

INSTRUCTIONS

How to Prepare and Assemble Your Closed POD Planning Kit



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Where Do I Start?

This **Instructions** document is the first of many documents contained within the Closed POD Planning Kit your property has received. This document provides an overview of the content in your Closed POD Planning Kit. It also provides instructions for editing two primary planning documents in your kit — the **Memorandum of Agreement** (MOA) and the **Closed POD Plan**.

The kit is designed to supply everything your property needs to plan, test, and operate a Closed POD. While the sheer number of documents in the kit may seem overwhelming at first, know that each document has a time and a purpose and that as you progress in your planning, the documents and their purpose will all make sense!

Review the following items to help you gain a better understanding of the Closed POD scope and your role in planning, testing, and operating a Closed POD.

- ☐ Closed POD Process Diagram on page 5
- ☐ Closed POD Planning Kit **Contents** on page 6
- ☐ Closed POD Definitions, found in the kit's **Planning Tools** folder
- ☐ Closed Dispensing Plan template, found in the kit's **Planning Tools** folder
- ☐ Property/DOH Discussion Guide, found in the kit's **Planning Tools** folder

Closed POD Planning Kit

The Closed POD Planning Kit is delivered in a Zip file with three main folders, shown in the table below.



Planning Tools

Documents used during the Closed POD Planning phase



Practice Exercises and Drills

A collection of exercises and drills to test Closed POD Planning effectiveness.



Closed POD Operations

All the files you'll need on the day(s) you operate a Closed POD

For More Information about the Documents

- ✓ Thumbnail images and descriptions of each document are found in the **Closed POD Planning Kit Contents** beginning on page 6.
- ✓ The complete list of files with their filenames can be found in the **Appendix • Document Index** on page 22.

Frequently Asked Questions

Below are some common questions and answers about Closed POD operations.

Question. What is my property's liability during Closed POD operations?

Answer. *State and local laws provide a variety of legal protections for volunteers during public health emergencies. Additionally, the PREP Act addresses federal liability protection.*

Question. Who pays for the costs associated with operating the Closed POD?

Answer. *The Closed POD Project does not involve any direct financial commitment, other than participants' time and some local resources at the time of an emergency (meeting space, furniture, supplies, vests, signs, etc.).*

Question. How much security will my property need to operate a Closed POD? Will I need to supplement my security staff?

Answer. *You will likely need to have the same number of security staff that you would have for a very large event, such as a national conference. Some of this staff will be used to monitor the temporary medication storage area and to monitor the transfer of medications from storage to the dispensing location(s).*

Question. How much detail will we receive about the emergency? Will we know more than the general public?

Answer. *Since you will be a partner with the local public health department, you will receive information sooner and*

in greater detail than the general public.

Question. Can my associates visit another hotel property to get their medication if it's closer to their home?

Answer. *The decision to operate as a Closed POD is up to each individual property's manager, so some hotel properties may not be Closed PODs. Also, the area near your home may not be in the impacted area, so PODs might not be activated. However, if there is another Closed POD closer, they may go to that hotel property*

Question. How do I get training for Closed POD operations?

Answer. *Your department of health will work with you to execute Closed POD drills. In addition, your Closed POD Planning Kit includes exercises and drills. These can be used to assist for your associates in preparing for the tasks they will perform in operating a Closed POD.*

Question. Do Closed POD operations only apply to an anthrax emergency?

Answer. *These Closed POD materials were designed primarily for an anthrax emergency. However, successfully planning your Closed POD may prompt your local department of health to work with you on other emergency planning initiatives.*

Question. What if I have guests attending meetings at my property,

but they're staying at a different property in the neighborhood?

Answer. *Special function guests are included in the targeted dispensing population, so they will be able to get medication from your Closed POD.*

Question. How will my associates get the medication to their families? They'll probably want to do that right away, but I'll need them on the job.

Answer. *Family members can come and pick up the medication or the medication can be sent home with fellow associates who are going off-shift.*

Question. Can we open our Closed POD to others in the area, such as a local trade school or business?

Answer. *Although this is not part of the written Closed POD Plan, this option can be discussed with your public health jurisdiction once the plan is in place.*

Question. Will doctors and nurses be available in my Closed POD?

Answer. *Although some jurisdictions require the supervision of medical personnel, this is a non-medical model. Those who display symptoms of illness will be directed to go to a medical POD or hospital for treatment.*

Question. What if the general public starts showing up to get medication?

Answer. *The location of Open or public PODs will be highly publicized. The location of Closed PODs will not be disclosed. You can post information about the Open POD locations on your doors.*

Question. Does an anthrax emergency requiring quarantining everyone in the property?

Answer. *No. Anthrax is not passed from person to person. People become infected by inhaling aerosolized anthrax.*

Closed POD Process Diagram




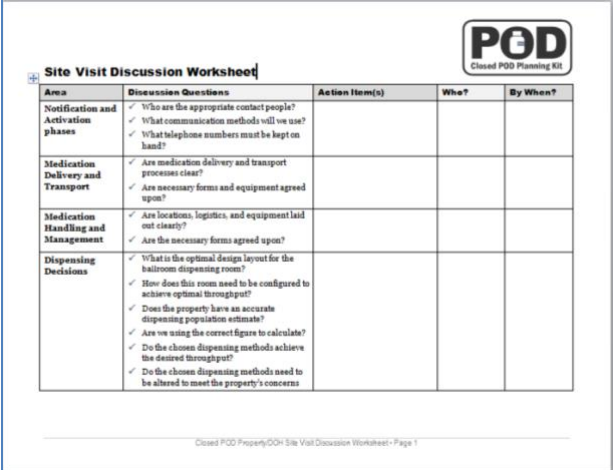
Closed POD Planning Kit Contents

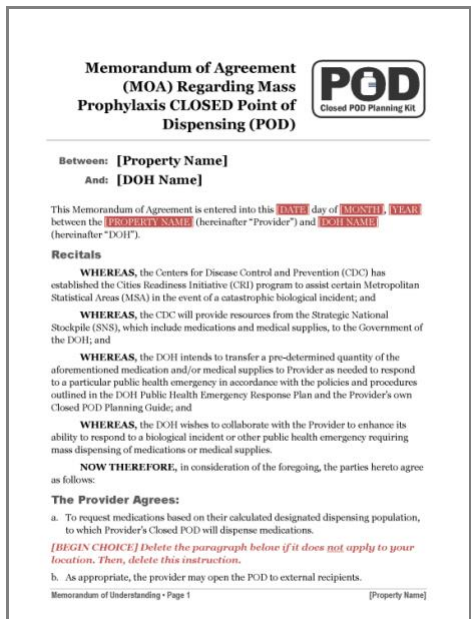
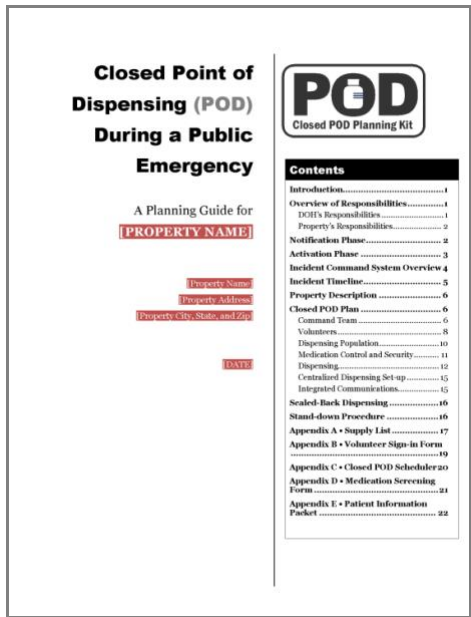
What's In the Kit • How to Use It

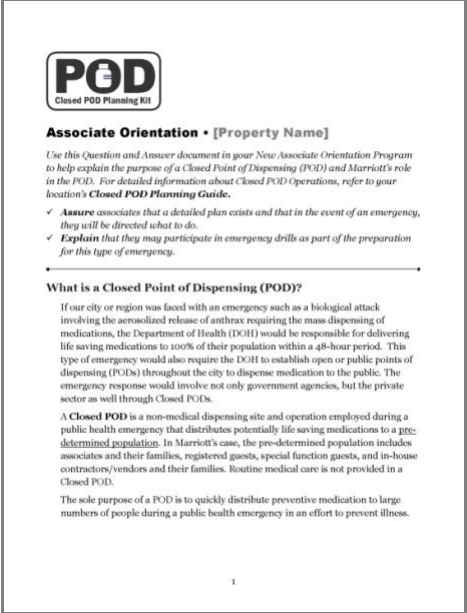
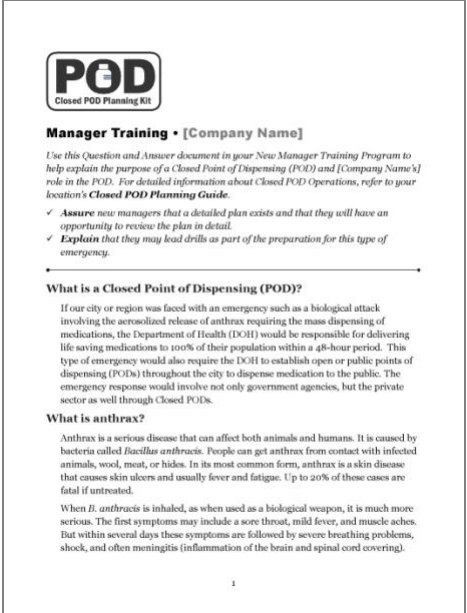
Assembling Your Closed POD Planning Kit

- ✓ The **Closed POD Kit** is used during an emergency. The documents in the **Closed POD Operations** folder are those that will be needed on the day of the event. Print these documents once your Closed POD Plan is finalized. Keep all of the printed documents in a clearly labeled box, stored in the location specified in your property's Closed POD Plan.
 - All files are in Microsoft Office format, and use standard Windows fonts.

Kit Component How To Use It	Item Thumbnail
PLANNING TOOLS DOCUMENTS	
<ul style="list-style-type: none"> ✓ Closed POD Definitions <ul style="list-style-type: none"> ▪ The Lexicon lists and defines all terms related uniquely to the Closed POD program that are not “household” vocabulary. ▪ All terms bolded in the Job Action Sheets are defined in the Lexicon. ▪ All Command Coordinators should become familiar with the terms and definitions described in the Lexicon. 	<p>The thumbnail shows the first page of the 'Closed POD Lexicon'. It includes the 'POD' logo, the title 'CLOSED POD LEXICON', and an introductory paragraph. Below this is a section titled 'DEFINITIONS' with a sub-section 'AREAS' containing a list of terms with checkboxes and their definitions: Break Area, Closed POD Area, Command Post, Dispensing Area, Protective Perimeter, and Staging Area. Another section titled 'DOCUMENTS, DIAGRAMS, AND FORMS' lists the 'Closed POD Planning Guide' and the 'Closed POD Planning Kit' with brief descriptions. The page number 'Page 1 of 4' is visible at the bottom right.</p>

Kit Component How To Use It	Item Thumbnail
PLANNING TOOLS DOCUMENTS	
<p>✓ Closed POD Process Flow Diagram</p> <ul style="list-style-type: none"> A one-page summary diagram showing all main phases and major tasks for operating a Closed POD. 	
<p>✓ Department of Health Discussion Guide</p> <ul style="list-style-type: none"> This guide coaches you through approaching and working with your local department of health to plan your Closed POD. 	
<p>✓ Site Visit Discussion Worksheet</p> <ul style="list-style-type: none"> This worksheet coaches you through the site visit with your local department of health to plan your Closed POD. 	

Kit Component How To Use It	Item Thumbnail
PLANNING TOOLS DOCUMENTS	
<p>✓ Closed POD Memorandum of Agreement</p> <ul style="list-style-type: none"> Signed agreement between your property and your local department of health, outlining the roles and responsibilities of each entity when operating a Closed POD. All managers should be familiar with the Memorandum and should review the document annually. <p>Important: This MOA template is an <i>example</i> and the format varies by department of health jurisdiction. Your department of health's form may not be exactly as illustrated at right. Ensure you obtain the appropriate template prior to completing this form.</p>	
<p>✓ Dispensing Plan Template</p> <ul style="list-style-type: none"> The template serves as a basis for creating the Closed POD Plan, which is the main planning and dispensing guide that directs Closed Point of Dispensing (POD) emergency response operations, customized for your property. Once finalized, and reviewed by your department of health, the planning document becomes the Approved Dispensing Plan. All managers should be familiar with the Approved Dispensing Plan and should review the document annually. 	

Kit Component How To Use It	Item Thumbnail
PLANNING TOOLS DOCUMENTS	
<p>✓ Associate Orientation</p> <ul style="list-style-type: none"> Include this sheet, or transfer this verbiage into your company's standard Associate Orientation materials to provide new associates with an overview of Closed POD operations. 	
<p>✓ Manager/Supervisor Training</p> <ul style="list-style-type: none"> Include this sheet, or transfer this verbiage into your company's standard Manager Training materials to provide new managers with an overview of Closed POD operations. 	


Kit Component | How To Use It

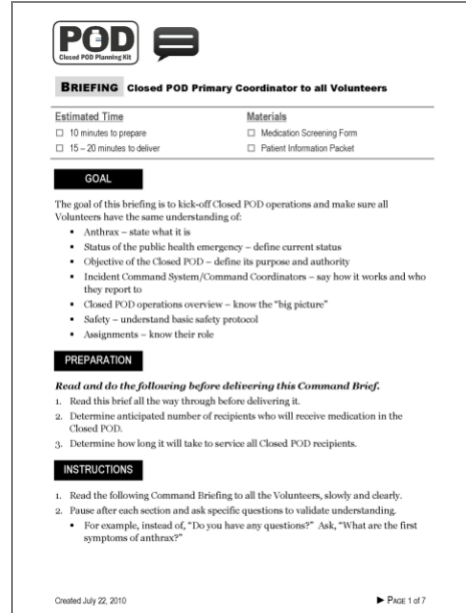
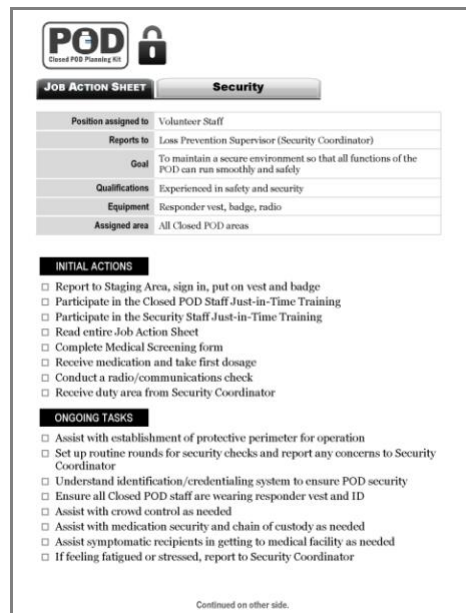
Item Thumbnail

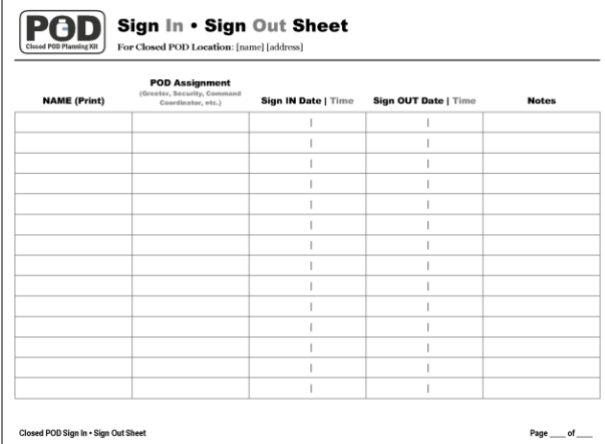
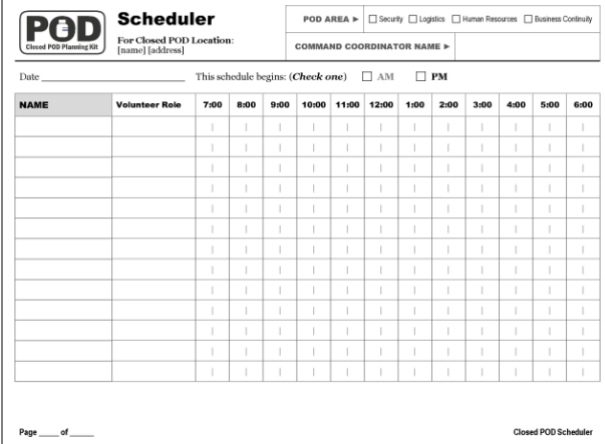
PLANNING TOOLS DOCUMENTS

- ✓ **Signage Guidelines**
 - Provides a thumbnail view of all signs found in the Closed POD Planning Kit, within the **Closed POD Operations/Signage** folder.

The image is a thumbnail of a document titled "Closed POD Planning Kit Signage Guidelines". At the top left is a logo for "POD Closed POD Planning Kit". The document is divided into two main sections: "Signage - An Important Detail" and "Signage Suggestions". The "Signage - An Important Detail" section contains three bullet points: 1. Complete signage is essential to directing crowd-flow in a Closed POD. Activation plans should allow adequate time and staff to assemble and place all signs before the Closed POD opens. 2. The Logistics Coordinator is responsible for placing the signs and should be familiar with the signs and where they are to be placed. 3. PDF files for the signs illustrated in the table below—already sized to the stated dimensions and ready to print—have been provided for you in a sub-folder of the Closed POD Planning Kit's Closed POD Operations folder. The "Signage Suggestions" section contains four bullet points: 1. Have white boards and markers available for unforeseen signs, along with basic supplies such as scissors, sturdy tape, permanent markers and blank paper for making and hanging impromptu signs. 2. Laminate signs with heavy laminate or mount them on foam core to make them stable and durable. 3. Know ahead of time how they will be displayed using PVC pipe holders, metal holders, easels, etc., and be sure you have enough of these supplies. 4. It is also advisable to stock zip ties for hanging some of the larger signs. Below these sections is a table with three columns: "Text", "Size", and "Sample Image". The table has two rows. The first row is for a "Medication Center (banner)" sign, with a size of "8" x 3'", and a sample image showing a green banner with the text "Medication Center" in white. The second row is for an "Entrance" sign, with a size of "22" x 28'", and a sample image showing a white sign with the text "Entrance" in blue, and below it, the word "Entrada" in red, "Войти" in blue, "Đi Vào" in blue, and "入口" in black. At the bottom of the document, it says "Closed POD Planning Kit • Signage Guidelines" and "Page 1".

Kit Component How To Use It	Item Thumbnail
PRACTICE EXERCISES AND DRILLS DOCUMENTS	
<ul style="list-style-type: none"> ✓ Overview PowerPoint Presentation and Facilitator's Guide ✓ Tabletop Exercise PowerPoint Presentation and Facilitator's Guide ✓ Functional Exercise PowerPoint Presentation and Facilitator's Guide ✓ Exercise After Action Report/Improvement Plan Template 	 <p>POD</p> <p>Welcome • Tabletop Exercise</p>

Kit Component How To Use It	Item Thumbnail												
CLOSED POD OPERATIONS DOCUMENTS													
<p>✓ Command Briefing Scripts (6)</p> <ul style="list-style-type: none"> ▪ The Command Briefings are used by the Primary Coordinator and the Command Coordinators of each POD area — Security, Logistics, Human Resources, Business Continuity — to brief Volunteers on POD operations. ▪ The following briefings are included: <ul style="list-style-type: none"> ■ Primary Coordinator to Command Team ■ Primary Coordinator to All Volunteers ■ Security Coordinator to Security Volunteers ■ Logistics Coordinator to Logistics Volunteers ■ Human Resources Coordinator to HR Volunteers ■ Business Continuity Coordinator to Room Service Volunteers 	<div data-bbox="885 367 1347 976">  <p>POD Closed POD Planning Kit</p> <p>BRIEFING Closed POD Primary Coordinator to all Volunteers</p> <p>Estimated Time</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 minutes to prepare <input type="checkbox"/> 15 - 20 minutes to deliver <p>Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication Screening Form <input type="checkbox"/> Patient Information Packet <p>GOAL</p> <p>The goal of this briefing is to kick-off Closed POD operations and make sure all Volunteers have the same understanding of:</p> <ul style="list-style-type: none"> • Anthrax – state what it is • Status of the public health emergency – define current status • Objective of the Closed POD – define its purpose and authority • Incident Command System/Command Coordinators – say how it works and who they report to • Closed POD operations overview – know the “big picture” • Safety – understand basic safety protocol • Assignments – know their role <p>PREPARATION</p> <p><i>Read and do the following before delivering this Command Brief.</i></p> <ol style="list-style-type: none"> 1. Read this brief all the way through before delivering it. 2. Determine anticipated number of recipients who will receive medication in the Closed POD. 3. Determine how long it will take to service all Closed POD recipients. <p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Read the following Command Briefing to all the Volunteers, slowly and clearly. 2. Pause after each section and ask specific questions to validate understanding. <ul style="list-style-type: none"> • For example, instead of, “Do you have any questions?” Ask, “What are the first symptoms of anthrax?” <p>Created July 22, 2010 ▶ Page 1 of 7</p> </div> <div data-bbox="885 1228 1347 1837">  <p>POD Closed POD Planning Kit</p> <p>JOB ACTION SHEET Security</p> <table border="1"> <tr> <td>Position assigned to</td><td>Volunteer Staff</td></tr> <tr> <td>Reports to</td><td>Loss Prevention Supervisor (Security Coordinator)</td></tr> <tr> <td>Goal</td><td>To maintain a secure environment so that all functions of the POD can run smoothly and safely</td></tr> <tr> <td>Qualifications</td><td>Experienced in safety and security</td></tr> <tr> <td>Equipment</td><td>Responder vest, badge, radio</td></tr> <tr> <td>Assigned area</td><td>All Closed POD areas</td></tr> </table> <p>INITIAL ACTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report to Staging Area, sign in, put on vest and badge <input type="checkbox"/> Participate in the Closed POD Staff Just-in-Time Training <input type="checkbox"/> Participate in the Security Staff Just-in-Time Training <input type="checkbox"/> Read entire Job Action Sheet <input type="checkbox"/> Complete Medical Screening form <input type="checkbox"/> Receive medication and take first dosage <input type="checkbox"/> Conduct a radio/communications check <input type="checkbox"/> Receive duty area from Security Coordinator <p>ONGOING TASKS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with establishment of protective perimeter for operation <input type="checkbox"/> Set up routine rounds for security checks and report any concerns to Security Coordinator <input type="checkbox"/> Understand identification/credentialing system to ensure POD security <input type="checkbox"/> Ensure all Closed POD staff are wearing responder vest and ID <input type="checkbox"/> Assist with crowd control as needed <input type="checkbox"/> Assist with medication security and chain of custody as needed <input type="checkbox"/> Assist symptomatic recipients in getting to medical facility as needed <input type="checkbox"/> If feeling fatigued or stressed, report to Security Coordinator <p><i>Continued on other side.</i></p> </div>	Position assigned to	Volunteer Staff	Reports to	Loss Prevention Supervisor (Security Coordinator)	Goal	To maintain a secure environment so that all functions of the POD can run smoothly and safely	Qualifications	Experienced in safety and security	Equipment	Responder vest, badge, radio	Assigned area	All Closed POD areas
Position assigned to	Volunteer Staff												
Reports to	Loss Prevention Supervisor (Security Coordinator)												
Goal	To maintain a secure environment so that all functions of the POD can run smoothly and safely												
Qualifications	Experienced in safety and security												
Equipment	Responder vest, badge, radio												
Assigned area	All Closed POD areas												
<p>When printed, sort sheets by area as shown in</p>													

Kit Component How To Use It	Item Thumbnail
CLOSED POD OPERATIONS DOCUMENTS	
<ul style="list-style-type: none"> • Dispenser • Exit Monitor <ul style="list-style-type: none"> ■ Business Continuity Coordinator • Room Service <ul style="list-style-type: none"> ■ Associate Dispensing Coordinator 	<p><i>the outline at left.</i></p>
<p>✓ Closed POD Sign In / Sign Out Sheet</p> <ul style="list-style-type: none"> ▪ Volunteers sign in and out of the POD using this roster. ▪ Before printing, replace [name] [address] at the top of the first page with your property information. 	
<p>✓ Scheduler Sheet</p> <ul style="list-style-type: none"> ▪ The Command Coordinator of each Closed POD area uses this form to schedule the area's Volunteers. ▪ Before printing, replace [name] [address] at the top of the page with your property information. ▪ On the day of a drill or event: <ul style="list-style-type: none"> ■ Check off the POD AREA and complete (hand write) the COORDINATOR NAME and Date blanks. ■ Check off the AM or PM box to indicate when the schedule begins. The grid represents a 12-hour period. Each box represents one hour, and has a mark for the half hour. ■ For each Volunteer, write his/her name and role (Greeter, Runner, etc.). Draw a line through the boxes to show the time on duty. 	

Kit Component | How To Use It

Item Thumbnail

CLOSED POD OPERATIONS DOCUMENTS

✓ Medication Screening Form

- Each POD Volunteer and recipient completes this form for his/her household to receive medication.
- The Screener reviews the form and determines which medication each member of the household receives.
- The Dispenser reviews the form for completeness and accuracy and dispenses medication for each household member listed on the form.
- IMPORTANT:** *The Medication Screening Form varies by department of health jurisdiction. . Your form may not be exactly as illustrated at right. Ensure you obtain the appropriate Medication Screening Form prior to including in your plan.*

Medication Screening Form • SAMPLE

Head of Household
Name _____
Address _____
City, State, Zip _____
Phone _____

Step 1 In the rows below, list all household members for whom you are picking up medication today. Place YOUR name in the first row.

Step 2 For each person listed, answer all three questions.

Question 1	Question 2	Question 3
Is this person allergic to or should not take: • Doxycycline? • Tetracycline? • Minocycline?	Is this person allergic to or should not take: • Cipofloxacin (Cipro)? • Levofloxacin (Levaquin)? • Other fluoroquinolone?	Is this person: • In second half of pregnancy? • Breast-feeding? • A child under 8 years old?

↓ ↓ ↓

Attn Label Here	Last Name, First Name	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?
1				
2				
3				
4				
5				
6				
7				
8				
9				

Add totals for Doxy and Cipro columns: ▶

Step 3 Each person should take the medication checked in his or her row.

Decision Chart • STAFF USE ONLY

Answer 1 Allergic or not to take Doxy?	Answer 2 Allergic or not to take Cipro?	Answer 3 Child, pregnant, or breast-feeding?	Provide
No / DK	No / DK	No	Doxy
No / DK	No / DK	Yes / DK	Cipro
No / DK	Yes	Any	Doxy
Yes	No / DK	Any	Cipro
Yes	Yes	Any	Refer

Key: DK = Don't Know • ANY = Any Answer (Y, N, DK)

Check Medication to Provide • STAFF USE ONLY

Doxy	Cipro	Refer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

✓ Medication Screening Form Example/Job Aid

- A sample completed **Medication Screening Form** with some helpful hints and guidelines on the back.
- Print double-sided to make a convenient single-sheet job aid*

Medication Screening Form • SAMPLE

Head of Household
Name **Pamela Stewart** 1
Address **444 Morning Glory Circle**
City, State, Zip **Westport, CT 06890**
Phone **860-888-XXXX**

Step 1 In the rows below, list all household members for whom you are picking up medication today. Place YOUR name in the first row.

Step 2 For each person listed, answer all three questions.

Question 1	Question 2	Question 3
Is this person allergic to or should not take: • Doxycycline? • Tetracycline? • Minocycline?	Is this person allergic to or should not take: • Cipofloxacin (Cipro)? • Levofloxacin (Levaquin)? • Other fluoroquinolone?	Is this person: • In second half of pregnancy? • Breast-feeding? • A child under 8 years old?

↓ ↓ ↓

Attn Label Here	Last Name, First Name	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?
1	Stewart, Pamela 2	1/yt	1-N	1-N
2	Stewart, Samantha	1-N	1-N	1-N
3	Stewart, Tanisha	1-N	1-N	1/yt
4				
5				
6				
7				
8				
9				

Add totals for Doxy and Cipro columns: ▶

Step 3 Each person should take the medication checked in his or her row.

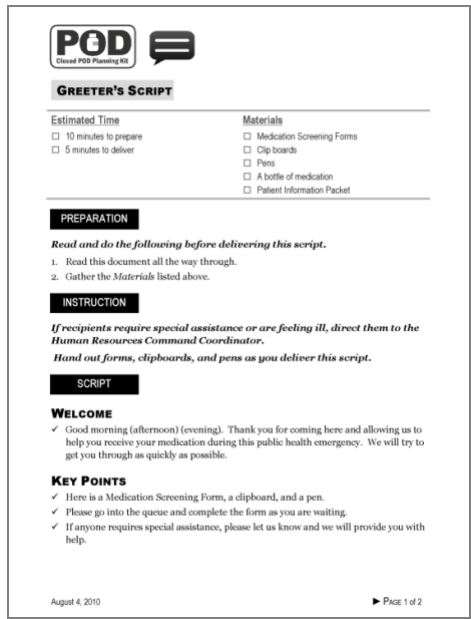
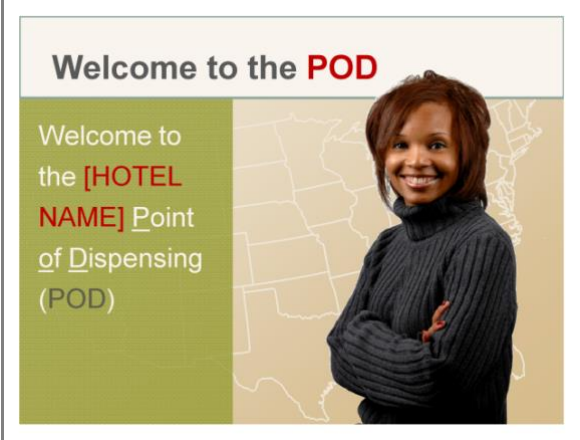
Decision Chart • STAFF USE ONLY 3

Answer 1 Allergic or not to take Doxy?	Answer 2 Allergic or not to take Cipro?	Answer 3 Child, pregnant, or breast-feeding?	Provide
No / DK	No / DK	No	Doxy
No / DK	No / DK	Yes / DK	Cipro
No / DK	Yes	Any	Doxy
Yes	No / DK	Any	Cipro
Yes	Yes	Any	Refer

Key: DK = Don't Know • ANY = Any Answer (Y, N, DK)

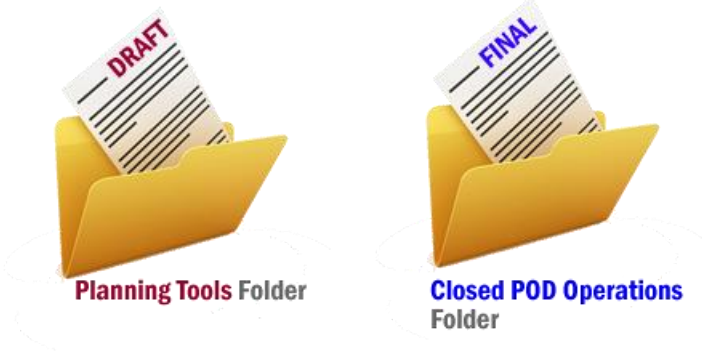

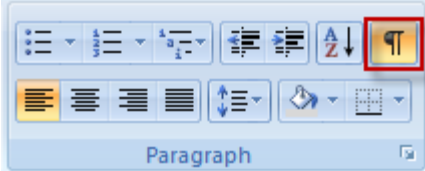
Check Medication to Provide • STAFF USE ONLY 4

Doxy	Cipro	Refer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

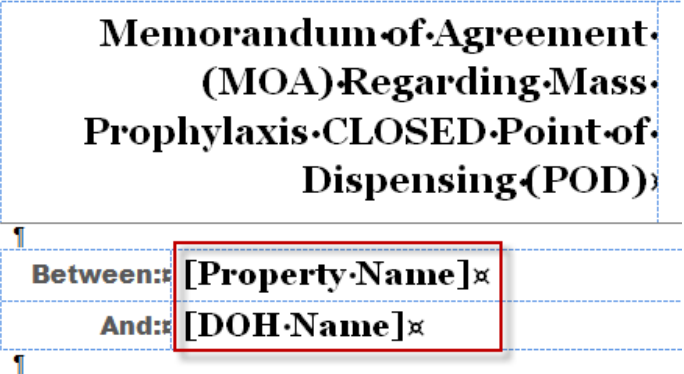
Kit Component How To Use It	Item Thumbnail
CLOSED POD OPERATIONS DOCUMENTS	
<p>✓ Greeter's Script</p> <ul style="list-style-type: none"> ▪ The Greeter reads the script aloud to the recipients waiting in the queue. ▪ The Greeter reads the script at intervals that ensure that all new recipients in line receive the information in the script. 	
<p>✓ Public PowerPoint Presentation</p> <ul style="list-style-type: none"> ▪ The presentation provides public information about the Closed POD dispensing operations and answers Frequently Asked Questions (FAQs). ▪ Edit the file to customize it with your property information. Edit the following slides: <ul style="list-style-type: none"> ▣ Slides 1 and 8 – Add your location/property name ▣ Slide 4 – If desired, replace the diagram with your POD map ▣ Slide 9 – Add your department of health name ▪ When the Closed POD opens, play the looping presentation on monitors in the greeting/queue area. 	

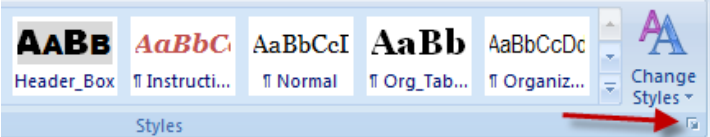
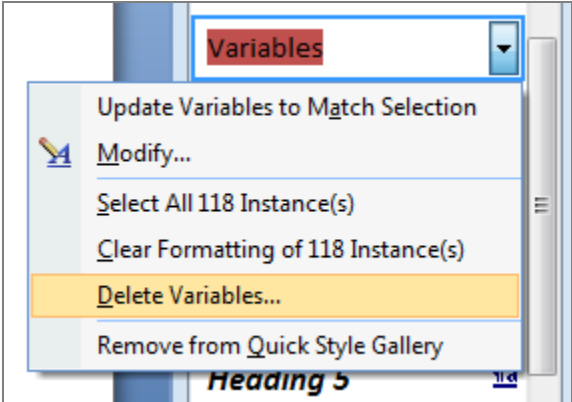
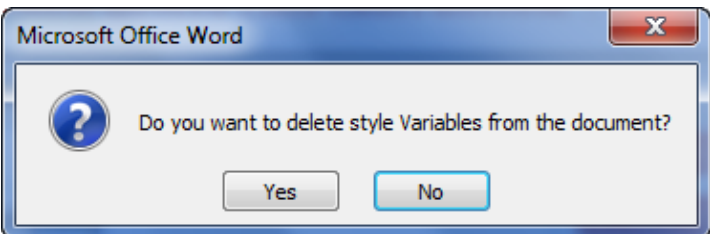
The Memorandum of Agreement (MOA)

How to Complete the Memorandum of Agreement

Do this	Illustration • Note(s)
<p>1 In Microsoft Word, open the file:</p> <p>o3_pod_planning_moa_template.doc</p>	<p><i>The Microsoft Word document in the Closed POD Planning Kit is created in Microsoft Word 2002/2003 format and will open in Word 2007/2010 in Compatibility Mode.</i></p>
<p>2 Use the File, Save As command to save a copy of the document with the name:</p> <p>o1_closed_pod_moa_property_name.doc</p> <ul style="list-style-type: none"> ✓ Save the copy in the Planning Tools folder for now, and keep it there as you work on it. ✓ Once the document is finalized, you will move it to the Closed POD Operations folder. 	
<p>3 To help with the editing process, set the Show/Hide icon to Show.</p> <ul style="list-style-type: none"> ✓ When set to Show, you'll be able to see the paragraph end marks in your document. 	<p><i>When set to the “Show” position, the icon appears “pushed in.” Here’s where to find the Show/Hide icon:</i></p> <p>Word 2002/2003: On the Standard toolbar.</p>  <p>Word 2007/2010: In the Paragraph section on the Home Ribbon.</p> 

The Memorandum of Agreement (MOA)


Do this	Illustration • Note(s)
<p>4 Edit the [Property Name] and [DOH Name] at the top of the document.</p> <ul style="list-style-type: none"> ✓ Select the text [Property Name] and type over it with your property name. ✓ Select the text [DOH Name] and type over it with the name of your local department of health. 	
<p>5 Replace all red-shaded variables in the body of the document with your own information.</p> <ul style="list-style-type: none"> ✓ All variable information displays with red shading and white text. ✓ Use the mouse or cursor keys to highlight each variable block, and type over the selection with your data. ✓ Save your document frequently as you work. 	<p>This Memorandum of Agreement is entered into this [DATE], day of [MONTH], [YEAR] between the [PROPERTY NAME], (hereinafter "Provider") and [DOH NAME] (hereinafter "DOH").¶</p> <p><i>Leave the red shading in place until your document is nearly final. This way, if you need to make further edits to the variable information, you'll be able to find it easily. Steps 7 and 8 tell you how to easily remove the shading from the entire document in one quick operation.</i></p>
<p>6 Address all decision points in the document. These sections are labeled with [BEGIN CHOICE] instructions and [END CHOICE] markers.</p> <ul style="list-style-type: none"> ✓ Review the instructions for each decision point. ✓ Select and delete the information that does not apply to your location. Include the paragraph mark in your selection. ✓ Delete the [BEGIN 	<p>[BEGIN CHOICE] Delete the paragraph below that does not apply to your location. Then, delete this instruction.¶</p> <p>c. → To dispatch an appropriately credentialed courier to the DOH distribution site for collection of SNS medications.¶</p> <p>d. → To receive medications delivered from the DOH.¶</p> <p>[END CHOICE]¶</p> <p><i>Including the paragraph mark when you select and delete a paragraph helps keep the document format intact. The paragraph mark is like a container that "holds" all of the formatting instructions for the paragraph.</i></p>

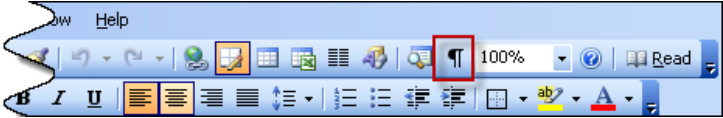
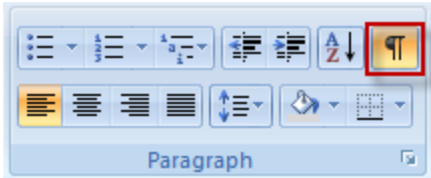
Do this	Illustration • Note(s)
<p>CHOICE] and [END CHOICE] paragraphs. Include the paragraph mark in your selection.</p>	
<p>7 Prepare to remove the red shading from the document.</p> <p>✓ Display the Styles Pane.</p>	<p><i>To display the Styles Pane:</i></p> <p>Word 2002/2003: Choose Format, Styles and Formatting from the menu.</p> <p>Word 2007/2010: Click the small arrow at the bottom right of the Styles Section on the Home Ribbon.</p> 
<p>8 Delete the Variables character style. Doing so removes all red shading from the document.</p> <p>✓ In the Styles Pane, locate the Variables style in the list.</p> <p>✓ Click the drop-down arrow to the right of the style.</p> <p>✓ Click Delete Variables...</p> <p>✓ Click Yes when prompted to confirm.</p>	 
<p>9 Save the final MOA document.</p>	

The Closed POD Plan

How to Complete the Closed POD Plan

The Closed POD Plan document will likely not be completed in one sitting. Much of the information in the Closed POD Plan is the result of decisions made during your early discussions with your local department of health. The Closed POD Plan also includes a list of all Closed POD Coordinators, so these people need to be enrolled and selected before the Closed POD Plan can be finalized.

Do this	Illustration • Note(s)
1 In Microsoft Word, open the following file from the Closed POD Planning Kit's Planning Tools folder: o3_pod_dispensing_plan_template.doc	<i>The Microsoft Word document in the Closed POD Planning Kit is created in Microsoft Word 2002/2003 format and will open in Word 2007/2010 in Compatibility Mode.</i>
2 Use the File, Save As command to save a copy of the document with the name: o2_closed_pod_plan_property_name.doc ✓ Save the copy in the Planning Tools folder for now, and keep it there as you work on it. ✓ Once the document is finalized, you will move it to the Closed POD Operations folder.	

Do this	Illustration • Note(s)
<p>3 To help with the editing process, set the Show/Hide icon to Show.</p> <ul style="list-style-type: none"> ✓ When set to Show, you'll be able to see the paragraph end marks in your document. 	<p>When set to the "Show" position, the icon appears "pushed in." Here's where to find the Show/Hide icon:</p> <p>Word 2002/2003: On the Standard toolbar.</p>  <p>Word 2007/2010: In the Paragraph section on the Home Ribbon.</p> 
<p>4 Edit the [Property Name], [Property Address] and other variable information on the cover page.</p> <ul style="list-style-type: none"> ✓ Select the text [Property Name] and type over it with your property name. ✓ Repeat with each bracketed variable. 	<p>A Dispensing Plan Template for</p> <p>[PROPERTY NAME]</p> <p>[Property Name] [Property Address] [Property City, State, and Zip]</p> <p>[DATE]</p>

Do this	Illustration • Note(s)
<p>5 Replace all red-shaded variables in the body of the document with your own information.</p> <ul style="list-style-type: none"> ✓ All variable information displays with red shading and white text. ✓ Use the mouse or cursor keys to highlight each variable block, and type over the selection with your data. ✓ Save your document frequently as you work. 	<p>•Notification•Phase¶</p> <p>Once an emergency occurs and the DOH makes a decision to deliver medication to the Closed PODs, the DOH will send an alert message to [PROPERTY-NAME] via the [LOCAL ALERT SYSTEM] as well as redundant communication measures, such as sending a duplicate message through phone or pager. This message will serve to notify [PROPERTY-NAME] that an</p> <p><i>Leave the red shading in place until your document is nearly final. This way, if you need to make further edits to the variable information, you'll be able to find it easily. Steps 8 and 9 tell you how to easily remove the shading from the entire document in one quick operation.</i></p>
<p>6 Address all decision points in the document. These sections are labeled with [BEGIN CHOICE] instructions and [END CHOICE] markers.</p> <ul style="list-style-type: none"> ✓ Review the instructions for each decision point. ✓ Select and delete the information that does not apply to your location. Include the paragraph mark in your selection before deleting. ✓ Delete the [BEGIN CHOICE] and [END CHOICE] paragraphs. Include the paragraph mark in your selection. 	<p>[BEGIN-CHOICE] Delete the paragraph below if it does not apply to your location. Then, delete this instruction.¶</p> <p>✓→Room Service: Go to each registered guest's room; review their Medication Screening Form; determine type of medication for each person in the room; provide guests with medications and additional Patient Information Packets; and leave instructions if no one answers the door.¶</p> <p>[END-CHOICE]¶</p> <p><i>Including the paragraph mark when you select and delete a paragraph helps keep the document format intact. The paragraph mark is like a container that “holds” all of the formatting instructions for the paragraph.</i></p>

Do this	Illustration • Note(s)																																								
<p>Follow all instructions in the document. Instructions display in red, bolded, italicized text.</p> <p>✓ Delete the instructional paragraph(s) when finished. Include the paragraph mark in your selection before deleting.</p>	<div><p>Contact Information</p><p><i>Fully complete the table below. Then, delete this instruction.</i></p><table><tr><th colspan="4">Primary Coordinator</th></tr><tr><td colspan="4">Organizes and directs all Closed POD site operations, assures communication with the local DOH Incident Command Center.</td></tr><tr><td>Name</td><td></td><td>Position/Title</td><td></td></tr><tr><td>Work Phone</td><td></td><td>Home Phone</td><td></td></tr><tr><td>E-mail</td><td></td><td>Mobile phone/pager</td><td></td></tr></table> <table><tr><th colspan="4">Back-Up Coordinator</th></tr><tr><td colspan="4">If the Primary Coordinator is not available, organizes and directs all Closed POD site operations, assures communication with the local DOH Incident Command Center.</td></tr><tr><td>Name</td><td></td><td>Position/Title</td><td></td></tr><tr><td>Work Phone</td><td></td><td>Home Phone</td><td></td></tr><tr><td>E-mail</td><td></td><td>Mobile phone/pager</td><td></td></tr></table></div>	Primary Coordinator				Organizes and directs all Closed POD site operations, assures communication with the local DOH Incident Command Center.				Name		Position/Title		Work Phone		Home Phone		E-mail		Mobile phone/pager		Back-Up Coordinator				If the Primary Coordinator is not available, organizes and directs all Closed POD site operations, assures communication with the local DOH Incident Command Center.				Name		Position/Title		Work Phone		Home Phone		E-mail		Mobile phone/pager	
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<p>Save the final Closed POD Plan document.</p>																																									

Appendix • Document Index



Planning Tools

Item	File Name
Instructions and Tools for Closed POD Planning	00_pod_planning_instructions.doc
Closed POD Definitions	01_pod_planning_definitions.doc
Closed POD Process Flow Diagram	01_pod_planning_process_diagram.ppt
Property/DOH Discussion Guide	02_pod_planning_doh_discussion.doc
Site Visit Discussion Worksheet	02_pod_planning_site_visit_worksheet.doc
Closed POD Memorandum of Agreement (MOA) Template	03_pod_planning_moa_template.doc
Dispensing Plan Template	04_pod_dispensing_plan_template.doc
Associate Orientation (sample)	05_pod_planning_associate_orientation.doc
Manager Training (sample)	05_pod_planning_manager_training.doc
Signage Guidelines	06_pod_planning_signage_guide.doc



Practice Exercises and Drills

Item	File Name
Exercise Instructions	00_closed_pod_exercise_instructions
Overview Facilitator's Guide	01_closed_pod_overview_fg
Overview Presentation	02_closed_pod_overview_presentation
Tabletop Exercise Facilitator's Guide	03_closed_pod_tabletop_fg
Tabletop Exercise Presentation	04_closed_pod_tabletop_presentation
Tabletop Exercise Evaluation Form	05_closed_pod_tabletop_evaluation_form
Functional Exercise Facilitator's Guide	06_closed_pod_functional_fg
Functional Exercise Presentation	07_closed_pod_functional_presentation
Functional Exercise Evaluation Form	08_closed_pod_tabletop_evaluation_form
After Action Report/Improvement Plan Template	09_closed_pod_aar_template




Closed POD Operations

Item	File Name
<i>Place final copy of MOA file in the Closed POD Operations folder, and name it as shown at right.</i>	01_closed_pod_moa_property_name.doc
<i>Place final copy of approved dispensing plan file in the Closed POD Operations folder, and name it as shown at right.</i>	02_closed_pod_plan_property_name.doc
Command Brief to Command Team	03_closed_pod_command_briefing_01_commanders.doc
Command Brief to Volunteers	03_closed_pod_command_briefing_02_volunteers.doc
Command Brief from Security Coordinator to Team	03_closed_pod_command_briefing_03_security.doc
Command Brief from Logistics Coordinator to Team	03_closed_pod_command_briefing_04_logistics.doc
Command Brief from Human Resources Coordinator to Team	03_closed_pod_command_briefing_05_human_resources.doc
Command Brief from Business Continuity Coordinator to Team	03_closed_pod_command_briefing_06_business_continuity.doc
Job Action Sheet - Primary Coordinator	04_closed_pod_job_action_sheet_01_primary-coord.doc
Job Action Sheet – Security Coordinator	04_closed_pod_job_action_sheet_02_security-coord.doc
Job Action Sheet – Logistics Coordinator	04_closed_pod_job_action_sheet_03_logistics-coord.doc
Job Action Sheet – Human Resources Coordinator	04_closed_pod_job_action_sheet_04_hr-coord.doc
Job Action Sheet – Business Continuity Coordinator	04_closed_pod_job_action_sheet_05_business-coord.doc
Job Action Sheet – Associate Dispensing Coordinator	04_closed_pod_job_action_sheet_06_assoc-disp-coord.doc
Job Action Sheet – Greeter	04_closed_pod_job_action_sheet_07_greeter.doc
Job Action Sheet – Screener	04_closed_pod_job_action_sheet_08_screener.doc
Job Action Sheet – Dispenser	04_closed_pod_job_action_sheet_09_dispenser.doc



Closed POD Operations

Job Action Sheet – Exit Monitor	04_closed_pod_job_action_sheet_10_exit_monitor.doc
Job Action Sheet – Security	04_closed_pod_job_action_sheet_11_security.doc
Job Action Sheet – Maintenance	04_closed_pod_job_action_sheet_12_maintenance.doc
Job Action Sheet – Food Service Provider	04_closed_pod_job_action_sheet_13_food_service.doc
Job Action Sheet – Runner	04_closed_pod_job_action_sheet_14_runner.doc
Job Action Sheet – Queue Control	04_closed_pod_job_action_sheet_15_queue_control.doc
Job Action Sheet – Room Service	04_closed_pod_job_action_sheet_16_room_service.doc
Form – Medication Screening Form, Cipro/Doxy	05_closed_pod_form_medication_screen_cipro_doxy.doc
Form – Medication Screening Form Job Aid	05_closed_pod_form_medication_screen_job_aid.doc
Form – Closed POD Scheduler	05_closed_pod_form_scheduler.doc
Form – Volunteer Sign In Form	05_closed_pod_form_sign-in_sheet.doc
Greeter's Script	06_closed_pod_greeters_script.doc
Day of Event Communication Matrix with Sample Messaging	07_closed_pod_communications.doc
Public PowerPoint Presentation	08_closed_pod_public_powerpoint.ppt
 Signage	<i>File names within the Signage folder are self-explanatory. Refer to the Signage Guidelines document for thumbnail images of all signs included in this folder.</i>