

**BP3 MCM ORR LOCAL LWT KUF KE VQPCN STATISTICS**

**CRI MSA Affiliate:**  
**County/Project Area/Planning Jurisdiction:**  
**Reviewer:**

**Assessment Date:**

Local Medical Countermeasure (MCM) Jurisdictional Statistics		Value		
1. Local population covered by local planning jurisdiction's medical countermeasure dispensing plan.				
<b>Open (Public) Point of Dispensing (POD) Operations</b>				
2. Required hourly throughput to provide medical countermeasures to 100% of the population within the 48 hour goal for dispensing after receipt of assets from state/local distribution.	<b>Total Population</b>	<b># hrs. dispensing operations</b>	<b>Calculated throughput (PPH)</b>	
2a. Total number of Open (Public) PODs that would be needed to support throughput in 2 (above).				
3. Population (from 1 above) that may be served by alternate dispensing modalities				
4. Required hourly throughput to provide medical countermeasures to population not served by alternate dispensing modalities within the 48 hour goal for dispensing after receipt of assets from state/local distribution.				
4a. Actual number of Open (Public) PODs needed to support throughput in #4 (above).				
4b. Has this throughput been tested via modeling or exercise?	<b>YES</b>	<b>NO</b>	<b>Model or Exercise?</b>	<b>Observed throughput</b>
4c. Is Head Of Household (HOH) an option in the PODs?	<b>YES</b>	<b>NO</b>		
4d. If HOH is authorized, what is the max number dispensed to each HOH?				<b>UNLIMITED</b>
5. Number of Open (Public) PODs identified with documented site-specific plans.				
6. Number of Open (Public) PODs with identified primary and back-up management teams.				
<b>Staffing Open (Public) POD Functions</b>				
7. Estimated number of staff (government, contract employees and volunteers) needed to staff 100% of all Open (Public) POD functions for an MCM campaign.				
8. Current number of staff (government, contract employees and volunteers) identified to staff 100% of all Open (Public) POD functions for an MCM campaign.				
8a. Current number government employees identified.				
8b. Current number of volunteers identified.				
8c. Contract or other non-government staff identified.				
9. Needed number of staff (government employees and volunteers) still necessary to staff 100% of all Open (Public) POD functions for an MCM campaign.				

Closed POD types present in the area ( only identify those with written plans and agreements)	Total # of Closed PODs	Pop. served by each Closed POD type for 10-16 below	
10. Number of Closed PODs with healthcare entities/agencies (e.g., nursing homes, long term care facilities, skilled nursing facilities, retirement homes, hospitals, etc.)			
11. Number of Closed PODs with private business (e.g., local chemical/power plant, grocery stores, newspapers, banks, hardware stores, car companies, etc.)			
12. Number of Closed PODs with governmental agencies (e.g., DHS components, HHS operating divisions, VA Hospitals, local IRS offices, jails, juvenile detention programs, county/city departments, etc.)			
13. Number of Closed PODs served by tribal nations			
14. Number of Closed PODs with military installations (e.g., active duty bases, National Guard units)			
15. Number of Closed PODs with colleges and universities.			
16. Number of Closed PODs with community-based agencies (e.g., Meals on Wheels, agencies assisting homeless, American Red Cross, United Way, VOAD, etc.)			
17. Population served by Closed PODs			
<b>Additional Alternate Dispensing Modalities</b>	<b>Total #</b>	<b>Pop served by alternate dispensing modalities</b>	
18. Additional Alternate Dispensing Modalities, other than closed pods listed above, present in the project area.			
<b>Health Care Systems and/or Facilities</b>	<b>Total #</b>	<b>Population served</b>	
19. Which level of government is responsible for distribution to hospitals/healthcare facilities?			
19a. Number of hospitals/healthcare facilities with existing MOU/A to receive MCM assets to treat severely ill patient(s) (e.g., Anthrax Immune Globulin, raxibacumab, and ventilators).			
19b. Is this information included in your plan?	YES	NO	
20. Signed agreements and plans to distribute and dispense MCM with agencies/organizations that service individuals that may not present to a POD such as: homebound, transportation disadvantaged or institutionalized populations. (Meals on Wheels, American Red Cross, United Way, correctional facilities, detention facilities etc.)			
<b>At Risk Populations</b>			
21. Has the jurisdiction incorporated at risk populations?	YES	NO	
22. If Yes: Which individuals have been considered? (check all that apply)			
those who have disabilities	those who live in institutionalized settings	those who are from diverse cultures	those who have limited English proficiency
those who are non-English speaking	those who are transportation disadvantaged	those who have chronic medical disorders	those who have pharmacological dependency