

# Yolo and Sacramento County Health Departments Push Partner Registry Form



**Yes,** we want to register with the intent to participate as a Push Partner! We are interested in partnering with the Yolo County Health Department or Sacramento County Department of Health and Human Services, Public Health Division for dispensing antibiotics to our employees, their families, and possibly the public in the event of a large-scale infectious disease emergency.

### **Agency Information**

| Name of Organization: _  |                    |                       |
|--------------------------|--------------------|-----------------------|
| Address:                 |                    |                       |
| Phone Number:            |                    |                       |
| Contact Person:          | Name               | Title                 |
|                          | Phone Number       | E-Mail Address        |
| Secondary Contact Perso  | <b>n</b> :<br>Name | Title                 |
| _                        | Phone Number       | <i>E-Mail Address</i> |
| Tertiary Contact Person: | Name               |                       |
| _                        | Phone Number       | E-Mail Address        |

## **Employee Information**

|                                     | Number | Number of Children                        |
|-------------------------------------|--------|---|
|                                     | of     | (under 18 years of age <u>and</u> 100 lbs |
|                                     | Adults | Weight )                                  |
| Employees, volunteers & contractors |        |   |
| Employees' Family Members           |        |   |

(We will multiply the number of employees times 4 to get an estimate of family members.)

# Estimated number of employees speaking a language other than English:

| What languages?   |  |  |  |
|---|--|--|--|
| Do you have medical/occupational health personnel on staff? □ Yes □ No<br>If yes (check all that apply) □ MD □ RN □ Nurse Practitioner<br>□ Other (please specify):   |  |  |  |
| Communications  |  |  |  |
| Check all methods you would be able to use:   |  |  |  |
| Telephone:  External information line?  Call center/phone bank?   |  |  |  |
| Electronic: U Website posting? U Mass email message?  |  |  |  |
| Hard copy:  Mass faxes?   |  |  |  |
| In Person:  Meeting/Presentation? Visits to clients' homes? Other? Please specify:  |  |  |  |
| Receiving and Managing Inventory  |  |  |  |
| Receiving antibiotics:  |  |  |  |
| Person who will be authorized to receive/accept and sign for the antibiotics:<br>Push Coordinator?  yes  no<br>Other?  yes  no <i>If other, please specify:</i>   |  |  |  |
| Managing ongoing inventory  |  |  |  |
| Inventory tracking will be assigned as follows: <i>(check all that apply)</i> <ul> <li>one person at the organization for ongoing inventory         (identify:)         one person at each dispensing site         (identify:)</li> </ul> |  |  |  |
| <ul> <li>dispensers who are delivering antibiotics to another location, etc.</li> <li>(identify:</li></ul>  |  |  |  |

#### Other

How many sites locations do you have? \_\_\_\_\_

Where are these sites located:\_\_\_\_\_

### Training and Education

If you plan to education your staff about the circumstances that the Push Partner Plan would be activated, please consider including the following topics:

- a) The Push Partner Plan would only be activated in a MAJOR public health or local emergency where all of our resources have been depleted and we needed to distribute medications to the population in a very short period of time.
- b) The Push Partner Program is voluntary, even in the time of the emergency. It should not be required as an employees scope of work to take their medication
- c) Encourage employees who know that they have existing medical conditions to discuss the use of long term antibiotics, such as Cipro or Doxy, and if their will have any contraindications with their current medications.
- d) This will not be a medical clinic. Your agency is just distributing medication on behalf of your local health department for the convenience and safety of your employees and their families in a public health emergency.

Please let your local health department push coordinator know if you are interested in having an exercise and/or training at your location or if you are interested in attending an exercise and/or training at another business location. Most exercises or trainings take about 2-3 hours.

Training may include what defines a public health emergency that would trigger mass prophylaxis.

# Public Dispensing (Optional)

Would you be interested in opening your site to serve the public? 
Yes No Unsure

Please return your completed form to

|   |    | Don Stangle                                  |
|---|----|--|
| Myrna Epstein   |    | Senior Health Program Coordinator            |
| Epidemiology & Emergency Preparedness<br>Yolo County Health Department<br>137 North Cottonwood Street, Suite 2601<br>Woodland, CA 95695 | Or | Sacramento County Department of Health       |
|   |    | &Human Services                              |
|   |    | Public Health and Preparedness Division      |
|   |    | Bioterrorism Preparedness /Homeland Security |
|   |    | 7001-A East Parkway, Suite 600               |
|   |    | Sacramento, CA 95823                         |