

# Private Medication Center Planning Workbook

Partnering with Public Health to Dispense Emergency  
Medications to Employees, Patients/Clients,  
and their Families

# Table of Contents

- Introduction ..... 4**
  - What is a Private Medication Center? ..... 4
  - About this Workbook ..... 4
- Plan Development Checklist ..... 6**
  - Getting Started..... 6
- Section 1: Appointing a Planning Committee ..... 7**
  - Collaborative Planning ..... 7
  - Committee Members ..... 7
  - Table 1: Planning Committee Members..... 7*
- Section 2: Determining Your Covered Population ..... 9**
  - Covered Population..... 9
  - Table 2: Covered Population ..... 9*
  - Access and functional needs ..... 10
- Section 3: Determining Staffing and Structure..... 11**
  - Determining Organizational Structure..... 11
  - Figure 1: Private Medication Center ICS Chart..... 11*
  - Determining Staffing Needs ..... 11
  - Figure 2: Sample Private Medication Center Staffing Totals ..... 12*
  - Table 3: Private Medication Staffing Totals..... 12*
- Section 4: Identifying a Dispensing Site and Designing your Floor Plan ..... 14**
  - Identifying a Primary and Alternate Dispensing Site ..... 14
  - Table 4: Identifying your Dispensing Sites..... 15*
  - Designing Your Floor Plan ..... 16
  - Figure 3: Sample Dispensing Site Floor Plan ..... 16*
- Section 5: Determining Security Needs and Capabilities ..... 18**
  - Table 5: Safety and Security Planning Considerations ..... 18*
- Section 6: Developing Dispensing Plans & Procedures..... 19**
  - Activating your PMC Plan..... 19
  - Using Dispense Assist..... 19
  - The Dispensing Process: Step-by-Step ..... 20
  - Adverse Reactions..... 20

Demobilization .....	20
<b>Section 7: Developing Communication &amp; Messaging Systems.....</b>	<b>21</b>
Your covered population.....	21
<i>Table 6: Communicating with your covered population</i> .....	21
Your PMC staff .....	22
<i>Table 7: Communicating with Your PMC Staff</i> .....	22
Your local health department .....	23
The public/media .....	23
<b>Section 8: Training Your Workforce and Practicing Your Plan.....</b>	<b>24</b>
<b>Glossary .....</b>	<b>25</b>

## **Attachments**

Attachment A: Job Action Sheets

Attachment B: Private Medication Center Site Considerations

Attachment C: Signage

Attachment D: Activation Checklist

Attachment E: Dispense Assist

Attachment F: Antibiotic Medication Screening Form

Attachment G: Demobilization Checklist

Attachment H: Just-In-Time Training

Attachment I: Sample Letter Templates

Attachment J: PMC Exercise Guide

# Introduction

## What is a Private Medication Center?

Your local health department plans for and responds to a wide range of public health emergencies, including severe weather, chemical spills and accidents, terrorist attacks, and communicable disease outbreaks. In planning for and responding to a disease outbreak or pandemic, local health must account for a number of variables, such as how the disease spreads, when the disease was first noticed in the population, and if there are any preventative measures such as medications or vaccines that could be used to treat and prevent people from getting sick. These factors and many more are taken into consideration when writing emergency preparedness and response plans. As the potential threats to public health become increasingly varied and complex, partners from the healthcare, government, nonprofit, and private sectors are needed to participate in the planning process and pledge to help dispense emergency medications to their employees, patients/clients, and families during a public health emergency.

Your local health department has developed a tiered medication and vaccination strategy that can be activated depending on the number of affected individuals or groups in your community. For example, a targeted dispensing strategy calls for dispensing medications or administering vaccines to specific individuals or at-risk groups to prevent or treat an infection, whereas a mass dispensing strategy involves operating on a larger scale to dispense medications or administer vaccines to the general population. Beyond the size of the population that must be reached, these dispensing strategies also account for how quickly medications are needed. Some diseases necessitate dispensing medications to affected population in a very short time frame, possibly as soon as 48 hours after infection.

**Private Medication Centers** play an important part in these dispensing strategies. A Private Medication Center is a healthcare, government, nonprofit, or private organization where lifesaving medications are dispensed to an affected population during a public health emergency like a disease outbreak or a terrorist attack. Large employers or organizations that agree to become Private Medication Centers will dispense medications to their employees, patients/clients, and employees' family members and help ensure that all who need them receive emergency medications within a short amount of time. Unlike Public Medication Centers, which are directly operated by your local health department or pharmacy, Private Medication Centers are not open to the general public.

For incidents that require a larger sustained response, your local health department may not have enough medication on-hand to dispense to the entire affected population. When this is the case, assistance can be requested from the Strategic National Stockpile (SNS), a federally managed supply of medications, vaccines, and medical supplies intended for use during a public health emergency. Within 12 to 24 hours, resources from the SNS can be deployed anywhere in the United States or its territories to supplement and re-supply state and local health supplies. Through their local health departments, Private Medication Centers are eligible to receive supplies, including medications, from the SNS.

## About this Workbook

This workbook will assist your organization with Private Medication Center planning before a public health emergency occurs. The tools and resources in this workbook were developed by your local health department and its partners and are based upon years of planning and lessons learned from real-world incidents. Each section of this workbook is designed to help your organization complete its own Private Medication Center Plan. Planning elements critical to every Private Medication Center are explained, and additional planning considerations are presented to help you tailor your plan to the needs of your organization. The sections of the workbook can be broken up and used as individual planning exercises,

but you will receive the greatest benefit from completing the workbook in its entirety and in order. The workbook is also designed to be filled out in hard copy, enabling the completed workbook to serve as your organization's Private Medication Center Plan. Helpful resources, such as sample letters, forms, and training materials, are included at the back of the workbook.

By completing this workbook, you are greatly improving your organization's readiness to activate a Private Medication Center. Your local health department is also available to answer any questions you may have as you go through the planning process. Contact information for each local health department is below.

**King County**

Nick Solari, MPA  
Public Health - Seattle & King County  
(206) 263-2414  
[nicholas.solari@kingcounty.gov](mailto:nicholas.solari@kingcounty.gov)

**Snohomish County**

Morgan Daniel  
Snohomish Health District  
(425) 339-8608  
[mdaniel@snohd.org](mailto:mdaniel@snohd.org)

**Pierce County**

Cindy Miron  
Tacoma-Pierce County Health Department  
(253) 798-6556  
[cmiron@tpchd.org](mailto:cmiron@tpchd.org)

**Kitsap County**

Jessica Guidry, MPH, CHES  
Kitsap Public Health District  
(360) 337-5267  
[jessica.guidry@kitsappublichealth.org](mailto:jessica.guidry@kitsappublichealth.org)

# Plan Development Checklist

## Getting Started

Making a plan to dispense medications to a large number of people may seem challenging. This planning workbook will help you produce a Private Medication Center (PMC) Plan to support your organization in dispensing lifesaving medications to your employees, patients/clients, and their families. Your planning process should include:

- Appointing a planning committee
- Determining your covered population
- Determining staffing and structure
- Identifying a dispensing site and designing your floor plan
- Determining security needs and capabilities
- Developing dispensing plans and procedures
- Developing communication and messaging systems

## Private Medication Center Dispensing Models

This workbook assumes that your organization will want to operate the most common model of a PMC: a large, open space where people can come and pick up medications. For planning purposes, this is known as the **Conference Room Model**. However, many other dispensing models exist and may be more efficient for your operations. Examples of other PMC dispensing models include:

- **Strike Team Model:** A team of trained personnel carry medications with them and visit each employee's desk or patient's bedside<sup>1</sup>, where they review a medication screening form for the employee or patient and dispense medications before moving on to the next person. This model enables employees to remain in place performing their job functions, or patients to remain in their rooms, instead of coming to a central gathering place.
- **Drive-through Model:** Employees visit a medication pickup point and remain in their vehicles while PMC staff review their medication screening forms and dispense medications through their car windows.
- **Intra-office Mail Model:** Employees submit medication screening forms for themselves and family members to a central collection team. The team reviews the forms and sends out employees' medications via an intra-office mail system.

This workbook covers PMC planning considerations assuming your organization will adopt the Conference Room Model. If your organization wishes to adopt a different model, consider how your plans might need to shift from what is presented in this workbook. Your local health department can also assist you with your planning efforts should you choose to adopt an alternate model.

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<sup>1</sup> Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

# Section 1: Appointing a Planning Committee

## Collaborative Planning

Transforming your organization into a PMC will involve forming and bringing together a planning committee. Appoint or recruit employees from various departments within your organization as members of your planning committee, and use the committee to establish operational plans for your PMC. Most planning committee members also take on leadership roles when your PMC Plan is activated and you begin dispensing medications. Ensure that the members of your planning committee understand and accept their roles and responsibilities during a public health emergency.

## Committee Members

Table 1 includes suggested members for your PMC Planning Committee. The expertise and/or resources employees can bring as members of the planning committee will help define their roles and responsibilities. This list of positions is a starting point, and you should add and/or delete positions based on your organization's structure. Keep in mind members of your planning committee may be the same individuals who activate your PMC Plan and respond during a public health emergency. Your organization should fill out this table in detail and update it annually.

### Table 1: Planning Committee Members

*List your Private Medication Center Planning Committee Members by position*

#### Human Resources and Finance Manager

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Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

#### Business Continuity Manager

---

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

**Legal Counsel**

---

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

**Medical Advisor<sup>2</sup>**

---

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

**Public Health Coordinating Liaison**

---

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

**Communications Manager**

---

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

What they bring to the planning committee:

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<sup>2</sup> Do not worry if you are unable to fill this position because no one in your organization has a medical background. Your local health department will always provide training materials and medical guidance during a public health emergency.



## Section 2: Determining Your Covered Population

### Covered Population

Your **covered population** is the total number of people your PMC will dispense medications to during a public health emergency. Determining who is in your covered population is a critical step in the planning process. The total number of people you choose to cover impacts other aspects of your plan, however, including the size, location and layout of your dispensing site(s), the number of staff needed to operate your dispensing site(s), and the amount of time you will need to dispense medications to your entire covered population.

Along with employees and clients/patients<sup>3</sup>, your organization is strongly encouraged to include family members in your covered population. During any public health emergency, your employees are most concerned about the health, safety, and protection of their loved ones. Family members will form the support structure that allows your employees to continue working as the community endures and recovers from an emergency. For these reason, it is strongly recommended that your organization provide medications to your employees' families. Note that family members do not need to visit your offices or workplaces to receive medications. An employee's family members can fill out medication screening forms from home, and the employee can pick up medications for his or her entire family.

The exact definition of a family member is determined by your organization. Definitions of a family member might include anyone claiming residence at the employee's household, individuals identified as dependents on the employee's tax forms or insurance coverage, or an employee plus a specified number (one, three, five, etc.) of immediate family members.

Your covered population should be clearly communicated to you will dispense medications to during a public health emergency. Then estimate approximately how many individuals your plan will cover.

### Table 2: Covered Population

*Categories of individuals your Private Medication Center will serve (define each in the space provided):*

Employees (full-time, part-time, etc.):

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Patients/Clients (inpatient, outpatient, etc.):

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Non-staff (vendors, contractors, interns, volunteers, etc.):

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<sup>3</sup> Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

Family Members (immediate, extended, etc.):

--

Estimated Total Number in your Covered Population:

Employees:	
Patients/Clients:	
Non-staff:	
Family Members*:	
Total:	

\*If you choose to define family members in terms of household, you can use a multiplier of 3 to estimate the number of family members in your covered population. (Depending on your county, the average number of people per household is anywhere from 2.5 – 3.0.)

Finally, estimate the number of individuals that will be allowed to visit your dispensing sites(s) to pick up medications. Your total number of **visitors** usually includes at least your employees, but also may include patients/clients<sup>4</sup> and non-staff. In order to reduce crowd size, it is recommended that family members do not visit your dispensing site(s) to receive medications.

Number of Visitors:	
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## Access and functional needs

It is always important to make sure your plans are inclusive of your diverse covered population. This includes planning for individuals who have **access and functional needs**. Individuals with access and functional needs require additional assistance before, during, and after a public health emergency. Think about strategies for integrating the access and functional needs of individuals into your PMC plan. Examples could include providing education materials in alternative formats for individuals who are blind or have low literacy rates, modifying the layout of your dispensing site(s) to meet the ADA Accessibility Guidelines, and ensuring translation services are available for non-English speakers. Your local health department may have resources already on-hand that it can provide to your organization.

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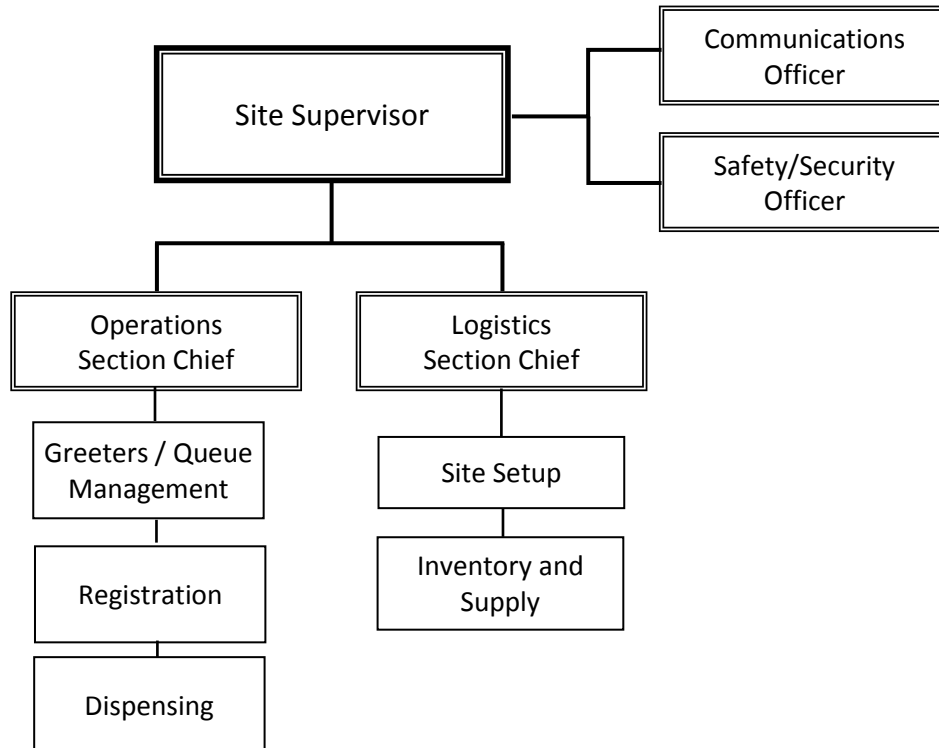
<sup>4</sup> Dispensing strategies and planning considerations for patients are applicable only to healthcare organizations.

## Section 3: Determining Staffing and Structure

### Determining Organizational Structure

The Incident Command System (ICS) is a standardized approach for incident management. Developed in the 1970s, ICS is a management tool that helps integrate and organize staff, facilities, equipment, and communications into a common operating picture. *Figure 1* is an example of an ICS chart that could be used to organize dispensing operations for your PMC.

**Figure 1: Private Medication Center ICS Chart**



Depending on the size your dispensing site(s) and your covered population, you may need to add additional sections or branches to your ICS chart to handle specific tasks or manage certain phases of your PMC operations. Think through which roles and functions you will need to activate and which current employees will be assigned to these positions. Remember that some employees' day-to-day roles and responsibilities may make them good fits for certain positions within your ICS chart. See **Attachment A: Job Action Sheets** for sample job descriptions to consider for your PMC.

### Determining Staffing Needs

The number of staff needed to support your PMC operations depends on a number of factors, including the size of your dispensing site(s), your floor plans, the number of people in your covered population, and the time allotted for dispensing operations. Some staffing assumptions for calculating the numbers of personnel needed to operate your dispensing site(s) are listed below.

- **Plan on dispensing medications to your covered population for a continuous 24 hours.** It is important for individuals to receive emergency medications as soon as possible, and dispensing initial courses of these medications cannot stretch out over multiple days.

- **Schedule staff for 8 hour shifts.** Extended shifts without breaks will decrease the efficiency of staff, especially dispensers, and hinder your organization’s ability to dispense medications to 100% of your covered population.
- **Each dispenser can distribute courses to 50 visitors in his/her line per hour.** Based on data from exercise and real-world incidents, dispensers should be able to distribute medications to 50 individuals per hour. Keep in mind that these 50 visitors (most likely your employees) can, if allowed by your plan, pick up medications for their family members, too. Assuming a household multiplier of 3, each dispenser is in actuality able to distribute medication courses to about 150 people in your covered population per hour.
- **Each dispenser should be supported by 3 additional staff members.** Additional staff members are needed to greet people and direct individuals into the appropriate dispensing lines (Greeters/Queue Management), assist individuals with completing screening forms (Registration), and ensure dispensers have enough medications on hand (Inventory and Supply). Distribute staff into these Operations and Logistics Sections roles as appropriate. For example, if your dispensing site begins with a long hallway, you may find assigning more staff to Greeters/Queue Management will help reduce bottlenecks and keep your dispensing lines running smoothly.

Figure 2 provides sample Operations and Logistics Sections staffing totals for three dispensing sites. The first staffing plan assumes 1,000 individuals will visit the dispensing site to pick up medications; the second and third plans assume 10,000 and 100,000 visitors, respectfully.

**Figure 2: Sample Private Medication Center Staffing Totals**

Total Number of Visitors	Target # of Visitors Seen Per Hour	Total Dispensing Time	Dispensers	Greeters / Queue Management	Registration	Inventory & Supply	Total # Staff	# Staff Per 8 Hour Shift
1,000	200	5 hours	4	4	4	4	16	16
10,000	500	20 hours	10	10	10	10	40	~13
100,000	6,000	22 hours	120	100	180	80	480 <sup>5</sup>	160

Now use Table 3 to estimate the number of staff you will need per 8 hour shift based on the number of visitors (Table 2) at your dispensing site(s). Remember, 100% of your covered population must receive medications within 24 hours. The length of your dispensing operations (1 hour – 24 hours) depends on the number of staff you have available.

**Table 3: Private Medication Staffing Totals**

Total Number of Visitors	Target # of Visitors Seen Per Hour	Total Dispensing Time	Dispensers	Greeters / Queue Management	Registration	Inventory & Supply	Total # Staff	# Staff Per 8 Hour Shift

<sup>5</sup> For this row, numbers were not distributed evenly to each staffing section. This row demonstrates that your organization can and should assign support staff in areas where they are most needed as determined by your floor plan, access and functional needs of visitors, etc. The total number of staff, 480, still follows the guideline of having 3 support staff for every 1 dispenser.

Complete the shift chart below, combining staff totals from your Operations and Logistics Sections with other positions from your ICS Chart (Site Supervisor, Communications Officer, etc.).

<b>Job Position</b>	<b>Recommended</b>	<b># Staff Needed Per 8 Hour Shift</b>
<b>Site Supervisor</b>	One per site	
<b>Communications Officer</b>	One per site	
Support Staff		
<b>Safety/Security Officer</b>	One per site	
Support Staff		
<b>Operations Section Chief</b>	One per site	
Greeters/Queue Management		
Registration		
Dispensers		
<b>Logistics Section Chief</b>	One per site	
Site Setup		
Inventory and Supply		
<b>Total Number of Staff</b>		

## Section 4: Identifying a Dispensing Site and Designing your Floor Plan

### Identifying a Primary and Alternate Dispensing Site

Your organization should identify both a primary and an alternate dispensing site. There are a number of things to consider when choosing your dispensing site:

- **Controlled room temperature:** Heat and air conditioning are needed to maintain a controlled room temperature between 68° and 77° F in accordance with the good manufacturing practices for pharmaceuticals.
- **Compliant with Americans with Disabilities Act (ADA) standards:** Your site must be able to accommodate individuals with mobility impairments, including individuals who require the use of a wheelchair.
- **Ability to receive large deliveries:** If your covered population is large enough to qualify for a direct shipment of medications to your dispensing site, keep in mind that these medications often come on pallets and are delivered using large trucks. Does your facility have a loading dock and/or a place to receive a delivery truck? Does your facility have pallet jacks and/or other equipment, like dolly carts, to facilitate taking the medications off of the delivery truck? Where will security staff be able to meet the delivery truck to ensure a secure arrival for the medications?
- **Sufficient parking space for staff and visitors:** Given the number of visitors who will be picking up medications at your dispensing site and the number of staff needed to sustain operations (*Table 3*), does your facility have enough parking?
- **Access to a large, covered room:** If operating under the *Conference Room Model*, facilities with large, covered rooms such as conference rooms, cafeterias, and/or gymnasiums work best as dispensing sites. Open spaces will help keep dispensing operations manageable and reduce overcrowding. In the event of inclement weather, avoid choosing an outdoor space, such as a patio, as a dispensing site.

See **Attachment B: Private Medication Center Site Considerations** for further guidance on selecting a dispensing facility location.

While some site considerations are non-negotiable (controlled room temperature, compliant with ADA standards), others are more flexible. For example, if your facility does not have enough parking for staff and visitors, that is not necessarily a deal-breaker; however, your organization will need to think about alternative ways people will be able to come to your site, like securing offsite parking and running a shuttle service.

Also keep in mind that even if you have identified a large room, like a conference room, it may not be large enough if you need to accommodate a high volume of visitors. **A good rule of thumb is 100 visitors per hour will need 1,000 square feet of space.** You may need to identify multiple dispensing sites. Even if your organization only anticipates needing to operate one dispensing site, you should still identify an alternate dispensing site in case your primary site is inaccessible during a public health emergency.

Use *Table 4* to list your primary and alternate dispensing sites.

**Table 4: Identifying your Dispensing Sites**

**Primary Dispensing Site**

---

Name of Facility: \_\_\_\_\_

Room Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Dispensing Site**

---

Name of Facility: \_\_\_\_\_

Room Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

List any additional planning considerations for your primary and/or alternate dispensing sites. For example, if your dispensing site will require a special parking plan, make a note of that in this space.

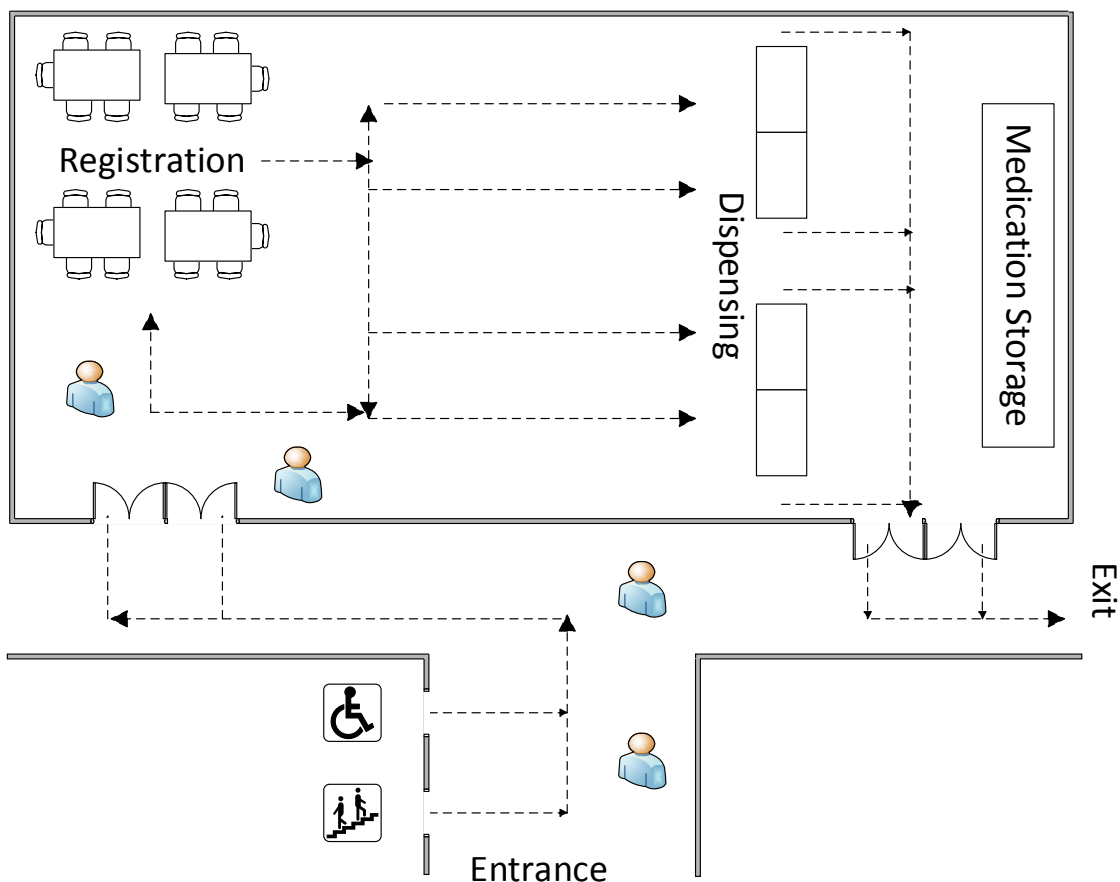
## Designing Your Floor Plan

The design and layout of your dispensing site(s) will affect the efficiency of your dispensing operations. Here are some suggestions to consider that can help visitors navigate your dispensing site(s) and help ensure your organization can dispense medications to 100% of your covered population:

- **Clear signage:** Even if visitors have been to your facility before, now that it has switched into a dispensing site, they will most likely need help on where to enter and exit the facility. Greeters can help direct traffic, but signs should be used, too, to ensure visitors know where to go. See **Attachment C: Signage** for standard signs that can be copied and posted around your dispensing site.
- **Narrow hallways:** Using a hallway that leads into a large room can sometimes be beneficial in managing queues. Hallways provide a wall for visitors to stand and form a line against. If the hallway is not wide enough to easily allow for two-way traffic, however, visitors may not be able to enter and/or exit your facility site, causing delays in dispensing medications. Narrow hallways may also not meet ADA standards.
- **No tables/chairs:** Visitors may need to complete a screening form when they arrive to your site before they can receive medications. A designated area with tables and chairs is needed for these visitors so they may complete their screening forms before joining dispensing queues.

Figure 3 is a sample dispensing site floor plan. Using the ICS Chart from Figure 1, Registration and Dispensing are marked. Suggested placement for Greeters to help manage queues is also included.

**Figure 3: Sample Dispensing Site Floor Plan**





Below are descriptions of the major stations that should be included in your floor plan:

- **Greeters/Queue Management:** Although not a fixed station, the placement of Greeters/Queue Management staff is very important. Visitors will need to be directed through all stages of the dispensing process, from entering the site, to registration, to dispensing, and exiting. Consider signage and other equipment, such as stanchions, to supplement staff and help keep queues orderly and manageable. **Attachment A: Job Action Sheets** has a sample job description with additional duties and tasks for Greeters/Queue Management staff.
- **Registration:** Visitors should be encouraged to fill out their screening forms using Dispense Assist before coming to the dispensing site. (Dispense Assist and screening forms are explained in greater detail in *Section 6: Developing Dispensing Plans & Procedures.*) However, if visitors are unable to access Dispense Assist and do not present with pre-filled screening forms, a space with tables and chairs must be made available for them to complete paper copies. Staff assigned to Registration will help visitors complete their forms, and based on the information provided, mark on these forms the appropriate courses of medications for each individual. **Attachment A: Job Action Sheets** has a sample job description with additional duties and tasks for Registration staff.
- **Dispensing:** Visitors take their completed screening forms to Dispensing, where staff will dispense the appropriate courses of medications to them. Dispensers will keep visitors' screening forms upon dispensing medications. Along with medications, dispensers will also distribute educational materials to visitors. **Attachment A: Job Action Sheets** has a sample job description with additional duties and tasks for Dispensing staff.

Here are some additional guidelines to consider when planning the layout of your dispensing site:

- **A good rule of thumb is 100 visitors per hour will need 1,000 square feet of space.** Cramping more dispensers into your site than will reasonably fit will slow down your operations, not speed them up. Depending on your targets from *Table 3*, you may need to open more than one dispensing site if you need a high number of dispensers.
- **Measure your room.** Ask your property management or facilities divisions for a blueprint of the space you plan on using for your dispensing site. (Consider making a representative from these divisions a member of your PMC Planning Committee.) If blueprints are unavailable, take measurements of your space using a tool such as a laser distance measurer. With these measurements, you can use computer software, such as Microsoft Visio (a Microsoft Office product), to ensure the accuracy of your site plan.
- **Be detailed in your floorplan.** Making decisions ahead of time about smaller items, such as where signage will be placed, will save you time when setting up your dispensing site should you need to activate your plan. Also mark where personnel will be, including your Safety/Security Officer and other safety personnel.
- **Include an area for staff to arrive and take breaks.** Staff will need to check in and receive instructions before dispensing operations can begin. If you decide to make this check-in location separate from your main dispensing room, such as an adjacent office space, this location can also serve as an area where staff can take breaks.
- **Make access and functional needs a part of your plans.** Ensure there is enough space for individuals using wheelchairs to navigate between your stations. If specialized stations, such as translation services in Registration, are required, include these on your floorplan as well.

When ready with your blueprints/measurements, begin drawing or using computer software to make your floor plan. Attach it to your PMC Workbook when completed.

## Section 5: Determining Security Needs and Capabilities

The safety and security of your staff and visitors is an important component of your PMC Plan. Here are some common planning considerations when assessing and developing your safety and security protocols:

- Securing medication:** Medications and supplies should be accompanied by security personnel at all times. Have safety and security personnel meet the delivery truck and supervise the drop off of medications and supplies. Then, take the medications through your facility to the dispensing site and lock all medications in a secure storage area until dispensing operations begin. Safety and security personnel should remain at or near the medication storage area throughout your dispensing operations. Safety and security personnel should also secure and assist transporting unused medications back to your local health department.
- Securing unused entrances/exits:** Non-emergency doors and exits that are not being used as a part of your site layout and floor plan should be locked. Signs directing visitors to the appropriate entrances/exits should be placed around your facility. Consider placing safety and security personnel at any entrances/exits you are concerned about visitors trying to enter.
- Crowd control:** A visitor who is disruptive to your operations may need to be removed from your dispensing site. Should this need arise, safety and security personnel are encouraged to follow normal protocols for escorting unwanted individuals from your facility. These protocols should already be on file as a part of your day-to-day operations and may include contacting law enforcement.

Use *Table 5* to list how your organization would address the following safety and security concerns. Engage existing safety and security personnel within your organization in these discussions.

**Table 5: Safety and Security Planning Considerations**

Issue	Planning Considerations
Placement of personnel (where to post personnel, number of posts, etc.)	
Access to facility (entrances/exits, perimeters, signage, lighting for afterhours)	
Access control within facility (securing medications, verifying employee identification)	
Security breaches and/or disruptive individuals	

## Section 6: Developing Dispensing Plans & Procedures

### Activating your PMC Plan

During a disease outbreak or public health emergency, your local health department may ask your organization to activate its PMC Plan and request you to stand ready to receive and dispense medications. Your local health department will use multiple mechanisms to communicate with your organization during a public health emergency. All PMCs are asked to provide contacts that can be included into an emergency notification system. The notification system sends messages through multiple channels, including email, SMS text, and voicemail. (Your organization's contact information should have already been provided to your local health department using the PMC Enrollment Form. If you have not completed this form, please contact your local health department; contact information is found on Page 5 of this workbook.)

Use **Attachment D: Activation Checklist** as a starting point to guide you through the steps you will need to complete to get ready to open your dispensing site to visitors and to begin dispensing operations. Add additional steps to this checklist as needed.

### Using Dispense Assist

After all of the steps are completed from **Attachment D: Activation Checklist**, your organization is ready to begin dispensing medications. In order for an individual to receive his or her medications, he or she must complete a **screening form**. Individuals complete their screening forms by answering very specific questions related to their allergies to medications and any history of adverse reactions. Dispensing site staff will use the answers provided on the screening forms to determine which medications to dispense.

Individuals should complete their screening forms prior to arriving at the dispensing site by using an online tool known as **Dispense Assist**. After completing the online screening form, a voucher for medications will be generated. Individuals will print their vouchers from their homes, bring them to the dispensing site, and submit their vouchers in exchange for the appropriate medications. Using Dispense Assist allows visitors to skip Registration and proceed directly to Dispensing, thus reducing crowds and making queues faster. If family members are a part of your covered population, each family member receiving medications should complete a screening form, print a voucher for him or herself, and give the voucher to the individual visiting the dispensing site and picking up medications.

*At the direction of the local health departments, all PMCs are instructed to use Dispense Assist as a part of their dispensing operations. Attachment E: Dispense Assist* is a screenshot of a sample medication screening form and shows what questions individuals would be asked to answer when they use the online tool.

If individuals do not have access to a computer and/or printer and cannot access Dispense Assist, paper screening forms can be used. Keep in mind that paper screening forms will only be available at your dispensing site, and individuals will have to complete these forms at Registration. Completed paper screening forms are given to Registration staff, who will then use the answers provided to assign the proper courses of medications. Visitors will then take their paper screening forms from Registration to Dispensing to receive their medications. **Attachment F: Antibiotic Medication Screening Form** is a sample paper screening form used by your local health department to dispense antibiotics.

## The Dispensing Process: Step-by-Step

Below are the steps your organization should take to dispense medications:

1. **Protect Staff First:** Establish procedures to first dispense courses of medications to your dispensing staff. Staff should complete a screening form using Dispense Assist just like visitors.
2. **Dispense to Priority Groups:** Your local health department may direct your organization to dispense to additional high priority groups prior to opening your dispensing site(s). Your organization will be provided with screening tools customized for these specific circumstances.
3. **Open your dispensing site:** Ensure all staff is in place and ready to work in their assigned positions. Safety and security personnel will allow visitors to begin entering your site.
4. **Begin dispensing operations:** All of the steps you've completed to this point should have your organization prepared to dispense medications to visitors:
  - Your staff is organized into an ICS Chart (*Table 3*) and knows their assigned roles (**Attachment A: Job Action Sheets**).
  - Per **Attachment D: Activation Checklist**, additional instructions have been provided to staff using guidance found in **Attachment H: Just-in-Time Training**
  - Staff are placed in appropriate posts per your floor plan
  - Visitors are directed through your dispensing site per your floor plan
  - Visitors present their Dispense Assist voucher and/or paper screening forms to Dispensing. Dispensing staff follow the instructions on their Job Action Sheets to dispense medications and collect forms.
5. **Provide updates to your local health department:** Your organization will be asked to provide status updates, such as the number of medication courses dispensed, and to request additional medications and/or supplies if inventory levels are running low.

## Adverse Reactions

While not expected, adverse reactions to medications can occur. If an individual experiences an adverse event, he or she should contact a physician immediately or call 911 if the event is severe. Your local health department will provide your organization with information sheets about potential adverse events of the medication you are dispensing. It is very important that any adverse event be reported regardless of the suspected cause. If your organization receives a report of an adverse event, you should first ensure the individual experiencing an adverse event has contacted his or her physician and/or 911. As a PMC, your organization should also report the adverse event to your local health department, who will then assist you in reporting the event to the appropriate agency.

## Demobilization

At the direction of your local health department, your organization will demobilize or “stand down” operations after dispensing medications to 100% of your covered population. All unused medications will be collected by your local health department; supplies and medical waste will also be collected and/or disposed. These services will be provided at no cost to your agency.

Use **Attachment G: Demobilization Checklist** as a starting point to work through the steps your organization will need to complete to get ready to close your dispensing site to visitors and to demobilize your operations. Add additional steps to this checklist as needed.

# Section 7: Developing Communication & Messaging Systems

As a PMC, your organization will take on the role of “risk communicator” during a public health emergency. Effective communication is critical to the success of your dispensing operations, but communicating with your PMC Plan’s stakeholders can present unique challenges.

## Your covered population

The unexpected and chaotic nature of emergencies can make it difficult to answer questions for information and reassurance. People in your covered population (employees, patients/clients, non-staff, and/or family members) may be highly emotional. They may want to know what happened and who is responsible. But most importantly, people will want to know what they can do to protect themselves and their loved ones.

Consider establishing an awareness campaign with your covered population letting them know that your organization has decided to become a PMC and has plans in place to dispense medications if asked to by your local health department. Use **Attachment I: Sample Letter Templates** as a starting point for communications with your covered population. Consider including the following points in your message(s):

- A definition of a PMC and a description of scenarios in which your organization may be asked to dispense medications
- A description of who is covered by your dispensing plan
- A description of how medication will be dispensed
- A request for volunteers to staff your PMC and any duties/trainings associated with these roles

If your PMC Plan is activated by your local health department, your organization will need to instruct your covered population on the steps to take in order to receive their medications. In your messaging, include descriptions of and links to **Dispense Assist** and **Attachment F: Antibiotic Medication Screening Form** so visitors to your dispensing site(s) will come prepared to pick up medications. Use *Table 6* to think through other pieces of information you will want to share with your covered population and how you plan on disseminating these messages. Note that public health specific information, such as a disease outbreak and what medications are available to prevent and/or treat infections, will come from your local health department for your organization to distribute to your covered population.

### Table 6: Communicating with your covered population

*List key instructions or pieces of information you will need to share with your covered population to prepare them for picking up their medications (place/time of pickup, where to park, etc.)*

--

Check all communication methods that you will use to disseminate this information.

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Intranet          |
| <input type="checkbox"/> Email | <input type="checkbox"/> SMS/text message  |
| <input type="checkbox"/> Pager | <input type="checkbox"/> Other (describe): |

Party responsible for developing and sending these messages:

**If your organization has an existing emergency communications plan, attach a copy of your plan to your PMC Workbook.**

After your dispensing operations have demobilized, your local health department may ask your organization to continue to push messages out to your covered population, such as the importance of taking the full course of medications and how to address any questions or concerns.

### Your PMC staff

Your PMC staff will need a preliminary briefing or set of instructions to prepare them for their upcoming work shifts, such as where to report and who to check in with upon arrival. Use *Table 7* to think through other pieces of information you will want to share with your PMC staff and how you plan on disseminating these messages.

#### Table 7: Communicating with Your PMC Staff

List key instructions or pieces of information you will need to share with your PMC staff to prepare them for picking up their medications (Where to report, what to bring, etc.)

--

Check all communication methods that you will use to disseminate this information.

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Intranet          |
| <input type="checkbox"/> Email | <input type="checkbox"/> SMS/text message  |
| <input type="checkbox"/> Pager | <input type="checkbox"/> Other (describe): |

Party responsible for developing and sending these messages:

## Your local health department

Your local health department will use multiple mechanisms to communicate with your organization during a public health emergency. All PMCs are asked to provide contacts that can be included into an emergency notification system. The notification system sends messages through multiple channels, including email, SMS text, and voicemail. Regular communication will occur throughout the public health emergency, and conference calls will be scheduled so that you can receive briefings on the situation and ongoing guidance and instructions. (Your organization's contact information should have already been provided to your local health department using the PMC Enrollment Form. If you have not completed this form, please contact your local health department; contact information is found on Page 5 of this workbook.)

Your local and/or state health department may also elect to open a **call center** if it is determined one will be needed. A call center exists to provide both public information and support to all activated PMCs. For public information purposes, a call center can answer general questions from the public (including your covered population) about the emergency or incident and provide information on the medications being provided. A call center can also support PMCs by having professionals available to assist with consultations over the phone for any visitors with complex medical conditions that may need to be prescribed alternative medications not available at your dispensing site(s).

If a call center is activated, the phone number will be advertised to your organization and the general public by your local health department.

## The public/media

Your organization should coordinate messaging for all outside parties, including members of the media, with your local health department. During a public health emergency, a larger, broader communications strategy will be developed and implemented by your local health department, and it is important for messaging to remain consistent across all public platforms. For this reason, your organization is strongly encouraged to direct all media inquiries to your local health department. If your organization chooses to field and answer media inquiries, please do so with assistance and guidance from your local health department.

## Section 8: Training Your Workforce and Practicing Your Plan

**Congratulations!** You now have the framework for your PMC Plan and access to the tools and resources you will need if your organization is ever asked to activate its plan. Once finalized, schedule some time to train your PMC staff on your plan and participate in exercises to test your plan's viability and your organization's readiness.

Your organization should incorporate concepts from your PMC Plan into annual or recurring staff training forums. We recommend conducting annual internal training for your PMC staff, specifically addressing the following three key areas:

1. Activating your PMC Plan, including setting up your dispensing site
2. Receiving medications and dispensing them to your covered population
3. Roles and responsibilities for PMC staff

**Attachment H: Just-In-Time Training** can be used to deliver training during an actual event. **Just-in-Time Training** is hands-on training designed to be given in the moments before skills are to be used and provides simplified, step-by-step instructions for PMC staff to follow in order to serve in their positions.

**Exercises**, or simulated activations of your plan, provide a low-stakes way to familiarize PMC staff with concepts and identify gaps or challenges which should be addressed. For example, you could conduct an exercise where half of your PMC staff practice working in their positions, while the other half act as visitors to your dispensing site and receive fake "medications." Once each group has an understanding of how operations work, allow them to switch their roles. Your local health department may also provide opportunities for joint trainings and exercises. **Attachment J: PMC Exercise Guide** has some sample materials that may be helpful in designing and running an exercise.

After conducting a training or exercise, you may find that your PMC Plan has a gap that would hinder activating your plan and/or operating your dispensing site(s). Your PMC Plan should be adjusted and edited as needed to reflect any lessons learned from training and exercises.



# Glossary

**Access and functional needs:** Needs a person may have before, during, and after an incident in functional areas, e.g. maintaining independence, communication, transportation, supervision, and medical care.

**Adverse reactions:** Any unexpected or dangerous reactions to a medication.

**Business continuity manager:** The person who writes and implements plans for ensuring that your organization can continue its critical business functions during emergencies or disasters.

**Call center:** An office set up to handle a large volume of telephone calls.

**Communicable disease outbreak:** The occurrence of disease cases that exceeds what would normally be expected in a defined community, geographical area, or season.

**Conference room model:** A Private Medication Center dispensing model that uses a large space where employees, patients/clients, and families can come and pick up medications.

**Continuity of Operations Plan:** The plan that describes how your organization would continue its critical business functions during an emergency or disaster.

**Covered population:** The total number of people your private medication center will dispense medications to during a public health emergency.

**Demobilization:** The process of discontinuing your emergency response activities and returning to normal operations.

**Dispense Assist:** An online screening tool that allows users to generate vouchers for receiving emergency medication at a public or private medication screening center.

(<https://www.dispenseassist.net>)

**Dispensing:** The process of preparing and giving out medications.

**Drive-through model:** A Private Medication Center dispensing model that where employees, clients, or other personnel visit a medication pickup point and remain in their vehicles.

**Health Insurance Portability and Accountability Act (HIPAA):** A federal law that contains a rule that protects individuals' health information.

**Incident Command System (ICS):** A standardized approach to emergency response that provides a common hierarchy within which responders from multiple agencies can be effective.

**Job Action Sheet:** A tool (like a checklist) for defining and performing a specific emergency response functional role.

**Intra-office mail model:** A Private Medication Center dispensing model that uses dispenses employees' medications via an intra-office mail system.

**Local health department:** Local government agency responsible for creating and maintaining conditions that keep people healthy.

**Mass dispensing strategy:** Operating on a larger scale to dispense medications or administer vaccines to the general population.

**Medical Advisor:** A medical person who a Private Medication Center can contact for medical guidance for a PMC plan. The local health department can act as your Medical Advisor for a PMC plan.

**Medical screening:** The process where a person at a Private Medical Center reviews an individual's medication form to identify the right medication for him or her and/or any medical conditions that may affect the person's ability to take the emergency medication. Dispense Assist works as an online, rather than in-person, mechanism for medical screening.

**Memorandum of Agreement:** A written document describing a cooperative relationship between two parties wishing to work together on a project or to meet an agreed upon objective.

**Pandemic:** A disease outbreak occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

**Public Readiness and Emergency Preparedness (PREP) Act:** A federal law that provides liability immunity related to the manufacture, testing, development, distribution, administration and use of medications and vaccines against chemical, biological, radiological and nuclear agents of terrorism, epidemics, and pandemics. It also added authority to establish a program to compensate eligible individuals who suffer injuries from administration or use of products covered by the PREP Act's immunity provisions.

**Private Medication Center (PMC):** A healthcare, government, nonprofit, or private organization where lifesaving medications are dispensed to an affected population during a public health emergency like a disease outbreak or a terrorist attack.

**Public health emergency:** A natural or manmade event that creates a health risk to the public. This includes a disease outbreak, earthquake, or bioterrorism incident.

**Public Health Coordinating Liaison:** The person who serves as the link between the Private Medication Center and the local health department and ensures local health participates in the organization's planning process as appropriate.

**Strategic National Stockpile (SNS):** A federally managed supply of medications, vaccines, and medical supplies intended for use during a public health emergency.

**Strike team model:** A Private Medication Center dispensing model used in a healthcare setting. A team of trained personnel carry medications with them and visit each employee's desk or patient's bedside where they review a medication screening form for the employee or patient and dispense medications before moving on to the next person.

**Targeted dispensing strategy:** Dispensing medications or administering vaccines to specific individuals or at-risk groups to prevent or treat an infection.