

# CLOSED POINT OF DISTRIBUTION ENROLLMENT FORM



**Yes!** We want to participate in the Closed POD Program with Gwinnett, Newton and Rockdale County Health Departments. As a Closed POD site, we will distribute medications or administer vaccine to our employees, their families, and/or our clients in the event of a large-scale public health emergency.

## Organization Information

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_

**Primary Contact Person** (This person will be the Closed POD Coordinator for your organization.)

Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Secondary Contact Person

Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Tertiary Contact Person

Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_



## How Many People Will Receive Medication or Vaccine?

How many people are employed by your business, including full-time, part-time, seasonal, and contract workers?	
How many family members of employees will you serve? (Total number of employees from above multiplied by 2.5)	
How many patients, students, parishioners, or residents do you serve? (if applicable)	
<b>TOTAL NUMBER OF PEOPLE TO RECEIVE MEDICATION OR VACCINE</b>	

## Receiving and Managing Medications and Vaccine

Do you have medical or occupational health personnel on staff to provide medical supervision when distributing medications or administering vaccine? You will need to have personnel available who can legally dispense medications or administer vaccine in the state of Georgia, and who will ensure proper health, safety and privacy measures are being observed.

- |                                             |                                                        |
|---------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Medical Doctor     | <input type="checkbox"/> Pharmacist                    |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Contract Medical Professional |
| <input type="checkbox"/> Registered Nurse   | <input type="checkbox"/> Other: _____                  |

## Closed POD Guidelines

As a Closed POD site, I understand that we will be eligible to receive medications or vaccines at no cost should the Department of Public Health notify us of a public health emergency. I understand that my organization may decline to participate in this program at any time.

I understand that the primary planning assumptions are:

1. A biological attack or pandemic has occurred that is too large to be managed with local and state resources alone. Medical countermeasures, in the form of oral medications or vaccine, are being made available to supplement local and state resources.
2. A Public Readiness and Emergency Preparedness (PREP) Act Declaration has been issued.



Our organization will follow these guidelines:

1. We will provide the Health Department with the number of employees, employee family members, and others who are to receive medication or vaccine. This information will be updated as information changes.
2. Our facility serving as a Closed POD site will follow the most current guidance from the Centers for Disease Control and Prevention (CDC) that is provided to us by the Health Department.
3. Our organization will make arrangements to retrieve medications, vaccines, screening forms, and supplies from the Health Department. The location for pick-up will be determined at the time of the event.
4. Our organization will provide the Health Department with the names of the representatives picking up the medications or vaccine on behalf of our organization. These representatives will provide two forms of identification at the time of receipt; an ID card issued by our organization, and a state-issued ID card.
5. The representatives will sign for all medications, vaccine, and supplies received.
6. Our organization will notify the Health Department immediately if there are any discrepancies between the quantity of medications or vaccine requested and the quantity received.
7. Our organization will be responsible for administration of the medication or vaccine by qualified staff members under medical supervision, distribution of information sheets, and collection of completed screening forms. Copies of all screening forms will be provided to the Health Department.
8. Our organization understands that CDC may identify priority groups that should receive vaccine first, and we agree to adhere to these guidelines if vaccine is in limited supply.
9. Our organization will not charge for the medications or vaccine provided by the Health Department.
10. Our organization will not sell or transfer medications or vaccine to any other entity.
11. Our organization will be responsible for returning any unused medications or vaccine to the Health Department where we received them at the beginning of the emergency within 30-days.
12. Our organization's participation in this Closed POD program is completely voluntary.



Gwinnett, Newton and Rockdale County Health Departments will follow these guidelines:

1. We acknowledge that the organization is willing to serve as a Closed POD in the event that a Public Readiness and Emergency Preparedness (PREP) Act Declaration has been issued.
2. We acknowledge that the organization's participation is completely voluntary and may not be available or utilized at the time of an event. If so, the organization will not be considered a Closed POD.
3. We acknowledge that this enrollment does not create a contractual relationship between the parties.
4. All medications, vaccine, and medical supplies will be provided at no cost to the organization when they become available and following CDC vaccine targeting guidance. In certain situations, the supply of vaccine may be limited, and while eligible, the organization may not receive the full amount of doses it desires.
5. The organization will store vaccine and medications at appropriate temperatures in accordance with manufacturer guidance.
6. We will provide the organization with pre-event planning and technical assistance, including POD layouts, fact sheets, drug algorithms, screening forms, educational materials, training, and other resources to be used in the event of a public health emergency.
7. The most current guidance will be provided, including standing orders and medical protocols, medication dosing instructions, vaccine administration instructions, follow-up procedures, and information regarding the public health emergency.
8. Consultation and assistance will be available, as requested, for the public health emergency.

## **Return Your Completed Form to**

Gerald D. Gifford, EMHP, GA-CEM  
Deputy Director of Emergency Preparedness &  
Medical Countermeasures Planner  
Gwinnett, Newton and Rockdale County Health Departments  
Office of Emergency Preparedness & Response  
2570 Riverside Parkway, PO Box 897  
Lawrenceville, GA 30046-0897

Office: (678) 442-6917  
Mobile: (678) 315-2807  
Fax: (770) 237-9570  
gerald.gifford@gnrhealth.com

A confirmation of your Closed POD enrollment will be sent to your primary contact as listed on the first page.

