

# Closed Point of Dispensing Plan (POD)

Prepare your organization to dispense medications by creating a dispensing plan that addresses your organization's specific needs. Each organization is unique in the number and type of its employees [or students, members, etc.], its business operations, or the type of services offered. All of these factors will affect how you dispense medications to your employees [or students, members, etc.]. This template was created to assist organizations as they plan for and set up their own PRIVATE dispensing site. Your organization's plan will describe how you will prepare your organization to dispense medications. If you would like to become a Closed Point of Dispensing (POD) site please complete the dispensing plan information below and return the completed form to the Alabama Department of Public Health (ADPH) Emergency Preparedness Coordinator for your county (see instructions below).

## Step 1: Make Contact

Contact the Emergency Preparedness (EP) Coordinator for your county by calling the local health department and asking to speak to the EP Coordinator for your county; or use the ADPH EP Coordinator Locator Map downloadable at [adph.org/cep](http://adph.org/cep) (EP may attach hard copy)

### Submit the following information:

#### 1. Organization Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_ FIN# \_\_\_\_\_

Closed POD Site Location (Physical Address): \_\_\_\_\_  
\_\_\_\_\_

Primary Contact Person: Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Second Contact Person: Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Third Contact Person: Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Type of Organization:

☐ Private Industry/Business    ☐ Faith Based Organization    ☐ Community Based Organization

☐ Higher Education    ☐ Government Agency ( ☐ Local    ☐ State    ☐ Federal )    ☐ Health Care

☐ Other

## 2. Health Department Information

**Contact at Health Department (EP Coordinator):** Use the ADPH EP Coordinator Locator Map downloadable at [adph.org/cep](http://adph.org/cep) or EP Coordinator may attach a copy if hard copy plan delivered.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. You will need to have medical personnel available who can legally dispense medications.** You may have medical personnel on staff, or you may use personnel who normally dispense medication in your facility to supervise the distribution process.

**Do you have a Medical Director? (Required)**

☐ Yes

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ No

If no, who do you plan to use as your Medical Director?  
(Provide name and Phone#)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## 4. Medications will be dispensed to:

# of employees[or students, members, etc.], to be served at the Closed POD: \_\_\_\_\_

# of family members of employees[or students, members, etc.], to be served at the Closed POD\*: \_\_\_\_\_

TOTAL (employees [or students, members, etc.], + family members): \_\_\_\_\_

*\*Estimates of family members can be calculated by multiplying the number of employees by 2.5 (average number of persons per household). If your organization plans to offer medications to employees' families, you will need to work with your local EP Coordinator to determine how you will define a "family member" and determine the amount of medication needed.*

Of the total above, please estimate the breakdown into the following age groups:

Older Adults (ages 65+)	Adults (Ages 18-64 and children over 80 lbs.)	Children (Under 18 and weigh less than 80 lbs.)

5. How many employees from your organization primarily speak a language other than English? \_\_\_\_\_  
What languages do they speak? \_\_\_\_\_

6. Does your facility have a large space to conduct dispensing operations, such as a large conference room, cafeteria, or auditorium? ☐ Yes ☐ No

**7. Employee medication pick up tracking is required:**

a. Are you capable of tracking paperwork gathered from employees, and family members? ☐ Yes ☐ No

b. Tracking details (check all you are capable of tracking):

Information to be tracked	Employees will be required to:
<input type="checkbox"/> Number of employees who picked-up medication	<input type="checkbox"/> Complete assessment intake form before receiving medication
<input type="checkbox"/> Number of medications picked-up	<input type="checkbox"/> Be screened for contraindications
<input type="checkbox"/> Number and name of antibiotic	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	

**8. Security:** Do you have security measures in place at your facility, such as security personnel; limited or controlled access; and/or video surveillance to protect the medications and control access to the site?

☐ Yes ☐ No

Medications should be kept away from extreme heat or cold and stored in a secure location (a locked room or locked cabinet where few individuals have access).

**9. Pre-event education:**

a. Will your organization provide pre-event education to employees for your dispensing plans?

☐ Yes, continue to 7b ☐ No

b. If you answered yes to 7a, how do you plan on providing this?

☐ Online training

☐ In person training

☐ Drills

☐ Handouts

☐ Other: \_\_\_\_\_

**10. Supplies:**

Do you have supplies and equipment already on-site? ☐ Yes ☐ No

Would additional items need to be stockpiled? ☐ Yes ☐ No

**11. Activation:**

Work with your EP Coordinator to develop detailed policies and procedures for how your organization will be notified that the Closed POD needs to be activated and how this message will be communicated to your employees [or students, members, etc.].

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**12. Preparing to receive and dispense medications:**

Once you have been notified that the Closed POD has been activated, you will be given instructions on when and where to pick up/ receive medications. **It is important that this information not be disclosed to others.** A pick-up/receiving site or sites will be chosen at the time of the event.

Your primary and back-up contact persons are automatically considered 'authorized' to pick up/receive medications for your organization. They must present state or federally issued ID in order to pick up/receive medications. If you assign someone else to pick up/receive medications, they will need to present state or federally issued ID, and an organization ID and signed letter from the director of your organization (on organization letterhead) explicitly authorizing this individual to pick up/receive the medications.

Keep an inventory of medications you receive. If no inventory forms are provided, you can use your own inventory control forms or create a simple one on notebook paper. This information, along with any unopened medication, will need to be returned to your public health EP Coordinator.

Each person receiving medications must complete an intake form. Intake forms are used to: screen for contraindications to taking the medication, determine the appropriate antibiotic, and to track medication dispensed. Intake forms need to be returned to public health for every person receiving medication.

Your employees can pick up medications for their families; they can complete one intake form /5 individuals, but they must fill it out completely for each family member. (Use 2nd form if more than 5 individuals per family)

**Plan Submitted for Approval:**

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Name (Print)

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Title

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Signature

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Date

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**Step 2: Update your plan!**

Contact your local health department EP Coordinator annually to see if any of the policies, plans or contact information has changed and be sure to update all internal contact and logistical information. Please notify your local EP Coordinator if there is a change in the primary contact staff for your Closed POD.