**Closed Point of Dispensing**

**(POD) Plan**



Public Health Emergency Preparedness

Minnesota Cities Readiness Initiative

Mass Prophylaxis – 100% of population in 36 hours

**Introduction**

During a public health emergency, a large portion of the population may need medication quickly. This is an urgent task that must be carried out efficiently. An intentional release of anthrax would require that the exposed population receive medication within 48 hours of notification to minimize illness and deaths. It may take up to 12 hours to receive the medication, leaving us with 36 hours to dispense the medications. Preventive medication may also be quickly dispensed in incidents with other bioterrorism agents such as tularemia and plague.

Points of Dispensing (PODs) are locations organized by public health where medication will be given to people to prevent disease in response to these public health threats. *Public* PODs will be one of the main methods for the distribution of medicine to many people during a large-scale public health emergency. Public PODs are available to the general public and are the responsibility of local public health agencies. While this approach will be used to reach a large portion of the population, additional types of PODs will be utilized to help reach everyone.

A Closed PODis a location operated by a private organization, e.g. skilled nursing facility, university, etc., for a specific group of people, likely that organization’s clients, staff, and staff family members. Clients can include residential clients, patients or inmates, i.e. those that reside at the closed POD facility. Clients can also include members or clients of community organizations, e.g. students and parishioners. Closed PODs are *not* open to the public at-large.

**Planning Assumptions**

1. You will work with the Public Health Department to develop your Closed POD plan.
2. If your organization operates outside of the County, you will work with all the counties in which your organization operates.
3. Dispensing antibiotics for post-exposure prophylaxis could be triggered in response to anthrax, plague, tularemia or other incidents.
4. For an anthrax response, use MDH’s *Dispensing of Doxycycline, Ciprofloxacin and Amoxicillin for Anthrax Prophylaxis* protocol, referred to as the “MDH Anthrax Protocol” in this plan.
5. Guidance and policies, including the Minnesota Department of Health (MDH) antibiotic dispensing protocols, must be followed when developing and implementing plans. Over time, such guidance and policies may change and may require updates to your Closed POD plans.
6. In order to become a Closed POD, a written agreement, such as a memorandum of understanding (MOU) or Letter of Intent, will be developed by the Public Health Department and signed by your organization.
7. When dispensing medications as a Closed POD, the medications will be provided to you free of charge. You are not allowed to charge a fee for these medications when you dispense them to others.
8. Your organization will identify the population you will serve ahead of time. (For example, residential patients, clients, students, inmates, staff, and/or staff family.)
9. Your Closed POD plan will likely become a part of your Continuity of Operations or Business Continuity plan.
10. Your plan will be unique to your organization.

**Agency Contact Information**

|  |  |
| --- | --- |
| Name of Agency |  |
| Type of Agency (check) Note: more than one may apply | [ ]  LTC Facility [ ]  Hospital [ ]  Health System [ ]  Law Enforcement [ ]  Fire [ ]  EMS [ ]  Shelter [ ]  Emergency Management[ ]  Place of worship [ ]  Business [ ]  School [ ]  Other: (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address of Agency |  |
| City, State and Zip Code |  |
| **24/7 Phone Number** for Agency |  |
| **Fax Number** for Agency |  |
| **Agency Contact**  | **TITLE** | **DAY PHONE** | **EVENING PHONE** | **MOBILE DEVICE** |
|  |  |  |  |  |
| **EMAIL ADDRESS** |
|  |
| **Does this Agency receive Health Alert Network (HAN) notices?** | [ ]  YES [ ]  NO |
| **(Mission Critical Partners, maximum number of staff needed to operate at full capacity/24hours)**  |  |
| **Maximum number patient/clients/guests/members/employees served at your Agency** |  |
| **Does this Agency have a health professional who could administer antibiotics or vaccine to clients in an emergency, if this prophylaxis material is provided to you?****If no, can you arrange for a health professional to assume this role?** | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| **Type and number of health professionals available**MDs **­** RNs LPNs CNA/PCAs\_\_ \_\_\_\_ MAs  Pharmacist Medical Director \_\_ \_ Other (please specify)  |

#### Closed POD Location

|  |  |
| --- | --- |
| Site Name |  |
| Site Address |  |

#### Incident Commander (Closed POD Coordinator)

|  |
| --- |
| *Primary Incident Commander (Closed POD Coordinator)* |
| **NAME** | **TITLE** | **DAY PHONE** | **EVENING PHONE** | **MOBILE DEVICE** |
|  |  |  |  |  |
| **EMAIL ADDRESS** |
|  |
| *Secondary Incident Commander (Closed POD Coordinator)*  |
| **NAME** | **TITLE** | **DAY PHONE** | **EVENING PHONE** | **MOBILE DEVICE** |
|  |  |  |  |  |
| **EMAIL ADDRESS** |
|  |
| *Tertiary Incident Commander (Closed POD Coordinator)* |
| **NAME** | **TITLE** | **DAY PHONE** | **EVENING PHONE** | **MOBILE DEVICE** |
|  |  |  |  |  |
| **EMAIL ADDRESS** |
|  |

Writing your Organization’s Plan to Dispense Medications

You can use this template by filling in the information requested or use it to guide the development of your organization’s own dispensing plan. Use as much space as you need. Additional guidance is provided in the Closed POD Workbook (pages 4-7) and in MDH’s Dispensing of Doxycycline, Ciprofloxacin and Amoxicillin for Anthrax Prophylaxis. All attachments can be found in the Closed POD Forms Book.

**Getting staff ready for Closed POD responsibilities:** Please see role descriptions in Closed POD Field Operations Guide page 4.

**1**. **Identification of Key Personnel for Operations**

|  |  |  |
| --- | --- | --- |
| **Position** | **Primary Name, Title and Number** | **Secondary Name, Title and Number** |
| Public Information Officer/ Spokesperson  |  |  |
| Site Safety Officer |  |  |
| Operations Chief |  |  |
| Triage |  |  |
| Usher/Greeter |  |  |
| Medication Screener |  |  |
| Medication Dispenser |  |  |
| Educator |  |  |
| Logistics ChiefSet Up |  |  |
| Inventory Unit Manager |  |  |
| Security Officer |  |  |
| Human Resources |  |  |
| Courier |  |  |
| Licensed Practitioner Consultant **\*required**Agency Affiliation  |  |  |

**2.** **Information Regarding Persons to whom you will Dispense Medications**



Based on average household size 3.5

**Determine what you will dispense**

[ ] Oral medications – initial regimen

[ ]  Oral medications – subsequent regimen

[ ]  Vaccinations

#### Screening for and Dispensing Medications to Employees and their Families

Based on the number of employees, families, or clients to whom you are planning to dispense medication, estimate the number of employees who will be needed, to dispense medications in a timely manner. Employees may serve in multiple roles.

|  |  |
| --- | --- |
| Total # served at POD\_\_\_\_\_\_\_\_ | Total number of staff needed to operate Closed POD (Closed POD Forms Book, Attachment 25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**When organizing to dispense medications to employees and their household members, it will be important to dispense to those employees who are on duty, coming on duty or will be dispensing medications to other employees first.**

How will you identify those you will dispense to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eg: company ID badge)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Mission Critical Closed POD Partner – Determine number of employees needed to operate at full capacity at any given time: \_\_\_\_\_\_\_\_\_**

**Clients Served** **[ ]** Not applicable, we will not be dispensing to clients

**Our clients are:  *(Check as many as apply.)***

[ ]  Homebound

[ ]  Living in a Residential Facility

[ ]  Living in a Skilled Nursing or Similar Facility

[ ]  Seniors

[ ]  Disabled

[ ]  Have behavioral health challenges

[ ]  Refugees/Immigrant

[ ]  Limited English Proficiency

[ ]  Low Income

[ ]  Underinsured/Uninsured

[ ]  Homeless

[ ]  Other-Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will serve clients at:**

[ ]  Clients’ homes

[ ]  Our organization’s Closed POD

[ ]  Other-*Please describe: (eg: through our regular dispensing system)*

#### 3. Communications

**External:** In the event of a large Public Health Emergency, Public Health will communicate with you to advise you to activate your Closed POD plan. Further instructions from Public Health will be sent as needed. Information specific to the event will be posted on Public Health and Minnesota Department of Health (MDH) websites.

**Internal:** Identify how you will communicate internally (eg: Email, announcement, face to face).

**To your employees:**  **To your clients:**

**Who is responsible for this communication?**

You may activate the Public Information Officer or designate a spokesperson in your agency to accomplish this communication (listed on page 2 of this document).

**Communication with Licensed practitioner consultant (LPC):** The LPC will be contacted by the Closed POD coordinator or the Operations Chief. Conditions that may require this communication include allergies to both antibiotics, complex screening questions, unusual symptoms not explained by anthrax, or adverse reactions.

#### 4. Preparing To Receive and Dispense Medications

* **Activating your dispensing plan and preparing for antibiotic delivery:**

When an emergency has been declared, Public Health will contact your Closed POD Coordinator and back-up coordinators to advise them to activate the Closed POD Dispensing Plan. During this initial notification, Closed POD partner will be prompted to respond to confirm their ability to participate in the plan at that time.

Another notification will be sent when the Local Distribution Node (LDN) is ready for partners to come and pick up their medications. This notification will include the address for the LDN as well as specific instructions and the contact information for their Public Health Representative.

**Getting materials ready:**

Estimate the number of copies you will need of each of the following based on **total # coming to POD**:

|  |  |  |
| --- | --- | --- |
| **Attachments found in Closed POD Partner Forms Book** | **Attachment #** | **Number Needed** |
| Your Dispensing Plan  | 1 for Closed POD Coordinator |   | 0 |
| **Closed POD Operations - forms for setting up, running and closing**  |
|  Closed POD Incident Command Organizational Chart  | 1 for each person working at Closed POD | 1 | 0 |
| Closed POD Agency Set Up Checklist | 1 for Coordinator and Logistics/set-up staff | 2 | 0 |
| Closed POD Site Flow Chart  | 1 for each Logistics/set-up staff | 3 | 0 |
| Closed POD Authorization Letter to pick up Medications  | 1 for courier to take for each pick up | 4 | 0 |
| Closed POD Workforce Briefing Checklist | 1 for coordinator and all lead staff at POD | 5 | 0 |
| Closed POD Agency Closing Checklist  | 1 for coordinator and all lead staff at POD | 6 | 0 |
| Closed POD Final Summary Form/Inventory Tracking Sheet | 1 per day and as requested | 7 & 8  | 0 |
| **Forms for Dispensing Operations (MDH Protocol Forms)**  |
| Anthrax Triage Symptoms with Actions  | **Copy *Attachment 9 & 10* back to back** 10% of people coming to POD | 9 | 0 |
| Anthrax Symptom Screening and Referral  | **Copy *Attachment 9 & 10* back to back** 10% of people coming to POD  | 10 | 0 |
| Information Use Warning Form  | *Estimate-* post several copies around POD and at tables | 11 | 0 |
| Household Antibiotic Dispensing Screening Form | 100% of people coming to POD | 12 | 0 |
| Doxycycline/Ciprofloxacin Dispensing Algorithm  | 1 for each screener | 13 | 0 |
| Weight Chart by Age | 1 for each screener | 14 | 0 |
| List of Medications Referred to on Dispensing Form  | **Copy *Attachment 15 & 16* back to back** 1 for each screener | 15 | 0 |
| Categories of medications – Generic and Brand Names | **Copy *Attachment 15 & 16* back to back** 1 for each screener | 16 | 0 |
| Doxycycline Fact Sheet | **Two sided document** 100% of people coming to POD/one per household | 17 | 0 |
| Doxycycline Crushing/Mixing Instructions  | **Two sided document** 10% of people served at POD/one per household | 18 | 0 |
| Ciprofloxacin Fact Sheet | 10% of people coming to POD/one per household | 19 | 0 |
| Ciprofloxacin Crushing/Mixing Instructions  | 5% of people served at POD | 20 | 0 |
| Special Health Care Instructions | **Two sided document** 25% of people served at POD | 21 | 0 |
| Label Sheets   | **Copy on Avery Labels #5160** 10 per dispenser | 22 | 0 |
| Instructions for Labeling Doxycycline  | 1 for each dispenser | 23 | 0 |
| Instructions for Labeling Ciprofloxacin  | 1 for each dispenser | 24 | 0 |
| Closed POD Staffing and Space Planning Chart  | 1 for Closed POD Coordinator | 25 | 0 |
| **Job Action Sheets - for each person filling each role** |
| Incident Commander (Closed POD Coordinator) |   | 26 | 0 |
| Public Information Officer |   | 27 | 0 |
| Site Safety Officer |   | 28 | 0 |
| Operations Chief |   | 29 | 0 |
| Registration Group (Triage) |   | 30 | 0 |
| Forms Group (Usher/Greeter) |   | 31 | 0 |
| Screening Group (Screener) |   | 32 | 0 |
| Dispensing Group (Dispenser) |   | 33 | 0 |
| Education Group (Educator) |   | 34 | 0 |
| Logistics Chief  |   | 35 | 0 |
| Inventory Unit |   | 36 | 0 |
| Security Officer |   | 37 | 0 |
| Human Resources Unit |   | 38 | 0 |
| Courier |   | 39 | 0 |
| Licensed Practitioner Consultant/Medical Director  |   | 40 | 0 |

* **Getting site(s) and vehicle(s) ready:**

The amount of site preparation will depend on the number of people you plan to dispense medications to at your organization.

|  |  |
| --- | --- |
| How many sites will you have?\* If more than one site, describe how the transfer of medication will occur.  |  |
|  |
| Where will the site(s) be? |  |
|  |
| What will you have to do to get site(s) ready to screen for and dispense to staff/clients? Briefly described how individuals will be screened and dispensed medication at your site.* Determine staff needed to operate your Closed POD (Closed POD Forms Book, Attachment 25)
* Determine lay-out and number of tables and chairs needed for set-up (Closed POD Forms Book, Attachment 3)
* Determine the number of copies needed based on number of people expected at your site (Closed POD Plan, page 6)
 |
|  |
|  |
|  |
|  |
| If delivering medications (e.g., to client homes), what will you have to do to get vehicles ready to screen for and dispense to clients? |
|  |
|  |

### 5. Receiving and Managing Inventory

* **Obtaining medications**:

The person who will be authorized to pick-up and sign for the medications is identified on page 2 of this document.

**The person who is authorized to pick-up the medications must present**

1. A government issued or organizational photo ID
2. Authorization Letter for Pick up of Medications/Supplies signed by a leader in organization (Closed POD Forms Book, Attachment 4)

 Once received, the medications should be stored in a secure location (at a minimum a locked room) and kept away from extreme heat or cold within temperature range 68-77°F. If vaccines are picked up, storage and handling instructions will be provided.

**\*If more medications or supplies are needed contact your Local Public Health representative to request more.**

* **Managing Inventory**

|  |  |
| --- | --- |
| Where do you plan to store the medications? |  |
| What measures will you take to keep medications safe and secure if delivering to clients by vehicle? |  |
| Inventory must be tracked and accounted for. | Agency will use template available (Closed POD Forms Book, Attachment 8) to track and account for medications.  |
| **When dispensing is complete, all remaining medications must be returned to storage.** |

**6. Dispensing Medications**

Dispense medication in accordance with a medical protocol signed by a physician. For an anthrax response, follow the MDH protocol *Dispensing of Doxycycline, Ciprofloxacin and Amoxicillin for Anthrax Prophylaxis.* This protocol includes information on determining which antibiotic a person should get and how to label the medication bottle. Tell everyone receiving medication to take their first dose as soon as possible and provide access to a beverage. Also be sure to give out medication factsheets and other needed factsheets based on the MDH protocol forms located in the Closed POD Forms book, (Attachments 17-21). Keep the completed Household Antibiotic Dispensing forms (Attachment 12) and provide them to Local Public Health after dispensing operations are complete.

**Screening for and Dispensing Medications to Clients**

If you have clients who cannot or are unlikely to go to a Public (Open) Point of Dispensing (POD), describe briefly how you will screen and dispense medications to your clients **[ ]  MDH protocol [ ] Individual orders**

**Legal Considerations When Dispensing Medications include:**

* **Dispensing authorization per Minnesota Department of Health (MDH) Protocol:** *The commissioner of health may authorize persons to dispense legend drugs in response to an event threatening public health per MN Statute 144.4197*
* **All Closed POD facilities should review the *Public Readiness and Preparedness Act (PREP*):**The PREP Act,passed by Congress in 2005, assures*: “…protection from liability… unless willful misconduct”.* Consult with your legal counsel for more information on liability protections.

**DATA PRIVACY and HIPAA**:  Keeping medical information private is important. This Closed POD agency agrees that this plan agreement is subject to the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13 and the Minnesota Rules implementing the Act, as well as the Federal laws on data privacy and health data privacy.  This Closed POD agency agrees to comply with these requirements as if it were a governmental entity.

**7. Final Report and Return of Leftover Medications**

When dispensing operations are complete, the Closed POD Coordinator is responsible to call Public Health for further instructions regarding final reporting and return of any medication. Complete Closed POD Final Summary Form and Antibiotic Inventory Tracking Sheet (Closed POD Forms Book, Attachments 7-8) and submit to Local Public Health.

**8. Training**

Your Closed POD Coordinator and backups will complete online Closed POD training at, [**http://www.sph.umn.edu/ce/perl/**](http://www.sph.umn.edu/ce/perl/)follow instructions to set up account and complete training the Closed POD Partnership Training**.**

Who are the key personnel in your organization you will train prior to activation? What role will they fill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]**  *For Public Health use: Planning/training of partner/leaders - see minutes checklist dated: \_\_\_\_\_\_\_\_\_\_\_\_\_*

Administrative Handling: All information in this plan is considered non-public, security data per MN Statute 13.43, Subd. 17 and 13.37. Information gathered in this plan is classified as For Official Use Only and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Public Health Department and/or the agencies listed in this document is prohibited.

|  |  |
| --- | --- |
| **Agency Signature:** | **Date** |

***This plan meets all minimal elements required by the MDH Closed POD Plans Checklist, April 2012 AND Summary of Minimal Planning Requirements for T/LHDs Dispensing, Storing and Handling Antibiotics for Anthrax Post-Exposure Prophylaxis under Authority of MDH, November 2013.***

*MDH Dispensing of Doxycycline, Ciprofloxacin and Amoxicillin for Anthrax Prophylaxis, Version\_2.1 given to partner.*

**Your Local Public Health Representative:**

**Other resources:**

Minnesota Department of Health: [www.health.state.mn.us](http://www.health.state.mn.us)

Centers for Disease Control and Prevention: [www.bt.cdc.gov](http://www.bt.cdc.gov/)

Ready.gov: [www.ready.gov](http://www.ready.gov/)

Federal Emergency Management Agency: [www.fema.gov](http://www.fema.gov)

Federal Emergency Management Agency Training Opportunities: <http://www.fema.gov/training>

Cities Readiness Initiative: [www.bt.cdc.gov/cri](http://www.bt.cdc.gov/cri)

Emergency & Community Health Outreach: [www.echominnesota.org](http://www.echominnesota.org)

University of Minnesota Training Opportunities: <http://sph.umn.edu/ce/perl/>

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**Additional POD Planning Notes**

Additional narrative notes on your Closed POD Plan here (*optional*).