

**For reproduction on your company or organization letterhead**

**EMPLOYEE NOTIFICATION OF CLOSED POD PROGRAM**

**[Insert Date, Organization Name and Appropriate Term - employees, members, faculty]:**

Subject: Preparedness Plans for Public Health Emergencies

Your health and safety are very important to **[Insert Organization Name]**.

One way that we are working to protect your health and safety is through our collaborative planning efforts with the St. Louis County Department of Health. These efforts include having **[Insert Organization Name]** serve as a closed point of dispensing, or **Closed POD**, during a public health emergency so that we can dispense medication to keep you and your family from getting sick. Please read the attached fact sheet for additional details about **Closed PODs**.

**[Insert Organization Name]** will continue to plan to protect you and your family's health and safety during public health emergencies. As we make enhancements to our emergency preparedness plans, we will update you by **[Insert how individuals will be notified of updates to emergency preparedness plans]**.

If you have any questions about **[Insert Organization Name]'s** emergency preparedness plans or our plans to serve as a Closed POD, or if you are interested in volunteering to help with emergency preparedness planning, contact **[Insert Contact Person]** at **[Insert phone number or e-mail address]**.

Regards,

**[Insert Organization's Official Name and Title]**

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## **VOLUNTEER OPPORTUNITY DURING A PUBLIC HEALTH EMERGENCY**

**[Insert Organization Name]** has been preparing to protect you and your family in case of an emergency, such as a widespread disease outbreak, natural disaster or a bioterrorism attack. In order for us to do this, we must ensure we have the resources and staff needed to help in an emergency. We have worked closely with the St. Louis County Department of Health to develop a plan for setting up a closed point of dispensing (**Closed POD**) for your convenience and safety during a public health emergency.

A **Closed POD** will allow us to:

- √ Provide free medicine on-site for you and your family
- √ Give important information during and after a public health emergency
- √ Answer questions and address concerns about the event

**[Specific information about business plans or pictures can be inserted here]**

If you are interested in volunteering to help with the setup and operations of our on-site **Closed POD**, contact **[Insert Contact Person]** at **[Insert Phone Number]**. As we continue to develop our public health emergency plans, we will provide additional communications about our endeavors as well as more specifics about your role in keeping yourselves and your families safe. We are committed to preparedness because it is important to the **[Insert Organization Name]** family, and it is important to the entire St. Louis community.

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### **Sample Activation Email**

As you may know, release of a biological agent has been detected in the St. Louis area, and public health officials have begun to distribute life-saving medications to all residents.

As part of our disaster planning efforts, **(name of company)** had agreed to serve as a Closed Point of Dispensing for medications to be distributed to our employees ***and their families.***

We are activating our Closed Point of Dispensing, starting at (time) at (location.) Please download and complete the attached registration form. **(If not attached, provide other method for obtaining the form, perhaps the company website.)**

Please complete the form ***for yourself and all members of your family living with you,*** and bring the form(s) with you immediately. ***You will be provided the appropriate number of medications for yourself and your family members. Your family members DO NOT need to accompany you.***

**(Include instructions here for how to come to Closed POD, perhaps by alphabetical order, perhaps by group or building.)**

If you have any questions, contact me at (telephone number or email) but understand that our primary goal is to distribute the medications to everyone as soon as possible, so we ask your patience as we go about this important effort.

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## Talking Points for Media in case Closed POD host is queried

(It is unlikely a representative of the media will query any Closed POD hosts during an activation, but in case they do, the following talking points may be utilized:

- (Name of company) is very interested in protecting the health of our employees, and some time ago accepted an invitation from the St. Louis County Department of Health to support its efforts to distribute life-saving medications to everyone in the county.
- By conducting extensive planning, we have been able to activate our Closed Point of Dispensing to serve our employees and their family members.
- On average, every employee here has three dependants at home, so by encouraging them to come to work to receive the medication, we are effectively reducing the number of people crowding into schools.
- I know the county worked hard to encourage other employers to join the Bio-Defense Network, and I am glad we did. I wish many others would have, as well, but we had control over only our business.
- By protecting our employees we believe we have done our part to assure we can continue to serve our community by assuring we can continue to provide need services to our customers.