

Communications Matrix



The chart below lists the critical day-of-emergency communications integral to your Closed POD Plan. These communications include both written and verbal messages, both internally for Closed POD operations and externally to your property's targeted dispensing population. Example letters are provided as part of this Communications Matrix as samples to help guide in crafting the ideal message for your property in preparation for an emergency.

Message Types Key

| Communications with the DOH | Operational Messaging: Communication that moves a task forward | Feedback Messaging: A signal that allows a team task to move forward based on a dependency | Communication to the external Dispensing Population (guests) |
|-----------------------------|--|---|--|

1 • Notification Phase

| | Communication | TYPE | Initiator | Recipient | When |
|----------|--|-------------|---|---------------------|---|
| A | Notification alert of an event (plus redundant communication) | | Local DOH | Primary Coordinator | DOH notification to Closed PODs regarding a public health emergency |
| B | Confirmation of receipt of Notification alert with the actual dispensing population head count | | Primary Coordinator | Local DOH | Upon Notification alert and after calculating the current dispensing population |
| C | Notification of an event and message to stand by | | Primary Coordinator | Command Team | After Notification from the DOH |
| D | Alert of Closed POD space needs. Determine the availability of room space for designated dispensing areas. | | Primary and/or Business Continuity Coordinators | TBD by property | After Notification from the DOH |

2 • Activation and Mobilization Phase

| Mobilization | | | | | |
|---------------------|---|--|---------------------------------|---------------------------------|---|
| | Communication | TYPE | Initiator | Recipient | When |
| A | Activation alert to the Closed POD (plus redundant communication) |  | Local DOH | Primary Coordinator | DOH decides to activate the property |
| B | Confirmation the property has received notice of Activation |  | Primary Coordinator | Local DOH | Upon receipt of the Activation alert |
| C | Notice to report to the Closed POD |  | Primary Coordinator | Command Team | After confirmation of Activation alert |
| D | Command Team Briefing (hand out Job Action Sheets) |  | Primary Coordinator | Command Team | After the Command Team reports to the property |
| E | Notice to relocate or close designated dispensing areas |  | Primary Coordinator | Business Continuity Coordinator | After confirmation of Activation alert |
| F | Message to associates to report in and prepare for Volunteer roles |  | Command Team | Associates | After Command Team has reported to the property |
| G | Notice confirming that all designated dispensing areas are available for Closed POD use |  | Business Continuity Coordinator | Primary Coordinator | When the dispensing areas are ready for set-up |

| Medication Transfer | | | | | |
|----------------------------|---|---|---------------------|----------------------|---|
| | Communication | TYPE | Initiator | Recipient | When |
| A | Instructions with details regarding medication delivery including pick-up location and schedule or delivery timeframe |  | Local DOH | Primary Coordinator | Upon receipt of Activation alert confirmation |
| B | Internal communication providing actual dispensing population head count |  | Primary Coordinator | Security Coordinator | Prior to medication delivery |

Medication Transfer

| | Communication | TYPE | Initiator | Recipient | When |
|---|---|---|----------------------|----------------------|---|
| C | Medication Pick-up Authorization Letter |  | Security Coordinator | Local DOH | When picking up medication at local distribution site |
| D | Medical Materials Transfer form |  | Local DOH | Security Coordinator | Upon receipt of medication – either at the property or at local distribution site |
| E | Verification of medication delivery and accuracy. Coordinators agree that the amount of delivered medication agrees with the property's requested amount. Report any discrepancies. |  | Security Coordinator | Primary Coordinator | Upon receipt of medication |

Preparation

| | Communication | TYPE | Initiator | Recipient | When |
|---|---|---|----------------------------------|---|--|
| A | <i>If using the Manager or Associate Pick-up method</i> – Instruction to hand out Medication Screening Forms to associates |  | Associate Dispensing Coordinator | Property managers or supervisors | In Activation phase |
| B | Notice that there are sufficient Volunteers available to run the Closed POD |  | Human Resources Coordinator | Primary Coordinator | In Activation phase |
| C | Notice to inform associates when dispensing will begin and where dispensing will be held |  | Human Resources Coordinator | Associates | In Activation phase |
| D | Notice to inform guests of the emergency and plans to dispense medications (see sample letters, pages 7 and 8) |  | TBD by property | Registered guests, special function guests, and contractors/vendors | In Activation phase |
| E | Signal when associates, guests and in-house vendors/contractors have been alerted |  | TBD by property | Primary Coordinator | After the dispensing population has been informed of the emergency |
| F | Notice that Volunteers are available and ready |  | Human Resource Coordinator | Primary Coordinator | When Volunteers are ready for set-up |

3 • Set-up and Briefing Phase

| | Communication | TYPE | Initiator | Recipient | When |
|----------|--|---|-----------------------------|-----------------------|---|
| A | Initial briefing |  | Primary Coordinator | All volunteers | After all volunteers are assembled |
| B | Signal that all Volunteers are assigned and prepared to be deployed. Continue to update as needed. |  | Human Resources Coordinator | Primary Coordinator | After Volunteers are signed in to the Closed POD or notified as to when to assemble |
| C | Volunteer deployment |  | Human Resources Coordinator | Volunteers | After all volunteers are signed-in and have had their first brief |
| D | Command briefings (hand out Job Action Sheets) |  | Command Team | Volunteer Teams | Prior to dispensing area set-up |
| E | Notice that Volunteer teams have been briefed |  | Command Coordinators | Primary Coordinator | Prior to dispensing area set-up |
| F | Instruct Volunteers to set up the Closed POD |  | Logistics Coordinator | Closed POD Volunteers | In Set-up phase |
| G | Notice that the Closed POD is ready to open to recipients |  | All Command Coordinator | Primary Coordinator | When dispensing areas and volunteers are ready |

4 • Dispensing Phase

| | Communication | TYPE | Initiator | Recipient | When |
|----------|--|---|----------------------------------|--------------------------------------|---|
| A | Indicate that dispensing has started |  | Primary Coordinator | DOH | Upon start of dispensing |
| B | <i>If using the Manager Pick-up method – Signal to managers to take their associates' completed Medication Screening Forms to the dispensing area for medication pick-up</i> |  | Associate Dispensing Coordinator | Property managers or supervisors | Once property has received their medications and the dispensing area is set up |
| C | <i>If using the Associate Pick-up method - Signal to managers to allow their associates to take their completed Medication Screening Forms to the dispensing area for medication pick-up</i> |  | Associate Dispensing Coordinator | Property managers or supervisors | Once property has received their medications and the dispensing area is set up |
| D | <i>If using either pick-up method – messages back and forth to control flow</i> |  | Associate Dispensing Coordinator | Screener and/or Dispenser Volunteers | During Manager or Associate Pick-up Dispensing |
| E | Notice that associate dispensing has begun and when it is complete |  | Associate Dispensing Coordinator | Primary Coordinator | Upon start and stop of associate dispensing |
| F | Notice when Room Service dispensing has begun and when it is complete |  | Business Continuity Coordinator | Primary Coordinator | Upon start and stop of Room Service dispensing |
| G | Indication when medication inventory is at 75%, 50%, and 25% |  | Logistics Coordinator | Primary Coordinator | When medication inventory reaches indicated level |
| H | Indication when medication inventory is at 75%, 50%, and 25% |  | Primary Coordinator | DOH | When medication inventory reaches indicated level |
| I | Request for additional medication |  | Primary Coordinator | DOH | When medication is below 25% and if there are still recipients without medication |

5 • Stand-down Phase

| | Communication | TYPE | Initiator | Recipient | When |
|----------|---|---|-----------------------|---------------------|---|
| A | Request permission to stand-down |  | Primary Coordinator | DOH | When targeted population has been served |
| B | Permission to stand-down |  | DOH | Primary Coordinator | When targeted population has been served |
| C | Notification to stand-down |  | Primary Coordinator | Command Team | When permission is received from DOH |
| D | Notification to stand-down |  | Command Team | Volunteers | When permission is received from DOH |
| E | Dispensed inventory and medication report |  | Security Coordinator | Primary Coordinator | Calculated in Stand-down phase |
| F | Notification of Stand-down completion |  | Logistics Coordinator | Primary Coordinator | After Closed POD stands-down |
| G | Debriefing |  | All volunteers | Primary Coordinator | After stand-down, medication inventory and the property is restored to its original condition |
| H | Final report on medication inventory |  | Primary Coordinator | DOH | After medication has been inventoried |
| I | After Action Report |  | Primary Coordinator | DOH | After Stand-down completion - End of Stand-down phase |
| J | Updated Dispensing Plan |  | Primary Coordinator | DOH | When After Action Report recommendations have been incorporated into the Dispensing Plan |



Sample Letters

Letter to Guests • Room Service Dispensing

If your property will use the Room Service Dispensing method, use the sample letter below to craft your property's communication to guests.

Dear Patrons and Guests:

A public health emergency involving the aerosolized release of anthrax has been declared in XYZ County. To avoid serious health complications, this incident requires the mass dispensing of medication within the next 48 hours.

Working in partnership with the local public health department, the ABC Hotel is in the process of setting up a "point of dispensing" program within this hotel (also called a POD). The POD is not open to the general public, but is available to all hotel patrons and guests, as well as hotel associates and their families. The POD should be fully operational within the next [enter time] hours.

We request that you please remain in your room as much as practicable. In addition, we would ask that the attached form be completed for each person staying in the guest room. Once the medication is available at the property, a Marriott associate will come to your guest room to review the form with you and provide you with the necessary medications.

If for any reason you are unable to take the medication (for example, if you think you may be allergic to the medicine), you will be provided with a referral list of facilities where you can receive alternative medication.

We are working closely with local authorities and will share further information with you as it becomes available to the hotel. In the meantime if you have questions or concerns, please contact 555-555-5555. Alternatively, an information center has been established at [Location].

Thank you for your cooperation.

Sincerely,

General Manager



Sorry We Missed You Letter • Room Service Dispensing

If your property will use the Room Service Dispensing method, use the sample letter below to craft your property's communication to guests.

Dear Guest:

In a previous communication, we indicated that a public health emergency involving the aerosolized release of anthrax has been declared for the County of XYZ. This requires the mass dispensing of medications within the next 48 hours.

Working in partnership with the local public health department, we are in the process of setting up a dispensing program at this property (also called a POD). The POD is not open to the general public, but is available to all resident and non-resident guests, as well as hotel associates and their families.

An ABC Hotel associate came by to review the Medication Screening Form left for you earlier, but you were not in your room. In order to receive your medication upon your return, please complete the Medication Screening Form and take it to the [Location].

Thank you for your cooperation.

Sincerely,

General Manager



Authorization Letter • Medication Pick-up

Use the below example to create a medication pick-up authorization letter. Submit a copy of this letter, with your Dispensing Plan to the DOH. At the time of an event, take a completed letter, on your property's letterhead, with the appropriate ID, to the local distribution site to pick up medication. Appropriate identification includes state or federally issued ID (Drivers license, DMV ID card, or Passport) or property picture identification.

AUTHORIZATION LETTER - For Medication Pick-up

Through the powers of the XYZ City Health Department, this letter authorizes the ABC Hotel to send a representative with appropriate identification to pick up medications in the event of a declared mass prophylaxis situation.

Names of Authorized Personnel:

Primary Courier: _____

Backup Courier: _____

Backup Courier: _____

Through self report at maximum capacity you have:

| | |
|--|-------------|
| # Associates of ABC Hotel | 100 |
| # Family Members of ABC Hotel Associates (# Associates x 3) | 300 |
| # Guests of ABC Hotel | 500 |
| # Family Members of ABC Hotel Guests | 500 |
| # Special Function Guests of ABC Hotel | 150 |
| TOTAL DISPENSING POPULATION | 1550 |

Sincerely,

Closed POD Primary Coordinator, Executive Director, Administrator or Manager