



COLORADO

Department of Public Health & Environment

CLOSED POINT OF DISPENSING Operational Plan

Yes! We want to participate in the Closed Point of Dispensing (POD) Program with CDPHE. As a Closed POD partner, we will dispense medications to our employees, their families, and/or our clients in the event of a large-scale public health emergency.

Organization Information

Organization Name: _____

Street Address: _____

City, State, Zip Code: _____

Main Telephone Number: _____

Primary Contact Person

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Secondary Contact Person

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Tertiary Contact Person

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Inventory Management

When your organization has officially taken possession of the medications, it is your responsibility to track the inventory. This is critical so that CDPHE can be notified in a timely manner if you need additional medications.

Inventory Manager: _____

Job Title: _____

Please select the method you will use to track your medications inventory and give a brief description of how it will be executed:

Electronic Spreadsheet (Ex. Use an excel spreadsheet to maintain inventory)

Description:

Paper Based System (e.g., staff will track inventory manually)

Description:

**Although your method of choice is the primary management method, it is good to still use a hard copy tracking form as a backup system.*

How Many Doses Of Medication Will Be Needed?

How many people does your organization employ, including full-time, part-time, seasonal and contract workers?	
How many family members will you serve? (Total number of employees from above multiplied by 2.5)	
How many patients/residents do you serve?	
TOTAL DOSES OF MEDICATION NEEDED	

Distributing Medications

It is your organization's responsibility to transport inventory to your closed POD site(s).

Names of staff members who are authorized to accept and sign for inventory:

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Name: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Location for Medication Storage: _____

Is this storage location secured? Yes No

Dispensing Site Location (please include building name and room number):

Dispensing Site Equipped with:

Infrastructure Description	Availability (Y/N)	Number Available (If applicable)	Comments
Parking Spaces			
HVAC Capacity			
Electricity			
Restrooms			
Break Area			

Staffing

Although CDPHE does not require closed POD sites to have medical personnel staff to dispense medications, it may be helpful to have on-site medical personnel if medical consultations are needed or if minor medical emergencies occur.

Do you have medical or occupational health personnel on staff? Yes No

If so, how many medical staff do you have?

Titles	Number of Staff
MD	
PA	
NP	
RN	
Other (please specify)	

List your closed POD staffing requirements by position:

Closed Pod Job Position	Staff From (Worker's Safety, Human Resource, etc.)	Number of Staff Required Per Shift
Closed POD Manager (1)		
Greeter (at least 2, 1/100 employees)		
Screeener (at least 2, 1/50 employees)		
Dispenser (at least 2, 1/40 employees)		
Security Staff (1/door +1)		
Line Monitor Staff (at least 2, 1/75 employees)		

Security

It is crucial to ensure that medications are appropriately secured. Please indicate below how you will enforce security at your closed POD site(s).

Our organization agrees to protect the assets and ensure the safety of our employees at the POD.
Yes

Person Responsible: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

- Employees will be required to show identification- Employee ID Driver's License
- Security presence at receiving location
- Both driver and authorized pick-up person must show identification
- POD has few entrances
- Access to POD is controlled (staff and non-staff)
- List of staff prior to POD operations
- POD staff show badge or present other form of identification prior to entering POD
- Give POD staff easily identifiable badges or vests
- Have guards on site
- Security personnel have communication plan to report unusual activities or emergencies
- Organization has plans and resources to rapidly address security issues at POD
- Chain of command executed
- POD has a secured (Locked) location to store SNS materials
- SNS materials are secured while dispensing (away from public)

Please describe your security plan in more detail:

Floor Plan

Please include a floor plan with table set up as well as the flow of people going through the POD.

Communication

It is crucial to communicate effectively with your employees before, during, and after the event. They should be made aware that you are a closed POD site, how they would be notified in a prophylaxis event, and how you will provide additional information if an event occurs. You should inform them that you will also provide medications for their families and where they would report to pick up their allocation.

Our organization agrees to communicate about Closed PODs with our employees **before** the event. Yes

Person Responsible: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Description of the Communication Plan (*For example, include closed POD plan in employee orientation or make it as part of the annual refresher training*):

Our organization agrees to communicate with our employees **during** the event. Yes

Person Responsible: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Description of the Plan (*For example, use a phone tree to inform all staff of public health disaster and distributing job actions sheets and hosting just in time training to make sure staff know how to perform the tasks needed*):

Our organization agrees to communicate with our employees **after** the event. Yes

Person Responsible: _____ Office Telephone: _____

Job Title: _____ Cell Phone: _____

Description of the Plan (*For example, sending mass emails or text messages to remind employees and their families to complete entire course of medication and address any questions or concerns employees may have*):

Closed POD Activation Notification Method:

Telephone: External Information Line Call Center/Phone Bank

Electronic: Website Posting Mass Email Message Mass Text Messages

In Person: Meeting/Presentation Other: _____

Required Forms

CDPHE will provide electronic copies of all the forms needed for your Closed POD. Your organization will be responsible for making them available to your employees electronically as well as producing a percentage of hard copies for those who fail to bring forms with them.

Estimate the number of copies you will need for each of the following:

Item	Number Needed	Location
Dispensing Plan (this document)		
Head of Household Forms <i>Note: to be filled out by each person picking up meds</i>		
Drug Information Sheets		
Doxycycline (Doxy)		
Ciprofloxacin (Cipro)		
Job Assignment Form and Job Action Sheets		
Job Assignment Forms		
Job Action Sheets		

Will you make copies in advance? Yes No

If so, where will you store the forms? _____

Do you have a copier to make copies? Yes No

If yes, list person responsible for making copies: _____

Location of copier(s) to be used: _____

Trouble-shooting person: _____

If no, list organization/location to make copies: _____

Address of copier location: _____

Contact number: _____

Return Completed Plan to:

Melanie Simons
SNS Program Manager
Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246

Office: (303) 692-2950
Cell: (303) 229-5877
melanie.simons@state.co.us

We, the undersigned agree to participate with CDPHE in planning and preparing for the activation of a Closed POD. We understand that we have the option to opt in or out of operation on the day of an event. We also understand that CDPHE has the option to exclude this organization from the Closed POD program if appropriate planning and training does not occur.

Organization:

Signature: _____

Date: _____

Name: _____

Position: _____

Colorado Department of Public Health & Environment

Signature: _____

Date: _____

Name: _____

Position: _____