

Private Medication Center

Enrollment Form

Public Health – Seattle & King County (“Public Health”) may activate community-wide mass vaccination and dispensing plans, to include activation of Private Medication Centers, only during a large or catastrophic incident requiring a medical response. Public Health intends to activate community-wide mass vaccination and dispensing plans only after a declaration under the Public Readiness and Emergency Preparedness (PREP) Act, 42 U.S.C. §247d-6d, that ensures the medications being distributed are covered under the PREP Act. After a declaration under the PREP Act, immunity under state and federal law will extend to covered persons involved in dispensing, distributing, and administering medical counter-measures under 42 U.S.C. §247d-6d, but does not apply to willful misconduct or acts conducted outside the scope of the declaration.

Completion of this form demonstrates that your organization is interested in participating in Public Health’s Private Medication Center program.

Upon receipt of this form, Public Health will work with your organization to collect more detailed information needed to distribute medications to your facility(ies), and assist you in developing a dispensing plan.

Overview

In the event of a large-scale public health emergency that would require distribution of medications to the public, we would like to do our part to dispense these medications to our employees (and possibly their families and our clients, if applicable). We have included below points of contact for our organization, estimated quantities of medications needed, and whether we plan to include employee family members and clients of our organization in our dispensing plan.

This letter does not constitute a binding agreement. It indicates our agreement to the following:

- Public Health can contact us during certain types of disasters to ask if we are willing to distribute emergency medications to staff, families, and customers or clients (act as a “Private Medication Center”)
- Our participation is completely voluntary and it is understood we may or may not be available to mobilize a Private Medication Center and may or may not choose to be utilized as a dispensing site
- Public Health will provide medications to us at no cost, which we shall dispense to employees, family members and patients/clients (if applicable) at no cost to the individuals
- All other costs incurred by either Public Health or our organization through this program shall be borne by each respective agency
- If, at the time of a public health emergency, we elect to participate in the public health response and accept medications to dispense to our employees, we understand that the roles and responsibilities outlined below will apply
- We will provide Public Health with updated information regarding our facilities and estimated total medications needed on an annual basis

Public Health Responsibilities

- Provide planning tools to the Private Medication Center (PMC), including but not limited to supply lists, PMC layouts, fact sheets, and dispensing algorithms.
- Provide medical screening forms to the PMC as guidance for implementing dispensing operations.
- Provide technical assistance and training, as mutually agreed upon by PHSKC and the PMC.
- Activate community-wide mass dispensing plans as necessary.
- Notify the PMC that PMC dispensing plans should be implemented.
- Request appropriate amounts and type of medication from local, state or federal sources, including use of Strategic National Stockpile resources.
- Establish a method for PMC to pickup medications, or Public Health to deliver, depending on available resources.
- Provide the PMC with medical protocols regarding dispensing activities including but not limited to, dosing, and follow-up procedures.
- Provide the PMC with releasable information regarding the public health emergency situation.
- Manage public information activities with regard to the overall health and medical response across King County.
- Provide educational materials to the PMC for the purposes of distributing to all persons receiving medications in the PMCs.
- Make arrangements to retrieve any unused medications from the PMC or provide instructions for their safe disposal
- Collect dispensing forms and other documentation from the PMC.

Private Medication Center Responsibilities

- Identify the approximate number of medication doses that could be administered by the PMC in a specified time period and communicate that information to Public Health.
- Identify the PMC sites to receive medication deliveries and communicate site locations to Public Health.
- Receive and store medication deliveries at the PMC during incidents.
- Conduct medical screening of individuals receiving medications, based on guidance provided by Public Health, to identify potential contraindications.
- Organizations without licensed medical personnel, agree to require patients to fill out the Dispense Assist online screening tool and present the voucher to the dispensing personnel.
- Maintain accurate records of medications dispensed and remaining inventory.
- Track contact information of individuals receiving medications.
- Communicate information regarding medications dispensed to Public Health daily during incidents.
- Provide education materials supplied by Public Health to all individuals receiving medications.
- Secure any unused medications until a time when Public Health can make arrangements for retrieval or disposal.
- Participate, as appropriate, in Public Health sponsored mass dispensing training and exercises. Fill-out medication receiving Facility Information Worksheet annually.

Organization and Coordinator Information

Name of Organization(s): _____

Please check the box below that best describes your organization type:

Healthcare

- Health System
- Hospital
- Ambulatory Care
- In-Home Services
- Long Term Care
- Mental Health / Substance Abuse
- Emergency Medical Services

Other (please specify): _____

Non-Healthcare

- Tribal Nation
- Fire Department
- Law Enforcement
- Public Works
- Military
- State / Federal Agency
- Business
- Community Based Organization
- Other (please specify): _____

Sites/locations covered by this enrollment form: _____

Primary Point of Contact: _____ Position/Title: _____

Work phone: _____ Home phone: _____

Email: _____ Cell/pager: _____

Correspondence Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

Agreed by:

Print Name: _____

Sign Name: _____

Title: _____

Date: _____