

Push Partner Dispensing Plan Template

(Courtesy of the Maricopa County Health Department)

*Partnering with the _____ County Department of Public Health to Dispense Medication
in the Event of an Infectious Disease Emergency*

You can fill in this template by responding to the questions or use it to guide the development of your organization's dispensing template. Use as much space as you need. Electronic copies are available from _____ Department of Public Health. Detailed instructions are provided in the Push Partner Manual.

Name of Organization: _____

Address: _____

1. Dispensing Supervisor

Dispensing Supervisor: _____

(The person assigned to coordinate your organization's Push Partner activities and to communicate with _____ County. This person should possess certain attributes such as organization, calm under pressure, and clear communication. A medical background is helpful, but not necessary, and this individual should live relatively close to the proposed dispensing site.)

Title: _____ Phone Number: _____

2. Medication Will Be Dispensed To: (check all that apply)

- _____ Employees
(you may include volunteers & contractors)
- _____ Employee
- Family Members
- _____ Patients

Estimate the number of people to whom you will dispense medication.

	Number of Adults	Number of Children < 9 years old or < 64 lbs
Employees, volunteers, and contractors		
Employees' Family Members		
Patients (If Applicable)		

Estimated number of employees that prefer to speak a language other than English: _____

What languages? _____

3. Information on Dispensing Staff

Does your organization have medical personnel on staff? Yes No
If yes, (*check all that apply*) MD RN Nurse Practitioner
 EMT Other (*please specify*) _____

4. Communications With Employees and Patients

Before the event, communicate with your employees about:

- Basics of the Push Partner Program.
- Your organization's dispensing plan.
- Roles and responsibilities of employees in an emergency involving Push Partners.
- Basics on how medication will be dispensed to employees, their family members, and patients (if applicable).
- How they can keep informed (e.g., radio and TV).
- Information they should bring when the medications are dispensed to assist in screening for possible allergies and/or contraindications—to make sure each person gets the best antibiotic for him/her.

Describe how you will do this and who will do it:

During the event, communicate with your employees about:

- Where and when to report to work
- Their Push Partner jobs and how to perform those jobs (see Job Action Sheets, Push Partner Manual Section 9.9)
- Where and when they will receive their medication
- What information they should have in order to receive their medication
- Drug information, including what they should do if they have a negative reaction to the antibiotic (see Drug Information Sheets, Push Partner Manual Section 6)
- How they can keep informed about the emergency

Describe your plan for communicating during the event and who will do it:

After the event, it will be important to communicate with your employees about:

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

Describe your plan for communicating after the event and who will do it:

5. Preparing To Receive and Dispense Medication

Activating your dispensing plan and preparing for antibiotic delivery

When an emergency has been declared, _____ County will contact your Dispensing Supervisor(s) and to inform them: 1) if the Push Partner Program will be activated and 2) the public health emergency declaration status and authorization for nonmedical personnel to dispense medication, as per Push Plan, to their staff and families, and 3) when they can expect to hear from _____ County next about expected timing for delivery of medication. At that time, you can activate your dispensing plan.

Getting materials ready

Estimate the number of copies you will need for each of the following:

ITEM	NUMBER NEEDED
Dispensing Plan Template (this document)	
Head of Household Forms	
Medical Overview Forms	
Drug Information Sheet	
Biological Agent Fact Sheets	
Inventory Form	
SNS Order/Transfer Form	
Job Action Sheet: Dispensing Manager	
Job Action Sheet: Dispensing Staff	
Dispensing Staff Sign-in Sheet	

Getting site(s) and vehicle(s) ready

The amount of site preparation will depend on the number of people you plan to dispense medication to at your organization—whether it's a small number of employees, or a large number of employees, or employees' families and patients (if applicable).

How many sites will you have and where will they be located?

What will you have to do to get site(s) ready to screen for and dispense to staff, families, and patients *(if applicable)*?

Getting staff ready for Push Partner responsibilities

Describe how you will select and prepare employees to screen for and dispense medication and carry out other Push Partner responsibilities:

6. Receiving and Managing Inventory

Receiving medication

Who will be authorized to receive/accept and sign for the medication:

The person(s) who is authorized to accept the medication must be at the designated delivery location from the beginning of the delivery time window until the medications have arrived. Once accepted, the medication should be stored in a secure location (at a minimum in a locked room) and kept away from extreme heat or cold.

Where do you plan to store the medication?

Initial inventory upon delivery

Who will perform the initial inventory?

The initial inventory forms will be signed by the person authorized to take the inventory (usually the Dispensing Supervisor.)

Managing ongoing inventory

Use the Inventory Form provided in the Push Partner Manual.

Inventory tracking will be assigned as follows:

When dispensing is completed, all remaining medication will be returned to the secure room where medications were stored upon arrival.

7. Providing Additional Employee Protection (if needed) e.g.: Masks, Gloves

_____ County will inform the Dispensing Supervisor if protection—in addition to taking the provided medication—is needed. Providing this protection is highly recommended.

8. Final Report and Return of Leftover Medication When the Emergency Is Over

When the emergency is over, the following must be returned to _____ County:

- The Final Summary Report
- The Inventory Form
- Head of Household and/or Medical Overview Forms
- ALL leftover medication

Once prepared, the Dispensing Supervisor will arrange for return of all forms and leftover medication by calling _____ County.

Collection and arrangement of all forms to be returned to _____ County will be completed by: