Private Medication Center Planning Workbook

Partnering with Public Health to Dispense Emergency Medications to Employees, Patients/Clients, and their Families

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Introduction

What is a Private Medication Center?

Your local health department plans for and responds to a wide range of public health emergencies, including severe weather, chemical spills and accidents, terrorist attacks, and communicable disease outbreaks. In planning for and responding to a disease outbreak or pandemic, local health must account for a number of variables, such as how the disease spreads, when the disease was first noticed in the population, and if there are any preventative measures such as medications or vaccines that could be used to treat and prevent people from getting sick. These factors and many more are taken into consideration when writing emergency preparedness and response plans. As the potential threats to public health become increasingly varied and complex, partners from the healthcare, government, nonprofit, and private sectors are needed to participate in the planning process and pledge to help dispense emergency medications to their employees, patients/clients, and families during a public health emergency.

Your local health department has developed a tiered medication and vaccination strategy that can be activated depending on the number of affected individuals or groups in your community. For example, a targeted dispensing strategy calls for dispensing medications or administering vaccines to specific individuals or at-risk groups to prevent or treat an infection, whereas a mass dispensing strategy involves operating on a larger scale to dispense medications or administer vaccines to the general population. Beyond the size of the population that must be reached, these dispensing strategies also account for how quickly medications are needed. Some diseases necessitate dispensing medications to affected population in a very short time frame, possibly as soon as 48 hours after infection.

Private Medication Centers play an important part in these dispensing strategies. A Private Medication Center is a healthcare, government, nonprofit, or private organization where lifesaving medications are dispensed to an affected population during a public health emergency like a disease outbreak or a terrorist attack. Large employers or organizations that agree to become Private Medication Centers will dispense medications to their employees, patients/clients, and employees' family members and help ensure that all who need them receive emergency medications within a short amount of time. Unlike Public Medication Centers, which are directly operated by your local health department or pharmacy, Private Medication Centers are not open to the general public.

For incidents that require a larger sustained response, your local health department may not have enough medication on-hand to dispense to the entire affected population. When this is the case, assistance can be requested from the Strategic National Stockpile (SNS), a federally managed supply of medications, vaccines, and medical supplies intended for use during a public health emergency. Within 12 to 24 hours, resources from the SNS can be deployed anywhere in the United States or its territories to supplement and re-supply state and local health supplies. Through their local health departments, Private Medication Centers are eligible to receive supplies, including medications, from the SNS.

About this Workbook

This workbook will assist your organization with Private Medication Center planning before a public health emergency occurs. The tools and resources in this workbook were developed by your local health department and its partners and are based upon years of planning and lessons learned from real-world incidents. Each section of this workbook is designed to help your organization complete its own Private Medication Center Plan. Planning elements critical to every Private Medication Center are explained, and additional planning considerations are presented to help you tailor your plan to the needs of your organization. The sections of the workbook can be broken up and used as individual planning exercises,

but you will receive the greatest benefit from completing the workbook in its entirety and in order. The workbook is also designed to be filled out in hard copy, enabling the completed workbook to serve as your organization's Private Medication Center Plan. Helpful resources, such as sample letters, forms, and training materials, are included at the back of the workbook.

By completing this workbook, you are greatly improving your organization's readiness to activate a Private Medication Center. Your local health department is also available to answer any questions you may have as you go through the planning process. Contact information for each local health department is below.

King County
Nick Solari, MPA
Public Health - Seattle & King County
(206) 263-2414
nicholas.solari@kingcounty.gov

Snohomish County
Morgan Daniel
Snohomish Health District
(425) 339-8608
mdaniel@snohd.org

Pierce County
Cindy Miron
Tacoma-Pierce County Health Department
(253) 798-6556
cmiron@tpchd.org

Kitsap County
Jessica Guidry, MPH, CHES
Kitsap Public Health District
(360) 337-5267
jessica.guidry@kitsappublichealth.org

Plan Development Checklist

Getting Started

Making a plan to dispense medications to a large number of people may seem challenging. This planning workbook will help you produce a Private Medication Center (PMC) Plan to support your organization in dispensing lifesaving medications to your employees, patients/clients, and their families. Your planning process should include:

- Appointing a planning committee
- Determining your covered population
- Determining staffing and structure
- Identifying a dispensing site and designing your floor plan
- Determining security needs and capabilities
- Developing dispensing plans and procedures
- Developing communication and messaging systems

Private Medication Center Dispensing Models

This workbook assumes that your organization will want to operate the most common model of a PMC: a large, open space where people can come and pick up medications. For planning purposes, this is known as the *Conference Room Model*. However, many other dispensing models exist and may be more efficient for your operations. Examples of other PMC dispensing models include:

- *Strike Team Model:* A team of trained personnel carry medications with them and visit each employee's desk or patient's bedside[1], where they review a medication screening form for the employee or patient and dispense medications before moving on to the next person. This model enables employees to remain in place performing their job functions, or patients to remain in their rooms, instead of coming to a central gathering place.
- *Drive-through Model:* Employees visit a medication pickup point and remain in their vehicles while PMC staff review their medication screening forms and dispense medications through their car windows.
- *Intra-office Mail Model:* Employees submit medication screening forms for themselves and family members to a central collection team. The team reviews the forms and sends out employees' medications via an intra-office mail system.

This workbook covers PMC planning considerations assuming your organization will adopt the Conference Room Model. If your organization wishes to adopt a different model, consider how your plans might need to shift from what is presented in this workbook. Your local health department can also assist you with your planning efforts should you choose to adopt an alternate model.

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[1] Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

Section 1: Appointing a Planning Committee

Collaborative Planning

Transforming your organization into a PMC will involve forming and bringing together a planning committee. Appoint or recruit employees from various departments within your organization as members of your planning committee, and use the committee to establish operational plans for your PMC. Most planning committee members also take on leadership roles when your PMC Plan is activated and you begin dispensing medications. Ensure that the members of your planning committee understand and accept their roles and responsibilities during a public health emergency.

Committee Members

Table 1 includes suggested members for your PMC Planning Committee. The expertise and/or resources employees can bring as members of the planning committee will help define their roles and responsibilities. This list of positions is a starting point, and you should add and/or delete positions based on your organization's structure. Keep in mind members of your planning committee may be the same individuals who activate your PMC Plan and respond during a public health emergency. Your organization should fill out this table in detail and update it annually.

Table 1: Planning Committee Members

List your Private Medication Center Planning Committee Members by position

Human Resources and Finance Manager

Name: _____   Position/Title: _____

Work Phone: _____   Home Phone: _____

Email: _____   Cell/Pager: _____

What they bring to the planning committee:

Business Continuity Manager

Name: _____   Position/Title: _____

Work Phone: _____   Home Phone: _____

Email: _____   Cell/Pager: _____

What they bring to the planning committee:

Legal Counsel

Name: _____ Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Cell/Pager: _____

What they bring to the planning committee:

Medical Advisor[2]

Name: _____ Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Cell/Pager: _____

What they bring to the planning committee:

Public Health Coordinating Liaison

Name: _____ Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Cell/Pager: _____

What they bring to the planning committee:

Communications Manager

Name: _____ Position/Title: _____

Work Phone: _____ Home Phone: _____

Email: _____ Cell/Pager: _____

What they bring to the planning committee:

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[2] Do not worry if you are unable to fill this position because no one in your organization has a medical background. Your local health department will always provide training materials and medical guidance during a public health emergency.

Section 2: Determining Your Covered Population

Covered Population

Your ***covered population*** is the total number of people your PMC will dispense medications to during a public health emergency. Determining who is in your covered population is a critical step in the planning process. The total number of people you choose to cover impacts other aspects of your plan, however, including the size, location and layout of your dispensing site(s), the number of staff needed to operate your dispensing site(s), and the amount of time you will need to dispense medications to your entire covered population.

Along with employees and clients/patients[3], your organization is strongly encouraged to include family members in your covered population. During any public health emergency, your employees are most concerned about the health, safety, and protection of their loved ones. Family members will form the support structure that allows your employees to continue working as the community endures and recovers from an emergency. For these reason, it is strongly recommended that your organization provide medications to your employees' families. Note that family members do not need to visit your offices or workplaces to receive medications. An employee's family members can fill out medication screening forms from home, and the employee can pick up medications for his or her entire family.

The exact definition of a family member is determined by your organization. Definitions of a family member might include anyone claiming residence at the employee's household, 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 immediate family members.

Your covered population should be clearly communicated to you will dispense medications to during a public health emergency. Then estimate approximately how many individuals your plan will cover.

Table 2: Covered Population

Categories of individuals your Private Medication Center will serve (define each in the space provided):

Employees (full-time, part-time, etc.):

Patients/Clients (inpatient, outpatient, etc.):

Non-staff (vendors, contractors, interns, volunteers, etc.):

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[3] Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

Family Members (immediate, extended, etc.):

Estimated Total Number in your Covered Population:

Employees:	
Patients/Clients:	
Non-staff:	
Family Members*:	
Total:	

*If you choose to define family members in terms of household, you can use a multiplier of 3 to estimate the number of family members in your covered population. (Depending on your county, the average number of people per household is anywhere from 2.5 – 3.0.)

Finally, estimate the number of individuals that will be allowed to visit your dispensing sites(s) to pick up medications. Your total number of *visitors* usually includes at least your employees, but also may include patients/clients[4] and non-staff. In order to reduce crowd size, it is recommended that family members do not visit your dispensing site(s) to receive medications.

Number of Visitors:	

Access and functional needs

It is always important to make sure your plans are inclusive of your diverse covered population. This includes planning for individuals who have *access and functional needs*. Individuals with access and functional needs require additional assistance before, during, and after a public health emergency. Think about strategies for integrating the access and functional needs of individuals into your PMC plan. Examples could include providing education materials in alternative formats for individuals who are blind or have low literacy rates, modifying the layout of your dispensing site(s) to meet the ADA Accessibility Guidelines, and ensuring translation services are available for non-English speakers. Your local health department may have resources already on-hand that it can provide to your organization.


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[4] Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

Section 3: Determining Staffing and Structure

Determining Organizational Structure

The Incident Command System (ICS) is a standardized approach for incident management. Developed in the 1970s, ICS is a management tool that helps integrate and organize staff, facilities, equipment, and communications into a common operating picture. *Figure 1* is an example of an ICS chart that could be used to organize dispensing operations for your PMC.

Figure 1: Private Medication Center ICS Chart
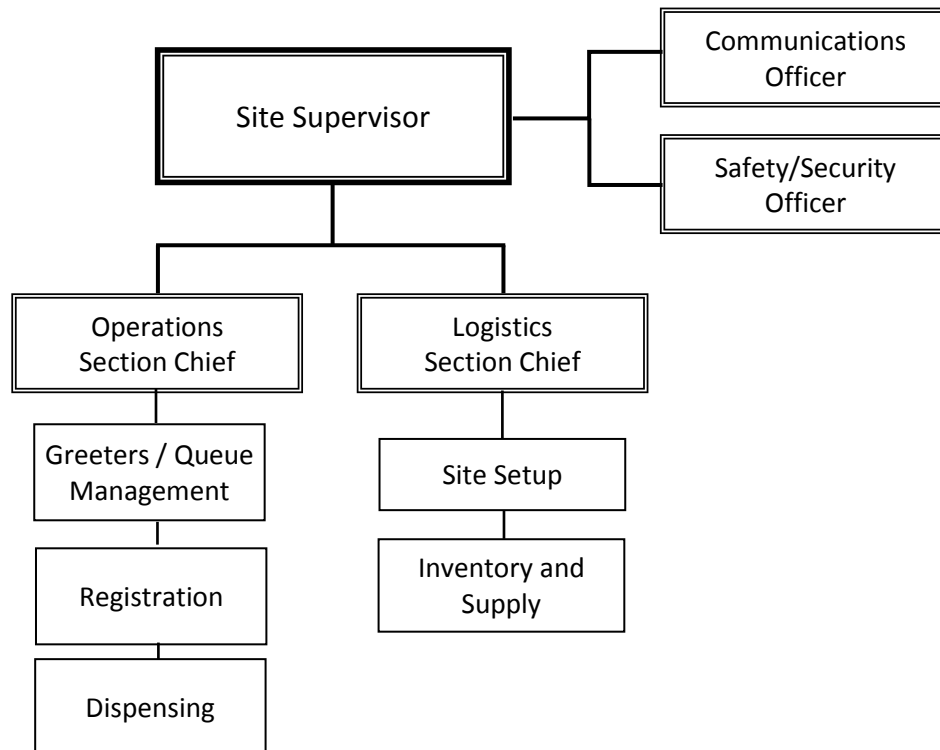
Depending on the size your dispensing site(s) and your covered population, you may need to add additional sections or branches to your ICS chart to handle specific tasks or manage certain phases of your PMC operations. Think through which roles and functions you will need to activate and which current employees will be assigned to these positions. Remember that some employees' day-to-day roles and responsibilities may make them good fits for certain positions within your ICS chart. See *Attachment A: Job Action Sheets* for sample job descriptions to consider for your PMC.

Determining Staffing Needs

The number of staff needed to support your PMC operations depends on a number of factors, including the size of your dispensing site(s), your floor plans, the number of people in your covered population, and the time allotted for dispensing operations. Some staffing assumptions for calculating the numbers of personnel needed to operate your dispensing site(s) are listed below.

- **Plan on dispensing medications to your covered population for a continuous 24 hours.** It is important for individuals to receive emergency medications as soon as possible, and dispensing initial courses of these medications cannot stretch out over multiple days.

- **Schedule staff for 8 hour shifts.** Extended shifts without breaks will decrease the efficiency of staff, especially dispensers, and hinder your organization's ability to dispense medications to 100% of your covered population.
- **Each dispenser can distribute courses to 50 visitors in his/her line per hour.** Based on data from exercise and real-world incidents, dispensers should be able to distribute medications to 50 individuals per hour. Keep in mind that these 50 visitors (most likely your employees) can, if allowed by your plan, pick up medications for their family members, too. Assuming a household multiplier of 3, each dispenser is in actuality able to distribute medication courses to about 150 people in your covered population per hour.
- **Each dispenser should be supported by 3 additional staff members.** Additional staff members are needed to greet people and direct individuals into the appropriate dispensing lines (Greeters/Queue Management), assist individuals with completing screening forms (Registration), and ensure dispensers have enough medications on hand (Inventory and Supply). Distribute staff into these Operations and Logistics Sections roles as appropriate. For example, if your dispensing site begins with a long hallway, you may find assigning more staff to Greeters/Queue Management will help reduce bottlenecking and keep your dispensing lines running smoothly.

Figure 2 provides sample Operations and Logistics Sections staffing totals for three dispensing sites. The first staffing plan assumes 1,000 individuals will visit the dispensing site to pick up medications; the second and third plans assume 10,000 and 100,000 visitors, respectfully.

Figure 2: Sample Private Medication Center Staffing Totals

Total Number of Visitors	Target # of Visitors Seen Per Hour	Total Dispensing Time	Dispensers	Greeters / Queue Management	Registration	Inventory & Supply	Total # Staff	# Staff Per 8 Hour Shift
1,000	200	5 hours	4	4	4	4	**16**	**16**
10,000	500	20 hours	10	10	10	10	**40**	**~13**
100,000	6,000	22 hours	120	100	180	80	**480[5]**	**160**

Now use *Table 3* to estimate the number of staff you will need per 8 hour shift based on the number of visitors (*Table 2*) at your dispensing site(s). Remember, 100% of your covered population must receive medications within 24 hours. The length of your dispensing operations (1 hour – 24 hours) depends on the number of staff you have available.

Table 3: Private Medication Staffing Totals

Total Number of Visitors	Target # of Visitors Seen Per Hour	Total Dispensing Time	Dispensers	Greeters / Queue Management	Registration	Inventory & Supply	Total # Staff	# Staff Per 8 Hour Shift

[5] For this row, numbers were not distributed evenly to each staffing section. This row demonstrates that your organization can and should assign support staff in areas where they are most needed as determined by your floor plan, access and functional needs of visitors, etc. The total number of staff, 480, still follows the guideline of having 3 support staff for every 1 dispenser.

Complete the shift chart below, combining staff totals from your Operations and Logistics Sections with other positions from your ICS Chart (Site Supervisor, Communications Officer, etc.).

Job Position	Recommended	# Staff Needed Per 8 Hour Shift
Site Supervisor	One per site	
Communications Officer	One per site	
Support Staff		
Safety/Security Officer	One per site	
Support Staff		
Operations Section Chief	One per site	
Greeters/Queue Management		
Registration		
Dispensers		
Logistics Section Chief	One per site	
Site Setup		
Inventory and Supply		
Total Number of Staff		

Section 4: Identifying a Dispensing Site and Designing your Floor Plan

Identifying a Primary and Alternate Dispensing Site

Your organization should identify both a primary and an alternate dispensing site. There are a number of things to consider when choosing your dispensing site:

- **Controlled room temperature:** Heat and air conditioning are needed to maintain a controlled room temperature between 68° and 77° F in accordance with the good manufacturing practices for pharmaceuticals.
- **Compliant with Americans with Disabilities Act (ADA) standards:** Your site must be able to accommodate individuals with mobility impairments, including individuals who require the use of a wheelchair.
- **Ability to receive large deliveries:** If your covered population is large enough to qualify for a direct shipment of medications to your dispensing site, keep in mind that these medications often come on pallets and are delivered using large trucks. Does your facility have a loading dock and/or a place to receive a delivery truck? Does your facility have pallet jacks and/or other equipment, like dolly carts, to facilitate taking the medications off of the delivery truck? Where will security staff be able to meet the delivery truck to ensure a secure arrival for the medications?
- **Sufficient parking space for staff and visitors:** Given the number of visitors who will be picking up medications at your dispensing site and the number of staff needed to sustain operations (*Table 3*), does your facility have enough parking?
- **Access to a large, covered room:** If operating under the *Conference Room Model*, facilities with large, covered rooms such as conference rooms, cafeterias, and/or gymnasiums work best as dispensing sites. Open spaces will help keep dispensing operations manageable and reduce overcrowding. In the event of inclement weather, avoid choosing an outdoor space, such as a patio, as a dispensing site.

See ***Attachment B: Private Medication Center Site Considerations*** for further guidance on selecting a dispensing facility location.

While some site considerations are non-negotiable (controlled room temperature, compliant with ADA standards), others are more flexible. For example, if your facility does not have enough parking for staff and visitors, that is not necessarily a deal-breaker; however, your organization will need to think about alternative ways people will be able to come to your site, like securing offsite parking and running a shuttle service.

Also keep in mind that even if you have identified a large room, like a conference room, it may not be large enough if you need to accommodate a high volume of visitors. **A good rule of thumb is 100 visitors per hour will need 1,000 square feet of space.** You may need to identify multiple dispensing sites. Even if your organization only anticipates needing to operate one dispensing site, you should still identify an alternate dispensing site in case your primary site is inaccessible during a public health emergency.

Use *Table 4* to list your primary and alternate dispensing sites.

Table 4: Identifying your Dispensing Sites

Primary Dispensing Site

Name of Facility:

Room Name:

Address:

City: Zip Code:

Site Contact:

Phone Number: Email:

Alternate Dispensing Site

Name of Facility:

Room Name:

Address:

City: Zip Code:

Site Contact:

Phone Number: Email:

List any additional planning considerations for your primary and/or alternate dispensing sites. For example, if your dispensing site will require a special parking plan, make a note of that in this space.

Designing Your Floor Plan

The design and layout of your dispensing site(s) will affect the efficiency of your dispensing operations. Here are some suggestions to consider that can help visitors navigate your dispensing site(s) and help ensure your organization can dispense medications to 100% of your covered population:

- **Clear signage:** Even if visitors have been to your facility before, now that it has switched into a dispensing site, they will most likely need help on where to enter and exit the facility. Greeters can help direct traffic, but signs should be used, too, to ensure visitors know where to go. See *Attachment C: Signage* for standard signs that can be copied and posted around your dispensing site.
- **Narrow hallways:** Using a hallway that leads into a large room can sometimes be beneficial in managing queues. Hallways provide a wall for visitors to stand and form a line against. If the hallway is not wide enough to easily allow for two-way traffic, however, visitors may not be able to enter and/or exit your facility site, causing delays in dispensing medications. Narrow hallways may also not meet ADA standards.
- **No tables/chairs:** Visitors may need to complete a screening form when they arrive to your site before they can receive medications. A designated area with tables and chairs is needed for these visitors so they may complete their screening forms before joining dispensing queues.

Figure 3 is a sample dispensing site floor plan. Using the ICS Chart from *Figure 1,* Registration and Dispensing are marked. Suggested placement for Greeters to help manage queues is also included.

Figure 3: Sample Dispensing Site Floor Plan
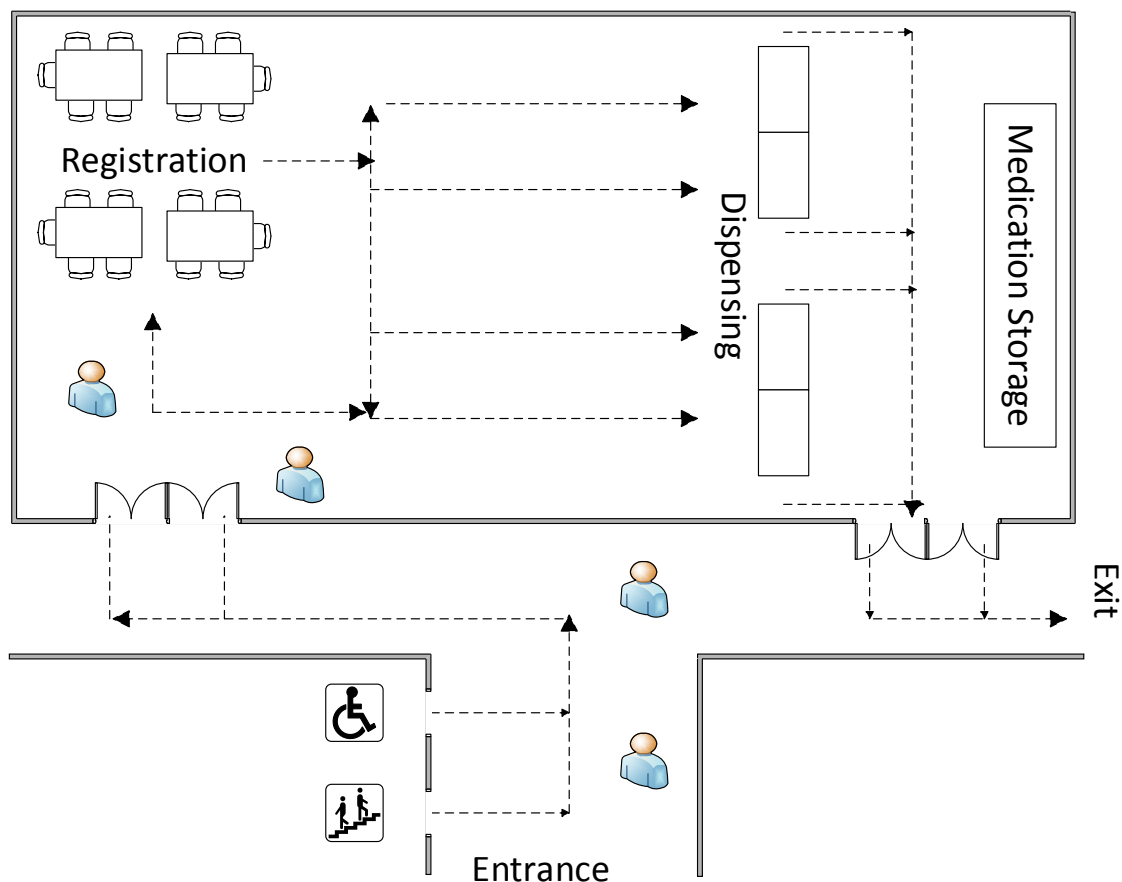
Below are descriptions of the major stations that should be included in your floor plan:

- **Greeters/Queue Management:** Although not a fixed station, the placement of Greeters/Queue Management staff is very important. Visitors will need to be directed through all stages of the dispensing process, from entering the site, to registration, to dispensing, and exiting. Consider signage and other equipment, such as stanchions, to supplement staff and help keep queues orderly and manageable. *Attachment A: Job Action Sheets* has a sample job description with additional duties and tasks for Greeters/Queue Management staff.

- **Registration:** Visitors should be encouraged to fill out their screening forms using Dispense Assist before coming to the dispensing site. (Dispense Assist and screening forms are explained in greater detail in *Section 6: Developing Dispensing Plans & Procedures*.) However, if visitors are unable to access Dispense Assist and do not present with pre-filled screening forms, a space with tables and chairs must be made available for them to complete paper copies. Staff assigned to Registration will help visitors complete their forms, and based on the information provided, mark on these forms the appropriate courses of medications for each individual. *Attachment A: Job Action Sheets* has a sample job description with additional duties and tasks for Registration staff.

- **Dispensing:** Visitors take their completed screening forms to Dispensing, where staff will dispense the appropriate courses of medications to them. Dispensers will keep visitors' screening forms upon dispensing medications. Along with medications, dispensers will also distribute educational materials to visitors. *Attachment A: Job Action Sheets* has a sample job description with additional duties and tasks for Dispensing staff.

Here are some additional guidelines to consider when planning the layout of your dispensing site:

- **A good rule of thumb is 100 visitors per hour will need 1,000 square feet of space.** Cramming more dispensers into your site than will reasonably fit will slow down your operations, not speed them up. Depending on your targets from *Table 3,* you may need to open more than one dispensing site if you need a high number of dispensers.

- **Measure your room.** Ask your property management or facilities divisions for a blueprint of the space you plan on using for your dispensing site. (Consider making a representative from these divisions a member of your PMC Planning Committee.) If blueprints are unavailable, take measurements of your space using a tool such as a laser distance measurer. With these measurements, you can use computer software, such as Microsoft Visio (a Microsoft Office product), to ensure the accuracy of your site plan.

- **Be detailed in your floorplan.** Making decisions ahead of time about smaller items, such as where signage will be placed, will save you time when setting up your dispensing site should you need to activate your plan. Also mark where personnel will be, including your Safety/Security Officer and other safety personnel.

- **Include an area for staff to arrive and take breaks.** Staff will need to check in and receive instructions before dispensing operations can begin. If you decide to make this check-in location separate from your main dispensing room, such as an adjacent office space, this location can also serve as an area where staff can take breaks.

- **Make access and functional needs a part of your plans.** Ensure there is enough space for individuals using wheelchairs to navigate between your stations. If specialized stations, such as translation services in Registration, are required, include these on your floorplan as well.

When ready with your blueprints/measurements, begin drawing or using computer software to make your floor plan. Attach it to your PMC Workbook when completed.

Section 5: Determining Security Needs and Capabilities

The safety and security of your staff and visitors is an important component of your PMC Plan. Here are some common planning considerations when assessing and developing your safety and security protocols:

- **Securing medication:** Medications and supplies should be accompanied by security personnel at all times. Have safety and security personnel meet the delivery truck and supervise the drop off of medications and supplies. Then, take the medications through your facility to the dispensing site and lock all medications in a secure storage area until dispensing operations begin. Safety and security personnel should remain at or near the medication storage area throughout your dispensing operations. Safety and security personnel should also secure and assist transporting unused medications back to your local health department.
- **Securing unused entrances/exits:** Non-emergency doors and exits that are not being used as a part of your site layout and floor plan should be locked. Signs directing visitors to the appropriate entrances/exits should be placed around your facility. Consider placing safety and security personnel at any entrances/exits you are concerned about visitors trying to enter.
- **Crowd control:** A visitor who is disruptive to your operations may need to be removed from your dispensing site. Should this need arise, safety and security personnel are encouraged to follow normal protocols for escorting unwanted individuals from your facility. These protocols should already be on file as a part of your day-to-day operations and may include contacting law enforcement.

Use *Table 5* to list how your organization would address the following safety and security concerns. Engage existing safety and security personnel within your organization in these discussions.

Table 5: Safety and Security Planning Considerations

Issue	Planning Considerations
Placement of personnel (where to post personnel, number of posts, etc.)	
Access to facility (entrances/exits, perimeters, signage, lighting for afterhours)	
Access control within facility (securing medications, verifying employee identification)	
Security breaches and/or disruptive individuals	

Section 6: Developing Dispensing Plans & Procedures

Activating your PMC Plan

During a disease outbreak or public health emergency, your local health department may ask your organization to activate its PMC Plan and request you to stand ready to receive and dispense medications. Your local health department will use multiple mechanisms to communicate with your organization during a public health emergency. All PMCs are asked to provide contacts that can be included into an emergency notification system. The notification system sends messages through multiple channels, including email, SMS text, and voicemail. (Your organization's contact information should have already been provided to your local health department using the PMC Enrollment Form. If you have not completed this form, please contact your local health department; contact information is found on Page 5 of this workbook.)

Use **Attachment D: Activation Checklist** as a starting point to guide you through the steps you will need to complete to get ready to open your dispensing site to visitors and to begin dispensing operations. Add additional steps to this checklist as needed.

Using Dispense Assist

After all of the steps are completed from **Attachment D: Activation Checklist,** your organization is ready to begin dispensing medications. In order for an individual to receive his or her medications, he or she must complete a **screening form.** Individuals complete their screening forms by answering very specific questions related to their allergies to medications and any history of adverse reactions. Dispensing site staff will use the answers provided on the screening forms to determine which medications to dispense.

Individuals should complete their screening forms prior to arriving at the dispensing site by using an online tool known as **Dispense Assist**. After completing the online screening form, a voucher for medications will be generated. Individuals will print their vouchers from their homes, bring them to the dispensing site, and submit their vouchers in exchange for the appropriate medications. Using Dispense Assist allows visitors to skip Registration and proceed directly to Dispensing, thus reducing crowds and making queues faster. If family members are a part of your covered population, each family member receiving medications should complete a screening form, print a voucher for him or herself, and give the voucher to the individual visiting the dispensing site and picking up medications.

At the direction of the local health departments, all PMCs are instructed to use Dispense Assist as a part of their dispensing operations. **Attachment E: Dispense Assist** is a screenshot of a sample medication screening form and shows what questions individuals would be asked to answer when they use the online tool.

If individuals do not have access to a computer and/or printer and cannot access Dispense Assist, paper screening forms can be used. Keep in mind that paper screening forms will only be available at your dispensing site, and individuals will have to complete these forms at Registration. Completed paper screening forms are given to Registration staff, who will then use the answers provided to assign the proper courses of medications. Visitors will then take their paper screening forms from Registration to Dispensing to receive their medications. **Attachment F: Antibiotic Medication Screening Form** is a sample paper screening form used by your local health department to dispense antibiotics.

The Dispensing Process: Step-by-Step

Below are the steps your organization should take to dispense medications:

1. **Protect Staff First:** Establish procedures to first dispense courses of medications to your dispensing staff. Staff should complete a screening form using Dispense Assist just like visitors.

2. **Dispense to Priority Groups: Y**our local health department may direct your organization to dispense to additional high priority groups prior to opening your dispensing site(s). Your organization will be provided with screening tools customized for these specific circumstances.

3. **Open your dispensing site:** Ensure all staff is in place and ready to work in their assigned positions. Safety and security personnel will allow visitors to begin entering your site.

4. **Begin dispensing operations:** All of the steps you've completed to this point should have your organization prepared to dispense medications to visitors:

    o   Your staff is organized into an ICS Chart (*Table 3*) and knows their assigned roles (***Attachment A: Job Action Sheets***).
    o   Per ***Attachment D: Activation Checklist***, additional instructions have been provided to staff using guidance found in ***Attachment H: Just-in-Time Training***
    o   Staff are placed in appropriate posts per your floor plan
    o   Visitors are directed through your dispensing site per your floor plan
    o   Visitors present their Dispense Assist voucher and/or paper screening forms to Dispensing. Dispensing staff follow the instructions on their Job Action Sheets to dispense medications and collect forms.

5. **Provide updates to your local health department:** Your organization will be asked to provide status updates, such as the number of medication courses dispensed, and to request additional medications and/or supplies if inventory levels are running low.

Adverse Reactions

While not expected, adverse reactions to medications can occur. If an individual experiences an adverse event, he or she should contact a physician immediately or call 911 if the event is severe. Your local health department will provide your organization with information sheets about potential adverse events of the medication you are dispensing. It is very important that any adverse event be reported regardless of the suspected cause. If your organization receives a report of an adverse event, you should first ensure the individual experiencing an adverse event has contacted his or her physician and/or 911. As a PMC, your organization should also report the adverse event to your local health department, who will then assist you in reporting the event to the appropriate agency.

Demobilization

At the direction of your local health department, your organization will demobilize or "stand down" operations after dispensing medications to 100% of your covered population. All unused medications will be collected by your local health department; supplies and medical waste will also be collected and/or disposed. These services will be provided at no cost to your agency.

Use ***Attachment G: Demobilization Checklist*** as a starting point to work through the steps your organization will need to complete to get ready to close your dispensing site to visitors and to demobilize your operations. Add additional steps to this checklist as needed.

Section 7: Developing Communication & Messaging Systems

As a PMC, your organization will take on the role of "risk communicator" during a public health emergency. Effective communication is critical to the success of your dispensing operations, but communicating with your PMC Plan's stakeholders can present unique challenges.

Your covered population

The unexpected and chaotic nature of emergencies can make it difficult to answer questions for information and reassurance. People in your covered population (employees, patients/clients, non-staff, and/or family members) may be highly emotional. They may want to know what happened and who is responsible. But most importantly, people will want to know what they can do to protect themselves and their loved ones.

Consider establishing an awareness campaign with your covered population letting them know that your organization has decided to become a PMC and has plans in place to dispense medications if asked to by your local health department. Use *Attachment I: Sample Letter Templates* as a starting point for communications with your covered population. Consider including the following points in your message(s):

- A definition of a PMC and a description of scenarios in which your organization may be asked to dispense medications
- A description of who is covered by your dispensing plan
- A description of how medication will be dispensed
- A request for volunteers to staff your PMC and any duties/trainings associated with these roles

If your PMC Plan is activated by your local health department, your organization will need to instruct your covered population on the steps to take in order to receive their medications. In your messaging, include descriptions of and links to *Dispense Assist* and *Attachment F: Antibiotic Medication Screening Form* so visitors to your dispensing site(s) will come prepared to pick up medications. Use *Table 6* to think through other pieces of information you will want to share with your covered population and how you plan on disseminating these messages. Note that public health specific information, such as a disease outbreak and what medications are available to prevent and/or treat infections, will come from your local health department for your organization to distribute to your covered population.

Table 6: Communicating with your covered population

List key instructions or pieces of information you will need to share with your covered population to prepare them for picking up their medications (place/time of pickup, where to park, etc.)

Check all communication methods that you will use to disseminate this information.

☐ Phone   ☐ Intranet

☐ Email   ☐ SMS/text message

☐ Pager   ☐ Other (describe):

Party responsible for developing and sending these messages:

**If your organization has an existing emergency communications plan,
attach a copy of your plan to your PMC Workbook.**

After your dispensing operations have demobilized, your local health department may ask your organization to continue to push messages out to your covered population, such as the importance of taking the full course of medications and how to address any questions or concerns.

Your PMC staff

Your PMC staff will need a preliminary briefing or set of instructions to prepare them for their upcoming work shifts, such as where to report and who to check in with upon arrival. Use *Table 7* to think through other pieces of information you will want to share with your PMC staff and how you plan on disseminating these messages.

Table 7: Communicating with Your PMC Staff

List key instructions or pieces of information you will need to share with your PMC staff to prepare them for picking up their medications (Where to report, what to bring, etc.)

[ ]

Check all communication methods that you will use to disseminate this information.

☐ Phone   ☐ Intranet

☐ Email   ☐ SMS/text message

☐ Pager   ☐ Other (describe):

Party responsible for developing and sending these messages:

Your local health department

Your local health department will use multiple mechanisms to communicate with your organization during a public health emergency. All PMCs are asked to provide contacts that can be included into an emergency notification system. The notification system sends messages through multiple channels, including email, SMS text, and voicemail. Regular communication will occur throughout the public health emergency, and conference calls will be scheduled so that you can receive briefings on the situation and ongoing guidance and instructions. (Your organization's contact information should have already been provided to your local health department using the PMC Enrollment Form. If you have not completed this form, please contact your local health department; contact information is found on Page 5 of this workbook.)

Your local and/or state health department may also elect to open a ***call center*** if it is determined one will be needed. A call center exists to provide both public information and support to all activated PMCs. For public information purposes, a call center can answer general questions from the public (including your covered population) about the emergency or incident and provide information on the medications being provided. A call center can also support PMCs by having professionals available to assist with consultations over the phone for any visitors with complex medical conditions that may need to be prescribed alternative medications not available at your dispensing site(s).

If a call center is activated, the phone number will be advertised to your organization and the general public by your local health department.

The public/media

Your organization should coordinate messaging for all outside parties, including members of the media, with your local health department. During a public health emergency, a larger, broader communications strategy will be developed and implemented by your local health department, and it is important for messaging to remain consistent across all public platforms. For this reason, your organization is strongly encouraged to direct all media inquiries to your local health department. If your organization chooses to field and answer media inquiries, please do so with assistance and guidance from your local health department.

Section 8: Training Your Workforce and Practicing Your Plan

Congratulations! You now have the framework for your PMC Plan and access to the tools and resources you will need if your organization is ever asked to activate its plan. Once finalized, schedule some time to train your PMC staff on your plan and participate in exercises to test your plan's viability and your organization's readiness.

Your organization should incorporate concepts from your PMC Plan into annual or recurring staff training forums. We recommend conducting annual internal training for your PMC staff, specifically addressing the following three key areas:

1. Activating your PMC Plan, including setting up your dispensing site
2. Receiving medications and dispensing them to your covered population
3. Roles and responsibilities for PMC staff

Attachment H: Just-In-Time Training can be used to deliver training during an actual event**. *Just-in-Time Training*** is hands-on training designed to be given in the moments before skills are to be used and provides simplified, step-by-step instructions for PMC staff to follow in order to serve in their positions.

Exercises, or simulated activations of your plan, provide a low-stakes way to familiarize PMC staff with concepts and identify gaps or challenges which should be addressed. For example, you could conduct an exercise where half of your PMC staff practice working in their positions, while the other half act as visitors to your dispensing site and receive fake "medications." Once each group has an understanding of how operations work, allow them to switch their roles. Your local health department may also provide opportunities for joint trainings and exercises. ***Attachment J: PMC Exercise Guide*** has some sample materials that may be helpful in designing and running an exercise.

After conducting a training or exercise, you may find that your PMC Plan has a gap that would hinder activating your plan and/or operating your dispensing site(s). Your PMC Plan should be adjusted and edited as needed to reflect any lessons learned from training and exercises.

Glossary

Access and functional needs: Needs a person may have before, during, and after an incident in functional areas, e.g. maintaining independence, communication, transportation, supervision, and medical care.

Adverse reactions: Any unexpected or dangerous reactions to a medication.

Business continuity manager: The person who writes and implements plans for ensuring that your organization can continue its critical business functions during emergencies or disasters.

Call center: An office set up to handle a large volume of telephone calls.

Communicable disease outbreak: The occurrence of disease cases that exceeds what would normally be expected in a defined community, geographical area, or season.

Conference room model: A Private Medication Center dispensing model that uses a large space where employees, patients/clients, and families can come and pick up medications.

Continuity of Operations Plan: The plan that describes how your organization would continue its critical business functions during an emergency or disaster.

Covered population: The total number of people your private medication center will dispense medications to during a public health emergency.

Demobilization: The process of discontinuing your emergency response activities and returning to normal operations.

Dispense Assist: An online screening tool that allows users to generate vouchers for receiving emergency medication at a public or private medication screening center. (https://www.dispenseassist.net)

Dispensing: The process of preparing and giving out medications.

Drive-through model: A Private Medication Center dispensing model that where employees, clients, or other personnel visit a medication pickup point and remain in their vehicles.

Health Insurance Portability and Accountability Act (HIPAA): A federal law that contains a rule that protects individuals' health information.

Incident Command System (ICS): A standardized approach to emergency response that provides a common hierarchy within which responders from multiple agencies can be effective.

Job Action Sheet: A tool (like a checklist) for defining and performing a specific emergency response functional role.

Intra-office mail model: A Private Medication Center dispensing model that uses dispenses employees' medications via an intra-office mail system.

Local health department: Local government agency responsible for creating and maintaining conditions that keep people healthy.

Mass dispensing strategy: Operating on a larger scale to dispense medications or administer vaccines to the general population.

Medical Advisor: A medical person who a Private Medication Center can contact for medical guidance for a PMC plan. The local health department can act as your Medical Advisor for a PMC plan.

Medical screening: The process where a person at a Private Medical Center reviews an individual's medication form to identify the right medication for him or her and/or any medical conditions that may affect the person's ability to take the emergency medication. Dispense Assist works as an online, rather than in-person, mechanism for medical screening.

Memorandum of Agreement: A written document describing a cooperative relationship between two parties wishing to work together on a project or to meet an agreed upon objective.

Pandemic: A disease outbreak occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

Public Readiness and Emergency Preparedness (PREP) Act: A federal law that provides liability immunity related to the manufacture, testing, development, distribution, administration and use of medications and vaccines against chemical, biological, radiological and nuclear agents of terrorism, epidemics, and pandemics. It also added authority to establish a program to compensate eligible individuals who suffer injuries from administration or use of products covered by the PREP Act's immunity provisions.

Private Medication Center (PMC): A healthcare, government, nonprofit, or private organization where lifesaving medications are dispensed to an affected population during a public health emergency like a disease outbreak or a terrorist attack.

Public health emergency: A natural or manmade event that creates a health risk to the public. This includes a disease outbreak, earthquake, or bioterrorism incident.

Public Health Coordinating Liaison: The person who serves as the link between the Private Medication Center and the local health department and ensures local health participates in the organization's planning process as appropriate.

Strategic National Stockpile (SNS): A federally managed supply of medications, vaccines, and medical supplies intended for use during a public health emergency.

Strike team model: A Private Medication Center dispensing model used in a healthcare setting. A team of trained personnel carry medications with them and visit each employee's desk or patient's bedside where they review a medication screening form for the employee or patient and dispense medications before moving on to the next person.

Targeted dispensing strategy: Dispensing medications or administering vaccines to specific individuals or at-risk groups to prevent or treat an infection.

Sample Job Action Sheet

Private Medication Center

Position Assignment:	**Site Supervisor**
Staff Name:	
Mission:	Oversee dispensing operations for your Private Medication Center's dispensing site

Get Ready
- ☐ Read this entire Job Action Sheet.
- ☐ Receive notification from local public health authority that your Private Medication Center (PMC) is activated (via email/phone/website).
- ☐ Read your agency Operational Objectives, Incident Action Plan, and Situation Report.
- ☐ Receive medication for self and family first before dispensing to others; take first dose.
- ☐ Obtain contact information for the public health liaison supporting your organization.
- ☐ Review your PMC Plan.
- ☐ Inform PMC staff that your plan is activated and assign tasks.
- ☐ Provide orientation and position training to those assisting the dispensing effort.
- ☐ Prepare the site, obtain basic supplies and get vehicles dispatched (if required).
- ☐ Communicate to your covered population that you will be dispensing medications.
- ☐ Obtain and don appropriate Personal Protective Equipment (PPE), if needed.
- ☐ Follow incident Command Structure (ICS).

During Operations
- ☐ Get medications
- ☐ Send an authorized staff member to the PMC Delivery Site/Distribution Site to receive medications.
- ☐ Lock medication in secure location away from extreme heat or cold (room temperature); inventory initial supply.
- ☐ Copy dispensing materials (drug information sheets, others) or post to website for downloading by employees.

Dispense the Medications
- ☐ Monitor dispensing of medications.
- ☐ Dispense medication to PMC staff first.
- ☐ Ensure appropriate screening and drug dispensing.
- ☐ Ensure distribution of drug information sheets.
- ☐ Request additional medications from the local public health authority if required.
- ☐ Update your public health liaison with dispensing status as required or needed.

Follow up
- ☐ Return all medical screening forms and inventory control forms to your local health department.
- ☐ Dispose of PPE appropriately (if used).
- ☐ Complete and submit timesheets.
- ☐ Participate in after-action meetings, as directed.

Sample Job Action Sheet

Private Medication Center
Position Assignment: **Logistics Section Chief**
You Report to: Site Supervisor
Staff Name:
Mission: Coordinate the medication dispensing effort at your agency.

Get Ready
- ☐ Read this entire Job Action Sheet.
- ☐ Receive medication for self and family first before dispensing to others; take first dose.
- ☐ Receive and participate in briefing with Site Supervisor.
- ☐ Review instructions, become familiar with primary tasks and reporting structure.
- ☐ Meet with, brief and conduct just in time training with your direct reports.
- ☐ Obtain and don appropriate Personal Protective Equipment (PPE).
- ☐ Put on ID badge and introduce self to all staff in assigned area.
- ☐ Ensure that the receipts of the supplies and/or medications are coordinated appropriately.
- ☐ Ensure that all communications equipment has been set up, tested and is in working order.
- ☐ Ensure that all staff understands inventory management and request procedures.
- ☐ Follow Incident Command Structure (ICS).

During Operations
- ☐ Maintain Incident Command Structure (ICS).
- ☐ Coordinate with the Operations Section Chief to ensure that all logistical needs for dispensing area met.
- ☐ Meet with your direct reports regularly to coordinate needs and conduct a status check.
- ☐ Report critical issues or necessary changes to Site Supervisor.
- ☐ Assure the privacy, confidentiality, and security of all protected health information on forms.
- ☐ Maintain universal precautions.
- ☐ Interface with the Security Officer to ensure that all security issues are being addressed.
- ☐ Arrange for procurement of additional equipment/supplies as needed and as authorized by the Site Supervisor.
- ☐ Keep dispensing stations stocked with supplies.

Follow up
- ☐ Breakdown and put away station materials.
- ☐ Participate in debrief if indicated.
- ☐ Report any changes to protocol.
- ☐ Dispose of PPE appropriately.
- ☐ Complete and submit timesheets.
- ☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Sample Job Action Sheet

Private Medication Center
Position Assignment: **Operations Section Chief**
You Report to: Site Supervisor
Staff Name:
Mission: Coordinate the medication dispensing effort at your agency.

Get Ready

☐ Read this entire Job Action Sheet.
☐ Receive medication for self and family first before dispensing to others; take first dose.
☐ Receive briefing from Site Supervisor.
☐ Review instructions, become familiar with primary tasks and reporting structure.
☐ Meet, brief and provide on the job training for your direct reports.
☐ Obtain and don appropriate Personal Protective Equipment (PPE), if needed.
☐ Put on ID badge and introduce self to all staff in assigned area.
☐ Follow Incident Command Structure (ICS).
☐ In coordination with Logistics Section Chief ensure efficient set up of clinic and establish efficient clinic flow.
☐ Ensure adequate staffing of designated functions.
☐ Ensure that your direct reports are informed on inventory request procedures.

During Operations

☐ Maintain constant communication with Site Supervisor.
☐ Maintain constant communication with Logistics Section Chief.
☐ Meet with your direct reports regularly to coordinate needs and conduct a status check.
☐ Ensure appropriate implementation of Practice Procedures and Guidelines.
☐ In coordination with Logistics Section Chief maintain efficient clinic flow.
☐ In coordination with Logistics Section Chief identify and request additional staff if needed.
☐ Ensure appropriate use of universal precautions.
☐ Ensure appropriate use of PPE, if used.
☐ Problem-solve operational issues.
☐ Report critical issues or necessary changes to Site Supervisor.
☐ Ensure the privacy, confidentiality and security of all protected health information.
☐ Maintain the use of ICS.

Follow Up

☐ Breakdown and put away materials.
☐ Participate in debrief if indicated.
☐ Report any changes to protocol.
☐ Plan for the possibility of extended deployment.
☐ Dispose of PPE appropriately, if used.
☐ Complete and submit timesheets.
☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Sample Job Action Sheet

Private Medication Center	
Position Assignment:	**Safety/Security Officer**
You Report to:	Site Supervisor
Staff Name:	
Mission:	Manage site safety.

Get Ready
☐ Read this entire Job Action Sheet.
☐ Receive assignment from Site Supervisor.
☐ Receive orientation and position training from Site Supervisor.
☐ Read the current Operational Objectives, Incident Action Plan, and Situation Report.
☐ Receive medication for self and family first before dispensing to others; take first dose.
☐ Obtain and don appropriate Personal Protective Equipment (PPE).
☐ Follow Incident Command Structure (ICS).

During Operation
☐ Act as liaison to Local, County, State, Tribal and Federal Law Enforcement agencies and implement the security plan as agreed on by your PMC and designated law enforcement agency.
☐ Provide protection for the dispensing site staff and citizens.
☐ Secure the facility.
☐ Ensure that traffic flow to your dispensing site is being addressed adequately
☐ Respond to, or designated security personnel to respond to security issues.

Follow Up
☐ Breakdown and put away station materials.
☐ Brief the incoming Security Officer.
☐ Develop items for After Action Discussion.
☐ Dispose of PPE appropriately, if used.
☐ Complete and submit timesheets.
☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Sample Job Action Sheet

Private Medication Center	
Position Assignment:	**Communications Officer**
You Report to:	Site Supervisor
Staff Name:	
Mission:	Manage communication to and from the Private Medication Center.

Get Ready
- ☐ Read this entire Job Action Sheet.
- ☐ Receive assignment from Site Supervisor.
- ☐ Receive orientation and position training from Site Supervisor.
- ☐ Read your agency Operational Objectives, Incident Action Plan, and Situation Report.
- ☐ Receive medication for self and family first before dispensing to others; take first dose.
- ☐ Obtain and don appropriate Personal Protective Equipment (PPE), if needed.
- ☐ Follow Incident Command Structure (ICS).

During Operation
- ☐ Ensure that all technical hardware being utilized at the site has been set up, tested and is operational.
- ☐ Ensure that staff have required and designated communication devices.
- ☐ Ensure that staff has been trained to use the designated devices necessary to fulfill their roles.
- ☐ Ensure staff has been trained in communications protocols.
- ☐ Problem-solve communication issues.
- ☐ Bring unresolved issues to the attention of the Site Supervisor.

Follow Up
- ☐ Breakdown and put away station materials.
- ☐ Brief the incoming Communications Officer.
- ☐ Participate in after-action meetings, as directed.
- ☐ Dispose of PPE appropriately, if used.
- ☐ Complete and submit timesheets.
- ☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Sample Job Action Sheet

Private Medication Center

Position Assignment:	**Registration**
You Report to:	Operations Section Chief
Staff Name:	
Mission:	Coordinate the medication dispensing effort at your agency.

Get Ready
- ☐ Read this entire Job Action Sheet.
- ☐ Receive assignment, orientation and position training from Operations Section Chief.
- ☐ Familiarize self with dispensing site layout, especially noting restrooms, emergency exits and flow of visitors.
- ☐ Make copies of medical screening forms and educational materials.
- ☐ Set up station with medical screening forms, clipboards, pens and educational material (Fact Sheets).
- ☐ Receive medication for self and family first before dispensing to others; take first dose.
- ☐ Obtain and don appropriate Personal Protective Equipment (PPE), if needed.
- ☐ Follow Incident Command Structure (ICS).

During Operations
- ☐ Keep station supplied with appropriate materials.
- ☐ Greet clients as they enter and provide necessary forms (patient education and information forms).
- ☐ Answer client questions within scope of training and qualifications.
- ☐ Maintain adequate supply levels.
- ☐ Provide routine reports to Operations Section Chief.
- ☐ Report disruptive client behavior to your supervisor.
- ☐ Performs other duties as assigned by Operations Section Chief.

Follow Up
- ☐ Brief replacement.
- ☐ Breakdown and put away materials.
- ☐ Dispose of PPE appropriately, if needed.
- ☐ Sign-out after approval from Operations Section Chief.
- ☐ Complete and submit timesheets.
- ☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Sample Job Action Sheet

Private Medication Center

Position Assignment:	**Dispenser**
You Report to:	Operations Section Chief
Staff Name:	
Mission:	Coordinate the medication dispensing effort at your agency.

Get Ready
- ☐ Read this entire Job Action Sheet.
- ☐ Receive assignment from Operations Section Chief.
- ☐ Receive orientation and position training from Operations Section Chief.
- ☐ 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.
- ☐ Obtain and don appropriate Personal Protective Equipment (PPE), if necessary.
- ☐ Follow Incident Command Structure (lCS).

Dispense the Medications
- ☐ Ensure that each client completes a medical screening/screening form.
- ☐ Review client medical screening form for completeness.
- ☐ Dispense appropriate medications based on patient's health history and medication algorithm.
- ☐ Remove lot number labels from pill bottles or label sheet. Put one on medical screening form and one label on drug information sheet.
- ☐ Fill out information on prescription label and adhere to pill bottle or drug information sheet. Record medications dispensed on medical screening form, initial medical screening form and retain form.
- ☐ Remind visitor to complete the entire course of medication.
- ☐ Provide dispensing status updates to Operations Section Chief as required.

Follow Up
- ☐ Return all materials to Operations Section Chief, including medical screening forms and any unused medication.
- ☐ Dispose of PPE appropriately, if used.
- ☐ Breakdown and put away station materials.
- ☐ Sign-out after approval from Operations Section Chief.
- ☐ Complete and submit timesheets.
- ☐ Participate in after-action meetings, as directed.

If you encounter a problem while dispensing, contact your supervisor immediately.

Private Medication Center Site Considerations

Site Name: _____   Site Address: _____

Date of Survey: _____   City, State, Zip: _____

Facility Point of Contact

Name/Title: _____   Access to facility keys? Yes ☐   No ☐

Work Phone: _____   Home Phone: _____

Email: _____   Cell/Pager: _____

Alternate Point of Contact

Name/Title: _____   Access to facility keys? Yes ☐   No ☐

Work Phone: _____   Home Phone: _____

Email: _____   Cell/Pager: _____

Facility Information

- Adequate parking
- Adequate HVAC capacity
- Lockable storage areas for medications
- ADA accessible restrooms
- Separate entrance/exit
- Electricity

- Refrigeration for medication (if necessary)
- Nearby breakrooms for staff
- Telephone availability
- Backup power source
- Tables and chairs
- Handwashing facilities

Suggested Equipment and Supply List

- First aid kit with equipment for measuring vital signs
- Tactical communications
- Signs to direct visitors and identify each station (Greeting/Registration Education, Screening, Dispensing
- Janitorial supplies (i.e., toilet paper, paper towels, hand soap, etc.)
- Computer and printer
- Paper
- File folders and boxes
- Facial tissue
- TV/VCR (for education, if available)
- HAM radios
- List of emergency numbers (local health department, police, emergency medical services)
- Envelopes or small bags (to hold multiple bottles of medicine)

- Copier
- Notepads
- Clipboards
- Hand sanitizer
- 1-2 cots (if available)
- Gloves (latex or vinyl)
- Automated External Defibrillator (AED) (optional item, should only be used with proper training and under emergency conditions)
- Informational sheets
- Staplers
- Pens
- Extension cords
- Wastebaskets and trash bags

Attachment C: Signage

Entrance

Entrada

Войти

Đi Vào

入口

Prohibited

- Photography
- Weapons
- Smoking
- Alcohol
- Video or sound recording
- Pets (service animals allowed)

Anthrax Symptoms

If you have recently developed the following symptoms, go to the hospital now:

- Fever
- Cough
- Headache
- Chills
- Weakness
- Difficulty Breathing
- Chest Discomfort

Medication Center

- Free medicine — large supply
- We are here to help
- Four simple steps

Any staff person wearing a vest can assist you.

Four Simple Steps

1. Fill Out Form

2. ShowForm

3. Pick Up Medicine

4. Turn In Form & Exit

Step 1:

Fill Out Form

Llene el formulario

Заполните форму

Điền Đơn

填寫表格

Step 2:

Show Form

Muestre el formulario

Покажите форму

Trình Đơn

顯示表格

Step 3:

Pick Up Medicine

Recoja el medicamento

Получите лекарство

Lãnh Thuốc

取藥

Step 4:

Turn In Form & Exit

Entregue el formulario y salga

Верните форму и уходите

Nộp Đơn & Đi Ra

遞交表格並退出

Thank you for your cooperation

Gracias

Спасибо Вам

Cảm ơn Bạn

謝謝您

Thank You - Spanish, Russian, Vietname, Chinese

Please Wait

Por favor espere
Просьба подождать
Xin Vui Lòng Chờ
請等候

Exit

Salida

Уйти

Đi Ra

出口

Spanish, Russian, Vietnamese, and Chinese

First Aid

Primeros auxilios

Первая помощь

Sơ Cứu

No Entrance

No entrar
Входа нет
Không Được Vào
禁止進入

No Exit

No es una salida

Нет выхода

Không Phải Lối Ra

無出口

PMC Activation Checklist

Procedure	In Progress	Completed
Review PMC Plan and staff assignments to ensure availability of personnel for identified key positions. Reassign staff as needed.	☐	☐
Confirm time and location for medication pickup with your local health department	☐	☐
Schedule start time for medication dispensing	☐	☐
Communicate activation of PMC Plan to covered population, PMC staff	☐	☐
Dispatch transportation staff for medication pickup	☐	☐
Conduct staff briefings for PMC staff	☐	☐
Make copies of all forms and fact sheets	☐	☐
Set up dispensing site per floor plan	☐	☐
Inventory medications and store in a cool, dry, and secure location until ready for dispensing	☐	☐
Dispense medication to designated individuals	☐	☐

Dispense Assist Voucher Form Example

This voucher permits the individual named below to receive this medication

BRING THIS VOUCHER WITH YOU

Dispense Assist
Post Exposure Prophylaxis Voucher

Medication: <u>Doxycycline</u>

Demographic Information

First Name:	John	Telephone:	(253) 821-3333
Last Name:	Doe	DOB:	4/23/2013
Address:	10 Docker St.	Weight:	30
Address 2:		Sex:	Male
City, St, Zip:	Tacoma, WA 98407		

Health History Information

1. Is this person allergic to doxycycline, tetracycline, or any other "cycline" drug?   No
2. Is this person allergic to ciprofloxacin or any other "floxacin" drug?   No
3. Is this person pregnant?   No
4. Does this person have a seizure disorder or epilepsy?   No
5. Is this person taking Tizanidine (Zanaflex)?   No
6. Does this person have difficulty swallowing pills?   Yes
7. Is this person less than 18 years old?   Yes
8. Does this person have renal (kidney) disease?   No
9. Does this person have an allergy to amoxicillin?   No

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state, and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: _____   Date Signed: _____

Point of Dispensing Use Only:

Medication Provided: ☐ Doxycycline

> Place Lot # Sticker
> Here.

Dispensing Site Name: _____

Dispenser Signature: _____   Date: _____

Fact Sheet: *FDA EUA Doxycycline Drug Information Sheet*
   How to Prepare Doxycycline for Children and Adults Who Can't Swallow Pills

Attachment F: Antibiotic Medication Screening Form

I, (FULL NAME) _____ am picking up medications for myself and/or I am picking up medications for others in my household or people who are unable to pick up their own medications. I agree to provide medications and instructions to all individuals written on this form.

Telephone Number: (____) _____ -- _____   Your ZIP Code: _____   Age: _____   Signature: _____

INSTRUCTIONS: READ CAREFULLY

Step #1: Complete the consent statement above and provide your full name, telephone number, zip code, and signature

Step #2: List your name and/or the names of everyone you are picking up medications for today

Step #3: For each name listed below, write *YES* or *NO* for Part 1, Part 2, and Part 3

Do not write in sections marked STAFF USE ONLY

Part 1

Question 1:
Is this person allergic* to Doxycycline, Tetracycline, or any other "cycline"† drugs?

Question 2:
Is this person pregnant?

Part 2

Question 1:
Does this person have difficulty swallowing pills?

Question 2:
Is this person both less than 90 pounds and less than 18 years old?

Part 3

Question 1:
Is this person allergic* to Ciprofloxacin, Leavquin, or any other "floxacin"‡ drugs?

Question 2:
Is this person currently taking Tizanidine (Zanaflex)?

Question 3:
Does this person have renal (kidney) disease?

Question 4:
Does this person have seizure disorder or epilepsy?

STAFF USE ONLY

Check that the following handouts have been provided:

- [ ] Antibiotic Information Sheet
- [ ] Agent Information Sheet
- [ ] Pill Crushing Instructions
- [ ] Letter to Medical Provider

Today's Date (DD/MM/YY):

_____ / _____ / _____

Dispenser (Print Name):

_____

First Name	Last Name	Part 1 — If YES to **any** question, write *YES* / If NO to **all** questions, write *NO*	Part 2 — If YES to **any** question, write *YES* / If NO to **all** questions, write *NO*	Part 3 — If YES to **any** question, write *YES* / If NO to **all** questions, write *NO*	Staff Use Only
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL

STAFF USE ONLY — Dispensing Guide and Formula

Part 1	Part 2	Part 3	Action
NO	NO	YES or NO	Dispense **Doxycycline**
NO	YES	YES or NO	Dispense **Doxy w/ Pill Crush Instr.**
YES	NO	NO	Dispense **Ciprofloxacin**
YES	YES	NO	Advise Additional Medical Consult.
YES	YES or NO	YES	Advise Additional Medical Consult.

*Allergic Reaction: Having one or more of the following symptoms: skin rash, hives, or itching; wheezing, shortness of breath or trouble breathing; and/or swelling of the face, lips, or throat. *If you have had one or more of these symptoms when taking this medication, write "YES" in the corresponding box under Part 1 and/or Part 3.*

†Tetracycline Drug List: demeclocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

‡Quinolone Drug List: ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)

Screener Training Tool

1. "Consent" Section
Make sure all blanks *(Full Name, Telephone Number, Zip Code, Age, and Signature)* are completed by the individual who is picking up the medications.

2. "Name" Section
Every individual receiving medication should be listed. This list of names may include the individual completing the *"Consent" Section*.

3. "Medical History" Section
For each name listed, either *YES* or *NO* should be written in the boxes corresponding with Part 1, 2, and 3.

Each Part has multiple questions. For example, Part 1 has two questions. If the answer to any of the two questions in Part 1 is "yes," the word *YES* should be written in the box under Part 1. If the answer to all of the questions in Part 1 is "no," the word *NO* should be written. The same applies for Part 2 (two questions) and Part 3 (four questions). Each name listed must have either a *YES* or *NO* answer for all three parts. The words *YES* and *NO* cannot be written in the same box.

5. "Staff Use Only" Section
A. Check the box for each handout you provide.

B. Fill in the date and print your name.

C. Attach the removable label from the medication bottle. (The appropriate medication is determined using the *Dispensing Guide and Formula*.) Write the individual's name on the actual bottle. If no medication is given, write N/A in the Attach Label box.

4. "Dispensing Guide and Formula" Section
Determine what medications to dispense or what course of action to take by reviewing the *YES/NO* answers for Parts 1, 2, and 3.

ANTIBIOTIC MEDICATION SCREENING FORM — Public Health Seattle & King County

I, (FULL NAME) _____ am picking up medications for myself and/or I am picking up medications for others in my household or people who are unable to pick up their own medications. I agree to provide medications and instructions to all individuals written on this form.

Telephone Number: ( ) _____ – _____   Your ZIP Code: _____   Age: _____   Signature: _____

INSTRUCTIONS: READ CAREFULLY

Step #1: Complete the consent statement above and provide your full name, telephone number, zip code, and signature

Step #2: List your name and/or the names of everyone you are picking up medications for today

Step #3: For each name listed below, write *YES* or *NO* for Part 1, Part 2, and Part 3

Do not write in sections marked STAFF USE ONLY

First Name	Last Name	**Part 1** — Question 1: Is this person allergic* to Doxycycline, Tetracycline, or any other "cycline"† drugs? Question 2: Is this person pregnant? / If YES to any question, write YES / If NO to all questions, write NO	**Part 2** — Question 1: Does this person have difficulty swallowing pills? Question 2: Is this person both less than 90 pounds and less than 18 years old? / If YES to any question, write YES / If NO to all questions, write NO	**Part 3** — Question 1: Is this person allergic* to Ciprofloxacin, Leavquin, or any other "floxacin"‡ drugs? Question 2: Is this person currently taking Tizanidine (Zanaflex)? Question 3: Does this person have renal (kidney) disease? Question 4: Does this person have seizure disorder or epilepsy? / If YES to any question, write YES / If NO to all questions, write NO	**STAFF USE ONLY**
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL
					ATTACH LABEL

STAFF USE ONLY — Check that the following handouts have been provided:
☐ Antibiotic Information Sheet
☐ Agent Information Sheet
☐ Pill Crushing Instructions
☐ Letter to Medical Provider

Today's Date (DD/MM/YY): ____ / ____ / _____

Dispenser (Print Name): _____

STAFF USE ONLY — Dispensing Guide and Formula

Part 1	Part 2	Part 3	Action
NO	NO	YES or NO	Dispense **Doxycycline**
NO	YES	YES or NO	Dispense Doxy w/ Pill Crush Instr.
YES	NO	NO	Dispense **Ciprofloxacin**
YES	YES	NO	Advise Additional Medical Consult.
YES	YES or NO	YES	Advise Additional Medical Consult.

*Allergic Reaction: Having one or more of the following symptoms: skin rash, hives, or itching; wheezing, shortness of breath or trouble breathing; and/or swelling of the face, lips, or throat. if you have had one or more of these symptoms when taking this medication, write "YES" in the corresponding box under Part 1 and/or Part 3.

†Tetracycline Drug List: demedocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

†Quinolone Drug List: ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)

PMC Demobilization Checklist

Procedure	In Progress	Completed
Contact your local health department about breaking down your dispensing site	☐	☐
Collect all paperwork – screening forms, inventory logs, etc. to return to your local health department	☐	☐
Meet with your PMC staff and hold a debriefing and address any issues or problems encountered during dispensing operations	☐	☐
Pack and store all medications in accordance to PMC Plan or ad directed by your local health department	☐	☐
Take down all signage and return to storage or discard any signage that cannot be used	☐	☐
Return facility to original layout	☐	☐
Ensure all PMC staff sign-on; keep for your records	☐	☐
Continue to monitor any public announcements regarding ongoing public health emergency	☐	☐
Complete process of returning unused medications and supplies to your local health department	☐	☐

Just-In-Time Training Checklist

Private Medication Center Site Supervisor: All Staff Briefing Checklist

- Welcome and thank PMC staff

- Introduce self

- Review org chart and introduce section chiefs

- Define chain of command and stress the importance of communicating with lead

- Reference handouts in staff packets
    - Job action sheet
    - Floor plan
    - Daily schedule

- Review daily schedule
    - Open/close times
    - Break/lunch times and procedures
    - Shift change briefing
    - Debrief (if scheduled)

- Overview of operations
    - Site layout and patient flow
    - Communication procedures when patient flow charges are needed
    - Life threatening emergency procedures

- Intercultural considerations
    - Neighborhood demographics
    - Language and other resources available on-site
    - Emphasize need for respectful communication

- Safety briefing (conducted by Safety/Security Officer)

- Safety first

- Safety/health resources on-site, e.g., first aid station

- Media interaction protocol—refer to Communications Officer

Section Chiefs (Operations, Logistics, Planning) Briefing Checklist

- Welcome section staff
- Introduce staff
- Review section org chart and introduce unit/team leads
- Review pre-shift procedures
  - Sign in
  - Store belongings
  - Setup stations
  - Check out tactical communication equipment
- Break/lunch procedures for section
- Review post-shift procedures
  - Break down stations
  - Timekeeping procedures
  - Return tactical communications equipment
  - Turn in forms/documentation
  - Retrieve personal belongings
  - Debrief procedures
  - Sign out
- Tactical communications training and practice (e.g., two-way radios)
- Detailed walk through of section work areas
  - Location of supplies, other resources
  - Work flow
- Safety issues

Unit/Group Lead Briefing Checklists

- Unit/group member introductions
- Review chain of command and stress the importance of communicating with lead
- Overview of equipment, supplies, forms
- Instructions and demonstration for specific job tasks
- Safety reminders

Sample Letter to Employees

[insert date here]

[insert organization name and appropriate term-·employee's, members, faculty]

Subject: Preparedness Plans for Medical Emergencies

Your health and safety are very important to [insert organization name]. One of the many things that can threaten your health and safety is a public health emergency, such as an epidemic. You can be confident that we have a plan in place to limit the impact of public health emergencies on our [insert appropriate term: employees, members, faculty] and their families. Our goal is to protect the health of all [insert organization name and appropriate term: employee, members, faculty] employees during such an incident.

[Insert organization name] has been working with state and local authorities to create an emergency preparedness plan that will help protect your health and safety during a medical emergency. We encourage you to read the [insert organization name] emergency preparedness plan. The plan is available online at: [insert website].

Another way that we are working to protect your health and safety is through our collaborative planning efforts with the local health department and healthcare coalition. These efforts include having [insert organization name] serve as a Private Medication Center, during a medical emergency so that we can quickly dispense medication to keep you and your family from getting sick. Please read the attached fact sheet for additional details about Private Medication Centers.

[Insert organization name] will continue to plan to protect you and your family's health and safety during public health emergencies. As we make enhancements to our emergency preparedness plans, we will update you by [insert how contact individuals will be notified of updates to emergency preparedness·plans].

If you have any questions about [insert organization name] emergency preparedness plans or our plans to serve as a Private Medication Center, or if you are interested in volunteering to help with emergency preparedness planning, contact [insert contact person] at [insert phone number].

Sincerely,

[Insert organization's official name and title]

Sample Volunteer Solicitation Letter

Volunteer Opportunity During a Public Health Emergency

[Insert organization name] has been preparing to protect you and your family in case of an emergency, such as a widespread disease outbreak, natural disaster or a bioterrorism attack. In order for us to do this, we must ensure we have the resources and staff needed to help in an emergency. We have worked closely with the local health department to develop a plan for setting up a **Private Medication Center** for your convenience and safety during a public health emergency.

A Private Medication Center will allow us to:

- Provide free medicine on-site for you and your family.
- Give important information during and after an emergency.
- Answer questions and address concerns about the event.

[Specific information about business plans or pictures can be inserted here]

If you are interested in volunteering to help with the setup and operations of our on-site Private Medication Center, contact [insert contact person] at [insert phone number]. As we continue to develop our emergency plans, we will provide additional communications about our endeavors as well as more specifics about your role in keeping yourselves and your families safe. We are committed to preparedness because it is important to the [insert organization name] family, and it is important to the entire community.

Sincerely,

[Insert organization's official name and title]

Tabletop Exercise Guide

Plan of Instruction

Exercise Purpose
To assess organization's PMC Plan and to assess types of systems needed to guide the prevention of, response to, and recovery from a bioterror event.

Exercise Objectives
At the end of the exercise participants will be able to:
1. Assess Decision Making to open closed POD per Plan.

2. Determine communications to employees regarding closed POD schedule.

3. Evaluate process for creating closed POD ICS structure to fulfill operations.

4. Determine how information will be compiled for state and local health jurisdiction requirements when utilizing federal stockpile assets.

Target Audience
Organizations who have decided to become Private Medication Centers (also known as PODs).

Exercise Guidelines
The Bioterrorism Tabletop Exercise is most effective when the following guidelines are followed:
- All organizational leadership staff and key stakeholders participate in, and/or observe, the exercise.
- The exercise objectives are best met when only the Facilitator has access to the exercise PowerPoint and scenario prior to the exercise.
- The exercise Facilitator should not be a member of the organization's executive management team.
- Creating an Emergency Preparedness Improvement Plan is the final step and most critical step in the exercise. A plan template is included in this document.

Exercise Tips
It is recommended that:
- You plan for the exercise to take approximately 3 hours
- Observers and players not receive a printed copy of the PowerPoint exercise until after the exercise is complete,
- The exercise be done all at once (preferred) or in sequential order over 2 meetings,
- A 10 minute break be held every 1 – 1.5 hours,
- A sign-in sheet be circulated and maintained for training records.

Course Evaluation
A course evaluation should be provided to participants for feedback on course content and delivery. A suggested evaluation tool is included in this document.

Materials Needed Checklist
☐ Bioterrorism TTX PowerPoint Presentation
☐ Computer and LCD projector
☐ Private Medication Center (PMC) staff table cards or ID badges for each of the PMC staff roles you choose to activate
☐ "Post-It" sticky note pads
☐ Easel chart/paper or large dry erase board

Exercise Facility Set Up:
▪ Players sit at tables; observers sit in chairs behind and outside of "U-Shape". (see example below)
▪ Set up meeting room so tables and chairs are in a "U-Shape" and Players can easily see the LCD projection screen and dry erase board or flip chart.
▪ During the exercise, the Facilitator should be able to move easily within the "U-Shape"
▪ If possible, provide water and healthy snacks for participants and observers in the back of the room.
▪ Place Post-it Note pads on the tables
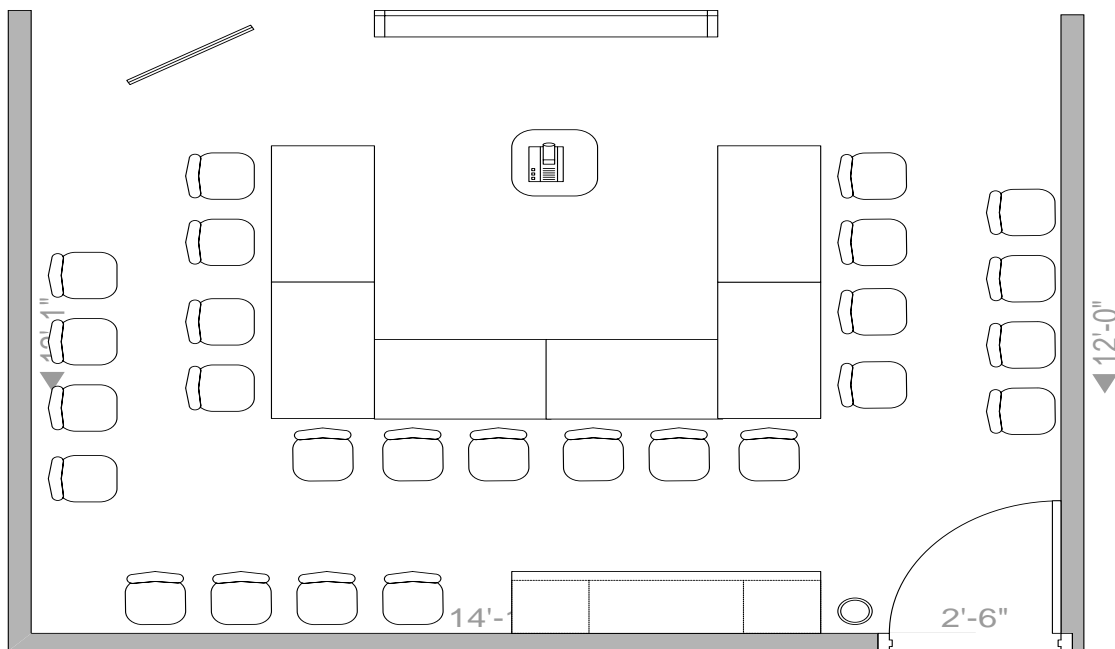
Preparation:
• Customize by placing your organization's name in PowerPoint Slides where the symbols << >> are found.
• Prepare ICS identification badges or table tents
• Facilitator familiarizes him or herself with the PowerPoint slides and notes (found in "normal view" setting of PowerPoint) prior to exercise.
• Facilitator prints out PowerPoint slides with notes to assist with facilitation.

PMC Tabletop Exercise Evaluation

Agency:_____

Name (Optional):_____

Your feedback is valuable, thank you for taking the time to complete this evaluation!

	Excellent	Good	Fair	Poor
Overall value of this exercise				
Length of the exercise				
Clarity of the scenarios and situation updates				
Exercise tested our capacity to respond to a bioterrorism attack				

What did you like most about the exercise?

What did you like least about the exercise?

What would you change, if anything, about the experience?

Would you recommend this exercise to other organizations in your sector? Why?

Did this exercise help you address your main concerns regarding bioterrorism? Why or why not?

What other disaster scenarios or issues would your organization like to address?

Were the exercise templates helpful in implementing today's exercise?

Additional Comments:

Emergency Preparedness Improvement Plan Matrix

The following matrix outlines a work plan for the items that are required to bridge an identified gap in current planning or response activities. Priority for each action should follow a scale of 1 to 5; 1 indicating highest priority, 5 indicating lowest. The person(s) listed as the responsible party will lead the effort to resolve each action listed.

Priority	Actions to be Taken	Responsible Party(s)	Estimated Completion Date	Status	Notes
SAMPLE: 1	Update staff emergency phone tree	John Smith	December 2010	In progress	John to add to Agency Go-Kit when done

Testing Your
Private Medication Center

Bioterrorism Attack Tabletop Exercise

<<Organization Name>>

<<Date>>

Agenda

Introduction & overview   30 minutes

Exercise Play   30 minutes per Situation Update

Break   10 minutes

Debrief/Hotwash   30 to 45 minutes

Public Health
Seattle & King County

What is a Tabletop Exercise?

- Informal discussion using a scripted disaster scenario as a catalyst

- No time pressures

- Designed to promote free and open exchange of ideas

What is a Tabletop Exercise?

- Familiarizes players with roles, responsibilities, functions, plans, and procedures

- Identify issues requiring further work

- Introductory narrative, followed by "problem statements" and subsequent updates

Procedural Notes

- **Parking Lot:** as you come up with things that need further action as an organization, write them on a Post-It note, hand to the facilitator and he/she will place it in the "parking lot"

- Your Specific Department: make notes of things you want to follow up on later with your department leadership and/or colleagues

Organizational Planning for Private Medication Centers(PMC)

<Describe Private Medication Center planning currently underway in your organization>

Exercise Objectives

1. Determine how to communicate to employees about the activation of a Private Medication Center (PMC)

2. Assess steps needed to make the decision to open a PMC

3. Evaluate process for activating PMC leadership and operations staff roles

4. Determine how required information will be compiled for local health departments

Assumptions

- Scenario is plausible

- Players are familiar with the organization's Private Medication Center plan

- All response partners across the Seattle area are involved in the response to this incident

Scenario

The local police department notified the state department of health that they received an anonymous tip that the deadly bacteria, tularemia, was purposefully released at a local mall during this weekend's art festival.

The local public health department conducted an investigation and confirmed the presence of the bacteria.

Situation Update 1 - *DAY ONE*

- You find that 60% of your staff and their families visited the mall the day the bacterial was released into the air

- Employees are concerned, impacting productivity

Questions

- What information would you provide to staff about the current bioterrorism situation?

- Do you also have communication mechanisms to relay information to employees' families?

- What information would you want from Public Health at this time?

Situation Update 2 – *DAY TWO*

- An increased number of hospitalized patients test positive for Tularemia

- All who visited mall, as well as their household members, advised to take antibiotics for prophylaxis

- Public Health asks partners to activate PMC plans

Tularemia Treatment Overview

- Tularemia can be treated with antibiotics, such as doxycycline and ciprofloxacin

- Emergency dispensing includes 10 days worth of antibiotics

- Treatment usually lasts 10 to 21 days

* Information retrieved from Centers for Disease Control and Prevention website.

Tularemia Treatment – *Continued*

- Symptoms may last for several weeks

- Groups at high risk of complications include children, elderly, and individuals with already compromised or weak immune systems.

* Information from Centers for Disease Control and Prevention website.

Questions

- Would your organization follow through with Public Health's recommendation to activate the PMC?

- What information do you need to know to make an informed decision to activate a PMC?

- How would you initiate activation of your PMC? Who in your organization, and outside it, would be involved?

Questions - *Continued*

- If you activate a PMC, what steps need to be taken? Are staff aware of their role in the activation?

- Do you have primary and alternate locations identified in your planning to use as a PMC?

- What information would you communicate to employees?

Break

Situation Update 3 – *DAY THREE*

- Your PMC operation is ongoing

- Many supervisors and staff are choosing not to come into work for fear of exposure to Tularemia

- Public Health is requesting a status update on your progress with dispensing medications to affected staff and their families

Questions

- Do you have primary and alternate staff identified to fill roles for your PMC and have they been trained?

- Who would receive medications under your plan? Staff? Families? Others outside the organization?

- How will you track and record medication dispensed for your own records and reporting to Public Health?

Questions – *Continued*

- How will you address the impact of this incident on day to day operations?

- What steps would you take to address fear among your staff?

Hotwash

Have each participant identify...

- 3 successes
- 3 areas in need of improvement