Consent Agenda Item #8

COUNTY AGENDA REQUEST

Department:	Fire and Emergency Services	Presenter(s):	Fire Chief David Scarbrough
Meeting Date:	Thursday, February 13, 2014	Type of Request:	Consent

Wording for the Agenda:

Approval of staff's recommendation to enter into a Memorandum of Understanding from the Georgia Department of Public Health District 4 in order to dispense medications to employees, family members of employees, and any contract staff in the event of a large-scale public health emergency.

Background/History/Details:

The Board of Commissioners is being asked to approve a Memorandum of Understanding as part of prudent planning for emerging threats and public health emergencies as well as expediting getting pharmaceuticals and immunizations to the County workforce and their families if a health care emergency should occur.

If approved and signed, County employees and their family members would receive some advantages in acquiring medications, immunizations, and other types public health related care during anticipated or actual public health threats. Those advantages include: 1) a central location where employees and their families could receive medicine or vaccinations, 2) assurance of rapid treatment of county employees and families during health care emergencies, 3) partner with Public Health to ensure that necessary pharmaceuticals are on hand for county employees and family members in a timely manner; 4) part of emergency management for preplanning efforts for pandemics during health care emergencies, and 5) assist in maintaining continuity of operations of county services by reducing illness among county employees.

The County is not entering into a binding contract even if the Memorandum of Understanding is approved.

What action are you seeking from the Board of Commissioners?

Approval of staff's recommendation to enter into a Memorandum of Understanding from the Georgia Department of Public Health District 4 in order to dispense medications to employees, family members of employees, and any contract staff in the event of a large-scale public health emergency.

If this item requires funding, please describe:

Not Applicable.

Has this request been considered within the past two years?	No	If so, when?	
Is Audio-Visual Equipment Required for this Request?*	No	Backup Provided with Request?	Yes

**** All audio-visual material must be submitted to the County Clerk's Office no later than 48 hours prior to the meeting. It is also your department's responsibility to ensure all third-party audio-visual material is submitted at least 48 hours in advance.***

Approved by Finance	Not Applicable	Reviewed by Legal	
Approved by Purchasing	Not Applicable	County Clerk's Approval	Yes
Administrator's Approval			

Staff Notes:

Fayette COUNTY

"WHERE QUALITY IS A LIFESTYLE"

FIRE AND EMERGENCY SERVICES
140 STONEWALL AVENUE WEST, STE 214
FAYETTEVILLE, GEORGIA 30214
PHONE: 770-305-5414
www.fayettecountyga.gov

Chairman
Steve Brady -
I Recommend Approving
Let me know if you have
any Questions
Steve

MEMO

To: Steven Rapson, County Administrator

From: Pete Nelms, Division Chief, EMA Director

CC: David J. Scarbrough, Fire Chief

Date: January 16, 2014

Re: Public Health Closed POD Memorandum of Understanding

Attached is a Memorandum of Understanding (MOU) from the Georgia Department of Public Health District 4. This document is not required to be signed however; if it is signed, it offers county employees and family members some advantages in acquiring medications, immunizations and other types public health related care during anticipated or actual bioterrorism or emerging threats such as a flu pandemic. These advantages are:

- A central location where employees and their family could receive medicine or vaccinations;
- Assurance of rapid treatment of county employees and families during health care emergencies;
- Partner with Public Health to ensure that necessary pharmaceuticals are on hand for our employees and family member in a timely manner;
- Part of emergency management preplanning effort for pandemics during health care emergencies;
- Assist in maintaining continuity of operations of county services by reducing illness among county employees.

I would like to request that the county review and consider signing this Memorandum of Understanding as part of prudent planning for emerging threats and public health emergencies as well as expediting getting these pharmaceuticals and/or immunization to our work force and their families if a health care emergency should occur. There is no financial cost or commitment to the county for signing or activating the signed MOU.

As always, the County Nurse – Manager, Glenda Bryant and I are available to answer any questions you or the Board should have regarding the signature of the Memorandum of Understanding.

Attachment

Closed POD Partner Enrollment Form

[X] Yes, we want to participate as a Closed POD partner

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 medications to our employees, the family members of our employees, and any contract staff. We will attempt to maintain an accurate record of coordinator information and an estimated quantity needed for each of our facilities that will serve as a Closed Point of Dispensing (POD) and provide that information to the local public health authorities where those facilities are located. We understand that completing this enrollment form is not a binding contract.

Organization and Coordinator Information

Name of Organization: Fayette County Government

Street Address: 140 Stonewall Ave

PO Box:

City: Fayetteville State: Ga Zip code: 30214

Email: peten@fayettecountyga.gov Telephone: 770-305-5172

Fax Number: 770-305-0190

Primary Coordinator

Name: Pete Nelms Position/Title: EMA Director

Work Phone: 770-305-5172 Home Phone: 404-472-7019

Email: peten@fayettecountyga.gov Cell/Pager: 404-472-7019

First Backup Coordinator

Name: Donnie Davis Position/Title: EMA Specialist

Work Phone: 770-305-5169 Home Phone: 770-630-1027

Email: ddavis@fayettecountyga.gov Cell/Pager: 770-630-1027

Second Backup Coordinator

Name: Tom Bartlett Position/Title: Deputy Chief

Work Phone: 770-305-5169 Home Phone: 770-461-2843

Email: tomb@fayettecountyga.gov Cell/Pager: 404-281-1449

Please provide a brief description of your service:
This POD will consist of all Fayette County government departments employees and family. The contacts listed above is the primary fire and

emergency medical service for the county. It also includes emergency management

Estimated Numbers of Employees/Family Members/Contract Staff

Please provide information below about the population that your organization will want covered under this provider enrollment form.

Total Number of Employees:	682
* Total Number of Family Members of Employees:	2182
Total Number of Contract Staff:	2

Total Population to be Served
2866

**To estimate the number of family members, multiply the number of employees by 3.2 (average number of persons per household).*

Of the total above, please estimate the breakdown into the following age groups when possible:

Older Adults *(age 65+)*	Adults *(Ages 18-64 and children over 80lbs)*	Children *(Under 18 and weigh less than 80lbs)*
N/A	A majority of the above population will fall into the category	N/A

In the event of an emergency, disease and medication information forms will be provided when you pick up the medication. You will need to copy and provide them with the medication to your clients. If you need these to be in any language other than English, please specify below. Translated forms will be provided whenever possible.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Additional Information and Private Industry Closed POD Partner Enrollment Agreement

As a Closed POD Partner, I understand that we would be eligible to receive antibiotics and medical supplies at no cost should the local public health authorities notify us of a public health emergency and decide to activate this agreement. I understand that my organization or business may decline to participate in this program at any time.

I understand the primary planning assumptions of this agreement are:

1. An aerosolized Anthrax attack has occurred that is too large to be managed with local and state resources. Medical countermeasures from the federal Strategic National Stockpile (SNS) have been deployed to supplement local and state resources.

2. A Public Readiness and Emergency Preparedness (PREP) Act Declaration has been issued.

3. Due to the nature of the public health emergency, Georgia pharmaceutical dispensing laws have been relaxed to allow for the implementation of the non-medical dispensing modality.

I understand that this agreement can be used to address other types of public health emergencies if mutually agreed upon between our organization and the local/state public health authorities.

I agree to the following conditions, on behalf of myself and my organization:

1) We agree to provide the local public health authorities where we have facilities that will be serving as Closed POD sites with the number of employees, employee family members, and contract staff to receive medication; this information will be updated as information changes.

2) Our facilities that will serve as Closed POD sites will follow the most current guidance from the CDC that is approved by the state and/or local public health authorities.

3) Our organization will make arrangements to receive medications and supplies for our employees, the family members of our employees, and our contract staff with the appropriate local health authorities. Our organization will provide the local public health authorities with the name of the representative(s) receiving the medications on behalf of our organization.

4) The representative(s) receiving medications and supplies on behalf of our organization will provide two forms of identification (ID) at the time of receipt; an ID card issued by our organization, and a state issued ID card.

5) The representative(s) will sign for all medications and supplies received.

6) Our organization will notify the appropriate local public health authorities if there are any discrepancies between the quantity ordered and the quantity received by our organization.

7) Our facilities that will be serving as Closed POD sites will be responsible for administration of the medication, distribution of information sheets, and collection of completed intake forms. Intake forms will be returned to the local public health authorities upon request.

8) Our organization will be responsible for returning any medication to the local public health authorities where we received the medications at the beginning of the emergency.

9) Our organization agrees to not charge for the medication or for any of the services provided as a part of the administration of the medication.

10) For the purpose of State and/or Federal Laws and regulations, Our organization will maintain and make available all records to the local public health authorities, the Georgia Department of Public Health, the US Department of Health and Human Services, and/or their assignees or agents.

11) A local public health authority may terminate this agreement for any of our facilities located within their jurisdiction should we fail to comply with these requirements. Our organization may terminate this agreement at any time at our discretion.

Authorization by our organization or business representative with <u>District 4 Health District</u> to become a Closed POD Partner:

Name *(please print clearly)*	Title
Signature	Date

You may return the form in any one of three ways:

1. **FAX:** (706)-845-4177
2. **Mail:** District 4 Public Health/Emergency Preparedness Division 122A Gordon Commercial Rd LaGrange, GA 30240

3. **Email:** Scan the signed form and e-mail to: *kktownsend@dhr.state.ga.us*

Please return the original and save a copy to complete various sections of your Dispensing Plan

Thank you for enrolling to become a Closed POD Partner!