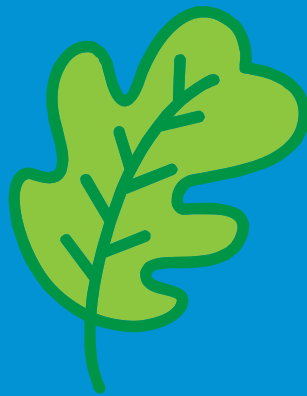


# **MINNESOTA CITIES READINESS INITIATIVE**



## **Operationalizing Alternate Dispensing Modalities**

# **Alternate Dispensing Modalities (ADM) Implementation Guidelines Twin Cities Metro Region August 2007 (approved by PHEC and MLPHA)**

## **Overview**

To achieve the CRI goal of dispensing prophylaxis to an entire population within 48 hours, the implementation of alternate methods of dispensing is critical. Alternate Dispensing Modalities (ADM) is **a mechanism to augment traditional mass dispensing sites (MDS)**. It does not consist of any one strategy, but rather many potential strategies. However, one particular ADM uses a modified medical model that “pushes” prophylaxis or preventive medication to individuals with restricted mobility (thus limited ability to access an MDS) and to large cohorts that could relieve the burden on MDSs. In this method, a **local distribution node** is established as a hub and the spokes are the facilities or entities that pick-up the medication and then screen and distribute it themselves.

Examples of those with limited access to an MDS include entities that house or serve persons such as long-term care facilities, home health agencies, jails or prisons, and residential treatment or living facilities. Large cohorts that could significantly reduce the number of individuals reporting to an MDS might include places of worship, businesses, hotels, resorts, non-governmental organizations, possibly clinics and others as appropriate to each local jurisdiction.

## **ADM: A Regional Framework**

ADM is a CRI initiative and may expand beyond the seven-county Metro Region to the Metropolitan Statistical Area (MSA), which includes four central Minnesota counties and two Wisconsin counties. Like MDS and MRC planning, ADM was developed using a regional coordination framework. The Metro Region coordinates emergency preparedness planning by sharing common resources and tools to assure the public’s health in an emergency. While ADM uses a regional framework, a template provides guidance and tools to enable LPH to implement the plan realizing the unique needs of each jurisdiction.

## **Planning Assumptions**

1. In a terrorist event such as one using bacillus anthracis (anthrax), exposed persons will require prophylaxis within 48 hours of exposure to prevent the onset of pulmonary anthrax.
2. For exposed persons who do not receive prophylaxis the fatality rate of pulmonary anthrax can be up to 100%.
3. Mass dispensing sites (MDS) alone will not be sufficient to distribute medication to the entire population within the initial 48 hours.
4. The dispensing of SNS assets by non-licensed persons, as described in the ADM template, is under the authority of Minnesota Isolation, Quarantine, and Mass Dispensing Law, State Statute 144.4197.
5. The pharmaceuticals will be dispensed according to protocol outlined by the Minnesota Department of Health.
6. The primary intent of ADM is to provide antibiotic prophylaxis to segments of the population simultaneous to the assets provided at the MDS Sites.
7. Though developed to meet the goal of CRI, ADM might be used for events other than anthrax.
8. The goals of ADM are to reduce the number of people going to the MDS as well as to reach people who are unable to access medication at the MDS.
9. ADM methods will be implemented locally but coordinated regionally.
10. Facilities (e.g. businesses, social service agencies, etc.) that extend beyond one’s jurisdictional boundaries (e.g. are chains) should follow the “home rule,” which says that the jurisdiction in which corporate headquarters reside will conduct the planning for that facility.

## Implementation Guidelines

Given planning assumption #9 on the previous page, namely that ADM is implemented locally but coordinated regionally, PHEC recommends the following guidelines be agreed to and adhered to by each local jurisdiction before beginning its work, as indicated by approval from MLPHA.

It is agreed upon that LPH's highest priority is to fulfill its obligation to serve those who cannot otherwise access an MDS (or not without considerable assistance) in order to receive prophylaxis. While large cohorts might be a very effective means of reducing the burden on an MDS, planning for those who have restricted mobility is paramount. With room for prudent interpretation and recognizing that some activities will inevitably overlap in time, LPH agencies should follow this general guide for planning:

2007-08 grant year: Emphasis on those with restricted mobility to include but not limited to:

- Nursing homes, memory care, assisted living facilities and/or senior high-rises
- Social support/service agencies that serve individuals who are homebound or homeless
- Residential homes for persons with MR/DD, halfway houses, transitional living, shelters, chemical dependency treatment, etc.
- Inmates of correctional systems (adult and juvenile) or detoxification centers

2008-09 grant year: Emphasis on large cohorts serving the community at large, coordinating our approach and contact with some of these entities as a region:

- Schools (K-12)
- Colleges where dormitory facilities are present
- Camps (organizationally-affiliated or county/city campgrounds)
- Faith-based institutions (specifically those with parish nurse or other health programs in place)
- Community-based organizations with specialized outreach or large clientele
- Hotels or extended stay facilities where there is potential for a significant increase in the population that would need to be served by the jurisdiction
- Other businesses that have a significant employee base that needs specific communication mechanisms (e.g., languages other than English or adaptation for physical disabilities)

2009-2010 grant year: Emphasis on businesses as a large cohort:

- Businesses that serve a significant number of employees (and household members) locally
- Select businesses that operate across the region
- Possibly clinics, depending upon where discussion on this topic leads in the next two years

In addition, PHEC recommends two taskforces convene during 2007-08; one led by Laura Eiklenborg to further operationalize essential personnel and local distribution node plans and the other led by the MDS workgroup to address ADM outreach. Specific issues for ADM outreach include:

- Procedural steps with ADM entities, including use of the MOU and template already created;
- Confirming responsibility for each type of state/federal facility within the metro area;
- Joint or mutual marketing of ADM opportunities to community entities;
- Sustainability suggestions for keeping ADM agreements up-to-date and complete;
- Training approaches (including possible joint trainings) and resources (including a list of relevant associations that could offer trainings) for staff employed by ADM entities;
- Implementing the specifics of "home rule" for cross-jurisdictional entities; and
- Issues specific to business outreach, such as
  - Minimum number of employees (consider whether this is important or not);
  - Confidentiality and medical direction/liability concerns specific to business settings; and
  - A suggested timeline for types of businesses to be approached.

The taskforce will give written recommendations to PHEC, including whether to appoint a regional planner for ADM implementation in future years or how best to use any existing planning capacity.

## Implementation Strategies

The ADM subgroup from the Mass Dispensing Workgroup has outlined several steps you can follow in order to implement your ADM plan. In addition, tools and templates have been created to assist you in this process and are available in a modifiable format.

	<b>Implementation Steps</b>	<b>Helpful Tools</b>
1	Create ADM planning team	
2	Tailor templates for your local jurisdiction	<ul style="list-style-type: none"> <li>✘ ADM Plan</li> <li>✘ Local Distribution Node Field Operation Guide</li> <li>✘ Closed Dispensing Site Workbook</li> <li>✘ Memorandum of Understanding</li> <li>✘ Letter to Facilities</li> <li>✘ Facility Contact Form</li> <li>✘ ADM Brochure</li> <li>✘ Meeting Agendas</li> </ul>
3	Identify target groups based on implementation guidelines	✘ ADM Implementation Guidelines
4	Create database of facilities	<ul style="list-style-type: none"> <li>✘ Letter to Facilities</li> <li>✘ Facility Contact Form</li> </ul>
5	Market ADM to facilities	✘ ADM Brochure
6	Assist facilities in determining if they have the capability to function as a Closed Dispensing Site	✘ Closed Dispensing Site Planning Worksheet
7	Provide detailed information about becoming a Closed Dispensing Site	✘ Closed Dispensing Site Workbook
8	Conduct initial meeting with facilities that express interest	✘ Alternate Dispensing Modalities – Initial Partners Meeting Sample Agenda
9	Secure signed Memorandum of Understanding from each facility that agrees to become a Closed Dispensing Site	✘ Sample MOU - in Closed Dispensing Site Workbook
10	Conduct final meeting and training with facilities	✘ Alternate Dispensing Modalities – Final Partners Meeting Sample Agenda
11	Collect copies of completed Closed Dispensing Site plans from each facility	✘ CDS Template – in Closed Dispensing Site Workbook
12	Exercise	



The ADM Plan Template provides an overview of the ADM plan and serves as an Annex for your local jurisdiction's emergency response plan.

## Alternate Dispensing Modalities (ADM) Template

Jurisdiction Name Here

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### Alternate Dispensing Modalities (ADM)

Coordinating Agency: Local Emergency Manager  
Primary Agency: Local POC, Local Jurisdiction (Local Public Health Agency)  
Supporting Agencies:

#### Purpose

Alternate Dispensing Modalities (ADM) augments traditional mass dispensing sites (MDS) by utilizing a modified medical model that “pushes” prophylaxis or preventive medication to individuals within immobile populations and large cohorts. Facilities that serve immobile populations include but are not limited to jails, prisons, and long-term care. Facilities that have access to large cohorts may include places of worship, businesses, hotels, resorts, and others as appropriate to each local jurisdiction.

The purpose of this document is to outline responsibilities, policies, and procedures established for the provision of oral antibiotics to immobile populations and large cohorts, during a public health emergency.

#### Authorities

##### Federal

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288

##### State

Minnesota Statutes, Chapter 12, Minnesota Emergency Management Act of 1996  
Minnesota Statutes, Chapter 144.4197, Emergency vaccine administration; legend drug



The purpose of the Local Distribution Node (LDN) Field Operation Guide (FOG) is to provide operational tools to agencies so they may notify, activate, and implement local distribution and dispensing plans just-in-time.

Local Distribution Node (LDN)  
Field Operation Guide (FOG)

# Local Distribution Node

## Field Operation Guide

**May 2008**



The workbook is not a complete Closed Dispensing Site plan, but rather a key reference document to help organizations begin the planning process in conjunction with your local public health agency.

# MINNESOTA CITIES READINESS INITIATIVE



## Closed Dispensing Site Workbook

**Mass Prophylax  
100% of a Population  
in 48 hours**



The sample Letter to Facilities can be used in your data collection process - to be sent with Agency Contact Form. Additional questions can be added to the back side if needed.



**Public Health**  
Prevent. Promote. Protect.

(Insert your logo here)

Date

Name

Agency

Address

City, State, Zip

Dear **Name**:

As part of our efforts at **LPH** to prepare for an emergency, we are collecting data regarding your facility for planning purposes only. As we move forward in planning, we will contact you regarding your options in partnering with **LPH** to prepare for emergencies.

Please fill out the attached form and return it to **LPH** by **date**. By completing this form, you will assist **LPH** in planning and increase our ability to serve your facility. Please feel free to contact us with any questions or concerns you may have.

Sincerely,

**Director of LPH**

Local Public Health Agency:

Date:

**AGENCY CONTACT INFORMATION**

<b>Name of Agency</b>				
<b>Type of Agency</b> (check)		Academic Health Service <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Home Care <input type="checkbox"/> Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> Senior High Rise <input type="checkbox"/> Place of Worship <input type="checkbox"/> Business <input type="checkbox"/> Hotel <input type="checkbox"/> Other		
<b>Street Address of Agency</b>				
<b>City and Zip Code</b>		Zip Code		
<b>24/7 Phone Number for Agency</b>				
<b>Fax Number for Agency</b>				
<b>Primary Contact (Position)</b>	<b>Name</b>	<b>Day Phone</b>	<b>Evening Phone</b>	<b>Cell Phone</b>
	<b>Pager</b>	<b>E-mail</b>		
<b>Alternate Contact (Position)</b>	<b>Name</b>	<b>Day Phone</b>	<b>Evening Phone</b>	<b>Cell Phone</b>
	<b>Pager</b>	<b>E-mail</b>		
<b>Does the Agency receive Health Alert Network (HAN) notices?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Maximum number of staff</b>				
<b>Maximum number patients/clients/guests/members at your Agency</b>				
<b>Does the Agency have a health professional who could administer antibiotics or vaccine to clients in an emergency if this prophylaxis material is provided to you?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If no, can you arrange for a health professional to assume this role?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Type and number of health professional staff available</b>				
MDs ____ RNs ____ LPNs ____ MAs ____ Pharmacists ____ Medical Director ____ Veterinarians ____ Other (please specify) ____				
<b>Other important information for us to know</b>				
<b>Name of Person Completing Form</b>				<b>Date</b>
<i>Local Health Department Office Use Only</i>				
<b>Agency in HAN database? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<b>Population category for Agency:</b>		
<b>In another database? Which?</b>		<b>Mobility</b> <input type="checkbox"/> (served on-site)		
		<b>Large Cohorts</b> <input type="checkbox"/>		

FAX this information to:  
or Mail this information to:



The ADM Brochure is designed to peak the interest of organizations and provides a form for them to complete to request more information.

### Cities Readiness Initiative: A Collaborative Effort

It's an ambitious goal: mass prophylax millions of people in 48 hours in the event of a catastrophic bioterrorism incident.

Plans are being developed and written but will not be feasible without the cooperation of many government agencies and their community partners.

Community partners like you are essential components of our city's bioterrorism response plan. Your involvement will help ensure Minnesota's successful response to a public health emergency such as a potentially catastrophic bioterrorism incident.

Insert photo of your local community here



Get prepared.

Insert your city or county logo here

*Improving the health of our community*  
Serving City/County

Insert Contact information here

## MINNESOTA CITIES READINESS INITIATIVE



**Mass Prophylax  
100% of a Population  
in 48 hours**

## **CRI ... What is the Public Health Issue?**

In the event of a catastrophic public health emergency, such as a bioterrorism incident, large segments of the population may need prophylaxis (preventative medication) quickly. This becomes a daunting task that must be executed with great efficiency. To address this vulnerability, the *Cities Readiness Initiative (CRI)* provides direct assistance to designated cities throughout the nation. This will build the response capacity needed to provide prophylaxis to **100 percent of their population within a 48-hour period.**

### **What's the Plan?**

"Mass Dispensing Sites" (MDSs) will be the main mechanism for the distribution of medicine and medical supplies to healthy people in the area of risk during a large-scale public health emergency.

While MDSs will be used to reach the majority of the population, other dispensing solutions will also be brought into play.

### **How Can You Help?**

As we build a bridge of mutual communication and alliance, we're calling on you to help protect your organization, your employees and our community by becoming a Closed Dispensing Site. In addition to MDSs, public agencies and private companies with health or medical staff or volunteers can prophylax their own staff and members of their households, residents or guests. Through a Memorandum of Understanding signed by both parties, the local Health Department will be responsible for supplying the medication and your organization will dispense the medication.



By becoming a Closed Dispensing Site, your employees and their families are protected by harm and your organization keeps running smoothly. In addition, the local Health Department has to prophylax fewer people overall at its MDSs. ***It's a win-win situation for both parties!***

## **Yes, I'd Like To Help!!**

I would like to make a difference and become a part of the *Cities Readiness Initiative*. Please contact me so I can learn more about the program.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## **Thank you!!**

*Please return this form to:*

**Insert Contact  
information here**



The Worksheet illustrates some planning considerations and assists facilities in determining if they have the capability to function as a Closed Dispensing Site. Can be sent with or following the ADM Brochure.

## Closed Dispensing Site Planning Worksheet

The following questions will help you determine whether your organization has the capabilities to function as a CLOSED Dispensing Site. After completing this questionnaire, you'll have a better idea of what your business can or can't do to dispense medication in an emergency. Your management team should discuss these questions and answers with your local public health partners for further planning assistance. (Contact information for your public health agency can be found at [\(insert your contact information\)](#)).

### How many doses of medication will be needed?

**1** How many people does your organization employ?

Full-time	
Part-time	
Contract	
Seasonal	
<b>Total Employees</b>	

estimate of three additional individuals per household.

Total Employees	
Multiplied by 3*	
<b>Total persons per household</b>	

**2** Will you offer medication to employee's family members too?

Yes    No

**3** If you plan to offer medications to employees' families, it is imperative that you work with your local public health agency to decide how you will define a "family member" and determine the amount of medication needed. For the purpose of this checklist, you can use an

**4** How many residents, members or guests does your organization serve?

**5** Using the answers from Question 1, 3 and 4, calculate how many individuals your organization will need to supply with medication.

Employees	
Family Members/household	
Residents/Guests/Members	
<b>TOTAL</b>	

### Where will the medication be dispensed?

**6** Does your facility have a large space to conduct dispensing operations, such as a large conference room, cafeteria, or auditorium?

Yes    No

(Please refer to the Sample Dispensing Flow Diagram in the Closed Dispensing Site Workbook for an example of how the space will be utilized.)

### Who will dispense the medication?

**7** Who will serve as the on-site, licensed medical professional(s) required for your dispensing operation?

On-staff medical professional (nurse, doctor, or pharmacist)

Contract medical personnel

Volunteer medical personnel

Will these individuals be available to help the organization dispense medication during an emergency?    Yes    No

### How will you handle the paperwork?

**8** Does your organization currently require pre-employment health screening?

Yes  No

**9** Would your organization be willing to collect medical information (related to emergency dispensing) from your employees, residents or members PRIOR to an actual event?

Yes  No

[Note: the type of information collected will be similar to that provided on standard health assessment forms for Minnesota. Samples are available in the Closed Dispensing Site Workbook.]

**10** If you answered YES to question 9, how would you maintain/update those records?

Use current employee/resident records system

Develop a separate, dedicated system [As you think about question 10, you may want to examine any human resources policies already in place regarding the maintenance and storage of health-related information.]

### How will you manage the event?

**11** Has your organization identified a Lead/Crisis Management Team?

Yes  No

**12** If you answered YES to Question 11, will this team be responsible for planning, exercising and organizing all aspects of your dispensing operations?

Yes  No

**13** Do you have security measures in place at your facility, such as security personnel; limited or controlled access; and/or video surveillance to protect the medications and control access to the site?

Yes  No

**14** Will your organization provide pre-event education to your employees about your dispensing plans?

Yes  No

**15** Do you have supplies and equipment already on-site or would additional items need to be stockpiled (Please refer to the Closed Dispensing Site Workbook) for a suggested supply list.)

Yes  No

**16** Would you be able to provide local public health agencies with a breakdown of the counties your employees reside in?

Yes  No

#### FOR DISCUSSION PURPOSES ONLY

**This document is to illustrate some planning considerations involved in becoming a Closed Dispensing Site.**



Sample agenda to follow at the preliminary meeting with facilities that are interested in becoming Closed Dispensing Sites.

# Alternate Dispensing Modalities – Initial Partners Meeting

9/29/2008  
9:00 AM to 11:15 AM  
Local Public Health Agency  
Your City, MN

Meeting called by:  
Facilitator:

Type of meeting:

## Agenda

Welcome and Introductions	Public Health Director	10 Minutes
Alternate Dispensing Modalities (ADM) Overview <ul style="list-style-type: none"> <li>Rationale for ADM implantation</li> <li>General description of ADM function</li> <li>Review of responsibilities of ADM partners</li> </ul>	Emergency Preparedness Coordinator	45 Minutes
How ADM helps your agency <ul style="list-style-type: none"> <li>Legal obligation to provide care (depending on agency)</li> <li>Benefits to organization</li> <li>Benefits to employees</li> </ul>	Public Health Director	20 Minutes
Next Steps in becoming an ADM partner <ul style="list-style-type: none"> <li>Review and discussion of ADM worksheet</li> <li>Review of documents to be completed by agency</li> <li>Date and time for second ADM Partner meeting</li> </ul>	Emergency Preparedness Coordinator	45 Minutes

## Additional Information

Special notes: This agenda is timed to accommodate a 15 minutes break



Sample agenda to follow at the final meeting with facilities once they have agreed to become Closed Dispensing Sites.

# Alternate Dispensing Modalities – Final Partners Meeting

10/12/2008  
9:00 AM to 11:30 AM  
Local Public Health Agency  
Your City, MN

Meeting called by:  
Facilitator:

Type of meeting:

## Agenda

Welcome and Introductions	Public Health Director	10 Minutes
How to Operationalize ADM <ul style="list-style-type: none"><li>• How to get meds</li><li>• Discussion of Closed Dispensing Site flow</li><li>• Discussion of personnel needed</li><li>• Screening form training</li><li>• How to return meds</li></ul>	Emergency Preparedness Coordinator	90 Minutes
Next Steps in becoming an ADM partner <ul style="list-style-type: none"><li>• Sharing of key contacts</li><li>• Process for sharing ADM plan and MOU with LPHD</li><li>• Q and A</li></ul>	Public Health Director	35 Minutes

## Additional Information

Special notes: This meeting is timed to accommodate a 15 minute break.