[INSERT ORGANIZATION NAME HERE]

Closed Point of Dispensing (CPOD)  
Planning AND OPERATIONS Workbook

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Prepared by the INSERT AGENCY/ORGANIZATION

*INSERT MONTH AND YEAR*

Introduction

This Closed Point of Dispensing (CPOD) Planning and Operations Workbook describes how medications will be dispensed within your organization. In the event of a public health emergency or exposure to a hazardous bio-agent, such as anthrax, plague, or tularemia, you will administer medical countermeasures to the staff, families, and residents of your organization with a goal of completion within a 36-hour period. Time is of the essence, and thorough pre-planning will enable you to successfully activate and run your CPOD. This workbook describes the principles involved in mass dispensing operations, the organizational structure of your dispensing site, and details how to set-up, open, run and close your dispensing site.

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Section 1: Planning

# Medication Dispensing Strategy

To quickly respond to natural or man-made public health emergencies:

* Dispensing sites are designed to quickly dispense medication to anyone within your organization who may have been exposed to a disease agent.
* Symptomatic individuals must be referred to their personal healthcare provider or hospital emergency department for treatment.
* Dispensing sites are places to pick up life-saving medication only. They are not clinics or places to receive extensive medical evaluation or treatment.
* The Head of Household dispensing model is used for dispensing sites that provide oral medications. The head of each household can obtain medication for household members, including children, elderly, and individuals with functional or access needs who otherwise would be unable to come to the CPOD.

# Picking Up Medications

Boxes of medication will be received by the health department from the Centers for Disease Control and Prevention and the Georgia Department of Public Health. All CPOD partners are responsible for retrieving their allotment of medications from a designated pick-up point within the county. The exact location of the pick-up point will be disclosed at the time of the event.

Vehicles and drivers will go through a security vetting process before they are allowed to pick-up medication. **The vetting form is found at the end of this workbook**. No vehicles will be allowed into the medication pick-up location without first completing the security vetting process.

*Who from your organization is designated to pick up medications from the health department?   
List their name and mobile telephone number below:*

1. Tel:
2. Tel:
3. Tel:
4. Tel:

Medication will be shipped to the health department on wooden pallets. The following information is to be used when planning your transportation and storage requirements:

* Each box contains 96 bottles of medication
* Each pallet contains 100 boxes, which is 9,600 bottles of medication
* The size of each pallet is 4’x4’x6’, which is 96-cubic feet
* A pickup truck (Ford F-150, Dodge Ram, Chevy 1500, etc.) can hold 1 pallet, equivalent to 9,600 bottles of medication
* A 20’ commercial box truck can hold 8 pallets, equivalent to 76,800 bottles of medication
* A 53’ tractor trailer can hold 24 pallets, equivalent to 230,400 bottles of medication

*Do you have vehicles large enough to accommodate your allotment of medications?*

Due to the nature of the public health emergency, you are advised to have a security plan in place to escort your truck from the medication pickup location back to your facility. This may consist of a law enforcement officer in an unmarked patrol car driving ahead of your truck, with another unmarked patrol car providing rear security. Please contact your local law enforcement agency to develop your security plan.

# Setting Up and Running the Dispensing Site

**Notification Process**

When an emergency has been declared, the CPOD Coordinator, as indicated on your CPOD Enrollment Form, will be immediately notified by the health department when it becomes necessary to implement mass dispensing plans. The CPOD Coordinator will be instructed as to when and where medications are to be picked up.

Each CPOD Coordinator will maintain a database of staff members who are to be notified when their dispensing site must be opened. Those individuals will begin the CPOD set-up process.

*Indicate how your organization will notify staff members needed to setup your CPOD. This may be by email, telephone calls, automated alert systems, or other methods.*

*How will you notify all employees, students, or parishioners (as appropriate) that they need to pick up emergency medications?*

*Who maintains these contact lists and has quick access to them during an emergency?*

Emergency messages should not be complicated. Rather, they should be short and to the point. Below are two examples you can modify for your organization.

**Sample message for CPOD setup team:**

A public health emergency has been declared in Georgia. We are activating our emergency medication dispensing plan and need your help with setup. Please report to [location] at [time] for further instructions.

**Sample message for staff members:**

A public health emergency has been declared in Georgia. We are activating our emergency medication dispensing plan. Please report to [location] at [time] to receive medications for you and your family.

The Department of Public Health is providing medication, free of charge, to help residents who may have been exposed to [disease agent]. The medication can help prevent the spread of this disease.

What to bring:

* Have one adult from your home come to the dispensing site to pick up medication for the entire family.
* A medical screening form can be downloaded from [website] or obtained at the dispensing clinic.
* You must have complete medical screening information for each person you represent, including children.
* Required medical information includes: name, date of birth, current medications, and any known allergies to doxycycline or ciprofloxacin.

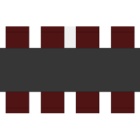
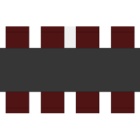
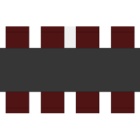
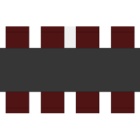
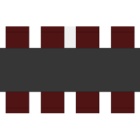
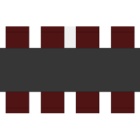
**Dispensing Site Set-up**

The CPOD Coordinator is responsible for organizing the setup and opening of your dispensing site. Dispensing site staff and supplies must be in position before opening. The primary dispensing areas include:

* **Command Post** – Place this area in a location with access to telephones, computers, copiers, etc. The CPOD Coordinator will manage all dispensing activities from this area and needs easy access to communication systems. CPOD workers will sign in at the Command Post and receive their job assignments.
* **Medication Supply Room** – Store medications in a location where they can be safely secured and that has easy access to the dispensing area, such as an adjacent closet or office with a door that can be locked.
* **Form Distribution Area** – This is where visitors are initially greeted, and Head of Household (HOH) forms are distributed.
* **Form Completion Area** – This is where HOH forms are completed. Ensure there are plenty of tables, chairs, and pens available. The head of household may receive medications for each individual listed on their completed form.
* **Screening Area** – Screeners will review HOH forms for completeness and assist visitors if they have questions about the form.
* **Dispensing Area** – This is where visitors will receive their medication. Dispensing staff will determine which drug is appropriate based on an algorithm that looks at drug allergies or other contraindications.
* **Exit** – As visitors leave the dispensing area they will receive an information sheet about the disease agent, and instructions about how they should report any adverse reactions to the medication.

Using the next two pages, create a diagram illustrating how your CPOD will be designed, and how visitors will flow from one area to the next. Your design does NOT need to be complicated. A sample is provided.

# Sample CPOD Setup Diagram in a Meeting Room



**Form Completion**

**Exit Information**

**Form Screening**

**Command Post**

**Form Distribution**

**Medication Storage Room**

**2**

**5**

**4**

**3**

**1**

**Medication Dispensing**

**Exit Door**

**Entrance Door**

# Our CPOD Setup Diagram

# Closed POD Job Summaries & Responsibilities

**CPOD Coordinator**

* Acts as lead contact person with the health department
* Coordinates the overall CPOD effort at your organization
* Assigns and supervises all staff members involved with CPOD operations
* Ensures that the dispensing site is open on time and operates efficiently
* Monitors screening and dispensing processes to ensure visitors are receiving the proper medications
* Monitors inventory processes to ensure drug counts are accurate and up-to-date
* Provides situation reports to health department
* Shuts down CPOD and arranges for return of paperwork and unused medications to the health department once dispensing has concluded

**Form Distributer**

* Assists with setting up the dispensing site
* Greets visitors upon entrance to the CPOD
* Distributes Head of Household forms
* Provides basic information about the dispensing process
* Directs visitors to the form completion area
* Refers medical questions to dispensing staff
* Identifies need for special accommodations, such as wheelchairs, interpreters, etc.
* Gives feedback to the CPOD Coordinator about what is or isn’t working well

**Screener**

* Assists with setting up the dispensing site
* Screens Head of Household forms for completeness
* Assists visitors with questions on the HOH form as needed
* Refers medical questions to dispensing staff
* Gives feedback to the CPOD Coordinator about what is or isn’t working well

**Dispenser**

* Assists with setting up the dispensing site
* Works under the guidance of a physician, nurse, or pharmacist who acts as the dispensing team leader
* Reviews HOH form and dispenses appropriate medications for each person listed based on directions provided by the health department
* Writes first name or initials of each person on their medication bottle
* Refers medical questions to the team leader as appropriate
* Must have a good understanding of the HOH form, disease agent, and the medications being dispensed
* Distributes appropriate medication information sheets, and instructs recipients that they need to read the instructions about their medication
* Refers individuals who have contraindications to all medication options to their personal healthcare provider for follow-up
* Remember that any health information learned about fellow employees is considered strictly confidential and should not be discussed with coworkers outside the clinical setting
* To decrease noise, congestion, and maintain security, limit the number of visitors in the dispensing area to only the amount needed to keep the queues full and lines flowing. All other visitors should remain in line after their HOH form has been screened.
* Gives feedback to CPOD Coordinator about what is or isn’t working well

*Who will supervise the dispensing team? This person must be a licensed clinician, such as a medical doctor, nurse, or pharmacist, who can answer questions regarding the appropriate medication a visitor should receive.*

**Exit Staff**

* Assists with setting up the dispensing site
* Provides visitors with information sheets about the disease agent, instructions about how to report adverse medication reactions, and where to find additional information
* Ensures that visitors exit the dispensing area quickly to prevent congestion
* Gives feedback to CPOD Coordinator about what is or isn’t working well

**Line Control Staff**

* Assists with setting up the dispensing site
* Ensures that visitors move through the dispensing process quickly and efficiently by identifying bottlenecks that are slowing things down and adjusts accordingly
* Gives feedback to CPOD Coordinator about what is or isn’t working well

**Logistics Staff**

* Assists with setting up the dispensing site
* Replenishes medication at dispensing stations as needed
* Replenishes HOH forms at entrance, and information sheets at exit
* Makes additional copies of forms and information sheets as needed
* Keeps track of inventory to determine how much of each medication has been distributed to the dispensing stations and how much remains in stock
* Prepares unused medications for return to the health department
* Gives feedback to CPOD Coordinator about what is or isn’t working well

# Closed POD Staffing Estimates

These are suggested staffing estimates for each position in your CPOD per work shift. Numbers may vary based on the availability of volunteers and the number of people going through your CPOD. Large organizations will need more CPOD workers in order to dispense medications to everyone in a timely manner.

* Closed POD Coordinator 1
* Coordinator’s Assistant 1
* Form Distributer 1-2
* Screener 3-4
* Dispenser 5+
* Clinical Dispensing Supervisor 1+
* Exit Staff 1-2
* Line Control Staff 1-2
* Logistics Staff 1-2

*How long will each person work during one shift? 8 hours? 12 hours?*

*Do you have additional trained staff available so that workers are able to take breaks for meals and rest?*

*Who will be in charge of recruiting CPOD workers and assigning job responsibilities?*

Section 2: Activating

# Closed POD Activation Checklist

**Communications**

* Receive a call from the health department instructing you to activate your Closed POD site
* Request additional medications during this call if initial estimates will be insufficient
* Provide the health department with your completed vehicle vetting form indicating the drivers and vehicles that will be dispatched to pick-up medications from the distribution point
* Notify all staff members who have been assigned to assist with CPOD setup and to work in your dispensing site
* Notify all employees, students, parishioners, and patients (as applicable) with information about how and when they will receive medications for themselves and their families

**Setup Closed POD Site**

* Setup vehicle traffic patterns using barriers, cones and signs for the parking area, if necessary
* Mark CPOD entrance and exits with large, clear signs
* Prepare stations, including all necessary supplies and equipment, for entrance, form pick-up, form completion, screening, dispensing, and exit areas
* Use signs and arrows that are clearly visible to direct visitors through your CPOD
* Make copies of all necessary forms, such as Head of Household forms, medication information sheets, and disease agent fact sheets

**Staffing**

* Prepare CPOD staff job assignment list. This should be preplanned as much as possible, but make adjustments as needed
* Have all CPOD workers complete the sign-in sheet with their name and arrival time
* Issue identification name badges, if appropriate
* Provide staff briefing, which is included in this workbook
* Conduct just-in-time training for CPOD workers
* Have all staff members stationed at their posts

**Security**

* Review your organization’s security procedures with CPOD staff members, including where security staff members will be stationed (such as at the entrance, dispensing stations, and exit), and how they will handle situations that disrupt the dispensing process
* Ensure lines are formed to maintain order while the CPOD is operating
* Ensure visitors remain outside the facility until your CPOD is ready to open

**Closing**

* Contact the health department to let them know you have completed dispensing operations
* Collect all paperwork, including HOH and inventory forms
* Make preparations to return unused medications and paperwork to the health department
* Refer anyone who did not visit your CPOD to go to a public health dispensing site if they need medications

# Job Assignment List

When your CPOD has been activated, insert the names of staff members who will fill each role during each work shift. The first person listed in each section will act as the leader of that team. Adjust staffing levels based on need. Some sections may only be a team of one, such as the form distribution team or exit team. Other sections will need more staff, such as the dispensing team. Everyone should know who is working in each section and to whom they will report.

**Closed POD Coordinator**:

**CPOD Coordinator’s Assistant**:

**Form Distribution Team**

Leader:

**Form Screening Team**

Leader:

**Dispensing Team**

Leader:

**Exit Team**

Leader:

**Line Control Team**

Leader:

**Logistics Team**

Leader:

# Closed POD Staff Briefing

This checklist will help guide your briefing to better prepare your staff when working in a CPOD. Use this checklist when conducting a dispensing exercise, and use it to train staff before operating a real CPOD.

**Staff sign-in**

* Have all staff members complete the sign-in sheet. This allows you to keep track of who is on site and who needs to be called in for duty. It is also good for security purposes.

**Describe the purpose of your Closed POD**

* The purpose of your CPOD is to dispense medications safely and quickly to protect the health of employees, their family members, students, parishioners, clients, and patients (as applicable) in response to a declared public health emergency.
* Read any information received from the health department about the emergency

**Distribute sample paperwork**

Provide staff members with copies of the following documents and explain their use:

* Closed point of dispensing job assignment list
* Dispensing site setup diagram
* Job summaries and responsibilities
* Head of Household form and instructions (to be provided by public health)
* Drug information sheets
* Disease agent information sheet
* Preparing doxycycline for children and adults who cannot swallow pills
* Any other paperwork provided by the health department at the time of the event

**General housekeeping details**

* Location of restrooms and break room
* Location of supplies, including medications that will be dispensed
* Location of first aid kit and AED

**Safety and security**

* Policies and procedures for how medical emergencies will be handled
* Phone numbers to call for medical or security emergencies. Keep in mind that during a declared public health emergency, police, fire and emergency medical services may be devoting all available resources to the response.
* Review evacuation plans
* Review fire alarm plans
* Review policies for line control and traffic control
* If private security staff will be present have them speak to staff members about their security procedures and polices

**Staffing**

* Ensure that each staff member knows which team they are assigned to, who else is part of their team, and to whom they will be reporting
* Review the job summaries for each position. Staff members assigned to some areas will require more in-depth training. For example, staff members working at a dispensing station will need to thoroughly understand the Head of Household form and medication contraindications.
* Your team leader in the CPOD may not necessarily be the same as your everyday supervisor. Discuss how staff members should coordinate with their regular supervisor as well as their CPOD team leader.
* Explain when and where staff will be taking breaks
* Will food and drinks be provided for staff members?
* How can staff members communicate with their family?

**CPOD setup diagram**

* Review the CPOD floor plan and explain the step-by-step process for dispensing medications
* Conduct a short walk through of the site, describing where tables, chairs, signs, etc. will be placed for each workstation
* Review what will occur in each workstation: forms distribution, form completion, screening, medication dispensing, and exiting

**Conduct a practice exercise with your team**

* Divide staff members into two groups
  + Group A will fill CPOD staff roles first (preferably the role they will actually be doing when the CPOD opens)
  + Group B will go through the CPOD, complete the head of household form with actual information, and receive medications for themselves and their family
  + After all members of Group B have gone through the POD process one time and received their medications, the groups will reverse roles
  + This is how staff members will get their medications before dispensing to the rest of your organization
* After completing the practice exercise and all staff members have had a chance to be both CPOD workers and visitors, be sure to answer any additional questions that may have come up
* Correct any issues that inhibited the flow of visitors through the CPOD, or that created confusion and bottlenecks, before you open your CPOD

Section 3: INFORMATION SHEETS AND CPOD FORMS

Make copies of the following information sheets and CPOD forms as appropriate:

* Disease Agent Information Sheet – Anthrax
* Disease Agent Information Sheet – Plague
* Disease Agent Information Sheet – Tularemia
* Drug Information Sheet – Doxycycline
* Drug Information Sheet – Ciprofloxacin
* Preparing Doxycycline for Children and Adults Who Cannot Swallow Pills
* Closed POD Staff Sign-in Sheet
* Closed POD Inventory Control Form – Doxycycline
* Closed POD Inventory Control Form – Ciprofloxacin
* Closed POD Supply Form
* Vehicle Vetting Form

# Disease Agent Information Sheet – Anthrax

**What is anthrax?**

Anthrax is a disease caused by contact with spores produced by the bacterium known as *Bacillus anthracis*. Anthrax can infect all warm-blooded animals, including humans. Anthrax illness is not contagious. There are three types of illness: cutaneous, inhalational, and gastrointestinal.

**How is anthrax spread?**

People get infected with anthrax when spores get into their body. When anthrax spores get inside the body, they can be “activated.” When they become active, the bacteria can multiply, spread out in the body, produce toxins (poisons), and cause severe illness. This can happen when people breathe in spores, eat food or drink water that is contaminated with spores, or get spores in a cut or scrape in the skin.

The spores of the anthrax bacterium can survive in soil for many years. Since anthrax is highly infectious, there is a concern that the bacterium can be used as a biological weapon.

**Why are we concerned about anthrax as a bioweapon?**

If a bioterrorist attack were to happen *Bacillus anthracis* would be one of the biological agents most likely to be used. Biological agents are germs that can sicken or kill people, livestock, or crops. Anthrax is one of the most likely agents to be used because:

* Anthrax spores are easily found in nature, can be produced in a lab, and can last for a long time in the environment.
* Anthrax makes a good weapon because it can be released quietly and without anyone knowing. The microscopic spores could be put into powders, sprays, food, and water. Because they are so small, you may not be able to see, smell, or taste them.
* Anthrax has been used as a weapon before.

Anthrax has been used as a weapon around the world for nearly a century. In 2001, powdered anthrax spores were deliberately put into letters that were mailed through the U.S. postal system. Twenty-two people, including 12 mail handlers, got anthrax, and five of these 22 people died.

If anthrax spores were released into the air, people could breathe them in and get sick with anthrax. Inhalation anthrax is the most serious form and can kill quickly if not treated immediately. If the attack were not detected by one of the monitoring systems in place in the United States, it might go unnoticed until doctors begin to see unusual patterns of illness among sick people showing up at emergency rooms.

**What are the symptoms of anthrax?**

Symptoms will usually appear within one to seven days after infection.

* **Cutaneous**: a sore will appear, turn into a blister and eventually form a black center. Lymph nodes may swell.
* **Inhalation**: early symptoms may resemble the flu (fever, chills, chest discomfort, nausea, vomiting, muscle aches, and cough) and then progress to severe breathing problems and shock.
* **Gastrointestinal**: swelling of the neck may appear, along with sore throat, hoarseness, nausea, stomach pain, abdominal swelling, and bloody vomiting and diarrhea.

**How is anthrax treated?**

All types of anthrax infection can be treated with antibiotics and vaccine. Since the disease can be fatal if left untreated, early antibiotic therapy is very important, and vaccine administration may also be recommended. Anyone with symptoms of anthrax must get medical care as quickly as possible to have the best chances for recovery. People with inhalation anthrax normally have to be hospitalized and placed on a ventilator to assist with their breathing.

**Would enough medication be available in the event of a bioterrorism attack involving anthrax?**

National and state public health officials have large supplies of drugs needed in the event of a bioterrorism attack. These supplies can be sent anywhere in the United States within 12 hours.

**Can I be screened to find out whether I have been exposed to anthrax?**

No. There is no test a doctor can give you that determines if you have been exposed to anthrax. The only way exposures can be determined is through a public health investigation.

**If patients are suspected as having anthrax, should they be quarantined?**

No. Anthrax is not contagious. You cannot catch anthrax from another person the way you might catch a cold or the flu. In rare cases, person-to-person transmission has been reported with cutaneous anthrax, where discharges from skin lesions might be infectious.

**Where can I find more information?**

More information about anthrax, its cause, symptoms, treatment and prevention can be found at the website <https://www.cdc.gov/anthrax/index.html>.

# Disease Agent Information Sheet – Plague

**What is plague?**

Plague is a disease caused by *Yersinia pestis* (*Y. pestis*), a bacterium found in rodents and their fleas in many areas around the world.

**Why are we concerned about pneumonic plague as a bioweapon?**

*Yersinia pestis* used in an aerosol attack could cause the pneumonic form of plague, which infects the lungs. One to six days after becoming infected with the bacteria, people would develop pneumonic plague. Once people have the disease, the bacteria can spread to others who have close contact with them. Because of the delay between being exposed to the bacteria and becoming sick, people could travel over a large area before becoming contagious and possibly infecting others. Controlling the disease would then be more difficult. A bioweapon carrying *Y. pestis* is possible because the bacterium occurs in nature and could be isolated and grown in large quantities in a laboratory.

**Is pneumonic plague different from bubonic plague?**

Yes. Both are caused by *Yersinia pestis*, but they are transmitted differently and their symptoms differ. Pneumonic plague can be transmitted from person to person; bubonic plague cannot. Pneumonic plague affects the lungs and is transmitted when a person breathes in *Y. pestis* particles in the air. Bubonic plague is transmitted through the bite of an infected flea or exposure to infected material through a break in the skin. Symptoms include swollen, tender lymph glands called buboes. Buboes are not present in pneumonic plague. If bubonic plague is not treated, however, the bacteria can spread through the bloodstream and infect the lungs, causing a secondary case of pneumonic plague.

**What are the signs and symptoms of pneumonic plague?**

Patients usually have fever, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery sputum. Nausea, vomiting, and abdominal pain may also occur. Without early treatment, pneumonic plague usually leads to respiratory failure, shock, and rapid death.

**How do people become infected with pneumonic plague?**

Pneumonic plague occurs when *Yersinia pestis* infects the lungs. Transmission can take place if someone breathes in *Y. pestis* particles, which could happen in an aerosol release during a bioterrorism attack. Pneumonic plague is also transmitted by breathing in *Y. pestis* suspended in respiratory droplets from a person (or animal) with pneumonic plague. Respiratory droplets are spread most readily by coughing or sneezing. Becoming infected in this way usually requires direct and close (within 6 feet) contact with the ill person or animal. Pneumonic plague may also occur if a person with bubonic or septicemic plague is untreated and the bacteria spread to the lungs.

**Does plague occur naturally?**

Yes. The World Health Organization reports 1,000 to 3,000 cases of plague worldwide every year. An average of 5 to 15 cases occur each year in the western United States. These cases are usually scattered and occur in rural to semi-rural areas. Most cases are of the bubonic form of the disease. Naturally occurring pneumonic plague is uncommon, although small outbreaks do occur. Both types of plague are readily controlled by standard public health response measures.

**Can a person exposed to pneumonic plague avoid becoming sick?**

Yes. People who have had close contact with an infected person can greatly reduce the chance of becoming sick if they begin treatment within 7 days of their exposure. Treatment consists of taking antibiotic medications for 7-10 days.

**How quickly would someone get sick if exposed to plague bacteria through the air?**

Someone exposed to *Yersinia pestis* through the air, either from an intentional aerosol release or from close and direct exposure to someone with pneumonic plague, would become ill within 1 to 6 days.

**Can pneumonic plague be treated?**

Yes. To prevent a high risk of death, antibiotic medications should be given within 24 hours of the first symptoms. Several types of antibiotics are effective for curing the disease and for preventing it. Available oral medications are a tetracycline (such as doxycycline) or a fluoroquinolone (such as ciprofloxacin). For injection or intravenous use, streptomycin or gentamicin antibiotics are used.

**Would enough medication be available in the event of a bioterrorism attack involving pneumonic plague?**

National and state public health officials have large supplies of drugs needed in the event of a bioterrorism attack. These supplies can be sent anywhere in the United States within 12 hours.

**What should someone do if they suspect they or others have been exposed to plague?**

Get immediate medical attention. To prevent illness, a person who has been exposed to pneumonic plague must receive antibiotic treatment without delay. If an exposed person becomes ill, antibiotics must be administered within 24 hours of their first symptoms to reduce the risk of death.

**How can the general public reduce the risk of getting pneumonic plague from another person or giving it to someone else?**

If possible, avoid close contact with other people. People having direct and close contact with someone with pneumonic plague should wear tightly fitting disposable surgical masks. If surgical masks are not available, even makeshift face coverings made of layers of cloth may be helpful in an emergency. People who have been exposed to a contagious person can be protected from developing plague by receiving prompt antibiotic treatment.

**How is plague diagnosed?**

The first step is evaluation by a healthcare provider. If the healthcare provider suspects pneumonic plague, samples of the patient’s blood, sputum, or lymph node aspirate are sent to a laboratory for testing. Once the laboratory receives the sample, preliminary results can be ready in less than two hours. Confirmation will take longer, usually 24 to 48 hours.

**How long can plague bacteria exist in the environment?**

*Yersinia pestis* is easily destroyed by sunlight and drying. Even so, when released into the air, the bacterium will survive for up to one hour, depending on conditions.

**Where can I find more information?**

More information about plague, its cause, symptoms, treatment and prevention can be found at the website <https://www.cdc.gov/plague/index.html>.

# Disease Agent Information Sheet – Tularemia

**What is tularemia?**

Tularemia, also known as “rabbit fever,” is a disease caused by the bacterium *Francisella tularensis*. Tularemia is typically found in animals, especially rodents, rabbits, and hares. Tularemia is usually a rural disease and has been reported in all U.S. states except Hawaii.

**How do people become infected with tularemia?**

Typically, people become infected through the bite of infected insects (most commonly ticks and deerflies), by handling infected sick or dead animals, by eating or drinking contaminated food or water, or by inhaling airborne bacteria.

**Does tularemia occur naturally in the United States?**

Yes. Tularemia is a widespread disease in animals. About 200 human cases of tularemia are reported each year in the United States. Most cases occur in the south-central and western states. Nearly all cases occur in rural areas, and are caused by the bites of ticks and biting flies or from handling infected rodents, rabbits, or hares. Cases have also resulted from inhaling airborne bacteria and from laboratory accidents.

**What are the signs and symptoms of tularemia?**

The signs and symptoms people develop depend on how they are exposed to tularemia. Possible symptoms include skin ulcers, swollen and painful lymph glands, inflamed eyes, sore throat, mouth sores, diarrhea or pneumonia. If the bacteria are inhaled, symptoms can include abrupt onset of fever, chills, headache, muscle aches, joint pain, dry cough, and progressive weakness. People with pneumonia can develop chest pain, difficulty breathing, bloody sputum, and respiratory failure. Tularemia can be fatal if the person is not treated with appropriate antibiotic medications.

**Why are we concerned about tularemia being used as a bioweapon?**

*Francisella tularensis* is highly infectious. A small number of bacteria (10-50 organisms) can cause disease. If *Francisella tularensis* were used as a bioweapon, the bacteria would likely be made airborne so they could be inhaled. People who inhale the bacteria can experience severe respiratory illness, including life-threatening pneumonia and systemic infection, if they are not treated.

**Can someone become infected with the tularemia bacteria from another person?**

No. People have not been known to transmit the infection to others, so infected persons do not need to be isolated.

**How quickly would someone become sick if he or she were exposed to tularemia bacteria?**

The incubation period (the time from being exposed to becoming ill) for tularemia is typically 3 to 5 days, but can range from 1 to 14 days.

**What should someone do if he or she suspects exposure to tularemia bacteria?**

If you suspect you were exposed to tularemia bacteria, see a doctor quickly. Treatment with antibiotic medications for a period of 10-14 days or more after exposure may be recommended. If you are given antibiotics, it is important to take them according to the instructions you receive. All of the medication you are given must be taken.

**How is tularemia diagnosed?**

When a person has symptoms that appear related to tularemia, a healthcare provider collects specimens, such as blood or sputum, for testing in a diagnostic or reference laboratory. Laboratory test results for tularemia may be presumptive or confirmatory. Presumptive (preliminary) identification may take less than 2 hours, but confirmatory testing will take more time, often 24 to 48 hours or longer depending on the methods that need to be used.

Depending on the circumstances, a person may be given treatment based on symptoms before the laboratory results are returned.

**Can tularemia be effectively treated with antibiotic medications?**

Yes. Early antibiotic treatment is recommended whenever it is likely a person was exposed to tularemia or has been diagnosed as being infected with tularemia. Several types of antibiotics have been effective in treating tularemia infections. The tetracycline class (such as doxycycline) or fluoroquinolone class (such as ciprofloxacin) of antibiotics are taken orally. Streptomycin or gentamicin are also effective against tularemia, and are given by injection into a muscle or vein.

**How long can *Francisella tularensis* exist in the environment?**

*Francisella tularensis* can remain alive for weeks in water and soil.

**Where can I find more information?**

More information about tularemia, its cause, symptoms, treatment and prevention can be found at the website <https://www.cdc.gov/tularemia/index.html>.

# Drug Information Sheet – Doxycycline

Doxycycline belongs to a class of drugs called tetracycline antibiotics. It is approved by the Food and Drug Administration to treat and protect people who have been exposed to anthrax, plague, or tularemia.

**How to take Doxycycline**

* ADULTS: Take one 100 mg. tablet every 12 hours as directed.
* CHILDREN: A child’s dose depends on body weight. Give the medicine to your child as indicated on the pediatric dosing sheet.

Take Doxycycline with food and at least one full glass of water. Avoid taking antacids (like Tums or Maalox), cholestyramine (Questran), colestipol (Colestid), dairy products (like milk or yogurt) or vitamins 3 hours before or after taking Doxycycline.

If you miss a dose, start again taking 1 pill every 12 hours. Do not take 2 pills to make up for the missed dose. Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop this medication too soon, you may become ill.

**Side effects**

Common side effects of Doxycycline include an upset stomach, vomiting, or diarrhea. If you have problems with any of these symptoms, tell your doctor. Less common side effects include dark urine, yellowing of the eyes or skin, sore throat, fever, unusual bleeding or bruising, fatigue, or white patches in the mouth. If any of these symptoms occur, call your doctor right away.

Allergic reactions are rare. Signs of an allergic reaction are rash, itching, swelling of the tongue, hands or feet, fever, and trouble breathing. If any of these symptoms occur, call you doctor right away. You may also call Georgia Poison Control at 1-800-222-1222.

SPECIAL NOTE FOR CHILDREN: This medicine may cause staining of the teeth in children younger than 8 years old. This means that their teeth can become grayish in color and this color does not go away. This medicine can also cause bone growth delay in premature infants but this side effect goes away after the medicine is finished.

SPECIAL NOTE FOR PREGNANT WOMEN: There is little data about side effects from the use of this drug during pregnancy. If the mother of an unborn baby takes Doxycycline, staining of baby teeth or poor bone development can result. There is a remote chance of severe liver disease in some pregnant women.

**Precautions**

* Be sure to tell your doctor if you are allergic to any medicine.
* It is very important to tell your doctor the names of ALL medicines that you are currently taking, even pills bought at the store, such as vitamins and antacids.
* Doxycycline can make skin very sensitive to the sun, which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (SPF 30 or higher).
* Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you have finished the entire course of treatment. If you are pregnant or breastfeeding, tell your doctor.
* In women, Doxycycline can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
* Tell the doctor if you have ever had problems with your liver or kidneys, or if you have frequent heartburn.

# Drug Information Sheet – Ciprofloxacin

Ciprofloxacin, commonly known as Cipro, belongs to a class of drugs called quinolone antibiotics. It has been approved by the Food and Drug Administration to treat and protect people who have been exposed to anthrax, plague, or tularemia.

**How to take Ciprofloxacin**

* ADULTS: Take one 500 mg. tablet every 12 hours as directed.
* CHILDREN: A child’s dose depends on body weight. Give the medicine as directed by your doctor.

It is best to take Cipro 2 hours before or after a meal with at least one large glass of water. However, if an upset stomach occurs, Cipro may be taken with food. Avoid dairy products such as milk and yogurt for at least 3 hours before and after taking the medicine. If you take vitamins or antacids, such as Tums or Maalox, take them 6 hours before or 2 hours after taking Cipro.

If you miss a dose, start again taking one tablet every 12 hours. Do not take 2 pills to make up for the missed dose. Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.

**Side effects**

Common side effects of Cipro include an upset stomach, vomiting, diarrhea, fatigue, dizziness or headache. If you have problems with any of these symptoms, tell your doctor. Less common side effects include pain in arms or legs, changes in vision, restlessness, ringing in the ears, or mental changes. If any of these symptoms occur, call your doctor right away.

Severe allergic reactions are very rare. Signs of an allergic reaction include rash, itching, swelling of the tongue, hands or feet, fever, or trouble breathing. If any of these symptoms occur, call your doctor right away. You may also call Georgia Poison Control at 1-800-222-1222.

SPECIAL NOTE FOR CHILDREN: This medicine may cause joint problems in infants and children less than 18 years of age. If your child has any joint pain while they are taking Cipro, tell your doctor.

**Precautions**

* Be sure to tell your doctor if you are allergic to any medicine.
* It is very important to tell your doctor about ALL of the medicine you are currently taking, even pills that were bought at the store, such as vitamins and antacids.
* Tell your doctor if you have ever had a seizure, stroke, or problems with your kidneys, joints or tendons, liver, or vision. Report any history of unusual bleeding or bruising.
* If this drug makes you dizzy, use caution driving or doing tasks that require you to be alert. Avoid alcohol in this case as it will make the dizziness worse.
* Cipro can make skin very sensitive to the sun, which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (SPF 30 or higher).
* In women, Cipro can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
* If you are pregnant or breastfeeding, tell your doctor.
* Safety of taking Cipro during pregnancy is unknown. If you are pregnant or could become pregnant, tell your doctor. Also, if you are breastfeeding, tell your doctor.
* Cipro can increase the effects of caffeine and theophylline (a medicine).

# PREPARing Doxycycline FOR CHILDREN AND ADULTS WHO CANNOT SWALLOW PILLS

During a public health emergency, you might need to prepare emergency doses of doxycycline for children and adults who cannot swallow pills. This section shows you how to mix doxycycline hyclate 100 mg tablets with food or drink.

Follow the instructions below to prepare and give your child the right amount of medicine every 12 hours (once in the morning and once at night) each day, as long as directed. Use the same directions for adults who cannot swallow pills.

1. **Get the supplies you need**
   * 1 doxycycline hyclate tablet (100 mg)
   * 1 metal teaspoon
   * 1 oral syringe or measuring spoon
   * 2 small bowls
   * Small amount of drinking water (4 teaspoons or 20 mL)
   * 1 of these foods or drinks to make the crushed doxycycline taste better:
   * Milk, including breast milk and formula for infants
   * Chocolate milk or pudding
   * Apple juice mixed with 2-4 teaspoons of sugar
2. **Soak the tablet in water and crush it**
   * Put 1 doxycycline hyclate tablet in a small bowl
   * Add 4 teaspoons (20 mL) of water
   * Let the tablet soak in water for at least 10 minutes to soften it
   * Crush the tablet with the back of a metal spoon until you can’t see any pieces of the tablet in the water
   * Stir the tablet and water to mix it well
3. **Measure the right amount of doxycycline**
   * Find your child’s weight on the chart below. Weight is better, but if you don’t know how much your child weighs, find your child’s age on the chart.
   * Follow the row of your child’s weight or age across the column.

|  |  |  |
| --- | --- | --- |
| **Weight** | **Age** | **Amount of Doxycycline and Water Mixture to Measure** |
| 12 pounds or less | Less than 1 month | ½ teaspoon (2.5 mL) |
| 13 to 25 pounds | 1 to 11 months | 1 teaspoon (5 mL) |
| 26 to 50 pounds | 1 to 5 years | 2 teaspoons (10 mL) |
| 51 to 75 pounds | 6 to 8 years | 3 teaspoons (15 mL) |
| 76 pounds or more  (Adult Dose) | 9 years or older | 4 teaspoons (20 mL) |

* + Measure the amount of doxycycline and water mixture for your child’s weight or age from the first bowl.
  + Place this amount into the second bowl. This is one dose that should be mixed with food or drink.
  + For children weighing 76 pounds or more, and adults who cannot swallow pills, use all of the doxycycline and water mixture in the first bowl; the entire contents of the first bowl makes one dose that should be mixed with food or drink.

1. **Mix the dose with food or drink**
   * Mix the dose (measured amount of doxycycline and water mixture) in the second bowl with 3 teaspoons of one of the following:
   * Milk, including breast milk or formula for infants
   * Chocolate milk or pudding
   * Apple juice mixed with 2-4 teaspoons of sugar
   * Stir well before serving to your child.
2. **Give the dose**
   * Give your child all of the doxycycline, water, and food mixture from the second bowl. Watch them swallow all of it. This is one dose.
   * Do this once every 12 hours (once in the morning and once at night) each day for as long as directed.

**What should you do with any leftover doxycycline and water mixture remaining in the first bowl?**

* + Throw it away if your child weighs 51 pounds or more (or is 6 years or older). You do NOT have enough leftover mixture to make another dose.
  + Keep it if your child weights 50 pounds or less (or is 5 years or younger). You will have enough leftover mixture to make another dose. Use within 24 hours.
  + Store the doxycycline and water mixture in a covered bowl or cup at room temperature (between 68-77°F or 20-25°C) for only up to 24 hours.
  + Write the date, time, and container contents on a label.
  + Keep the mixture in a safe place, out of the reach of children or pets.
  + Throw away any unused mixture after 24 hours and make a new doxycycline and water mixture for the next dose.

**What should you know about side effects?**

* Do not take doxycycline if you are allergic to an ingredient in doxycycline hyclate or any tetracycline antibiotics.
* Get emergency help if you have any signs of an allergic reaction, including hives, difficulty breathing, or swelling of your face, lips, tongue, or throat.
* Doxycycline may cause diarrhea, skin reaction to the sun, loss of appetite, nausea, and vomiting.
* Report any reaction to doxycycline to MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or 1-800-FDA-1088.

**[Organization Name]**

**Closed POD Staff Sign-in Sheet**

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| --- | --- | --- | --- |
|  | | **Date:** | |
| **Print Name** | **Signature** | **Time In** | **Time Out** |
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**Closed POD Inventory Control Form – Doxycycline**

Closed POD Coordinator:

Organization:

Street Address:

Telephone Number: E-mail:

This form will be completed by the staff member assigned as Inventory Tracker, and it must be updated throughout the dispensing process. Make additional copies for each medication as necessary. Return a copy of all forms to the Health Department along with any unused medications.

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| --- | --- | --- | --- | --- | --- |
| **Date & Time** | **Lot Number (one number per line)** | **Quantity of Boxes Received** | **Number of Bottles Per Box** | **Quantity of Boxes Distributed** | **Quantity of Boxes Remaining** |
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**Logistics Team Leader**

Print Name: Signature:

**Closed POD Coordinator**

Print Name: Signature:

**Closed POD Inventory Control Form – Ciprofloxacin**

Closed POD Coordinator:

Organization:

Street Address:

Telephone Number: E-mail:

This form will be completed by the staff member assigned as Inventory Tracker, and it must be updated throughout the dispensing process. Make additional copies for each medication as necessary. Return a copy of all forms to the Health Department along with any unused medications.

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| --- | --- | --- | --- | --- | --- |
| **Date & Time** | **Lot Number (one number per line)** | **Quantity of Boxes Received** | **Number of Bottles Per Box** | **Quantity of Boxes Distributed** | **Quantity of Boxes Remaining** |
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**Logistics Team Leader**

Print Name: Signature:

**Closed POD Coordinator**

Print Name: Signature:

**Closed POD Supply Form**

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Purpose** | **Storage Location** | **Total Beginning Inventory** | **Inventory at End of Shift** | **Quantity Needed for Restocking** |
| Tables | Form completion, screening and dispensing |  |  |  |  |
| Chairs | Form completion, screening and dispensing |  |  |  |  |
| Pens | Form completion and screening |  |  |  |  |
| Flip Chart Paper | Signage |  |  |  |  |
| Easels | Display signs |  |  |  |  |
| Fine Point Markers | Write name on medication bottles |  |  |  |  |
| Printer Paper | Make copies of forms |  |  |  |  |
| Inventory Forms | Keep track of all medications |  |  |  |  |
| Head of Household  (HOH) Forms | For patients to complete |  |  |  |  |
| Staff Sign-in Sheets | Track staff positions and hours |  |  |  |  |
| Drug Information Sheets | Provide medication information to visitors |  |  |  |  |
| Disease Agent Sheets | Provide disease information to visitors |  |  |  |  |
| Doxycycline Crushing Instruction Sheets | Provide instructions for administration to kids |  |  |  |  |
| Name Badges | Staff identification |  |  |  |  |

**Closed POD Supply Form**

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Description or Purpose** | **Storage Location** | **Total Beginning Inventory** | **Inventory at End of Shift** | **Quantity Needed for Restocking** |
| Note Pads | Staff notes |  |  |  |  |
| Clip Boards | Forms completion |  |  |  |  |
| Accordion Files | Storing completed paperwork |  |  |  |  |
| Small Bags | Visitors needing to carry many medication bottles |  |  |  |  |
| Radios | Internal communications |  |  |  |  |
| Ropes and Stanchions | Crowd control and line management |  |  |  |  |
| Directional Signage | Crowd control and line management |  |  |  |  |
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# Vehicle Vetting Form

Complete this form after you have been contacted by the Health Department to activate your Closed POD site. The location to pick up your medications will be provided to you. Send your completed form to:

* **Fax: INSERT FAX or email: INSERT EMAIL**
* **Call INSERT NAME at INSERT NUMBER to confirm receipt of your vetting form.**

1. **Primary Closed POD Site Contact**

* Name:
* Telephone Number(s):
* Email Address:

1. **Driver Information – All drivers must provide a valid driver’s license**

**Vehicle 1**

* Driver’s First and Last Name:
* Driver’s Date of Birth:
* Vehicle Year:
* Vehicle Make:
* Vehicle Model:
* Vehicle Color:
* Vehicle Tag Number:

**Vehicle 2 (if applicable)**

* Driver’s First and Last Name:
* Driver’s Date of Birth:
* Vehicle Year:
* Vehicle Make:
* Vehicle Model:
* Vehicle Color:
* Vehicle Tag Number:

1. **Will your vehicle(s) travel with a Law Enforcement escort?** Yes or No.   
   If yes, complete the following:

**Officer 1**

* Officer’s First and Last Name:
* Agency:
* Badge Number:
* Marked or Unmarked Vehicle:
* Vehicle Tag Number:

**Officer 2 (if applicable)**

* Officer’s First and Last Name:
* Agency:
* Badge Number:
* Marked or Unmarked Vehicle:
* Vehicle Tag Number:

1. **Estimated Time of Arrival:**

Health Department   
Contact Information

**INSERT NAME**

INSERT TITLE

INSERT AGENCY

IUNSERT ADDRESS

Office:

Mobile:

Fax:

Email:

Web: