

## **Partnering with Public Health via the *Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding***

Public Health - Seattle & King County partners with local pharmacies via the Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding (“MOU”) in order to utilize the existing pharmacy infrastructure to address the health and medical needs of an affected population during a public health incident, emergency or disaster. The types of assistance Public Health may request from pharmacies through this MOU include dispensing medications, administering immunizations, provision of pharmacy human resources and/or general or targeted communication with the public.

Section D “Provision of Technical Assistance from Party LHJs” of the MOU’s operational plan states that the local health department activating the agreement will provide the following types of support and assistance to participating pharmacies:

- Planning and technical assistance, including but not limited to supply lists, fact sheets, dispensing algorithms, and medical protocols regarding the Pharmacy’s response including, but not limited to, dosing and follow-up procedures.
- Releasable information regarding the public health emergency situation.
- Guidance and criteria for tracking levels of activity, supplies and inventory, as applicable to the response - and to the extent possible - consistent across signatory LHJ jurisdictions.

This toolkit has been developed to illustrate the types of information pharmacies may receive from Public Health – Seattle & King County in fulfillment of the responsibilities outlined above. Most of the documents in the toolkit are **samples only** and illustrative of resources pharmacies will receive from Public Health when the MOU is activated. The sample documents are modeled on a Pertussis outbreak scenario; actual resources for pharmacies will be customized to reflect the specifics of the incident and distributed to pharmacies at the time the MOU is activated.

### Toolkit contents:

1. Program overview
2. Enrollment form
3. Terms of use
4. Clinical guidance
5. Medication Withdrawal Form
6. Medication Tracking Form
7. Medication Return Form

## 1. Program Overview

*This is an example of a program overview that would be provided by Public Health at the time the Statewide Pharmacy Agreement is activated. The audience for this document would be pharmacies, ambulatory care providers, and others who Public Health could partner with to distribute vaccine or medications to the target population. The content of this program overview would be altered to reflect the specifics of the event, but the below example is representative of the types of information it would contain. Public Health would encourage organizations partnering with Public Health to disseminate these terms of use widely to all facilities participating in dispensing or vaccination operations.*

Dear Healthcare Partner:

As you are aware, Washington State is experiencing a Pertussis epidemic that is expected to last through the summer. We would like to thank the more than 100 pharmacies and medical clinics that have partnered with us so far to distribute free Tdap vaccine to adults 19 years of age and older who are uninsured or do not have coverage for immunizations, as well as the hundreds of Vaccine for Children providers who distribute free DTP and other childhood vaccines to King County children every day.

We are seeking additional opportunities to distribute vaccine to adult populations in partnership with healthcare organizations and pharmacies. Below is an outline of the criteria for partnering with Public Health to distribute free or low cost vaccine.

### Program goals

- Ensure Tdap vaccine is available to adults who are uninsured or do not have coverage for immunizations, as well as children who are eligible for free vaccines through the Vaccines for Children program
- Establish efficient management, distribution and tracking of Tdap/DTP vaccine throughout the pertussis outbreak
- Ensure King County healthcare organizations follow the required protocols associated with use of the locally stockpiled medical supplies.

### General requirements

- Provide vaccine at no cost to adults who are:
  - 19 and older
  - Low-income or uninsured
  - Less than or equal to 200% of Federal Poverty Guidelines
- Offer vaccine at locations where there is a large proportion of low income clients
- Pharmacies may charge an administration fee but must waive the fee for those who can't afford to pay.
- Pharmacies will ask clients about household income and insurance status. No documentation for household income or insurance status is required.
- Refrain from asking for proof of citizenship
- Charge no more than \$15.60 for vaccine administration and \$0 for the vaccine, and be willing to waive the fee for patients who cannot afford to pay

- Sign a VFC (Vaccines for Children) provider agreement if your organization is not already a VFC provider
- Display signage to advertise availability of free or low-cost vaccine
- Allow Public Health to advertise clinic to the general public
- Provide spokespeople for media availability as requested by Public Health
- Complete a “readiness checklist” to assure the clinic site is prepared and equipped for vaccine storage, handling and administration (only if you are not already a VFC provider)
- Comply with safe vaccine storage, handling and administrative practices

#### Reporting and documentation requirements

- Utilize your organization’s vaccine screening and consent forms, or use versions provided by Public Health. Distribute Vaccine Information Statements (VIS) forms to patients prior to vaccinating.
- Provide clients with record of vaccination (template can be provided by PHSKC)
- Follow DOH accountability requirements (twice a month usage reports and once a month inventory and temperature log reports) until the vaccine is gone.
- Report adverse events to Public Health – Seattle & King County within 24 hours
- Check Child Profile for Tdap administered date prior to administering Tdap
- Enter “consent to vaccinate” forms into Child Profile
- Send Medication Tracking Forms back to Public Health – Seattle & King County for data entry by the 5<sup>th</sup> of each month. Send forms to:  
Public Health – Seattle & King County  
Preparedness Section  
401 5<sup>th</sup> Ave, Suite 1300  
Seattle, WA 98104

#### Staffing and supplies

- Order Tdap vaccine from DOH (if existing VFC provider) or Public Health (if non-VFC provider) with minimum 5 business days lead time
- Provide ancillary supplies for vaccinations such as needle tips, cotton swabs, alcohol swabs, Band-Aids, and sharps disposal
- Provide vaccinators, site/operations management, support staff, and Public Information Officer coverage for vaccination operations

#### Public Health commitment

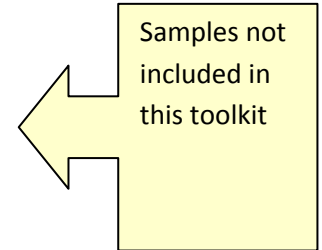
- Deliver Tdap doses
- Supply templates for patient consent forms and vaccination record (provider can also use their own forms)
- Facilitate training on Washington State Immunization Information System (Child Profile)
- Provide press releases and other communications to promote availability of vaccinations
- Provide communication resources, which may include:
  - Signage for your store

- Phone scripts for fielding calls
- Handouts about the medication
- Handouts about the disease or infection

If your organization would like to serve as a distribution site for free Tdap vaccine, please complete the attached enrollment form and submit to [name] with Public Health – Seattle & King County via [fax] or [email].

Once we have received your enrollment form, we will send the following additional information:

1. Instructions for online vaccine ordering
2. Readiness checklist
3. Instructions for online reporting of doses used and storage temperature
4. Instructions for vaccine incident reporting
5. Sample forms and public education materials



## 2. Enrollment Form

*This is an example of an enrollment form that would be provided by Public Health at the time the Statewide Pharmacy Agreement is activated. The audience for this document would be pharmacies, ambulatory care providers, and others who had agreed to partner with Public Health to distribute vaccine or medications to the target population. The content of this enrollment form would be altered to reflect the specifics of the event, but the below example is representative of the types of information it would contain. The form would be signed by the participating organization prior to medications being shipped by Public Health.*

### **Tdap Distribution Agreement between (organization’s name) and Public Health – Seattle & King County**

This agreement is made and entered into between the Seattle-King County Department of Public Health, also known as Public Health – Seattle & King County (“PHSKC”) and (organization’s name). In response to the current Pertussis outbreak situation, PHSKC has decided to provide free Tdap vaccine to uninsured and low income individuals.

The (organization’s name) Agrees to:

- Assist PHSKC distribute Tdap vaccine to uninsured and low income individuals in King and Pierce County, Washington.
- Adhere to clinical guidance developed by PHSKC and included in Attachment A.
- Waive any administrative fees associated with vaccinating individuals.
- Not require documentation for insurance or income status for vaccinations.
- Store all medications consistent with manufacturer’s guidelines.
- Report inventory levels and usage for sites receiving Tdap vaccine from the PHSKC cache using form in Attachment B.
- Redistribute Tdap vaccine between pharmacy sites at their discretion to ensure adequate supplies are available at all sites.
- Return any unused vaccine to PHSKC at a date and time mutually agreed upon by the provider and PHSKC.

PHSKC Agrees to:

- Partner with the Tacoma – Pierce County Health Department to provide efficient communication and response across the two counties.
- Deliver vaccine from the PHSKC cache to specify (organization’s name) locations identified in Attachment C.
- Respond to resupply requests from (organization’s name) to resupply as mutually agreed upon by both PHSKC and (organization’s name). Contact information for resupply:  
     [Name], Medical Countermeasures Program Manager  
     [Phone] office  
     [Phone] cell
- Provide information about this agreement to healthcare providers, so that they may inform low income patients where free or low cost vaccinations are available.

\_\_\_\_\_  
 Name, title

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip Code

### 3. Terms of Use

*This is an example of Terms of Use for the regional medication cache that would be provided by Public Health at the time the Statewide Pharmacy Agreement is activated. The audience for this document would be pharmacies, ambulatory care providers, and others who agreed to partner with Public Health to distribute vaccine or medications to the target population. The Terms of Use would be tailored to the specifics of the event, but the sample below is representative of the types of information it would contain. Public Health would encourage organizations partnering with Public Health to disseminate these terms of use widely to all staff involved with dispensing or vaccination operations.*

#### Public Health – Seattle & King County (PHSKC) Regional Medication Cache Terms of Use

1. Adacel pre-filled syringes provided from the regional cache will be dispensed to a specific population based on the type of provider dispensing the medication.

<b>Dispensing Organization Type</b>	<b>May Dispense To</b>
Community Dispensing Sites	<ul style="list-style-type: none"> <li>• Anyone (patients and staff) with a valid prescription indicating medications should be dispensed from the Public Health cache</li> <li>• Anyone (patients and staff) with a valid prescription who indicates an inability to pay for the prescription</li> </ul>
Pharmacy	
Hospitals	
Ambulatory Care	

2. Adacel pre-filled syringes received from the regional cache will be dispensed by providers at no cost to patients meeting the following criteria:
  - a. Individuals who request free or low cost Tdap vaccine and meet the eligibility requirements of the program
  - b. Individuals who, at the discretion of Pharmacy staff, are unable to afford the cost of the vaccine
3. No documentation for household income or insurance status is required
4. Pharmacies must waive administration fee for vaccines provided from this stockpile for patients who request it
5. Providers will adhere to clinical guidance developed by PHSKC and included in Attachment A
6. Providers receiving Adacel pre-filled syringes vaccine from the regional cache will store all medications consistent with manufacturer’s guidelines
7. Providers receiving Adacel pre-filled syringes vaccine from the regional cache will report inventory levels and usage according to a format and schedule determined by PHSKC
8. Providers will:
  - a. Must report inventory levels and usage data according to a format and schedule determined by PHSKC
  - b. May be asked to report patient data and trends on patients receiving vaccine

- c. May not repack, sell, or otherwise collect receive any monetary compensation for dispensing antiviral received from the Regional Antiviral Cache.
9. Redistribute supplies across sites at providers discretion to ensure adequate supplies are available at each site
10. Providers will return any unused antiviral supplies to PHSKC at a date and time mutually agreed upon by the provider and PHSKC.
11. PHSKC will respond to resupply requests to resupply as mutually agreed upon by both parties.  
Contact information for resupply requests:  
    [Name], Medical Countermeasures Program Manager  
    [Phone] office  
    [Phone] cell
12. PHSKC will provide instructions to healthcare providers so that they may inform low income patients where free or low cost vaccine is available

## 4. Clinical Guidance

*This is an example of clinical guidance that would be provided by Public Health at the time the Statewide Pharmacy Agreement is activated. The audience for this document would be pharmacies, physicians, hospitals, and other healthcare providers and facilities who could help direct patients to points of access for free or low-cost medications. It would be distributed via provider listservs maintained by Public Health, such as the EpiX system. The clinical guidance would be tailored to the specifics of the event, but the sample below is representative of the types of information it would contain. Public Health would encourage dispensing partners to disseminate these clinical guidelines widely to all staff involved with dispensing or vaccination operations.*

### **Health Alert – Public Health Antiviral Drug Dispensing Sites – 22 JAN 2013**

Beginning Wednesday, JAN 23rd, Public Health - Seattle & King County is providing Tamiflu (oseltamivir) 75 mg tablets from the County stockpile through certain community pharmacies at no cost for treatment of influenza in patients who cannot access and/or pay for the drugs elsewhere (pharmacy service only - no clinical services are available at the dispensary). For dispensing site locations, see page two of this alert.

- To receive no cost oseltamivir medications:
  - Patients MUST have a valid prescription (Rx) and should meet CDC criteria for treatment or chemoprophylaxis (excerpt below, see CDC site for full guidelines).
  - Rx must have prescribing physician's name and contact number legible.
  - The prescribing clinician must write "NO COST" on the Rx
- This supply of oseltamivir is intended to treat 1) people with risk factors for severe influenza and, 2) out-patients with influenza illness requiring treatment; 3) influenza antiviral drugs from the stockpile may also be used for chemoprophylaxis of high risk persons. This supply is not intended for use in generally healthy persons with uncomplicated influenza or in persons who are recovering from influenza. Pediatric (liquid) formulation from the manufacturer is not available; however pharmacies can compound a limited amount of oral solution for pediatric use for patients who cannot access the solution elsewhere (call pharmacy).
- Persons with suspected influenza and severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy. Early empiric antiviral treatment should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:
  - Pregnant women (up to 2 weeks postpartum, including following pregnancy loss)
  - Children younger than 2 years old
  - Persons aged 65 years or older
  - Persons of any age with certain chronic medical conditions or immune suppression, including:
    - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus)
    - Disorders that that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
    - Immunosuppression, including that caused by medications or by HIV
    - Persons younger than 19 years of age who are receiving long-term aspirin therapy



- Children aged 2 years to 4 years without high risk conditions and with mild illness do not necessarily require antiviral treatment.
- Morbid obesity
- Native American/Alaska Native persons
- Please see complete guidelines on antiviral drug treatment and PEP considerations on the CDC website: <http://www.cdc.gov/flu/professionals/antivirals/>
- More information is also available at [www.kingcounty.gov/health/flu](http://www.kingcounty.gov/health/flu)

## 5. Medication Withdrawal Form

*This is the actual Medication Withdrawal Form that would be used by Public Health to transfer custody of the medications at the point where medications are either picked up or delivered to the participating organization. Information on this form would be filled in by Public Health, and the individual authorized to receive medications on behalf of the participating organization would verify accuracy and sign at bottom.*

### Medication Withdrawal Form

Form instructions:

Date of Request: \_\_\_\_\_

1. The requesting organization will fill out the first page of this form and then email the entire form to [HealthEOC@kingcounty.gov](mailto:HealthEOC@kingcounty.gov) with "Medication Withdrawal" in the subject line.
2. Upon approval, Public Health – Seattle & King County (PHSKC) will fill out the approver information on the second page and coordinate a pick-up time and date with the requesting organization.
3. The approved request will then be emailed (blind cc'd) to the PHSKC Downtown pharmacy and the requesting organization. Email outline:
  - a. *Subject line:* "Approved Medication Withdrawal"
  - b. *Attachment:* filled out Medication Withdrawal Form
  - c. *Body of email:* time and date of medication pick-up
4. The PHSKC downtown pharmacy will assign a control number or barcode to the requesting organization, annotate the number on page two, and scan the approved quantity of outgoing medications to remove from inventory system.
5. The requesting organization will sign and date that they have received the medications.
6. The PHSKC downtown pharmacy will retain the completed Medication Withdrawal Form and notify the PHSKC approver that the order has been filled.

#### Requesting organization:

Contact (Printed Name): \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of medication requested \_\_\_\_\_

Number and type of each medication (e.g. doses, bottles, etc.) \_\_\_\_\_

\_\_\_\_\_

Product will be picked up from the Downtown Seattle Public Health Center Pharmacy, located at 2124 4<sup>th</sup> Ave, Seattle between the hours of **8:00 -12:30 and 1:30 PM- 4:30 PM** (Parking in the back by the door, Pharmacy window just inside the door), with the following conditions:

- Medications must be administered according to terms of use (example on page 3)

**Medications will be picked-up by** (Printed full Name): \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

---

*Items below line to be filled out by PHSKC Personnel Only*

This form authorizes \_\_\_\_\_ to pick up \_\_\_\_\_  
*Name of Pharmacy/Organization* *Quantity and type of product*

**Approved by** (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pick-up Time & Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Issued by** (Print Name): \_\_\_\_\_

Assigned requesting organization control #: \_\_\_\_\_

**Signature of Requesting Organization** (upon receipt):

\_\_\_\_\_

Date: \_\_\_\_\_



**7. Medication Return Form**

*This is the actual Medication Return Form that would be used to transfer custody of the medications back to Public Health. Information on this form would be filled in by the participating organization, and Public Health would verify accuracy and sign at bottom at the time medications were returned.*

**Organization Name**

Facility name:

Phone number:

Address:

City, State, Zip:

**Contact**

Name, Title:

Desk Phone:

Cell Phone:

Email:

<i>Description</i>	<i>Units</i>	<i>Lot #</i>	<i>Quantity Returning</i>

**PHSKC Receiver Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Returning Organization Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_