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**Video script – Push Partners – the Cities Readiness Initiative**

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Fires...earthquakes...and flooding. The Sacramento region is not immune to these threats and has faced some of them in the past. In disasters, citizens frequently want to assist in the emergency response.

But what about public health emergencies? Is there something members of the local community can do to help out in the case of a serious disease threat?

Hello, I'm Don Stangle from Sacramento County Public Health, and the answer is "yes!" There IS a way for citizens to help out during a serious public health emergency.

The Cities Readiness Initiative allows businesses and other local organizations to assist Public Health Officials in preparing and responding to potentially serious, and even catastrophic communicable disease threats to the community.

Now, how did this program come about?

The Cities Readiness Initiative, also known as C-R-I, was developed by the federal government following the anthrax attacks through the U.S. mail in 2001.

Though these incidents were limited, experts say that a larger-scale aerial attack could be possible, spreading infectious anthrax spores and threatening the health of an entire metropolitan area.

Antibiotics can prevent people exposed to the spores from getting sick, but the drugs must be administered within a matter of days to be effective in the majority of people.

With this worst-case scenario in mind, the Cities Readiness Initiative has established the goal of delivering antibiotics to the entire population of Sacramento and other major metropolitan regions within 48 hours.

Local Public Health agencies have been tasked with developing procedures for the distribution, and they would be aided by state and federal resources.

In particular, a huge supply of pharmaceuticals would be made available through the Strategic National Stockpile program to assure that enough medication could be mobilized rapidly and delivered to wherever it is needed.

Even though the CRI program is based on a theoretical attack using anthrax, its principles can be applied to other public health threats for which an identified “countermeasure” (usually an antibiotic, but possibly a vaccine) is available and could be delivered in this manner.

To meet the CRI program objectives, local public health departments will need the help of many community partners. This presentation is designed to familiarize local businesses and other organizations with the concept of “Push Partners” – one of several models designed for the rapid delivery of medications to the community.

Before we discuss the Push Partner model in detail, let’s look at the various means by which medications might be distributed.

In a real event, it is likely that several, or possibly all, of these methods might be used simultaneously.

The primary method for mass medication delivery is called the Point-of-Distribution (or POD). A POD is a center, most likely a large building such as a community center or gymnasium, to which the public would be directed to receive the recommended medication. If we were to rely exclusively on this method in Sacramento, we would likely need nearly 100 POD sites to meet the 48-hour timeframe of the CRI program.

A variation on a POD is a drive-through distribution system, similar to those used by some immunization programs to administer influenza vaccine.

Other approaches are being explored throughout the country, including the door-to-door delivery of medications or even pre-delivery of medications to households.

Operation of a large number of POD sites would require many more resources than are currently available.

In addition, it is not necessarily a good idea to increase traffic by creating large public gatherings in an emergency. It can create increased anxiety among the public.

This is where your business or organization comes in. The concept of the Push Partners approach is to take advantage of businesses and other organized settings to receive medication from Public Health authorities and distribute it to employees and other clientele.

In addition, medication would be distributed for use by the immediate families of those individuals. The benefits of this approach include the speed with which

medication can be distributed; the ability to pre-plan for an orderly and efficient distribution process; and a reduction in the need for public POD operations.

What is the process for becoming a Push Partner, and what is expected?

First of all, becoming a Push Partner is completely voluntary. It is important to Public Health that participants feel comfortable with the program and their role in it.

The process of pre-planning is designed to develop a high level of confidence that this approach is both manageable for the organization and a benefit to its employees and clients.

The pre-planning process involves receiving a tool kit , which is a binder consisting of the written procedures for Push Partners and all of the forms that would be used in implementing the plan.

The pre-planning process also includes meeting with local public health programs to review the procedures and to address any questions or concerns about the program.

A lot of thought has gone into the tool kit, and many health agencies have shared their “best practices.”

Because this is a new program, however, it is not a surprise to anyone involved to hear a question or learn of an issue that has not been raised before.

Potential Push Partners should not be shy about raising those questions, as they will likely improve the final results.

With that in mind, you may wish to consider inviting Public Health planners to visit your site to assist in designing a medication distribution scheme that will work for your location.

An additional option would be to design a training exercise to test your individualized plan, and Public Health programs are happy to participate.

Once your questions and concerns have been addressed and your organization feels ready to become a Push Partner, the next step is completion of the enrollment paperwork.

This enrollment does not obligate your organization to participate, but it does create the groundwork for coordination in an event.

If there is reason to withdraw from participation or to review any aspect of your relationship with Public Health, those adjustments can be made at any time.

The enrollment process helps us estimate the number of employees and other individuals who would likely be present and eligible to receive antibiotics through each organization's site.

We ask you to identify one or more points-of-contact to coordinate with Public Health. In addition, locations for delivery of medications are determined.

In an actual event that requires the CRI program to be activated, the enrollment document would be used by Public Health to alert Push Partners and coordinate the delivery of the pharmaceutical to their sites.

What kind of concerns have been raised by Push Partners?

The most frequently-raised questions about this program center on liability issues. You should keep in mind that the CRI program is intended only for catastrophic events that threaten the health of the entire community. In other words, this is definitely not "business as usual."

Under ordinary circumstances, there are many legal requirements involved in the prescribing and dispensing of antibiotics and other medications.

If the CRI plan goes into effect, there would be a declaration of a Health Emergency and this would lead to the temporary waiver of certain medical practice laws and pharmacy regulations.

Even though these rules exist to safeguard patients under normal circumstances, the rationale for waiving them is to make speed of medication distribution the top priority.

In other words, health officials will have determined that the need to get life-saving medication to people at risk will outweigh the small potential for adverse reactions that might have been avoided under ordinary circumstances with the usual safeguards.

Public Health authorities recognize that businesses and other participating Push Partners may incur some corporate risk as the result of participating in this program.

However, many business leaders also feel that they have an obligation to plan and prepare to safeguard their employees and clients.

The final decision to participate in CRI must balance the risk of taking action as

an organization with the risk of relying entirely on the services operated by local government.

Public Health is interested in working actively toward finding solutions that will enable organizations to participate in CRI, while at the same time limiting their own liability exposure.

An example of how to reduce this risk may be to register employees as Disaster Service Workers when performing medication distribution functions at the request of Public Health Officials.

In addition, organizations that wish to take extra steps to medically pre-screen employees to identify in advance any reasons that certain medications should not be taken by some individuals and consider alternatives to the typical medications offered.

Educating employees about the importance of carefully reviewing written information about any medication they receive is particularly important in a mass distribution setting.

Taking the medication is voluntary on the part of those who receive them. They will have an opportunity to address concerns with a personal physician but they do need to know that any delay more than a day would quickly reduce the effectiveness of the antibiotics in preventing disease.

Here are some of the frequently asked questions we get about this program:

**Are there any restrictions as to who receives the medication under CRI?**

The answer is no. If there is biologic agent attack, such as with anthrax, on the entire community, anyone in the path of the dispersal is considered at risk for becoming ill. For that reason, there is no reason to limit medication distribution based on factors such as county of residence.

**To whom would Push Partners provide medication?** They would provide medication to any of their employees and have a sufficient supply to provide for their family members. In addition, if there are general members of the public present at the Push Partner site, they would also receive medication. Some organizations that serve clients in outlying facilities may wish to include them in their plan as well.

**Are Push Partners expected to provide medications to other members of the public?** No. Push Partners are not expected to open their doors to provide for an influx of the public from surrounding areas. If they did, this could create a security and crowd control problem. It is best that Push Partners conduct their

internal distribution with minimal fanfare. The general public will be directed to report to POD sites throughout the region.

**How will public health officials know who actually needs the medication?**

Recommendations will be based on the best available information about the dispersal of the agent causing the health threat. Where there is doubt, health officials will enlarge the area considered at risk in order to err on the safe side.

This means that there will be people considered at risk who will be offered protective medication that they don't actually need. Because we have no way of knowing for sure in advance who must be treated, each individual will ultimately decide whether or not to take the medication that is offered.

**What does the CRI distribution process look like?**

Distribution systems can vary quite a bit, depending on the physical characteristics of the site. In most cases, a simple arrangement of tables and a logical flow of individuals through the process is sufficient. Most sites will likely have a registration table, a station for receiving written informational materials or possibly viewing a videotaped explanation of the process, and a table for receiving the medication bottles.

**Finally, how much medication will be provided?** This could vary depending on the disease threat and the source of the medications. However, it is likely that the medication containers will be supplied from the Strategic National Stockpile program and will initially be a 10-day supply. If so, there may be a need to follow-up with additional medication distribution once public health authorities have obtained additional information to refine or finalize recommendations for completing appropriate medical countermeasures.

We hope that this presentation has given you a good overview of the goals and methods involved in becoming a Cities Readiness Initiative Push Partner with Public Health.

Your interest in this program is greatly appreciated and will hopefully lead to a lasting partnership for the health of our community, not just for the extreme public health emergency but for all aspects of staying well.

Here's how you can contact us if you have questions or want to become a Push Partner:

E-mail me at [StangleD@SacCounty.net](mailto:StangleD@SacCounty.net) or call Sacramento County Public Health at (916) 875-4493.