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**Creating a Closed Point of Dispensing: A How-To Primer**

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The federal government plans to make lifesaving medications available to communities as quickly as possible after a bioterrorism event has occurred. To meet that goal, the U.S. Department of Homeland Security (DHS) and the U.S. Centers for Disease Control and Prevention (CDC) have developed an innovative plan to warehouse the medications at secure locations. From there, the medical countermeasures ([MCMs](http://www.domesticpreparedness.com/pub/docs/DPJOct12.pdf)) can be quickly delivered to local public health departments; the CDC is responsible for distributing the medicine to residents within 48 hours of a declared disaster.

The distribution process is a major component of the CDC’s Cities Readiness Initiative ([CRI](http://www.cdc.gov/phpr/stockpile/cri/)), a federally funded program designed to enhance preparedness in the nation’s major metropolitan areas. The program currently includes 72 of the nation’s largest communities (at least one in each state), and health departments in those communities are working on various stages of the more detailed plans needed to counter future bioterrorism attacks. Although the program is well designed and tested, there is still a weak link in the concept that must be resolved – namely, the logistics involved in physically distributing the medications to every man, woman, and child in all communities directly affected by a bioterrorism incident.

***Open vs. Closed Distribution: Both Are Needed***
Most local public health departments already have plans to use a system of open points of dispensing (open PODs) that will be established as needed at predetermined venues, such as schools or community centers. When a biological threat warrants the opening of PODs, public officials will direct residents to the open PODs to wait in line, along with their neighbors, for the medications needed.

However, the length of the wait itself can be extremely discouraging. A community that is home to one million residents, for example, may have plans to establish 15 to 20 open PODs, but that means that each POD would have to accommodate at least 50,000 residents. Not only is it a challenge to serve so many residents in a short time period, but the staffing requirements for that many open PODs exceeds the capabilities of most health departments.

One alternative to open PODs is a network of [closed PODs](http://closedpodpartners.org/), which typically is composed of organizations with discrete populations – colleges and universities, for example, plus businesses, private sector groups, and government agencies. Each member of the network agrees to accept and distribute the medications likely to be required and distribute them to their own populations. The advantage of such arrangements for the health departments at all levels of government is obvious: They essentially can outsource the distribution of hundreds of thousands of doses of various medications to the closed PODs, in order to focus their efforts on serving other citizens lacking access to the closed PODs.

The arithmetic also is easy to understand: More closed PODs means fewer people waiting for medications at open PODs in the same community. Using this approach might even enable a community to scale back the number of open PODs it activates, and that in itself would make the local staffing challenge more manageable.

***The Advantages to Employers***
Employers of many corporations and other high-population institutions and organizations have various reasons to establish closed PODs: (a) It costs them little or nothing to establish a closed POD since there are no fees involved in participation; (b) The medications provided to the host organization also are free since they have already been purchased and maintained by the federal government; and (c) The lifesaving medications are delivered to the organization’s employees quickly and economically.

In return, the businesses, organizations, and other hosts of the closed PODs are required to design and exercise the plans needed to distribute MCMs to their employees. Most jurisdictions also allow employees to collect the medications for themselves and members of their immediate families, so that dependents do not need to travel to the place of business. Thanks to the built-in flexibility of this approach, even the health departments in non-CRI communities are able to establish and staff closed PODs for their own employees.

Moreover, the duties assigned are not too onerous. The requirements for establishing a closed POD vary from one community to another, of course, but the first step required usually is to contact the local public health department to speak with the public health emergency planner, the SNS (Strategic National Stockpile) coordinator, and/or the CRI coordinator. Even if a community is not included in the CRI program, the local health department may still welcome an offer to establish and staff a closed POD.

Other possible workplace requirements might include agreements that: (a) the closed POD must be able to serve a certain minimum number of people; and (b) that the host organizations must demonstrate their ability to establish and occasionally exercise their distribution plans for the MCMs. Although state laws may vary on who can physically distribute medications, each health department should at least be able to explain its own state rules and then help a potential host meet those regulations. In Missouri, for example, a certified medical professional must oversee every closed POD, and those physically handing medications to recipients either must be certified professionals or have completed a state-provided training class. In contrast, two of the nation’s largest states, Texas and New York, allow almost anyone reasonably qualified to dispense medications after the state declares a bioterrorism disaster.

***Six Keys to Success***
Most local public health departments already have at least a draft memorandum of understanding (MOU) in place that explains exactly what the expected roles are of both the department and the closed POD. The following steps provide a general outline of what an agency or organization must do to become a closed POD – but the local requirements for each community might vary slightly:

* Contact the local public health department and speak with the person in charge of emergency planning, and/or CRI compliance, to find out what the organization must do to serve as a closed POD. The same person will probably be able to provide the specific steps necessary for that jurisdiction.
* Obtain a copy of the MOU and forward it to the appropriate legal counsel in the requesting company or organization. (Note: In general, health departments are reluctant to alter the language of the MOU because similar MOUs are being signed by other closed POD hosts, but specific language an organization finds objectionable should be discussed with the health department.)
* Create a closed-POD team, the membership of which should include representatives of the organization’s legal counsel, business continuity, human resources, and communications. The team members must obtain executive approval for their efforts, and usually will be responsible for designing the organization’s plan, including the site layout and periodic exercises required.
* After the organization has approved the MOU, the leaders of the organization must sign it and provide a copy to the local health department.
* Provide the health department with all of the information needed to reserve the appropriate number of lifesaving medications, which would either be delivered to the POD site or made available for pickup.
* Be ready at all times, even on very short notice, to activate the closed POD when a local incident occurs.

To help address concerns about the legal liabilities involved in operating a closed POD, the Public Readiness and Emergency Preparedness ([PREP](http://www.phe.gov/Preparedness/legal/prepact/Pages/prepqa.aspx)) Act clearly states that, as long as there is no “willful misconduct” on the part of an organization, it will be immune from liability in its delivery of medical countermeasures.

The creation and staffing of a closed POD will enable both medium-sized and larger organizations to effectively help prepare their communities for a bioterrorism attack, while at the same time protecting their most valuable assets: their employees. With a relatively modest and low-cost effort on the part of these organizations, closed PODs offer many benefits to the employees, the local health systems, and the surrounding communities.

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