

Closed Point of Dispensing (POD) Planning

A Dispensing Plan for

[Property Name]

[Property Name]

[Property Address]

[Property City, State, Zip]

[Date]



Closed POD Enrollment Form

Introduction

In the event of a public health emergency, a large portion of the population may need medicine or medical supplies distributed in a short period of time. Some types of incidents, such as bioterrorism, may require the entire population to receive medicine within a 48 hour period. It may take up to 12 hours to receive the medication, leaving public health with 36 hours to dispense the medications. While this risk is remote, the consequence of not having a plan would be catastrophic if it did occur.

Points of Dispensing (PODs) are locations organized by Local Public Health with the Minnesota Department of Health where medication will be given to people to prevent disease in response to these public health threats. There are Open and Closed Points of Dispensing for distribution of medication, the majority of the population would receive medication at an open POD. A closed POD is a location operated by a private organization that distributes medicine or medical supplies to a specific group of people, such as that organization's employees, their family members, clients and/or other group(s). Clients can include residential clients, patients of a medical facility, guests at a hotel, students, parishioners, inmates, etc. Closed PODs are NOT open to the public at-large. If the Closed POD Organization has locations in multiple cities and counties the lead Local Public Health agency will work with other applicable Local Public Health Departments to complete a Regional Closed Plan.

Being a Closed POD is beneficial in several ways. It is expected that in an emergency, medical providers, such as hospitals and clinics, will be overwhelmed. Open POD sites (public points of dispensing) will also be extremely busy. Closed PODs offer the ability to directly receive medical supplies and necessary medicine that will allow for continuity of business as well as minimize the impact of the emergency on employees, their family members, and clients. When dispensing medications as a Closed POD, the medications will be provided free of charge. Open and Closed PODs are not allowed to charge a fee for the medication.

Closed POD Plan References

- Closed POD Planning Overview
- Closed POD Plan Template
- Closed POD Forms Book

Agent Specific Protocols

• Mass Dispensing Guidelines: Anthrax Protocol

Required Forms

In the event of Closed POD activation, Closed POD organizations are required to use the screening form, dispensing algorithm, and information sheets provided by the Minnesota Department of Health (MDH). Required forms can be found in the Closed POD Forms Book. Note other resources, including forms in alternate languages may be available.

Required forms include

- Screening form (either paper version or online)
- Dispensing algorithm
- Drug Information Sheets
- Disease Information Sheets

Available resources include

- Medicine Equivalency Information Sheets
- Pill crushing instructions
- Weight estimation guide for children

Training Resources

Organizations are welcome and encouraged to train and/or exercise potential Closed POD employees prior to an incident. There are many training resources available online for prior-to-incident or just-in-time training. Contact Local Public Health for more information.

Closed POD Enrollment Form

Legal Authority and Liabilities

MN Statute 144.4198 allows for medical countermeasures (MCMs) to be dispensed by Closed PODs in the state of Minnesota under the authority of the commissioner of health. Subdivision 2(d) of the statute states that MCMs may be dispensed under "a plan approved by the commissioner or by local or tribal public health agencies and the medical protocol criteria established by the commissioner." To clarify what is meant by "plan approval," plans must include the following (at a minimum):

- Closed POD organization name
- Primary and secondary 24x7 contact information
- Approximate number of individuals served by the Closed POD (employees, members, patients, etc.)
 - Household representative dispensing encouraged w/ family multiplier of 2.5¹
- Medical/Non-Medical or Non-Medical only Closed POD²
- How Closed POD will provide for those who require "medical consult3"
- Acknowledgement that the Closed POD will uphold the following requirements:
 - o MDH-approved dispensing protocol must be used
 - MDH-approved screening forms must be used
 - MDH-approved information sheets must be made available (drug info sheets, disease info sheets)

The MN Statute 144.4198 also provides liability protection to organizations dispensing under approved Closed POD plans as noted above. Federal liability protection is provided under the Public Readiness and Emergency Preparedness (PREP) Act (www.phe.gov/Preparedness/legal/prepact/Pages/prepqa.aspx).

Roles and Responsibilities

Local Public Health Responsibilities

- Provide communication, guidance, materials and the Minnesota Department of Health dispensing protocol
- Communicate details of the incident and delivery or pick up instructions
- Provide planning technical assistance and consultation for Closed POD operations
- Make forms and additional resources readily available
- Conduct an annual check-in and notification drill with Closed POD

Closed POD Responsibilities

- Complete Closed POD Plan using this document, sign and submit to Local Public Health
- Update this plan as personnel or facilities change
- Medical countermeasures will be dispensed according the appropriate Minnesota Department of Health dispensing protocol
- Identify key employees for operating a Closed POD
- Train employees and exercise the plan
- Print/copy and use required forms and screening algorithm provided by MDH to dispense
- Monitor inventory level and provide storage at the Closed POD site
- Following an incident, securely store completed screening forms in accordance with the organization's data retention policy

Acknowledgement

Our organization acknowledges the roles and responsibilities listed above and would like to participate as a Closed POD partner. We understand that we may opt in or out of participation during an actual incident. We also understand that Public Health has the option to exclude our organization from the Closed POD program depending on the nature of the incident and response required.

Representative Name	Title	Signature	Date

 $^{^{\}rm 1}\,2010$ Census data estimates the average household size in Minnesota to be 2.48 people.

² Non-medical refers to medical countermeasures taken orally (like antibiotics). Medical refers to those that must be administered by injection (like influenza vaccine). Medical Closed PODs must have access to staff to administer vaccines, cold chain management, and a biohazard disposal plan.

³ Potential options may include having a licensed medical practitioner on site, available by phone, or referring individuals requiring "medical consult" to the nearest open POD or their medical provider to determine the best course of action.

Closed POD Enrollment Form

C	losed	POD	$\bigcap r\sigma$	anizatio	n Info	rmation
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Closed POD Organization ini	ormation				
Organization Name					
Street Address					
City, State and Zip Code					
Organization 24/7 Phone #					
Organization Fax					
Organization Contact	Title		Day Phone	Evening Phone	Mobile Phone
				0	
			Email Address		
Closed POD Site Information List additional facilities covered under plan		os if massassamul			
Site Name	(auu more iii	les ii fiecessary)			
Site Address					
Organization's Contacts in th		of Closed PC		l 1 51	1 2.1
Primary Closed POD Contact	Title		24/7 Phone	Work Phone	Other
			Email Address		
Secondary Closed POD Contact	Title		24/7 Phone	Work Phone	Other
			Email Address		
Tertiary Closed POD Contact	Title		24/7 Phone	Work Phone	Other
			Email Address		
			Zilian / taal ess		
Administrative Information			li l : O : l : +i	total-lunctures	
Medication and Vaccine Dispens	eing .		dical: Oral medication	ns – Initial regimen ns – subsequent regimen	
ivieuication and vaccine dispens	omg		Vaccinations	ns – subsequent regimen	
Medical or Occupational Health	Personal	Yes			
on site?		□No			
				le an on-site medical consult	
Medical Consultation			· · · · ·	le an on-call medical consult	
			ed POD(s) will refer p ease describe)	people to their health care p	rovider or an open POD
Madical Consult Contact Inform	otion		• •		
Medical Consult Contact Information		Organizatio	n	Phone Numb	oer
Total number of people served & covered					
under this plan (<i>Table 1</i>) If this is a Regional Closed POD Plan,					
please list all participating Local Public					
Health Agencies					
Does this organization receive H	lealth	☐ Yes			
Alert Network (HAN) notices?		☐ No			
(Mission Critical Partners, maxir					
number of employees needed to operate at full capacity for 24 ho					
erare at title capacity for 74 nc	JUISI	Ī			

Closed POD Plan

Initial Activation

Public Health will first communicate with the Closed POD Organization contacts when activation has been advised. *Note that the specific Closed PODs to be activated will be determined at the time of the incident. Some Closed PODs may be activated while others are not.* Public Health will provide a situational report and guidance for Closed POD operations.

Once activated the primary point of contact with Local Public Heath will be the Closed POD Coordinator identify by the Closed POD Organization. The Closed POD Coordinator will be responsible for communications with Local Public Health during the incident. Information specific to the incident may be posted on the Local Public Health and Minnesota Department of Health (MDH) websites.

Incident communication may include:

- Incident goals, objectives, and timelines
- Specific disease agent and appropriate dispensing protocol
- Targeting or prioritizing groups, if implemented
- Geographic area affected
- Additional protocols, guidelines, or recommendations

Identify Who Will Receive Medication/ Dispensing Process

This information will determine the number of medications distributed to the organization. If numbers may vary, include the highest possible number. We encourage dispensing using a head of household model, in which one member of the household picks up medication for the entire household. *Check the boxes for who will receive medication*

Table 1

Employees	0	Employee Household Members (multiply employee # X 1.5)	0	0
Clients Residental Guests/ Home Health/ Hospice	0	Client Household Members (optional - multiply clients # X 1.5)	0	0
Other Volunteers, Vistiors, Contracted Services, Physicians	0	Other Household Members (multiply volunteer # X 1.5)	0	0
Total # people coming to POD (this number will be basis of copies made)	0		Total # of people served & covered under this plan (Total of all categories + household members)	0

Based on average household size 2.5 (Employee + 1.5 household members = 2.5)

Personnel for Closed POD Operations

Closed PODs are staffed by the organization's personnel. Job positions and the number of positions should be included in the plan. Each position listed below is a required Closed POD position or a recommended/encouraged position. Review the **Closed POD Positions Reference Guide** (*Closed POD Forms Book, Attachment* 3) prior to assigning positions below. All job positions have a corresponding **Job Action Sheet** (*Closed POD Forms Book, Job Action Sheets*).

Utilize the **Closed POD Staffing and Space Planning Chart** (*Closed POD Forms Book, Attachment 4*) to estimate the number personnel required per shift. *Note:* Depending on the size and capability of the organization, the organization may choose to have multiple jobs filled by the same person. Employees can also shift roles as needed during the dispensing process.

Table 2

Job Position	Position Job Title (Human Resources, Risk Management, Facility Maintenance, etc.)	Number of Personnel Required Per Shift		
	Required Positions	1		
Closed POD Coordinator				
Screener				
Dispenser				
Inventory Manager				
	Recommended Positions			
Security				
Usher/Greeter				
Forms Reviewer				
Courier				
Site Safety Lead				
Medical Director* (if providing medical support)				

^{*}Can be available onsite or by phone

Medical Personnel

Non-medical Closed PODs are not required to have medical personnel available, however, it may be helpful to have on-site or available-by-phone medical personnel if medical consultations are needed, or if minor medical emergencies occur.

Vaccine Dispensing Planning Considerations

- Personnel qualified to administer vaccine
- Cold storage location with temperature monitoring to keep vaccine at manufacturer recommended temperature
- Cold chain management plan (how to document the temperature monitoring of vaccines)
- Biohazard plan (how to dispose of used needles)

Initia	l Res	ponse	Activities
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When t	he Closed POD is activated, the Closed POD will:
	Notify, activate, and assemble Closed POD personnel using the Personnel for Closed POD Operations Chart (<i>Table 2</i>)
	Confirm Closed POD plan details and implement Closed POD plan
	 Review the planning steps outlined below for operational changes that may impact the response Remember that there are a lot of action steps in this plan from printing document to traffic flow and communications
	Prepare briefing material using the Closed POD Briefing Checklist (Closed POD Forms Book, Attachment 8)
	Utilize Job Action Sheets (<i>Closed POD Forms Book, Job Action Sheets</i>) Communicate setup timeline and anticipated time Closed POD will be operational with Local Public Health Setup the Closed POD site to dispense medication
Site Set	tup: Security, Layout, Client and Traffic Flow
not be a	planning needed is dependent on the number of people served at the Closed POD. Planning considerations may applicable for all organizations. Review and utilize the included items listed below in your plan. Dispensing location
ū	
	 Site map considerations include the size of the population, size of room, and parking. Review the Closed POD Operational Reference Guide (Closed POD Forms Book, Attachment 2) prior to determining
	the site flow
	 Utilize the Closed POD Site Flow Diagram and Signage Layout (Closed POD Forms Book, Attachment 6) for examples of table setup, flow of people through the Closed POD and Closed POD Signage (Closed
	POD Forms Book, Attachment 7) when developing the Closed POD site map
	 Diagram of dispensing site entrance/exit and which doors to keep locked
	 Diagram of vehicle traffic flow with surrounding streets. Include bus lots, if applicable
	 Square footage of entire site and of secured storage space
_	Loading docks or receiving areas, including availability of pallet jacks and/or fork lifts
ш	Confirm that sufficient materials have been printed and posted according to plan:
	 Use the Closed POD Calculation Chart to Print Materials (Closed POD Forms Book, i) to print the number of documents needed for operations. Use the maximum number of employees, family members, and clients to estimate amount of printing necessary (Table 1)
	 Use the Closed POD Signage (Forms Book, Attachment 7)
	Describe how security will be maintained for the medication, Closed POD operations, and for the employees,
	their family members, clients and/or other group(s) and at the site. Include the location of the organizations
	security and emergency procedures and protocols.

Note: Agencies are required to provide any needed support for the organization's employees, their family members, clients and/or other group(s) with access or functional needs (i.e. deaf, blind, etc.) to ensure that everyone has access to needed medications and/or vaccines being distributed. More information on access and functional needs planning can be found at https://dps.mn.gov/divisions/hsem/access-functional-needs/Pages/default.aspx.

Communications

Internal Communications

Communication is one of the most important components in a response. As a Closed POD, it is important to communicate with employees and/or clients before, during, and after the incident.

As a Closed POD Organization, communicate with employees and clients:

- Basics of a Closed POD and share the Closed POD Plan
- Their role in the plan along with training for their role
- Roles and responsibilities of employees in an emergency
- How they will be notified
- Who is included in the plan i.e.: organization's employees, their family members, clients and/or other group(s)
- Medication/vaccine will be provided to the affected population as defined by the Minnesota Department of Health

Upon notification of an incident, communicate with employees and clients:

- That an incident has occurred and the Local Public Health Department has activated the Closed POD plan
- Arrival time and location for personnel designated for Closed POD operations
- Arrival time and location for organization's employees, their family members, clients and/or other group(s) to receive medication

During the incident, communicate with employees and clients:

- Where to locate the screening form and remind them to bring completed forms for all individuals
- Where and when medication will be available
- Where to go for information about the incident
- Where to go for medical consultation, if identified through the screening process

After the incident, communicate with employees and clients:

- The outcome of the organization's dispensing effort
- Any questions or concerns that arise and how to find further information, as needed

Describe how communication will occur during the incident and who will be responsible for the communication. Utilize and reference the Closed POD Organization's existing communication plans. See the **Closed POD Communication Matrix** (*Closed POD Forms Book, Attachment 9*) for additional considerations on notification, activation and operations for the Closed POD organization. Example letters are provided as part of the Communications Matrix as samples to help guide in crafting the ideal message for Closed POD dispensing and/or Room-to-Room dispensing in preparation for an incident.

Closed	POD communication tools:		
	Individual phone calls	Email message	
	Recorded message information line	Text message	
	Call center/phone bank	In person meeting	
	Notification system:	 Other:	
	To Employees:		
	To Clients:		
	To Medical Director:		

	Other:
Medic	ation Pick Up
	Health will provide the organization with the pick-up / delivery details (i.e. times, location, etc.). When picking up
	edication, the Closed POD must:
	Complete the Closed POD Courier Authorization Letter (<i>Closed POD Forms Book, Attachment 5</i>) o Follow the Closed POD Courier Authorization Letter instructions
	Ensure the Courier is able to provide a state or federal government issued or organizational photo identification
Receiv	ring Medication & Inventory Management
Once n	nedication is received from Local Public Heath, the Closed POD will:
	Ensure measures are taken to keep medication secure during transport
	Provide a secure location for medication storage within the Closed POD. Medications should be stored at a minimum in a locked room within temperature range 68-77°F and kept away from extreme heat or cold. O Secure location for medication:
	During dispensing, if medication falls below 1/3 of the original inventory level and it is anticipated that more will
_	be needed, contact the inventory manager on site and Local Public Health for a resupply
	Describe how inventory will be managed (i.e. electronic spreadsheet, paper based system, etc.)
П	If the Closed POD has more than one distribution sites, describe how the transfer of medication will occur:
_	——————————————————————————————————————
Disper	nsing Medication
	POD Organizations are required to use the screening form/online screening tool, dispensing algorithm, and
	ation sheets provided by the Minnesota Department of Health. The agent specific protocol is located in <i>Closed</i>
	orms Book.
	The Closed POD Organization will dispense medication to employees, their family members and/or other group(s) by the regimen (bottle) in accordance with and under the authorization of the Commissioner of Health. o The online screening tool is accessible via https://podprecheck.web.health.state.mn.us/ o Paper screening forms and printouts of online screening forms must be retained by the Closed POD o Generally, a household representative can obtain medicine for family, friends, neighbors, etc. The household representative will need to complete the screening form for each person receiving medications (if not completed online).
	Dispense medication to personnel working the Closed POD first
	Dispense medication to all Closed POD designated employees, their family members, clients and/or other group(s)
	 Describe how the organization's employees, their family members, clients and/or other group(s). will be

served at the Closed POD site

- Examples include:
 - Employees will be instructed to report to work to receive medications at the identified Closed POD site with room number and location to be determined by Closed POD.
 - Employees will receive medication for themselves and all their household members.
 - Medication will be dispensed by the regimen (bottle) to clients with a scheduled clinic appointment at the time of activation.

rees
Members
will be served at:
Our organization's Closed POD
Clients' rooms
Clients' homes
Other-Please describe: (example: through our regular dispensing system)
pilization
eport and Return of Leftover Medication
ne incident operation has ended, Local Public Health will communicate next steps. Utilize the Closed POD Closing Checklist (Closed POD Forms Book, Attachment 10) to demobilize Closed POD Coordinator will communicate with Local Public Health Complete documentation requested by Local Public Health or the Minnesota Department of Health Participate in a After Action Review with Local Public Health, if requested Update the Closed POD Plan with lessons learned and improved procedures, if necessary