**SUMMIT COUNTY PUBLIC HEALTH**

****

**CLOSED PODS**

**Appendix Template**

**PROTECTING YOUR Organization**

**IN PUBLIC HEALTH EMERGENCIES**

**CLOSED POINT OF DISPENSING**

**PLANNING TEMPLATE**

Organization Name

****

**Table of Contents**

**Content**

**APPOINT A PLANNING COMMITTEE**

**DETERMINING YOUR DISPENSING POPULATION**

**ORGANIZE YOUR STAFF**

**IDENTIFY DISPENSING LOCATION**

**COMMUNICATIONS**

**PREPARING TO RECEIVE AND DISPENSE MEDICATION**

**SECURITY CONSIDERATIONS**

**DISPENSING PROCEDURES**

**APPOINT A PLANNING COMMITTEE**

1. **Collaborative Planning -** Establishing a **CPODS** for your organization will involve many people from various departments/agencies within and possibly outside of your organization. It is important to have their input during the planning process to obtain their perspective and expertise in establishing operational policies and procedures and to ensure they understand and accept their roles and responsibilities during an emergency that requires establishing a **CPODS**.

2. **Committee Members** - Consider the positions below as part of your planning committee. Address the expertise and/or resources they bring to the team to help define their roles and responsibilities. This list is not inclusive. Add/delete positions based on your organization’s structure.

**PRIMARY COORDINATOR / CPODS MANAGER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**BACKUP COORDINATOR**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**SECURITY COORDINATOR**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**LOGISTICS COORDINATOR**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**HUMAN RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**BUSINESS CONTINUITY MANAGER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**LEGAL COUNSEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**PUBLIC HEALTH LIAISON**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**OTHER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**OTHER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | *Name* | Position/Title: | *Position/Title* |
| Work Phone: | *Work Phone* | Home Phone: | *Home Phone* |
| E-mail: | *Email* | Cell/Pager: | *Cell/Pager* |
| *What they bring to the planning team: What they bring to the planning team.* | | | |
| **If the primary is unable to respond, the person(s) below will succeed in management.** | | | |

**DETERMINING YOUR DISPENSING POPULATION**

1. Determining the total number of people you expect to service at your **CPODS** is a critical step in your planning process. This number will help define the dispensing strategy for your organization by helping determine the size, location and layout of your **CPODS** facility; the number of staff volunteers needed to operate the facility; as well as drive the timeline allotted for dispensing medication.

2. Total Dispensing Population Includes: **{The chart below uses “Employees” and “Clients.” Modify the chart to address your designated population – employees, members, faculty etc.]**

|  |  |  |  |
| --- | --- | --- | --- |
| # Employees: | *Number of Employees* | # Clients: | *Number of Clients* |
| # of Family Members of Employees: | *Number of family members of employees* | # of Family Members of Clients: | *Number of family members of clients* |
| Total (Employees + Family Members): | *Total (employees + family members* | Total (Clients + Family Members): | Total (clients + family members |
| **TOTAL DISPENSING POPULATION:** | *Total Dispensing Population* | **TOTAL DISPENSING POPULATION:** | *Total Dispensing Population* |

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

**ORGANIZE YOUR CPODS STAFF**

1. **Determine Organizational Structure** - Determine which roles and functions will be needed to operate and manage the CPODS and which management staff/volunteers will be assigned to the positions. Sample Job Action Sheets are available in the ***Job Action Sheet Tab***.
2. **Determine Staffing Needs** – The number of staff volunteers needed to support your **CPODS** operations depends on the size of your facility, the floor plan, designated population,desired throughput and time allotted for dispensing operations.

*List your* **CPODS** *staffing requirements by position*

|  |  |
| --- | --- |
| **CPODS Job Positions** | **# of Staff Required Per Shift** |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| *CPODS Job Position* | *Number per shift* |
| **Total Staff Required** | *Total # of staff required* |

**IDENTIFY DISPENSING LOCATION AND DESIGN**

1. **Identify a primary and alternate facility -** Based on your organization’s operations and the location of your designated population, you may choose to operate more than one **CPODS.** For example if your organization operates multiple campuses located throughout the city you may choose to have PODS at each campus. See the following page for **CPODS** *Site* *Considerations*, for further guidance on selecting a dispensing facility location.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Dispensing Facility** | | | | | | | |
| **Name of Facility** | *Name of facility* | | | | | | |
| **Address** | *Address* | | | | | | |
| **City** | *City* | **State** | | *State* | **Zip Code** | | *Zip Code* |
| **Phone Number** | *Phone Number* | | **Fax Number** | | | *Fax Number* | |
| **Point of Contact** | *Point of Contact* | | **Phone Number** | | | *Phone Number* | |
| **Alternate Phone Number(s)** | *Alt Phone Number* | | *Alt Phone Number* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Alternate Dispensing Facility** | | | | | | | |
| **Name of Facility** | *Name of facility* | | | | | | |
| **Address** | *Address* | | | | | | |
| **City** | *City* | **State** | | *State* | **Zip Code** | | *Zip Code* |
| **Phone Number** | *Phone Number* | | **Fax Number** | | | *Fax Number* | |
| **Point of Contact** | *Point of Contact* | | **Phone Number** | | | *Phone Number* | |
| **Alternate Phone Number(s)** | *Alt Phone Number* | | *Alt Phone Number* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dispensing Facility Campus A (if Required)** | | | | | | | |
| **Name of Facility** | *Name of facility* | | | | | | |
| **Address** | *Address* | | | | | | |
| **City** | *City* | **State** | | *State* | **Zip Code** | | *Zip Code* |
| **Phone Number** | *Phone Number* | | **Fax Number** | | | *Fax Number* | |
| **Point of Contact** | *Point of Contact* | | **Phone Number** | | | *Phone Number* | |
| **Alternate Phone Number(s)** | *Alt Phone Number* | | *Alt Phone Number* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dispensing Facility Campus B (if Required)** | | | | | | | |
| **Name of Facility** | *Name of facility* | | | | | | |
| **Address** | *Address* | | | | | | |
| **City** | *City* | **State** | | *State* | **Zip Code** | | *Zip Code* |
| **Phone Number** | *Phone Number* | | **Fax Number** | | | *Fax Number* | |
| **Point of Contact** | *Point of Contact* | | **Phone Number** | | | *Phone Number* | |
| **Alternate Phone Number(s)** | *Alt Phone Number* | | *Alt Phone Number* | | | | |

**CPODS Site Considerations**

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

1. **Facility Design** – The design and layout of your CPODS will impact the efficiency of your **CPODS** operations. The visual below is an example of a CPODS in an employee break room. Design your floor plan to help you achieve the throughput goals developed with your public health liaison. The following page provides a *Sample Dispensing* *Flow/***CPODS** *Staffing.*

**Sample Facility Floor Plan**

EXIT

**Able to Receive Medication Based**

**On NAPH Form Responses-**

**Proceed to Dispensing**

Screener Screener Screener

Entrance

**Not Sick or in need of Medical Attention** **Enter POD**

Triage/Greeting Triage/Greeting Triage/Greeting

**Sick or Need Sick or Need**

**Medical Attention Medical Attention**

**Leave POD Leave POD**

Forms Completion/Waiting Area

Dispensing

Dispensing

Dispensing

**Sample Dispensing Flow/CPODS Staffing**

The following staff numbers are recommended based on PODS modeling using RealOpt, a PODS design system developed by Dr. Eva K. Lee of the Center for Operations Research in Medicine at Georgia Institute of Technology. This model is designed for dispensing in a single line set up, processing 2,000 employees and their families and clients in 4 hours. Staff adjustments may be made depending upon needs, capabilities, available resources, and population to receive prophylaxis.

*Adjust according to your* *population, anticipated operational hours, and available* *staff. Consider how stations may be combined based on your facility’s set-up, population, and needs. For instance, the Education could take place at Screening or Dispensing.*

**Triage:**

Four (4) employees

Role: Assess patient’s suitability to enter PODS or the need to go for medical treatment

**Education**:

Four (4) employees

Roles: Educators Issue Forms. If necessary direct through PODS and assist with supplies

**Screening**:

Four (4) employees

Roles: Form Completion, Assess Contraindications, Flow Control, Medication Determination

**Dispensing**:

Seven (7) employees

Roles: Dispense Medication

**{Insert primary facility floor plan}**

****

**{Insert alternate facility floor plan}**



**COMMUNICATIONS**

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

***Before the event***, establish an awareness campaign that informs your *employees/members/faculty/etc.*of your agency’s partnership with Summit County Public Health to operate a **CPODS.**The following pages contain information letter templates.Consider including the following points in your messages:

* Key roles and responsibilities of *employees/members/faculty/etc.*in an emergency that may impact your **CPODS** plan.
* **CPODS** staff volunteer requirements, duties and training opportunities.
* Define your designated population and describe how medication will be dispensed.
* Explain what information they should be prepared to provide and/or items they should bring to the **CPODS.**

**Sample Information Letter from CPODS Organization**

*Click here to enter a date.*

*Organization Nameemployees/members/faculty/etc.*

Subject: Preparedness Plans for Public Health Emergencies

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

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

Another way that we are working to protect your health and safety is through our collaborative planning efforts with Summit County Public Health. These efforts include having *Organization Name* serve as a closed point of dispensing, or **CPODS**, during a public health emergency so that we can dispense medication to keep you and your family from getting sick.

Please read the attached fact sheet for additional details about **CPODS**. *Organization Name* will continue to plan to protect you and your family’s health and safety during public health emergencies. As we make enhancements to our emergency preparedness plans, we will update you by *Method of Contact***.**

If you have any questions about *Organization Name* emergency preparedness plans or our plans to serve as a CPODS, or if you are interested in volunteering to help with emergency preparedness planning, contact *Contact Person*at *Phone number/Email*.

Regards,

*Name/Title***Sample Information Letter From CPODS Organization**

**VOLUNTEER OPPORTUNITY DURING A PUBLIC HEALTH EMERGENCY**

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

A **CPODS** will allow us to:

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

*Specific information about business plan, etc.*

If you are interested in volunteering to help with the setup and operations of our on-site **Closed**

**PODS**, contact *Contact Person*at *Phone number/Email*. As we continue to develop our public health emergency plans, we will provide additional communications about our endeavors as well as more specifics about your role in keeping yourselves and your families safe. We are committed to preparedness because it is important to the *Organization Name* family, and it is important to the entire community.

Regards,

*Official signature/Organization nameDescribe how you will communicate with your* employees/members/faculty/etc. **before the event** *and the key messages you will share. List the responsible party**for completing this action.*

Click here to enter text.

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

|  |
| --- |
| Telephone: External information line *Telephone Number*  Call center/phone book *Telephone Number*  Electronic Website posting *Website*  Mass email message/fax *Fax/email/etc.*  In Person Meeting/presentation: *Click here to enter text.*   Visits to clients’ homes *Click here to enter text.*  Radio: *Radio stations/contact*  Other: *(please specify)* *Click here to enter text.* |

***During the event*,** consider addressing the following key messages to the appropriate audience:

* CPODS management staff and staff volunteers –
* Activation and recall information which includes where and when to report to the CPODS.
* CPODS staff volunteers assigned duties and how to perform those tasks.
* *Employees/members/faculty/etc.*
* Where and when to go to receive their medications.
* What information they should have in order to receive their medications.
* Drug information sheets for the medications, including what they should do if they have a negative reaction to the medication. (This information will be provided by Summit County Public Health).
* How to stay informed during the emergency.
* For *employees/members/faculty/etc.*, consider adding appropriate alternate work schedule instructions.

*Describe how you will communicate with your* employees/members/faculty/etc*.* **during the event***. List the responsible party for completing this action.*

Click here to enter text.

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

Telephone: External information line *Telephone Number*  
 Call center/phone book *Telephone Number*

Electronic Website posting *Website*  
 Mass email message/fax *Fax/email/etc.*

In Person Meeting/presentation: *Click here to enter text.*   
 Visits to clients’ homes *Click here to enter text.*

Radio: *Radio stations/contact*

Other: *(please specify)* *Click here to enter text.*

***After the event*,** consider the following messages for your *employees/members/faculty/etc.***:**

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

*Describe how you will communicate with your* employees/members/faculty/etc. **after the event** *(and who is responsible):*

Click here to enter text.

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

|  |
| --- |
| Telephone: External information line *Telephone Number*  Call center/phone book *Telephone Number*  Electronic Website posting *Website*  Mass email message/fax *Fax/email/etc.*  In Person Meeting/presentation: *Click here to enter text.*   Visits to clients’ homes *Click here to enter text.*  Radio: *Radio stations/contact*  Other: *(please specify)* *Click here to enter text.* |

**PREPARING TO RECEIVE AND DISPENSE MEDICATIONS**

1. **CPODS Activation -** Summit County Public Health will contact the designated primary point of contact by the predetermined method for your **CPODS.** Once you have been notified that your **CPODS** will be activated, you will be given instructions on how, when, and where to receive the medication based on your designated population.

*Summit County Public Health does not maintain the capacity to deliver medications to CPODSs; therefore, it is the responsibility of the CPODS to identify a means and method to come to an identified location within the County to obtain, transport, provide security for medicine while in transit, and deliver the medications to their CPODS.*

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

* + **Establish Recall Procedures -** include **CPODS** management staff and staff volunteer recall procedures**.**
  + **Assign Tasks -** Use the Job Action Sheets to assign tasks to staff volunteers upon arrival. See the sample Job Action Sheets in the ***Job Action Sheet Tab***.
  + **Site Set Up** – The amount of facility preparation needed to set up the **CPODS** depends on the size of your dispensing population and dispensing strategy. Explainhow your staff volunteers will receive their tasks to prepare the facility foroperations. This includes configuring the facility according to the floor plansketch, obtaining necessary non-medical supplies, placing appropriate signagethroughout the facility. See the sample signs in the ***Sample Signs Tab***.
  + **Dispensing Operations** – Summit County Public Health will provide training and job action sheets for dispensing operations to your **CPODS** prior to certifying your agency to be a **CPODS**.
  + **Just In Time Training** – Summit County Public Health will not provide Just-In-Time-Training at the time of an event. It is your responsibility to provide any necessary Just-In-Time training at the time of an event. Summit County Public Health has provided Job Action Sheet samplesto assist with Just-In-Time training needs.
    - You can also obtain a Just-in-Time Training presentation and sample agenda from [**http://closedpodpartners.org**](http://closedpodpartners.org) Module 3 Just in Time Training and Just-In-Time Training Sample Agenda.

1. **Receive Medications –** The amount of medication your CPODS receives is based on your designated population. Summit County Public Health response plans indicate that each person in the affected community will receive a 10-day supply (one bottle) of medication.

At the time of an event, Summit County Public Health will notify your agency’s pre-designated contact by the pre-determined method and provide information regarding when, where, and how to pick up the medication for your agency. Necessary forms and information will accompany the medications.

It should not be necessary for re-supply once the initial cache of medications is picked up by your agency; however, if it is necessary for re-supply to occur, Summit County Public Health will coordinate this process with your designated point of contact at the time   
re-supply becomes necessary.

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

* appropriate security measures when medications arrive at your organization
* appropriate equipment and staff to off-load medications and/or move to appropriate storage area or alternate locations (if required)
* forms reproduction (if required)
* chain of custody procedures for medication

*Describe how your organization will receive medication.*

Click here to enter text.

1. **Storing Medications –** Your facility may need to provide temporary storage for the supply of medicationduring dispensing operations. If so, medications should be stored in a secure location(a locked room or locked cabinet where few individuals have access) and kept atcontrolled room temperature as specified by the medication manufacturer (away fromextreme heat or cold).

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

Click here to enter text.

**4.** **Prepare Materials - CPODSs** will receive the same forms that are distributed at public PODSs to distribute to your designated population. This involves reproducing enough required materials for your total dispensing population. Forms will include drug information sheets for the medication, NAPH forms, and Frequently Asked Question (FAQ) sheets.

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

Click here to enter text.

**SECURITY CONSIDERATIONS**

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

**1**. **Physical Security.** Take practical steps to prevent unauthorized access to your **CPODS**, facility, and medication.

* Control the flow of traffic arriving and departing from your **CPODS** as well as throughout the **CPODS** process.
* Secure unused entrances and exits.
* Pre-identify a *secure* location within your facility where your medications can be stored until needed.
* Use appropriate signage.

2. **Personnel Protection.** Security measures should be taken to promote the safety of your

*employees/members/faculty/etc.* and other individuals being served by your **CPODS**. Individuals disruptive to the operation of the **CPODS** may need to be removed by security and/or law enforcement personnel. Establish a process of emergency communications so **CPODS** staff can quickly request assistance from security personnel as needed.

*Identify internal communication processes and equipment.*

|  |  |  |
| --- | --- | --- |
| Equipment | | Process |
|  | Public Address System | *Process* |
|  | Hand-held Radios | *Process* |
|  | Break Room Boards | *Process* |
|  | Cell Phones | *Process* |

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

|  |  |
| --- | --- |
| **Emergency Contact Information** | |
| Law Enforcement | *Phone/Email* |
| Fire | *Phone/Email* |
| Insurance | *Phone/Email* |

**The Dispensing Process: Step-by Step**

**1.** **CPODS Staff Volunteers -** Establish procedures to first dispense appropriate quantities of medication to those staff that are assisting with operating the **CPODS.**

**2.** **Designated Population –** Establish a strategy to dispense to your designated population. Such factors as the **CPODS** design, traffic patterns at the facility or your organization’s structure will impact the strategy. For example, upon notification of opening the **CPODS**, consider whether these factors support a first come, first served strategy or whether they better support a phased or tiered approach to dispensing by department or activity. Regardless of the strategy used, it is important to stress that all who come will receive medication in a timely manner and there is enough medication for everyone within your designated population. Consult your public health liaison for assistance in determining the best strategy for your organization.

**3.** Provided below is a step-by-step process of the dispensing operations most likely to occur at the **CPODS**. By establishing procedures to support these steps, your organization is well on their way to developing an efficient dispensing operation to best serve your designated population and your community during a public health emergency.

* *Employees/members/faculty/etc.* **complete a NAPH form.** Prior to receiving medication at PODS, regardless of whether theyare open to the public or **CPODSs**, each person receiving medication isrequired to complete a NAPH form. Under the Head of Household dispensing method, your*Employees/members/faculty/etc.*must provide screening information for *each member* of their household for whom they wish to pick up medication. Summit County Public Health will provide the NAPH form pre-event in an effort to expedite the process; however, it will be your responsibility to ensure the forms are complete, accurate, and up to date.
* **Staff reviews NAPH form.** These forms are used to screen for possible contraindications to taking the medication.
* **Staff dispenses appropriate medication and drug information sheets.** Based on the information provided on the NAPH form and dispensing algorithms, the appropriate medication will be provided for each person listed on the NAPH form. NAPH forms must be completed and maintained by the **CPODS**. They must be returned to your public health liaison once the **CPODS** has terminated its dispensing operation. The public health liaison will work with you to ensure proper medication labeling protocols are followed.
* Advise *employees/members/faculty/etc.*to take the first dose right away.
* CPODS Managers may be asked to provide a status update such as the amount of medication dispensed to your public health liaison at various times throughout the dispensing process.
* Return NAPH forms and unopened medication bottles to the local public health liaison.

*Describe how your organization will dispense medications at your CPODS.*

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**National Response Framework**

After the attacks on the World Trade Center, the Pentagon and the anthrax letter incidents, it became increasingly apparent that the federal government must develop an emergency preparedness framework that promotes cooperation and coordination amongst all levels of government and the private sector. As a result, in December 2003, President George W. Bush signed *Homeland Security Presidential Directive 8 (HSPD-8), National Preparedness*. This directive established policies to strengthen the preparedness of the United States, to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies. Additionally the Department of Homeland Security (DHS) developed the *National Response*

*Framework (NRF)* that established a comprehensive, national, all hazards approach to domestic incident response. Its guiding principles enable all response partners to prepare for and respond

to disasters and emergencies in a unified national response. In implementing HSPD-8, the federal government has released various planning tools and established a variety of funding sources to assist federal agencies, state, local, tribal and private sector organizations in understanding their roles and responsibilities during emergencies and developing the capability to prevent, protect against, respond to, and recover from emergencies.

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