**[Agency Name] Closed Point of Dispensing (POD) Plan**

[Site logo and or facility photo]

*[When working on this template, remove any italicized instructional font once completing that section. For non-italicized brackets, insert the specific information requested. You may find during the planning process that additional information is needed in this template. Please add any additional tools or resources required to complete this plan to fulfill the needs of the facility.*

*After making edits to the plan and before saving/printing/distributing, always go back to refresh the Table of Contents so titles and page numbers are accurate throughout the plan.]*

**In collaboration with**

**Oakland County Health Division**



# Disclaimer

This Closed Point of Dispensing (POD) Plan, developed in collaboration with the Oakland County Health Division (OCHD), remains confidential and is only shared on a need-to-know basis. This plan is intended as a guiding template for emergency preparedness planning for your facility. It is to be utilized, as you wish, in conjunction with or as an addition to plans and procedures that are already in place. This plan is for official use only by OCHD, [Agency name], and authorized personnel identified in this plan. Official use only identifies unclassified information of a sensitive nature, not otherwise categorized by statute or regulation, and the unauthorized disclosure of which could adversely impact a person’s privacy or welfare.

Need-to-know is determined by an authorized holder of information that requires access to specific information to perform or assist in a lawful and authorized government function, i.e. access is required for the performance of official duties. Reasonable precautions should be taken to preclude access to the information by those who do not need it for official activities.

Becoming a Closed POD does not guarantee activation during every incident. It is possible that some facilities may not be impacted by the emergency, therefore POD activation is not necessary. In the event of a public health incident that required injections/vaccinations instead of the distribution of medication, facility staff may have to attend an Open POD to receive their injection.

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**Signature Certification Page**

Upon completion of this plan, the facility representative and OCHD Health Officer signs this certification page to designate approval of this document. Copies are kept with [Agency Name] and OCHD. Once the plan is finalized, it becomes the responsibility of the Closed POD partner to maintain the information and accuracy of the plan. All updates must be reported, at least annually, to OCHD Emergency Preparedness (EP) Unit.

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| **FACILITY REPRESENTATIVE** | | |
| Print Name: |  |  |
| Title: |  |  |
| Signature: |  |  |
| Date: |  |  |
|  |  |  |

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| --- | --- | --- |
| **OCHD HEALTH OFFICER** | | |
| Print Name: | Calandra Green |  |
| Title: |  |  |
| Signature: |  |  |
| Date: |  |  |
|  |  |  |

# Planning Information

## Emergency Contacts

In a public health emergency, OCHD will contact the following individuals via Michigan Health Alert Network (MIHAN). MIHAN is a secure, web-based communication system that allows for a two-way, 24/7 flow of information between key points of contact from the State of Michigan, local public health, hospitals, EMS agencies, health clinics, long term care facilities, and emergency management. The key to a rapid and successful response to an outbreak or health emergency is early notification. It is the responsibility of the Closed POD facility to ensure that individuals identified in this contact list maintain active MIHAN accounts.

|  |  |  |
| --- | --- | --- |
| **Emergency 24/7 Contacts** | **Name of Contact** | **Contact Information** |
| **Primary Contact** |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Secondary Contact** |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Tertiary Contact** |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Oakland County 24/7 Emergency Number** | | 248-858-5300 |

## Plan Storage Locations

This Closed POD Plan is stored in the following locations:

|  |  |  |
| --- | --- | --- |
| **Storage Location** | **Details** | **Digital/Hardcopy** |
| *Example: Main Office* | *Example: Red, three ring binder* | *Example: Hardcopy* |
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## Site Activity Log

Below is an activity log to track planning activities and/or revisions pertaining to this plan. This log records the collaborative activities relative to this facility – i.e. exercises, assessment updates, trainings, etc. When changes occur to this log, all stored digital and hardcopy plans should be updated as well.

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| --- | --- |
| **DATE** | **ACTIVITY LOG** |
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## Planning Assumptions

OCHD:

* Provides partners with 24-hour emergency contact information for OCHD.
* Develops the initial Closed POD Plan.
* Provides pre-incident planning and technical assistance. This includes, but is not limited to: templates for policies, procedures, POD layouts, fact sheets, dispensing algorithms, Medication Dispensing Forms (MDF), and other information necessary to successfully operate a Closed POD.
* Provides supplies and materials necessary for POD operation including but not limited to: signage, incident command chart display poster, and incident command vests. Additional materials are available upon request at any point throughout the partnership.
* Provides Closed POD training/education opportunities for agency staff.
* Provides guidance as needed during response to a public health emergency.
* Notifies [Agency Name] as incident requiring POD Plan activation of the Closed POD Plan.
* Closed PODs should never self-activate. Partners can always contact the Oakland County Health Division for assistance during an emergency at 248-858-5300.
* Shares Oakland County media messages during a public health emergency to ensure consistency of messaging between the designated dispensing population and the general public. This includes all public information and/or media and press releases relevant to the incident.
* Receives any unused medication, as necessary, as well as copies of all MDFs after the dispensing process is complete and the Closed POD is deactivated.
* Reviews this Closed POD Plan as needed and maintains a copy of this plan.
* Provide medication to staff, family members and residents.
* Will not provide to resident’s family at this location.

As a Closed POD partner, [Agency name]:

* Receives a completed Closed POD Plan from OCHD with the understanding that future updates are the responsibility of [Agency Name] to maintain and OCHD must receive a copy of the updated plan as staffing and other changes occur. [Agency Name] will send an up to date POD plan to OCHD biannually for review.
* Responsible for updating the Closed POD Plan (both digital and hard copy) with new information/materials provided by OCHD.
* Assigns staff to ICS roles within the POD.
* Ensures all new staff complete required trainings and understand the plan.
* Provides up to date tertiary level 24-hour emergency contact information to ensure timely notification and activation of the Closed POD during a public health emergency.
* Identifies a space within the building that will be sufficient for the Closed POD.
* Provides an annual updated estimate of individuals requiring medication at the Close POD (total includes number of staff, residents/patients, other agreed upon individuals).
* Participates in ongoing trainings and exercises in collaboration with OCHD and other community partners.
* Provides an updated copy of this plan to OCHD annually or as changes are made.
* **Picks up** SNS materials **from** the designated OCHD Distribution Node (DN).
* Identifies**/provides** security escort during transport.
* Maintains the necessary supplies and equipment needed to operate a Closed POD (provided by OCHD) and designates a location for secured storage. Check supplies biannually.
* Prints all materials necessary for medication dispensing operations, which will be provided by OCHD at the time of a public health emergency.
* Dispenses medication following protocols and guidance outlined in this plan.
* Submits all completed Medication Dispensing Forms and any unused medication, as required by law, to OCHD at a designated time and location.

## Closed POD Planning Committee

The following staff members are identified as the Closed POD Planning Team. These individuals are the Subject Matter Experts at the facility and are selected based on their experience and expertise. Closed POD Planning Team members are cross-trained to ensure continuity of operations and strong leadership during response activities. This team considers all aspects of POD planning including: operation needs, policies, and additional resources like translation or other support services. POD Planning Team members may fill a job role during a POD activation/exercise.

|  |  |  |
| --- | --- | --- |
| **Point of Contact** | **Name of Contact** | **Contact Information** |
| **OCHD Planning Liaison** Primary Contact | Sam Montney  Emergency Preparedness Specialist | Work Phone: 248-459-8987  Email: montneys@oakgov.com |
| **OCHD Planning Liaison** Secondary Contact | Jeanette Henson  Emergency Preparedness Specialist | Work Phone: 248-858-0204  Email: hensonjma@oakgov.com |
| **POD Manager**  Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **POD Manager** Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Safety**  Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Safety**  Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Facility Maintenance** Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Facility Maintenance** Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Public Relations** Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Public Relations** Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Human Resources** Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Human Resources** Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Transportation**  Primary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Transportation** Secondary Contact |  | Work Phone:  Cell Phone:  Home Phone:  Email: |
| **Other** |  | Work Phone:  Cell Phone:  Home Phone:  Email: |

## POD Operations Team

The POD Operations Team are the selected individuals assigned a job role during a public health emergency. Once activated, the POD Operation Team arrives with/without their family member] at a designated time to setup the POD site for dispensing operations.

* The POD Manager first notifies the primary contacts to report for activation and provides an arrival time.
* If any of the primary contacts are not available, the secondary contacts should be notified.
* OCHD recommends each site to have two Greeters, two Screeners, and two Dispensers working at the POD site as well as two secondary staff listed for each of those positions.
* Descriptions of roles and responsibilities for each Incident Command position are in *Appendix 1.2 – Job Action Guidelines.*

The number of staff in each position should be regularly evaluated and adjusted based on exercises and associated improvement planning. A list of POD Operations Team contacts and associated job roles can be found in *Appendix 2.2 - POD Operations Team Call Down List.*

## Recommended Trainings and Staff Preparedness

### Recommended Trainings

OCHD follows guidelines and response standards set forth by the Federal Emergency Management Agency (FEMA). Utilizing the FEMA Incident Command System (ICS) and the National Incident Management System (NIMS) ensures consistency during response and allows all agencies to work together seamlessly. It is recommended that the POD Operations Team complete the trainings listed below based on position at the Closed POD. The FEMA Independent Study trainings are available online, free of charge, and can be found at: <http://training.fema.gov/IS/crslist.asp>.

|  |  |  |
| --- | --- | --- |
| **Recommended Trainings** | **General POD Staff** | **POD Manager/Chiefs** |
| FEMA Independent Study (IS) 100b: Introduction to Incident Command System | **🗸** | **🗸** |
| FEMA IS 200b: ICS for Single Resources and Initial Action Incidents |  | **🗸** |
| FEMA IS 700a: National Incident Management System (NIMS), An Introduction | **🗸** | **🗸** |
| FEMA IS 800b: National Response Plan Framework, An Introduction |  | **🗸** |
| FEMA IS 546.12: Continuity of Operations Awareness Course |  | **🗸** |
| FEMA IS 547a – Introduction to Continuity of Operations |  | **🗸** |
| FEMA IS 29: Public Information Officer Awareness | **🗸** | **🗸** |
| **Additional Training Opportunities Presented by OCHD**  *Contact the Emergency Preparedness Unit to schedule training times online or in person* | | |
| OCHD Closed POD 101 Training | **🗸** | **🗸** |
| OCHD POD Incident Command Positions | **🗸** | **🗸** |

\*See *Appendix 1.3 – POD Operations Team Training Log* to track which staff have completed these trainings.

### Staff Preparedness

All staff should have an emergency Go-Kit prepared in case they are alerted to report or they are asked to work an extended shift during an emergency. An Emergency Go-Kit list can be found in *Appendix 5.1 – Emergency Go-Kit Items*. Staff and POD Operations Team members should also prepare their families for emergencies by developing a family emergency plan. When reporting for duty during a public health emergency, staff may be away from their family for an extended amount of time. Plans should be in place for things like childcare and pet care. *See Appendix 5.2 – Family Emergency Plan* for information and resources for developing a family emergency plan.

# POD Site Information

## POD Location

Below is the location information for the designated dispensing site.

|  |  |
| --- | --- |
| **POD Site Location Information** | |
| **Name of Facility:** |  |
| **Address:** |  |
| **City, State, ZIP:** |  |
| **Main Number:** |  |

## POD Capabilities

Information below was gathered during a site visit with OCHD Emergency Preparedness Unit.

|  |  |
| --- | --- |
| **Dispensing Site Capabilities** | |
| **This site HVAC system:** | *[Include information about where the HVAC is located.]* |
| **The following refrigeration units are on site:** | *[Include information about what types of refrigeration units are available including the cubic feet/size. Are they on generator backup?]* |
| **This site [has/does not have] a weather radio:** | *[If yes, include information about where the weather radio is kept. If no, briefly explain how to facility monitors weather incidents.]* |
| **This site [does/does not] have a generator available.** | *[If yes, include information about where the generator is stored and how it is fueled, what it runs? If no, explain the facility’s method for backup power.]* |
| **This site [does/does not] have a PA system available to alert individuals in the building.** | *[If yes, include information about where the PA system is located. If no, identify how the facility alerts people within the facility.]* |
| **What technology equipment is available on site? (Example: TVs, projectors, copiers, printers, internet, fax, speakers, etc.)** | *[Summarize available equipment within the facility and identify where these items are stored/located.]* |
| **This site [is/ is not] handicap accessible.** | *[If yes, include information about where the handicap entrances and ramps are. If no, identify how the facility assists individuals with additional needs.]* |
| **The site [has/does not have] Material Handling Equipment on site like hand carts or dollies, loading docks, or fork list?** | *[If yes, identify where the equipment is stored/located. If no, explain who unloads the materials after delivery and how]* |
| **This facility [has/does not have] available restrooms near the dispensing site.** | *[If yes, identify where restrooms are located. If no, identify a designated restroom at the facility that is accessible to medication recipients arriving at the POD]* |
| **Other resources or amenities:** | *[List additional resources or amenities available at the POD site that are specific to that location.]* |

## Communication Information

### Internal Communication Methods

[Include any additional internal communication methods within the facility not listed below]

The following internal communication methods in place:

Landline Telephones

Cell Phones

Two Way Radios

Fax

Email

Employee Website

MIHAN (receiving end)

### External Communications

[Include any additional external communication methods within the facility not listed below]

The following external communication methods in place:

Landline Telephones

Cell Phones

800MHz Radio

Fax

Email

External Website

Social Media

### MIHAN Communications

OCHD encourages POD partners to have the three-emergency contacts on Michigan Health Alert Network (MIHAN) to ensure they receive emergency communications. Facilities may also add additional contacts to MIHAN if needed. Individuals can sign up for MIHAN by going to www.michiganhan.org. The OCHD EP Unit issues communication test thought the year via MIHAN (For more information on MIHAN, see page 1. For more information on how to access, use, and obtain documents via the MIHAN system, see *Appendix 3.1 – Michigan Health Alert Network (MIHAN) Resources*).

### Risk Communication

In a public health emergency requiring the activation of this plan, OCHD will provide risk communication messaging regarding the incident. Messages pertaining to the incident are typically sent through MIHAN but may also be sent via email. It is the responsibility of the Closed POD Manager or designee to contact staff and residents regarding the activation of the Closed POD.

The following communication resources can be found in the attachment section of this plan:

* *Appendix 3.2 – POD Information Letter for Stakeholders* 
  + - Basic POD information for residents and their family members, staff, and staff family members.
* *Appendix 3.3 – POD Activation Letter for Stakeholders*
  + - POD activation information for residents, staff, and staff family members.

# Dispensing Population

Determining the total number of people expected at your Closed POD is a critical step in the planning process. This number helps define the dispensing strategy for your organization. This also determines the size, location, layout, and number of staff needed to operate your Closed POD.

To determine your total population, apply the Head of Household Formula to your total employee count. A Head of Household is defined as one adult who represents a family. For planning purposes, estimate 2.5 individuals per household. The Head of Household is provided enough medication for their family members, live-in relatives, and/or designated caretakers.

To determine dispensing population, multiply the total staff county at the facility by 2.5 to receive the HOH count for staff [and add residents, if applicable]. If you have individuals working at the facility who live together in one household (i.e., significant other, sibling, parent, etc.), only one of these individuals needs to act as HOH to receive medication.

|  |  |
| --- | --- |
| **Head of Household Planning Formula** | |
| **Number of HOH Staff** | [Example: 500] |
| **Multiply by HOH Formula** | X 2.5 |
|  | [Example: 2,250] |
| **Add Number of [residents/clients/etc.]** | [Example: 60 (if there are no other recipients type “N/A”] |
| **TOTAL DISPENSING POPULATION** | 2,310 |

# Dispensing Operations

Below is site specific information pertaining to the POD that details: the POD set-up, acquisition of the medication from OCHD, and the dispensing of medication on site. [Information in Dispensing Site Procedures should include any additional specific detailed information about the different sections below].

## Closed POD Activation and Staff Notification

### POD Activation and Establishing Incident Command

The Incident Command System is utilized during public health emergencies to ensure a consistent and efficient response between POD Partner Agencies and OCHD.

Upon confirmation that a POD activation will occur:

* OCHD will alert the three emergency contacts listed at the beginning of this plan via MIHAN.
* The POD Manager utilizes the POD Activation Checklist to properly set up the Closed POD, *Appendix 2.1 – Closed POD Activation Checklist*
* The POD Manager establishes and ensures Incident Command is functioning on site.

### POD Operations Team Activation

To activate the POD Operations Team, the POD Manager:

* Utilizes the call-down list to alert staff to the Closed POD activation *Appendix 2.2 – POD Operations Team Call-Down List.*
* Utilize *Appendix 2.3 – POD Operations Team Activation Call Script* to ensure activation details are consistently shared with members of the POD Operations Team.

The chart below suggests the number of Incident Command staff needed to run a POD efficiently to achieve a throughput goal of 250 individuals per hour.

|  |  |  |
| --- | --- | --- |
| **Staffing Position** | **Number of Staff/Shift** | **Back-Up Staff** |
| POD Manager | 1 | 1 |
| Security (Transporter & Facility) | 2 | 2 |
| Public Information Officer | 1 | 1 |
| Logistics Chief | 1 | 1 |
| Transporter | 1 | 1 |
| Operations Chief | 1 | 1 |
| Greeter | 2 | 1 |
| Screener | 2 | 1 |
| Dispenser | 2 | 1 |
| Supply Staff | 1 | 1 |
| **Subtotal** | **14** | **11** |
|  | **Total Staff** | **22** |

### General Staff Notification

[This information is site specific. Determine who at the agency contacts general staff about preparing to come to the POD site (is it a POD Operations Team member – POD Manager/PIO? is it their day-to-day manager or supervisor? Do they already have a contact policy in place at their facility for emergencies that staff already practice and know?) and identify how these individuals are contacted: email, phone, text, work website, etc., as well as, family of residents.]

Staff who do not fill a role at the POD site are notified by the [Staff position /person/POD role] via [phone/email/text/website, etc.] regarding arrival at the POD site to pick up their medications for their household and will not work the POD. They will also be instructed to arrive [with/without their family member] to receive medication for their entire household. Do not allow staff to attend the POD if they are ill. Contact doctor for all medical questions.

## POD Site Setup

### POD Floor Plan

Areas identified on the floor plan include entrances, exits, Greeters, Registration Area, Dispensing Area and arrows to show recipient flow.

The POD floor plan is designed to allow maximum dispensing operations to occur as seamlessly as possible. The layout may need to change to alleviate bottlenecks and/or other issues.

[Image of POD floor plan showing Greeting Area, Registration Area, and Dispensing Area with arrows to identify flow.]

### POD Supplies and Materials

|  |  |
| --- | --- |
| **Item** | **Location** |
| POD Supply Kit | [storage location details – room number, storage closet location, office area, etc.]. |
| POD Activation Kit | See Activation Materials: *Appendix 2.4 - POD Activation Kit* for a list of supplies to be used during the POD. |

The Closed POD Site is responsible for:

* maintaining items in the supply kit
* obtaining any additional supplies needed
* checking the supplies at least twice a year

### POD Printed Handouts and Materials

* All POD documents (i.e. fact sheets, drug information sheets, Medication Dispensing Forms, etc.) are sent to Closed PODs via MIHAN.
* The Closed POD Site is responsible for printing these materials at the time of activation to ensure that materials are accurate and up to date.
* If information is updated or changes throughout an incident, OCHD will provide the most current version of the information and notify you of the change.
* Display the Incident Command (IC) Chart in a location that is visible to all applicable staff *Appendix 1.1 – POD Incident Command Chart*.

## POD Medication Pickup from the DN

The Closed POD Site is responsible for providing all transportation resources (drivers, vehicles, and security) needed throughout an incident. OCHD coordinates a designated pickup time and location with the Closed POD Manager at the time of an incident.

### Vehicles

The following vehicles available for transporting emergency medication and supplies from the DN to the POD site:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Vehicle** | **Ability to Transport Palates** | **Vehicle Stored** | **Key Location** |
| *[Ford E-350 Cargo Van]* | *[Yes]* | *[In the west parking lot next to the employee lot.]* | *[In the blue cabinet in the main office.]* |
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### Driver Information and Driving Directions

The POD Manager informs transportation and security staff of the location of the DN and the scheduled time for medication pick-up.

To receive medication at the DN, Transporters must bring:

* a government issued photo ID
* signed copy of the Medication Pickup Authorization Letter.
* If a copy of the authorization letter is not provided to the DN staff, the DN Manager must call the Closed POD location to confirm that the individual picking up the medication is from [Agency Name].

|  |  |
| --- | --- |
| **Primary Distribution Node (DN) Location** | |
| **Name of Facility:** | Oakland County Materials Management |
| **Address:** | 1155 E. Cesar Chavez Ave. |
| **City, State, ZIP:** | Pontiac, MI 48340 |

|  |  |
| --- | --- |
| **Backup Distribution Node (DN) Location** | |
| **Name of Facility:** | South Oakland Office Building |
| **Address:** | 1151 North Crooks Rd. |
| **City, State, ZIP:** | Troy, MI 48084 |

A map with driving directions from the POD location to the Oakland County primary and backup DNs is included in *Appendix 2.5 – POD Site Map and Driving Directions.*

### Transportation Security

It is recommended that POD drivers have a security escort during the pickup and transportation of medications and supplies from the Oakland County DN to the POD site.

Security is filled by a [designated staff member/contracted security agency/the local police or sheriff. Security must be an additional person such as staff. Does not have to be law enforcement].

The POD Manager:

* Alerts transportation Security personnel that the POD is activated
* Provides the time and location to meet the driver.

### POD Loading/Unloading Area and Storage

When POD Transportation and Security return with the medication, the shipment is unloaded at the [identify the location where the materials are unloaded – front driveway, rear storage area off dock, in a side door of a gymnasium, etc.] Once unloaded, the supplies are securely stored in the [identify pre-determined secured storage location].

## POD Dispensing Process

### Briefing Procedures

#### Command Briefing

First, the POD Manager briefs the chiefs:

* POD Manager meets with the Operations Chief and Logistics Chief to discuss the incident and to review POD expectations.
* The POD Manager hands out incident materials and pertinent information such as checklists, talking points, and JAGs.
* A POD Manager Briefing Checklist can be found in *Appendix 2.6 –Briefing Checklist.*

#### POD Operations Team Briefing

After the Command briefing, the Chiefs brief their direct staff in a separate meeting. Use the Chief Briefing Checklist found in *Appendix 2.6 – Briefing Checklists* as a guide for conducting this briefing.

The purpose of a briefing is to:

* Review basic information, i.e. objectives, methods for dispensing medication, rules/policies for the POD site.
* Allow the POD Operations Team to ask questions and review JAGs.

### Greeting and Form Distribution

[Any site-specific information explaining where Greeters stand at the POD site and if they need to do anything specific. i.e. “Greeters are stationed in the front vestibule entrance of building A”, “Greeters stand at the main entrance with security to provide swipe access for medication recipients”, etc.]

Greeters:

* Welcome medication recipients arriving at the POD
* Provide medication recipients with the Medical Dispending Form (MDF) to complete.
* Direct recipients to enter through the [Identify Entrance] and walk towards the Screening area of the POD where recipients may wait in line while completing forms.
* Provide materials to medication recipients like fact sheets, disease information.
* Answer questions recipients have about the incident or help complete the MDF.
* Direct medication recipients to the Screening Area after the completion of MDFs.

If an individual appears to be ill, contact the POD Manager who may refer them to the nearest hospital for immediate care. If the person is unable to drive themselves to the hospital, the POD Manager may need to call for an ambulance.

### Screening Area

[Any site-specific information explaining where the Screening Area is located i.e., “Registration is in room #123”, “Screening is in the lobby”, etc.]

Screening:

* Answer questions recipients have about the POD.
* Refer all incident related questions to the Oakland County Health Division.
* Review each Medication Dispensing Form (MDF) to ensure completion and utilize the dispensing algorithm to determine the appropriate medication.
* Identify allergies or special instructions (i.e. pill crushing information) on the MDF and provide the Letter of Referral form.
* Directs the recipients towards the Dispensing Area.

#### Allergies and Contraindications

All individuals attending the POD will receive medication, regardless of allergies.

* Individuals with medication allergies or contraindications will be provided medication but advised to contact their physician prior to starting the medication. A Letter of Referral form can be provided *Appendix 2. Letter of Referral.*
* It is best practice for all individuals to leave the POD with medication.

### Dispensing Area

The Dispensing Area of the POD floor plan is designed to allow for optimal flow for a steady throughput of recipients.

[Any site-specific information explaining the identified Dispensing Area. i.e., “The Dispensing Area is in conference room A”, “Staff enter the Dispensing Area through the main entrance of the conference room and exit out the rear door to the south parking lot,” etc.]

Dispensers:

* Dispensers call recipients forward and review the completed Medication Dispensing Forms to determine which medications to pull for each recipient listed on the form.
* Place appropriate sticker for each recipient onto the MDF.
* Place the other sticker onto the Supplemental Information Sheet
* Instruct HOH to write the name of each family member on the corresponding medication bottle and the corresponding place on the Supplemental Information Sheet.
* Provide all appropriate forms to recipients including pill crushing instructions, medication information sheet, and any additional materials.

#### Medication Labels

By law, recipients must be provided the lot number and expiration date for the medication they are receiving. Medical Dispensing Form (MDF) are required to identify the lot number of medication provided to each individual for post-incident tracking and adverse reaction reporting.

Each medication bottle comes with two small labels that contain all the required information. Dispensers will remove one medication label from the bottle and place on the designated space on each MDF to identify the medication each individual is receiving.

Once the MDF is complete with labels and recipient information, the Dispenser instructs the recipient initial, sign and date the MDF in the designated areas. The Dispenser also initials the form in the designated area. Dispensers provide the recipient with the Supplemental Information Form (the MDF form is collected and will be returned to OCHD), a medication fact sheet, and pill crushing information, if applicable. Once a recipient receives all paperwork and medication, Dispensers direct recipients to POD exit.

#### Resupply Request

OCHD plans to allot enough medication for each Closed POD site based on the dispensing population information included in this plan. If medication is running low a resupply request should be made.

* The Logistics Chief alerts the POD Manager who will contact EOC to request additional medication.
* OCHD will contact the Oakland County DN to prepare another shipment of medication for the Closed POD.
* The POD site will be contacted with a time and location for pickup of the additional medication. All transportation security measures must be followed during a resupply pickup, similar to the initial medication pickup.

# POD Deactivation

After the entire dispensing population has received medication, the POD Manager will contact OCHD to begin deactivation of the Closed POD site. Follow the Deactivation Checklist in *Appendix 4.1 – Closed POD Deactivation Checklist* to successfully deactivate the Closed POD.

## POD Operations Team Debriefing

Once the POD site has been deactivated, the POD Manager will conduct a site debriefing to determine what went well during the POD process and identify areas for improvement. Use the POD Manager Debriefing Checklist found in Appendix – *4.2 Debriefing Checklist*s as a guide for conducting this debriefing. Information gathered from this debriefing is utilized to make edits and improvements to this plan.

## Site Cleanup

After dispensing concludes and debriefings have finished, site cleanup will occur. The dispensing area should be returned to normal operations; remaining supplies should be collected and stored in the POD supply kit. The Logistics Chief should make a list of any expended items or additional items that may be needed for future incidents.

## Returning Unused Medications and Documentation

The Closed POD site is responsible for returning any unused medications to OCHD. Together, both agencies determine a time when the medication can be returned. Unused medication should be repackaged and kept secured in a climate controlled location until the delivery occurs.

Medication returned to OCHD must be accompanied by the original chain of custody form, all completed MDFs, and the Final Dispensing Report found in *Appendix 4.3 – Final Dispensing Report.* The Final Dispensing Report is utilized to track the amount of medication dispensed at the Closed POD. If there is no medication to return, the documents listed above still need to be returned (by law) to OCHD for record keeping and tracking medication recipients.

## OCHD Hotwash (Post Incident Evaluation)

After the incident concludes OCHD will announce a date, time and location (virtual or physical) for a Hotwash. All involved agencies will review what went well during the response and areas for improvement. Closed POD partners are encouraged to attend to provide any relevant input and feedback from their experiences.

# Training and Exercises

This POD plan should be reviewed and exercised annually. Exercises may be as small or large as needed. For example, exercising a portion of a plan (i.e. filling out MDFs) or as extensive as a full-scale activation of this plan. See *Appendix 6* for additional exercise materials.

# Acronyms

|  |  |
| --- | --- |
| DN | Distribution Node |
| EP | Emergency Preparedness |
| EOC | Emergency Operation Center |
| FEMA | Federal Emergency Management Agency |
| HOH | Head of Household |
| IC | Incident Command |
| ICS | Incident Command System |
| IS | Independent Study |
| JAG | Job Action Guideline |
| MDF | Medication Dispensing Form |
| MHE | Material Handling Equipment |
| MIHAN | Michigan Health Alert Network |
| NIMS | National Incident Management System |
| OCHD | Oakland County Health Division |
| PIO | Public Information Officer |
| POD | Point of Dispensing |
| SNS | Strategic National Stockpile |