POD
Closed POD Planning Kit

Closed Point of Dispensing (POD)

Forms Book

[Property Name]

[Property Name]

[Property Address]

[Property City, State, Zip]

[Date]

Public Health
Prevent. Promote. Protect.

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DO NOT EDIT NUMBER NEEDED COLUMN - Cut and Paste into Plan Template (keep source formatting or keep original table formatting) or transfer number needed to preserve formatting

Closed POD Forms Book		Documents for Printing	Number Needed
Closed POD Calculation Chart to Print Materials		i	
Section 1: Closed POD Operations - forms for setting up, running and closing (Editable Forms-Use version developed by Closed POD)		**Attachments**	
Closed POD Setup Checklist	1 for each Closed POD Coordinator, Safety Lead, & Security Lead	1	
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Closed POD Staffing and Space Planning Chart	1 for each Closed POD Coordinator	4	
Closed POD Courier Authorization Letter	1 for each Courier	5	
Closed POD Site Flow Diagram and Signage Layout	1 for each Closed POD Coordinator, Safety Lead, & Security Lead	6	
Closed POD Signage	Includes 30 signs, print additional as needed	7	
Closed POD Briefing Checklist	1 for each Closed POD Coordinator	8	
Closed POD Communication Matrix	1 for each Closed POD Coordinator	9	
Closed POD Closing Checklist	1 for each Closed POD Coordinator, Safety Lead & Security Lead	10	
Section 2: Job Action Sheets - for each person filling each role (Editable Forms-Use version developed by Closed POD)		**Job Action Sheets**	
Closed POD Coordinator	1 for each Closed POD Coordinator	J1	
Courier	1 for each Courier	J2	
Dispenser	1 for each Dispenser	J3	
Forms Reviewer	1 for each Forms Reviewer	J4	
Inventory Manager	1 for each Inventory Manager	J5	
Medical Director	1 for each Medical Director	J6	
Safety Lead	1 for each Safety Lead	J7	
Screener	1 for each Screener	J8	
Security Lead	1 for each Security Lead	J9	
Usher/Greeter	1 for each Usher/Greeter	J10	
Section 3: Agent Specific Appendices - Anthrax Forms for Dispensing Operations (Forms NOT Editable)		**Appendices**	
Appendix A: Screener Guidance	1 for each Screener & Medical Director	Appendix A	
Appendix B: Antibiotic Screening Form	100% of people coming to the POD	Appendix B	
Appendix C: Equivalent Medications List	1 for each Screener, Medical Director, and Dispenser	Appendix C	
Appendix D: Ciprofloxacin and Doxycycline Dispensing Algorithm	1 for each Screener & Medical Director	Appendix D	
Appendix E: Ciprofloxacin, Doxycycline, and Amoxicillin Dispensing Algorithm	1 for each Screener & Medical Director	Appendix E	
Appendix F: Antibiotics - Standard Regimen, Dose, Route, and Schedule	1 for each Dispenser	Appendix F	
Appendix G: Child Dosing Charts for Liquid Medications	1 for each Dispenser	Appendix G	
Appendix H: Children's Weight Estimation Chart	1 for each Screener	Appendix H	
Appendix I: Doxycycline Pill Crushing Instructions	25% of people served by POD	Appendix I	
Appendix J: Doxycycline Fact Sheet	100% of people coming to POD/one per household	Appendix J	
Appendix K: Ciprofloxacin Fact Sheet	10% of people coming to POD/one per household	Appendix K	
Appendix L: Amoxicillin Fact Sheet	% of people coming to POD/one per household	Appendix L	
Appendix M: Anthrax Fact Sheet	1 for each person working at Closed POD	Appendix M	
Appendix N: Labeling Guide	1 for each dispenser	Appendix N	
Appendix O: Label Sheets	**Copy on Avery Labels #5160** (30 labels=1 sheet) 4% of people served by POD	Appendix O	
Section 3: Agent Specific Appendices - Anthrax Forms for Dispensing Operations (Forms NOT Editable)		**Reference Documents**	
Minnesota Department of Health Mass Dispensing Guidelines 2017	1 for each Closed POD Coordinator, Screener, and Dispenser		
Minnesota Department of Health Anthrax Protocol 2017- Minnesota Department of Health Agent Specific Protocol	1 for Closed POD Coordinator and Medical Director		

Note: Printing attachments on colored paper to correspond with the green, blue, and red colored cells in the Numbers Needed column will assist Medication Screeners and Dispensers to quickly identify the appropriate attachments to provide to the staff and/or clients during the dispensing process. It will also assist the Medication Screeners and Dispensers in identifying the appropriate dosing or labeling job aides. The color of the documents align with the colors found on the Appendix E: Screening and Dispensing Algorithm utilized by Medication Screeners and Dispensers during the screening and dispensing process. For example: Appendix I & J can be printed on a light green pieces of paper to signal doxycycline related paperwork.

Closed POD Setup Checklist

Item	Procedure	Completed
1	Review *Closed POD Plan*	❑
2	Confirm *Closed POD Plan* details and implement *Closed POD Plan*	❑
3	Notify, activate, and assemble Closed POD personnel identified in the Personnel for Closed POD Operations section of the *Closed POD Plan*	❑
4	Setup the Closed POD site based on the Setup: Security, Layout, Client and Traffic Flow section of the *Closed POD Plan*	❑
5	Print sufficient materials using the *Closed POD Calculation Chart to Print Materials* located in the *Closed POD Forms Book*	❑
6	Conduct the Closed POD briefing utilizing the *Closed POD Briefing Checklist* and job action sheets located in the *Closed POD Forms Book*	❑
7	Identify and send the Courier to pick up medications from the Local Distribution Node. Ensure Courier has state or federal government issued or organizational photo identification and *Closed POD Courier Authorization Letter* in the *Closed POD Forms Book*	❑
9	Designate a secure location for medication storage within the Closed POD. Medications should be stored in at a minimum a locked room and kept away from extreme heat or cold within temperature range 68-77°F	❑
10	Assess Closed POD dispensing site safety and security prior to dispensing operations	❑

Closed POD Operational Reference Guide

Dispensing Functions	Description	Signage and Materials (Supplies available at station/table or provided to personnel)	Considerations
Usher/Greeter	Usher/Greeter is the first station at the Closed POD. This station is used to direct clients to the appropriate next step. It can be used to assess, for example, whether a client is part of the target population, whether they can be directed to an expedited line, or they have access or functional needs.	• Clipboards • Pens • Stanchions	
Triage	Triage is the process of identify people exhibiting symptoms of the disease in question. I. For diseases that are not transmissible between people, such as anthrax, triage need only be in the form of signage. Signs around the POD can describe symptoms of the disease and encourage those people who have those symptoms to seek medical care. II. For diseases that are contagious, it is important that symptomatic people do not expose others at the POD to their disease. Public messaging will direct these individuals to healthcare facilities, not to PODs. If symptomatic people show up at PODs, POD staff should instruct them to leave and seek care at the nearest healthcare facility. MDH will provide POD operators with a disease-specific protocol that will clearly indicate whether or not the disease is contagious.	•	
Form Completion	Clients who did not complete an electronic screening tool in advance of their arrival at the Closed POD will need a place to complete their screening forms. Closed PODs may have computers and printers available to use the electronic screening tool and/or they may print paper screening forms to be filled out with pen. PODs may also choose to hand out forms to people in line so they can fill them out while they wait.	• Blank Screening Form • Computer/ Electronic Device and Printer (if available to use the electronic screening tool)	

Forms Review	Closed POD personnel should ensure that screening forms have been filled out correctly and direct clients to the appropriate next station. If clients are unwilling or unable to complete the forms in their entirety, POD staff must let them proceed anyway.	• Clipboards • Pens	Accept each Minnesota Department of Health Screening Form even if a client unwilling or unable to provide complete name, address, and phone information, the Closed POD may not deny them medication.
Screening/ Dispensing	Screeners will review the screening form to determine the correct medication for the client based on their answers to the screening form questions. This applies only to paper screening forms, not ones generated using the electronic screening tool. Screeners will also review the screening form to determine whether the client needs an adjusted dose of the medication or a specific formulation (for example, whether they need a liquid formulation or pill crushing instructions). Dispensers will dispense medication(s) to clients based on the outcome of screening and dosing. They label each bottle according to MDH instructions. If a client presents a paper or printed screening form, the dispenser completes the lower portion and retains the form.	• Pens • Medication • Medication Fact Sheets • Education Forms • Dispensing Algorithm	A head of household representative can obtain up to 10 regimens of medication, each Screening Form is reviewed individually to determine appropriate medication, dosage, and any special instructions needed. A bottle of medication should be dispensed for each person that has a completed Screening Form.
Medical Consult	For some clients, the electronic screening form or screening algorithm will yield an answer of "medical review." This means that the Medical Consult needs to determine the best medication for the client. This station would ideally have a Medical Consult on site to consult with these clients, but it could also be an area where Closed POD staff assist clients in contacting the Medical Consult by phone.	• Medical Fact Sheets	
Access and Functional Needs Support	Closed PODs must have staff and resources available throughout the Closed POD to assist clients with access and functional needs and ensure that they successfully move through the Closed POD and receive their medications. This includes support for those are visually impaired, hearing impaired, low English proficiency, non-English speaking, or who have a physical or mobility limitation. Measures may include use of plain language and/or pictures in signage, use of interpreters or multilingual staff, use of language lines, etc. [NOTE: this is not a single station, but a capability woven into POD operations from beginning to end]	• Translator • Signage	Consider how you would access language services? Consider how you would access mobility limitation services?

Closed POD Position Reference Guide

Job Position	Key Task	Forms Book & Agent Specific Documents	Common Questions
All Positions	Responsible to understand the situation, role, and key tasks.	• Closed POD Plan • Closed POD Site Flow and Signage Layout • Position Specific Job Action Sheet • Closed POD Organizational Chart	
Closed POD Coordinator	Responsible to organize, direct, and operate the Closed POD site. Function as decision-maker for the site, act as lead contact to local health department, and coordinate the overall Closed POD effort at the organization.	• Minnesota Department of Health Mass Dispensing Guidelines • Minnesota Department of Health Agent Specific Protocol • Closed POD Forms Book	
Courier	Responsible for picking up medications for your organization's Closed POD and delivering them to the site.	• Closed POD Courier Authorization Letter	

Dispenser	Dispense proper dosage, formulation, fact sheet and amount of medications for each client along with any special instructions that are appropriate.	• Minnesota Department of Health Agent Specific Protocol
		  ○ Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
		  ○ Equivalent Medications List
		  ○ Antibiotics- Standard Regimen, Dose, Route, and Schedule
		  ○ Childs Dosing Charts for Liquid Medications
		  ○ Children's Weight Estimation Chart
		  ○ How to Prepare "medication" for Children and Adults
		  ○ Medication Fact Sheets
			Where to refer clients to for medical questions?

Forms Reviewer	Ensure the Minnesota Department of Health Screening Form has been filled out correctly and direct clients to the Screener	• Minnesota Department of Health Screening Form	
Inventory Manager	Monitor and supply inventory for dispensing, monitor entire inventory and obtain resupply from Local Public Health, as needed.		Who to contact for more inventory?

Medical Director (if providing medical support)	Available in person or by phone during hours of operation for consultation related to symptom triage and antibiotic dispensing.	• Minnesota Department of Health Mass Dispensing Guidelines
		• Minnesota Department of Health Agent Specific Protocol
		  ○ Minnesota Department of Health Agent Specific Dispensing Algorithm
		  ○ Equivalent Medications List
		  ○ Minnesota Department of Health Screening Guidance
		  ○ Medication Fact Sheets	

Safety Lead	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.	• Closed POD Setup Checklist • Closed POD Closing Checklist • Medication Fact Sheets	

Screener	Review completed Minnesota Department of Health Screening Form and determine appropriate medication, dosage, and any special instructions needed.	• Minnesota Department of Health Agent Specific Protocol
		  ○ Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
		  ○ Minnesota Department of Health Screening Form
		  ○ Minnesota Department of Health Screening Guidance
		  ○ Equivalent Medications List
		  ○ Medication Fact Sheets
			Where to refer clients to for medical questions?

Security Lead	Ensure the safety and security of all clients, personnel, facilities, supplies, and equipment.	• Closed POD Setup Checklist • Closed POD Closing Checklist	
Usher/Greeter	Welcome clients, provide forms, answer questions, and ensure smooth movement throughout the Closed POD.	• Minnesota Department of Health Screening Form	

Closed 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.

Total # of people Served	# of People/ Hour	Recommended Minimum Square Feet*	Closed POD Coordinator	Assistant Closed POD Coordinator	Courier	Usher/ Greeter	Forms Reviewer	Screeners	Dispensers	Inventory Manager	Security Lead	Safety Lead	Total Recommended Staff
400	50	200	1		1	1		1		1	1		6
800	100	300	1		1	1		3		1	1		8
1200	150	500	1	1	1	1		2	2	1	1		10
1600	200	1,000	1	1	1	2	1	3	2	1	1	1	14
2000	250	2,000	1	1	1	2	1	3	3	1	1	1	15
2400	300	3,000	1	1	1	2	2	4	4	1	2	1	19
2800	350	3,000	1	2	1	3	3	5	4	1	2	1	22
3200	400	4,000	1	2	1	4	2	5	5	1	2	1	24
3600	450	4,000	1	2	1	4	3	6	5	1	2	1	26
4000	500	5,000	1	2	1	4	3	6	6	1	3	1	28
4400	550	5,000	1	3	1	5	4	7	6	1	3	1	32
4800	600	6,000	1	3	1	6	4	7	7	1	3	1	34
5200	650	6,000	1	3	1	6	4	8	7	1	3	1	35
5600	700	7,000	1	3	1	6	4	8	8	1	3	1	36
6000	750	7,000	1	3	1	6	4	9	8	1	3	1	37
6400	800	8,000	1	3	1	6	5	9	9	1	3	1	39
6800	850	8,000	1	3	1	6	5	10	9	1	3	1	40
7200	900	9,000	1	3	1	6	5	10	10	1	3	1	41
7600	950	9,000	1	3	1	6	5	11	10	1	3	1	42
8000	1000	10,000	1	4	1	6	5	12	11	2	4	1	47

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.

Closed POD Courier Authorization

Instructions

Thank you for your participation as a Closed POD partner. Please take this letter along with the appropriate identification to Local Distribution Node.

- In the event of Closed POD activation, Closed POD partners will be provided the Local Distribution Node address and pick up time
  - Add Local Distribution Node Location below
- Provide Local Public Health with:
  - Courier's name
  - Make and model of the vehicle
- The Courier will need:
  - Appropriate identification
    - Includes state or federal government issued (Drivers' license, DMV ID card, or Passport)
  - This *Closed POD Courier Authorization Letter*
  - An appropriate vehicle to accommodate medication and supplies

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Closed POD Courier Authorization Letter

This letter authorizes the above organization 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.

Names of authorized representatives to pick up medications/supplies:

Primary Courier: _____

Backup Courier: _____

Closed POD Organization giving authorization:

_____

Closed POD Coordinator Title Signature Date

Organization Name	
Organization Address	
Phone Number	

Local Distribution Node Location for Pick up

Local Public Health Agency	
Address	
Phone Number	

_____

Local Distribution Node Representative Title Signature Date

Closed POD Site Flow: Sample Flow Option

1

Usher/Greeter

Direct clients to the appropriate next step in the Closed POD.

2

Form Completion

Clients who did not complete an electronic screening tool in advance will need a place to complete their screening forms

3

Forms Review

Staff should ensure that screening forms have been filled out correctly and direct clients to the appropriate next station.

4

Screening/Dispensing

Staff review the screening form to determine the correct medication for the client based on their answers to the screening form questions. Staff dispense medication(s) to clients based on the outcome of screening and dosing.

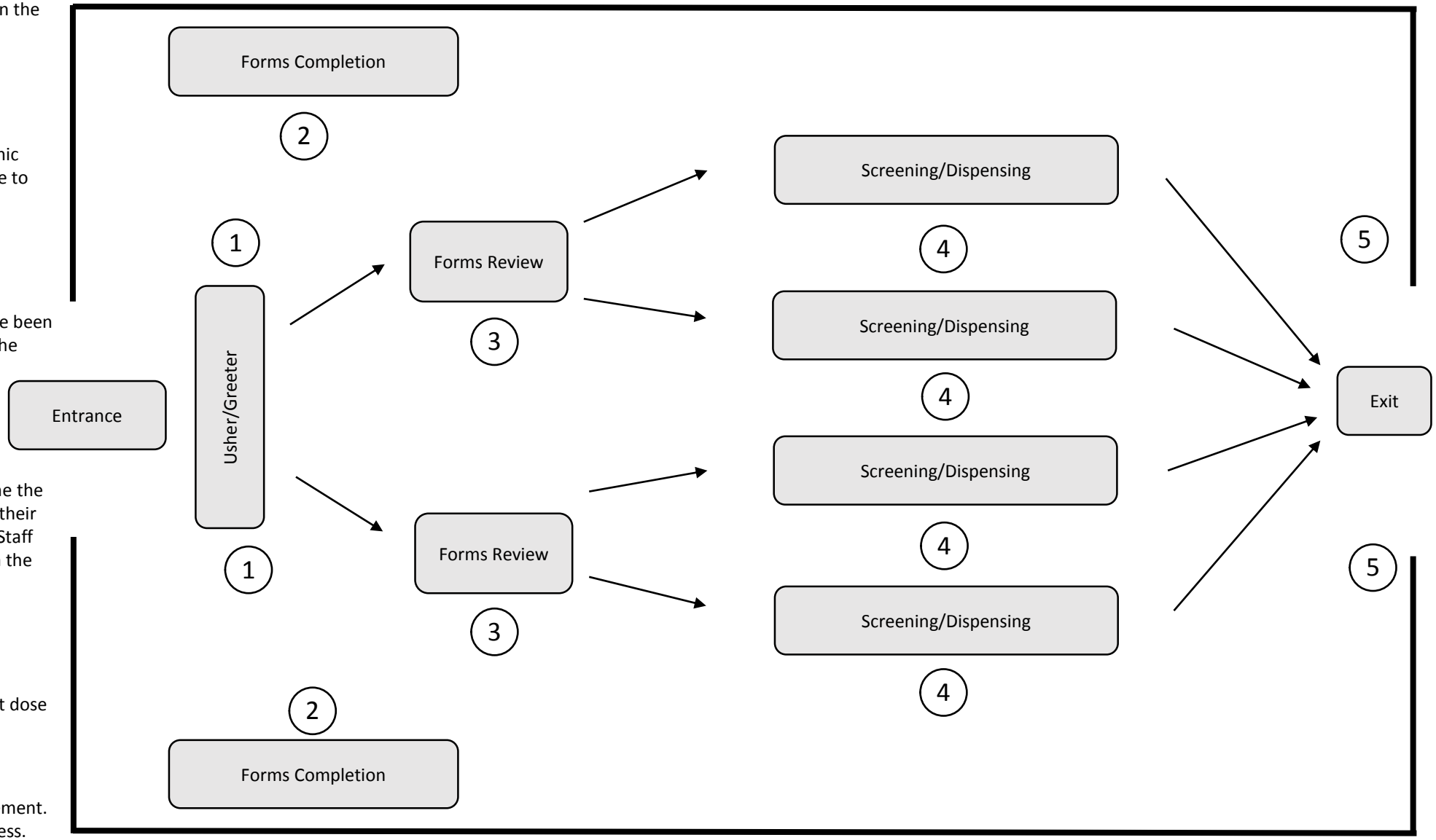
5

Exit

Clients should be reminded to take their first dose as soon as possible.

Key Features

Separate entrance and exit for ease of movement.
More than one line to speed up the process.
Medication must be secured at all times.
Need not follow this exact floor plan, as long as ample space is provided for each key function.



Closed POD Signage Layout: Sample Layout Option

1= Enter Here
Clients will enter the Closed POD

2= Form Line
Clients will form a line depending on if they completed the Minnesota Department of Health Screening Form or not

3= Pick Up form
If Clients did not complete the screening form they will pick on up at the Forms Completion station

4= Fill Out Form
Clients will fill out the Screening Form at Forms Completion

5= Return Form
Clients will return the Screening Form to Forms review to ensure it is properly completed

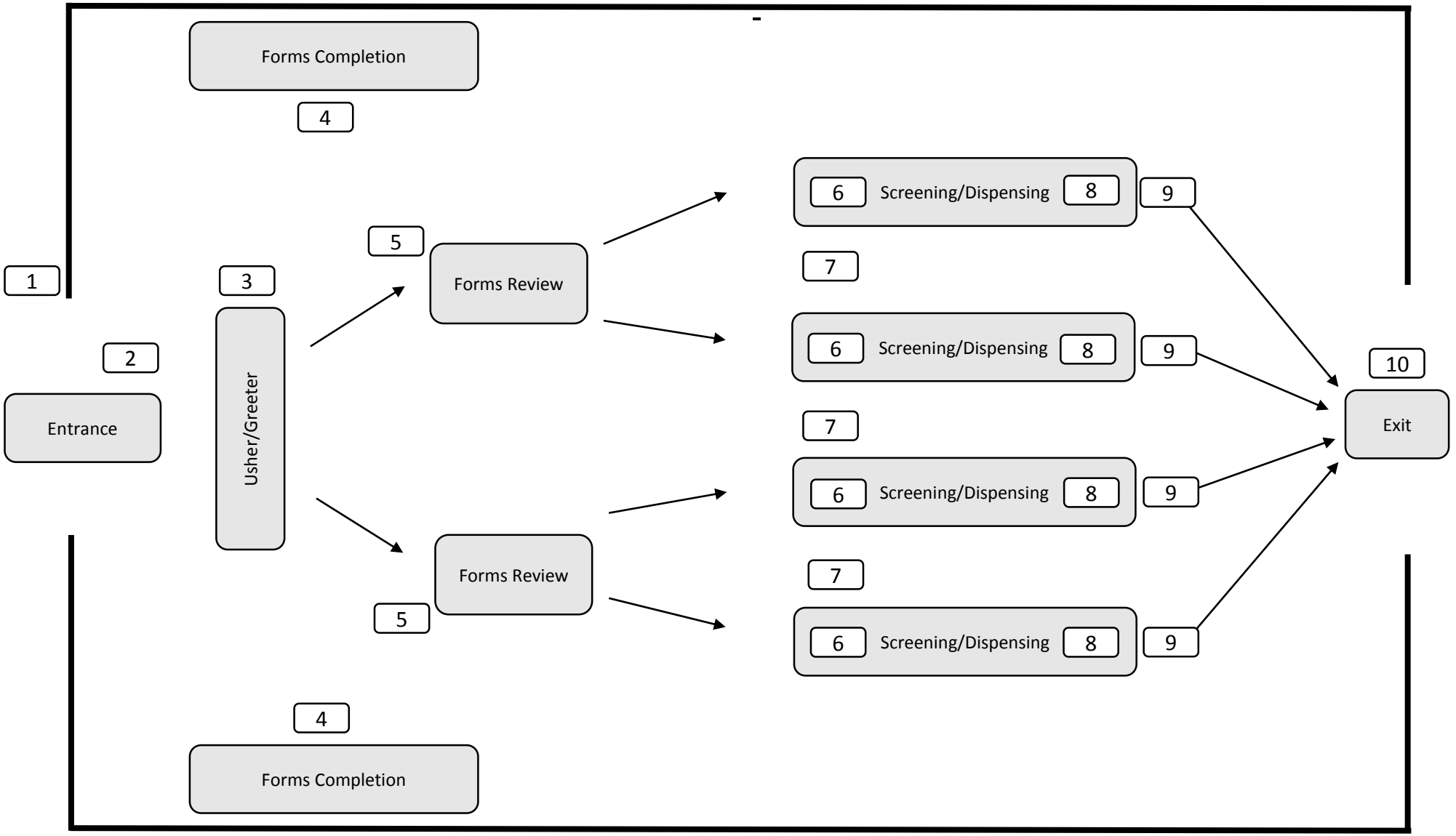
6= Screening
The Screener will review the screening Form and document the medication the client will receive

7= Are you taking Medications
The screener should know if the client is taking additional medications

8= Pick Up Medicine
Clients will receive their medicine

9= Educational Information
Clients will receive fact sheets with their medication

10= Exit
Clients will exit the Closed POD and take their first dose as soon as possible



Signage Considerations

- Closed POD signs are located in the Closed POD forms book
- Place signage throughout the facility to direct client flow
- Utilize the signage layout as a reference for facility set up
- Utilize directional arrows to direct movement
- Place a station number sign next to each Screening/Dispensing station to control flow

Additional Signage

- **Stop and Wait**

  The Usher/Greeter will direct the clients to their next station
- **Questions**

  Clients may ask questions throughout the Closed POD

Enter Here

Entre por aqui

Geli

Qhov rooj nkag

Lối Vào

入口

Вход

Form line

Formese en la fila

Saf sameeya

Sawv ua ib kab

Xếp hang

排队

Встать в очередь

Stop and Wait

Detengase y espere

Istaag oo sug

Nres tos

Dừng lại và chờ

请稍待

Остановиться и подождать

Pick Up Form

Recoja el formulario

Foomka soo-qaadista

Lav daim ntawv foos

Lấy mẫu đơn

领取表格

Взять бланк

Fill Out Form

Llene el formulario

Foomka buuxinta

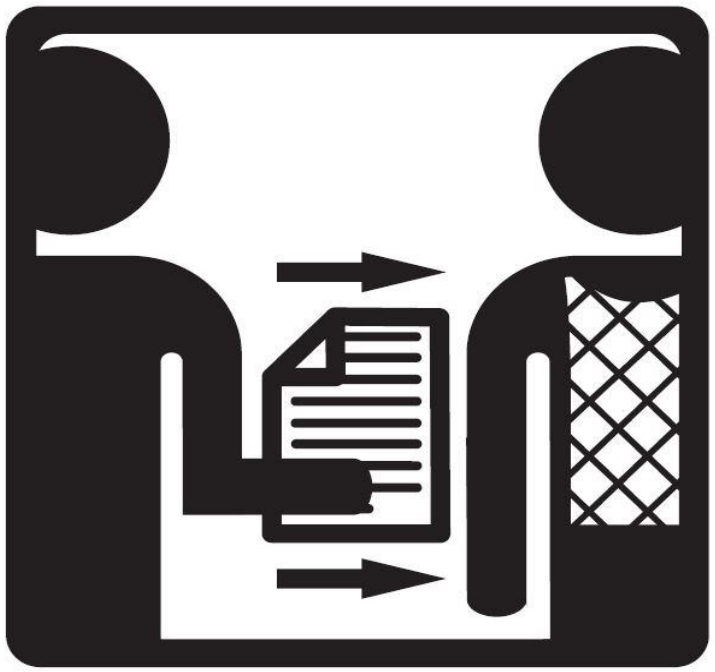
Sau daim ntawv foos

Điền vào mẫu đơn

填写表格

Заполнить бланк

Return Form



Regrese el formulario

Foomka soo celinta

Xa daim ntawv foos rov qab

Gửi lại mẫu đơn

提交表格

Вернуть бланк

Screening

Revisión

Baaritaan

Kev Kuaj Mob

Khám Bệnh

篩查

Диагностический кабинет

Are You Taking Medications?

¿Está usted tomando medicamentos?

Miyaad qaadanaysaa daawooyinka?

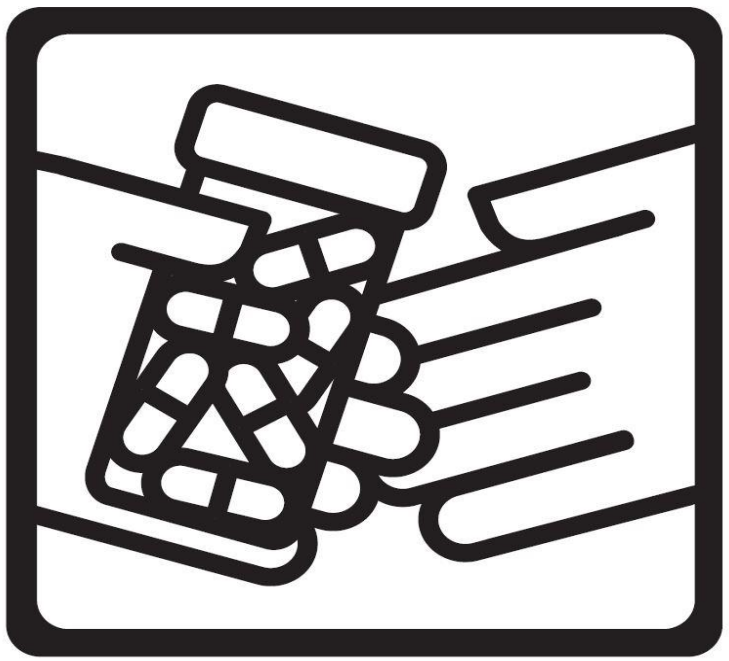
Koj tseem noj tshuaj kho mob puas yog?

Bạn có đang dùng loại thuốc nào không?

您是否在吃藥？

Вы принимаете какие-либолекарства?

Pick Up Medicine



Recoja la medicina

Daawo soo-qaadashada

Lav tshuaj

Lấy thuốc

领药

Выбрать лекарство

Educational Information

Informacion educacional

Akhbaarta waxbarashada

Xov xwm kev qhia paub

Thông tin giáo dục

教育资讯

Полезная информация

Questions?

¿Preguntas?

Su'aalo?

Puas muaj lus nug?

Có thắc mắc?

有问题吗？

Вопросы?

Exit

Salida

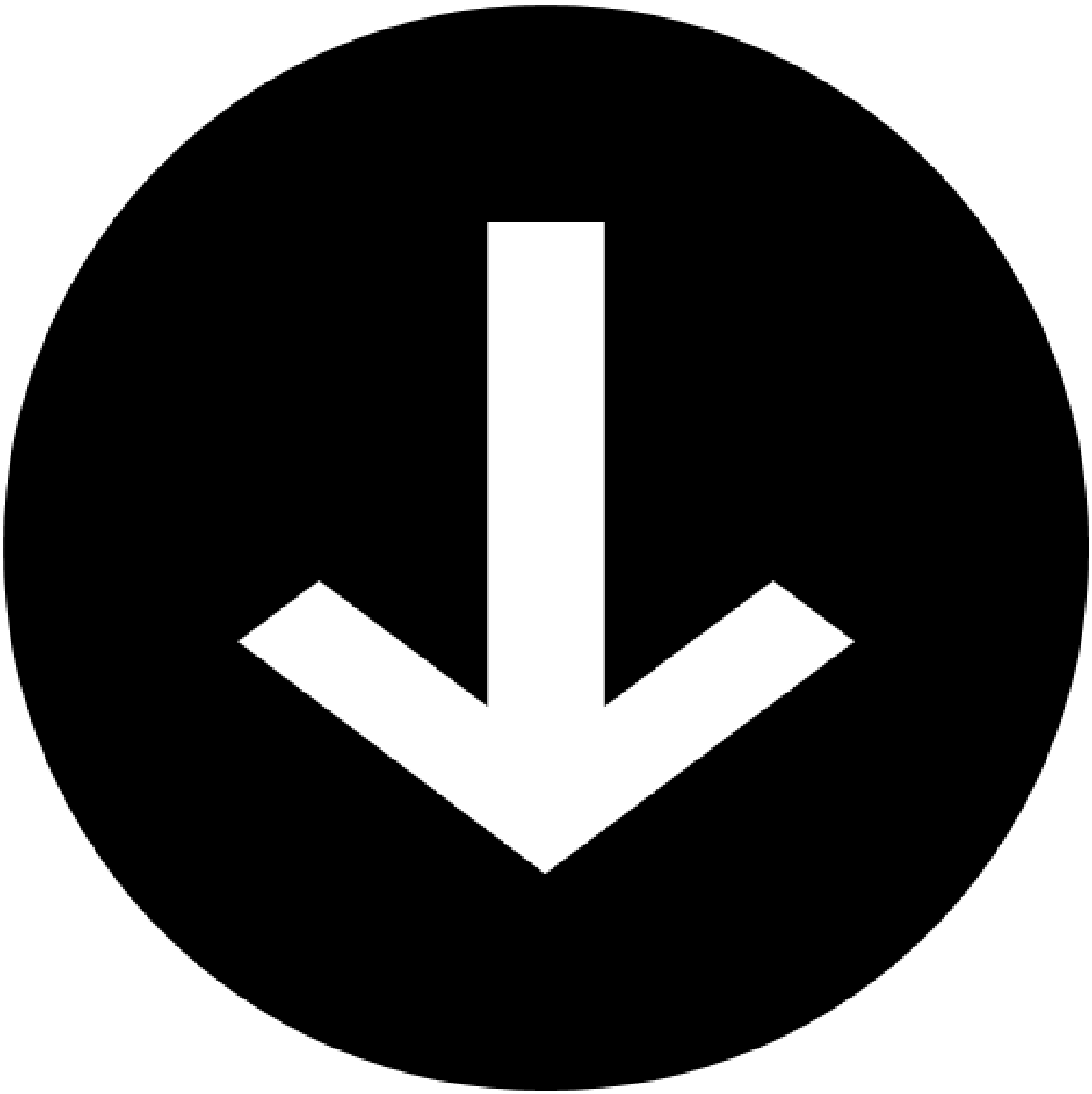
Bax

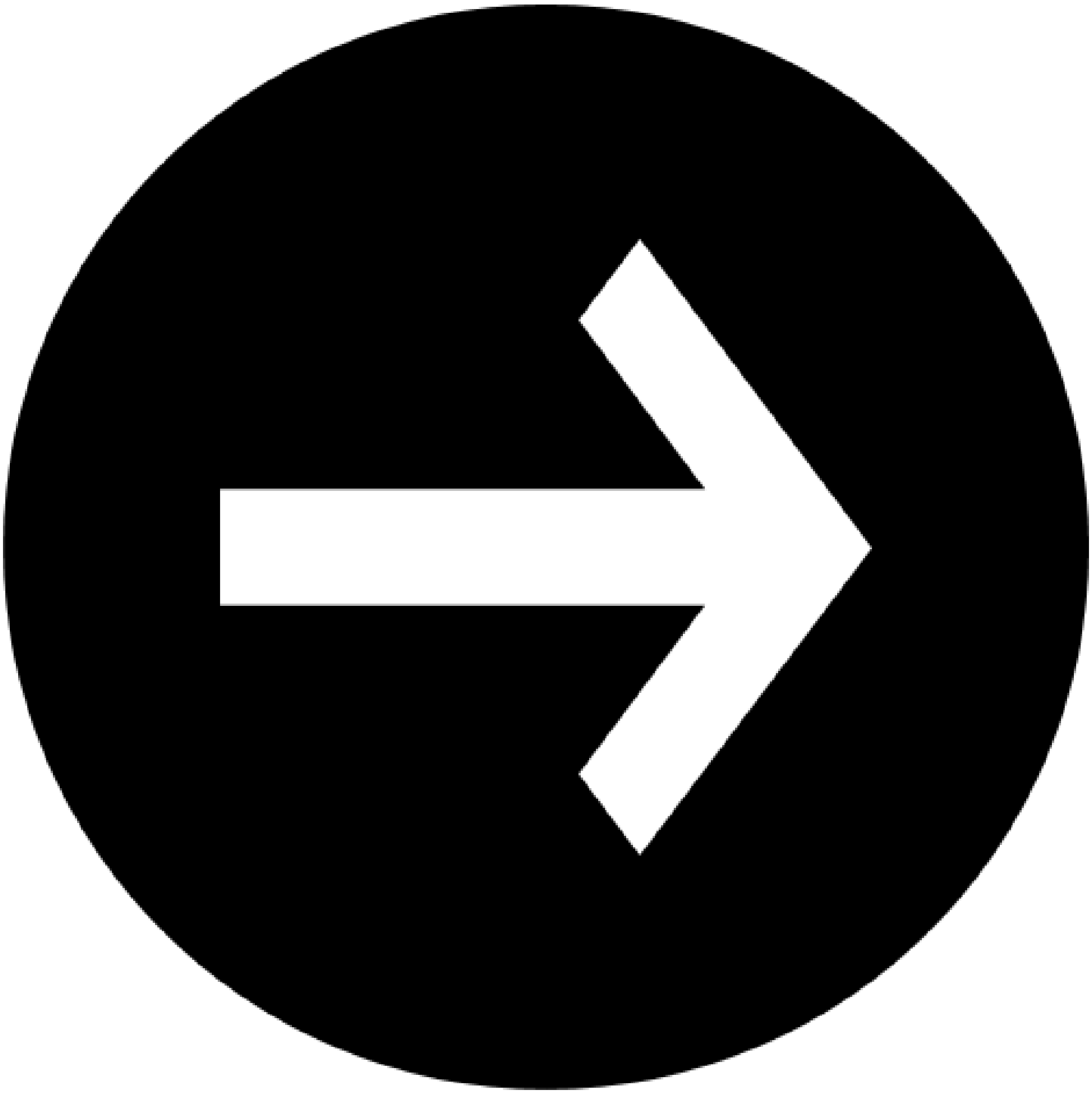
Qhov rooj tawm

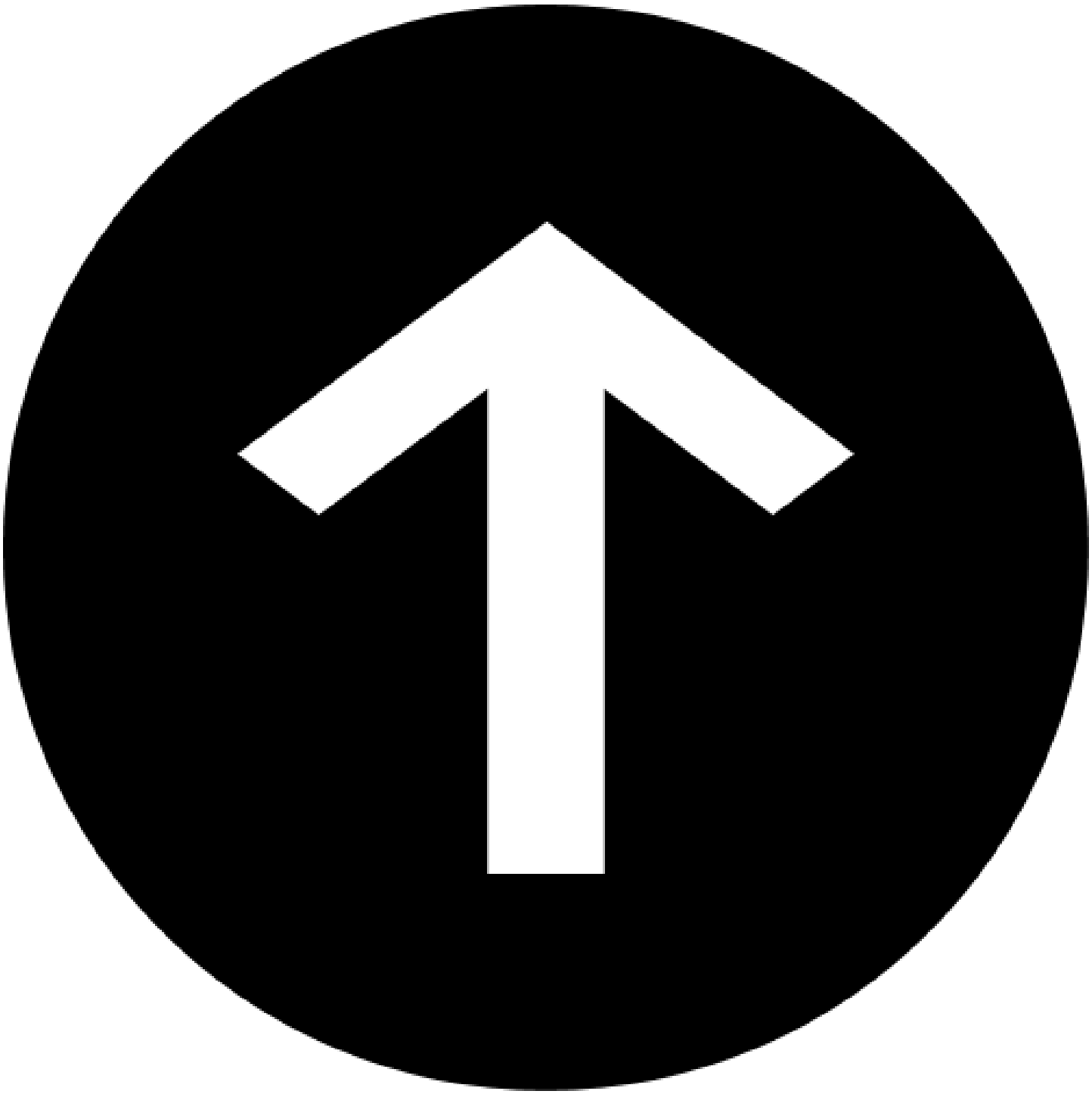
Kết thúc

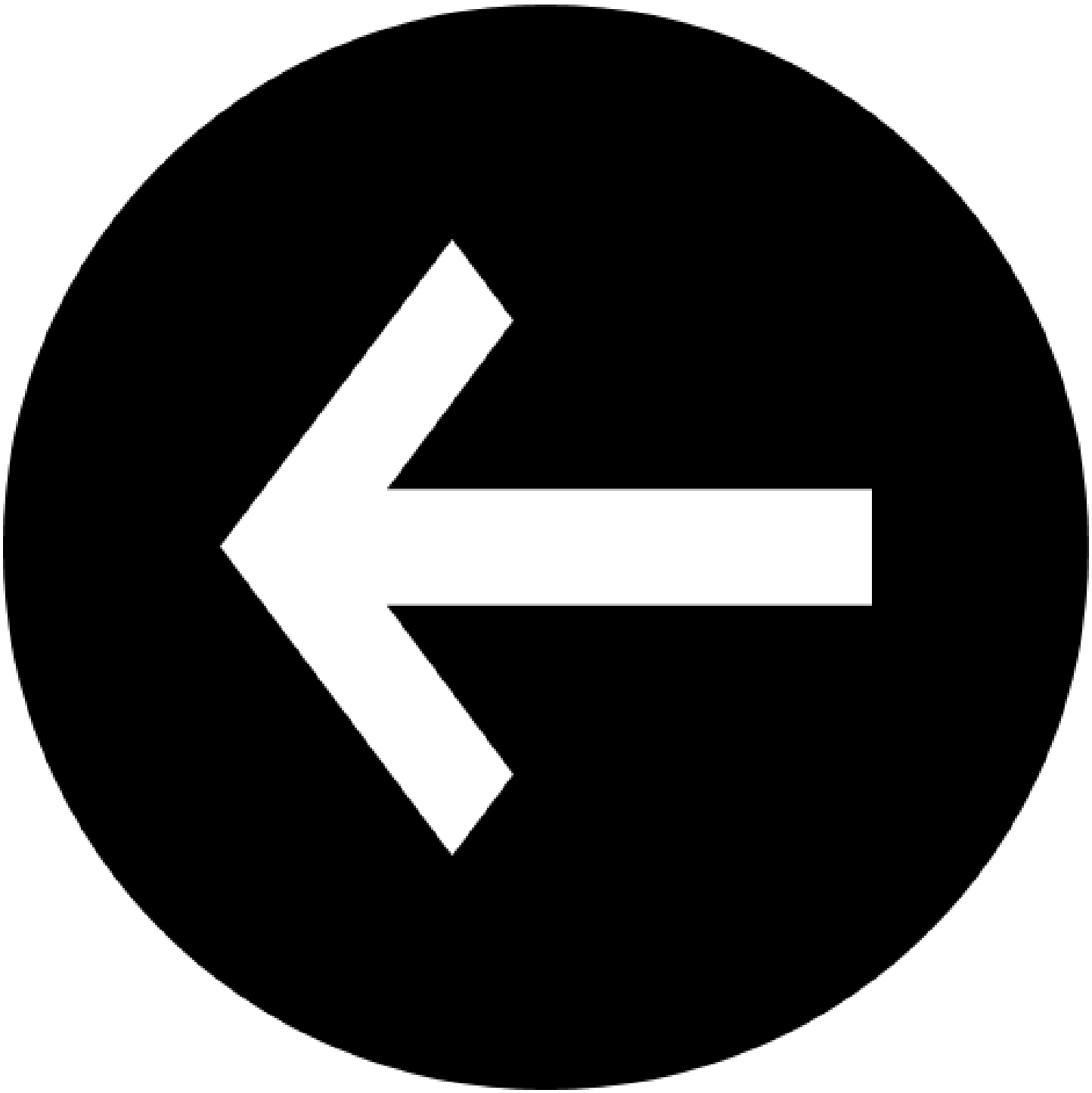
结束

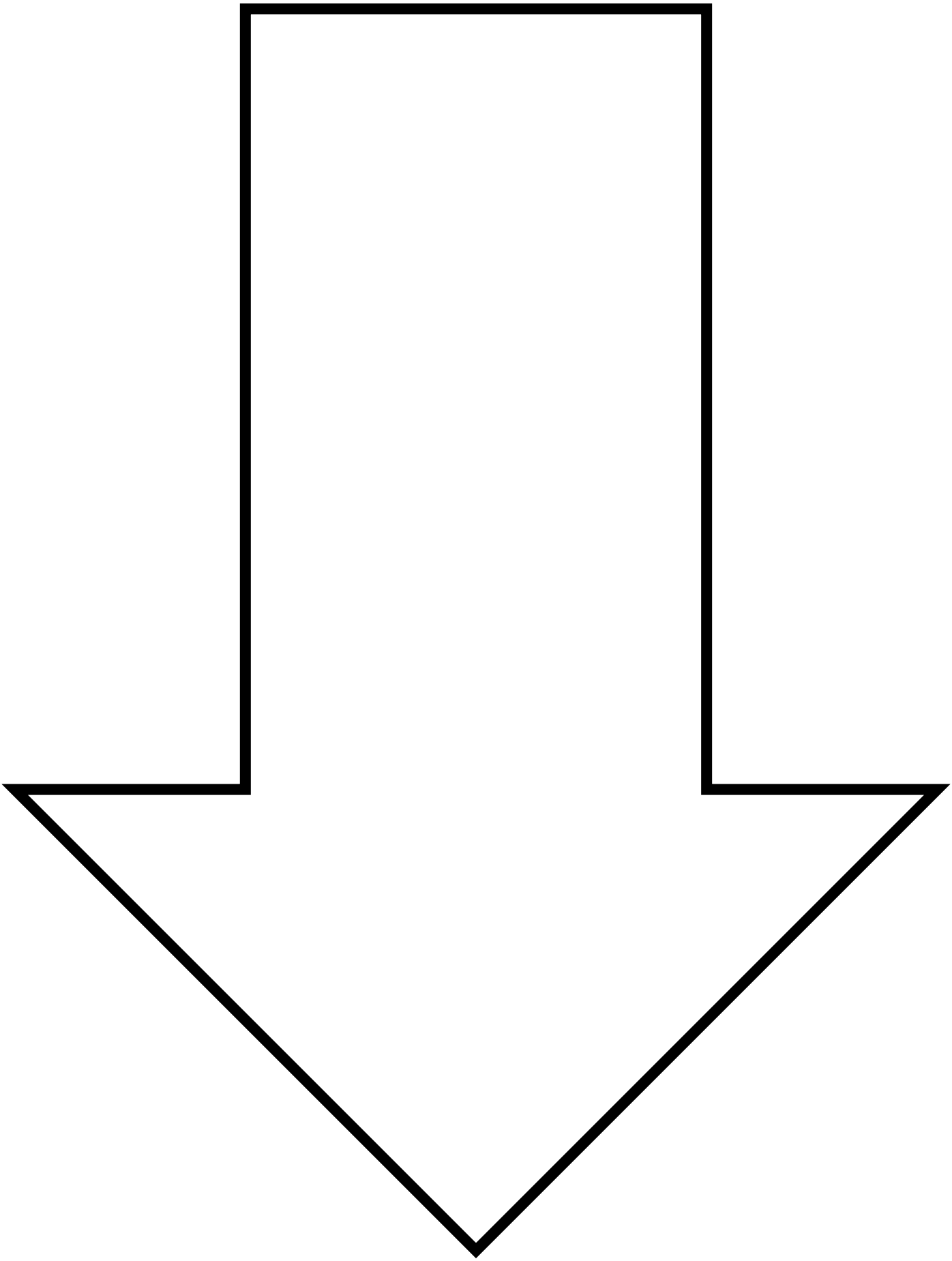
Завершить

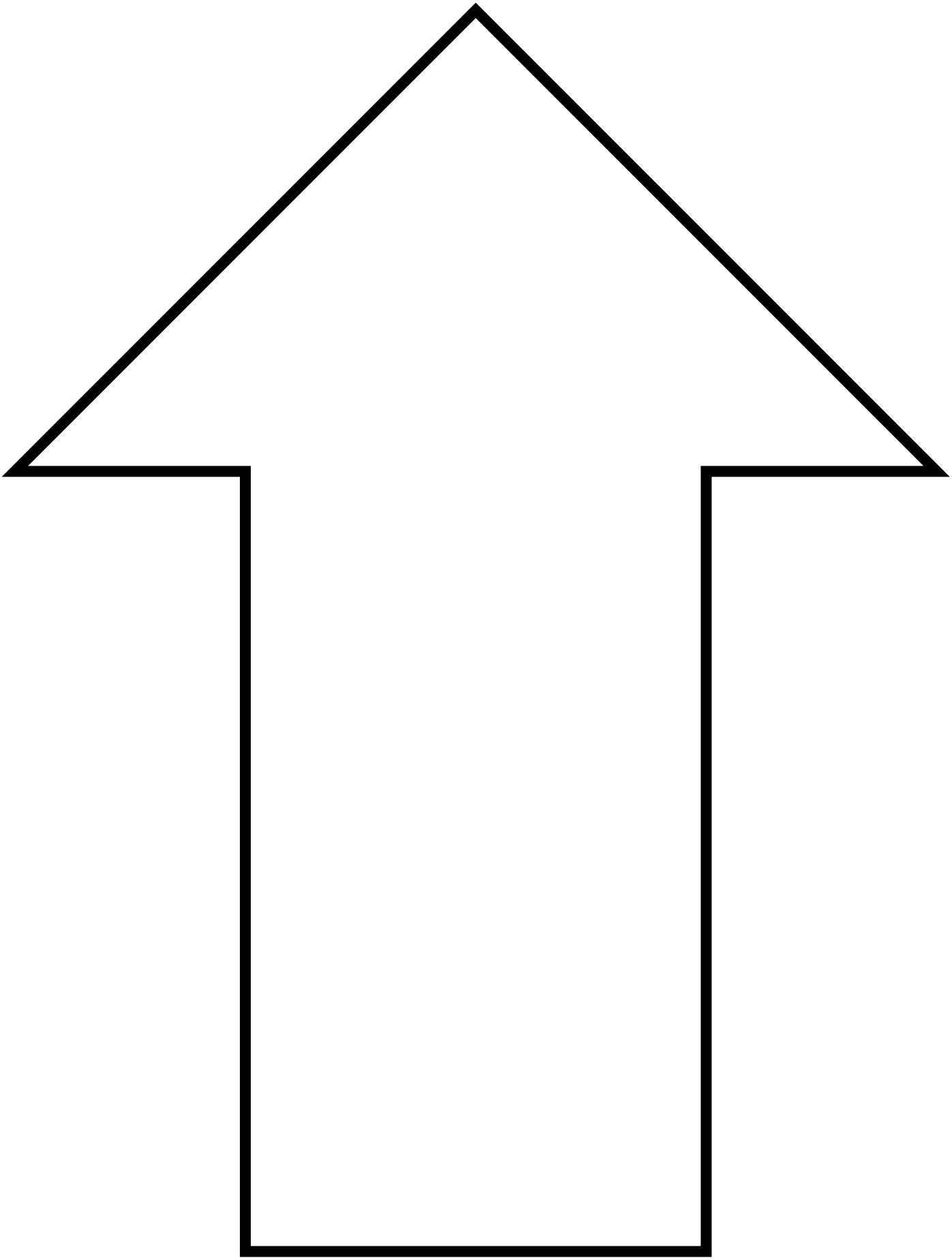


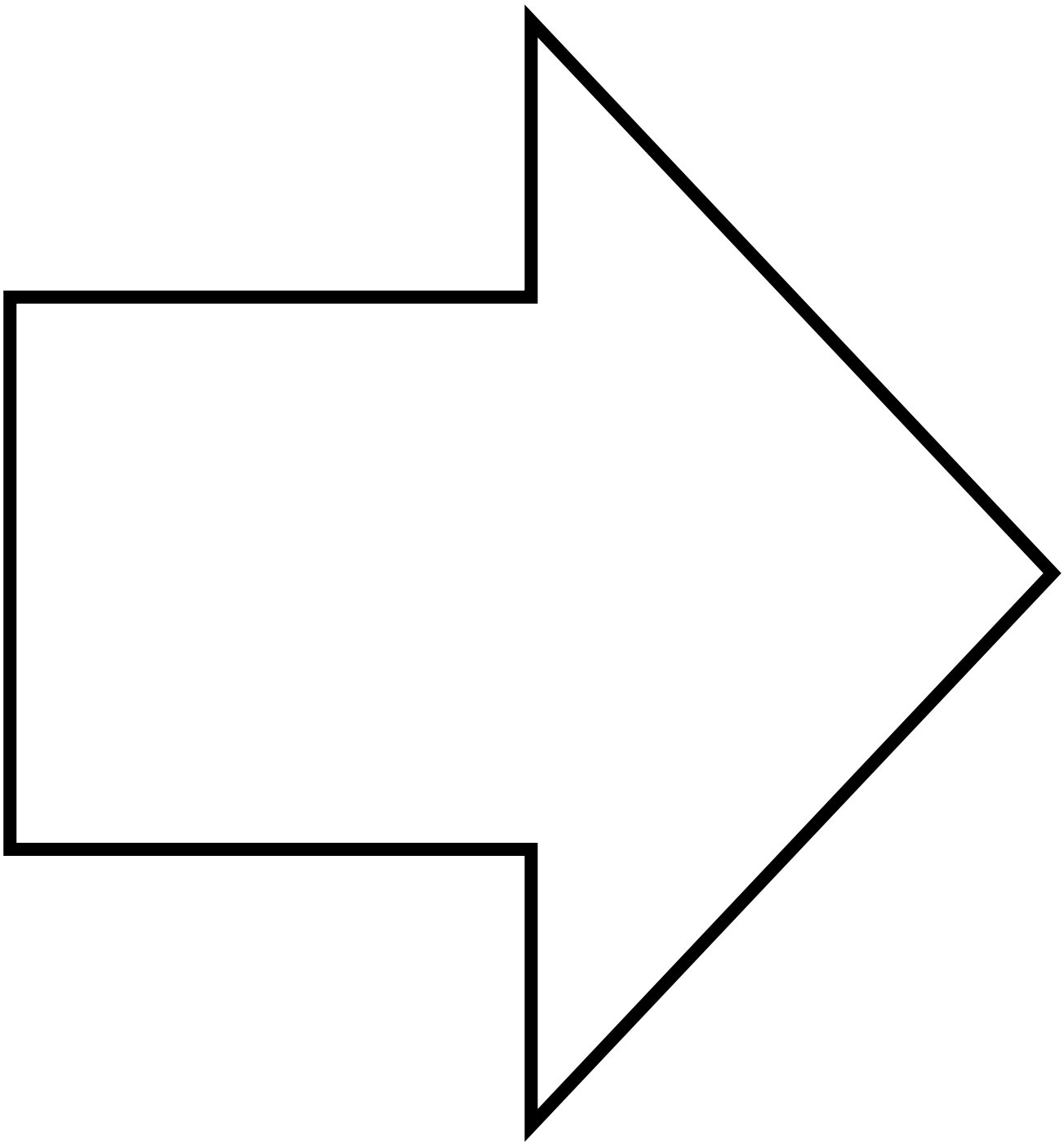


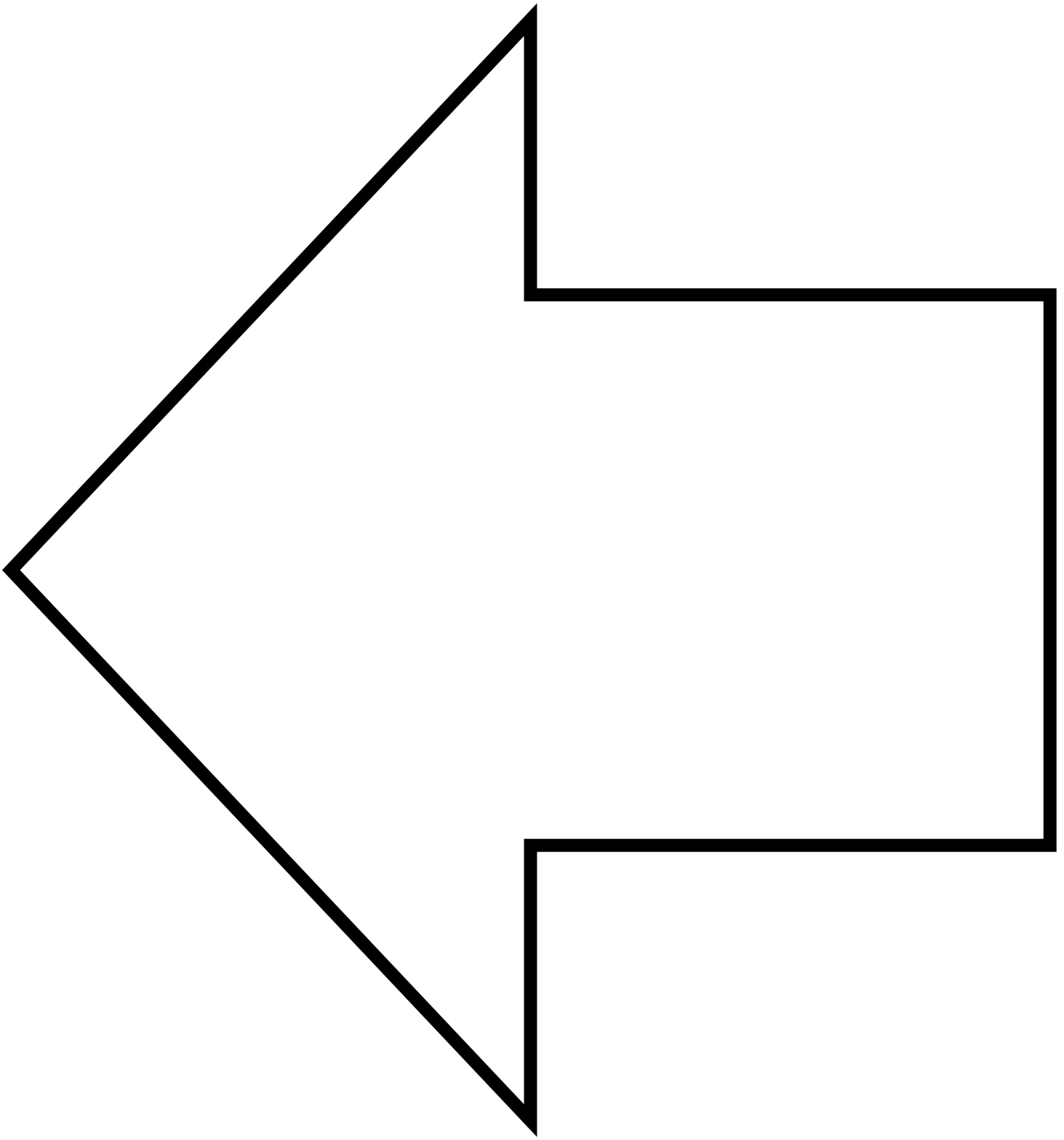


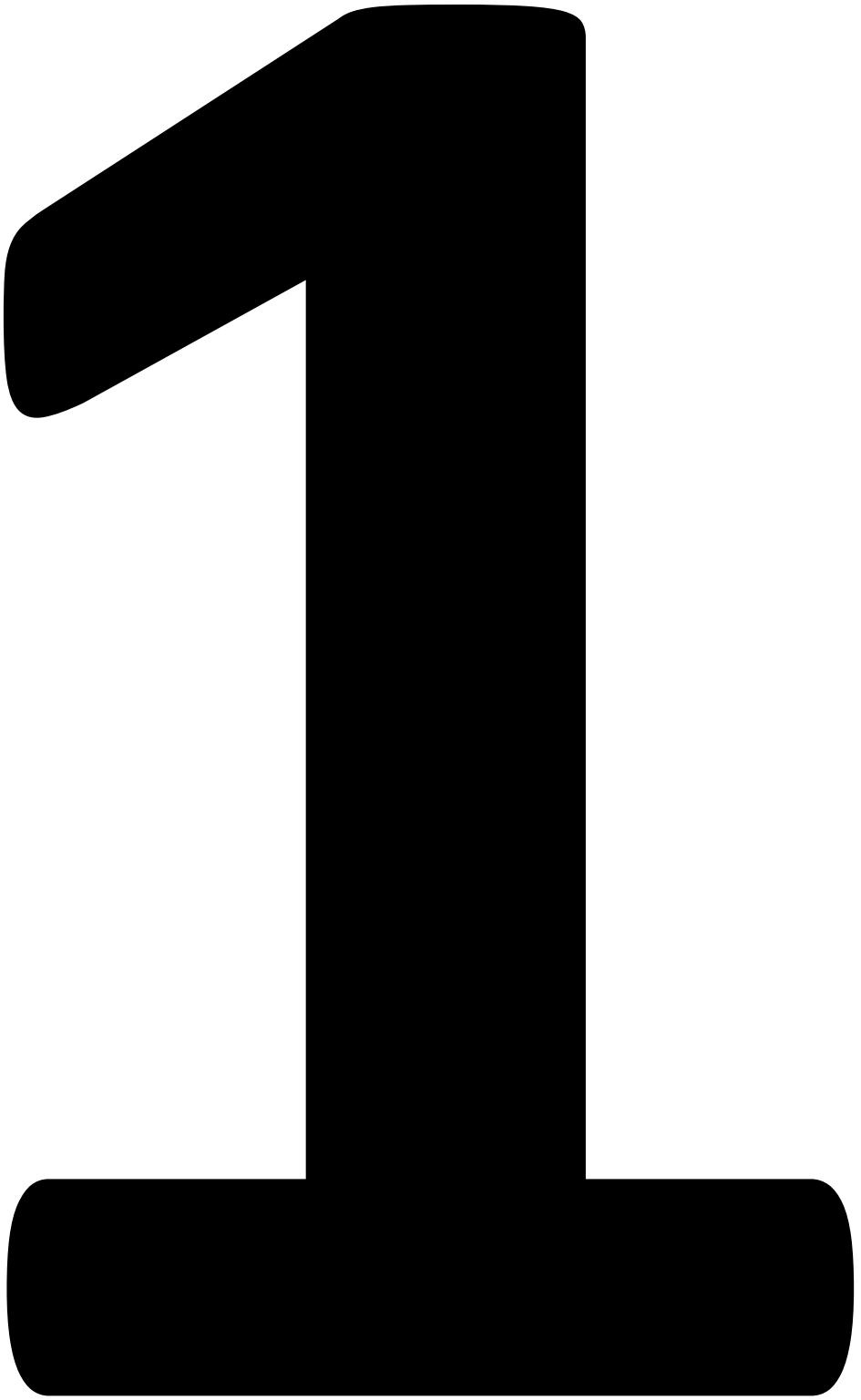


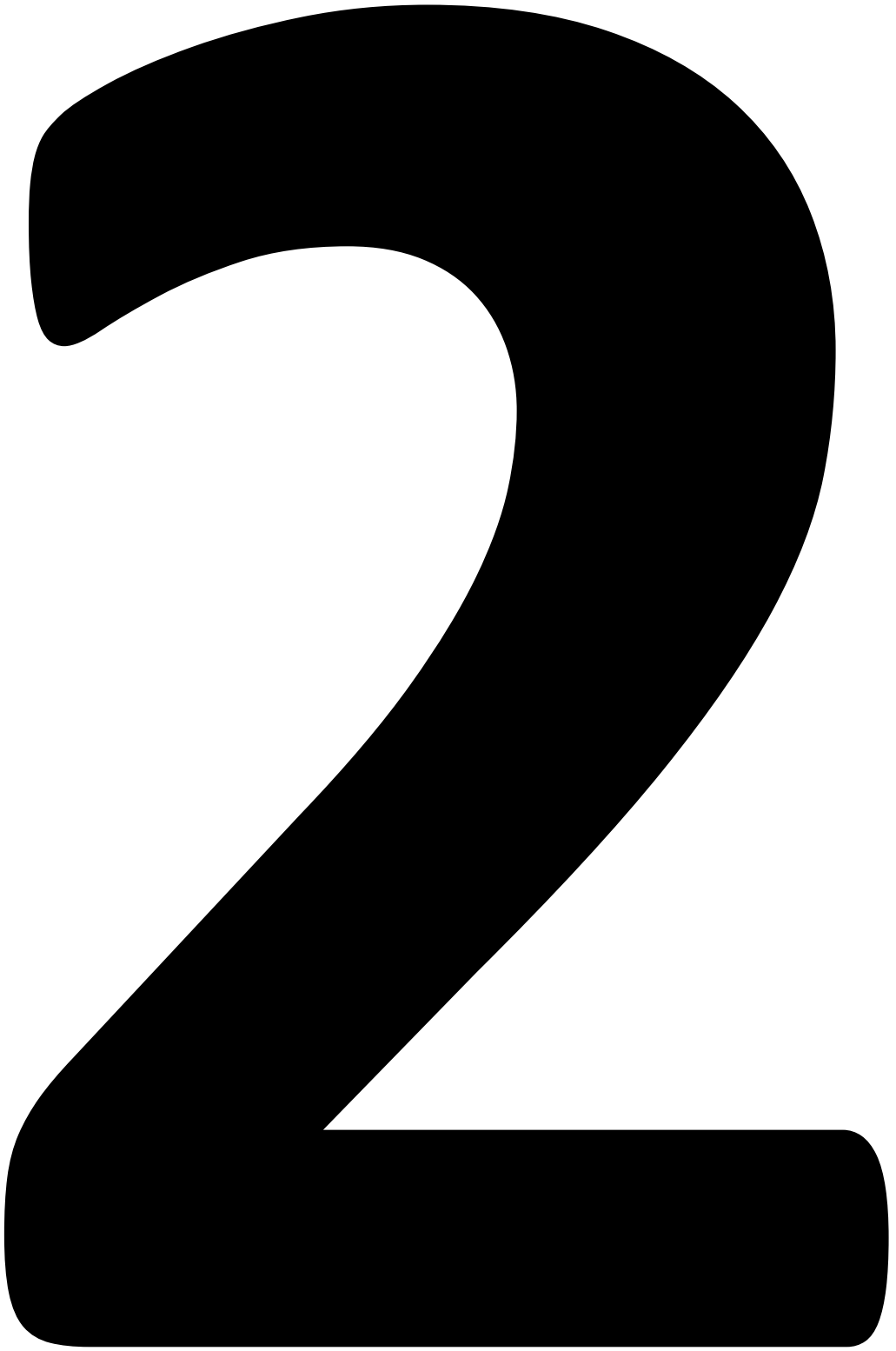








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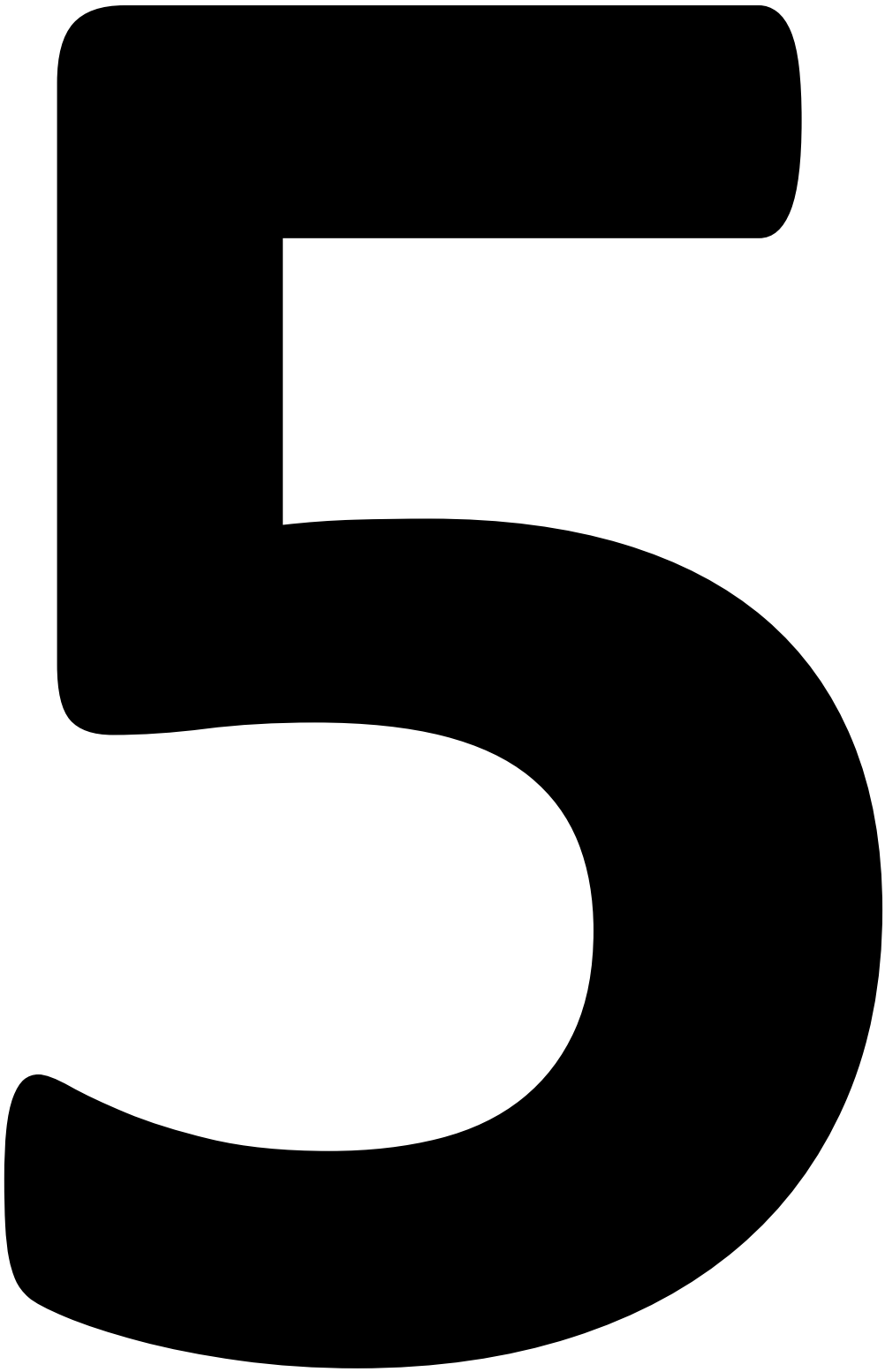
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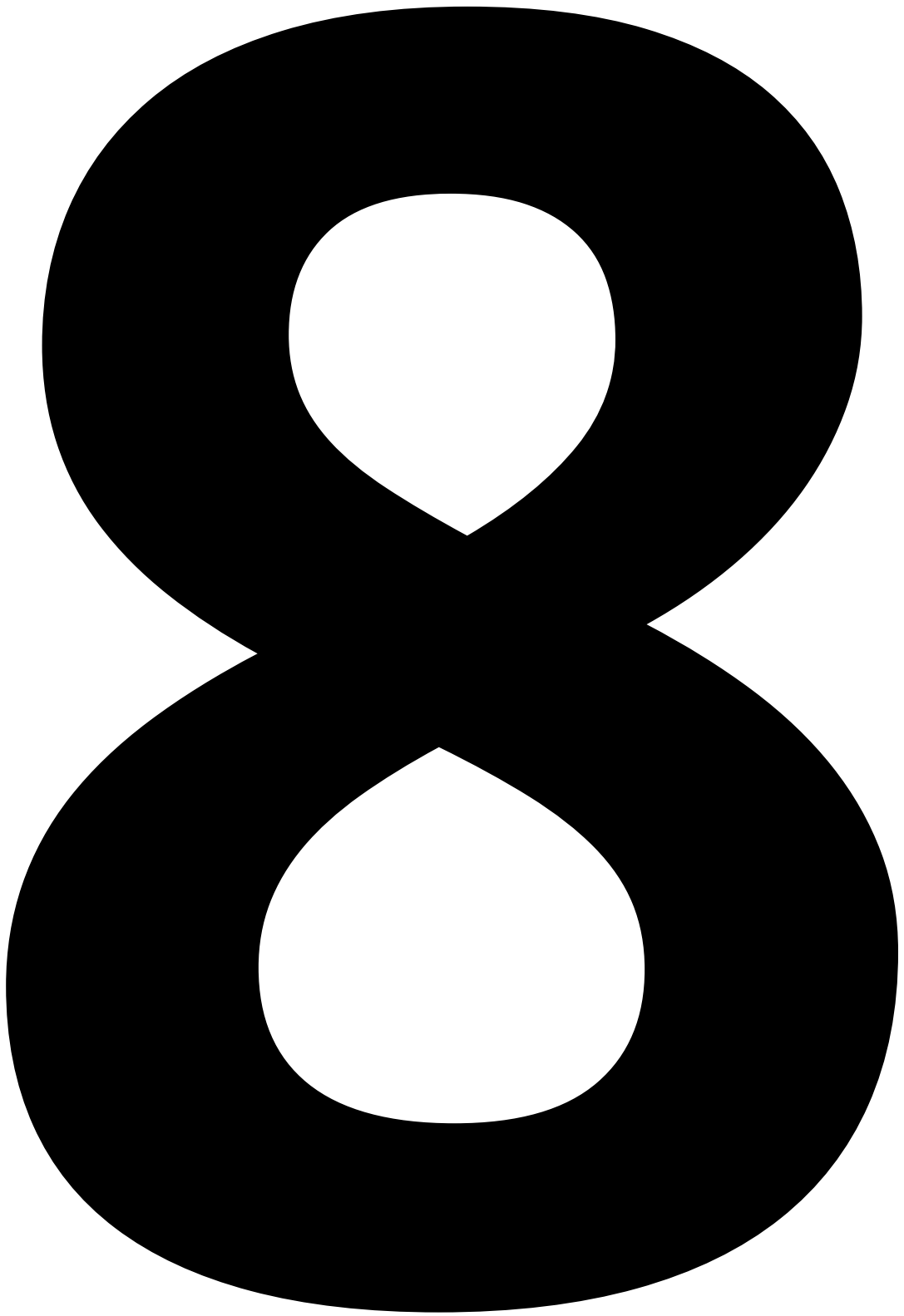
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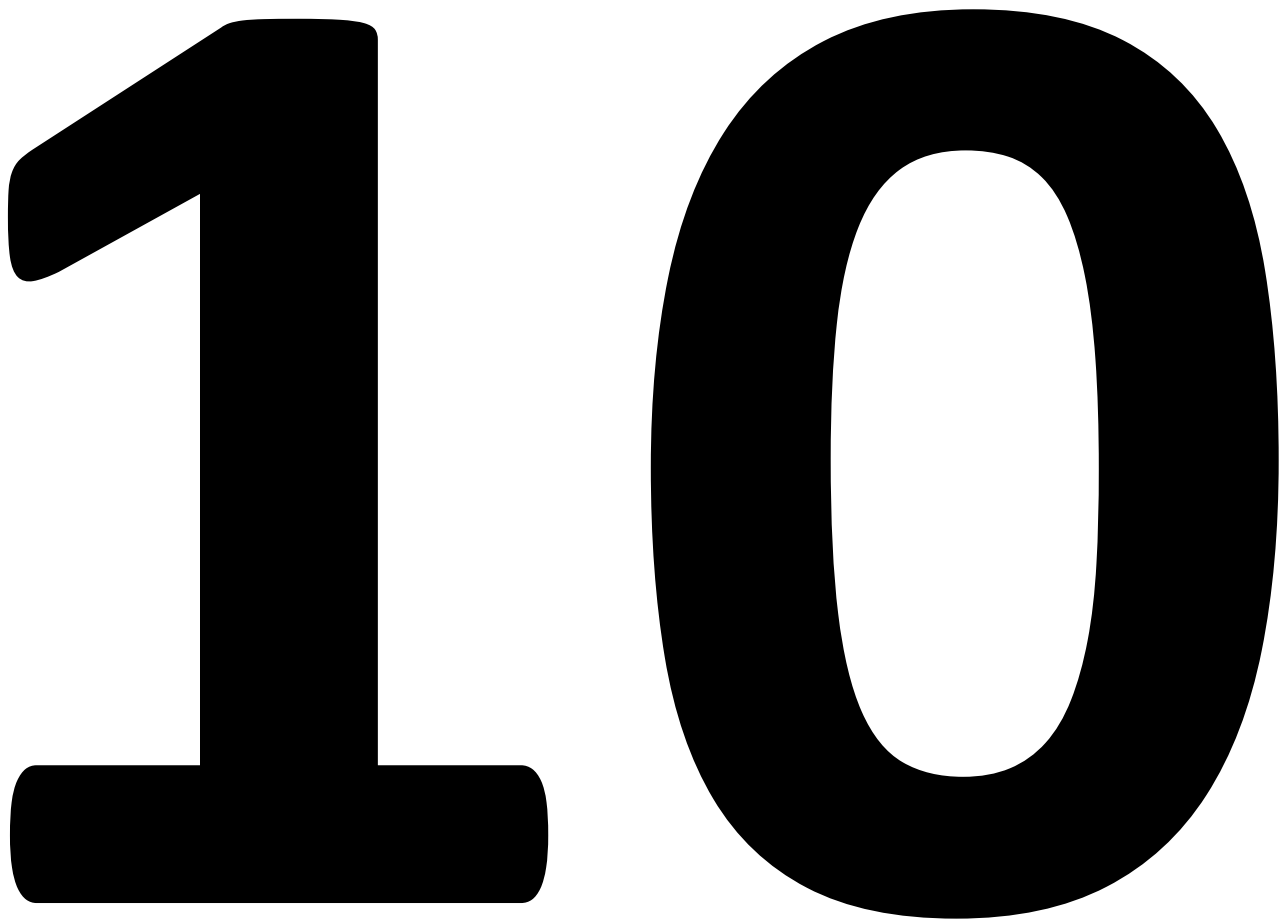
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Closed POD Briefing Checklist

Estimated Time	Materials
❑ 5 minutes to prepare ❑ 20 minutes to deliver	❑ Team Job Action Sheets

This briefing will be conducted for all those working at Closed POD and should take no longer than 25 minutes. The Closed POD Coordinator or a delegate is responsible for conducting the briefing.

Goal:

The goal of this briefing is to orientate staff and make sure the Closed POD organization is prepared and understands the situation.

A position specific briefing will be provided separately to ensure personnel fully understand their roles and tasks.

Preparation:

1. Gather information about the situation and prepare the briefing.
2. Collect printed copies of the Job Action Sheets.

Reminders:

- ✓ Ensure all personnel are easily identifiable and their IDs are visible. Utilize colored vests or shirts if available.
- ✓ Confirm personnel understand the reporting structure and maintains communication with their supervisor.
- ✓ Remind personnel that they will perform the tasks that are on their Job Action Sheets and tasks designated. Ask them to refer issues and questions they are unable to answer to their supervisor.
- ✓ Remind personnel that they should not leave their stations. If they need equipment or supplies, notify the Inventory Tracking Manager.
- ✓ Ensure personnel understand the information provided in the briefings and their job tasks.
- ✓ Ensure personnel have received their medication for themselves and their family members
- ✓ Ensure personnel have taken their first dose of medication

Welcome/Introduction:

- ❑ Welcome and thank personnel for being present
- ❑ Ask that questions are held until the briefing has ended
- ❑ Underscore the importance of the operation and scope of work involved

Incident Overview:

- ❑ Describe your role as a Closed POD Partner
- ❑ Describe the incident that triggered the response effort
- ❑ Describe information regarding the situation status, location, and population impacted
- ❑ Use information from Local Public Health and Minnesota Department of Health to explain transmission risk, symptoms, and treatment

Scope of Operation:

- ❑ Discuss the anticipated duration of Closed POD operations based on number of people you will serve
- ❑ Discuss tasks to be accomplished, including process to acquire medication and supplies from Local Public Health, registration forms, and distribution of medication

Operating Procedure:

- ❑ Describe the purpose and function of site operations
- ❑ Provide a site map and floor plan
- ❑ Explain Closed POD setup and flow
- ❑ Describe each dispensing function of Closed POD and the purpose of it located in *Closed POD Forms Book: Operational Overview*

- ❑ Review Closed POD job positions and introduce the Closed POD Coordinator and position leads
- ❑ Describe process for communicating internally and externally
- ❑ Describe process for breaks and shift changes
- ❑ Discuss procedures for talking to the media

Safety and Security:

- ❑ Describe Personal Protective Equipment requirements (if) identified by Local Public Health and Minnesota Department of Health
- ❑ Explain site security measures (e.g. requirement for ID)
- ❑ Identify steps Closed POD personnel should take if they observe someone who does not have a required ID
- ❑ Advise Closed POD personnel to report all suspicious activity to their supervisor

Self-Care and Psychological First Aid:

- ❑ Review Prevention Strategies and Self Care
    - If you experience or notice another responder exhibiting any of the following please notify your supervisor immediately:
        - Fatigue
        - Uncontrollable Anxiety
        - Inability to Focus
        - Emotional Distress
        - Physical Symptoms (chest pain, headaches, sweating, chills, weakness)
        - Irritability
- ❑ As time allows: Minnesota Psychological First Aid Just-In-Time (Video 11 minutes) https://www.youtube.com/watch?v=sa7WiL1xwQg

During Closed POD Operations:

- ❑ Brief all incoming personnel, if a second shift is necessary
- ❑ Ensure all lines of communication stay open
- ❑ Report all incidents, bottlenecks, concerns, etc. immediately so concerns can be addressed as quickly as possible
- ❑ Remind staff to return equipment, supplies, and paperwork at the end of their shift

Wrap Up:

- ❑ Inquire if team has any questions about the operation
    - Position-specific questions should be directed to the lead
- ❑ Thank staff for their service
- ❑ Direct staff to job specific just-in-time trainings with Team Leads

Job Specific Training:

- ❑ Distribute and review Job Action Sheets discussing the specific responsibilities of each job
- ❑ Use job assignment and Job Action Sheets to provide more detailed description of duties
- ❑ Allow time for personnel to read the Job Action Sheets
- ❑ Ask if there are any questions and clarify understanding as necessary
- ❑ Explain who Closed POD personnel should contact if they have questions while performing duties
- ❑ Show personnel their workstations and checklists/documentation required
- ❑ Provide site tour
- ❑ Inquire if personnel have any questions about their role and responsibilities

After This Briefing the Closed POD Personnel Will:

- ❑ Begin appropriate "Initial" tasks on the Job Action Sheets
- ❑ When medication arrives, staff and dispensing areas are ready; the Closed POD will begin dispensing medication

Closed POD Communications Matrix

The chart below lists the critical day-of-emergency communications integral to your Closed POD Plan. These communications include both written and verbal messages, both internally for Closed POD operations and externally to the organization's targeted dispensing population. Example letters are provided as part of this Communications Matrix as samples to help guide in crafting the ideal message for the organization in preparation for an incident.

Message Types Key

Communications with Local Public Health	**Operational** Messaging: Communication that moves a task forward	**Feedback** Messaging: A **signal** that allows a team task to move forward based on a dependency	Communication to the external **Dispensing Population** (guests)

1 • Notification Phase

Communication	TYPE	Initiator	Recipient	When
Notification alert of an event		Local Public Health	Closed POD Coordinator	Local Public Health notifies Closed PODs regarding a public health emergency
Confirmation of receipt of notification alert with the actual dispensing population head count		Closed POD Coordinator	Local Public Health	Upon notification alert and after calculating the current dispensing population
Notification of an event and message to stand by		Closed POD Coordinator	Designated Personnel	After notification from Local Public Health
Alert of Closed POD space needs. Determine the availability of room space for designated dispensing areas.		Closed POD Coordinator	Local Public Health	After notification from Local Public Health

2 • Activation and Mobilization Phase

Mobilization				
Communication	**TYPE**	Initiator	Recipient	When
Activation alert to the Closed POD		Local Public Health	Closed POD Coordinator	Local Public Health decides to activate the property
Confirmation the property has received notice of activation		Closed POD Coordinator	Local Public Health	Upon receipt of the activation alert
Notice to report to the Closed POD		Closed POD Coordinator	Designated Personnel	After confirmation of activation alert
Notice confirming that all designated dispensing areas are ready for Closed POD operations		Security Lead	Closed POD Coordinator	When the dispensing areas are ready for set-up

Medication Transfer				
Communication	**TYPE**	Initiator	Recipient	When
Instructions with details regarding medication delivery including pick-up location and schedule or delivery timeframe		Local Public Health	Closed PDO Coordinator	Upon receipt of activation alert confirmation
Internal communication providing actual dispensing population head count		Closed POD Coordinator	Security Lead	Prior to medication delivery
Courier Authorization Letter		Closed POD Coordinator and Courier	Local Distribution Node	When picking up medication at Local Distribution Node
Medication and supplies transfer from Local Distribution Node to the Closed POD		Local Distribution Node	Closed POD Coordinator and Courier	Upon receipt of medication – either at the property or at Local Distribution Node

Medication Transfer				
Communication	**TYPE**	Initiator	Recipient	When
Verification of medication delivery and accuracy. Coordinators agree that the amount of delivered medication agrees with the property's requested amount. Report any discrepancies.		Inventory Manager	Closed POD Coordinator	Upon receipt of medication

Preparation				
Communication	**TYPE**	Initiator	Recipient	When
Notice to inform designated personnel when dispensing will begin and where dispensing will be held		Closed POD Coordinator	Designated Personnel	In Activation phase
Notice to inform organization's employees, their family members, clients and/or other groups of the emergency and plans to dispense medications		Closed POD Coordinator	Organization's employees, their family members, clients and/or other groups	In Activation phase

3 • Set-up and Briefing Phase

Communication	**TYPE**	Initiator	Recipient	When
Initial Briefing Checklist		Closed POD Coordinator	Designated Personnel	After all designated personnel are assembled
Signal that all volunteers are assigned and prepared to be deployed. Continue to update as needed		Human Resources Coordinator	Primary Coordinator	After designated personnel are signed in to the Closed POD or notified as to when to assemble
Volunteer deployment		Human Resources Coordinator	Closed POD Coordinator	After all designated personnel are signed-in and have had their first

Communication	TYPE	Initiator	Recipient	When
				brief
Conduct briefings and hand out Job Action Sheets		Closed POD Coordinator	Designated Personnel	Prior to dispensing area set-up
Instruct designated personnel to set up the Closed POD		Closed POD Coordinator	Designated Personnel	In set-up phase
Notice that the Closed POD is ready to open to organization's employees, their family members, clients and/or other groups		Security Lead and Safety Lead	Closed POD Coordinator	When dispensing areas and designated personnel are ready

4 • Dispensing Phase

Communication	TYPE	Initiator	Recipient	When
Indicate that dispensing has started		Closed POD Coordinator	Local Public Health	Upon start of dispensing
Indication when medication inventory has fallen below 1/3 of initial shipment and there are still recipients without medication		Inventory Manager	Closed POD Coordinator	When medication falls below 1/3 and if there are still recipients without medication
Indication when medication inventory has fallen below 1/3 of initial shipment and there are still recipients without medication		Closed POD Coordinator	Local Public Health	When medication falls below 1/3 and if there are still recipients without medication
Request for additional medication		Closed POD Coordinator	Local Public Health	When medication falls below 1/3 and if there are still recipients without medication

5 • Demobilization Phase

Communication	TYPE	Initiator	Recipient	When
Request permission to demobilize		Closed POD Coordinator	Local Public Health	When targeted population has been served
Permission to demobilize		Local Public Health	Closed POD Coordinator	When targeted population has been served
Notification to demobilize		Closed POD Coordinator	Designated Personnel	When permission is received from Local Public Health
Notification to demobilize		Closed POD Coordinator	Volunteers	When permission is received from Local Public Health
Dispensed inventory and medication report		Inventory Manager	Closed POD Coordinator	Calculated in demobilization phase
Notification of demobilization completion		Safety Lead and Security Lead	Closed POD Coordinator	After Closed POD has demobilized
Debriefing and hot wash		All designated personnel and volunteer	Closed POD Coordinator	After demobilization, medication inventory and the property is restored to its original condition
Final report on medication inventory		Closed POD Coordinator	Local Public Health	After medication has been inventoried
After Action Report		Closed POD Coordinator	Local Public Health	After Stand-down completion - End of Stand-down phase
Updated Closed POD Plan		Closed POD Coordinator	Local Public Health	When debriefing and hot wash recommendations have been incorporated into the Closed POD Plan

Letter to Employees ● Closed POD Dispensing

If the organization will use the Closed POD Dispensing method, use the sample letter below to craft communication to employees.

Dear Employee:

A public health emergency involving the [aerosolized] release of [anthrax] has been declared in Minnesota. To avoid serious health complications, this incident requires the mass dispensing of medication within the next 48 hours.

Working in partnership with the local public health department, the [Closed POD Organization] is in the process of setting up a "point of dispensing" program at [location] (also called a POD), to protect you. The POD is not open to the general public, but is available to all employees and their family members. The POD should be fully operational within the next [enter time] hours. We encourage you to come here rather than the Open PODs shared through the media.

We request that you please come to work to pick up your medication and be ready to return to work for your shift at [enter time].

- Please complete and print the online Screening Form for each person in your household https://podprecheck.web.health.state.mn.us
- If online access or printing is not available, please complete the attached Screening Form for each person in your household
- A paper copy of the Screening Form is required for each person in your household
- Once you are onsite, your Screening Form(s) will be reviewed and you will be provided the necessary medications

If for any reason, you are unable to take the medication (for example, if you think you may be allergic to the medicine), you will be provided with a referral list of facilities where you can receive alternative medication.

We are working closely with local authorities and will share further information with you as it becomes available. In the meantime, if you have questions or concerns, please contact [555-555-5555]. Alternatively, an information center has been established at [Location].

Thank you for your cooperation.

Sincerely,

Sample Letters

Letter to Clients ● Closed POD Dispensing

If the organization will use the Closed POD Dispensing method, use the sample letter below to craft communication to clients.

Dear [Client]:

A public health emergency involving the [aerosolized] release of [anthrax] has been declared in Minnesota. To avoid serious health complications, this incident requires the mass dispensing of medication within the next 48 hours.

Working in partnership with the local public health department, the [Closed POD Organization] is in the process of setting up a "point of dispensing" program at [location] (also called a POD). The POD is not open to the general public, but is available to you. The POD should be fully operational within the next [enter time] hours.

We request that you please come to [location] to pick up your medication at [enter time]. In addition, we ask that the attached form be completed for each person in your household or completed online via https://podprecheck.web.health.state.mn.us. Once you are onsite, your screening form(s) will be reviewed and you will be provided the necessary medications.

If for any reason, you are unable to take the medication (for example, if you think you may be allergic to the medicine), you will be provided with a referral list of facilities where you can receive alternative medication.

We are working closely with local authorities and will share further information with you as it becomes available. In the meantime, if you have questions or concerns, please contact [555-555-5555]. Alternatively, an information center has been established at [Location].

Thank you for your cooperation.

Sincerely,

Sample Letters

Letter to Clients ● Room-to-Room Dispensing

If the organization will use the Room-to-Room Dispensing method, use the sample letter below to craft communication to clients.

Dear [Client]:

A public health emergency involving the [aerosolized] release of [anthrax] has been declared in Minnesota. To avoid serious health complications, this incident requires the mass dispensing of medication within the next 48 hours.

Working in partnership with the local public health department, the [Closed POD Organization] is in the process of setting up a "point of dispensing" program at [location] (also called a POD). The POD is not open to the general public, but is available to all employees, their family members, clients and/or other group(s). The POD should be fully operational within the next [enter time] hours.

We request that you please remain in your room as much as practicable. In addition, we would ask that the attached form be completed for each person. Once the medication is available, an employee will come to your room to review the Screening Form with you and provide you with the necessary medications.

If for any reason, you are unable to take the medication (for example, if you think you may be allergic to the medicine), you will be provided with a referral list of facilities where you can receive alternative medication.

We are working closely with local authorities and will share further information with you as it becomes available. In the meantime, if you have questions or concerns, please contact [555-555-5555]. Alternatively, an information center has been established at [Location].

Thank you for your cooperation.

Sincerely,

Sample Letters

Follow up Letter ● Room-to-Room Dispensing

If the organization will use the Room-to-Room Dispensing method, use the sample letter below to craft communication to clients.

Dear Client:

In a previous communication, we indicated that a public health emergency involving the [aerosolized release of [anthrax] has been declared for Minnesota. This requires the mass dispensing of medications within the next 48 hours.

Working in partnership with the local public health department, we are in the process of setting up a dispensing program at [location] (also called a POD). The POD is not open to the general public, but is available but is available to all employees, their family members, clients and/or other group(s).

An employee came by to review the Screening Form left for you earlier, but you were not in your room. In order to receive your medication upon your return, please complete the Screening Form and take it to the [Location].

Thank you for your cooperation.

Sincerely,

Closed POD Closing Checklist

Item	Procedure	Completed
1	Ensure all staff and clients have received medication and follow up with a medical provider as needed	❑
2	Provide a final briefing for staff ▪ Incident timeline ▪ The outcome of the organization's dispensing effort ▪ An opportunity to address questions or concerns ▪ Direct personnel to return all medication, equipment, supplies, and paper work issued to them at check-in to the Inventory Manager ▪ Notify staff of debriefing time and location ▪ Inform staff about the employee assistance program ▪ Thank personnel for their contribution and their involvement with the Closed POD operation	❑
3	Collect all supplies, equipment, medication, and paperwork ▪ Unused medication should be stored securely and in accordance with manufacturer specifications (i.e. dry, room temperature, refrigerated) ▪ If required, Local Public Health or the Minnesota Department of Health will provide guidance on what can be disposed of and what will be returned	❑
4	Retain all documentation per the Closed POD retention policy	❑
5	Clean-up dispensing locations and return to normal operations	❑
6	Conduct debriefing <u>What Went Well?</u> ▪ Lessons Learned - what worked? ▪ How did your team or unit organize to respond? ▪ To what extent did you feel you were receiving timely communications? <u>What Needs to Be Fixed?</u> ▪ Lessons Learned - what needs to be fixed? ▪ What didn't you have that you needed (equipment, supplies, staff, information)? ▪ What weren't you able to do, or do enough of? ▪ What was missing from the plans? ▪ What internal & external communication gaps were there?	❑
7	Review self-care strategies: ▪ If you experience any of the following, please reach out your supervisor or contact the employee assistance program • Fatigue • Uncontrollable Anxiety • Inability to Focus • Emotional Distress • Physical Symptoms (chest pain, headaches, sweating, chills, weakness) • Irritability	❑
8	Formally thank personnel for their contribution and their involvement with the Closed POD operation	❑
9	Complete documentation requested by Local Public Health or the Minnesota Department of Health	❑
11	Update the *Closed POD Plan* with lessons learned and improved procedures, if necessary	❑

JOB ACTION SHEET

Closed POD Coordinator

Assigned Area	
Shift	
Responsibilities	Organize, direct, and operate the Closed POD site. Function as decision-maker for the site, act as lead contact to local health department, and coordinate the overall Closed POD effort at the organization.
Skills/Day-to-Day Role	Supervisory experience, strong communicator, organized and leadership skills. Day-to-day Role: CEO, manager, supervisor, designated leader.
Materials and Equipment	Laptop with internet connectivity and printer, hand held radio and/or cellular or landline telephone, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Communicates With	Local Public Health Department

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Minnesota Department of Health Mass Dispensing Guidelines
- ❑ Minnesota Department of Health Agent Specific Protocol
- ❑ Closed POD Forms Book
  - Closed POD Calculation Chart to Print Materials
  - Closed POD Setup Checklist
  - Closed POD Operational Reference Guide
  - Closed POD Position Reference Guide
  - Closed POD Staffing and Site Planning Chart
  - Closed POD Site Flow Diagram and Signage Layout
  - Closed POD Briefing Checklist
  - Closed POD Communication Checklist
  - Closed POD Closing Checklist

Initial Actions

- ❑ Receive notification from Local Public Health to activate the Closed POD site
- ❑ Review the Closed POD plan
- ❑ Notify staff included in the Closed POD plan to report to the Closed POD location in the plan
- ❑ Review Job Action Sheets of all staff you supervise
- ❑ 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**
- ❑ Communicate the Closed POD Plan to your staff and inform them of their responsibilities in Closed POD Operation
- ❑ Communicate with your staff and clients that you will be dispensing medications
- ❑ Send authorized staff person (Courier) to the Local Distribution Node to pick up medications
- ❑ Oversee set up of the Closed POD and assign person to print the number of documents needed for operations
- ❑ Receive and distribute personal protective equipment if identified by Local Public Health and the Minnesota Department of Health
- ❑ Receive and secure medication
- ❑ Provide orientation using the Closed POD Briefing Checklist and site tour
- ❑ Request status reports from staff and confirm readiness to open and operate site

Ongoing Tasks

- ❑ Monitor functioning of site
- ❑ As needed, communicate with Local Public Health
- ❑ Address issues brought forth by staff you supervise
- ❑ Monitor screening and dispensing of medications on-site

- ❑ Communicate with the Medical Director, as needed
- ❑ Observe staff for signs of stress
- ❑ Provide rest periods for staff and yourself

Demobilization

- ❑ Assist with clean-up
- ❑ Schedule debriefing session with staff
- ❑ Ensure staff return all supplies, equipment and paperwork at the end of each shift and at the end of operations
- ❑ Ensure non-distributed medications are returned to Local Public Health

JOB ACTION SHEET

Courier

Assigned Area	
Shift	
Responsibilities	Responsible for picking up medications for the organization's Closed POD and delivering them to the site.
Skills/Day-to-Day Role	Valid Driver's License
Materials and Equipment	Closed POD Courier Authorization Letter, state or federal government issued or organization photo identification, hand held radio and/or cellular telephone, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Closed POD Courier Authorization Letter

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Familiarize self with Closed POD Plan

Ongoing Tasks

- ❑ Bring with a state or federal government issued or organization photo identification and the Closed POD Authorization Letter to Local Distribution Node
- ❑ Pick up medications at specified location and transport to your organization
- ❑ Request break coverage from supervisor
- ❑ As needed, pick up additional medications at specified location and transport to your organization

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Transport non-distributed medication back to Local Public Health, as directed

JOB ACTION SHEET **Dispenser**

Assigned Area	
Shift	
Responsibilities	Dispense proper dosage, formulation, fact sheet and amount of medications for each client along with any special instructions that are appropriate.
Skills/Day-to-Day Role	Organized, precise, strong communicator, willing to have additional training to dispense.
Materials and Equipment	Closed POD plan, hand held radio and/or cellular telephone, pens, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
- ❑ Closed POD Forms Book
  - Equivalent Medications List
  - Antibiotics- Standard Regimen, Dose, Route, and Schedule
  - Childs Dosing Charts for Liquid Medications
  - Children's Weight Estimation Chart
  - How to Prepare "medication" for Children and Adults
  - Medication Fact Sheets

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
- ❑ Review the Closed POD plan
- ❑ Assist in setting up dispensing station with necessary supplies
- ❑ Familiarize self with dispensing and documentation process

Ongoing Tasks

- ❑ Utilize Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm to determine type, formulation, dosage, and amount of medication for each client as well as special instructions needed
- ❑ A head of household representative can obtain up to 10 regimens of medication, a bottle of medication should be dispensed for each person that has a completed Screening Form
- ❑ Record lot number of medication
- ❑ Provide appropriate medication, medication fact sheet and any special instructions
- ❑ Fact sheets may be shared among household members to conserve resources
- ❑ Label the medication
- ❑ Instruct client to take first dose as soon as possible
- ❑ Retain the Minnesota Department of Health Screening Form
- ❑ Request additional medication and supplies, as needed
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

JOB ACTION SHEET

Forms Reviewer

Assigned Area	
Shift	
Responsibilities	Ensure the Minnesota Department of Health Screening Form has been filled out correctly and direct clients to the Screener
Skills/Day-to-Day Role	Detailed, strong communicator and organized
Materials and Equipment	Hand held radio and/or cellular, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Minnesota Department of Health Screening Form

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Review Minnesota Department of Health Screening Form
- ❑ Assist in setting up with necessary supplies

Ongoing Tasks

- ❑ Assist clients who have difficulty filling out the Minnesota Department of Health Screening Form
- ❑ Review Minnesota Department of Health Screening form for each client
- ❑ Accept each Minnesota Department of Health Screening Form even if a client unwilling or unable to provide complete name, address, and phone information, the Closed POD may not deny them medication
- ❑ Send client with Minnesota Department of Health Screening Form to the Screener
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

JOB ACTION SHEET

Inventory Manager

Assigned Area	
Shift	
Responsibilities	Monitor and supply inventory for dispensing, monitor entire inventory and obtain resupply from Local Public Health, as needed.
Skills/Day-to-Day Role	Organized, timely, strong communicator, experienced in tracking.
Materials and Equipment	Laptop with internet connectivity and printer, hand held radio and/or cellular or landline telephone, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Assist in setting up designated secure areas from medication, supplies and equipment
- ❑ Collect medication from the courier

Ongoing Tasks

- ❑ Monitor medication, supplies and equipment
- ❑ Assess the need for a resupply of medication, supplies and equipment
- ❑ Request additional supplies from the Closed POD Coordinator if medication falls below 1/3 of the original inventory level and it is anticipated that more will be needed
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment and paperwork to supervisor
- ❑ Ensure non-distributed medications are accounted for and returned to Local Public Health, as directed

JOB ACTION SHEET	Medical Director

Assigned Area	
Shift	
Responsibilities	Available in person or by phone during hours of operation for consultation related to symptom triage and antibiotic dispensing.
Skills/Day-to-Day Role	Licensed medical professional within the organization or a contracted medical director and is a strong communicator, able to provide clinical consultation regarding symptomatic and adverse events and providing prescription or facilitate prescribing by another provider if the appropriate medication is not immediately available.
Materials and Equipment	Laptop with internet connectivity and printer, hand held radio and/or cellular or landline telephone, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
  - Equivalent Medications List
  - Minnesota Department of Health Screening Guidance
  - Medication Fact Sheets

Initial Actions

- ❑ If offsite: Provide contact information to Closed POD Coordinator
- ❑ If onsite: Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Review the Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
- ❑ Review Medication Fact Sheets

Ongoing Tasks

- ❑ Be available by phone or in-person during Closed POD operations
- ❑ Provide clinical and medical consultation related to symptom triage and antibiotic dispensing
- ❑ Coordinate with Local Public Health for individuals requiring an alternative prescription
- ❑ Contact information for Minnesota Department of Health clinical consultation will be provided

Demobilization (if onsite)

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork

JOB ACTION SHEET	Safety Lead
Assigned Area	
Shift	
Responsibilities	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.
Skills/Day-to-Day Role	Experience with security, facility maintenance, or risk management
Materials and Equipment	Hand held radio and/or cellular, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Closed POD Setup Checklist
  - Closed POD Closing Checklist
  - Closed POD Site Flow and Signage Layout
  - Medication Fact Sheets

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Assist in setting up dispensing station with necessary supplies
- ❑ Assess facility and grounds for potential hazards
- ❑ Approve site set-up

Ongoing Tasks

- ❑ Monitor functioning of the Closed POD site
- ❑ Monitor facility and grounds for potential hazards and security risks
- ❑ Work with Closed POD Coordinator and appropriate facility staff to address risks
- ❑ Coordinate with Security Lead
- ❑ Address issues brought forth by staff and clients
- ❑ Receive reports of staff or client injury
- ❑ Follow normal operating procedures for accidents and injuries
- ❑ Monitor trends in staff exposures and/or client injuries
- ❑ Advise injured/exposed person about follow-up care and reporting and facilitate as necessary
- ❑ Follow the normal medical procedure for incident and injuries
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

JOB ACTION SHEET **Screener**

Assigned Area	
Shift	
Responsibilities	Review completed Minnesota Department of Health Screening Form and determine appropriate medication, dosage, and any special instructions needed.
Skills/Day-to-Day Role	Detailed, strong communicator and organized The Commissioner of Health may authorize persons to dispense legend drugs in response to an event threatening public health per MN Statute 144.4197. Those dispensing medications must follow an established protocol, as covered in the Closed POD Plan agreement and the accompanying materials. Credentials will be confirmed based on emergency declaration.
Materials and Equipment	Hand held radio and/or cellular, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Minnesota Department of Health Agent Specific Protocol and Dispensing Algorithm
  - Minnesota Department of Health Screening Form
  - Minnesota Department of Health Screening Guidance
  - Equivalent Medications List
  - Medication Fact Sheets

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Review Minnesota Department of Health Screening Form and Screening Guidance
- ❑ Review the Minnesota Department of Health Agent Specific Dispensing Algorithm
- ❑ Assist in setting up screening station with necessary supplies

Ongoing Tasks

- ❑ Use the Minnesota Department of Health Screening and Dispensing Algorithm to determine appropriate medication, dosage, and any special instructions needed
- ❑ Accept each Minnesota Department of Health Screening Form even if a client unwilling or unable to provide complete name, address, and phone information, the Closed POD may not deny them medication
- ❑ Review Minnesota Department of Health Screening Form for evidence of contraindication or potential drug interaction to medication
- ❑ A head of household representative can obtain up to 10 regimens of medication, each Screening Form is reviewed individually to determine appropriate medication, dosage, and any special instructions needed
- ❑ Fact sheets may be shared among household members to conserve resources
- ❑ For each client document medication conclusion on the Minnesota Department of Health Screening Form
- ❑ Send client with Minnesota Department of Health Household Screening Form to the Dispenser
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

JOB ACTION SHEET

Security Lead

Assigned Area	
Shift	
Responsibilities	Ensure the safety and security of all clients, personnel, facilities, supplies, and equipment.
Skills/Day-to-Day Role	Experience with security, facility maintenance, or risk management.
Materials and Equipment	Hand held radio and/or cellular, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required.
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Closed POD Setup Checklist
  - Closed POD Closing Checklist

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Review the Closed POD site layout and floor plan
- ❑ Assist in setting up with necessary supplies
- ❑ Identify security of medication and equipment storage areas
- ❑ Assess facility and grounds for potential security vulnerabilities
- ❑ Establish secure entry for staff and clients; secure staff rest area
- ❑ Assign staff to entrances/exits, as needed

Ongoing Tasks

- ❑ Coordinate with Safety Lead
- ❑ Monitor functioning of the Closed POD site
- ❑ Address security issues brought forth by personnel or clients
- ❑ Monitor security of medication and equipment storage areas
- ❑ Observe clients for security threats
- ❑ Request break coverage from supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

JOB ACTION SHEET **Usher/Greeter**

Assigned Area	
Shift	
Responsibilities	Welcome clients, provide forms, answer questions, and ensure smooth movement throughout the Closed POD.
Skills/Day-to-Day Role	Strong communicator, kind, friendly, calm, organized, knowledgeable on closed POD process.
Materials and Equipment	Hand held radio and/or cellular, clip board and legal pad w/ pen or pencil, required documentation and forms, proper personal protective equipment (PPE), if required
Report To	

Forms Book & Agent Specific Documents

- ❑ Closed POD Plan
- ❑ Closed POD Forms Book
  - Minnesota Department of Health Screening Form
  - Closed POD Site Flow and Signage Layout

Initial Actions

- ❑ Check in, receive orientation and job tasks
- ❑ Review the Closed POD plan
- ❑ Familiarize self with the Minnesota Department of Health Screening Form
- ❑ Assist in setting up the Closed POD

Ongoing Tasks

- ❑ Welcome clients as they enter the Closed POD
- ❑ Direct clients to complete the Minnesota Department of Health Screening Form, as needed
- ❑ Help recipients complete the Minnesota Department Screening Form, if necessary
- ❑ Answer client questions regarding the dispensing process and/or forms
- ❑ Direct client to appropriate stations
- ❑ Request break coverage from the supervisor

Demobilization

- ❑ Assist with clean-up
- ❑ Attend debriefing session
- ❑ Return all supplies, equipment, medication and paperwork to supervisor

MDH Anthrax Protocol: Screener Guidance

Risk-Benefit Statement

Anthrax is deadly. The benefits of prophylaxis outweigh the risk of side effects caused by appropriately selected antibiotics. The screening process decreases the risk of serious side effects by selecting the best antibiotic for clients based on certain pre-existing medical conditions or medications they are taking. It cannot eliminate the risk of all adverse events.

What is the usual dose?

The full post-exposure prophylaxis (PEP) regimen is 60 days. Clients will initially be given a 10-day supply of medication, with a 50-day supply to follow as more supplies are received. As the investigation continues and the exposed population is more accurately identified, some clients later determined not to be exposed will not need the 50-day supply.

How do I interpret the electronic screening form vouchers?

Clients may complete an online screening form before arriving at the POD, which will automatically determine which medication they should receive. The antibiotics listed on the top of their completed form indicate the possible antibiotics that can be dispensed to that individual based on their answers to the screening questions. The possibilities include:

- Doxycycline (D)
- Ciprofloxacin (C)
- Half dose of Ciprofloxacin (½C)
- Amoxicillin (A)
- Consult a medical provider (M)

Patients who have both doxycycline and ciprofloxacin on their forms may receive either doxycycline or ciprofloxacin. However, because doxycycline has fewer interactions with other drugs and fewer relative contraindications than ciprofloxacin, it is important to ensure that doxycycline remains available for those patients who cannot receive ciprofloxacin. It is critical that the POD not run out of any one medication. The POD manager is responsible for determining whether doxycycline or ciprofloxacin should be given to clients who can receive both, based on current supply.

Amoxicillin does not work against all strains of anthrax. Amoxicillin should not be dispensed for PEP until MDH or CDC confirms that it is an effective treatment in this scenario. If amoxicillin is proven ineffective or if its effectiveness is not yet known, clients with only amoxicillin on their screening forms should be sent to consult a medical provider.

If amoxicillin is proven effective, PODs will be given a limited supply. While most people can take amoxicillin with few side effects, it should be conserved so that the following groups get priority:

- Those who cannot take either doxycycline or ciprofloxacin
- Pregnant women
- Children under 8

If a client brings me a paper screening form, how do I determine which antibiotic they get?

If a client brings you a paper screening form (Appendix B), you can use the appropriate flow chart to determine which medication they should receive. Use the flow chart in Appendix D (without amoxicillin) until MDH or CDC confirms that amoxicillin is an effective treatment in this scenario, at which point you may use the flow chart in Appendix E.

The POD manager will provide information on which antibiotic to dispense to those who can take both doxycycline and ciprofloxacin. This policy may change over the course of the event depending on supply levels.

If the flow chart instructs the client to "Consult Medical Provider," you must send them to the licensed practitioner consultant (LPC) for further evaluation.

Who gets oral suspension? Who gets pill crushing instructions?

Doxycycline

- Pill crushing instructions should be provided when a child is prescribed doxycycline.
- Pill crushing instructions may also be provided for adults with trouble swallowing pills.

Ciprofloxacin

- Reserve oral suspension for infants and toddlers, when possible.
- Ciprofloxacin pills cannot be crushed, so older children may need the liquid formulation if they cannot swallow pills.

Amoxicillin

- Reserve oral suspension for infants and toddlers, when possible.
- Amoxicillin capsules cannot be crushed.

How do I determine a client's dosage?

Use the table in Appendix F to determine dosage based on age, weight, and antibiotic. For children, Appendix A may direct you to additional appendices:

- Dosage tables for liquid antibiotics are in Appendix G.
- A dosage table for home-prepared crushed doxycycline solution is in Appendix I.
- If a parent does not know their child's weight, their weight can be estimated using their age with the table in Appendix H.
- For children 0-4 weeks old, ask if they were born prior to 37 weeks. If yes, check the appropriate medication dosage chart for a possible adjusted neonate dosage.
- Note that clients with renal failure who are prescribed ciprofloxacin will only need half their normal dose.

Should I be concerned about medications that appear to be past their expiration date?

No. FDA routinely tests the antibiotics in the SNS and extends the shelf-life when appropriate. Even though the drug may not have been relabeled, if it was sent through the SNS, it was appropriately tested and deemed safe and effective.

What if a patient appears to be exhibiting symptoms of anthrax? What are the symptoms?

There is no way to diagnose anthrax at a POD. Anthrax is not contagious from person to person. Public messaging will instruct symptomatic people to seek medical care, not to go to a POD. If symptomatic patients do come to a POD and wait times are longer than 5-10 minutes, the POD manager or other POD staff may expedite these clients so they can leave to seek medical care.

Like many other illnesses, the first symptoms of inhalational anthrax are flu-like, e.g., sore throat, mild fever, and muscle pain (myalgia). Later symptoms are cough, chest discomfort, shortness of breath, and fatigue. Symptoms usually occur within 7 days of inhaling anthrax spores, but can take up to 60 days to appear.

This annex addresses the most severe form of anthrax infection (inhalational), but exposed people may also develop gastrointestinal or cutaneous (skin) anthrax infections. People exhibiting symptoms[4] of any type of anthrax infection (Appendix M) should seek medical care.

General Antibiotic PEP Considerations:

- Become familiar with the patient handouts for doxycycline (Appendix J), ciprofloxacin (Appendix K), and amoxicillin (Appendix L) to be aware of safety advice patients are receiving.
- Remind individuals who are taking warfarin, or similar blood thinners, to see their health care provider within 3 days of starting antibiotic PEP to assess if their dosing needs adjustment.
- Persons who are already taking systemic antibiotics (for other conditions) **other than** fluoroquinolones or "cycline" drugs like tetracycline or doxycycline should continue taking them as previously prescribed by their health care provider and take them in combination with the ciprofloxacin or doxycycline dispensed for PEP.
- Persons already taking a fluoroquinolone or "cycline" drugs like tetracycline or doxycycline, and for whom the anthrax PEP algorithm indicates they should be dispensed the same class of antibiotic that they are already taking, should stop taking the previously prescribed antibiotic and instead take the antibiotic dispensed by the POD for PEP. These patients should be notified to follow-up with their health care providers within 3 days.
- Breastfeeding considerations:
    - Breastfeeding need not be stopped during prophylaxis.
    - The antibiotic given to breastfeeding mother need not be same as the one given to the nursing child.
    - Breastfeeding mothers can be given doxycycline if other antibiotics contraindicated; very little doxycycline is transmitted with breast milk.
- Antibiotic PEP should still be provided even if the recipient has received anthrax vaccine at any time in the past.

[4] Basic symptoms can be found on the CDC website (Anthrax) at www.cdc.gov/anthrax/basics/symptoms.html

People should KEEP taking the PEP antibiotic if they are experiencing mild reactions such as:

- Mild nausea or vomiting
- Upset stomach, loose stools
- Vaginal yeast infection
- Mild sunburn

People should seek medical care, however, if any of these symptoms become severe.

People should STOP taking the PEP antibiotic and get medical help immediately if they have any of the following:

- Symptoms of serious allergic/hypersensitivity reactions such as difficulty breathing, wheezing, swelling of the lips or tongue, and/or severe itching or rash
- Severe stomach cramps with high fever or diarrhea (antibiotic associated diarrhea and pseudomembranous colitis)
- Yellowing of the eyes or skin or dark-colored urine (liver failure)
- Unusual bleeding or bruising

Additional considerations for doxycycline

- The only absolute contraindication for doxycycline is a known allergy to doxycycline or any other "cycline" antibiotic.
- The dose does not need to be adjusted for persons with impaired kidney function.
- Persons taking isotretinoin, phenobarbital, carbamazepine, primidone, rifampin, phenytoin, or fosphenytoin (or equivalent brand name agent) need to know that if they are dispensed doxycycline they need to see their health care provider within 10 days to decide if their prescription should be discontinued.
- Recipients taking magnesium, aluminum antacids, sucralfate, Videx (didanosine), or products that contain calcium, iron, or zinc should take doxycycline at least 2 hours before, or 2 hours after, taking any of these other products.
- Oral contraceptives (birth control pills) may not work as well among persons taking doxycycline; recommend use of an additional form of birth control while taking doxycycline (such as condoms).
- **Persons should STOP taking doxycycline and get medical help immediately if they have any of the following**:
    - Any of the general severe adverse events listed in the section above
    - Pain with swallowing (esophageal ulcers)
    - Severe headaches, dizziness, vomiting, or double vision (possible increased intracranial pressure)

Additional considerations for ciprofloxacin

- The two absolute contraindications for ciprofloxacin are: 1) a known allergy to ciprofloxacin or any other fluoroquinolone antibiotic, and/or 2) Persons treated with tizanidine (Zanaflex). These people should absolutely not be dispensed Ciprofloxacin.
- There are other people for whom ciprofloxacin should be avoided if possible:
    - Ciprofloxacin has the potential to alter electrical activity in the heart (specifically, prolongation of the QT interval); therefore ciprofloxacin should be avoided if possible in patients with a history of QT prolongation and those who are taking a variety of different medications that can prolong the QT interval.[5]
    - Persons taking oral anti-diabetic medications should monitor their blood sugar closely when taking ciprofloxacin and ask their doctor if the dose of those medications should be adjusted; persons using insulin may need to adjust insulin dosing to avoid hypoglycemia.
    - Persons taking phenytoin or carbamazepine should notify their doctor when taking ciprofloxacin because the dose of these anti-seizure medications may need to be adjusted.
    - Persons taking duloxetine (Cymbalta) should notify their doctor they are taking ciprofloxacin because duloxetine may need to be temporarily stopped when taking ciprofloxacin.
    - Persons with myasthenia gravis should know that ciprofloxacin can worsen muscle and breathing weakness associated with this disease **and to notify their doctor** that they are taking ciprofloxacin.
- **Persons should STOP taking ciprofloxacin and get medical help immediately if they have any of the following**:
    - Any of the general severe adverse events listed in the section above
    - Pain, swelling, or inflammation of joints or tendons
    - Seizures, dizziness, tremors, or serious mood changes
    - Very fast or irregular heartbeat
    - Pain, burning, tingling, numbness, or weakness of arms, hands, legs, or feet (peripheral neuropathy)
- If persons feel jittery while taking ciprofloxacin they should minimize caffeine intake.

Reporting Adverse Event or Medication Errors

Procures for reporting adverse events or medication errors are included in the medication fact sheets for doxycycline (Appendix J), ciprofloxacin (Appendix K), and amoxicillin (Appendix L). If you notice adverse events seemingly related to SNS antibiotics occurring with unusual frequency or severity, contact MDH.

[5] The Minnesota anthrax antimicrobial PEP algorithm aims to minimize this risk by preferentially dispensing doxycycline to patients taking any medications other than oral contraceptives (birth control) or anti-hypertensive (high blood pressure) medication.

For Licensed Practitioner Consultants Only: Guidance for Prescribing Alternative PEP

Table 1. PEP options for days 1-10, and days 11-60 if *B. anthracis* strain NOT determined to be susceptible to Penicillin by MDH or CDC [a]

Medication or medical condition	Preferred antibiotic	Alternative 1	Alternative 2	Alternative 3
Tizanidine	Doxycycline [b,c,d]	Clindamycin [e]	Consult MDH [h]	
Theophylline	Doxycycline [b,c,d]	Ciprofloxacin [f]	Clindamycin [e]	Consult MDH [h]
Myasthenia Gravis	Doxycycline [b,c,d]	Ciprofloxacin [f]	Clindamycin [e]	Consult MDH [h]
Duloxetine	Doxycycline [b,c,d]	Ciprofloxacin [f]	Clindamycin [e]	Consult MDH [h]
Isotretoin	Ciprofloxacin	Doxycycline [g]	Clindamycin [e]	Consult MDH [h]
Prolonged QT syndrome	Doxycycline [b,c,d]	Ciprofloxacin [f]	Clindamycin [e]	Consult MDH [h]
Seizure disorder	Doxycycline [b,c,d]		Clindamycin [e]	Consult MDH [h]
Allergic to any fluoroquinolones	Doxycycline [b,c,d]	Clindamycin [e]	Consult MDH [h]	---
Allergic to any "cyclines"	Ciprofloxacin	Clindamycin [e]	Consult MDH [h]	
Allergic to both "cyclines" and fluoroquinolones	Clindamycin [e]	Consult MDH [h]	---	---
Pregnant woman	Ciprofloxacin	Doxycycline [b, d]	Clindamycin [e]	Consult MDH [h]
Children <8 yr old	Ciprofloxacin	Doxycycline [c, d]	Clindamycin [e]	Consult MDH [h]

Table 2. PEP options **only after MDH or CDC determines** the *B. anthracis* strain is susceptible to amoxicillin [a]

Medication or medical condition	Preferred antibiotic	Alternative 1	Alternative 2	Alternative 3
Tizanidine	Doxycycline [b,c,d]	Amoxicillin [i]	Clindamycin [e]	Consult MDH [h]
Theophylline	Doxycycline [b,c,d]	Amoxicillin [i]	Ciprofloxacin [f]	Clindamycin [e]
Myasthenia Gravis	Doxycycline [b,c,d]	Amoxicillin [i]	Ciprofloxacin [f]	Clindamycin [e]
Duloxetine	Doxycycline [b,c,d]	Amoxicillin [i]	Ciprofloxacin [f]	Clindamycin [e]
Isotretoin	Ciprofloxacin	Amoxicillin [i]	Doxycycline [g]	Clindamycin [e]
Prolonged QT syndrome	Doxycycline [b,c,d]	Amoxicillin [i]	Ciprofloxacin [f]	Clindamycin [e]
Seizure disorder	Doxycycline [b,c,d]	Amoxicillin [i]	Ciprofloxacin	Clindamycin [e]
Allergic to any fluoroquinolones	Doxycycline [b,c,d]	Amoxicillin [i]	Clindamycin [e]	---
Allergic to any "cyclines"	Ciprofloxacin	Amoxicillin [i]	Clindamycin [e]	Consult MDH [h]
Allergic to both "cylines" and fluoroquinolones	Amoxicillin [i]	Clindamycin [e]	Consult MDH [h]	---
Pregnant woman	Amoxicillin [i]	Ciprofloxacin	Doxycycline [b,]	Clindamycin [e]
Children <8 yr old	Amoxicillin [i]	Ciprofloxacin	Doxycycline [c, d]	Clindamycin [e]

[a] For patients who have more than one of the possible medication interactions or medical conditions listed, only use PEP options that are listed for as possible options for pertinent situations.

[b] It is ok to dispense doxycycline to women who are pregnant or breastfeeding if they are not allergic to doxycycline or other "cycline" drugs, but let women know about the potential of tooth discoloration. One published report suggests doxycycline may possibly be associated with a very small increased risk of orofacial cleft defects affecting infants of pregnant women.

[c] It is ok dispense doxycycline to children <8 years old if they are not allergic to doxycycline or other cycline drugs, but let parents or caregivers know about the potential of tooth discoloration

[d] For any patient dispensed doxycycline, the dose should be doubled (i.e., 200 mg PO q12 hours for adults) if a patient is taking any of the following medications that can speed metabolism of doxycycline: phenobarbital, carbamazepine, primidone, phenytoin, fosphenytoin, or rifampin; these patients should be instructed to consult with their medical providers within 10 days.

[e] Only for patients who are not allergic to clindamycin. Clindamycin dosing for adults is 600 mg PO every 8 hr, and is 30 mg/kg/day PO divided every 8 hours for children >1 month old (not to exceed 900 mg/dose); dosing of clindamycin varies by gestational age and week of life for neonates 0 to 4 weeks old: dosing infants born at 32-34 week gestational age is 10 mg/kg/day divided q12h for 0-1 week of age and 15 mg/kg/day divided q8h for 1-4 weeks of age; dosing of infants born at ≥34 weeks gestational is 15 mg/kg/day divided q8h for 0-1 week of age and 20 mg/kg/day divided q6h for 1-4 weeks of age.

[f] Patients taking theophylline or duloxetine, and patients with myasthenia gravis or prolonged QT syndrome can be prescribed ciprofloxacin if they are able to see their physician within 3 days to discuss possible medication changes or monitoring.

[g] It is ok to give doxycycline to a patient taking isotretoin, but let the patient know that they should be seen by the a health care provider, preferably the provider who has prescribed the isotretoin, within 10 days to assess if isotretoin can be discontinued. In addition, the patient should be notified to seek medical care if for new headaches, vomiting, dizziness, changes in vision, or ringing in ears.

[h] Other antibiotics that have shown activity against *B. anthracisis* in laboratory settings include rifampin and clarithromycin.

[i] Amoxicillin CANNOT BE DISPENSED UNTIL MDH NOTIFIES PODS that the outbreak strain of *B. anthracis* is susceptible. If no amoxicillin is available, patients could also be prescribed Penicillin VK which is not stocked in the POD. Dosing of Penicillin VK for adults is 500 mg PO every 6 hours; for children >1 month old the dosing is 50-75 mg/kg/day PO divided every 6 to 8 hours; dosing of Penicillin VK varies by gestational age and week of life for neonates 0 to 4 weeks old: dosing infants born at 32-37 week gestational age is 50 mg/kg/day divided q12h for 0-1 week of age and 75 mg/kg/day divided q8h for 1-4 weeks of age; dosing of term infants is 75 mg/kg/day divided q8h for 0-1 week of age and 75 mg/kg/day divided q6-8h for 1-4 weeks of age.

MDH Minnesota Department *of* Health

Screening Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____

	Circle Answer	
1. Is this person *allergic* to doxycycline or other tetracycline ("cycline") drugs?	**Yes**	**No**
2. Is this person *allergic* to ciprofloxacin or other quinolone ("floxacin") drugs?	**Yes**	**No**
3. Is this person *allergic* to amoxicillin, penicillin or other ("cillin") drugs?	**Yes**	**No**
4. Is this person pregnant or breastfeeding?	**Yes**	**No**
5. Is this person taking any prescription drugs *other* than birth control or blood pressure medication?	**Yes**	**No**
If yes to question 5, answer 5a and 5b:		
5a. Is this person taking tizanidine (Zanaflex), theophylline, or duloxetine?	**Yes**	**No**
5b. Is this person taking isotretinoin, phenobarbital, carbamazepine, primidone, rifampin, phenytoin, or fosphenytoin?	**Yes**	**No**
6. Has a doctor told this person they have renal failure (kidney disease)?	**Yes**	**No**
7. Has a doctor told this person they have seizures/epilepsy, myasthenia gravis, or prolonged QT?	**Yes**	**No**

CHILDREN ONLY		
	Age (select one)	☐ 0-4 weeks old (newborn) ☐ 5 weeks through 7 years old ☐ 8 years through 17 years old
	Weight (for children less than 76 pounds only)	_____ pounds

STOP **For Staff Use Only** STOP

Medication: ☐ D ☐ C ☐ A ☐ ½ C ☐ Medical Consult

Options: ☐ Oral Suspension ☐ Doxycycline Crushing Instructions

Dispenser Initials: _____

Dosing Instructions: _____ **Lot Number:** _____

Screening Form Instructions

For your safety, please answer all questions accurately and completely (one form per person).

The information you provide will help us:

- Determine whether it is safe to give a medicine to you
- Determine the best type and amount of medicine you should receive
- Make referrals to health care providers, if needed

Contact Information: Providing your name and contact information will allow your public health department to follow up or provide you with additional instructions, if needed.

Questions 1-3: Tell us about any allergies to medicines you have. Allergy symptoms may include difficulty breathing, wheezing, swelling of the lips or tongue, and/or severe itching or rash.

Question 4: Answering this question will help us select the safest medicine for you and your baby if you are pregnant or breastfeeding.

Question 5: Tell us about prescription medicines you are taking. Some medicines may not mix well with certain anthrax medications. If you are unsure if you are taking one of the prescriptions medications listed, ask your health care provider or pharmacist.

Questions 6-7: Tell us about health conditions you may have that may not react well to certain anthrax medicines. If you are unsure if you have one of the medical conditions listed, ask your health care provider.

Child Information - Children need a smaller dose of medication than adults. Providing age and weight helps us select the right dose of medication.

Information Use (Tennessen Notice)

Point of dispensing (POD) Staff and/or medical consultants may have access to the information you provide. The Minnesota Department of Health (MDH), tribal public health agencies, local public health agencies, and the United States Department of Health and Human Services, which includes the Centers for Disease Control and Prevention (CDC), may also have access to this information for public health purposes. We will not provide the information to anyone else without your consent.

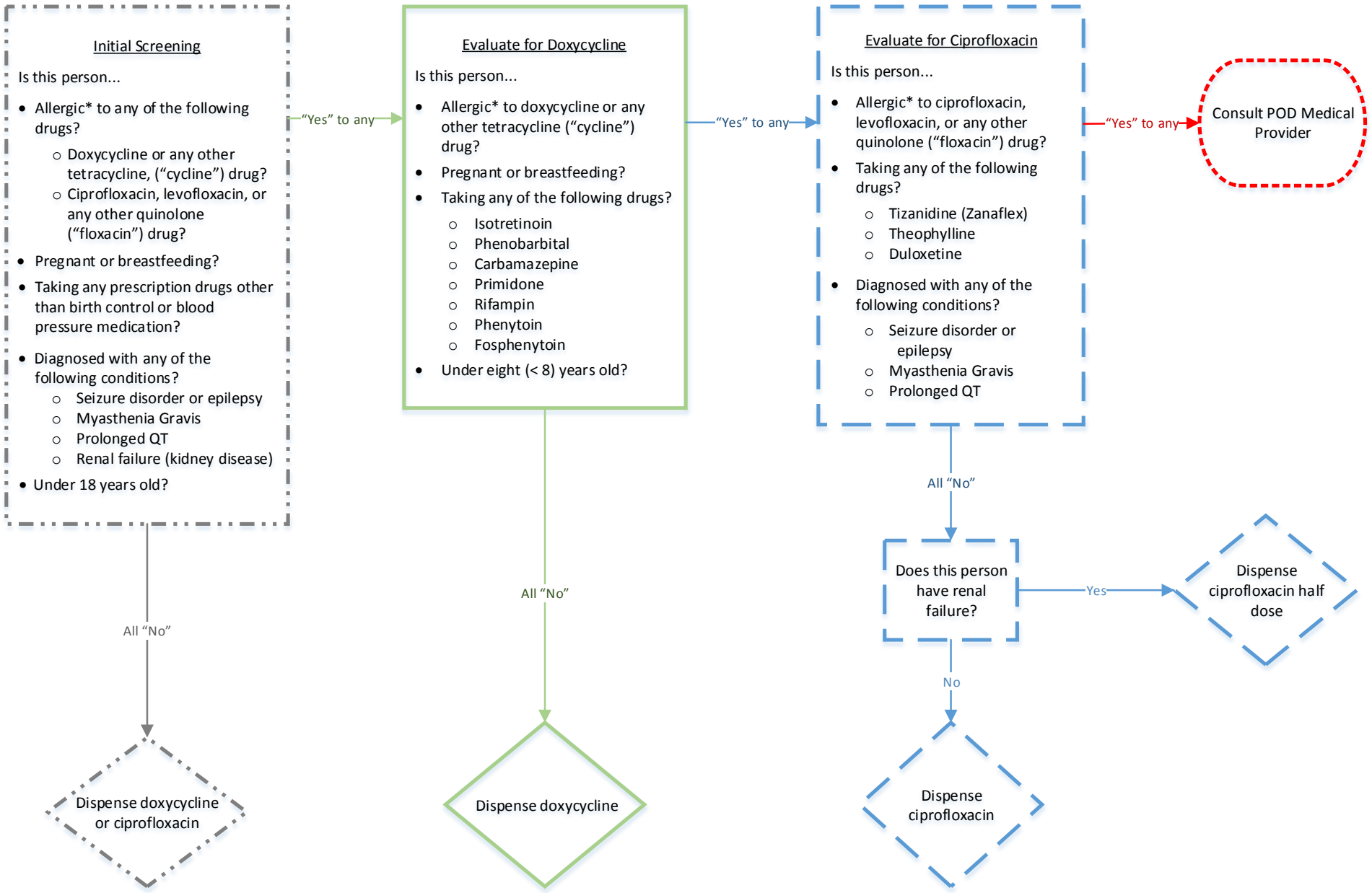
There is no legal obligation to provide this private information to us. However, without it, you may not receive any medicine or the best medicine for you.

MDH Anthrax Protocol: Equivalent Medications List

Directions: This list contains medications dispensed in the United States that are equivalent to the medications on the screening form (listed in parentheses). People should refer to this list if they are taking a medicine, but are not sure if it is an equivalent to a medicine listed on the screening form. This list may not be exhaustive. If you have concerns about a medication not listed here, **especially if it was filled in another country**, contact your pharmacist or health care provider.

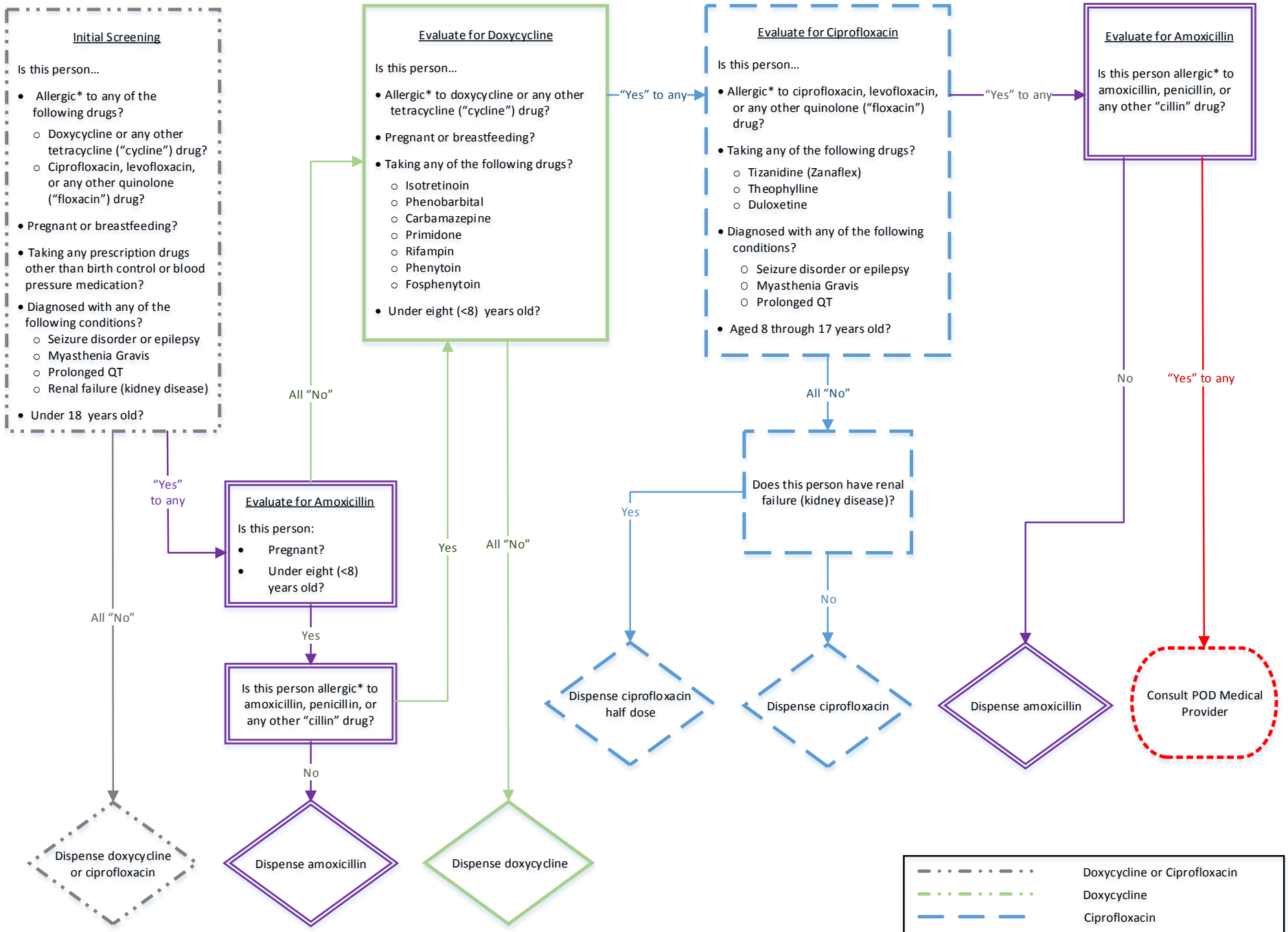
Equivalent Medications			
A Absorica (isotretinoin) Accutane (isotretinoin) Acticlate (doxycycline) Acuatim (ciprofloxacin) Adoxa (doxycycline) Aerolate (theophylline) Amnesteem (isotretinoin) Avelox (ciprofloxacin) Avelox ABC Pack (ciprofloxacin) Avidoxy (doxycycline) **C** Carbatrol (carbamazepine) Cerebyx (fosphenytoin) Cipro (ciprofloxacin) Cipro XR (ciprofloxacin) Claravis (isotretinoin) Cymbalta (duloxetine) **D** Demeclocycline (doxycycline) Dilantin (phenytoin) Donnata (phenobarbital) doxycycline (doxycycline) Doryx (doxycycline) Doxy (doxycycline)	**E** Elixophyllin (theophylline) Epitol (carbamazepine) Equetro (carbamazepine) Eskabarb (phenobarbital) **F** Factive (ciprofloxacin) **G** Gemifloxacin (ciprofloxacin) **I** Irenka (duloxetine) IsonaRif (rifampin) Isotrex (isotretinoin) **L** Levaquin (ciprofloxacin) Levofloxacin (ciprofloxacin) Levsin PB (phenobarbital) Luminall (phenobarbital)	**M** Minocin (doxycycline) Minocycline (doxycycline) Monodox (doxycycline) Monodoxyne (doxycycline) Morgidox (doxycycline) Moxifloxacin (ciprofloxacin) Myorisan (isotretinoin) Mysoline (primidone) **O** Ofloxacin (ciprofloxacin) Oracea (doxycycline) **P** Phenytek (phenytoin) Primidone (primidone) **R** Rifadin (rifampin) Rifamate (rifampin) Rimactane/INH Dual Pack (rifampin) Rofact (rifampin)	**S** Slo-Bid (theophylline) Solodyn (doxycycline) Sotret (isotretinoin) **T** TagraDOX (doxycycline) Tegretol (carbamazepine) Tetracycline (doxycycline) Theochron (theophylline) Theoclear (theophylline) Theo-Dur (theophylline) Theo-24 (theophylline) Theolair (theophylline) Theo-SR (theophylline) Tigecycline (doxycycline) Tygacil (doxycycline) **U** Uniphyl (theophylline) Uroquina (ciprofloxacin) **V** Vibramycin (doxycycline) **Z** Zanaflex (tizanidine) Zenatane (isotretinoin)

MDH Anthrax Protocol: Ciprofloxacin and Doxycycline Dispensing Algorithm



* Allergy symptoms may include difficulty breathing, wheezing, swelling of the lips or tongue, and/or severe itching or rash.

MDH Anthrax Protocol: Ciprofloxacin, Doxycycline, and Amoxicillin Dispensing Algorithm



*Allergy symptoms may include difficulty breathing, wheezing, swelling of the lips or tongue, and/or severe itching or rash.

MDH Anthrax Protocol: Antibiotics - Standard Regimen, Dose, Route, and Schedule

Age group	Doxycycline	Ciprofloxacin	Amoxicillin (if determined to be effective)
Adults including pregnant women OR Children who exceed weight thresholds below	One 100 mg tablet by mouth every 12 hours (morning and evening)	One 500mg tablet by mouth every 12 hours (morning and evening) Clients with renal failure: change dosing frequency to every **24 hours**	One 500mg capsule by mouth three times daily (morning, afternoon, and evening, as evenly spaced as possible)
Children Prioritize oral suspension for infants/toddlers under 30 lbs (14 kg)	Under 76 lbs (35 kg) If oral suspension is available: • Mix oral suspension according to instructions provided • Determine dose by child's weight using Appendix G: Child Dosing Charts for Liquid Medications (if weight is unknown, use chart in Appendix H to estimate by age) • One dose by mouth every 12 hours (morning and evening) OR • Crush pills according to instructions in Appendix I, determining dose using the table contained in the instructions (if weight is unknown, use chart in Appendix H to estimate by age) • One dose by mouth every 12 hours (morning and evening)	Under 67 lbs (30 kg) If oral suspension is available: • Mix oral suspension according to instructions provided • Determine dose by child's weight using Appendix G: Child Dosing Charts for Liquid Medications (if weight is unknown, use chart in Appendix H to estimate by age) • One dose by mouth every 12 hours (morning and evening) • Clients with renal failure: change dosing frequency to every **24 hours**	Under 67 lbs (30 kg) If oral suspension is available: • Determine dose of oral suspension by child's weight using Appendix G: Child Dosing Charts for Liquid Medications (if weight is unknown, use chart in Appendix H to estimate by age) • One dose three times daily (morning, afternoon, and evening, as evenly spaced as possible)

MDH Anthrax Protocol: Child Dosing Charts for Liquid Medications

Dosing Table for **Doxycycline Oral Suspension (Commercial Liquid)**[a, b]

Child's Weight in Pounds (lbs)	**Child's Weight in Kilograms (kg)**	**Dose**	**Number of 60mL bottles needed for 10 day coverage**
0–5 lbs	0–2 kg	1 mL (5 mg)	One (1) Bottle
6–10 lbs	3–4 kg	2 mL (10 mg)	One (1) Bottle
11–15 lbs	5–7 kg	3 mL (15 mg)	One (1) Bottle
16–20 lbs	8–9 kg	4 mL (20 mg)	Two (2) Bottles
21–25 lbs	10–11 kg	5 mL (25 mg)	Two (2) Bottles
26–30 lbs	12–14 kg	6 mL (30 mg)	Two (2) Bottles

[a] Dosing shown in the table is designed to approximate 4.4 mg/kg/day divided every 12 hours (not to exceed 100 mg per dose)

[b] For children's dosing for home-prepared crushed doxycycline pill solution, see Appendix I: Doxycycline Pill Crushing Instructions.

Dosing Table for **Ciprofloxacin Oral Suspension (Commercial Liquid) for children and term neonates**[c, d]

Child's weight in pounds (lbs)	**Child's weight in kilograms (kg)**	Dose for **250mg/5 mL strength**		Dose for **500mg/5 mL strength**	
		Dose in milliliters (mL)	Number of 100 mL bottles needed for 10 day coverage	Dose in milliliters (mL)	Number of 100 mL bottles needed for 10 day coverage
0–7 lbs	0–3 kg	1 mL (50 mg)	ONE (1) Bottle	0.5 mL (50 mg)	ONE (1) Bottle
8–14 lbs	4–6 kg	2 mL (100 mg)		1 mL (100 mg)	
15–22 lbs	7–10 kg	3 mL (150mg)		1.5 mL (150 mg)	
23–29 lbs	11–13 kg	4 mL (200 mg)		2 mL (200 mg)	
30–36 lbs	14–16 kg	5 mL (250 mg)		2.5 mL (250 mg)	
37–44 lbs	17–20 kg	6 mL (300 mg)	TWO (2) Bottles	3 mL (300 mg)	
45–51 lbs	21–23 kg	7 mL (350 mg)		3.5 mL (350 mg)	
52–58 lbs	24–26 kg	8 mL (400 mg)		4 mL (400 mg)	
59–66 lbs	27–30 kg	9 mL (450 mg)		4.5 mL (450 mg)	
67 lbs and over	31 kg and over	10 mL (500 mg)		5 mL (500 mg)	

[c] Dosing shown in the table is designed to approximate 30 mg/kg/day divided every 12 hours (not to exceed 500 mg/dose).

[d] Dosing for neonates born at 32 to 37 weeks gestational age and who are still **<1 month** old must be adjusted to 20 mg/kg/day divided every 12 hours.

Dosing Table for **Amoxicillin Oral Suspension (Commercial Liquid) for children and neonates >1 week old**[e, f]

Child's Weight (in pounds)	Child's Weight (in kilograms)	Dose in Milligrams(mg) to be given three times Daily Maximum of 1500mg/day	Volume of Dose given three times daily		Number of bottles (100ml) Required for 10 Days of therapy
			Dose in Teaspoons	Dose in mL	
0-5 lbs	0 to <3 kg	50mg	⅛ teaspoon	0.60 mL	One
6-10 lbs	3 to 4.9	100mg	¼ teaspoon	1.25 mL	One
11-14 lbs	5 to 6.9	150mg	¼ + ⅛ teaspoon	2.00 mL	One
15-19 lbs	7 to 8.9	200mg	½ teaspoon	2.50 mL	One
20-23 lbs	9 to 10.9	250mg	½ +⅛ teaspoon	3.1 mL	One
24-28 lbs	11 to 12.9	300mg	¾ teaspoon	3.75 mL	Two
29-32 lbs	13 to 14.9	350mg	¾ + ⅛ teaspoon	4.40 mL	Two
33-36 lbs	15 to 16.9	400mg	1 teaspoon	5.00 mL	Two
37-43 lbs	17-19.9	450mg	1 + ⅛ teaspoon	5.60 mL	Two
≥44 lbs	≥20 kg	500mg	1 + ¼ teaspoonful	6.25 mL	Two (dispense 500mg capsules if child tolerates pills)

[e] Dosing shown in the table is designed to approximate 75 mg/kg/day divided every 8 hours (not to exceed 1 gram/dose).

[f] Dosing for neonates born at 32 to 37 weeks gestational age and are still **<1 week** old must be adjusted to 50 mg/kg/day divided every 12 hours.

MDH Anthrax Protocol: Children's Weight Estimation Chart

How to use the following chart: If unsure of child's weight, use the chart below to estimate based on age. Client should confirm child's weight and, if necessary, adjust the dose in consultation with their health care provider.

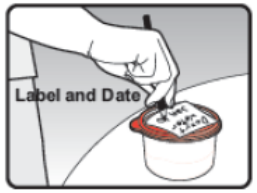
Girls (in lbs)	Age	Boys (in lbs)
7	Newborn	8
14	3 months	15
16	6 months	18
19	9 months	21
21	12 months	23
23	15 months	25
25	18 months	27
27	2 years	29
30	3 years	31
34	4 years	36
40	5 years	41
44	6 years	46
50	7 years	51
56	8 years	57
64	9 years	63
72	10 years	71
82	11 years	80

What should you do with any leftover doxycycline and water mixture remaining in the first bowl?

Throw it away if your child weighs 51 pounds or more (or is 6 years or older). You do NOT have enough left over to make another dose.

Keep it if your child weighs 50 pounds or less (or is 5 years or younger). You will have enough left over to make another dose. Use within 24 hours.

- **Store** the **doxycycline and water mixture** in a covered bowl or cup at room temperature (between 68-77°F or 20-25°C) for only up to 24 hours.
- **Write** the date, time, and container contents on a label.
- **Keep** the mixture in a safe place, out of the reach of children or pets.
- **Throw away** any unused mixture after 24 hours and make a new doxycycline and water mixture for the next dose.



What should you know about side effects?

- Do not take doxycycline if you are allergic to an ingredient in doxycycline hyclate or any tetracycline antibiotics.
- 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. Refer to "Anthrax Emergency: How to Take Doxycycline to Prevent Anthrax" instructions for more information on possible side effects.
- Report any reaction to doxycycline to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

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

During a public health emergency, you might need to prepare emergency doses of doxycycline for children and adults who cannot swallow pills. This pamphlet shows you how to mix doxycycline hyclate 100 mg tablets with food or drink.

Follow the instructions below to prepare and give your child the **right amount** of medicine **every 12 hours** (once in the morning and once at night) **each day,** as long as directed. Use same directions for adults who cannot swallow pills.

1 Get the supplies you need.

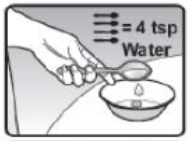
You will need these items to make doses of doxycycline for children and adults who cannot swallow pills:

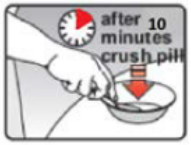
- 1 doxycycline hyclate **tablet** (100 mg)
- 1 metal teaspoon
- 1 oral syringe or medicine spoon (if available)
- 2 small bowls
- Small amount of drinking water (4 teaspoons or 20 mL)
- 1 of these foods or drinks to make the crushed doxycycline taste better*:
  - milk, including breast milk and formula for infants
  - chocolate milk
  - chocolate pudding or
  - apple juice mixed with 2 to 4 teaspoons of sugar

*Doxycycline works just as well whether you take it with or without food or milk.

To **watch a video** of these instructions go to www.cdc.gov and search "doxycycline crushing instructions".

2 Soak the tablet in water and crush it.





1. Put 1 doxycycline hyclate tablet in a small bowl.
2. Add 4 teaspoons (20 mL) of water to the same bowl.
3. Let the tablet **soak** in the water for at least **10 minutes** to soften it.
4. **Crush** the tablet with the back of the metal spoon until you can't see any pieces of the tablet in the water.
5. Stir the tablet and water to mix it well.

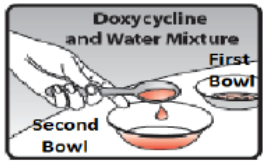
You have now made the doxycycline and water mixture.

3 Measure the right amount of doxycycline.

1. **Find your child's weight** on the chart below.
   *Weight is better, but if you don't know how much your child weighs, find your child's **age** on the chart.*
2. Follow the row of your child's weight or age across to the column "**Amount of Doxycycline & Water Mixture to Measure**."

Weight	Age	Amount of Doxycycline & Water Mixture to Measure
12 pounds or less	Less than 1 month	½ teaspoon (2.5 mL)
13 to 25 pounds	1 to 11 months	1 teaspoon (5 mL)
26 to 50 pounds	1 to 5 years	2 teaspoons (10 mL)
51 to 75 pounds	6 to 8 years	3 teaspoons (15 mL)
76 pounds or more (Adult Dose)	9 years or older	4 teaspoons (20 mL)

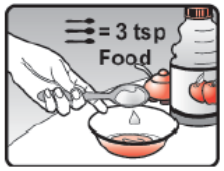
3. **Measure** the amount of doxycycline and water mixture for your child's weight or age from the first bowl.
   *For a ½ **teaspoon** dose, fill the teaspoon halfway or use an oral syringe (if available). It is better to give a little more of the medicine than not enough.*



4. Place this amount into the **second bowl**. This is **one dose** that should be mixed with food or drink.

For children weighing 76 pounds or more, and adults who cannot swallow pills, **use all** of the doxycycline and water mixture in the first bowl (4 teaspoons); the **entire contents of the first bowl** makes **one dose** that should be mixed with food or drink.

4 Mix the dose with food or drink.



1. **Mix** the **dose** (measured amount of doxycycline and water mixture) in the second bowl with **3 teaspoons** of <u>one</u> of the following:
   - Milk, including breast milk and formula for infants
   - Chocolate milk
   - Chocolate pudding

   OR
   - Apple juice mixed with 2 to 4 teaspoons of sugar

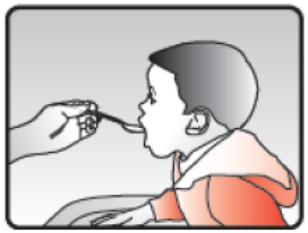
You now have one dose, mixed with food or drink.

2. Stir well before serving it to your child.

5 Give the dose.

1. Give your child **<u>all</u>** of the doxycycline, water, and food mixture from the second bowl. Watch them swallow all of it. This is one dose.

2. Do this once **every 12 hours** (<u>once in the morning</u> AND <u>once at night</u>) **each day** for as long as directed.



MDH Minnesota Department *of* Health

Doxycycline Fact Sheet

Anthrax Emergency: How to take Doxycycline to Prevent Anthrax

Emergency Use Instructions

You have been given a medicine called **doxycycline** (DOX-i-SYE-kleen) because you may have breathed in anthrax germs. These germs can be **deadly.**

People who may have breathed in anthrax germs should take medicine for 60 days. Taking your doxycycline reduces your chance of getting sick and dying. Take the medicine as long as you are directed and do not stop early.

It is important to start taking this medicine as soon as possible after the emergency starts. Most people will be given a 10-day supply to start. Public health officials will tell you whether you need more and how to get it.

If you have questions, talk to a health care provider about taking doxycycline.

What is doxycycline?

Doxycycline is a prescription antibiotic approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA is allowing certain uses of doxycycline, including its use without a prescription, during an anthrax emergency. If you were given doxycycline that has an expired date on the container, please be informed that based on scientific review, FDA is allowing the use of certain lots of doxycycline beyond the expiration date on the container. For more information, go to the FDA website at www.fda.gov (search for "doxycycline expiration").

Who should NOT take doxycycline?

Do not take doxycycline if you have had a severe allergic reaction to doxycycline or similar medicines known as tetracyclines. A severe reaction may include swelling of the face, tongue, neck, hands, feet, closing of throat, wheezing, trouble breathing, or a rash.

How do I take doxycycline?

- Take one dose in the **morning** and one dose in the **evening** (approximately 12 hours apart)
- Take each dose with a full glass of water.
- Doxycycline works just as well whether you take it with or without food. If you get an upset stomach when you take the medicine, take it with food.
- ***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.***
- Do not skip doses. However, if you miss a dose, **do NOT take 2 doses at once.** Take the next dose as scheduled.
- Keep the pills dry. Store them at room temperature (between 68-77°F or 20-25°C).
- Keep doxycycline away from children and pets. Call the poison control center if children or pets ingest the medicine by accident (1-800-222-1222).

What are common side effects of doxycycline?

The following effects of doxycycline are normal - **KEEP** taking your regular dose. If any symptoms below become severe, talk to your doctor.

- Mild nausea
- Vomiting
- Increased sun sensitivity/mild sunburn (wear sunscreen and cover exposed skin as a precaution)
- Diarrhea
- Vaginal yeast infection
- Birth control pills may become less effective. Add a second form of birth control until you finish taking all of your doxycycline.

What are possible serious side effects of doxycycline?

Serious side effects from doxycycline are rare. **STOP** taking doxycycline and get medical help right away (go to the emergency room or call 911) if you have any of the following symptoms:

- Closing of the throat or trouble breathing
- Severe itching or rash, especially hives
- Pain when swallowing (esophageal ulcers)
- Severe stomach cramps with high fever or bloody or watery diarrhea
- Swelling of the tongue, hands, or feet
- Yellowing of the eyes or skin, or dark brown or tea-colored urine (liver failure)
- Unusual bleeding or bruising
- Severe headaches, dizziness, or double vision

What if I am taking other medicines?

- If you are currently taking another tetracycline antibiotic (see list at the end of this handout) you should stop taking that antibiotic and notify the health care provider who prescribed it to you that you have you are now taking the doxycycline dispensed to you to prevent anthrax.
- Talk to your doctor within 3 days if you are on blood thinners (like warfarin or Coumadin)or seizure medicines. Doxycycline may affect how much of these medicines you need.
- Talk to your doctor within 10 days if you are taking isotretinoin, phenobarbital, carbamazepine, primidone, rifampin, phenytoin, or fosphenytoin (or an equivalent brand name drug listed in the table at the end of this handout). Your doctor may consider stopping your medication before you receive an additional distribution of doxycycline.
- Doxycycline might not work as well when taken with some medicines. Take it at least 2 hours before or 2 hours after taking:
    - Multivitamins, supplements, or antacids with aluminum, calcium, iron, or magnesium
    - Helidac, Kaopectate, Pepto-Bismol, or other products with bismuth subsalicylate used for indigestion, nausea or diarrhea

What if I am pregnant or breastfeeding?

Tell your doctor if you are or become pregnant or are breastfeeding. You may be switched to different medication.

What alternative medicines can I take instead of doxycycline?

Public health officials will tell you if other medicines are available. The risks and benefits of alternative medicines, if available, will be explained in separate instructions. For more information, visit the CDC website (www.cdc.gov).

Risk-Benefit Statement

Although doxycycline has some potential and serious adverse effects, the expected benefit of doxycycline in helping to prevent disease and death associated with anthrax exposure outweigh these risks.

How do I report side effects or medication errors?

Tell your doctor or health care provider right away and report side efforts or medication errors to MedWatch on the U.S. Food & Drug Administration (FDA) website (www.fda.gov/medwatch) or 1-800-FDA-1088.

On rare occasions, doxycycline can cause serious problems. A federal program called Countermeasures Injury Compensation Program (CICP) may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by some drugs or vaccines. If you have been injured by doxycycline used to prevent anthrax, you can learn more about this Program by visiting the Health Resources & Services Administration (HRSA) website (www.hrsa.gov/cicp) or by calling 1-855-266-2427 (toll-free).

Questions?

Visit the MDH website at www.health.state.mn.us or contact your local public health department.

Equivalent Medications

A
Absorica (isotretinoin)
Accutane (isotretinoin)
Acticlate (doxycycline)
Adoxa (doxycycline)
Amnesteem (isotretinoin)
Avidoxy (doxycycline)

C
Carbatrol (carbamazepine)
Cerebyx (fosphenytoin)
Claravis (isotretinoin)

D
Demeclocycline (doxycycline)
Dilantin (phenytoin)
Donnata (phenobarbital)
Doryx (doxycycline)
Doxy (doxycycline)

E
Epitol (carbamazepine)
Equetro (carbamazepine)
Eskabarb (phenobarbital)

I
IsonaRif (rifampin)
Isotrex (isotretinoin)

L
Levsin PB (phenobarbital)
Luminall (phenobarbital)

M
Minocin (doxycycline)
Minocycline (doxycycline)
Monodox (doxycycline)
Monodoxyne (doxycycline)
Morgidox (doxycycline)
Myorisan (isotretinoin)
Mysoline (primidone)

O
Oracea (doxycycline)

P
Phenytek (phenytoin)

R
Rifadin (rifampin)
Rifamate (rifampin)
Rimactane/INH Dual Pack (rifampin)
Rofact (rifampin)

S
Solodyn (doxycycline)
Sotret (isotretinoin)

T
TagraDOX (doxycycline)
Tegretol (carbamazepine)
Tetracycline (doxycycline)
Tigecycline (doxycycline)
Tygacil (doxycycline)

V
Vibramycin (doxycycline)

Z
Zenatane (isotretinoin)

MDH Minnesota Department *of* Health

Ciprofloxacin Fact Sheet

Anthrax Emergency: How to Take Ciprofloxacin to Prevent Anthrax

Emergency Use Instructions

You have been given a medicine called **ciprofloxacin** (sip-roe-FLOX-a-sin) because you may have breathed in anthrax germs. These germs can be **deadly**.

People who may have breathed in anthrax germs should take medicine for 60 days. Taking your ciprofloxacin reduces your chance of getting sick and dying. Take the medicine as long as you are directed and do not stop early.

It is important to start taking this medicine as soon as possible after the emergency starts. Most people will be given a 10-day supply to start. Public health officials will tell you whether you need more and how to get it

If you have questions, talk to a health care provider about taking ciprofloxacin.

What is ciprofloxacin?

Ciprofloxacin is a prescription antibiotic approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA is allowing certain uses of ciprofloxacin, including its use without a prescription, during an anthrax emergency. If you were given ciprofloxacin that has an expired date on the container, please be informed that based on scientific review, FDA is allowing the use of certain lots of ciprofloxacin beyond the expiration date on the container. For more information, go to the FDA website at www.fda.gov (search for "ciprofloxacin expiration").

Who should NOT take ciprofloxacin?

- Do not take ciprofloxacin if you have a severe allergic reaction to ciprofloxacin or similar medicines known as quinolones. A severe reaction may include swelling of the face, tongue, neck, hands, feet, closing of throat, wheezing, trouble breathing, or a rash.
- Do not take ciprofloxacin if you are taking tizanidine or Zanaflex.
- Avoid taking ciprofloxacin if you have a history of myasthenia gravis, seizures, or prolonged QT syndrome. If you have one of these conditions and were dispensed ciprofloxacin because you are allergic to doxycycline, it is ok to take ciprofloxacin, but you should talk to notify your health care provider in the next 3 days.

How do I take ciprofloxacin?

- Take one dose in the **morning** and one dose in the **evening** (approximately 12 hours apart)
- If taking liquid ciprofloxacin, shake liquid very well for about 15 seconds before each use.
- Take each dose with a full glass of water.
- Ciprofloxacin works just as well whether you take it with or without food. If you get an upset stomach when you take the medicine, take it with food. Do not take ciprofloxacin with milk, yogurt, or calcium-fortified juices.
- ***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.***

- Do not skip doses. However, if you miss a dose, **do NOT take 2 doses at once.** Take the next dose as scheduled.
- Do not split, crush, or chew the pills. If you have trouble swallowing pills, please talk to your doctor for advice or an alternative medicine.
- If you have severe kidney disease, you may need a dose change. Talk to a doctor.
- Keep the pills dry. Store ciprofloxacin pills and liquids at room temperature (between 68-77°F or 20-25°C). The liquid can be stored for up to 14 days at room temperature.
- Keep ciprofloxacin away from children and pets. Call the poison control center if children or pets ingest the medicine by accident (1-800-222-1222).

What are common side effects of ciprofloxacin?

The following effects of doxycycline are normal - **KEEP** taking your regular dose. If any symptoms below become severe, talk to your doctor.

- Mild nausea
- Vomiting
- Increased sun sensitivity/mild sunburn (wear sunscreen and cover exposed skin as a precaution)
- Diarrhea
- Vaginal yeast infection
- Increased jitteriness/sensitivity to caffeine (drink less coffee, caffeinated sodas, and energy drinks)

What are possible serious side effects of ciprofloxacin?

Serious side effects from ciprofloxacin are rare. **STOP** taking ciprofloxacin and get medical help right away (go to the emergency room or call 911) if you have any of the following symptoms:

- Closing of the throat or trouble breathing
- Pain, swelling, or inflammation of joints or tendons
- Pain, burning, tingling, numbness, or weakness of your arms, hands, legs, or feet (peripheral neuropathy)
- Seizures, dizziness, tremors, or serious mood changes
- Very fast or irregular heart beat
- Swelling of the lips. tongue, or face
- Severe stomach cramps with fever or bloody or watery diarrhea
- Severe itching or rash, especially hives
- Yellowing of eyes or skin, or dark brown or tea-colored urine (liver failure)
- Unusual bleeding or bruising

What if I am taking other medicines?

- If you are currently taking another fluoroquinolone antibiotic (see list at the end of this handout) you should stop taking that antibiotic and notify the health care provider who prescribed it to you that you have you are now taking the ciprofloxacin dispensed to you prevent anthrax.

- If you are taking any prescription medication, especially one of the following medicines, check with your health care provider to see if your dosage should be adjusted. If you're not sure if you're taking one of these medicines, refer to the Equivalent Medications List or check with your health care provider or pharmacist:
    - Theophylline for asthma
    - Phenytoin or carbamazepine for seizures
    - Duloxetine for depression, anxiety, fibromyalgia, neuropathy, or chronic pain
    - lomitapide (Juxtapid) to treat an inherited form of high cholesterol
    - Mifepristone (Korlym) to treat hypercortisolism
    - Pimozide (Orap) to treat Tourette disorder and delusional parasitosis
    - Medicines to control your heart rate or rhythm, including Amiodarone, disopyramide (Norpace), dofetilide (Tikosyn), dronedarone (Multaq) procainamide, quinidine, and sotalol (Betapace, Sorine, Sotylize)
    - Clozapine, Asenapine (Sapharis), Iloperidone (Fanapt), paliperidone (Invega), quetiapine (Seroquel), thioridazine, Ziprasidone (Geodon) to treat psychosis and other mental health conditions
    - Medicines to treat cancers or leukemia's, including toremifene (Fareston), Vandetanib (Caprelsa), vemurafenib (Zelboraf), ribociclib, arsenic trioxide (Trisenox), nilotinib (Tasigna)
    - A blood thinner like warfarin
    - An anti-diabetic medicine like glyburide or insulin
    - ACE inhibitors, angiotensin receptor blockers, or spironolactone for high blood pressure if over age 65
    - Ivabradine (Corlaor) to treat heart failure
    - Pomalidomide (Pomalyst) to treat multiple myeloma
    - Tasimelteon (Hetlioz) to treat sleep disorders
    - Medications to treat depression (and other conditions), including citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac, Sarafem), and tricyclic antidepressants (TCA, specific TCAs listed in table below)
    - Hydroxychloroquine (Plaquenil) to treat lupus, rheumatoid arthritis, and other conditions
    - Lopinavir/ritonavir (Kaletra) to treat HIV infection
    - Other medications: domperidone, eliglustat (Cerdelga), halofantrine, Lumefantrine, quinine (Qualaquin), artemether (Coartem), pipamperone, radotinib, zuclopenthixol, ribociclib, ajmaline; cisapride (Propulsid), pimavanserin (Nuplazid), tetrabenazine (Xenazine), Agrylin (anagrelide)

- Ciprofloxacin might not work as well when taken with some medicines. Take it at least 2 hours before or 6 hours after taking:
    - Multivitamins or supplements with magnesium, calcium, aluminum, iron, or zinc
    - Phosphate binders
    - Videx (didanosine)
    - Antacids
    - Carafate (sulcralfate)

What if I am pregnant or breastfeeding?

Keep taking ciprofloxacin but tell your doctor if you are or become pregnant or are breastfeeding.

What alternative medicines can I take instead of ciprofloxacin?

Public health officials will tell you if others medicines are available. The risks and benefits of alternative medicines, if available, will be explained in separate instructions. For more information, visit www.cdc.gov.

Risk-Benefit Statement

Although ciprofloxacin has some potential and serious adverse effects, the expected benefit of ciprofloxacin in helping to prevent disease and death associated with anthrax exposure outweigh these risks.

How do I report side effects or medication errors?

Tell your doctor or health care provider right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

On rare occasions, ciprofloxacin can cause serious problems. A federal program called the Countermeasures Injury Compensation Program (CICP) may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by some medicines or vaccines. If you have been injured by ciprofloxacin used to prevent anthrax, you can learn more about this Program by visiting www.hrsa.gov/cicp or by calling 1-855-266-2427 (toll-free).

Questions?

Visit the MDH website at www.health.state.mn.us or contact your local public health department.

MDH Minnesota Department *of* Health

Amoxicillin Fact Sheet

Anthrax Emergency: How to take Amoxicillin to Prevent Anthrax

You have been given a medicine called **amoxicillin** (am-ok-suh-SIL-in) because you may have breathed in anthrax germs. These germs can be **deadly.**

People who may have breathed in anthrax germs should take medicine for 60 days. Taking your amoxicillin reduces your chance of getting sick and dying. Take the medicine as long as you are directed and do not stop early.

It is important to start taking this medicine as soon as possible after the emergency starts. Most people will be given a 10-day supply to start. Public health officials will tell you whether you need more and how to get it.

If you have questions, talk to a health care provider about taking amoxicillin.

What is amoxicillin?

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 in people with certain medical conditions or allergies to other antibiotics, with pregnant women, and with young children**.

Who should NOT take amoxicillin?

Do not take amoxicillin if you have a severe allergic reaction to amoxicillin or similar antibiotic such as penicillin. A severe reaction may include swelling of the face, tongue, neck, hands, feet, closing of throat, wheezing, trouble breathing, or a rash.

Tell your doctor if you have mono (or mononucleosis). Amoxicillin can cause a rash among persons with mono.

How do I take amoxicillin?

- Take one dose **three times a day** (spaced as evenly as possible)
- Take each does with a large glass of water.
- Amoxicillin works just as well whether you take it with or without food. If you get an upset stomach when you take the medicine, take it with food.
- ***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.***
- Do not skip doses. However, if you miss a dose, **do NOT take 2 doses at once.** Take the next dose as scheduled.
- Keep the pills dry. Store amoxicillin pills and liquids at room temperature (between 68-77°F or 20-25°C). The liquid can be stored for up to 14 days at room temperature.
- Keep amoxicillin away from children and pets. Call the poison control center if children or pets ingest the medicine by accident (1-800-222-1222).

What are common side effects of amoxicillin?

The following effects of amoxicillin are normal - **KEEP** taking your regular dose. If any symptoms below become severe, talk to your doctor.

- Upset stomach
- Vaginal yeast infection (including itching and discharge)
- Diarrhea
- Vomiting
- Birth control pills may become less effective. Use a second form of birth control until you finish taking all of your amoxicillin.

What are possible serious side effects of amoxicillin?

Allergic reactions are rare**.** Signs of an allergic reaction include swelling of the face, tongue, neck, hands, or feet, closing of throat, wheezing, trouble breathing, or a rash. If any of these symptoms occur, **STOP** taking ciprofloxacin and get medical help right away (go to the emergency room or call 911).

What if I am taking other medicines?

If you are currently taking an antibiotic for something else you should still begin taking amoxicillin. In addition, you should notify your primary care doctor or the health care provider who prescribed you the other antibiotic within 3 days and let them know you are now taking amoxicillin to prevent anthrax. Your doctor may adjust your antibiotic medications.

What if I am pregnant or breastfeeding?

Amoxicillin is safe to take when you are pregnant or breastfeeding, but be sure to tell your doctor.

What alternative medicines can I take instead of amoxicillin?

Public health officials will tell you if others medicines are available. The risks and benefits of alternative medicines, if available, will be explained in separate instructions. For more information, visit www.cdc.gov.

Risk-Benefit Statement

Although amoxicillin has some potential and serious adverse effects, the expected benefit of amoxicillin in helping to prevent disease and death associated with anthrax exposure outweigh these risks.

How do I report side effects or medication errors?

Tell your doctor or health care provider right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

On rare occasions, amoxicillin can cause serious problems. A federal program called the Countermeasures Injury Compensation Program (CICP) may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by some medicines or vaccines. If you have been injured by amoxicillin used to prevent anthrax, you can learn more about this Program by visiting the HRSA website at www.hrsa.gov/cicp or by calling 1-855-266-2427 (toll-free).

Questions?

Visit the MDH website at www.health.state.mn.us or contact your local public health department.

MDH Minnesota Department *of* Health

Anthrax Fact Sheet

Anthrax is an infection caused by the spore-forming germ *Bacillus anthracis*

There are three types of anthrax infection: cutaneous (skin), inhalational (lungs), and gastrointestinal (stomach/intestines). Symptoms and consequences of anthrax infection vary greatly depending on the type of infection. Anthrax most commonly infects warm-blooded animals including sheep, cows, horses, and goats, but can also infect humans. Anthrax infection in humans is extremely rare in the U.S.

Inhalational anthrax occurs when a person breathes in anthrax spores

- Anthrax is not spread from person to person.
- Spores are very tough forms of the anthrax germ. Spores are capable of surviving for many years in soil or water. The spores are often able to survive sunlight, heat, and disinfectants.
- Anthrax spores could also be used as weapons of war or terrorism.
- If the spores are breathed into the lungs, the spores will grow and spread to other body parts.
- About 1 to 2 days after breathing the spores, a person may have flu-like symptoms (low fever, cough, headache, and weakness).
- After the first 1 to 2 days, the person may feel better for a day or two.
- The disease usually worsens very quickly. Unless antibiotics are given promptly, more than 85% of infected people die 3 to 5 days after inhalation of spores.
- Even with aggressive treatment, the survival rate of patients who develop symptoms is approximately 55%. That is why antibiotic prophylaxis that keeps exposed people from getting sick is so important.

Cutaneous anthrax occurs when the germ enters the skin

- The germ usually enters a cut or abrasion on the skin when handling contaminated wool, hides, leather, or hair products of infected animals.
- Symptoms begin as a raised itchy bump that resembles an insect bite, which progresses to a vesicle (blister), and then a painless ulcer (1 to 3 cm) with a black, dying area in the center.
- It may cause swelling of lymph glands close to the ulcer.
- Approximately 5-20% of untreated cases will die from the infection.

Gastrointestinal anthrax occurs when a person eats contaminated meat

- Infection results in inflammation of the stomach and intestines.
- Symptoms include nausea, loss of appetite, vomiting, and fever followed by stomach pain, vomiting blood, and severe diarrhea.
- 25% to 60% of untreated gastrointestinal anthrax infections result in death.

Anthrax infections can be prevented

Several antibiotics can fight anthrax if given soon enough, usually 2 to 3 days after exposure to anthrax bacteria and before serious symptoms have occurred.

Even a single case of human anthrax must be investigated immediately

The health department, law enforcement agencies (like the FBI and police), and other agencies will investigate any human anthrax case. Doctors and other medical personnel are required by law to call the health department to report any human anthrax infections immediately.

If you have reason to think that you or someone else has been exposed to anthrax spores, call 911. The sooner anthrax is investigated and treated, the more lives will be saved.

For more information on anthrax, visit the CDC website https://www.cdc.gov/anthrax/.