

## Is a Closed Point of Dispensing right for your organization?

The following questions will help your organization determine if you have the capabilities needed to function as a Closed Point of Dispensing (POD) site. The Miami Dade County Health Department, Public Health Preparedness Staff assigned to the Cities Readiness Initiative are available to answer questions and provide planning assistance.

<b>How many doses of medications will be needed?</b>																	
<p>How many people do you employ or reside at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Full Time</td><td></td></tr> <tr><td>Part Time</td><td></td></tr> <tr><td>Contract</td><td></td></tr> <tr><td>Seasonal</td><td></td></tr> <tr><td><b>Total Population</b></td><td></td></tr> </table>	Full Time		Part Time		Contract		Seasonal		<b>Total Population</b>		<p>If you plan to offer medications to family members, MDCHD will assist you in defining “family members”. For purposes of this questionnaire, we suggest an estimate of 4 additional persons (Spouse plus 3 children).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Total Population</td><td></td></tr> <tr><td>Multiplied by 5</td><td></td></tr> <tr><td><b>Total Family Members</b></td><td></td></tr> </table>	Total Population		Multiplied by 5		<b>Total Family Members</b>	
Full Time																	
Part Time																	
Contract																	
Seasonal																	
<b>Total Population</b>																	
Total Population																	
Multiplied by 5																	
<b>Total Family Members</b>																	
<p>Will you offer medications to family members as well?</p> <p style="text-align: center;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p>	<p>How many individuals would your organization supply?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Total Population</td><td></td></tr> <tr><td>Total Family Members</td><td></td></tr> <tr><td><b>Total Extended Population</b></td><td></td></tr> </table>	Total Population		Total Family Members		<b>Total Extended Population</b>											
Total Population																	
Total Family Members																	
<b>Total Extended Population</b>																	

<b>Where will medications be dispensed?</b>
<p>Do you have a large space such as a large conference room, cafeteria, auditorium, or gym where you may conduct dispensing operations?</p> <p style="text-align: center;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p>

<b>How will medications be transported?</b>
<p>Do you have internal or contracted resources who may transport materials from the MDCHD staging site within the county to your facility?</p> <p style="text-align: center;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p style="text-align: center; font-style: italic;"><i>Estimated at one 9" x 12" x 9" box per 100 doses</i></p>

<b>Who will dispense the medications?</b>
<p><b>Do you have a licensed, on-site medical professional who may supervise dispensing operations?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Do you have licensed, contracted medical personnel through occupational health contracts, insurance agreements, etc, who may supervise dispensing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**How will you manage materials and paperwork?**

Do you require pre-employment health screenings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have secured space to store medications during response? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider gathering medical information related to emergency dispensing prior to an event? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have space to store related forms pre-event? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how would you maintain & update those confidential records? Existing database <input type="checkbox"/> Develop new system <input type="checkbox"/>	

**How will you manage the event?**

Do you have an identified Crisis Management Team (CMT)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will your CMT utilize the Incident Command System? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, will they be responsible for the planning and implementation of your dispensing plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, have they completed basic ICS training (ICS 100, 200, & 700)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have security measures in place such as security staff, limited/controlled access, and video surveillance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you provide pre-event education to your employees about your dispensing plans? Yes <input type="checkbox"/> No <input type="checkbox"/>