



Alabama Department of Public Health
 Strategic National Stockpile (SNS) Program
 Closed POD Participation Request Packet

<i>THIS BOX IS FOR OFFICE USE ONLY</i>	
County	Public Health Area
Completion Date	

WORKSHEET

Please use the following worksheet to help develop your Closed POD plan. Be sure to retain a copy of your plan for your records.

I. Organization Information

Name of Organization		
Address		
Phone Number	Fax	FIN#

In the event of an emergency, disease and medication information forms will be provided when you pick up the medication. You will need to copy and provide them with the medication to your clients. If you need these to be in any language other than English, please specify the language in the space provided below. Translated forms will be provided whenever possible.

II. Language

III. Estimated number of employees/ family/ contract staff

Please provide information below about the population that your organization will want covered under this provider enrollment form. Also note, it is REQUIRED for all facilities to have a large enough space to conduct dispensing operations. (EX: conference room, cafeteria, or auditorium)

Total Number of Employees	
Total Number of Family Members of Employees	
Total Population to be Served	

Older Adults (65+)	Adults (18-64 and children over 80lbs)	Children (Under 18 and weigh less than 80lbs)

IV. Security

Do you have security measures in place at your facility such as; security personnel, limited or controlled access, and/or video surveillance to protect the medications and control access to the site?	
---	--

Medications should be kept away from extreme heat or cold and stored in a secure location (a locked room or locked cabinet where few individuals have access).



Alabama Department of Public Health
 Strategic National Stockpile (SNS) Program
 Closed POD Participation Request Packet

<i>THIS BOX IS FOR OFFICE USE ONLY</i>	
County	Public Health Area
Completion Date	

WORKSHEET

V. Medication Tracking (REQUIRED)

Are you capable of tracking medication distributed to employees and family members using the following THREE guidelines?: a. Number of employees who picked-up medication b. Total number of medications picked-up by head of household c. Number and name of antibiotic	
---	--

In addition to tracking medication, employees will be REQUIRED to complete an intake assessment form before receiving medication, and be screened for contraindications.

VI. Pre-event Education

Will your organization provide pre-event education to employees for your dispensing plans (via online training, drills, handouts, or any other method)?	
What method does your facility plan to use?	

VII. Supplies

Do you have supplies and equipment already on-site?	
Would additional items need to be stockpiled?	

Name (Print)

Title

Signature

Date