**Closed Point of Dispensing (POD) Workbook to Complete**

**Plan**



Public Health Emergency Preparedness

Minnesota Cities Readiness Initiative

Mass Prophylaxis – 100% of population in 36 hours

**Welcome:**

You often plan for the unexpected — anticipating events and managing situations at hand. Local Public Health (LPH) agencies take the same approach to protecting the health and safety of our community**.** In today’s post-9/11 and -Katrina world, collaboration is more important than ever in the areas of emergency preparedness and homeland security.

As we build this bridge of mutual communication and alliance, we’re calling on you to help protect your organization, your employees, residents or members, and our community by making your organization a Closed Point of Dispensing (POD).

Taking a few small steps now to prepare for future public health emergencies will not only protect your assets, but also help prepare the entire community to respond effectively.

This workbook introduces a very critical component to protecting your health and safety — providing you with the background and the “know-how” to become a Closed POD. The workbook will answer key questions about what it takes to become a Closed POD and empower your organization to fully develop such a program jointly with your Local Public Health (LPH) agency.

This workbook is not a complete Closed POD plan, but rather a key reference document to help you begin the planning process in conjunction with your agency. This workbook will help you to develop a plan that’s just right for you.

We hope that this workbook will help you and your staff develop your Closed POD plan — one of the most effective ways to protect yourself and your organization during a public health emergency.

We thank you for taking the time and effort to read this workbook and complete your plan.

**ABBREVIATIONS GLOSSARY**

CDC Centers for Disease Control and Prevention

CHES Community Health and Environmental Services

CRI Cities Readiness Initiative

DOC Department Operations Center

EOC Emergency Operations Center

FOG Field Operations Guide

HOH Head of Household

ICS Incident Command System

JAS Job Action Sheets

LDN Local Distribution Node

LEOC Local Emergency Operations Center

LPH Local Public Health

MDH Minnesota Department of Health

MDS Mass Dispensing Site

NACCHO National Association of County and City Health Officials

PIO Public Information Officer

POD Point of Dispensing

PPE Personal Protective Equipment

RSS Receiving, Staging & Storing Site

SEOC State Emergency Operations Center

SNS Strategic National Stockpile

SOP Standard Operating Procedures

**Introduction:**

In the event of a catastrophic public health emergency, large segments of the population may need to receive preventative medication (prophylaxis) quickly. The ***Cities Readiness Initiative (CRI)***is a federal program that helps metropolitan areas build plans to increase their capacity to deliver medicines and medical supplies during a large-scale public health emergency. This will build the response capacity needed to provide prophylaxis to **100 percent of the population within a 36-hour period** (based on an inhalation anthrax scenario).

People will need preventive medications immediately, so the U.S. Centers for Disease Control and Prevention (CDC) ships pre-positioned supplies from its Strategic National Stockpile (SNS) to States who then distribute them to Local Public Health agencies (LPH).

**The Strategic National Stockpile**

The Strategic National Stockpile (SNS) is a national supply of medications and medical supplies to be used for emergency situations such as a bioterrorism attack or natural disaster. Within 12 to 24 hours, the CDC can deploy the SNS anywhere in the United States or its territories, to supplement and re-supply state and local health and medical resources

Local health agencies must have plans in place to receive shipments from the State health agency and distribute their contents to the community quickly and efficiently. Collaboration between public health and the private sector is a crucial part of this planning effort. The use of Closed PODs (discussed in detail in this workbook) is just one of many strategies planned to deliver medication to 100 percent of the population within 36 hours.

**Strategies for dispensing medications quickly**

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An **Open Point of Dispensing (POD)** will be the main mechanism for dispensing medications to most of the population. An Open POD is open to the general public and operated by Local Public Health agencies.

A **Closed Point of Dispensing (POD)** is a location that is operated by a private organization for a target group which may include employees and their families and/or clients they serve. **Closed PODs** are not open to the public. Closed PODs will play a very important role in a public health emergency that requires getting medications to the entire population very quickly.

By becoming a Closed POD your organization can help ensure that your employees, their families and your clients will receive medications quickly. It also helps relieve some of the pressure on Open PODs by decreasing the number of people who have to go there to get their medications.

Pre-Event Planning:

**Creating your Closed POD Dispensing Plan – Guide**

Once you have agreed to become a Closed POD you will be asked to sign Letter of Intent and create a Closed POD Plan that addresses your organization’s specific needs. Because each organization is unique in the number and type of employees and business operations/ or type of services offered to clients it is important that your plan fits your organization. When your plan is completed it is important to share it with your LPH representative. It is also important that you review your plan on a regular basis (annually) and report any changes to your LPH representative.

This section will help you identify key areas in which to start developing your Closed POD plan. You may already have policies and procedures in place within your organization that could easily be incorporated or adapted to fit the needs of a Closed POD. Ultimately, it is the goal of this guide to help you plan and to describe how you will prepare your organization to dispense medications. Pre-event preparation will include planning for the following:

* Identifying and training of key personnel
* Identifying your dispensing groups
  + Employees and their families
  + Clients (off-site and/or on-site dispensing)
* Communication: before, during and after an emergency
* Receiving and dispensing of medications
* Managing inventory
* Returning medications when the emergency is over

1. **Identification of key personnel for operations:**

In the Closed POD Plan on page 2-3, you will identify key personnel in your organization to fill functional roles for dispensing. For the role of **Closed POD Coordinator** you will also be asked to identify two backup personnel in case the primary person is not available when needed. It will be very important to provide these people with descriptions of their duties and education about the operation of a Closed POD. They will be required to complete an online training as well.

For an overview of roles see Closed POD Partner Field Operations Guide (FOG), page 4.

For more details on each role see Job Action Sheets (Closed POD Forms Book, Attachments 26-40).

1. **Identification of dispensing groups:**

In the Closed POD Plan on page 4, you will indicate to whom you will be dispensing medications (employees, employees’ household members, and clients) and provide an estimate of the numbers of employees, employees’ household members, and clients—both adults and children. This will enable you to estimate the amount of medications you will need in a public health emergency. If you are going to be dispensing/administering medications to clients please provide a brief description of how you plan to do this. For example, if this is part of a service you already provide include that in the Closed POD Plan on page 5. Additionally, you will determine what you will dispense. This may include oral medications, initial regimens or subsequent regimens, and or vaccinations.

**These numbers may change over time.** **Please update your plan and notify your LPH representative whenever there is a significant change in your organization.**

1. **Communication:**

Communication is one of the most important components in a response. In the Closed POD Plan on page 5, you will briefly describe how these communications will occur and who will be responsible for them.

**External:**

In the event of a large Public Health Emergency,LPH will contact you to activate your Closed POD plan. Further instructions from your LPH will be sent as needed along with information to access updated information on LPH and Minnesota Department of Health (MDH) websites.

**Internal:**

As a Closed POD, it is important to communicate with your employees and/or clients before, during, and after the event. In the Closed POD Plan on page 5, you will briefly describe how these communications will occur and who will be responsible for them. It is recommended that you share your Closed POD Plan with employees who will have key roles during an emergency. Some key pieces of information to communicate to your employees and/or clients are listed below.

**Before the event, communicate with your employees about:**

* Basics of a Closed POD and your organization’s Closed POD Plan
* Their role in your plan along with training in this role
* Roles and responsibilities of employees in an emergency
* How and what your organization is planning during an emergency.

**During the event, communicate with your employees and clients about:**

* Where and when they will receive their medications.
* What information they should have in order to receive medications for themselves and their families. This information will assist in screening for the appropriate medication.
* How they can keep informed about the emergency.

**After the event, you may communicate with your employees and clients about:**

* The recommended dosage of medication as instructed by your local health department.
* The outcome of your organization’s dispensing effort.
* Any questions or concerns they may have and how to find further information, as needed.

1. **Set –up – Preparing to Receive and Dispense Medications:**

In the Closed POD Plan on pages 6-8 you will identify key preparation activities that should be included in your Closed POD plan. Once you have signed the Letter of Intent, completed your Closed POD plan, completed the online training and submitted your plan to your LPH representative, you will be entered into a Closed POD database. In the event that this plan is activated you will receive notification from LPH representative with instructions to activate your plan and where to pick up medications. Medications will be prepared for you to pick up based on information you have supplied in your plan. You will then notify your key personnel to begin setting up your site for dispensing.

1. **Activating your dispensing plan:**

Roles needed at your Closed POD site are described in detail in Closed POD Field Operations Guide (FOG) on page 4. Complete Closed POD Agency Set-Up Checklist (Closed POD FOG, page 6) for details of setting up.

1. **Getting materials ready:**

Closed POD Plan on page 6, will help you to prepare printed materials needed to run the dispensing operation.

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

Closed POD Plan on pages 6-8, will help you prepare your site(s) to dispense medications. The amount of preparation needed will depend on the number of people you plan to dispense to. See the Closed POD FOG on page 7 to help estimate the number of tables and page 8 for a suggested layout.

1. **Receiving and Managing Inventory:**

In the Closed POD Plan on pages 7-8, you will identify individuals who are authorized to accept and sign for medications and where you plan to store them. Authorization letter to pick up medications must be signed by a leader in your organization (Closed POD Forms Book, Attachment 4). This person must present a photo ID and the letter in order to pick up medications. You will be asked to provide the courier’s name and make and model of the pick–up vehicle to the Local Distribution Node (LDN) prior to picking up medications. Your courier will be asked to sign a “bill of lading” form at the LDN for documenting chain of custody of SNS assets. You will also identify who will be responsible for managing inventory.

1. **Final Report and Returning Unused Medications:**

When dispensing operations are complete, the Closed POD Coordinator is responsible to call Local Public Heath for further instructions regarding final reporting and return of any medication. Complete Closed POD Final Summary Form and Inventory Tracking Sheet (Closed POD Forms Book, Attachment7-8) and submit to LPH. Inventory tracking may be requested more frequently so it is important to keep this up to date. Any adverse reactions will also be reported on the (Closed POD Final Summary Form, Attachment 7).

1. **Training:**

Training of your key personnel in the roles they will likely fill, prior to activating your Closed POD plan, will help to ensure that it will run smoothly. Checklist and Job Action Sheets as well as other materials provided by Local Public Health may be used for this training. Just in time training will be given to others working at your Closed POD as part of their orientation when they arrive to work at it.

An online training is available through the University Of Minnesota School Of Public Health. This training is recommended for anyone who is expected to work at your Closed POD. To access the training go to:[**http://sph.umn.edu/ce/perl/courses/**](http://sph.umn.edu/ce/perl/courses/)**.** You will be asked to create an account with your email address and a password that you choose. The course offers a Pre-Test, content which includes quizzes in each section and a Post-Test. You will also be asked to complete an evaluation of the course and may receive a certificate of completion.

**When your plan and training is complete please provide a copy of it to your**

**Local Public Health Representative.**