



# Push Partner Dispensing Plan Template

*Partnering with the Yolo and Sacramento Counties Health Department to Dispense Antibiotics  
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 agency's dispensing template. Use as much space as you need. Electronic copies are available from YCHD or SCDHHS. Additional guidance is provided in the Push Partner Kit.

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

## 1. Push Partner Coordinator

Push Partner Coordinator: \_\_\_\_\_  
(Person assigned to coordinate your agency's Push Partner activities and to communicate with YCHD or SCDHHS)

Title	Phone Number	Email Address
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### Three Backup Coordinators *(in case Push Partner Coordinator is unavailable)*

<b>Contact Person:</b> _____	
<i>Name</i>	<i>Title</i>

<i>Phone Number</i>	<i>E-Mail Address</i>

<b>Secondary Contact Person:</b> _____	
<i>Name</i>	<i>Title</i>

<i>Phone Number</i>	<i>E-Mail Address</i>

<b>Tertiary Contact Person:</b> _____	
<i>Name</i>	<i>Title</i>

<i>Phone Number</i>	<i>E-Mail Address</i>

## 2. Antibiotics Will Be Dispensed To: *(check all that apply)*

- Employees *(you may include volunteers & contractors)*
- Employee Family Members
- The Public

Estimate the number of people to whom you will dispense antibiotics for each group below.

	<b>Number of Adults</b>	<b>Number of Children</b> <i>(under 18 years of age <u>and</u> app. Weight )</i>
Employees, volunteers & contractors		
Employees' Family Members		
Public (If Applicable)		

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

**What languages?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. *Medical Staff*

Does your organization have medical personnel on staff?  Yes  no  
 If yes, (check all that apply)  MD  RN  Nurse Practitioner  
 Other (please specify)  
 \_\_\_\_\_

### 4. *Communications Plan*

**a. 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 antibiotics will be dispensed to employees, their family members and public (if applicable).
- How they can keep informed (e.g., radio and TV).
- Information they should bring when the antibiotics are dispensed to assist in screening for possible allergies and/or contraindications—to make sure each person gets the best antibiotic for him/her.
  - The importance of knowing/keeping a list of any drugs they are allergic to or have been told not to take and of medicines they are taking

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

**b. 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 Kit Attachments 12 to 14).
- Where and when they will receive their antibiotics.
- What information they should have in order to receive their antibiotics.
- Drug information, including what they should do if they have a negative reaction to the antibiotic (see drug information sheets, Push Partner Kit Attachments 9 and 10).
- How they can keep informed about the emergency.

Check all methods you will use:

Telephone:  External information line?     Call center/phone bank?

Electronic:  Website posting?     Mass email message?

Hard copy:  Mass faxes?

In Person:  Meeting/Presentation?     Visits to clients' homes?  
 Other? *Please specify:*

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

**d. After the event, you may communicate with your employees about:**

- During the recommended course of antibiotics, are they taking their pills? It is important for everyone to take all of their pills (until they are finished).
- The outcome of your organization's dispensing effort.
- Any questions or concerns they may have and how to find further information, as needed.

Do you plan to do this?  yes     no

If yes, describe how you will do this and who will do it:

## 5. Preparing To Receive and Dispense Antibiotics

### a. Activating your dispensing plan and preparing for antibiotic delivery:

When an emergency has been declared, YCHD or SCDHHS will contact your Push Partner Coordinator and back-up coordinators to inform them: 1) if the Push Partner Program will be activated and 2) the public health emergency declaration status and authorization for non-medical personnel to dispense antibiotics, as per Push Plan, to their staff and families, and 3) when they can expect to hear from YCHD or SCDHHS next about expected timing for delivery of antibiotics. At that time, you can activate your dispensing plan.

Once the PODs are open, the Push Distribution Manager will contact you to confirm that your organization still wants to dispense antibiotics, to confirm the numbers needed (see table on first page), and to schedule a window of time for YCHD or SCDHHS to deliver the antibiotics.

Address where you want YCHD or SCDHHS to deliver your antibiotics (*Please be specific, it's very important!*):

### b. Getting materials ready:

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

Item	Number Needed
Dispensing Plan ( <i>this document</i> )	
Antibiotic Inventory Forms: Antibiotic Inventory Control Form Inventory Control Form for Dispensers Final Antibiotic Inventory Control Form	
Screening Form	
Drug Interaction/Information Sheets Antibiotic 1 Antibiotic 2	
Job Assignment Form and Job Action Sheets Job Assignment Form Push Partner Coordinator Push Partner Inventory Tracker Push Partner Dispenser	

Do you have a copier that you can use for this copying?  yes  no

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

If no, how will you get copies made?

**c. Getting site(s) and vehicle(s) ready:**

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

How many sites will you have? \_\_\_\_\_

Where will the site(s) be?

What will you have to do to get site(s) ready (fill in those applicable) to screen for and dispense to staff and families?

What will you have to do to get site(s) ready (fill in those applicable) to screen for and dispense to the public (if applicable)?

*You will need to organize copies of forms per site/vehicle and deliver them to site(s) and vehicle(s).*

**d. Getting staff ready for Push Partner responsibilities:**

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

**6. Receiving and Managing Inventory**

**a. Receiving antibiotics:**

Person who will be authorized to receive/accept and sign for the antibiotics:

- Push Coordinator?     yes     no
- Other?     yes     no *If other, please specify:*

*The person who is authorized to accept the antibiotics must be at the designated delivery location from the beginning of the delivery time window until the antibiotics have arrived. Once accepted, the antibiotics 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 antibiotics?

**b. 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 and the Push Partner Coordinator.

**c. Managing ongoing inventory**

Use inventory forms provided by YCHD/SCDHHS.

Inventory tracking will be assigned as follows: *(check all that apply)*

- One person at the organization for ongoing inventory  
(Identify: \_\_\_\_\_)
- One person at each dispensing site  
(Identify: \_\_\_\_\_  
\_\_\_\_\_)
- Dispensers, who are delivering antibiotics to another location, etc. (identify:  
\_\_\_\_\_  
\_\_\_\_\_)

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

**7. Screening for and Dispensing Antibiotics to Employees and their Families**

a. We will screen for and dispense antibiotics to employees and their families at the following location(s) or site(s): \_\_\_\_\_

*Priority: Screen and dispense antibiotics to employees who will be screening/dispensing to others first.*

b. What will you do to be sure that a screening form is completed for each person to whom you give antibiotics? *Remember, if employees take antibiotics home to family members after their shift, they must complete a screening form for each family member.*

c. What will you do to be sure that the correct antibiotic is dispensed to each person getting antibiotics (*as per their completed screening form*) and that they get the correct drug information sheet?

d. If you have a different plan for screening for and dispensing to employees' family members, please describe.

### ***8. Providing Additional Employee Protection (if needed) e.g.: Masks, Gloves***

YCHD or SCDHHS will inform the Push Partner Coordinator if protection—in addition to taking an antibiotic—is needed. If it is, will you follow YCHD's and SCDHHS's recommendations?  yes  no

*Following YCHD/SCDHHS recommendations is a requirement for all Push Partners.*

### ***10. Final Reports to YCHD/SCDHHS and Return of Leftover Antibiotics***

*When the emergency is over,*

a. The final inventory will be

Taken by:

*For the final inventory, fill in all columns on the Final Inventory Antibiotic 1 Inventory Control Form and the Final Inventory Antibiotic 2 Inventory Control Form.*

The final inventory will be faxed to YCHD or SCDHHS by:

b. The Push Partner Final Summary Form will be completed by:

- c. Leftover Antibiotics: Preparation and Return to YCHD or SCDHHS  
Will be prepared for return by:

*Once prepared, the Push Partner Coordinator will arrange for pickup of antibiotics with YCHD or SCDHHS.*

- d. All completed inventory forms (from the initial inventory to the final inventory) will  
Be collected by:

Be copied by:

- e. All original screening forms (completed for *all* recipients of antibiotics) will be collected by:

*You may copy screening forms for your records, but it is not required.*

- f. **Delivery** to YCHD or SCDHHS: The Push Partner Final Summary Form, all original Screening Forms, and all Inventory Forms will be prepared for delivery to YCHD or SCHHS by:

Arrangements for hand-delivery or mailing to YCHD or SCDHHS will be made by:

## ***11. Wrap-Up with YCHD or SCDHHS***

*YCHD or SCDHHS may call your Push Partner Coordinator if there are any questions, discrepancies, or things that need clarifying re: materials you have delivered to YCHD or SCDHHS.*

At a later time, YCHD or SCDHHS may contact you for feedback to assist in evaluating the Push Partner Program.

***Please return your completed dispensing plan:***

*Yolo County Health Department, Emergency Preparedness Div. 137 North Cottonwood Street,  
Suite 2601 Woodland, CA 95695*

*Sacramento County Department of Health and Human Services, Public Health Preparedness  
Division 7001-A east Parkway, Suite 600 Sacramento, CA 95823*