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LESSON LEARNED

Community Preparedness: Establishing Partnerships to Aid Distribution of Mass Prophylaxis

SUMMARY

Local public health and emergency management agencies should consider establishing partnerships with public and private sector organizations to assist with the distribution of mass prophylaxis during a public health emergency.

DESCRIPTION

Background

In 2006, Oklahoma City, Oklahoma, joined the Centers for Disease Control and Prevention's (CDC) Cities Readiness Initiative (CRI) program. CRI standards require that jurisdictions be capable of distributing medication to the entire population in fewer than 48 hours following an aerosolized anthrax attack.

Traditionally, the Oklahoma State Department of Health (OSDH) used points of dispensing (POD) as a "pull" method of distributing medication to the population. OSDH realized that during a public health emergency, a "pull" model alone may not be sufficient to distribute medication to the entire population. Consequently,

OSDH began thinking of ways to "push" medication to the population to meet CRI standards rather than relying solely on a "pull" method. OSDH was aware of other states working to establish push partner programs. OSDH reviewed these programs to develop an operational push partner program that met the state's needs.

The CDC established the CRI program in 2004 as a result of the 2001 anthrax attacks. The program originally consisted of 21 cities selected on criteria such as population and potential vulnerability to a bioterrorism threat. The program now includes 72 cities and metropolitan statistical areas, with at least 1 CRI in every state.

Initially, OSDH had to actively engage businesses and organizations to participate in this program. Over time, businesses and organizations have recognized the program's benefits and now approach OSDH asking to participate in the push partner program.

Program Description

The push partner program teams OSDH, the Oklahoma City-County Health Department (OCCHD), and the Tulsa Health Department (THD) with businesses and other organizations for the purpose of distributing mass prophylaxis during a public health emergency. The organizations agree to receive medication from public health authorities during a public health emergency and to distribute it to employees, employee family members, and other clientele. These partnerships assist the health departments in meeting the CRI standard of distributing mass prophylaxis to the entire population in fewer than 48 hours during a public health emergency. In total, there are more than 300 push partners statewide capable of providing prophylaxis to 1 million people. These partners include emergency responders,

the US Department of Defense, the National Guard, the Oklahoma Department of Corrections, the University of Oklahoma, and large private corporations.

Program Structure

Organizations must sign a Memorandum of Understanding (MOU) with OSDH, OCCHD, or THD in order to become a push partner. In this MOU, partners designate two representatives to receive medications on behalf of the organization during an emergency. Once the MOU is established, the health departments provide partners with education and training on the Incident Command System and National Incident Management System.

Partners must then develop a dispensing plan for use during a public health emergency. The plan will describe how the partner will receive the medications from the county. Some partners may go to county warehouses to receive medications, while a small number of partners will receive them at PODs.

During a public health emergency, OSDH, OCCHD, and THD activate a call-down list that contains contact information for each partner. The health departments brief partners on the situation and inform them of when they will receive their apportioned medications. Partners send one of their two designated representatives to the warehouse or POD with appropriate identification to receive medication. After partners have distributed the medication, they are required to submit name, address, and personal history forms back to the health departments for the purpose of disease surveillance investigation. Additionally, they are responsible for returning excess medication to the appropriate warehouse or POD.

Local public health and emergency management agencies should consider establishing partnerships with public and private sector organizations to assist with the distribution of mass prophylaxis during a public health emergency.

CITATIONS

Oklahoma Department of Emergency Management; Oklahoma State Department of Health; Oklahoma State Department of Health, Public Health Response Team. *Push Partner Program*. 23 Jun 2008.

<https://www.llis.dhs.gov/docdetails/details.do?contentID=43872>

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