

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

Alternate Dispensing Modalities (ADM) Template

Jurisdiction Name Here

Geographic/Demographic Information

The **local jurisdiction** is (describe local geographic/demographic here).

Broadly defined, vulnerable or at-risk populations are those for whom additional help may be needed as a result of a disaster. During a public health emergency, dispensing prophylaxis via ADM to vulnerable, at-risk populations, and hard-to-reach populations will keep ensure they receive needed medication and minimize required throughput at mass dispensing sites. The following table provides an overview of **local jurisdiction's** total population, and the various populations served via dispensing strategies.

Total Jurisdiction Population	Xxx,xxx
Population served via postal plan	Xxx,xxx
Population served via ADM	Xxx,xxx
Population Served via MDS	Xxx,xxx

Concept of Operations

The **Local Public Health Agency** is the lead agency to coordinate ADM. The ADM Distribution Plan uses a hub and spoke system to allow distribution of SNS assets from the Regional Distribution Node (RDN) to Local Distribution Nodes (LDN). LDN are distribution sites for local community agencies, businesses, and organizations (henceforth referred to as facilities). Each local jurisdiction within the Metropolitan Statistical Area (MSA) is responsible for the identification, planning, and operations for each LDN (see figure 1).

Upon activation, SNS assets will be transported from the RDN to each LDN using existing SNS Transportation Plans. Once SNS assets arrive at the LDN, each LDN is responsible for distributing antibiotics, forms, and other supplies to pre-identified facilities within their jurisdiction.

Facilities will be notified of plan activation via communication from local public health agencies. Upon notification, organizations will dispatch a courier to retrieve a pre-identified amount of medication for at risk residents/guests and staff including their household members (if appropriate based on exposure or risk of exposure). The courier will return to the facility with medication to be dispensed by health care professional or other trained personnel as authorized by the Commissioner of Health.

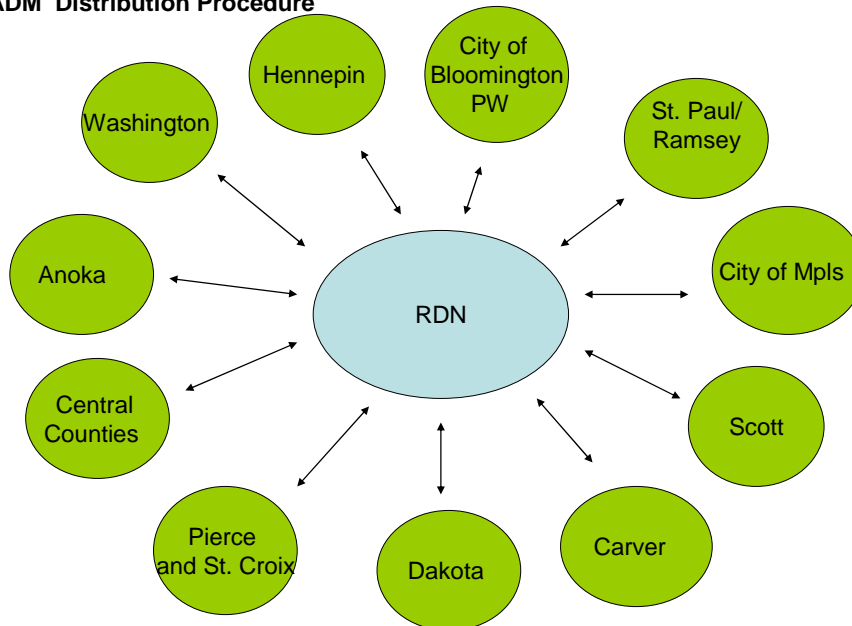
The ADM Distribution Plan is based on the assumption that a short-term regimen (seven to ten days) will initially be distributed from the SNS assets. If a longer regimen is required, additional assets will be procured from later shipments of the SNS and distributed via the ADM distribution procedure or via the regular MDS process.

Alternate Dispensing Modalities (ADM) Template

Jurisdiction Name Here

Figure 1

ADM Distribution Procedure



Notification and Activation

1. State the location, including back up, of the LDN;
2. Describe how LDN notification and activation will occur in your jurisdiction;
3. Describe how the facilities will be notified of plan activation in your jurisdiction;

Transportation of SNS Assets

LPH has developed comprehensive transportation and security plans to transport the SNS assets from the RDN to LDNs, MDSs, and alternate care sites. Transportation plans are detailed in **Insert Local Plan Name Here**. In brief, transportation of SNS assets from the RDN to the LDN entails the following:

1. Describe the identification, notification, and activation of vehicle source;
2. Describe the security requirements for transportation carriers and routes;

Local Distribution Node Operations

It is recommended that LPH co-locate their LDN site with the site used for distribution of local cache assets (to persons who perform mission critical functions). LDN Operations include the receiving, sorting, and distribution of SNS assets to pre-identified facilities.

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Jurisdiction Name Here

Securing the LDN

LPH describe LDN Security Plans here. Recommendations include one armed security personnel at each accessible door.

Receiving SNS Assets

The SNS assets will be delivered via SNS transportation plans. Assets will be delivered on 4x4x4 shrink-wrapped pallets. Depending upon quantity, pallets may be offloaded by hand. Larger operations may require a pallet jack or forklift for offloading purposes. Upon receipt of the SNS assets, the LDN Manager, or a designee, will store SNS assets in a secure location until distribution operations begin.

Distribution of SNS Assets

Distribution staff will provide Facility Couriers with prophylaxis, Screener/Dispenser JITT, and education materials and/or medication information for each Facility. The number of Distribution Staff required depends upon the number of Facilities secured in each jurisdiction.

1. Indicate total number of Facilities secured here;
2. Indicate maximum number Facility resident/guest/ and staff here;
3. Describe the number of Distribution Workforce required to meet the needs of your jurisdiction.

Dispensing

Pursuant to State Statute 144.4197, during a public health emergency the Commissioner of Health may authorize supervised and trained personnel to dispense legend drugs. Facilities are responsible for identifying and securing health professional(s) to screen the MDH Registration Forms and dispense medications. If Facilities can not arrange for a health care professional or an authorized person to assume this role, one may be provided for them by LPH (e.g. Medical Reserve Corps (MRC) Volunteers, etc.) if available.

LPH, indicate here if there is an agreement in place to provide health professionals to Facilities for screening.

List the Facilities that require the provision of a health care professional.

Dispensing training, which will include instructions describing how to screen the MDH Registration Form, will be provided by MDH. The training materials will be included with the cache assets and delivered to the Facility with the assets via the Facility Courier.

The Facility Screener/Dispenser will be responsible for screening the MDH Registration Forms and dispensing and labeling medication to guests, residents, staff, and members of staffs' households.

Alternate Dispensing Modalities (ADM) Template

Jurisdiction Name Here

Responsibilities

Primary Agencies

Local Public Health Agency

- Provide leadership with facilities for pre-event planning
- Develop communication strategy to notify facilities in the event of an emergency
- Assure distribution to facilities within jurisdiction
- Provide assistance, as requested, during an emergency
- Arrange for exchange of unused medication

Facilities

- Identify key personnel for operations
- Provide screening for and dispense medications to personnel and clients
- Receive and manage inventory
- Return medications to LPH when event is over

Appendices

Local Notification and Activation

Field Operations Guide