

# Dispensing Partner, Dispensing Plan Template

*Partnering with the Marin County Department of Health & Human Services 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. Additional guidance is provided in the Dispensing Partner Kit.

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

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

## ***Contact Information***

<b>Dispensing Partner Coordinator (Primary Contact Person)</b>			
<b>Name</b>	_____		
<b>Title</b>	_____		
<b>Phone Number</b>	_____	<b>E-mail Address</b>	_____
<b>Secondary Contact Person</b>	_____		
<b>Title</b>	_____		
<b>Phone Number</b>	_____	<b>E-mail Address</b>	_____
<b>Tertiary Contact Person</b>	_____		
<b>Title</b>	_____		
<b>Phone Number</b>	_____	<b>E-mail Address</b>	_____

## 2. Antibiotics Will Be Dispensed To:

<b>Employee/Client Information</b>		
<i>Estimate the number of people to whom you will dispense antibiotics for each group below.</i>		
<i>(If you are unsure of the exact number of family members please multiply the number of clients, employees, etc by 4 to get an estimate)</i>	<b>Number of Adults</b>	<b>Number of Children</b> <i>(under 18 years of age and 100 lbs Weight )</i>
<b>Clients</b>	_____	_____
<b>Family Members of Clients</b>	_____	_____
<b>Employees, volunteers &amp; contractors</b>	_____	_____
<b>Family Members of Employees, volunteers &amp; contractors</b>	_____	_____

<b>Employee/Client Information (continued)</b>	
<b>Estimated number of individuals speaking a language other than English:</b>	_____
<b>What languages?</b>	_____
<b>Do you have medical/occupational health personnel on staff?</b>	_____
<b>If yes, please indicate type: (MD, RN, Nurse Practitioner, Other (please specify))</b>	_____

## 4. Communications Plan

<b>Communications</b> (Indicate all methods you would be able to use with yes/no)		
<b>Telephone:</b>	External information line _____	Call center/phone bank _____
<b>Electronic:</b>	Website posting _____	Mass email message _____
<b>Hard copy:</b>	Mass faxes _____	
<b>In Person:</b>	Meeting/Presentation _____	Visits to clients' homes _____
<b>Other? Please specify:</b>	_____	

Please develop a communication plan that includes plan for communicating *before, during and after* an event. Consider the following when drafting your communications plan.

**Before the event**, communicate with your employees about:

- Basics of the Dispensing Partner Program.
- Your organization's dispensing plan.
- Roles and responsibilities of employees in an emergency involving Dispensing 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

**During the event**, communicate with your employees about:

- Where and when to report to work
- Their Dispensing Partner jobs and how to perform those job actions
- 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
- How they can keep informed about the emergency.

**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.

## 5. Preparing To Retrieve and Dispense Antibiotics

### Activating your dispensing plan and preparing for antibiotic pick up:

When an emergency has been declared, MCDHHS will contact your Dispensing Partner Coordinator and back-up coordinators to inform them: 1) if the Dispensing 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 and where they can expect to retrieve antibiotics. At that time, the dispensing plan can be activated.

[Insert your plan for retrieving the medications.

Things to consider:

- Who will be responsible for retrieving medications? How many individuals will you send? Include at least 3 back ups. Will you have security personnel along for medication retrieval? (Each organization will have to arrange for their own security personnel if they so desire.)
- What size vehicle will you need to retrieve the necessary amount of medication for your organization? Will you need more than one vehicle?
- Will company or personal vehicles be used?]

### 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 Dispensing Partner Coordinator Dispensing Partner Inventory Tracker Dispensing Partner Dispenser	

[Consider the following:

- Do you have a photocopier that you can use to make the necessary number of copies?
- If not, how will you ensure that you have the necessary number of dispensing documents?
- Who will be responsible for ensuring that you have an appropriate number of forms?]

**Preparing site(s) and vehicle(s):**

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).

<i>Site Locations</i>	
<b>How many site locations do you have?</b>	_____
<b>Please List Locations:</b>	_____
<i>(Please create more cells as needed)</i>	_____
	_____

**Site Preparation**

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).*

**Getting staff ready for Dispensing Partner responsibilities:**

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

## 6. Retrieving and Managing Inventory

### Retrieving antibiotics:

Person who will be authorized to retrieve 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?

### **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 Dispensing Partner Coordinator.

### **Managing ongoing inventory**

Use inventory forms provided by MCDHHS.

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***

MCDHHS will inform the Dispensing Partner Coordinator if protection—in addition to taking an antibiotic—is needed. If it is, will you follow MCDHHS' recommendations?  yes  no

*Following MCDHHS recommendations is a requirement for all Dispensing Partners.*

### ***10. Final Reports to MCDHHS 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 MCDHHS by:

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

c. Leftover Antibiotics: Preparation and Return to MCDHHS

Will be prepared for return by:

*Once prepared, the Dispensing Partner Coordinator will arrange for pickup of antibiotics with MCDHHS.*

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 MCDHHS: The Dispensing Partner Final Summary Form, all original Screening Forms, and all Inventory Forms will be prepared for delivery to MCDHHS by:

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

## ***11. Wrap-Up with MCDHHS***

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

At a later time, MCDHHS may contact you for feedback to assist in evaluating the Dispensing Partner Program.

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

*Kristen McClymer, CRI Coordinator  
Marin County Department of Health & Human Services, Public Health Preparedness Program  
899 Northgate Dr. Suite 104 San Rafael, CA 94903  
[kmcclymer@co.marin.ca.us](mailto:kmcclymer@co.marin.ca.us)  
415-473-3880*