

Closed Point of Dispensing Partner Enrollment Form



Organizational Information

Organization Name

Address

City

State

Zip Code

Organization Main Phone Number

	Contact Name	Email Address	24/7 Phone	Office Phone	Fax Number (if available)
Primary Contact*					
Secondary Contact					
Tertiary Contact					

*Primary contact will be the CPOD Coordinator for your organization.

How Many People Will Be Served By This CPOD?

People	Total
A. How many people does your business employ, including full-time, part-time, seasonal, students, and/or contract workers?	
B. How many family members will you serve? (family multiplier is 1.5)	+
C. How many patients/residents/clients do you serve (if applicable)?	+
TOTAL PEOPLE SERVED (A + B + C)	=

Medical

Will this be a medical CPOD (able to give vaccines) or non-medical CPOD (pills only)?

Non-Medical Medical or Non-Medical

Some people at your CPOD site may have more complex medical histories which will require medical consultation before dispensing a medication. How will your site handle medical consultation for these individuals?

Our CPOD(s) will provide an on-site medical consultant
 Our CPOD(s) will provide a remote medical consultant (i.e. phone, online)
 Our CPOD(s) will refer people to their health care provider or an open (public) POD
 Other (describe)

Required Forms

In the event of CPOD activation, **CPOD partners are *required* to use the screening form, dispensing algorithm, and information sheets provided by the Minnesota Department of Health (MDH).** Other resources, including forms in alternate languages may be available.

Required forms include:

- Screening form (either paper version or online)
- Dispensing algorithm
- Drug Information Sheets
- Disease Information Sheets

Optional available resources include:

- Medicine Equivalency Information Sheets
- Pill crushing instructions
- Weight estimation guide for children

Legal Authority and Liabilities

Minnesota statute 144.4198, MASS DISPENSING UNDER AUTHORITY OF COMMISSIONER OF HEALTH, provides authority for medications to be dispensed via CPODs during a declared public health emergency. The statute also provides liability coverage to organizations dispensing under their CPOD agreement. Federal liability protection is provided under the Public Readiness and Emergency Preparedness (PREP) Act (www.phe.gov/Preparedness/legal/prepact/Pages/prepqa.aspx).

Roles & Responsibilities

Public Health

- Communicate details of emergency
- Communicate delivery or pick up logistics
- Make forms and additional resources available

CPOD Partner

- Update this form as personnel or facilities change
- Print/copy and use required forms and screening algorithm provided by MDH to dispense
- Monitor inventory level and provide storage at your CPOD site
- Following an emergency, securely store completed screening forms in accordance with your agency's data retention policy

Acknowledgement

Our organization acknowledges the roles and responsibilities listed and would like to participate with _____ as a CPOD partner. We understand that we may opt in or out of participation during an actual event.

We also understand that _____ has the option to exclude our organization from the CPOD program depending on the nature of the emergency and response required.

Representative Name:

Title:

CPOD Representative Signature:

Date: