

# POINT OF DISPENSING ASSESSMENT FORM

Facility Name/Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of assessment \_\_\_\_\_

Name of evaluator \_\_\_\_\_

The KDHE Center for Public Health Preparedness has developed a tool for evaluating SNS Point of Dispensing (POD) sites. The sites chosen must be able to serve as a focal point for receipt and dispensing of SNS assets in the event of a public health emergency. The assessment tool is an outline of the core functions and key elements that are regarded as either necessary or desirable for a POD site.

<b>SIZE</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Has the health department determined that this facility will meet the size requirements for a POD based on county demographics?				
Clean environment (free of rodent and insects)				
Is there a separate area for triage?				
Is there an area that will allow privacy for medical counsel?				
What is the square footage of the space for storage?				
What is the square footage of the space for triage?				
What is the square footage of the space for dispensing?				
What is the square footage of the space for office space?				
Approximately how many public parking spaces total are available for this site?				
What is the total square footage of space available for use?				
Approximately how many staff parking spaces total are available for this site?				
Comments:				

<b>LOCATION</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is the facility easily accessible to the public by major roads?				
Is the facility located in a residential area?				
Is the facility highly visible and known to the public?				
Is the facility accessible to public transportation?				
<b>How does the health department plan to tell the public where the POD is located?</b>				
<b>Comments:</b>				

<b>EQUIPMENT</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Are there loading docks? If yes, include description below.				
Is there a refrigerator on site?				
Are there tables and chairs available on site?				
Is there a copy machine available on site?				
Is there a fax machine available on site?				
Are there computers available on site?				
<b>List any equipment already on-site that will be available for use in POD.</b>				
<b>Is there an agreement in place for use of equipment on site?</b>				
<b>List other equipment available for use below:</b>				
<b>Comments:</b>				

<b>SECURITY/SAFETY</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is the site accessible to disabled persons? Meets ADA requirements.				
Is there a media staging area on site?				
Is there a written site security plan for this POD?				
Does the facility have an alarm system?				
Adequate lighting inside and out?				
Is there parking available for staff on site?				
Is there a secure area for storage of SNS materiel? If yes, please describe below.				
Are there any adjacent structures that pose a hazard (e.g. gas station, factory, etc.)?				
What is the distance to the nearest fire station?				
What is the average response time for fire?				
What is the distance to the nearest hospital?				
What is the average response time for EMS?				
What is the distance to the nearest police station?				
Describe				
Comments:				

<b>ENVIRONMENTAL</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Are all areas climate controlled? If not, list areas not controlled below.				
At what temperature range is it possible to maintain the storage area?				
At what temperature range is it possible to maintain the staging area?				
At what temperature range is it possible to maintain the repackaging area?				
At what temperature range is it possible to maintain the office space?				
Comments:				

<b>INGRESS/EGRESS</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is there a written traffic plan for this POD facility?				
Is there a designated delivery entrance?				
Is there a traffic flow map for this POD facility?				
List the number of ingress/egress points to the facility grounds.				
Comments:				

<b>BREAK ROOMS / REST ROOMS</b>				
<b>Observation time:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Does staff have a place to go for breaks and lunch?				
Does the break room have a refrigerator?				
Does the break room have a sink?				
Does the facility have restrooms that are handicapped accessible?				
Is there a kitchen area on site?				
How many water fountains are available on site?				
How many toilets are available to staff?				
How many toilets are available to the public?				
Comments:				

<b>HAZMAT</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is any HAZMAT stored on the site?				
Is the HAZMAT storage separate from where SNS materiel would be handled?				
Are HAZMAT placards in place and clearly visible?				
List any type of HAZMAT stored or used on-site in the comments section below.				
Comments:				

<b>COMMUNICATIONS / IT</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is there adequate cell phone coverage?				
Satellite location?				
Does the facility have a back-up generator for power?				
Is the internet connection a LAN or a high-speed connection (cannot be wireless)?				
How many electrical outlets are available in the work areas?				
How many electrical outlets are available in the office space?				
How many analog phone lines are available on site?				
How many internet connections (also list what type, i.e. – dial up, DSL, LAN)?				
How many fax lines are available?				
Comments:				

<b>ADMINISTRATIVE</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/O</b>
Is there an MOU signed for use of this facility?				
Is there a clinic layout map for this facility?				
Is there an ICS structure in place for this POD?				
Is this facility available for 24/7 activities?				
Does the health department maintain a contact number for 24/7 activation of this facility?				
List any major events that occur at this facility that may interfere with SNS operations.				
Comments:				

