

## RELATED TERMS

- Communications
- Emergency Staffing



**Lessons Learned  
Information Sharing**  
www.LLIS.gov

## PRIMARY DISCIPLINES

- Public Health
- Emergency Management

# BEST PRACTICE

## Strategic National Stockpile Distribution Planning: Information Requirements of Patients at Dispensing Sites

### PURPOSE

Discusses the information requirements of patients at Strategic National Stockpile (SNS) dispensing sites.

### SUMMARY

To ensure the efficient and orderly movement of patients through dispensing sites, local SNS planners need to identify the information requirements of patients arriving at dispensing sites and find ways to meet these requirements during dispensing operations. This Best Practice examines information requirements at dispensing sites, information mechanisms, languages and special needs, and follow-up information for patients.

### DESCRIPTION

Providing clear and accurate information to patients at SNS dispensing sites will facilitate the movement of patients through the sites, help keep patients calm through the process, and reduce staff workload. Information about the pharmaceuticals dispensed and site operations can also assist in keeping the movement of patients through the site as orderly as possible.

Information provided to patients waiting or moving through a dispensing site should:

- Direct the movement of patients;
- Keep patients moving;
- Keep patients occupied;
- Tell patients what is happening; and
- Tell patients what they need to know about the drugs they will receive.

The Centers for Disease Control and Prevention (CDC) has produced a CD that is available to SNS planners containing templates for drug labels and patient drug information sheets. The templates are provided in English and 47 other languages.

The [American Society of Health-System Pharmacists](#) provides examples of patient information sheets for Ciprofloxacin and Doxycycline. These can be replicated or used as templates to give patients with their pharmaceuticals at dispensing sites.

### ***What Information is Needed?***

Planners should ensure that all patients receive the following information while they are moving through a dispensing site:

- Who should and who should not be at the dispensing site;
- Procedures and policies for the dispensing operations;
- Current estimates on time required to move through the site;

- Information about the agent to which patients have been exposed (e.g., whether it is communicable/non-communicable);
- Symptoms that individuals should be aware of and what to do if they are experiencing symptoms described;
- Name of pharmaceutical being dispensed, dosage information, warnings on over-medication, information on possible side effects, and information on the importance of completing the entire course;
- What to do if a patient is pregnant, breast-feeding, or requires special doses of pharmaceuticals (e.g. parents/guardians with young children); and
- Where to receive further official information once patients have left the site.

Tempest's Chem-Bio.com has an example of an [anthrax concern card](#). This is a small yellow card with facts on anthrax, including details on symptoms. Planners may wish to consider using this as a template for cards to distribute at dispensing sites.

Several regional health departments, including [Jefferson County, Missouri](#) and [San Juan Basin, Colorado](#), have developed crisis communication plans specifically for health emergencies.

Planners need to develop informational tools prior to an incident; this will ensure that materials are available and distributed to dispensing sites promptly.

### ***Mechanisms for Relaying Information***

A combination of communication mechanisms should be used to relay this information to patients at a site. For example, it is important that patients receive written information on the pharmaceuticals being dispensed that they can take home to review.

During an SNS exercise in Tucson, AZ SNS planners found that patients stopping to watch videos reduced the patient flow. Videos should be replayed continuously at multiple points in patient waiting lines.

The following mechanisms should be considered:

- Videos/audiotapes playing while patients are in different waiting areas;
- Handouts for patients arriving at queuing sites or at the dispensing sites;
- Posters lining the walls;
- Leaflets available at all areas of the sites;
- Fact sheets with information on the incident/agent;
- Patient drug information sheets; and
- Pre-scripted public service announcements (PSAs).

The Nebraska Health and Human Services System has placed a [downloadable poster](#) on its website. The poster provides information on coping with a chemical, biological, nuclear, or radiological attack. The poster is colorful and easy-to-read and can be used as a template for similar posters at dispensing sites.

Pre-scripted public service announcements (PSA) were used during the **TopOff 2 exercise in Chicago**. They were broadcast in English, Spanish, and Polish at the dispensing sites.

Flyers, leaflets, and other informational materials provided to patients at dispensing sites can also be reproduced in local newspapers and the newsletters of community organizations.

Dispensing site staff will be a primary source of information for patients at the site. Site managers should consider having greeters engage patients while they are waiting in line.

Site staff can walk up and down the queue to make announcements, provide forms to be filled out, pass out flyers, keep people in line moving, identify potential problems, help answer questions about the dispensing process, and, assuming qualified professionals are walking the lines, provide initial mental health counseling.

### ***Language / Special Needs Requirements***

Local SNS planners will also need to prepare information for non-English speakers and individuals with visual and hearing impairments. Planners should identify the predominant minority groups in their communities to better understand these requirements. Some local planners have identified the dominant languages in the neighborhoods served by individual dispensing sites.

If there are sufficient resources, planners should recruit volunteers and staff with language skills and/or experience with working with people with disabilities (e.g. volunteers who can use sign language). The Missouri Department of Health and Senior Services plans to utilize informational materials that are developed by contract translators.

### ***Follow-Up Information for Patients***

Local officials should consider ways of providing follow-up information to patients after they leave the dispensing site. After receiving medications and returning home, patients may have questions, need more information than provided at the dispensing site, or need help in the event of adverse reactions. Patients may also want to discuss the benefits and consequences of not completed the full antibiotic regimen.

There are several options for providing patients with information after they leave a dispensing site. Possible options include:

- Establishing a toll free number with a call center;
- Providing information to physicians in the affected area, with the assumption doctors are a primary source of health information; or
- Setting up a website with additional information, including automated question and response capability.

Some of these options are more labor intensive and technology intensive than others. Setting up a toll free number along with a call center may be the most responsive option, but it requires setting up a phone system to handle incoming calls and staff to talk with callers, provide information, and answer questions.

## **RESOURCES**

- American Society of Health-System Pharmacists. *Local Emergency Preparedness and Response: On the Road to Best Practices. Midyear Clinical Meeting 2002.* Georgia World Congress Center, Atlanta, Georgia. 10 Dec 2002.  
<http://www.ashp.org/emergency/educ-sessions2002mcm.cfm?cfid=24049094&CFToken=58780389>
- Centers for Disease Control and Prevention. *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness*, Version 10 (Draft), Jun 2005.  
([LLIS.gov](http://www.llis.gov) ID# 14197)
- Centers for Disease Control and Prevention. *Strategic National Stockpile Preparedness Course.* 12-16 Jan 2004.

- Jefferson County Department of Health and Environment. *Incident Communication Plan*. [Confidential] 4 May 2004.
- Missouri Department of Health and Senior Services. Missouri's Plan for Receiving, Distributing, and Dispensing the Strategic National Stockpile. *Version 2 – Draft, Oct 2003*. ([LLIS.gov ID# 8046](#))
- San Juan Basin Health Department. Crisis and Risk Communications Plan. 25 May 2004
- Patricia Coomber, PhD, and Robert Armstrong, PhD. Coping with an Attack. A Quick Guide to Dealing with Biological, Chemical, and "Dirty Bomb" Attacks. *Center for Technology and National Security Policy. National Defense University*. ([LLIS.gov ID# 14188](#))

#### **DISCLAIMER**

*Lessons Learned Information Sharing (LLIS.gov)* is the US Department of Homeland Security/Federal Emergency Management Agency's national online network of lessons learned, best practices, and innovative ideas for the emergency response and homeland security communities. The Web site and its contents are provided for informational purposes only, without warranty or guarantee of any kind, and do not represent the official positions of the US Department of Homeland Security. For more information on *LLIS.gov*, please email [Feedback@llis.dhs.gov](mailto:Feedback@llis.dhs.gov) or visit [www.llis.gov](http://www.llis.gov).