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**Closed POD Needs Assessment**

**Potential Closed POD opportunities (rank in order of priority)**

\_\_\_\_\_\_ Recruit Businesses/Organizations to become Closed PODs

\_\_\_\_\_\_ Prepare Closed POD Workbook tailored to needs of Jackson County Health Department

\_\_\_\_\_\_ Closed POD Long Term planning session

\_\_\_\_\_\_ Create or improve a written Closed POD Plan

\_\_\_\_\_\_ Training sessions for Closed POD Managers/Dispensers

\_\_\_\_\_\_ Closed POD Exercise planning and execution

\_\_\_\_\_\_ Develop “Instant POD” concept for use with LTCs and other at risk populations

\_\_\_\_\_\_ Evaluate operational readiness of existing Closed PODs to activate if needed

**Added benefits of any contract for work**

Provide Closed POD tracking spreadsheet with assistance to populate spreadsheet

Tailor Closed POD Signup Form