

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	n : 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 If yes (check all that apply) □ MD □ RN □ Nurse Practitioner □ 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: Push Coordinator? yes no 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> 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:			

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 Yolo County Health Department 137 North Cottonwood Street, Suite 2601 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