## **Demobilization Steps**

- A. Inventory all unused meds/vaccine and supplies
  - 1. Specialized cargo containers
  - 2. Refrigeration systems
  - 3. Unused medications that can be verified for proper temperature maintenance
  - 4. Generators (if borrowed)
  - 5. Computer and communication equipment, as applicable
- B. Return to RSS in labeled boxes/containers
- C. Return all unopened boxes to RSS
- D. Clean facility: debris, personal items, medical supplies/equipment, bio-waste
- E. Remove equipment brought to site: e.g. tables, chairs, computers, communication equipment, etc.
- F. Notification of site point of contact (POC) when the facility is vacated

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## **Closed POD Final Event Summary Form**

Complete this document and return to the St. Louis County Department of Health after deactivating your Closed POD site.

Agency Information			
Name of Organization:			
Address:			
Coordinator:			
Name		Title	
Phone Number	Email		
We screened: (Put N/A if not app	olicable)		
		Number	Number
	Total Number Screened	Received Antibiotics	Referred
			(due to allergy or contraindication)
Employees			
Employees' Family Members			
Clients			
Others (Explain)			
We dispensed the following num	abers of antibiotics:		
Antibiotic Numbo	r of Courses Dispons	ad	

Doxy

Cipro

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Client/Services Information: (if applicable)
Our clients are: (Check as many as apply.)
<ul> <li>□ Homebound</li> <li>□ Living in a Residential Facility (Name:)</li> <li>□ Living in a Skilled Nursing or Similar Facility (Name:)</li> <li>□ Disabled</li> </ul>
<ul> <li>☐ Seniors</li> <li>☐ Clients with Specific Language Needs</li> <li>☐ Homeless</li> <li>Estimated number of clients <i>only</i> speaking a language other than English:</li> </ul>

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