - 3) frequency**
  - 4) date**
- Give client medication, highlighted crushing fact sheet (one per special dosage) and Ciprofloxacin Fact Sheet (one per family)

### **For persons who cannot swallow pills**

- Print Client name on label sticker
- Give client medication and crushing fact sheet with adult dose highlighted (one per special dosage) and Ciprofloxacin Fact Sheet (one per family)

### **For persons who are receiving an altered dose or frequency**

- **DETERMINE ANY DOSE OR SCHEDULE ADJUSTMENTS (per MDH attachment L)** Complete special healthcare instruction form (MDH attachment M) and give to client (one per special dose) with medication and Ciprofloxacin Fact Sheet (one per family)
- Use label sticker to label medication with special dose or schedule

### **For persons who for any other reason require special health care instructions**

- Complete special healthcare instruction form and give to client (one per special dose) with medication and Ciprofloxacin Fact Sheet (one per family)

### **FOR ALL: Complete "staff use only" section for each person on the form**

- **Lot number sticker** - remove from each bottle being dispensed and paste onto dispensing form
- Document medication dispensed, fact sheet given, and any special instructions provided, check "10 days" and sign
- Instruct to take first doses ASAP - direct to water source

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**Closed Point of Dispensing (POD) Staffing and Space Planning Chart**

Instructions for this chart:

- These estimates are based on dispensing antibiotics within an 8- hour period of time (a typical work day).
- The estimated number of people coming through per hour is in the left-hand column.
- The minimum number of needed staff are listed by position. Anytime there are POD sites without staff in all possible positions, it is expected that existing staff will perform multiple job functions (i.e. an Operations Chief will perform functions of helping to complete forms, screening and dispensing if they are the only person working - or the Logistics chief would perform all inventory and personnel coordination work).
- Breaking functions down increases efficiency but also requires more space.
- The two functions that take the most time include completing the screening form and making screening recommendations.

# of people/hour	Total # of people served	Recom- mended minimum square feet*	Minimum Number of People Recommended for Possible Closed POD Positions										Total Recom- mended Staff		
			Closed POD Coord- inator	Operations Chief	Logistics Chief/ Set-up	Triage (Registra- tion Group)	Usher/ Greeter (Forms Group)	Medication Screening Staff	Medication Dispensing Staff	Logistics Inventory Unit	Security Officer	Site Safety Officer		Human Resource Unit	
50	400	200	1	1	1			1				1			5
100	800	300	1	1	1			3				1			7
150	1200	500	1	1	1	1		2	2	1		1			10
200	1600	1,000	1	1	1	1	1	1	3	2	1	1	1		13
250	2000	2,000	1	1	1	1	1	1	3	3	1	1	1		14
300	2400	3,000	1	1	1	1	1	2	4	4	1	2	1	1	19
350	2800	3,000	1	1	1	2	2	2	5	4	1	2	1	1	21
400	3200	4,000	1	1	1	2	3	3	5	5	1	2	1	1	23
450	3600	4,000	1	1	1	3	3	3	6	5	1	2	1	1	25
500	4000	5,000	1	1	1	3	3	3	6	6	1	3	1	1	28
550	4400	5,000	1	1	1	3	4	4	7	6	1	3	1	2	31
600	4800	6,000	1	1	1	4	4	4	7	7	1	3	1	2	33
650	5200	6,000	1	1	1	4	4	4	8	7	1	3	1	2	34
700	5600	7,000	1	1	1	4	4	4	8	8	1	3	1	2	35
750	6000	7,000	1	1	1	4	4	4	9	8	1	3	1	2	36
800	6400	8,000	1	1	1	4	4	4	9	9	1	3	1	2	37
850	6800	8,000	1	1	1	4	4	4	10	9	1	3	1	2	38
900	7200	9,000	1	1	1	4	4	4	10	10	1	3	1	2	39
950	7600	9,000	1	1	1	4	4	4	11	10	1	3	1	3	41
1000	8000	10,000	1	1	1	4	4	4	12	11	2	4	1	3	46

Modified NACCHO Closed POD Toolkit Chart

\*A small amount of space can be used for screening and dispensing as long as there is always a hallway or distinct area where people can line up to complete forms.

\*\*Signs can be used in the place of people to give instructions about checking in and how to complete screening forms when there are not large crowds.

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Closed POD  
Job Action Sheet

INCIDENT COMMAND

### Incident Commander (Closed POD Coordinator)

Name: _____
Site: _____
Job Shift(s): _____
You Report To: _____
You Supervise: <u>Closed POD Lead Staff</u>

**Mission:** Responsible for the overall operation of the Closed POD. Provide oversight and direction resulting in the smooth operation of the site. Function as decision-maker for the site. Act as lead contact to local health department. Coordinate the overall Closed POD effort at your organization.

**Equipment:** Telephone, Closed POD Plan, Checklists, Layout

**Qualifications:** Familiar with Closed POD Plan, leadership and organizational skills

**Before Shift:**

- Communicate the Closed POD Plan to your employees and inform them of their responsibilities in Closed POD Operation -
- Read this entire Job Action Sheet
- Assign personnel to Lead Staff Roles – **note: any role that is not filled will need to have their job functions performed by you or a designee**
- Review Job Action Sheets of all staff you supervise
- Provide orientation and Just in Time Training to staff you supervise
- Send authorized staff person to the Local Distribution Node to pick up medications
- Request status reports from staff you supervise and confirm readiness to open/operate site
- Communicate with your employees and clients that you will be dispensing medications
- Assign person to copy dispensing materials

**During Shift:**

- Monitor functioning of site
- Address issues brought forth by employees you supervise
- Monitor dispensing of medications on-site
- Ensure appropriate screening and drug dispensing
- Ensure distribution of drug information sheets

**After Shift:**

- Assist with clean up
- Schedule Debriefing Session with staff
- Check out at the Check-in/Check-out Station
- Ensure non-distributed medications are returned to LPH

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Closed POD  
Job Action Sheet

### Public Information Officer – Spokesperson

Name: _____
Site: _____
Job Shift(s): _____
You Report To: <u>Closed POD Coordinator</u>

**Mission:** Disseminate information regarding the Closed POD process.

**Equipment:** Communications Plan, telephone, computer with internet connectivity, pre-printed handouts/information

- Before Event:**
- Understand basics of a Closed POD and your organization’s dispensing plan
  - Roles and responsibilities of employees in an emergency, and where they fit in to your plans
  - Communicate with staff
    - How they are to receive medication for themselves and their families and information they should bring when the medications are dispensed - this information will assist in screening for possible allergies and/or contraindications
    - General emergency preparedness
    - How they can keep informed

**During Event:**

- Where and when they will receive medications
- What information they should have in order to receive their medications
- Drug information sheets for doxycycline, ciprofloxacin and amoxicillin, including what they should do if they have a negative reaction to the medication
- How they can keep informed about the emergency
- Advise where and when to report to work
- Advise duties and responsibilities for the duration of the emergency

**After Event:**

- Summarize outcome of your organization’s Closed POD effort
- Answer questions or concerns as they arise

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Closed POD  
Job Action Sheet

INCIDENT COMMAND

### Site Safety Officer

Site: \_\_\_\_\_

Position Assigned To: \_\_\_\_\_

Job Shift(s): \_\_\_\_\_

You Report To: \_\_\_\_\_ (Safety Officer)

**Mission:** Oversee the safety of staff working at the site relative to bloodborne pathogens, infection control, and other safety hazards. Assure necessary steps are taken to adhere to protocols for workers compensation.

**Equipment:** Telephone, two-way radio, computer with Internet connectivity

**Qualifications:** Background in occupational health or infection control is preferred, but not required

- Before Shift:**
- Check in and receive site orientation at the Check-in/Check-out Station.
  - Read this entire Job Action Sheet and organizational chart.
  - Attend Site Commander orientation meeting.
  - Assure that there are appropriate forms available (e.g., Workers Comp, OSHA, blood/body fluid exposure, etc.).
  - Talk with Medication/Injection Supervisor and Supply Unit Leader regarding supplies (e.g., adequate sharps containers, biohazard waste containers).
  - Approve site set-up for maximum staff safety.
  - Assess facility and grounds for potential hazards.
  - Review list of contracted emergency medical care providers.

- During Shift:**
- Attend Site Supervisor update sessions.
  - Receive reports of client or staff injury.
  - Assist staff in completing workers compensation forms.
  - Report injuries or blood/body fluid exposure to Site Supervisor and Safety Officer.
  - Obtain consent for source blood testing in event of bloodborne pathogen exposure, and contact designated facility to arrange post-exposure evaluation of exposed staff.
  - Monitor trends in staff exposures and/or client injuries.
  - Advise injured/exposed person about follow-up care and reporting and facilitate as necessary.
  - Monitor facility and grounds for potential hazards and security risks. Work with Site Liaison Officer and appropriate facility staff to address risks.
  - Other duties as assigned:

- After Shift:**
- Assist with clean-up as necessary for next shift.
  - Participate in scheduled debriefing sessions.
  - Check out at the Check-in/Check-out Station.
  - Contribute to After Action Report.

If you or a client get injured or have a possible blood or body fluid exposure, contact the First Aid Station immediately. Report unusual occurrences or potentially dangerous situations immediately to your supervisor or security.

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Closed POD  
Job Action Sheet

OPERATIONS

## Operations Chief

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Closed POD Coordinator)

**Mission:** Oversee entire Operation of Closed POD. You, along with the Logistics Chief and the Closed POD Coordinator will be the first to report.

### Before Shift:

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Closed POD Coordinator
- Familiarize self with Closed POD process, forms and eligibility requirements
- Assign personnel to Operations Roles – **note: any role that is not filled will need to have their job functions performed by you or a designee**
- Prepare briefing and just in time training as needed for Operations Staff
- Assist with set-up of stations as needed

### During Shift:

- Monitor entire site throughout Closed POD Operations
- Be available to answer questions as needed
- Provide break coverage for Operations Staff
- Communicate with Closed POD Coordinator about any issues that arise

### After Shift:

- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

OPERATIONS  
Registration Group

### Registration Group - Triage

Site: \_\_\_\_\_  
 Position Assigned To: \_\_\_\_\_  
 Job Shift(s): \_\_\_\_\_  
 You Report To: \_\_\_\_\_ (Operations Chief)

**Mission:** Assess clients for Closed POD by sorting symptomatic from non-symptomatic clients.

**Before Shift:**

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart.
- Receive orientation from Operations Chief
- Familiarize self with triage process and site layout
- Familiarize self with antibiotic screening form eligibility restrictions and disease symptoms
- Familiarize self with Triage Client Referral Form (Closed POD Forms Book, Attachment 9)

**During Shift:**

- Identify symptomatic clients
- Screen Symptomatic Client for appropriate antibiotic and dispense quickly. Instruct to take first dose as soon as possible. Complete Triage Client Referral Form and refer client to appropriate medical setting
- Identify clients with special needs and provide appropriate service
- Direct non-symptomatic clients to screener station

**After Shift:**

- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

OPERATIONS  
Forms Group

### Forms Group - Usher/Greeter

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Either Lead Greeter or Operations Chief)

**Mission:** Welcome clients, provide forms/packets, and answer questions at the start of the dispensing process.

#### Before Shift:

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Operations Chief
- Familiarize self with Closed POD process, forms and eligibility requirements, if necessary
- Assist with set-up of stations as needed

#### During Shift:

- Welcome clients as they enter the site
- Give them screening form to complete
- Explain process and direct client to appropriate station
- Answer client questions regarding the dispensing process and/or forms

#### After Shift:

- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

OPERATIONS  
Screening Group

### Screening Group - Medication Screener

Site: \_\_\_\_\_  
 Position Assigned To: \_\_\_\_\_  
 Job Shift(s): \_\_\_\_\_  
 You Report To: \_\_\_\_\_ (Lead Medication Screener or Operations Chief)

**Mission:** Review completed antibiotic screening form.

**Equipment:** MDH Oral Antibiotic Screening Form and Algorithm

**Qualifications:** EMT, Paramedic, LPN, RN, or other\*

**\*When the governor, a mayor, county board chair, or designee has declared an emergency the commissioner of health may authorize any person licensed or otherwise to administer vaccinations or legend drugs**

**Before Shift:**

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Assist in setting up screening station
- Receive orientation from the Lead Medication Screener or Operations Chief
- Familiarize self with MDH Client Screening Form and Algorithm

**During Shift:**

- Review antibiotic screening form for evidence of contraindication or potential drug interaction to first-or second-line medication
- Use medication algorithm to determine appropriate first- or second-line medication, formulation, dosage, and amount for each client and whether any special instructions need to be given to client
- Document conclusion on antibiotic screening form for each client
- Send client with MDH Client Screening Form to Medication Dispenser
- Request supplies from the Inventory Unit or Logistics Chief
- Request break coverage from the Lead Medication Screener or Operations Chief

**After Shift:**

- Assist with clean-up as necessary for next shift
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

OPERATIONS  
Dispensing Group

### Dispensing Group - Medication Dispenser

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Lead Medication Dispenser or Operations Chief)

**Mission:** Dispense proper dosage, formulation, and amount of medications for each client along with any special instructions that are appropriate.

**Before Shift:**

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Lead Medication Dispenser or the Operations Chief
- Assist in setting up dispensing station with necessary supplies
- Familiarize self with dispensing and documentation process

**During Shift:**

- Review MDH Client Screening Form to determine type, formulation, dosage, and amount of medication for each client as well as special instructions needed
- Record lot number of medication(s) on MDH Client Screening Form
- Label medications following instructions (per Closed POD Forms Book, Attachments 24 and 25)
- Give client appropriate medication
- Provide appropriate medication information sheet and any special instruction
- Instruct client to take first dose as soon as possible** - direct to drinking fountain
- Retain MDH Client Screening Form for documentation
- Request additional supplies from the Inventory Unit or Logistics Chief

**After Shift:**

- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

**IF YOU ENCOUNTER A PROBLEM WHILE DISPENSING, CONTACT YOUR**

**CLOSED POD SUPERVISOR IMMEDIATELY**

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Closed POD  
Job Action Sheet

OPERATIONS  
Education Group

### Education Group - Educator

Site: \_\_\_\_\_

Position Assigned To: \_\_\_\_\_

Job Shift(s): \_\_\_\_\_

You Report To: \_\_\_\_\_ (Lead Educator or Operations Chief)

**Mission:** Educate clients about the Closed POD process and forms, the disease and the prophylaxis agent and any special instructions

**Qualifications:** Familiarity with disease and treatments, comfortable with public speaking

**Before Shift:**

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Lead Educator or Operations Chief
- Familiarize self with Closed Dispensing Site process and forms
- Review all educational materials

**During Shift:**

- Provide information (via script or video) to clients about the mass dispensing process and forms, the disease, and the medication/vaccination
- Assist clients in completing forms as needed
- Answer questions regarding the dispensing process and/or forms
- Refer those with additional questions to the Lead Educator or Operations Chief
- Request break coverage from the Lead Educator or Operations Chief

**After Shift:**

- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

LOGISTICS

### Logistics Chief

Site: _____ Position Assigned To: _____ Job Shift(s): _____ You Report To: _____ (Closed POD Coordinator)
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**Mission:** Oversee entire Logistics portion of Closed POD Operation. You, along with the Operations Chief and the Closed POD Coordinator will be the first to report.

#### Before Shift:

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Closed POD Coordinator
- Set up Staff Check in Area
- Familiarize self with Closed POD process, forms and supplies needed to run operation
- Assign personnel to Logistics Roles – **note: any role that is not filled will need to have their job functions performed by you or a designee**
- Prepare briefing and just in time training as needed for Logistics Staff
- Assist with set-up of stations as needed

#### During Shift:

- Monitor entire site and ensure that all Logistical needs are met
- Be available to answer questions as needed
- Provide break coverage for Logistics Staff
- Communicate with Closed POD Coordinator about any issues that arise

#### After Shift:

- Assist with clean-up
- Ensure appropriate documentation is complete
- Ensure medications and collected forms are stored in secure place
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

LOGISTICS

### Inventory Unit

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Logistics Chief)

**Mission:** Monitor and supply inventory for Dispensing Operations, monitor entire inventory and obtain resupply from Local Public Health as needed

#### Before Shift:

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Logistics Chief
- Complete inventory of medications picked up from LDN and record on Inventory Tracking Sheet (Closed POD Forms Book, Attachment 8)
- Familiarize self with Closed POD process
- Assist with set-up of stations

#### During Shift:

- Be aware of Dispensing Operations and monitor their supplies
- Provide supplies to Operations as needed
- Monitor entire inventory to assess need for resupply
- If more supplies are needed report needs to Logistics Chief or Closed POD Coordinator

#### After Shift:

- Assist with clean-up
- Complete Inventory Tracking Sheet (Closed POD Forms Book, Attachment 8)
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

LOGISTICS

### Security Officer

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Logistics Chief)

**Mission:** Organize and enforce the safety and security of all staff, facilities, supplies, and clients.

**Equipment:** Telephone, two-way radio, staffing roster, appropriate security equipment

**Job Qualifications:** Background in security or law enforcement is preferred, but not required

**Before Shift:**

- Arrive at assigned site
- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet
- Review assignments and Job Action Sheets of all security staff
- Attend Closed POD Coordinator orientation meeting
- Assure secure receipt and storage of on-site equipment and supplies
- Establish secure entry for staff and clients; secure staff rest area
- Assign security staff to entrances/exits as needed

**During Shift:**

- Monitor security needs in all areas of closed POD
- Assist security staff with problem solving, and make any changes as necessary
- Attend Closed POD Incident Commander update sessions
- Problem solve with the Closed POD Coordinator and Information Officer
- Determine break coverage plan for self and security staff

**After Shift:**

- Participate in scheduled debriefing sessions
- Make any changes to the Closed POD security plan for the next shift, as necessary
- Contribute to summary of outcome of the site
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

LOGISTICS

### Human Resource Unit

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Logistics Chief)

**Mission:** Assist Closed POD Coordinator in getting staff in place to run all components of a closed POD Operation

**Before Shift:**

- Check in and receive site orientation at the Check-in/Check-out Station
- Read this entire Job Action Sheet and organizational chart
- Receive orientation from the Logistics Chief
- Familiarize self with Closed POD staffing needs and list of personnel who have been trained
- Assist with notification of staff to report to Closed POD
- Provide sign in/out sheet for people to sign when arriving and departing

**During Shift:**

- Ensure entire Closed POD is adequately staffed
- Ensure all personnel sign in at beginning of shift
- If more than one operational period is needed, assist in planning for the staffing needs of the next

**After Shift:**

- Ensure all personnel sign out at end of shift
- Assist with clean-up
- Participate in scheduled debriefing sessions
- Check out at the Check-in/Check-out Station

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Closed POD  
Job Action Sheet

LOGISTICS

### Courier

Site: _____
Position Assigned To: _____
Job Shift(s): _____
You Report To: _____ (Logistics Chief)

**Mission:** Responsible for picking up medications for your organization's Closed POD and delivering them to your site.

**Equipment:** Well-maintained vehicle, mobile phone

**Job Qualifications:** Background check including valid and clear driver license.

**Before Shift:**

- Familiarize self with Closed POD Plan

**During Shift:**

- Take photo ID and Authorization Letter to specified location
- Pick up medications at specified location and transport to your organization

**After Shift:**

- Transport unused medication back to specified location

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Closed POD  
Job Action Sheet

### Licensed Practitioner Consultant or Medical Director

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

Site: \_\_\_\_\_

You report to: **Closed POD Administrator**

Who reports to you: \_\_\_\_\_

**Responsibilities:** Available in person or by phone during hours of operation for consultation related to symptom triage and antibiotic dispensing.

**Materials:** Closed POD Plan

“Dispensing of Doxycycline, Ciprofloxacin and Amoxicillin for Anthrax Prophylaxis”

**Qualifications:** M.D., Physician Assistant, or Nurse Practitioner. Must be able to prescribe medication in Minnesota.

#### Before Shift:

- If offsite: Provide contact information to key site personnel.
- Check in at the designated check-in/check-out location.
- Read this entire Job Action Sheet.
- Meet with Administrator and other Leads to obtain situational information, goals and objectives, and organize activities for the first 24 hours.
- Review the Closed POD Plan.
- Review current protocols and guidance.
- Coordinate with the Administrator and Operations Lead regarding MDH antibiotic protocol, authorization to dispense medication and facility medication administration and/or dispensing procedures.

#### During Shift:

- Be available by phone or in-person for dispensing site operations while open
- Provide clinical consultation regarding symptomatic individuals.
- Provide medication consultation, as needed.
- Coordinate with Operations Lead to prescribe alternate medications for those that cannot be served at the Closed POD.
- Contact MDH at 651-201-5414 or 1-877-676-5414 (toll-free) to consult with clinicians.
- Attend scheduled meetings/briefings with Administrator and other Leads.

#### After Shift:

- Fully brief your replacement before end of shift.
- Participate in scheduled debriefing sessions.
- Check out at the check-in/check-out location.