

**P**repare  
ush

**P**lan  
artner

**R**eady  
egistry



**Public Health**  
Prevent. Promote. Protect.

# A Guide to Obtaining and Dispensing Medications to your Employees and Vulnerable Clients



Local Public Health Push Partner Registry Program

Cover Letter  
Get Back to Work Faster

Enrollment Form  
Change of Information

Dispensing Plan Template  
Job Action Sheets

Considerations

Resource & Reference Guide  
Workbook with CD

Name  
Address  
City, State Zip

Date

Dear Mr./ Ms....

Thank you for your interest in enrolling in the Push Partner Registry. The intent of this registry is to create a comprehensive database of our regional private partners and community based organizations serving vulnerable populations that are willing to serve as a PRIVATE Point of Dispensing for medicines needed in a large scale health emergency.

Your commitment to serve as a PRIVATE dispensing site may help to stabilize your workplace by taking care of your employees, families, and clients; and assist the entire community by reducing the number of citizens attending PUBLIC dispensing sites. The enclosed Push Partner Registry Kit is divided into three sections to help your organization prepare, plan, and become ready to become a Push Partner.

1. **PREPARE to take care of yourself.** Review the kit and complete the enrollment form.
2. **PLAN to take care of others.** Complete the Dispensing Plan Template and add it to your current dispensing plans. Please remember to update it annually and keep it readily accessible should you need to open a dispensing site.
3. **Be READY for others to help you.** Should it become necessary, pick up and dispense the medication and follow up with your local Public Health authority.

Once again, thank you for your interest. Please do not hesitate to contact your public health coordinator (*name, tele#*) if you have questions, concerns or need assistance filling out any of the enclosed material.

Sincerely,

*(name)*

*(title)*

# Get Back to Work Faster

*in a Public Health Emergency*

## First...

**P**repare  
**u**sh

- Review Material
- Complete the Enrollment Form

## Then...

**P**lan  
**a**rtner

- Create a Dispensing Plan
- Train Your Staff
- Participate in Exercises

## And Finally...

**R**eady  
**r**egistry

- Pick Up Medications
- Dispense Medications
- Follow Up With Your Local Public Health Authority

# *Push Partner Registry Enrollment Form*

## **Yes, we want to participate in the Push Partner Registry!**

In the event of a large-scale public health emergency that would require distribution of medications to the public, we would like to do our part to dispense these medications to our employees (and possibly their families) and clients, if applicable. We will attempt to maintain an accurate record of coordinator information and estimated quantity for employees, employee family members and number of clients or residents for our organization with the local public health authority. We understand that completing this enrollment form is not a binding contract.

### **Organization and Coordinator Information**

Name of Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Tax ID # (optional): \_\_\_\_\_

#### **Primary Coordinator**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

#### **First Backup Coordinator**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

#### **Second Backup Coordinator**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Please provide a brief description of your services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Estimated Numbers of Employees and Clients/Residents/Population

Please provide information about your organization at full capacity.

# Employees: \_\_\_\_\_

# Family Members of Employees\*: \_\_\_\_\_

# Clients/Residents Served\*\*: \_\_\_\_\_

TOTAL [Employees + Family Members + Clients (if applicable)]: \_\_\_\_\_

*\*Estimates of family members can be calculated by multiplying the number of employees and clients by 2.5 (average number of persons per household).*

*\*\*Applicable to vulnerable populations service providers only*

Of the total above, please estimate the breakdown into the following age groups:

Older Adults <i>(ages 65+)</i>	Adults <i>(Ages 18-64 and children over 80 lbs.)</i>	Children <i>(Under 18 and weigh less than 80 lbs.)</i>

In the event of an emergency, disease and medication information forms will be provided when you pick up the medication. You will need to copy and provide them with the medication to your clients. If you need these to be in any language other than English, please specify below. Translated forms will be provided whenever possible.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

### Additional Information and Push Partner Registry Agreement

To participate in the Push Partner Registry Program and receive, free of cost, Federal Strategic National Stockpile antibiotics and medical supplies from the local public health authority and/or the Oregon Department of Human Services, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this hospital, nursing home, medical office, group practice, managed care organization, community/migrant/rural clinic, health department or other health delivery facility, detention facility, mental health facility, prison, home health agency, or business of which I am the **(Please Circle): CEO, Business Manager, Minister, physician-in-chief, Administrator, Executive Director, or equivalent.**

1. I agree to provide the local public health authority with the number of employees, family members, and clients to receive medication; this information will be updated annually, or as information changes.
2. I agree to have a coordinating licensed medical professional who will oversee the dispensing of medications. The licensed medical professional does not need to be on-site (for example, dispensing to homebound clientele), but dispensing staff will work under his/her discretion.
3. The facility will follow the same treatment algorithms as used in the standing orders for the state and/or local public health authority.
4. A representative from the facility, with proper identification, will pick up medications and supplies for clients and staff from the pre-designated pick up site. The facility will provide the local public health authority with the name of the representative to pick up medications prior to pick up.

5. The representative will sign for all medications and supplies received.
6. The facility will notify the local health public authority when the supplies reach the facility and if there are any discrepancies between the order and delivery.
7. The facility will be responsible for administration of the medication, distribution of information sheets, and collection of completed intake forms. Intake forms will be returned to the local public health authority within 48 hours for patient tracking.
8. The facility will be responsible for returning any unopened bottles of medication to the local public health authority.
9. The facility agrees to make no charge for the medication or for any of the services provided as a part of the administration of the medication.
10. For the purpose of State and/or Federal Laws and regulations, I will maintain and make available all records to the local public health authority or Oregon Department of Human Services, the U.S. Department of Health and Human Services, and/or their assignees or agents.
11. The local public health authority may terminate this agreement at any time for failure to comply with these requirements and I may terminate this agreement at any time at my discretion.

**Authorization by CEO, Business Manager, Minister, physician-in-chief, Administrator, Executive Director or equivalent to Participate as a Push Partner**

Name <i>(please print clearly)</i>	Title
Signature	Date

**You may return the form in any one of two ways:**

1. Fax to *(insert telephone Number)*, Attn: *(Insert coordinator name)*
2. Mail to *(insert mailing address)*
3. Scan the signed form and email to *(insert email address)*

**Thank you for enrolling to become a Push Partner!**

**PUSH PARTNERS: CHANGE OF  
INFORMATION CARD**

Please update our Registry to reflect the following changes:

**Change Contact Information to:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person the Primary, Secondary or Tertiary Contact? \_\_\_\_\_

**Change Number of Medication Requested:**

Total: \_\_\_\_\_ Adult Doses: \_\_\_\_\_ Child Doses: \_\_\_\_\_

**Other Changes:**

---

---

---

**Thank you!**

**PUSH PARTNERS: CHANGE OF  
INFORMATION CARD**

Please update our Registry to reflect the following changes:

**Change Contact Information to:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person the Primary, Secondary or Tertiary Contact? \_\_\_\_\_

**Change Number of Medication Requested:**

Total: \_\_\_\_\_ Adult Doses: \_\_\_\_\_ Child Doses: \_\_\_\_\_

**Other Changes:**

---

---

---

**Thank you!**

**PUSH PARTNERS: CHANGE OF  
INFORMATION CARD**

Please update our Registry to reflect the following changes:

**Change Contact Information to:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person the Primary, Secondary or Tertiary Contact? \_\_\_\_\_

**Change Number of Medication Requested:**

Total: \_\_\_\_\_ Adult Doses: \_\_\_\_\_ Child Doses: \_\_\_\_\_

**Other Changes:**

---

---

---

**Thank you!**

**PUSH PARTNERS: CHANGE OF  
INFORMATION CARD**

Please update our Registry to reflect the following changes:

**Change Contact Information to:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person the Primary, Secondary or Tertiary Contact? \_\_\_\_\_

**Change Number of Medication Requested:**

Total: \_\_\_\_\_ Adult Doses: \_\_\_\_\_ Child Doses: \_\_\_\_\_

**Other Changes:**

---

---

---

**Thank you!**



\_\_\_\_\_  
(Name of Organization)

PLEASE  
PLACE  
STAMP  
HERE

\_\_\_\_\_  
(Name of Organization)

PLEASE  
PLACE  
STAMP  
HERE

Multnomah County HHS  
426 SW Stark Street  
8th Floor  
Portland, OR 97204  
attn:

Multnomah County HHS  
426 SW Stark Street  
8th Floor  
Portland, OR 97204  
attn:

\_\_\_\_\_  
(Name of Organization)

PLEASE  
PLACE  
STAMP  
HERE

\_\_\_\_\_  
(Name of Organization)

PLEASE  
PLACE  
STAMP  
HERE

Multnomah County HHS  
426 SW Stark Street  
8th Floor  
Portland, OR 97204  
attn:

Multnomah County HHS  
426 SW Stark Street  
8th Floor  
Portland, OR 97204  
attn:

# Push Partner Registry Dispensing Plan Template

Prepare your organization to dispense medications by creating a dispensing plan that addresses your organization's specific needs. Each organization is unique in the number and type of its employees and in its business operations and/or the type of services offered and clients served. All of these factors will affect how you dispense medications to your employees and clients. This template was created to assist organizations to plan for and set up their own PRIVATE dispensing site. Your organization's plan will describe how you will prepare your organization to dispense medications.

## 1. Push Partner Coordinator & Two Back Up Coordinators: (From Enrollment Form)

### Primary Coordinator

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

### First Backup Coordinator

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

### Second Backup Coordinator

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

## 2. Medications Will Be Dispensed To: (From Enrollment Form)

# Employees: \_\_\_\_\_

# Family Members of Employees\*: \_\_\_\_\_

# Clients/Residents Served\*\*: \_\_\_\_\_

TOTAL (Employees + Family Members + Clients (if applicable)): \_\_\_\_\_

*\*Estimates of family members can be calculated by multiplying the number of employees and clients by 2.5 (average number of persons per household).*

*\*\*Applicable to vulnerable populations service providers only.*

Of the total above, please estimate the breakdown into the following age groups:

<b>Older Adults</b> <i>(ages 65+)</i>	<b>Adults</b> <i>(Ages 18-64 and children over 80 lbs.)</i>	<b>Children</b> <i>(Under 18 and weigh less than 80 lbs.)</i>

### 3. Communications with Your Employees and Clients

As a Push Partner, it is important to communicate with your employees and clients before the event, during the event, and after the event.

**Before the event**, communicate with your employees about:

- Your agency's participation as a Push Partner – that you will provide medications to them during some large-scale public health emergencies.
- Your organization's dispensing plan. It is recommended that you share your dispensing plan with employees who will have key roles during an emergency.
- Roles and responsibilities of employees in an emergency involving Push Partners.
- Basics on how medications will be dispensed to employees, their family members, and clients.
- Information they should bring when the medications are dispensed to assist in screening for possible allergies and/or contraindications—to make sure each person gets the appropriate antibiotic.
- Personal emergency preparedness – resources listed on back cover.
- How they can keep informed (e.g., radio and TV).

*Describe how you will communicate with your employees before the event (and who is responsible):*

---

---

---

---

**During the event**, communicate with your employees and clients about:

- Employees:
  - Where and when to report to work.
  - Their Push Partner jobs and how to perform those jobs.
- Employees/Employees' Families/Clients:
  - Where and when they will receive their medications.
  - What information they should have in order to receive their medications.
  - Drug information sheets for the medications, including what they should do if they have a negative reaction to the medication.
  - How they can keep informed about the emergency.

Check all the communication methods that you will use:

- Telephone:    \_\_\_ external information line            \_\_\_ call center/phone book
- Electronic:    \_\_\_ website posting                                    \_\_\_ mass email message/fax
- In Person:    \_\_\_ meeting/presentation                            \_\_\_ visits to clients' homes
- Radio:            \_\_\_ what station(s)
- Other: *(please specify)* \_\_\_\_\_

*Describe how you will communicate to your employees and clients during the event (and who is responsible):*

---

---

---

---

***After the event***, communicate with your employees and clients about:

- The importance of taking the entire prescribed regimen.
- The outcome of your organization's dispensing effort.
- Any questions or concerns they may have and how to find further information, as needed.

*Describe how you will communicate with your employees and clients after the event (and who is responsible):*

---

---

---

---

#### **4. Preparing To Receive and Dispense Medications**

Once you have been notified that the Push Partner Registry has been activated, you will be given instructions on when and where to pick up medications. It is important that this information not be disclosed to others. A pick-up site or sites will be chosen at the time of the event.

You will be notified via phone, email, media reports from public health officials, or you may find information on the local public health authority's website. Since these are public websites, you will likely be given minimal information about activation of the registry and be told where you can find more information. Public health will assign a Supervisor to be your organization's point of contact. They are responsible for facilitating the process, inventorying, and supporting a certain number of Push Partners.

***Here are the steps to prepare your organization to receive and dispense medications (This is a guide; feel free to modify it to fit your organization):***

**Alert staff** (see Communications with Your Employees and Clients - During an Event)

**Assign tasks** (see Job Action Sheets attached)

You should have already assigned a Push Partner Coordinator and back-up Coordinators. Now you will need to select who can carry out screening and dispensing functions. If your organization is small, one or two people may carry out all of the tasks required. Scale staffing according to the number of employees and clients in your organization and how you plan to dispense (only on site, deliver to client homes, etc).

**You will need to have medical personnel available who can legally dispense medications.** You may have medical personnel on staff, or you may use personnel who normally dispense medication in your facility to supervise the distribution process. Under an emergency declaration by the governor the standards for legally dispensing medications may

be relaxed or waived. Non-medical personal delivering medications to home-bound clients will receive direction at the time of the event, along with information on waivers of pertinent pharmacy laws.

*Describe how you will select and prepare employees to screen for and dispense medications and carry out other Push Partner responsibilities. In some instances, you may pre-assign tasks to certain organizational job titles.*

---

---

---

---

**□ Prepare the dispensing site**

The amount of site preparation will depend on the number of people you plan to dispense medications to at your organization and how you plan to dispense. Your plan may be to dispense partly to staff and clients on site and/or you may dispense to clients in the field. Choose a site that is large and open and is easily found by users. An ideal site would have a separate entrance and exit, able to accommodate tables, chairs and large numbers of people, and able to accommodate people with disabilities, such as a large meeting room or cafeteria. You also need a place to secure medications.

*Identify a dispensing site (include address):*

---

---

---

---

*How will you arrange your site? See an example in the Dispensing Site Workbook for Businesses included with this Kit. You might want to include a rough sketch of what your dispensing site will look like and keep it in your plan.*

---

---

---

---

**□ Prepare vehicles (if necessary)**

*If delivering medications (e.g. to client homes) arrange for vehicles and drivers.*

---

---

---

---

**Pick up medications and forms from designated pick up site** (to be determined at the time of the event)

The primary and back-up coordinators provided on your enrollment form are automatically considered 'authorized' to pick up medications for your organization. They must present state or federally issued ID in order to pick up medications. If you assign someone else to pick up medications, they will need to present 1) state or federally issued ID and 2) an organization ID or signed letter from the Director of your organization (on organization letterhead) explicitly authorizing this individual to pick up the medications.

**Storing medications**

Medications should be stored in a secure location (a locked room or locked cabinet where few individuals have access) and kept away from extreme heat or cold.

*Where the medications will be stored:*

---

---

*What measures will you take to keep medications safe and secure if delivering to clients by vehicle?*

---

---

---

---

**Prepare materials**

This involves copying enough required materials for the number of people to whom you will be dispensing medications. You will receive the initial forms from public health when you pick up your medications. Forms provided will include drug information sheets for the antibiotics and intake forms. Other forms that may be included are inventory control forms, FAQ sheets, drug algorithms, and others. You will receive the same forms that are handed out at the PUBLIC dispensing sites.

*List of translated languages requested from public health (from enrollment form)*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

*Do you have a copier available for making necessary copies?*  Yes  No

*If yes, who will be responsible for making the copies?* \_\_\_\_\_

*If no, how will you get copies made?* \_\_\_\_\_

*Estimate the number of copies needed:* \_\_\_\_\_

## 5. Receiving and Managing Inventory

### *How much will you receive?*

It is expected that initially, each organization will receive a 10-day supply (one bottle) of pills per person. Some circumstances require treatment regimens of 30-60 days. When more supplies arrive, public health will notify Push Partners when/where they can pick up additional antibiotics.

### **Store medications in a secure location and away from extreme heat or cold.**

Keep an inventory of medications you receive. If no inventory forms are provided, you can use your own inventory control forms or create a simple one on notebook paper. This information, along with any unopened medication, will need to be returned to your local public health authority.

## 6. Screening for contraindications and dispensing medications

### *(Off-site and/or on-site dispensing)*

First, you will want to dispense to those staff that are assisting you in carrying out your plan. This will allow employees to dispense to potentially exposed individuals without having to worry about their own risk and feel confident that their family members are protected.

#### ***Screening:***

- Each person receiving medications should complete an intake form (staff can assist clients who are unable to write). Intake forms are used to: screen for contraindications to taking the medication, determine the appropriate antibiotic, and to track medication dispensed. Intake forms need to be returned to public health for every person receiving medication. Your employees can pick up medications for their families; they can complete one intake form, but must fill it out completely for each family member. This is called the Head of Household model in dispensing.
- Ask employees and clients to bring/have ready a list of medications (prescription and over-the-counter drugs, vitamins, minerals, and antacids) they take and any known drug allergies for *every* person who will get a course of medication.
- The dispenser will review the intake form for any contraindications and dispense the appropriate medication. Algorithms can guide the dispenser on which drug is best for each individual.

#### ***Dispensing:***

- Once you have determined the appropriate antibiotic in the screening process, you will give the client a 10-day supply bottle of pills.
- Give the appropriate drug information sheet (doxy or cipro) with the medications. For employees who are picking up medications for family members, it is only necessary to give one drug information sheet for each drug that they are picking up.
- Have available other materials that public health may have provided, such as FAQ sheets, and be ready to answer questions about where they can go for more information (local public health authority web site, call center, their doctor, etc).

- Advise employees and clients that they should not stop taking the drug unless they are having an allergic reaction to it. In this case, they need to call their medical care provider.
- Initial intake form and maintain the form so that it can later be returned to public health.

*What will you do to be sure that a screening form is completed for each person to whom you give medications?*

---



---



---

*What will you do to be sure that the correct antibiotic is dispensed to each person getting medications and that they get the correct drug information sheet for the drug dispensed (doxy or cipro)?*

---



---



---

**Here is a simple step-by-step procedure:**

1. Employee/client fills out intake form
2. Review intake form and screen for contraindications
3. Dispense appropriate medication based on dispensing algorithms
  - a. Adhere one label to intake form and one label to drug information sheet (if no labels are used, then write the lot # on both forms)
  - b. Initial form
  - c. Keep form
4. Give drug information sheet(s) to employee/client
5. Ask employee/client to take the first dose right away
6. Keep inventory of medications ('supply closet' inventory forms and intake forms)
7. Provide status updates to the assigned public health Supervisor as directed
8. Return intake forms, inventory forms, and unopened bottles to the local public health authority



## **JOB ACTION SHEET – PUSH PARTNER COORDINATOR**

Position Assignment: Push Partner Coordinator

Staff Name: \_\_\_\_\_

Mission: Coordinate the overall Push Partner effort at your agency.

---

---

### **Get Ready**

- Read this entire Job Action Sheet
- Receive notification from local public health authority that the Push Partner Registry is activated (via email/phone/website)
- Obtain contact information for the public health supervisor your organization reports to
- Review your Push Partner Dispensing Plan
- Inform employees that the Plan is activated and assign tasks
- Provide orientation and position training to those assisting the dispensing effort
- Prepare the site, get basic supplies and vehicles ready
- Communicate with your employees and clients that you will be dispensing medications

### **Get Medications**

- Send an authorized staff member to the Push Partner Distribution Site to pick up medications
- Lock medication in secure location away from extreme heat or cold; inventory initial supply
- Copy dispensing materials (intake forms, drug information sheets, others)

### **Dispense the Medications**

- Monitor dispensing of medications both on and off-site
- Dispense medication to staff who are responsible for dispensing to others, first
- Ensure appropriate screening and drug dispensing
- Ensure distribution of drug information sheets
- Request additional medications from the local public health authority if initial estimates are insufficient
- Update your public health supervisor with distribution status and forecast estimates according to the prescribed schedule or as needed

### **Follow up**

- Return all intake forms and inventory control forms to Public Health

## JOB ACTION SHEET – DISPENSER

Position assignment: Dispenser

You report to: Push Partner Coordinator

Staff name: \_\_\_\_\_

Mission: Ensure completion of intake forms, screen for contraindications, dispense appropriate antibiotic, and provide educational materials.

---

---

### Get Ready

- Read this entire Job Action Sheet
- Receive assignment from Push Partner Coordinator
- Receive orientation and position training from Push Partner Coordinator
- Familiarize self with screening and dispensing process (including algorithms)
- Set up station, or prepare supplies needed if dispensing in the field
- Receive medication for self and family first before dispensing to others; take first dose

### Dispense the Medications

- Assure that each client completes an intake form (sometimes called a screening form)
- Weigh children as needed and note weight on intake form
- Review form for contraindications. If no contraindications, dispense as directed. If contraindications exist, follow algorithms for dispensing
- Depending upon the severity of the disease and the regimens available, clients that may be at risk for drug interactions may need to be instructed to alter their dosage of another drug; contact clients' physician for instruction.
- Remove lot # labels from pill bottles or label sheet. Put one on clinic intake form and one label on drug information sheet
- Fill out information on prescription label and adhere to pill bottle or to drug information sheet.
- Dispense appropriate medication and record medication dispensed on intake form, initial intake form and retain form
- Give client drug information sheet
- Remind client to complete the entire dosing regimen
- Provide distribution status updates to your Push Partner Coordinator as she/he requires

### Follow Up

- Return all materials to Push Partner Coordinator, including intake forms and any unused medication

**IF YOU ENCOUNTER A PROBLEM WHILE DISPENSING, CONTACT YOUR  
PUSH PARTNER COORDINATOR IMMEDIATELY**

# Considerations for your PRIVATE Dispensing Site

It is **not** required that you provide this information to your local public health authority. This is strictly for your reference as you determine which facility is most appropriate for your PRIVATE dispensing site.

Site Name \_\_\_\_\_ Site Address \_\_\_\_\_  
Date of Survey \_\_\_\_\_ Sq. Feet \_\_\_\_\_

## Facility Point of Contact

Name/Title: \_\_\_\_\_ Access to facility keys?  Yes  No  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

## Alternative Point of Contact

Name/Title: \_\_\_\_\_ Access to facility keys?  Yes  No  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

## Facility Information

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Adequate Parking*</b> (ADA accessible from parking lot to clinic area) | <input type="checkbox"/> <b>Separate Entrance/Exit*</b> | <input type="checkbox"/> <b>Lockable storage area for medications*</b> |
| <input type="checkbox"/> <b>Adequate HVAC capacity*</b>  | <input type="checkbox"/> Telephone Availability         | <input type="checkbox"/> Refrigeration for medication (if necessary)   |
| <input type="checkbox"/> ADA Accessible restrooms  | <input type="checkbox"/> Nearby break rooms for staff   | <input type="checkbox"/> Hand washing facilities                       |
| <input type="checkbox"/> Electricity   | <input type="checkbox"/> Backup Power Source            | <input type="checkbox"/> Tables and chairs                             |

## Suggested Equipment and Supply List

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Clipboards                          | <input type="checkbox"/> Janitorial supplies (i.e. toilet paper, paper towels, hand soap, etc)  | <input type="checkbox"/> First Aid Kit with equipment for measuring vital signs   |
| <input type="checkbox"/> File folders and file boxes         | <input type="checkbox"/> Extension cords  | <input type="checkbox"/> Gloves – latex and vinyl   |
| <input type="checkbox"/> Notepads                            | <input type="checkbox"/> Wastebaskets and trash bags  | <input type="checkbox"/> Envelopes or small bags (to hold multiple bottles of medicine)   |
| <input type="checkbox"/> Paper                               | <input type="checkbox"/> Facial tissues   | <input type="checkbox"/> 1-2 cots (if available)  |
| <input type="checkbox"/> Pens (preferably blue or black ink) | <input type="checkbox"/> Hand sanitizer   | <input type="checkbox"/> Automated External Defibrillator (AED) (optional item; should only be used with proper training and under emergency conditions)                        |
| <input type="checkbox"/> Staplers                            | <input type="checkbox"/> TV/VCR (for education if available)  |   |
| <input type="checkbox"/> Computer and printer                | <input type="checkbox"/> Signs to identify each station: <ul style="list-style-type: none"><li>◆ Greeting/Registration</li><li>◆ Education</li><li>◆ Screening</li><li>◆ Dispensing</li></ul> | <input type="checkbox"/> List of emergency numbers: <ul style="list-style-type: none"><li>◆ Local Public Health</li><li>◆ Police</li><li>◆ Emergency Medical Services</li></ul> |
| <input type="checkbox"/> Copier                              |   |   |

\* *The most important aspects of your site.*



**Public Health**  
Prevent. Promote. Protect.

# Protecting Your Employees in Public Health Emergencies



**Dispensing Site Workbook for Businesses**

# Your Employees' Health • • • Your Company's Future

**Y**ou protect your business by planning for the unexpected — anticipating events and managing situations at hand. Local public health agencies take the same approach to protecting the health and safety of our communities.

In today's post-9/11, post-Katrina world, collaboration between government and private industry is more important than ever in the areas of emergency preparedness and homeland security. That is why we are calling on you, as a local business leader, to help protect your organization, your employees and the community by making your business a Dispensing Site for medications during a public health emergency.

Taking a few small steps now to prepare for future public health emergencies will not only protect your greatest asset — your employees — but also help prepare the entire community to respond effectively.

We are asking you to read this workbook and learn if a Dispensing Site is right for you and your business. The workbook will answer key questions about what it takes to become a Dispensing Site, and how to develop such a program jointly with your local public health agency.

The workbook is not a complete Dispensing Site plan, but rather a key reference document to help you begin the planning process.

We hope that this workbook will inspire you and your staff to develop a Dispensing Site plan — one of the most effective ways to protect yourself and your employees during a public health emergency.



**Public Health**  
Prevent. Promote. Protect.

## Imagine This Scenario . . .

**W**hether by accident or as part of a terrorist attack, a biological agent such as anthrax has been released and millions of people across the nation are at risk, including those in your community. People need preventive medications immediately, so the Centers for Disease Control ships supplies from its Strategic National Stockpile to local public health agencies.

These agencies activate long-standing and well rehearsed plans to dispense the medicine at special sites. But even with extensive preparation there are long lines at every site as tens of thousands of people wait in line for their pills. People are stressed about missing work, trying to calm their children as they endure long waits, and tempers are starting to flare.

But not for you and your employees. You planned ahead, and are activating your PRIVATE Dispensing Site. Your employees know that they and their families can avoid the public dispensing sites and get their medications at work. With important paperwork already on file, the process is quick and easy. Your employees and their families are protected from harm, and your business keeps running smoothly.



Volunteers wait in line at a dispensing exercise.

The Strategic National Stockpile (SNS) is a national supply of medications and medical supplies to be used for emergency situations such as a bioterrorism attack or natural disaster.

Within 12 to 24 hours, the U.S. Centers for Disease Control and Prevention (CDC) can deploy a large shipment from the SNS, known as a ‘push-pack,’ anywhere in the United States or its territories, to supplement and re-supply state and local health and medical resources. After this initial shipment, additional components such as vendor-specific products and other items from the SNS may follow.



State and local health agencies must have plans in place to receive shipments from the SNS and distribute their contents to the community quickly and efficiently. The Portland Metropolitan region, including Clackamas, Clark, Columbia, Multnomah and Washington Counties, is part of the Cities Readiness Initiative (CRI)—a federal program that helps metropolitan areas increase their capacity to deliver medicines and medical supplies during a large-scale public health emergency.

Collaboration between public health and the private sector is a crucial part of this planning effort. The use of PRIVATE Dispensing Sites, discussed in detail in this workbook, is just one of many dispensing methods planned to deliver medication to 100 percent of the population within 48 hours. Contact your local public health emergency planner to learn more about planning efforts currently underway in your community. Contact information is provided in the back of the workbook. Whether or not you are part of the CRI region, this is the tool for you.

## A Program Designed to Meet Your Needs ...

### Dispensing Sites: Enhanced Protection During Public Health Emergencies

Dispensing sites are fixed locations where medications from the Strategic National Stockpile can be given out to people in response to a public health threat or emergency.



A **PRIVATE Dispensing Site** is a location that is operated by a private business for a specific population (i.e., its employees and their families). PRIVATE Dispensing Sites are not open to the public. Operating a PRIVATE Dispensing Site provides your business and your employees with extra security during a public health emergency.



A **PUBLIC Dispensing Site** is a location operated by a private business or community organization, in coordination with the local public health agency, to serve their employees and families as well as the public residing in that community. A PUBLIC Dispensing Site may also be an agreement with the local public health agency to use a private facility for dispensing to the entire public during an emergency. By operating a PUBLIC Dispensing Site your organization, with your local public health agency, will have the means to help minimize the impact of the emergency on your business and the neighboring community.

By choosing to become either a PRIVATE or PUBLIC Dispensing Site, your business will be better protected in the event of a public health emergency. By providing the materials and support they need, your business helps to ensure the general health and well being of not just your employees, but all of those affected by the public health emergency.

Please note: The content of this workbook focuses primarily on PRIVATE Dispensing Site plans. If you are interested in creating a PUBLIC Dispensing Site, public health agency coordinators will work closely with you to create a plan that best serves your business and your community.

## ... and Serve the Community

# Local Public Health: What Can You Expect?

## Current Planning Efforts

Local public health agencies in the Portland Metropolitan region have created plans which identify sites and resources that can support PUBLIC Dispensing Sites during a public health emergency. Each site has been evaluated to ensure that it is appropriate for such use, and plans have been made for all aspects of setting up the Dispensing Site, including:

- Communicating with the public
- Communicating among emergency responders (police, fire and EMS)
- Transportation of medicines and supplies to each site
- The flow pattern of dispensing at each site
- Security and safety precautions
- Staffing for the site, including professionals and volunteers
- Necessary supplies

During a public health emergency, local public health agencies would need to rely on many different community partners to help provide all of the services necessary to dispense emergency medications to the population. PRIVATE Dispensing Sites will be an important part of the process.



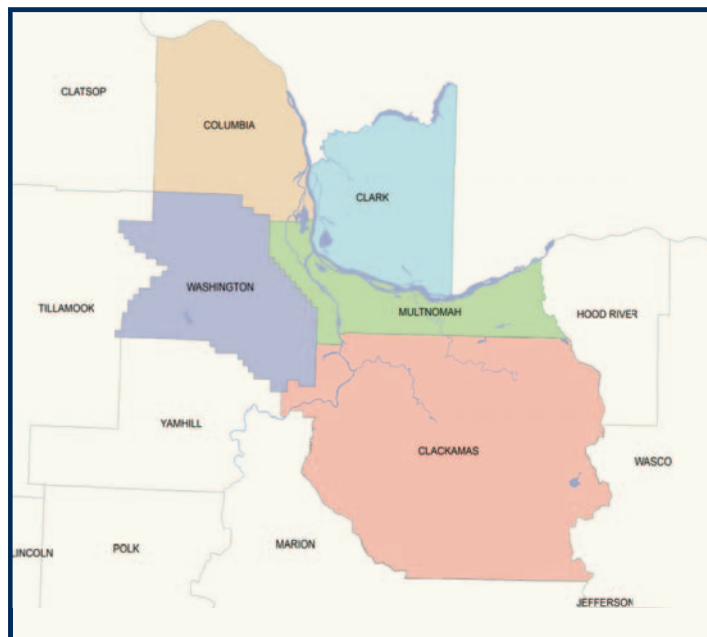
**Public Health**  
Prevent. Promote. Protect.

## Public Health Departments in the Portland Metro Region

Local public health departments are leaders in improving the health and well-being of our communities.

The Portland Metropolitan region, encompassing four Oregon counties and one Washington State county, is served by local health departments that work together to protect public health.

These agencies help prevent disease, illness and injury, and positively impact the social, economic and environmental factors fundamental to good health.



State of Oregon counties represented: Columbia, Washington, Multnomah and Clackamas. State of Washington county represented: Clark.

## How PRIVATE Dispensing Sites Fit into Planning

PRIVATE Dispensing Sites will play an important role in any situation where it is necessary to provide emergency medications to the entire population. Traditional medical providers, such as hospitals and medical clinics will likely be overwhelmed during a large-scale public health emergency. PUBLIC Dispensing Sites will also be highly stressed in a situation where the entire population needs to be given medications in a short time frame.

PRIVATE Dispensing Sites will help relieve some of the pressure on PUBLIC Dispensing Sites by reaching portions of the population independently. As a result, long lines and public anxiety can be reduced and resources will be used more efficiently.

**Becoming a  
PRIVATE Dispensing Site  
is your opportunity  
to play an active role  
in protecting the health  
of our community.**

PRIVATE Dispensing Sites can also help businesses ensure that their employees are protected — and therefore able to continue working and/or return to work more quickly. Employees will feel secure in knowing that their company is willing to take the ‘extra step’ to ensure that they and their families are taken care of in the event of a public health emergency. As employees feel more confident in the steps your business has taken to protect them, they will likely feel an increased sense of commitment and loyalty.

Finally, PRIVATE Dispensing Sites are a highly appropriate way to reach certain special populations that might find it difficult to come to an PUBLIC Dispensing Site.

Ultimately, the need to serve the public during a public health emergency is great. Partnering with your local public health agency to become a PRIVATE Dispensing Site is crucial in protecting the health of our citizens and enabling recovery efforts on a local, regional and global scale.

## Understanding the Screening and Dispensing Process



### **Completing medical evaluations/ health assessments**

One of the greatest values of a PRIVATE Dispensing Site is that paperwork can be completed ahead of time for the employees who will receive the emergency medications. At a PUBLIC Dispensing Site, however, large numbers of people will report all at the same time, and everyone must fill out required medical evaluations and contact forms before they can receive medications.

In a PRIVATE format, your business has the opportunity to provide the necessary forms to employees in advance and keep them on file until they are needed. Information can be updated periodically — perhaps annually — to reflect any changes in health status. When and if an emergency occurs, the forms will be at hand to simplify the dispensing process. Another option is that the forms can be distributed upon declaration of the Public Health emergency and collected just before the site is opened.

Sample forms are available for duplication in the workbook pocket. You may choose to use either on-site or contracted medical personnel to oversee the medical assessment process to ensure proper health safety and privacy measures are being observed.







## Protecting employees' families

During any emergency, employees are most concerned with the health, safety and protection of their loved ones. Family members will form the support structure that allows your staff to continue working as the community endures and recovers from a public health emergency. For this reason, we recommend that you plan to provide medications to your employees' families as well. Though this may not be a requirement to become a PRIVATE Dispensing Site, it will greatly increase buy-in and support from your employees if they know that, in an emergency, their loved ones will be provided for without having to visit a PUBLIC Dispensing Site.

The exact definition of a family member is, however, up to you to decide. Definitions might include anyone claiming residence at the employee's household, those individuals identified as dependents on the employee's tax forms or insurance coverage, or an employee plus a specified number (one, three, five, etc.) of other individuals. Regardless of the approach you adopt, your decision should be clearly communicated to employees and included in your agency's emergency plans. Procedures should be in place to obtain medical evaluation forms (as described above) for any individual who will be served by your PRIVATE dispensing site.



## Educating people

It is important to provide accurate and complete information to your staff. Let your employees know why and how the site would be established, and how the medication dispensing process will work. This will provide your employees with confidence in the overall approach, and is an opportunity to present accurate and reassuring information before and during the emergency. The following topics should be addressed in the information/education process:

### Possible threatening agents

In a public health emergency it is very important that people are informed of the true nature of the threat. They need to know the answers to questions like:

- How do I know if I've been exposed?
- What are the symptoms?
- Is the disease contagious? If so, what do I need to do to protect myself and my family?
- What are the long-term implications?

Fact sheets about some possible threatening agents are available in the back of this workbook.

### Medications

Your employees will also need to know about the types of medication that may be available to protect against or treat certain biological agents. They need to know how long they will need to take the medication and other details related to the specific situation. Information sheets regarding the medications from the SNS that might be dispensed at your location are available in the back of this workbook. If you decide to participate as a PRIVATE Dispensing Site, your business will receive updated information from your local public health agency as it becomes available.



## Medical Personnel

To become a PRIVATE Dispensing Site, you will need to consider what medical personnel you currently have available, and whom you could procure to dispense medications. Regulations which identify who can legally dispense medications are determined by state law and could be altered in a large scale emergency. Check with your local public health agency regarding the policies that apply to your jurisdiction.

Your business may have medical personnel already on staff, or you may choose to arrange for outside medical personnel to come into your location. Such an arrangement will require a standing agreement between your business and the outside staff, including a clear understanding of how such an agreement will be activated at a time when their services will likely be in high demand.

# Preparing Your Business for Public Health Emergencies: How to Plan for and Set-up Your PRIVATE Dispensing Site

## Develop or Expand Continuity Plans

Your business should develop a comprehensive Continuity of Operations Plan (also known as a COOP). Continuity planning helps businesses, corporations and government agencies ensure that essential functions will keep going during a wide range of emergencies and events. A COOP allows you to anticipate potential emergencies and develop procedures necessary to ensure employee safety, as well as continuity of business. Contact your local public health emergency planner or your city or county emergency manager to learn more about developing a COOP for your business.

If your business already has a COOP in place, update it to include a mass dispensing component and outline procedures for PRIVATE Dispensing Site activation. Information in this workbook can serve as a guideline for developing that section.

## Protect Your Assets — Prepare Your Employees

As your business plans to become a PRIVATE Dispensing Site, employees should be informed about the process and how it will affect them. Encouraging input and substantial feedback from employees will add value to the emergency preparedness measures of your business as a whole. Identify employees within your business who will assist with the planning and preparation process and involve them early.

### **Appoint a committee**

Appoint a committee or workgroup that can use this workbook to develop a comprehensive PRIVATE Dispensing Site Plan. This committee should include human resource personnel, continuity managers, medical advisors, logistics specialists and security staff.

### **Determine who your site will serve**

Decide whether you will accommodate employees' families in your preparedness effort, and identify beforehand how you will define household, dependents or family. Then determine how many total employees and family members will be served so that you'll be able to estimate the amount of medication needed at the time of a public health emergency.

### **Provide education/information**

Provide people with as much information about dispensing site operations as possible. If you are not already doing so, consider having key employees trained in emergency preparedness, National Incident Management System (NIMS), and the Incident Command System (ICS).

Emergency preparedness training courses, listed in the box to the right, can be instructor-facilitated at your organization or taken online. These courses will help educate your employees about emergency preparedness procedures and protocols.

#### Free online resources

<http://training.fema.gov/IS>  
IS-100, IS-200 and IS-700

<http://www.redcross.org>

<http://www.ready.gov>

<http://www.pandemicflu.gov>

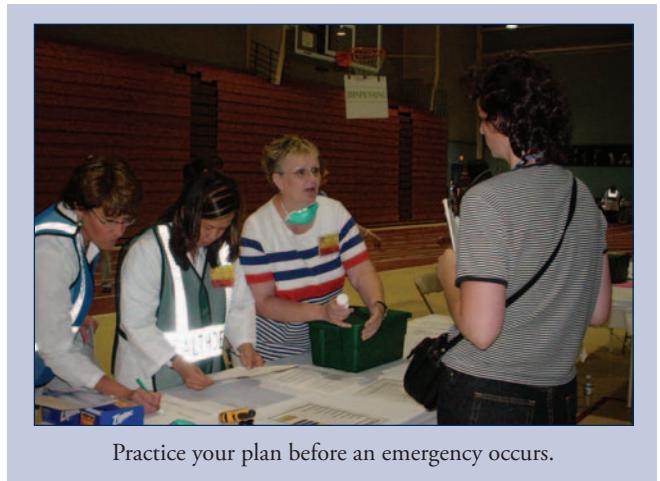
## Prepare Your Facility

Preparing your facility ahead of time for the possible activation of the Dispensing Site is essential.

### □ Identify a dispensing location on the premises

In order to dispense medications to a large number of people in a relatively short time, you will need to identify ahead of time a particular location on the premises that is capable of certain accommodations. This area should be fairly large and open, preferably a large meeting room or cafeteria. Use the sample Dispensing Site Flow Diagram (enclosed in workbook pocket) to help determine an appropriate location. Some key factors to consider include:

- Separate entrance and exit
- Easily identifiable by all employees
- Place to secure medications and supplies
- Able to accommodate people with disabilities
- Able to accommodate tables, chairs and large numbers of people
- Move people through the Dispensing Site in only one direction to avoid confusion and crossovers



Practice your plan before an emergency occurs.

### □ Determine security needs and capabilities

Consider your current security resources and capabilities and determine if additional security will be needed in an emergency to protect your facility and staff. Employees attending the PRIVATE Dispensing Site will need to feel safe to do so. Furthermore, all medications will need to be secured at all times.

### □ Identify/purchase/store necessary supplies

- Office supplies (Pens, clipboards, etc. See General Supplies Checklist included in the workbook pocket)
- Tables and chairs
- Bags or envelopes
- Medical supplies (See Medical Supply Checklist included in the workbook pocket)

## Develop Your Procedures

The planning committee should take charge of developing procedures directly related to PRIVATE Dispensing Site operations, in collaboration with your local public health agency.

Determine procedures specifically related to the activation, set-up, operation and deactivation of the Dispensing Site. Have procedures such as emergency call-down lists (also known as emergency calling trees) in place. The committee should lead the development of these procedures and work with local public health emergency planners as needed so that all parties involved are aware of the plans and procedures.

### □ Determine how medications will be requested, delivered and/or returned

Your business will need to collaborate with your local public health agency to develop protocols for requesting a supply of medications from the national stockpile. You should have a count of the number of people you will supply with medications ready at the time of the emergency. This can be accomplished by maintaining accurate records and forms for employees and their household members, if applicable.

Once a request has been made, the local public health agency will contact your business regarding the transfer of medications. In some instances, the medications may be delivered to your site with a police escort. In these instances, a pre-determined delivery location should be identified in your planning efforts. You should also identify individuals authorized to accept and sign for delivery and provide that information to your local public health agency. Your security personnel should be on-hand at all times when the medications are on the premises. In other instances, public health agencies will have alternate methods of delivery such as having a business pick up medications at a predetermined location. Working closely with your local public health agency will ensure the best delivery planning for your business.

It is entirely possible that there will be some medications left over after all of your employees have attended the PRIVATE Dispensing Site. These medications must be returned to your local public health agency so that they may be used for others.

Some businesses may also choose to purchase a stockpile of specific medications for employees and their families to further expedite the dispensing process. If you are interested in this possibility, please consult your local public health emergency planner first.

### **Firm up plans for handling medical emergencies, security concerns, etc.**

Your plan should include procedures for handling small/typical emergencies that could potentially happen during the dispensing process. Consider and plan for:

- Minor medical emergencies – Call 9-1-1? Handle on-site?
- Security breach – Call police? Handle on-site?



## **Exercise Your Plan**

Make sure to practice the procedures you put into place. Exercising plans helps to identify any problems that can be rectified long before an emergency occurs. Consider conducting such exercises jointly with your local public health agency to further strengthen your collaboration.

## **What About Liability?**

Due to the differences between state and local laws, there is currently no 'blanket' liability coverage for PRIVATE Dispensing Sites. However, it may be possible for certain emergency exemptions or orders to be enacted at the time of the event that would provide liability protection. Currently, State and Local Public Health officials are working to develop plans which address the liability issue. In the meantime, we advise consulting with your legal counsel as to the validity of these possible options within your area in relation to dispensing emergency medications to your employees.

In any case, we recommend that you examine your business or organization's liability and insurance coverage. Consider developing addenda that specifically address PRIVATE Dispensing Site concerns, and include legal counsel throughout your planning process.



# Frequently Asked Questions (FAQ)

## Is it possible that our business will need to operate a PRIVATE Dispensing Site after-hours, during the weekend, or on a holiday?

Public health emergencies and/or bioterrorism attacks can strike at any time. It is essential that your business be prepared to operate a PRIVATE Dispensing Site during non-working hours. Develop after-hours contact lists for key individuals and consider providing them to your local public health agency. Evaluate your facility and determine what and how long it would take to open and provide PRIVATE Dispensing Site services. Develop communication/notification procedures to alert and inform your employees during non-working hours.

## What about employees who commute long distances to and from work?

As a PRIVATE Dispensing Site, you should expect to provide medications to all employees and possibly their families. Medications should be made available to long-distance commuters, but they are NOT required to attend your Dispensing Site. It may be more convenient for these individuals to attend PUBLIC Dispensing Sites near their residences. In any case, you should plan for each and every employee.

## Could some parts of the region be affected more than others?

Public health emergencies can vary dramatically depending on factors such as weather, the disease, the mode of transmission, etc. It is entirely possible that some parts of a region may be required to provide emergency medications while others may not. Your local public health agency will use epidemiology — the study and/or investigation of diseases and outbreaks in a defined area or population — to determine the full impact of the public health emergency. Please be aware that even though an emergency event might occur, the services of your PRIVATE Dispensing Site may not be needed. Listen for information from your local public health agency throughout the event.

## What happens after dispensing operations are completed?

After your PRIVATE Dispensing Site has completed its operations, you will need to provide the following to your local public health agency:

- Any unused medications
- Copies of all health assessment forms
- Copies of any incident reports



### Thank You

Your local public health agency would like to thank you for taking the time to examine these materials and consider taking the first step toward becoming a PRIVATE Dispensing Site.

By developing long-lasting relationships with the private sector, government agencies will be more adept and prepared to respond to a potential public health emergency. We appreciate your cooperation.



**Public Health**  
Prevent. Promote. Protect.

## Local Public Health Departments in the Portland Metropolitan Region

### **Clackamas County**

2051 Kaen Road, Suite 367  
Oregon City, OR 97045

Phone: 503-655-8430 • Fax: 503-655-8350

[http://www.co.clackamas.or.us/community\\_health/ph/](http://www.co.clackamas.or.us/community_health/ph/)

### **Clark County**

1601 E. Fourth Plain Boulevard  
Vancouver, WA 98661

Phone: 360-397-8000 • Fax: 360-397-8110

<http://www.co.clark.wa.us/health/>

### **Columbia County**

PO Box 995, 2370 Gable Road  
St. Helens, OR 97051

Phone: 503-397-4651 • Fax: 503-397-1424

[www.chdpublichealth.com](http://www.chdpublichealth.com)

### **Multnomah County**

426 SW Stark Street 8th Floor  
Portland, OR 97204

Phone: 503-988-3674 • Fax: 503-988-3676

[www.mchealth.org](http://www.mchealth.org)

### **Washington County**

155 N. First Avenue MS-5  
Hillsboro, OR 97124

Phone: 503-846-3594 • Fax: 503-846-3644

<http://www.co.washington.or.us/deptmts/hhs/hhsmain.htm>

**Missing any documents? Electronic versions of forms referenced in this workbook are made available by Washington County's Health and Human Services. Information for Businesses within the Pandemic Flu website:  
[http://www.co.washington.or.us/deptmts/hhs/comm\\_hlh/panflu/panflu\\_wcdhhs.htm](http://www.co.washington.or.us/deptmts/hhs/comm_hlh/panflu/panflu_wcdhhs.htm)**



**Public Health**  
Prevent. Promote. Protect.

## A Call to Action: The Choice is Yours



This project was made possible through funding from the Centers for Disease Control and Prevention (CDC). The workbook was adapted by the Portland CRI Counties (Clackamas, Clark, Columbia, Multnomah and Washington) from the original document created by Missouri Department of Health and Senior Services along with Mid-America Regional Council.



Cities Readiness Initiative  
[www.marc.org/cri](http://www.marc.org/cri)



## FACT SHEET

# Anthrax: What You Need To Know

### What Is Anthrax?

Anthrax is a serious disease caused by *Bacillus anthracis*, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:

- **skin (cutaneous)**
- **lungs (inhalation)**
- **digestive (gastrointestinal)**

### How Do You Get It?

Anthrax is not known to spread from one person to another.

**Anthrax from animals.** Humans can become infected with anthrax by handling products from infected animals or by breathing in anthrax spores from infected animal products (like wool, for example). People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals.

**Anthrax as a weapon.** Anthrax also can be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with powder containing anthrax. This caused 22 cases of anthrax infection.

### How Dangerous Is Anthrax?

The Centers for Disease Control and Prevention classifies agents with recognized bioterrorism potential into three priority areas (A, B and C). Anthrax is classified as a Category A agent. Category A agents are those that:

- pose the greatest possible threat for a bad effect on public health
- may spread across a large area or need public awareness
- need a great deal of planning to protect the public's health

In most cases, early treatment with antibiotics can cure cutaneous anthrax. Even if untreated, 80 percent of people who become infected with cutaneous anthrax do not die. Gastrointestinal anthrax is more serious because between one-fourth and more than half of cases lead to death. Inhalation anthrax is much more severe. In 2001, about half of the cases of inhalation anthrax ended in death.

### What Are the Symptoms?

The symptoms (warning signs) of anthrax are different depending on the type of the disease:

- **Cutaneous:** The first symptom is a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister and ulcer do not hurt.
- **Gastrointestinal:** The first symptoms are nausea, loss of appetite, bloody diarrhea, and fever, followed by bad stomach pain.



## **Anthrax: What You Need To Know**

(continued from previous page)

- **Inhalation:** The first symptoms of inhalation anthrax are like cold or flu symptoms and can include a sore throat, mild fever and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness and muscle aches. (Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

### **How Soon Do Infected People Get Sick?**

Symptoms can appear within 7 days of coming in contact with the bacterium for all three types of anthrax. For inhalation anthrax, symptoms can appear within a week or can take up to 42 days to appear.

### **How Is Anthrax Treated?**

Antibiotics are used to treat all three types of anthrax. Early identification and treatment are important.

**Prevention after exposure.** Treatment is different for a person who is exposed to anthrax, but is not yet sick. Health-care providers will use antibiotics (such as ciprofloxacin, levofloxacin, doxycycline, or penicillin) combined with the anthrax vaccine to prevent anthrax infection.

**Treatment after infection.** Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

### **Can Anthrax Be Prevented?**

**Vaccination.** There is a vaccine to prevent anthrax, but it is not yet available for the general public. Anyone who may be exposed to anthrax, including certain members of the U.S. armed forces, laboratory workers, and workers who may enter or re-enter contaminated areas, may get the vaccine. Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine.

### **What Should I Do if I Think I Have Anthrax?**

If you are showing symptoms of anthrax infection, call your health-care provider right away.

### **What Should I Do if I Think I Have Been Exposed to Anthrax?**

Contact local law enforcement immediately if you think that you may have been exposed to anthrax. This includes being exposed to a suspicious package or envelope that contains powder.

### **What Is CDC Doing To Prepare For a Possible Anthrax Attack?**

CDC is working with state and local health authorities to prepare for an anthrax attack. Activities include:

- Developing plans and procedures to respond to an attack using anthrax.
- Training and equipping emergency response teams to help state and local governments control infection, gather samples, and perform tests. Educating health-care providers, media, and the general public about what to do in the event of an attack.
- Working closely with health departments, veterinarians, and laboratories to watch for suspected cases of anthrax. Developing a national electronic database to track potential cases of anthrax.
- Ensuring that there are enough safe laboratories for quickly testing of suspected anthrax cases.
- Working with hospitals, laboratories, emergency response teams, and health-care providers to make sure they have the supplies they need in case of an attack.

For more information, visit [www.bt.cdc.gov/agent/anthrax](http://www.bt.cdc.gov/agent/anthrax),  
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).



## **Patient Information:**

### **Doxycycline 100-mg *Oral Tablet***

### **Doxycycline *Oral Suspension***

*Take this medicine as prescribed.*

Doxycycline belongs to a class of drugs called tetracycline antibiotics. It is approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax spores.

#### **How to take doxycycline**

**ADULTS:** Take 1 tablet every 12 hours as directed.

**CHILDREN:** A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.

Take doxycycline with food and least one full glass of water. Avoid taking antacids (like Tums or Maalox), cholestyramine (Questran), colestipol (Colestid), dairy products (like milk or yogurt) or vitamins 3 hours before or after taking doxycycline.

If you miss a dose, start again taking 1 pill every 12 hours. Do not take 2 pills to make up for the missed dose. *Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop this medication too soon, you may become ill.*

#### **Side effects**

Common side effects of doxycycline include an upset stomach, vomiting, or diarrhea. If you have problems with any of these symptoms, tell your doctor. Less common side effects include dark urine, yellowing of the eyes or skin, sore throat, fever, unusual bleeding or bruising, fatigue, white patches in the mouth. If any of these symptoms occur, call your doctor right away.

**Allergic reactions are rare.** Signs of an allergic reaction are rash, itching, swelling of the tongue, hands or feet, fever, and trouble breathing. If any of these symptoms occur, call you doctor right away.

***SPECIAL NOTE FOR CHILDREN:*** *This medicine may cause staining of the teeth in children younger than 8 years old. This means that their teeth can become grayish in color and this color does not go away. This medicine can also cause bone growth delay in premature infants but this side effect goes away after the medicine is finished.*

***SPECIAL NOTE FOR PREGNANT WOMEN:*** *There is little data about side effects from the use of this drug during pregnancy. If the mother of an unborn baby takes doxycycline, staining of baby teeth or poor bone development can result. There is a remote chance of severe liver disease in some pregnant women.*

#### **Precautions**

- ❖ Be sure to tell the doctor if you are allergic to any medicine.
- ❖ It is very important to tell the doctor the names of ALL medicines that you are currently taking even pills bought at the store such as vitamins and antacids.
- ❖ Doxycycline can make skin very sensitive to the sun which increases the chance of getting severe

## **Patient Information: Doxycycline**

(continued from previous page)

sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF).

- ❖ Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you are finished the entire course of treatment. If you are pregnant or breastfeeding, tell your doctor.
- ❖ In women, doxycycline can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
- ❖ Tell the doctor if you have ever had problems with your liver or kidneys, or if you have frequent heartburn.

For more information, visit [www.bt.cdc.gov/agent/anthrax](http://www.bt.cdc.gov/agent/anthrax), or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

## POINT OF DISPENSING INTAKE FORM

**INSTRUCTIONS:** Please FILL OUT this form completely to receive medicine for you and up to 7 other individuals. Please PRINT

<b>Your Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
-------------------	-----------------	----------------------

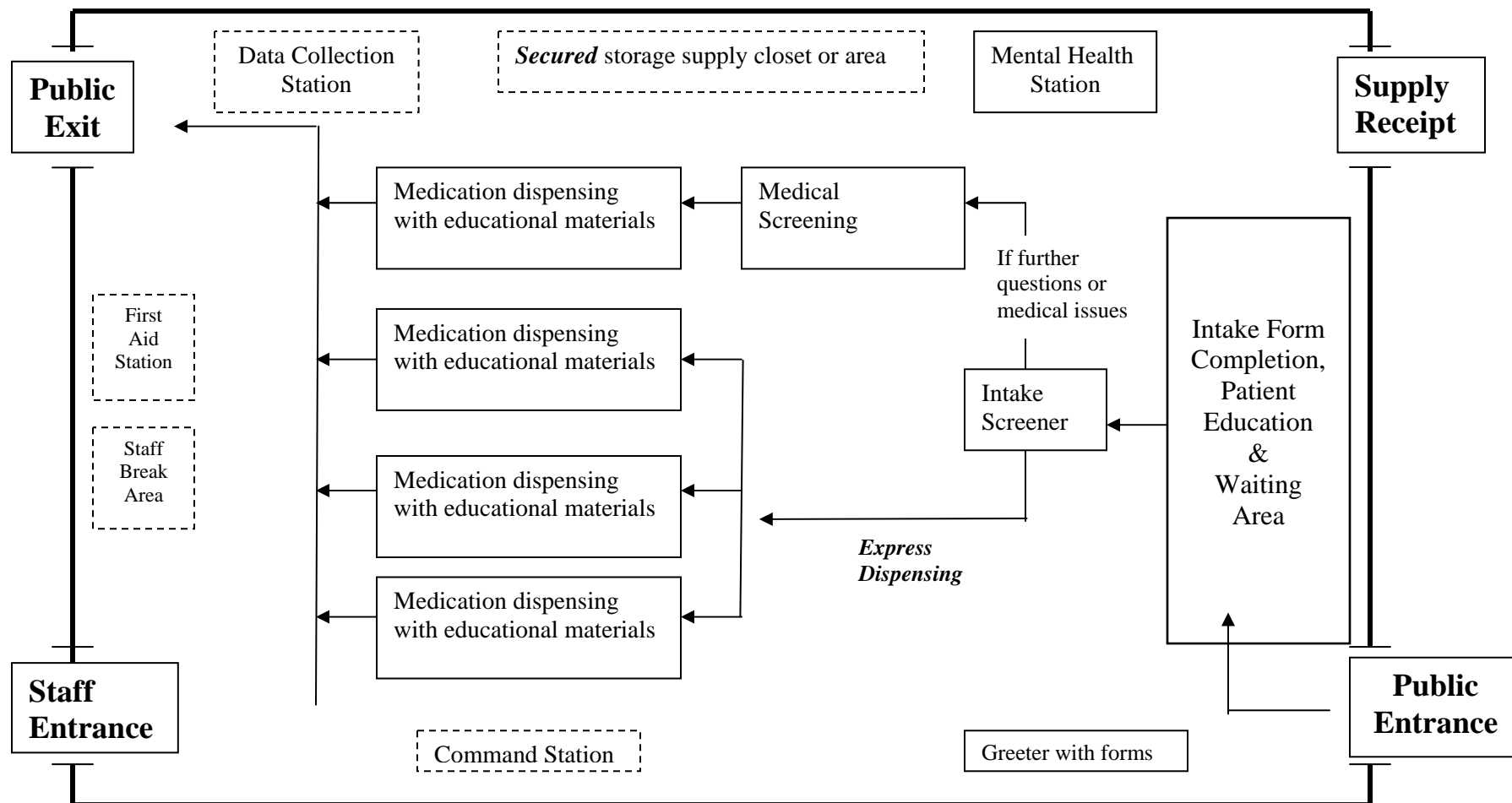
Name (First and Last)	Age (if under 10 yrs)	Weight (if under 90 lbs)	Is the individual ALLERGIC to any of these medicines?				Is the individual PREGNANT or BREASTFEEDING?		Is the individual on KIDNEY DIALYSIS or have KIDNEY DISEASE?		Is the individual TAKING any of these medicines?		
			Doxycycline <i>Vibramycin</i>	Tetracycline <i>Sumycin</i>	Minocycline <i>Minocin</i>	Ciprofloxacin <i>Cipro</i>	Levofloxacin <i>Levaquin</i>	Ofloxacin <i>Floxin</i>	Yes	No	Yes	No	Coumadin
<b>1. Yourself:</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>2.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>3.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>4.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>5.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>6.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>7.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>8.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Staff Use Only: Screener, please indicate medicine to be given. Dispenser, please adhere medication label for each person.**

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	
Circle	D C A	D C A	D C A	D C A	D C A	D C A	D C A	D C A	Initial Here: Screener: _____
Affix label here									Dispenser: _____

# SAMPLE

## Point of Dispensing Flow Chart (general suggestion)



**Key:**  
 → = **unidirectional** patient flow  
 - - - = off-site or in another room

**Notes:**  
 a) Layout will vary based on available facility.  
 b) The number of dispensing and medical screening stations may vary.

# RESOURCE & REFERENCE GUIDE

## Local Public Health Authorities and Resources

- Clackamas County Health Department  
([www.co.clackamas.or.us/community\\_health/ph](http://www.co.clackamas.or.us/community_health/ph))
- Clark County Public Health  
([www.clark.wa.gov/health/emergency](http://www.clark.wa.gov/health/emergency))
- Columbia Health Department ([www.chdpublichealth.com](http://www.chdpublichealth.com))
- Multnomah County Health Department  
([www.co.multnomah.or.us/health](http://www.co.multnomah.or.us/health))
- Washington County Public Health ([www.co.washington.or.us](http://www.co.washington.or.us))

## State Resources

- State of Oregon Public Health ([www.oregon.gov/DHS/ph](http://www.oregon.gov/DHS/ph))
- State of Oregon Emergency Management  
([www.oregon.gov/OMD/OEM](http://www.oregon.gov/OMD/OEM))
- Washington State Department of Health ([www.doh.wa.gov](http://www.doh.wa.gov))

## Federal Resources

- CDC Emergency Preparedness & Response ([www.bt.cdc.gov](http://www.bt.cdc.gov))
- Federal Emergency Management Agency Independent Study Courses ([www.training.fema.gov/IS/crslist.asp](http://www.training.fema.gov/IS/crslist.asp))

## Personal Preparedness

- Clackamas County Emergency Management  
([www.co.clackamas.or.us/emergency](http://www.co.clackamas.or.us/emergency))
- Clark County Regional Emergency Services Agency  
([www.cresa911.org](http://www.cresa911.org))
- Columbia County Emergency Management  
([www.co.columbia.or.us/emgt](http://www.co.columbia.or.us/emgt))
- Multnomah County Department of Emergency Management  
([www2.co.multnomah.or.us/Public/EntryPoint](http://www2.co.multnomah.or.us/Public/EntryPoint))
- Washington County Office of Consolidated Emergency Management  
([www.ocem.org](http://www.ocem.org))



# RESOURCE & REFERENCE GUIDE

## Local Public Health Authorities and Resources

- Clackamas County Health Department  
([www.co.clackamas.or.us/community\\_health/ph](http://www.co.clackamas.or.us/community_health/ph))
- Clark County Public Health  
([www.clark.wa.gov/health/emergency](http://www.clark.wa.gov/health/emergency))
- Columbia Health Department ([www.chdpublichealth.com](http://www.chdpublichealth.com))
- Multnomah County Health Department  
([www.co.multnomah.or.us/health](http://www.co.multnomah.or.us/health))
- Washington County Public Health ([www.co.washington.or.us](http://www.co.washington.or.us))

## State Resources

- State of Oregon Public Health ([www.oregon.gov/DHS/ph](http://www.oregon.gov/DHS/ph))
- State of Oregon Emergency Management  
([www.oregon.gov/OMD/OEM](http://www.oregon.gov/OMD/OEM))
- Washington State Department of Health ([www.doh.wa.gov](http://www.doh.wa.gov))

## Federal Resources

- CDC Emergency Preparedness & Response ([www.bt.cdc.gov](http://www.bt.cdc.gov))
- Federal Emergency Management Agency Independent Study Courses ([www.training.fema.gov/IS/crslist.asp](http://www.training.fema.gov/IS/crslist.asp))

## Personal Preparedness

- Clackamas County Emergency Management  
([www.co.clackamas.or.us/emergency](http://www.co.clackamas.or.us/emergency))
- Clark County Regional Emergency Services Agency  
([www.cresa911.org](http://www.cresa911.org))
- Columbia County Emergency Management  
([www.co.columbia.or.us/emgt](http://www.co.columbia.or.us/emgt))
- Multnomah County Department of Emergency Management  
([www2.co.multnomah.or.us/Public/EntryPoint](http://www2.co.multnomah.or.us/Public/EntryPoint))
- Washington County Office of Consolidated Emergency Management  
([www.ocem.org](http://www.ocem.org))



**Public Health**  
Prevent. Promote. Protect.

*Push Partner Registry*



*Push Partner Registry*

