State of South Dakota Local POD Annual Review Form

**South Dakota Local POD Annual Review Form**

The CDC (Centers for Disease Control & Prevention) requires that the State of South Dakota annually review the local POD plans and provide documentation of that review. <https://www.cdc.gov/cpr/readiness/00_docs/capability8.pdf>

The purpose of this review is to assess the plans of local PODs towards providing POD emergency services to their communities in a time of need, and to communicate to the state what training, equipment or resources local PODs may need to maintain a state of readiness.

CRI (City Readiness Initiative) PODs are exempt from this review since they are reviewed by the CDC’s LTAR (Local Technical Assistance Review).

**POD Reviewed:**

**Date Reviewed:**

**Signature:**

**Review Team Members 7 Key Positions**

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| Name | Key Position |
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**The POD Annual Review Form is divided into 5 parts:**

* **Part I – POD Plan Review**
* **Part II – Communications**
* **Part III – Training**
* **Part IV – Equipment**
* **Part V – Other needs**

**Part I – Local POD Plan Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Initials** | **Item** | **Examples of Documentation** | **Comments** |
|  |  | POD plan meets or exceeds minimum requirements for local POD plan | Signed plans/annexes or SOPs with each process including tribal coordination if applicable.  Documentation of procedures in plans, algorithms, flow charts, checklists, SOPs, or SOGs |  |
|  |  | Annex 1 POD activation Checklist and Call down | HAN call down report |  |
|  |  | Annex 2 ICS chart and contact information | Organizational Chart |  |
|  |  | Annex 3 Public information and media outlets |  |  |
|  |  | Annex 4 Traffic and Parking plan | POD flow charts (with POD name) |  |
|  |  | Annex 5 POD site surveys | Site-specific POD plans (or equivalent).  Site surveys |  |
|  |  | Annex 6 Equipment and supply list | EOPs; SNS plans; MCM dispensing plans; or annexes |  |
|  |  | Annex 7 Medication preparation and storage | Documentation of procedures in plans, algorithms, flow charts, checklists, SOPs, or SOGs.  EOPs; SNS plans; MCM dispensing plans; or annexes. |  |
|  |  | Annex 8 Clinic Flow and Sign Placement | POD flow charts (with POD name) |  |
|  |  | Annex 9 Demobilization checklist |  |  |
|  |  | Annex 10 Legal Authority and Policy Issues | Instruction from state to local jurisdictions about IND/EUA. |  |
|  |  | Annex 11 Security Plan | Documentation of procedures in plans, algorithms, flow charts, checklists, SOPs, or SOGs. Emergency operations plan; Strategic National Stockpile (SNS) plans; MCM dispensing plans; annexes |  |
|  |  | Annex 12 Forms | Informed consent documentation  Dispensing log from event or exercise |  |
|  |  | Annex 13 Memorandum of Understanding (MOUs) | MOUs/MOAs  Use agreement/s with designated facilities |  |
|  |  | Annex 14 POD Personnel Management | Staffing models, lists |  |
|  |  | Annex 15 Job Action Sheets |  |  |

**Part II – Communications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Initials** | **Item** | **Requirements** | **Comments** |
|  |  | Portable Digital Radio Communications or equivalent | POD has access to at least one Portable Digital Radio to access state Digital Radio System as a back up to loss of terrestrial communications such as phone, cell, internet, etc. |  |
|  |  | Intra-POD Communications | Have portable radios or equivalent for communications within POD area of operations |  |

**Part III – Training**

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| --- | --- | --- | --- |
| **Date** | **Initials** | **Item** | **Comments** |
|  |  | Quarterly meetings conducted |  |
|  |  | Annual Exercise and AAR completed and documented |  |
|  |  | ICS 100 training or equivalent conducted as needed |  |
|  |  | JIT provided at annual exercise |  |

**Part IV – Equipment**

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| --- | --- | --- | --- |
| **Date** | **Initials** | **Item** | **Comments** |
|  |  | POD Trailer/Storage Unit inventoried/secured |  |
|  |  | Annual Inventory/Resupply completed with supporting documentation |  |

**Part V- Other Needs**

**Please identify equipment/technical requirements you would like to see added to your POD.**

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| --- | --- |
| **Item** | **Comments** |
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