**Annex 6**

**Equipment and Supply List**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **List of Suggested Supplies for a POD**  **\* State will provide N-95 masks, antimicrobial hand washing solution, syringes for vaccines, vests, gloves, portable radios (minimum of 10), and digital radio (1).** | | | | | | | | | | | |
| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **SET-UP** | | | | | | | | | | | |
| List of emergency phone numbers |  |  |  |  |  |  |  |  | |  |  |
| Patient Registration/Consent/Record |  |  |  |  |  |  |  |  | |  |  |
| Name badges |  |  |  |  |  |  |  |  | |  |  |
| Station Identification Signs |  |  |  |  |  |  |  |  | |  |  |
| Sign-in sheets for patients |  |  |  |  |  |  |  |  | |  |  |
| Sign-in sheets for staff |  |  |  |  |  |  |  |  | |  |  |
| Signs directing flow for traffic |  |  |  |  |  |  |  |  | |  |  |
| Signs to mark way to restrooms |  |  |  |  |  |  |  |  | |  |  |
| Staff vests **\*** |  |  |  |  |  |  |  |  | |  |  |
| **Option (in place of listed item)** |  |  |  |  |  |  |  |  | |  |  |
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|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | **LOCATION** | | | **YES** | | | | **NO** | **Distribution Process** |
| **OFFICE SUPPLIES** | | | | | | | | | | | | | | | |
| 3-ring Binder |  |  |  |  |  |  | | |  |  | |  | | |  |
| Any applicable site evacuation plans or procedures |  |  |  |  |  |  | | |  |  | |  | | |  |
| Binder Clips (assorted sizes) |  |  |  |  |  |  | |  | |  | | |  | |  |
| Boxes for collecting forms |  |  |  |  |  |  | | |  |  | |  | | |  |
| Calculator |  |  |  |  |  |  | | |  |  | |  | | |  |
| Clipboards |  |  |  |  |  |  | | |  |  | |  | | |  |
| Colored Dots |  |  |  |  |  |  | |  | |  | | |  | |  |
| Colored markers |  |  |  |  |  |  | | |  |  | |  | | |  |
| Copy Paper |  |  |  |  |  |  | | |  |  | |  | | |  |
| Easel Paper-includes stand |  |  |  |  |  |  | | |  |  | |  | | |  |
| English Spanish Dictionary |  |  |  |  |  |  | |  | |  | | |  | |  |
| Envelopes - interoffice |  |  |  |  |  |  | | |  |  | |  | | |  |
| Envelopes - letter size |  |  |  |  |  |  | | |  |  | |  | | |  |
| File Folders |  |  |  |  |  |  | |  | |  | | |  | |  |
| File Totes |  |  |  |  |  |  | |  | |  | | |  | |  |
| First Aid Kit |  |  |  |  |  |  | |  | |  | | |  | |  |
| Highlighter |  |  |  |  |  |  | |  | |  | | |  | |  |
| In-boxes |  |  |  |  |  |  | |  | |  | | |  | |  |
| Job action sheets |  |  |  |  |  |  | |  | |  | | |  | |  |
| Manual 3 Hole Punch |  |  |  |  |  |  | |  | |  | | |  | |  |
| Markers |  |  |  |  |  |  | |  | |  | | |  | |  |
| Masking Tape |  |  |  |  |  |  | |  | |  | | |  | |  |
| Medical Dictionary |  |  |  |  |  |  | |  | |  | | |  | |  |
| Paper Clips - jumbo |  |  |  |  |  |  | |  | |  | | |  | |  |
| Paper Clips - standard |  |  |  |  |  |  | |  | |  | | |  | |  |
| Paper tablets |  |  |  |  |  |  | |  | |  | | |  | |  |
| Pencil Sharpener |  |  |  |  |  |  | |  | |  | | |  | |  |

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|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | **LOCATION** | | **YES** | | | **NO** | **Distribution Process** |
| **OFFICE SUPPLIES (cont)** | | | | | | | | | | | | | |
| Pencils |  |  |  |  |  |  | |  |  | |  | |  |
| Pens |  |  |  |  |  |  | |  |  | |  | |  |
| Photocopy machine |  |  |  |  |  |  | |  |  | |  | |  |
| Photocopy Paper (assorted colors) |  |  |  |  |  |  | |  |  | |  | |  |
| Photocopy Paper (white) |  |  |  |  |  |  | |  |  | |  | |  |
| Photocopier Toner Cartridge |  |  |  |  |  |  | |  |  | |  | |  |
| POD site maps with clinic flow diagrams |  |  |  |  |  |  | |  |  | |  | |  |
| Post-it Notes 3x3 |  |  |  |  |  |  | |  |  | |  | |  |
| Poster Board |  |  |  |  |  |  | |  |  | |  | |  |
| Push Pins |  |  |  |  |  |  | |  |  | |  | |  |
| Record Book |  |  |  |  |  |  | |  |  | |  | |  |
| Rubber Bands |  |  |  |  |  |  | |  |  | |  | |  |
| Scissors |  |  |  |  |  |  | |  |  | |  | |  |
| Scotch Tape |  |  |  |  |  |  | |  |  | |  | |  |
| Stapler |  |  |  |  |  |  | |  |  | |  | |  |
| Staples |  |  |  |  |  |  | |  |  | |  | |  |
| Thumbtacks |  |  |  |  |  |  | |  |  | |  | |  |
| Whiteout |  |  |  |  |  |  | |  |  | |  | |  |
| **Option (in place of listed item)** |  |  |  |  |  |  | |  |  | |  | |  |
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| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **GENERAL SUPPLIES & EQUIPMENT** | | | | | | | | | | | | |
| 2-Way Radios **\*** |  |  |  |  |  |  |  | | |  |  |  |
| All-purpose cleaner |  |  |  |  |  |  |  | | |  |  |  |
| AV Cart |  |  |  |  |  |  |  | | |  |  |  |
| Batteries (double AA, C's, D's) |  |  |  |  |  |  |  | | |  |  |  |
| Battery-operated radio weather band |  |  |  |  |  |  |  | | |  |  |  |
| Battery-less Flashlights |  |  |  |  |  |  |  | | |  |  |  |
| Biohazard bags |  |  |  |  |  |  |  | | |  |  |  |
| Bleach |  |  |  |  |  |  |  | | |  |  |  |
| Bottled water |  |  |  |  |  |  |  | | |  |  |  |
| Caution tape |  |  |  |  |  |  |  | | |  |  |  |
| Chairs |  |  |  |  |  |  |  | | |  |  |  |
| Clear Plastic Storage Boxes (assorted sizes) |  |  |  |  |  |  |  | | |  |  |  |
| Clock (large battery operated) |  |  |  |  |  |  |  | | |  |  |  |
| Cots, blankets, pillows |  |  |  |  |  |  |  | | |  |  |  |
| Digital Radio **\*** |  |  |  |  |  |  |  | | |  |  |  |
| Duct Tape |  |  |  |  |  |  |  | | |  |  |  |
| Electric lantern |  |  |  |  |  |  |  | | |  |  |  |
| Facial tissue |  |  |  |  |  |  |  | | |  |  |  |
| Flashlight |  |  |  |  |  |  |  | | |  |  |  |
| Food and drink for staff |  |  |  |  |  |  |  | | |  |  |  |
| Free Standing Light Set |  |  |  |  |  |  |  | | |  |  |  |
| Ice Packs |  |  |  |  |  |  |  | | |  |  |  |
| Industrial Extension Cords (50ft) |  |  |  |  |  |  |  | | |  |  |  |
| Industrial Hand Cart |  |  |  |  |  |  |  | | |  |  |  |
| Lantern battery |  |  |  |  |  |  |  | | |  |  |  |
| Laptop, LCD Projector & Screen |  |  |  |  |  |  |  | | |  |  |  |
| Liquid hand soap |  |  |  |  |  |  |  | | |  |  |  |
| Orange cones for traffic flow |  |  |  |  |  |  |  | | |  |  |  |

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| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **GENERAL SUPPLIES & EQUIPMENT (cont)** | | | | | | | | | | | | |
| Packing Tape and Dispenser |  |  |  |  |  |  |  | | |  |  |  |
| Paper cups - Styrofoam |  |  |  |  |  |  |  | | |  |  |  |
| Paper napkins |  |  |  |  |  |  |  | | |  |  |  |
| Paper to cover table |  |  |  |  |  |  |  | | |  |  |  |
| Paper towels |  |  |  |  |  |  |  | | |  |  |  |
| Portable Generator |  |  |  |  |  |  |  | | |  |  |  |
| Portable Indoor/Outdoor Retractable Stanchions |  |  |  |  |  |  |  | | |  |  |  |
| Portable TV with VCR/DVD |  |  |  |  |  |  |  | | |  |  |  |
| Posts and chains |  |  |  |  |  |  |  | | |  |  |  |
| Replacement Light Bulbs for Light Sets |  |  |  |  |  |  |  | | |  |  |  |
| Safety pins |  |  |  |  |  |  |  | | |  |  |  |
| Screens |  |  |  |  |  |  |  | | |  |  |  |
| Spray bottles |  |  |  |  |  |  |  | | |  |  |  |
| Storage Coolers |  |  |  |  |  |  |  | | |  |  |  |
| Tables |  |  |  |  |  |  |  | | |  |  |  |
| Toilet tissue |  |  |  |  |  |  |  | | |  |  |  |
| Tool kit |  |  |  |  |  |  |  | | |  |  |  |
| Trash bags |  |  |  |  |  |  |  | | |  |  |  |
| **Option (in place of listed item)** |  |  |  |  |  |  |  | | |  |  |  |
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| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **MEDICAL SUPPLIES** | | | | | | | | | | | | |
| Alcohol wipes |  |  |  |  |  |  |  | | |  |  |  |
| Antibacterial hand washing solution **\*** |  |  |  |  |  |  |  | | |  |  |  |
| OTC Fever/Analgesics |  |  |  |  |  |  |  | | |  |  |  |
| Bandages |  |  |  |  |  |  |  | | |  |  |  |
| Band-Aids |  |  |  |  |  |  |  | | |  |  |  |
| Biohazard Waste Bags |  |  |  |  |  |  |  | | |  |  |  |
| Biohazard Waste Boxes |  |  |  |  |  |  |  | | |  |  |  |
| Biohazard Waste Tape |  |  |  |  |  |  |  | | |  |  |  |
| Blood pressure cuffs; Pediatric set, Adult-large and obese cuffs |  |  |  |  |  |  |  | | |  |  |  |
| Chux |  |  |  |  |  |  |  | | |  |  |  |
| Cold/hot packs |  |  |  |  |  |  |  | | |  |  |  |
| Control of Communicable Disease Handbook |  |  |  |  |  |  |  | | |  |  |  |
| Cotton Balls |  |  |  |  |  |  |  | | |  |  |  |
| Disposable emesis bags |  |  |  |  |  |  |  | | |  |  |  |
| Disposable lab coats |  |  |  |  |  |  |  | | |  |  |  |
| Emesis basins |  |  |  |  |  |  |  | | |  |  |  |
| Eye Protection or Face Shields |  |  |  |  |  |  |  | | |  |  |  |
| Gauze 2x2 |  |  |  |  |  |  |  | | |  |  |  |
| Gloves - non-latex/powder free/assorted sizes **\*** |  |  |  |  |  |  |  | | |  |  |  |
| Internal Medicine Resource Book |  |  |  |  |  |  |  | | |  |  |  |
| IV Start kits |  |  |  |  |  |  |  | | |  |  |  |
| IV tubing |  |  |  |  |  |  |  | | |  |  |  |
| Masks (general, N-95) **\*** |  |  |  |  |  |  |  | | |  |  |  |
| Medication/vaccine refrigerator |  |  |  |  |  |  |  | | |  |  |  |
| Medicine cups |  |  |  |  |  |  |  | | |  |  |  |
| Needles & Syringes for vaccine **\*** |  |  |  |  |  |  |  | | |  |  |  |
| Normal Saline |  |  |  |  |  |  |  | | |  |  |  |
| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **MEDICAL SUPPLIES (cont)** | | | | | | | | | | | | |
| Nursing Drug Handbook |  |  |  |  |  |  |  | | |  |  |  |
| Paper Drapes |  |  |  |  |  |  |  | | |  |  |  |
| Paper gowns |  |  |  |  |  |  |  | | |  |  |  |
| Pediatric Resource Book |  |  |  |  |  |  |  | | |  |  |  |
| Pen lights |  |  |  |  |  |  |  | | |  |  |  |
| Physicians Desk Reference Manual |  |  |  |  |  |  |  | | |  |  |  |
| Pill Bottles |  |  |  |  |  |  |  | | |  |  |  |
| Pill Bottle Labels |  |  |  |  |  |  |  | | |  |  |  |
| Pill Counters/Spatulas |  |  |  |  |  |  |  | | |  |  |  |
| Plastic containers with casters |  |  |  |  |  |  |  | | |  |  |  |
| Plastic Bags-dispensing meds for home |  |  |  |  |  |  |  | | |  |  |  |
| Privacy Screens |  |  |  |  |  |  |  | | |  |  |  |
| Protective Eyewear |  |  |  |  |  |  |  | | |  |  |  |
| Scales, Adult |  |  |  |  |  |  |  | | |  |  |  |
| Scales, Pediatric |  |  |  |  |  |  |  | | |  |  |  |
| Sharps Containers |  |  |  |  |  |  |  | | |  |  |  |
| Shoe covers |  |  |  |  |  |  |  | | |  |  |  |
| Spill Kits |  |  |  |  |  |  |  | | |  |  |  |
| Stethoscopes |  |  |  |  |  |  |  | | |  |  |  |
| Surgical Tape |  |  |  |  |  |  |  | | |  |  |  |
| Syringes (3cc) |  |  |  |  |  |  |  | | |  |  |  |
| Thermometers and probe covers |  |  |  |  |  |  |  | | |  |  |  |
| Tongue depressors |  |  |  |  |  |  |  | | |  |  |  |
| Tourniquets |  |  |  |  |  |  |  | | |  |  |  |
| Wheelchairs |  |  |  |  |  |  |  | | |  |  |  |
| **Option (in place of listed item)** |  |  |  |  |  |  |  | | |  |  |  |
| Micropore Paper Tape |  |  |  |  |  |  |  | | |  |  |  |
| Millipore Tape |  |  |  |  |  |  |  | | |  |  |  |

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|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | **Distribution Process** |
| **EMERGENCY SUPLIES** | | | | | | | | | | | | |
| AED (automatic external defibrillator) |  |  |  |  |  |  |  | | |  |  |  |
| Ammonia |  |  |  |  |  |  |  | | |  |  |  |
| Ampules of diphenhydramine (50mg/ml) |  |  |  |  |  |  |  | | |  |  |  |
| Blanket |  |  |  |  |  |  |  | | |  |  |  |
| Cot |  |  |  |  |  |  |  | | |  |  |  |
| CPR masks |  |  |  |  |  |  |  | | |  |  |  |
| Emergency drug dosing charts |  |  |  |  |  |  |  | | |  |  |  |
| Epinephrine 1:1000 SQ or EPI PEN adult/child; Benadryl 50 mg |  |  |  |  |  |  |  | | |  |  |  |
| Oxygen Tubing & O2 nasal cannuls |  |  |  |  |  |  |  | | |  |  |  |
| Pillow |  |  |  |  |  |  |  | | |  |  |  |
| **Option (in place of listed item)** |  |  |  |  |  |  |  | | |  |  |  |
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|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | | **Distribution Process** |
| **POD COMMUNICATIONS** | | | | | | | | | | | | | |
| Backup internet connection |  |  |  |  |  |  |  | | |  |  |  | |
| Battery less AM/FM Radio |  |  |  |  |  |  |  | | |  |  |  | |
| Blank CDs |  |  |  |  |  |  |  | | |  |  |  | |
| Bullhorn |  |  |  |  |  |  |  | | |  |  |  | |
| Computer cable (25 ft. or longer) |  |  |  |  |  |  |  | | |  |  |  | |
| Digital camera |  |  |  |  |  |  |  | | |  |  |  | |
| Fax capability or Fax machine |  |  |  |  |  |  |  | | |  |  |  | |
| Fax Machine Ink Cartridges |  |  |  |  |  |  |  | | |  |  |  | |
| Formatted Floppy Disks |  |  |  |  |  |  |  | | |  |  |  | |
| Internet Access: Dial up or wireless connection as a minimum (if within range) |  |  |  |  |  |  |  | | |  |  |  | |
| Jewel Cases (for CDs) |  |  |  |  |  |  |  | | |  |  |  | |
| Land line phone connection, cordless headsets |  |  |  |  |  |  |  | | |  |  |  | |
| Laptop or desktop with software loaded |  |  |  |  |  |  |  | | |  |  |  | |
| Large screen video setups with VCRs or DVD players to show educational videos |  |  |  |  |  |  |  | | |  |  |  | |
| Long phone cord (25 ft. or longer) |  |  |  |  |  |  |  | | |  |  |  | |
| Phone backup – cell (if within range) or satellite; pager(s) |  |  |  |  |  |  |  | | |  |  |  | |
| Plain Paper Fax Machine |  |  |  |  |  |  |  | | |  |  |  | |
| Printer(s) |  |  |  |  |  |  |  | | |  |  |  | |
| Printer Ink Cartridges |  |  |  |  |  |  |  | | |  |  |  | |
| Radio (VHF/UHF) |  |  |  |  |  |  |  | | |  |  |  | |
| Telephones |  |  |  |  |  |  |  | | |  |  |  | |
| Walkie talkies |  |  |  |  |  |  |  | | |  |  |  | |
| **Option (in place of listed item)** |  |  |  |  |  |  |  | | |  |  |  | |
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| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | | **Distribution Process** |
| **EDUCATIONAL MATERIALS** | | | | | | | | | | | | | |
| (1) Small supply on hand |  |  |  |  |  |  |  | | |  |  |  | |
| Consumer question and answer sheets specific to BT event |  |  |  |  |  |  |  | | |  |  |  | |
| Disease Information Sheet |  |  |  |  |  |  |  | | |  |  |  | |
| Educational Videos |  |  |  |  |  |  |  | | |  |  |  | |
| Medication Inventory Sheet |  |  |  |  |  |  |  | | |  |  |  | |
| Patient Drug Information sheets (available in 48 languages from CDC) |  |  |  |  |  |  |  | | |  |  |  | |
| Registration Form |  |  |  |  |  |  |  | | |  |  |  | |
| Vaccine Information Sheet |  |  |  |  |  |  |  | | |  |  |  | |
| **Option (in place of listed item)** |  |  |  |  |  |  |  | | |  |  |  | |
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| **Item**  **(Excluding pharmaceutical and other durable medical equipment included in the SNS)** | **#** | **Does your site currently have this item in inventory for the POD?** | | **If your POD does not have this item, is your POD planning on obtaining this item for your inventory?** | | **If supply not available where will it be purchased or obtained?** | | **Where will this item be stored?** | | **Will this item need to be distributed to the POD site from the storage location?** | | | **If this item needs to be distributed, describe how this item will be transported to the POD site?** |
|  |  | **YES** | **NO** | **YES** | **NO** | **LOCATION** | | **LOCATION** | **YES** | | **NO** | | **Distribution Process** |
| **OTHER MATERIALS** | | | | | | | | | | | | | |
| **Other (Please describe and add as many rows as needed to complete this)** |  |  |  |  |  |  |  | | |  |  |  | |
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