St. Wenceslaus
Dispensing Plan

A Plan for Providing Medication
to the members of
St. Wenceslaus Church and School

15353 Pacific Street
Omaha, NE 68154

August 2018

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Introduction

In the event of a large-scale public health emergency, the Douglas County Health Department (hereinafter DCHD) is charged with developing strategies to deliver lifesaving medications to 100% of its dispensing population within a 48-hour period. If our region experiences a biological attack (widespread release of anthrax) requiring the mass dispensing of medication, the response may not only involve government agencies, but the private sector as well. This type of emergency would trigger DCHD to implement a non-medical model of dispensing medication and to establish points of dispensing (PODs) throughout the city to dispense the medication to the public.

St. Wenceslaus Church and School has a long history and strong culture of parish and community responsibility and safety. Consequently, St. Wenceslaus Church and School (hereinafter St. Wenceslaus) will be a strong partner in the effort to expeditiously provide medication to the public by operating a Closed Point of Dispensing (POD). St. Wenceslaus has agreed to provide medication to parishioners and families of the church and school.

By partnering with DCHD and operating a Closed POD, the St. Wenceslaus parishioners/families will receive medications at the St. Wenceslaus school gymnasium, reducing the likelihood and need for this population to visit a public POD. Taking this “extra step” to conduct the necessary coordination and planning, prior to an emergency, while providing medication during an anthrax emergency, will provide parishioners/families with peace of mind.

Operating a Closed POD will ultimately support Parish continuity of operations plans by contributing to organizational resilience during and after an emergency. Members will be able to return to their daily duties more quickly, or continue to assist public health officials through volunteering.

Closed PODs provide:

- Ease of access to lifesaving medications
- Quick dispensing of medications to the targeted dispensing population
- Enhanced continuity of operations
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SECTION 1

RESPONSE OVERVIEW
Partner Responsibilities

The Closed POD partnership between the DCHD and St. Wenceslaus will have clearly defined roles and responsibilities.

**DCHD Responsibilities.** DCHD will take the following steps to ensure the proper plans are in place to support the operation of the St. Wenceslaus Closed POD:

- Provide *pre-event* planning and technical assistance, including but not limited to policies, procedures, job aids such as sample dispensing area layouts, fact sheets, medication screening form and other information necessary to successfully operate a Closed POD.
- Provide *pre-event* Closed POD training/education/exercise opportunities to St. Wenceslaus POD volunteers.
- Provide a DCHD primary point of contact.
- Notify St. Wenceslaus Command Team Captain to request activation of the Closed POD.
- Provide medication for use during a declared emergency.
- Confirm location and timeframe for obtaining medication and for opening the Closed POD.
- Provide a backup Medication Screening form for copy and sample Information Packet with originals for copy. The packet will come with the medication.
- During a public health emergency, provide St. Wenceslaus with technical assistance and oversight (via email, telephone, website) to effectively run a Closed POD.
- During the public health emergency, provide media guidance to ensure consistency of messages between St. Wenceslaus’s targeted dispensing population and the general public.
- After the dispensing process has been completed and the Closed POD deactivated, coordinate return of all unused medications and completed medication screening forms.
- Include St. Wenceslaus Co Captains in the conduct of periodic tests of the automated Notification System (the County’s notification system).

**St. Wenceslaus Responsibilities.** St. Wenceslaus will take the following steps to ensure the proper plans are in place to establish and operate a Closed POD efficiently.

- Designate staff to work with the DCHD in the Closed POD planning process.
- Provide primary and secondary 24-hour points of contact.
- Develop a facility specific Closed POD Plan. Review and update at least once a year. Submit updates to the DCHD.
- Identify Closed POD dispensing methods (i.e. traditional clinic, drive thru, etc.).
- Identify Closed POD dispensing locations (i.e. gym, parish hall, commons, etc.).
- Maintain the necessary supplies and equipment to operate a Closed POD.
- Copy and assemble information packets and have available for parishioners.
- Use DCHD guidance and protocol to dispense medications.
- Participate in DCHD training, exercises and drills, including quarterly call down drills (Command Team Captains only), as able.
Response Structure

DCHD will coordinate and manage the response using the Incident Command System (ICS). ICS is a response structure designed to improve the department’s response by:

- directing all communications through a defined chain of command
- maintaining a span of control by limiting the number of people who report to a ‘manager’, ‘supervisor’ or ‘team leader’ and
- assignment of roles with a limited and specific set of tasks

The DHCD structure is outlined in the chart below.

All closed POD partners, including St. Wenceslaus, will be incorporated into the Operations Section of the public health response. St. Wenceslaus will use an ICS structure appropriate for their operations.
Response Policies
The policies listed below have been pre-established and pre-approved by Douglas County Health Department, the NE Department of Health and Human Services (DHHS) and/or the Centers for Disease Control (CDC).

The DCHD will review and revise response policies, if needed, and based on guidance from NE DHHS and the CDC, and convey them to the St. Wenceslaus Command Team Captain prior to the POD opening.

- Head of Household – is a policy that allows recipients to pick up medication for all members of their household for whom they can provide medication screening information.
- Medication is free of charge.
- Medication will be provided in 10-day unit-of-use bottles. Each bottle is intended to treat one person for 10 days.
- No health insurance or a prescription is required.
- No identification or proof of residency is required.
- HIPAA rules may not apply.
- No “head of the line” privileges.
- Responder Safety and Health – St. Wenceslaus Command Team members and Closed POD Volunteers will receive medication for themselves and their household prior to the opening of the Closed POD. They will be instructed to take their first dosage immediately.
- Symptomatic individuals are to continue through the POD to receive medication AND must also be directed to see his/her physician or to visit a healthcare facility as soon as possible.
Response Timeline. The chart below is an estimated timeline of activities for Closed POD operations.
Section 2

St. Wenceslaus

Response Plan
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St. Wenceslaus Command Team

St. Wenceslaus is a modern facility located off 153rd and Pacific. It is surrounded by neighborhoods on the north, south and west side of the building. The school is attached to the church and located on the west side of the building. The parish is home to 3,000 families and approximately 10,000 parishioners.

Command Team Roster. The following contact list identifies members of the Closed POD Command Team. Command Team members will provide guidance, direction and leadership during dispensing operations. Command Team members also participated on the St. Wenceslaus’s planning team, providing valuable insight and expertise during the planning process; their participation helped develop the strategies and tactics outlined in this plan.

The Command team will meet annually to review and update the Command Team Contact List and the Closed POD plan, and submit any updates to the DCHD.

<table>
<thead>
<tr>
<th>Co Captains</th>
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<tbody>
<tr>
<td>Assure communication with DHCD Public Health Coordination Center. Setup volunteer care station and then act as site circulators making sure stations have needed supplies.</td>
</tr>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co POD Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizes and directs all Closed POD site operations, assures communication with all volunteers.</td>
</tr>
<tr>
<td>Name</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Security Coordinators</th>
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</thead>
<tbody>
<tr>
<td>Organizes and directs volunteers responsible for Closed POD safety and security; assures communication with the Primary POD Manager.</td>
</tr>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>
## Volunteer Coordinators

Organizes and directs volunteers responsible for dispensing activities; signs in volunteers and helps with paperwork, assures communication with the Primary POD Manager.

<table>
<thead>
<tr>
<th>Name</th>
<th>Shirley Hahn/Kay Green</th>
<th>Sharon Wilwerding/Aaron Faltin</th>
</tr>
</thead>
</table>

## Medication Transport Coordinators

Organizes and directs volunteers responsible for pick-up and delivery of medicine from DHCD distribution site.

<table>
<thead>
<tr>
<th>Name</th>
<th>Michael Monaghan</th>
<th>Ed DeSimone</th>
</tr>
</thead>
</table>

## Facility/Logistics Coordinators

Organizes and directs volunteers responsible for site set-up and tear down; for maintaining medication and supplies for the operation; assures communication with the Primary POD Manager.

<table>
<thead>
<tr>
<th>Name</th>
<th>Joan McVoy</th>
<th>Nikie Herrera</th>
</tr>
</thead>
</table>

## Education Coordinators

Develop plan to inform parishioners of the Closed POD and keep it in the forefront.

<table>
<thead>
<tr>
<th>Name</th>
<th>Joan Mack</th>
<th></th>
</tr>
</thead>
</table>

## Parish Information Coordinators

Monitors and records all expenses associated with the implementation of the Closed POD and assures communication with the Primary POD Manager and parishioners.

<table>
<thead>
<tr>
<th>Name</th>
<th>Amber Glasshoff</th>
<th>Steve Schumacher</th>
</tr>
</thead>
</table>
St. Wenceslaus Structure

Onsite Structure

Terri Morrow
DCHD
Closed POD Coordinator

CO Captains

Mary Dobleman

CO POD Managers

Mary Stieren

Joan Mack

Amber Glasshoff

Security Coordinators:
Dan Naylon
Bob Murray

Facility and Logistics Coordinators:
Parish Nurse 1 - Joan McVoy
Parish Nurse 2 - Nikki Herrera

Medication Transport Coordinators:
Mike Monahan
Ed DeSimone

Dispensing Volunteer Coordinators:
Shirley Hahn
Sharon Wilwerding

Education Coordinators:
Joan Mack

Parish Information Coordinators:
Steve S.
Amber G.

Volunteers to help volunteer registration, dispensing, greeting, flow and dispensing and exit monitors

Volunteers to pick up, transport and inventory medication or other supplies; runners

Parishioners sign in, and then are directed to the line to pick up medication or to the line to pick up

Volunteers to help with Parish education

Volunteers to help with response communication
St. Wenceslaus Notification/Activation

**CPOD Notification.** When a public health emergency occurs and the DCHD is considering implementing a county wide mass dispensing response, the DCHD will notify St. Wenceslaus Command Team Captains. The notification will inform the Command Team Captains of the public health emergency, provide contact name and information of the DCHD liaison (the Closed POD Coordinator) and the preferred method of communication. The notification will also advise St. Wenceslaus to:

- Stand by
- Contact Command Team members and Coordinators with instructions to stand by

The first person from the St. Wenceslaus’s Response Command Team contact list that DHCD makes contact with will assume the role of the Captain until otherwise noted.

**Command Team Notification.** The Team Captains will notify the POD Managers and inform them that the Closed POD may be activated and to please stand by for further information. The POD Managers, using email and text groups developed by the Communications Coordinator, will send an initial email and text to:

- all the coordinators
- backup coordinators

Team Coordinators will notify their volunteers and inform them that the St. Wenceslaus Closed POD may be activated and to stand by for further information.

**CPOD Activation.** When the DHCD decides to implement a CPOD response, the DCHD Closed POD Coordinator will call the St. Wenceslaus Command Team Captain and request activation of the St. Wenceslaus CPOD. Following confirmation of participating, the DCHD Closed POD Coordinator will provide the following information to the CPOD Team Captain:

- Name of the biological agent and symptoms of the disease
- Name and type of medication being used and how much to provide each person
- Confirm amount of medication needed
- Location of the distribution site, timeframe for picking up medication and reminder of the process for pick up.
- DCHD’s timeline for beginning dispensing operations
- Confirm contact information
- Implement just-in-time training

**Command Team Activation.** After the Team Captains confirm activation with DCHD, the Captains will notify the Co POD Managers of the POD activation. The POD Managers, using the email and text groups developed by the Communication Coordinator, will send an activation email and text to managers and coordinators and request they report to the Community Room as soon as possible.
When the Command Team has assembled at the Command Center, they will review the Closed POD plan and establish the time line for the Closed POD to open. Coordinators will then call/text/email the volunteers on their team roster informing them of when to report to the Community Room.

Co Captains will maintain the Command Team Contact List (above). Each Coordinator will have a spreadsheet with their volunteers' phone numbers and email addresses as well as establish an email group and texting list for quick notification.

If St. Wenceslaus has not been contacted by someone from the DCHD within 3 hours of initial notification of the declared emergency, the Command Team Captain should call Carol Allensworth (c) 402 504 0377 (h) 402 214 4193 or (w) or 402-669-1611 for additional information.

**Amount of Medication Needed.** Our CPOD is providing medication to St. Wenceslaus parishioners, school students, faculty and staff, and all of their household members.

Upon notification from DCHD, the Command Team will review the chart below and confirm the total number being served by the Closed POD, and the amount of medication needed to serve the population.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Number of Families</th>
<th>Number of Parishioners</th>
<th>Number of school students</th>
<th>School students x 2.5 (ave. household size)</th>
<th>TOTAL DISPENSING POPULATION/TOTAL NUMBER OF MEDS TO DISPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3000</td>
<td>10,000</td>
<td>500</td>
<td>1,250</td>
<td>11,250</td>
</tr>
</tbody>
</table>

**CPOD Staffing/Volunteers**

Our parish has a robust network of volunteer groups, including the Nurse Ministry, Catholic Daughters, Knights of Columbus, Primetimes, Pastoral Ministry and the Squires. We will assign these parish groups to specific response activities or volunteer jobs. A current roster of volunteers is located in Annex B.

We may also be able to utilize student groups at Skutt High School (i.e. JROTC, Student Council, etc.).

**Volunteer Jobs.** To provide medication safely and efficiently, we need volunteers for the following positions:

- **Set up team:** Help prepare and set up the site and dispensing area.
- **Medication transport team:** Pick up medication from DCHD and other operational supplies.
- **Volunteer Registration**: Help volunteers to turn in voucher and get medication.
- **Greeter**: Welcome parishioners to the site and direct to the dispensing area.
- **Queue Control/Flow**: Help manage and maintain orderly lines and keep the lines moving.
- **Parking and traffic management**: help direct parishioners arriving at the site
- **Screener**: Review Medication Screening Forms and assign medication, if needed.
- **Dispenser**: Hand out medication.
- **Security**: Help maintain safety and security during operations.
- **Maintenance**: Maintain bathrooms, empty trash, clean up spills and provide assistance, as needed.
- **Inventory**: Help maintain and replenish supplies.
- **Communications**: Provide information and education to parishioners
- **Exit Monitor**: Help direct people from the dispensing area to the parking lot.

**Volunteers per Shift.** Our goal is to complete dispensing within 4 hours. To do so, we will need a throughput of 750 parishioners receiving medication for their households. We will schedule volunteers for one 4 hour shift. The chart below will help us determine the total number of volunteers we need.

Each coordinator will activate their volunteer teams and inform them of where and when to report, to complete the DA voucher prior to arrival or to complete a Medication Screening Form after checking in with registration.

Each Coordinator will confirm with the Command Team the number of parish Volunteers available to report; and each Coordinator will provide just it time training for their volunteers.

<table>
<thead>
<tr>
<th>Closed POD Positions</th>
<th>Volunteers per shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up</td>
<td>2</td>
</tr>
<tr>
<td>Medication Transport</td>
<td>4</td>
</tr>
<tr>
<td>Volunteer Registration</td>
<td>2</td>
</tr>
<tr>
<td>Greeter</td>
<td>2</td>
</tr>
<tr>
<td>Queue Control/Flow</td>
<td>3</td>
</tr>
<tr>
<td>Parking and traffic management</td>
<td>4</td>
</tr>
<tr>
<td>Screener</td>
<td>2</td>
</tr>
<tr>
<td>Dispenser</td>
<td>16</td>
</tr>
<tr>
<td>Security</td>
<td>5</td>
</tr>
<tr>
<td>Maintenance</td>
<td>2</td>
</tr>
<tr>
<td>Inventory</td>
<td>2</td>
</tr>
<tr>
<td>Communications</td>
<td>2</td>
</tr>
<tr>
<td>Exit Monitor</td>
<td>3</td>
</tr>
<tr>
<td># of shifts</td>
<td>X 1</td>
</tr>
<tr>
<td><strong>Total Number of Volunteers</strong></td>
<td>49</td>
</tr>
</tbody>
</table>
Volunteer Check In. When the Command Team and Volunteers report to the Community Room they will sign in and give their vouchers to the facility and logistics coordinator (parish nurse 1). All volunteers reporting to the site should have completed a Dispense Assist voucher for themselves and their household members, have the ability to complete a voucher(s) on-site or complete a backup Medication Screening Form (Attachment C).

Instruct volunteers to take their first dose immediately and to pick up medication for their households at the beginning of their shift.

Site Setup

We will operate a traditional point of dispensing by setting up dispensing stations in the school gymnasium. We will direct parishioners to the gym to receive medication.

The Security and Facility/Logistics Coordinators and their teams will complete site set up, preparing the following areas:

- Community Room (Command Center)
  - Volunteer check in
  - Medication unloading and storage
- Entrance and exits
- Parking and traffic flow/management
- Dispensing area layout:
  - entrance and exits to the gym
  - where and how to queue the line
  - where to positions flow and screening volunteers
  - where and how to position dispensing tables and volunteers
- Security posts
- Evacuation routes and shelter in place locations
Traffic Management

- Traffic Control Points
- Entrance/Exit
- Volunteer Parking
- Parishioner Parking
- Restricted Areas
Set up – Dispensing Area

Set up Diagram (adapt as needed to address bottlenecks)

CPOD Saint Wenceslaus

Map provided by the Douglas County Health Department
Medication Transport

Upon activation, the Security Coordinator will secure the medication delivery and storage area and ensure the area has controlled access. The Security team will lock or block access to the corridors leading to and surrounding the dispensing area. During dispensing operations, the Security Coordinator will place security volunteers in and around the dispensing area to ensure safety and security.

The Medication Transport Coordinator will arrange for 4 drivers and vehicles to pick up our allotment of medication from the DCHD distribution site. Unless otherwise informed, we should expect to receive and transport approximately:

- 115 cases of medication for 11,500 individuals.

Picking up Medications from DCHD. The Security and Medication Transport teams must provide the following information to verify identity when picking up medication:

- A copy of the Authorization Letter.
- A state or federal photo ID.
- Verify the amount of medications and Backup Medication Forms received.

The Security and Medication Transport teams will complete the following activities when picking up the medication from the DCHD:

- Complete a Chain of Custody form provided by DCHD.
- Transport medications, Back up Medication Forms, and a copy of the Standing Orders directly back to the Closed POD, making no other stops.

Accepting Medications at the Facility. Upon return to the church, the Security and Medication Transport teams will offload the medication. The Medication Transport Coordinator will verify the amount of medication received. If the amount transported does not match the amount recorded on the packing slip, the Transport Coordinator will report the discrepancy to the POD Manager, who will report it to the POD Captain. The POD Captain will contact the DCHD Closed POD Coordinator to report the discrepancy, and if needed to request additional medication.

Once the amount of medication received is validated, the Security and Transport teams will transport the medication to the community room and/or music room for storing/staging. The Security Team will ensure the security of the medication and control access to the community room and/or music room.

Inventory Control and Medication Re-supply. Once the medication is in the storage area, the Logistics Coordinator or a logistics team volunteers will divide it into fourths. At 75%, 50%, and 25%, the Logistics Coordinator will notify the POD Manager of the inventory status as it reaches each of these levels.
If the Logistics Coordinator and the POD Manager determine that the initial shipment is not adequate, the POD Manager will inform the POD Captain and the POD Captain will contact the DCHD Closed POD Coordinator to request additional medication.

**Dispensing Medication**

A wide-scale biological attack will demand a quick response from public health and the healthcare community which may result in a community wide shortage of healthcare professionals.

In response, the Governor will declare a public health emergency, providing legal protections for those helping in the response and temporarily waive day to day pharmacy regulations and statues pertaining to the provisions of oral medication. These temporary waivers will allow DCHD to implement a rapid, non-medical model of dispensing; giving trained, non-medical volunteers the ability to use a shortened medication screening process and provide medication to parishioners.

**Medication Screening and Dispensing.** DCHD will instruct the public, including those coming to the Closed POD, to use of an automated screening system, Dispense Assist www.dispenseassist.net. The system improves screening accuracy and efficiency.

For parishioners who do not have access to the internet or computer, we will have a computer station available for parishioners to complete the Dispense Assist vouchers. We will also have back up Medication Screening Forms available, if the internet or software is unavailable. An original copy of the form will accompany the medication and we will make copies to hand out, as needed (Attachment C, Sample Medication Screening Form).

We will provide a 10 day supply of antibiotic pills to parishioners and each member of their household. Volunteers will be assigned and trained on the following activities:

1. **Greet and direct parishioners/families to the dispensing area.**
   a. Parishioners with a Dispense Assist Voucher(s) continue to dispensing stations.
   b. Parishioners without a voucher must complete the Backup Medication Screening Form (Attachment C, Sample Medication Screening Form) for themselves and each member of their household for whom they are picking up medication.
2. **Review vouchers for completeness; or review medication screening form and assign medication. Just in time training will be provided.** (Attachment C)
3. **Direct to dispensing.**
4. **Provide medication. Just in Time Training will be provided.** (Attachment C)
5. **Instruct parishioners to take the first dose as soon as possible.**
6. **Guide to exit.**
CPOD Safety and Security

The disease we are dealing with is not contagious so masks or other types of personal protective equipment are not required. DCHD will provide guidance if PPE is needed.

**Emergencies.** Severe weather or medical emergencies could occur during response operations. In the event of severe weather, we will direct volunteers and parishioners to school's sheltering location.

If we need to evacuate the building, we will direct volunteers and parishioners to the designated/marked emergency exits. If we need to change the shelter in place location or the evacuation route(s), please follow the instructions of the Security Coordinator and the security team.

The Security Coordinator and assigned volunteers are responsible for responding to any emergencies that occur while the Closed POD is activated. In the event of a medical emergency or a criminal activity, 911 should be called immediately.

Since we are not dispensing vaccine, a severe, immediate reaction to the medication is unlikely at the POD site. However, if someone experiences a reaction, or any other injury, accident or emergency please request medical assistance and/or call 911.

Parish Communication and Education

Upon activation by the DCHD, the Parish Information Coordinators will notify the parishioners via group email, text and call down, and post information on the church's website and Facebook page. The notification will provide the following information:

- a public health emergency has been declared
- St. Wenceslaus will provide medication for them and their families
- when dispensing will begin
- where dispensing will occur and
- what information is needed to receive medication

Parishioners will also be encouraged to use Dispense Assist, to print the voucher(s) and bring to the Closed POD; however, the alert should also reassure parishioners/family members that Medication Screening Forms will also be available on site.

**Parish Education.** The Education Coordinator will make sure that disease and medication information sheets are available onsite and on the church’s and school’s website and Facebook page. In addition, the Education Coordinator will develop a plan to inform the parish about the planning that has been done and how the Parish/School are better prepared to respond during a public health emergency.
Demobilization

When all parishioners have received medication, the POD Managers will inform the POD Captains that dispensing operations have been completed. The POD Captains will notify the DCHD Closed POD Coordinator and DCHD will confirm the Closed POD stand-down. The following steps will be completed to demobilize the site:

The POD Captains and POD Managers will:
- Complete the Demobilization Checklist
- Coordinate return of all Dispense Assist Vouchers and Medication Screening Forms to the DCHD Closed POD Coordinator.
- Report total number of medication dispensed to the DCHD Closed POD Coordinator.
- Conduct a hot wash with command team and volunteers.
- Coordinate the sharing of debrief notes and POD site evaluation

The Security Coordinators and volunteers will:
- Ensure site is returned to its former condition.
- Participate in debrief
- Complete POD site evaluation

The Facility and Logistics Coordinators and volunteers will:
- Ensure that all supplies are gathered and returned to storage
- Ensure the site and dispensing area (gym) is returned to its former condition
- Participate in debrief
- Complete POD site evaluation

The Medication Transport Coordinators and volunteers will:
- Gather all unused medication and coordinate its return to the DCHD distribution site.
- Participate in debrief
- Completed POD site evaluation

Dispensing Volunteer Coordinators and volunteers will:
- Assist volunteers with signing out
- Return registration area to its former condition
- Participate in debrief
- Complete POD site evaluation

Parish Information Coordinators will:
- Participate in debrief
- Complete POD site evaluation

All volunteers will
- Participate in a debrief
- Complete a POD site evaluation form
- Sign out prior to leaving
Attachments
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# Suggested Pod Supplies and Equipment List

## Office

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badges</td>
<td>Legal pads</td>
</tr>
<tr>
<td>Badge lanyards</td>
<td>Paper clips</td>
</tr>
<tr>
<td>Badge holders</td>
<td>Paper, colored</td>
</tr>
<tr>
<td>Banker boxes, voucher and form storage</td>
<td>Paper, white</td>
</tr>
<tr>
<td>Dry erase markers</td>
<td>Permanent markers</td>
</tr>
<tr>
<td>Highlighters</td>
<td>Rubber bands</td>
</tr>
<tr>
<td>Ink pens, black</td>
<td>Sharpie Markers</td>
</tr>
<tr>
<td>Ink pens, red</td>
<td>Scotch Tape</td>
</tr>
<tr>
<td>Labels</td>
<td>Staples</td>
</tr>
<tr>
<td></td>
<td>Sticky notes</td>
</tr>
</tbody>
</table>

## Operational

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-purpose cleaner</td>
<td>Automated Electronic Defibrillators (AED)</td>
</tr>
<tr>
<td>Bags for medication and information</td>
<td>Bullhorns</td>
</tr>
<tr>
<td>Batteries</td>
<td>Chairs, folding</td>
</tr>
<tr>
<td>Biohazard bags</td>
<td>Coolers</td>
</tr>
<tr>
<td>Disease and medication information sheet</td>
<td>Extension cords</td>
</tr>
<tr>
<td>Duct tape</td>
<td>First Aid Kit</td>
</tr>
<tr>
<td>Duct tape</td>
<td>Flashlights</td>
</tr>
<tr>
<td>Face masks</td>
<td>Hand trucks</td>
</tr>
<tr>
<td>Facial tissues</td>
<td>Lanterns</td>
</tr>
<tr>
<td>Gloves, latex</td>
<td>Megaphone</td>
</tr>
<tr>
<td>Gloves, nitrile</td>
<td>Mobile folding chair carts</td>
</tr>
<tr>
<td></td>
<td>Mobile folding table carts</td>
</tr>
<tr>
<td></td>
<td>Power strips</td>
</tr>
<tr>
<td></td>
<td>Radios</td>
</tr>
<tr>
<td></td>
<td>Radios, emergency alert</td>
</tr>
<tr>
<td></td>
<td>Rain ponchos</td>
</tr>
<tr>
<td></td>
<td>Storage carts</td>
</tr>
<tr>
<td></td>
<td>Surge protectors</td>
</tr>
<tr>
<td></td>
<td>Tables</td>
</tr>
<tr>
<td></td>
<td>Thermometers</td>
</tr>
<tr>
<td></td>
<td>Thermometers</td>
</tr>
<tr>
<td></td>
<td>Trash can with wheels</td>
</tr>
<tr>
<td></td>
<td>Vests</td>
</tr>
<tr>
<td></td>
<td>Waste cans</td>
</tr>
</tbody>
</table>
### TRAFFIC CONTROL

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Barrier tape</td>
<td>• Traffic batons</td>
</tr>
<tr>
<td>• Duct tape, various colors</td>
<td>• Traffic cones</td>
</tr>
</tbody>
</table>

### SIGNAGE

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tape or Velcro to attach signs to walls</td>
<td>• POD Signage</td>
</tr>
<tr>
<td>• Easels and/or hangers to post signs</td>
<td></td>
</tr>
<tr>
<td>• Posts, brackets or easels for outdoor signs</td>
<td></td>
</tr>
</tbody>
</table>
Closed Point of Dispensing (POD)
A Plan for Providing Medication to the parishioners and families of St. Wenceslaus Church and School

*Emergency Call List for the Knights of Columbus*

Coordinator: Michael Monaghan
Back-up coordinator: Ed DeSimone

**Volunteers:**

Brent Kollars (Drive)
Chris Legrand (Drive)
Loren Steenson (Drive)
Chris Miller (Drive)
Tony Spurlock (Drive)
Damian Howard (Drive)
Bob Cronin
Steve Harley
Tony Leone
Bob Decker
Dave McAlpine
Tom Tokos
Marty Walsh
John Weitl
John Price
Vernon Benes
Randy Seggerman
Gary Venhaus
Frank Burns
Bryan Pekny
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Sample Voucher

1/4/2016

Voucher Form

This voucher permits the individual named below to receive this medication

BRING THIS VOUCHER WITH YOU

Dispense Assist
Post Exposure Prophylaxis Voucher

Medication: Either Ciprofloxacin or Doxycycline

Demographic Information
First Name: Billy
Last Name: Blake
Address: 1111 S. 41st Street
Address 2:
City, St Zip: Omaha, NE 68105
Telephone: (402) 444-7213
DOB: 05/18/1991
Age: 25
Weight: 185
Sex: Male

Health History Information
1. Is this person allergic to Doxycycline, Tetracycline or any other “cycline” drug? No
2. Is this person allergic to Ciprofloxacin or any other “Floacin” drug? No
3. Does this person have seizure disorder or epilepsy? No
4. Is this person taking Tizanidine (Zanaflex ®)? No
5. Does this person have difficulty swallowing pills? No
6. Does this person have renal (kidney) disease? No
7. Does this person have an allergy to amoxicillin? No
8. Is this person pregnant? No

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: ___________________________ Date Signed: ________________

Point of Dispensing Use Only:
Medication Provided: ☐ Doxycycline ☐ Ciprofloxacin

Place Lot # Sticker Here

Dispensing Site Name: ___________________________

Dispenser Signature: ___________________________ Date: ________________

Fact sheet: FDA EUA Either Ciprofloxacin or Doxycycline Drug Information Sheet

https://www.dispenseassist.net/VoucherForm.aspx?name=Bill&name=Blake&addr=1111%20S.%2041%20Street&addr2=&city=Omaha&state=NE&zip=6... 1/1
Sample Medication Screening Form – Paper back up

Personal Information

First Name: 
Last Name:
Address: 
City: __________________________ State: ____________ Zip/Postal Code: ____________
Telephone Number:
Email Address (Optional):
Date of Birth: ____________
Weight (lbs.): ____________ Sex (Check One): [ ] Male [ ] Female

Medical Information

Circle One:

1. Is this person allergic to Doxycycline, Tetracycline or any other “cycline” drugs? Yes No
   1a. If answer yes to #1, has this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication? Yes No

2. Is this person pregnant? Yes No

3. Is this person allergic to Ciprofloxacin, Levoquin or any other “floxacin” drug? Yes No
   3a. If answer yes to #3, has this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication? Yes No

4. Is this person both less than 73 lbs and less than 18 years old? Yes No

5. Does this person have difficulty swallowing pills? Yes No

6. Does this person have seizure disorder or epilepsy? Yes No

7. Is this person currently taking Tizanidine (Zanaflex)? Yes No

8. Does this person have renal (kidney) disease? Yes No

9. Is this person allergic to amoxicillin or other ‘cillin’ type drugs? Yes No

I have been offered a copy of the Disease Information Sheet. By checking the “I Agree” box, I consent to receive the antibiotic to be given to me or the person named above for whom I am authorized to sign.

[ ] I Agree  Client Signature: __________________________________________________________________________ Date: ______________

------------------------Dispensing Staff Use Only------------------------

Medication Provided: [ ] Doxycycline [ ] Ciprofloxacin [ ] Referred to physician

Place Lot # Sticker

Dispensing Site Name: ___________________________________________________________________________
Sample Medication Screening Form – Paper back up

Dispenser Signature: ___________________________ Date: ___________
Screening Instructions: Automated Voucher

1. **Make sure form is complete and signed and dated by client.** Clients picking up medication for others are authorized to sign the voucher on their behalf.

2. **Ask client if information is correct.** If yes continue with screening. **If no ask client to revise** and continue with screening. **Do not advise** as to how client should answer. If client has questions refer to personal physician.

3. **Remind clients to read information packet** for information on the disease, drug and dosing and crushing instructions.

4. **Send to Dispenser.**
**Screening Instructions: Paper Form**

1. Make sure form is complete, signed and dated by client. Clients picking up medication for others are authorized to sign the voucher on their behalf.

2. Ask client if information is correct.  
   - If yes, continue screening.  
   - If no, ask client to revise answers then continue screening. Do not advise as to how client should answer. If client has additional questions, refer to physician.

3. Remind clients to read patient information packet.

4. Review Medical Information.  
   - Evaluate for Doxycycline – review questions 1, 1a and 2.  
     - NO to 1 and 2: Highlight “D” in upper left hand corner. Send to Dispenser.  
     - No to 1a and 2: Highlight “D” in upper left hand corner. Send to Dispenser.

   YES to Questions 1a or 2: **Evaluate for Ciprofloxacin**

   - Evaluate for Ciprofloxacin – review questions 3—8:  
     - NO to **All** questions: Highlight “C” in upper left hand corner. Send to Dispenser.

   YES to **Any** questions: Highlight “X” in upper left hand corner. Do not send to dispensing. Refer to personal physician or refer on site medical station, if available.

*Keep family forms together*
Dispensing Instructions – Voucher or Form

1. **Retrieve** medication being assigned.

2. **Write** client’s first name and last initial on lid of medication bottle. Use a marker.

3. **Remove** top label from medication bottle. **Place** label on screening form where indicated. **Place** medication in bag.

4. **Give** client the information packet and medical referral slips, if necessary. Remind client to review disease, drug and dosing and crushing instructions.

5. **Collect** voucher and **check** box for medication being provided.

6. **Direct** client to exit.

*Note: Supervisor will let you know which medication to give those clients assigned either Doxy or Cipro.*
Medication Screening Questionnaire and Algorithm

Evaluate for Doxycycline

- Is the person allergic to Doxycycline, Tetracycline or any other “cycline” drugs?
- Is this person pregnant?

“No” to All

- Does this person have difficulty swallowing pills?
- Is this person <90 lbs or <18 years of age?

“No” to All

Dispense Doxycycline and FDA approved Doxycycline Fact Sheet

Evaluate for Ciprofloxacin

- Is this person allergic to Ciprofloxacin, Levoquin or any other “floxacin” drug?
- Does this person have seizure disorder or epilepsy?
- Is this person currently taking Tizanidine (Zanaflex)?
- Is this person <90 lbs and <18 years of age?
- Does this person have difficulty swallowing pills?

“No” to all

Dispense Ciprofloxacin and FDA approved Ciprofloxacin Fact Sheet

“Yes” to any

DO NOT DISPENSE. Refer to personal physician. Or refer to on-site medical consultation, if available.

“Yes” to any

Dispense Doxycycline and:
- FDA approved Doxycycline Fact Sheet
- FDA Pamphlet on preparing doxycycline for children and adults who cannot swallow pills.

“Yes” to any

EXIT

EXIT

Source: Anthrax Planning Guide, Dispense Assist
<table>
<thead>
<tr>
<th>Additional Just in Time Training Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>All information is kept confidential.</td>
</tr>
<tr>
<td>Personal information is collected to contact clients <strong>only</strong> for medication recall <strong>or</strong> to inform that additional medication is needed.</td>
</tr>
<tr>
<td>Heath History/Medical information is collected to screen for basic contraindications and assign appropriate medication.</td>
</tr>
<tr>
<td>The QR code helps public health populate a database to improve ability to contact individuals for any issues with the medication they received, the need for additional or need to switch medication.</td>
</tr>
<tr>
<td>Amoxicillin is not available until susceptibility of the disease to the antibiotic is known.</td>
</tr>
<tr>
<td>Pregnant women will be assigned Cipro and instructed to contact their health care provider, unless an allergy to Cipro is indicated.</td>
</tr>
<tr>
<td>Client’s signature represents client’s acknowledgement that they are aware of the situation, why they are being given the medication and that questions were answered truthfully.</td>
</tr>
<tr>
<td>Clients may pick up medication for more than one person, if they have the person’s voucher or are able to complete all of the information for that person(s) on the Medication Screening Form.</td>
</tr>
<tr>
<td>The DA Voucher uses a Doxy/Cipro algorithm; instructions for which medication to provide clients with a D/C result will be given during JITT.</td>
</tr>
<tr>
<td>Clients arriving at the site without a voucher must either complete a voucher at the computer stations, if available, or complete a Medication Screening Form. The backup form uses a Doxy dominant algorithm.</td>
</tr>
<tr>
<td>Clients with a ‘C’, ‘D/C’ or ‘D’ continue through the POD to receive medication. If a client’s voucher has an ‘X’ refer to health care providers or on site medical consultation, if available.</td>
</tr>
<tr>
<td>Direct clients to contact their physician for potential drug interaction.</td>
</tr>
<tr>
<td>Remind clients to review the disease and drug information sheet, and if needed, the pediatric dosing and crushing instructions.</td>
</tr>
<tr>
<td>Instruct clients to contact their health care provider if they have or begin to show cold or flu like symptoms.</td>
</tr>
<tr>
<td>Encourage clients to take medication as soon as possible.</td>
</tr>
</tbody>
</table>