

ABERDEEN MASS DISPENSING PROGRAM

Instructions for filling out Registration and Consent forms

TO: ALL RESIDENTS OF ABERDEEN

SUBJECT: MASS ANTIBIOTIC DISPENSING REGISTRATION IN CASE OF EMERGENCY INCIDENT

- **LIFE SAVING INFORMATION FOR YOU TO READ AND UNDERSTAND!**
- **INFORMATIONAL COMMUNITY MEETINGS WILL BE SCHEDULED TO REVIEW THIS PROGRAM.**
- **YOU MUST READ THIS MATERIAL FIRST TO UNDERSTAND THE EXPLANATIONS THAT WILL BE GIVEN AT INFORMATIONAL MEETINGS**

“YOUR UNDERSTANDING MAY SAVE YOUR LIFE AND THE LIFE OF YOUR LOVED ONES.”

ITEMS IN THIS PACKET:

1. **THE PLAN DOCUMENT:** Read this plan as it explains how the program works and how you will receive your medication after the program is activated in the event of a bioterrorism attack.
2. **TWO copies of the HOUSEHOLD ACKNOWLEDGEMENT AND CONSENT:** ***Read and sign one copy. Medication Will Not be dispensed without a signed consent form.*** This form will be collected at the time the Program is activated. The second copy is for your information and records. This is a Voluntary program.
3. **One copy of CLIENT REGISTRATION FORM per Household:** Print the last name, then first name of each household member, together with your address, telephone number, cell number and email address. **DO NOT SIGN THE FORM UNTIL NECESSARY.** ***Add names of any visiting guests at the time the program is activated.*** Leave blank any sections that do not apply. Do not write in the dark area section.
4. **PROGRAM PLAN OVERVIEW AND DISPENSING STRUCTURE** explain the process regarding how you will receive medication following the activation of the program.
5. **ANTHRAX TREATMENT INFORMATION:**
Read this sheet and keep it for your records.
You may want to discuss with your physician(s) which medication is “right” for you and your family, based on each person’s medical history.
6. **PATIENT NAME LABELS FORM:** Print clearly in ink, the name of one person per label for all of the persons listed on the CLIENT REGISTRATION FORM. They will be used for labeling your medication bottle during the dispensing process.

ABERDEEN MASS DISPENSING PROGRAM

PLEASE READ, UNDERSTAND, AND KEEP THIS IMPORTANT DOCUMENT IN A SAFE PLACE. TAPE A NOTE ON YOUR REFRIGERATOR DOOR AS TO WHERE THIS PLAN IS BEING STORED. SOMEDAY IT MAY SAVE YOUR LIFE OR THE LIFE OF A LOVED ONE! IF YOU MISPLACE IT, PLEASE BORROW A COPY FROM YOUR NEIGHBOR AND MAKE A PHOTOCOPY, AS A LIMITED QUANTITY WERE PRINTED ALONG WITH THE MANY FORMS NEEDED TO MAKE THE PROGRAM FUNCTION. IN THE FUTURE, UPDATED INDIVIDUAL PAGES WILL BE DISTRIBUTED WHEN APPROPRIATE.

A. PROGRAM OVERVIEW AND PURPOSE

This program is designed to: save lives; prevent or minimize illness in the event Aberdeen residents are exposed to a Bio-Terrorism attack or Biological, Chemical or Radiological incident; and to provide Health Education and Promotion. **The program originated with the Center for Disease Control (CDC) and the Department of Health (DOH) to provide for the Mass Distribution of Antibiotics and Vaccines in the event of an actual incident.**

Aberdeen has been designated as a POD (Point of Dispensing) for Aberdeen residents and their visiting extended family and guests who may be present at the time of an incident. **The antibiotics currently being used in this program are doxycycline and Cipro.** Amoxicillin may become available after the particular strain of Anthrax has been tested for sensitivity to it.

B. LIABILITY PROTECTION AND VOLUNTEER TRAINING PROGRAM

The Aberdeen Property Owners Association has signed an agreement with the State of Florida and the Palm Beach County Health Department stipulating that Aberdeen will donate a portion of its property (the Clubhouse) to the state for use as a POD (Point of Dispensing) during an actual incident. Consequently, Aberdeen has been designated as a volunteer organization performing a service to the state and is now provided with state liability protection.

All Aberdeen resident volunteers working in the program who sign a DOH Volunteer Enrollment Application are also provided with state liability protection covered under the Florida Volunteer Protection Act (F.S. 768.28). Resident volunteers are also covered for Workman's Compensation (F.S. Chapter 110.504). Under this program, all volunteers will receive first priority medications for themselves and their family members. Dispensing of medications is supervised by a volunteer who is authorized to prescribe or dispense pharmaceuticals (Pharmacist, MD/DO, PA, ARNP, DDS/DMD, DPM). The Palm Beach County Health Department will assist in the training of resident volunteers for the various jobs needed to dispense antibiotics.

C. DISPENSING STRUCTURE

1. ORGANIZATIONAL STRUCTURE: The President of the POA has appointed a Coordinator for the program who shall then create, recruit and select an Incident Command Structure for the plan. The Incident Command shall make provision for: adopting an operating plan in concert with the DOH, recruiting & training a volunteer staff, providing plan oversight, evaluating and enhancing the quality of the program activities, conducting the dispensing program following activation, maintaining pertinent records for the DOH, and holding Command meetings as needed.

ABERDEEN MASS DISPENSING PROGRAM

2. CARPOOLING RECOMMENDED:

The Aberdeen population is about 4,800 residents and 2,418 residencies. To make the Medication Distribution Program response manageable, the number of residents coming to the clubhouse for processing and receiving of medications will be limited if residents carpool. Carpooling will provide for a safe and efficient service and avoid chaos during the distribution of medications at the Clubhouse during an actual event. To accomplish this program, each HOA will receive a listing of residents organized by street and house number in order to create a list of carpools as follows; Each Association will divide their respective communities into carpool groups. Each group will consist of four or 5 residencies (condos/homes). List the Head of Household's name, address, home & cell phone number. Then assign each group to a carpool. Please note that Program Volunteers have been designated "VOL" and should not be assigned to a carpool. A Client Registration form will be distributed to each household where it is to be completed only when you receive notice on Channel 63 or a telephone call that there is an actual incident (DO NOT FILL OUT MASS DISPENSING FORM as individual characteristics may change from today until it is truly needed. At the time of an incident, the resident is to complete the form and add the names of any visiting family and guests to the form). The completed form is to be then taken to the Dispensing site at the time of an incident. **If there is any question regarding compatibility of the antibiotics and a resident's regular medications, the resident is to check with their personal physician long in advance of an incident. Be sure to list as "allergies" all medication that your physician specifies that you (or a house hold member) should not take.**

D. PROGRAM IMPLEMENTATION - CHAIN OF EVENTS

1. The Governor declares an emergency and activates the state antibiotic dispensing program.
2. Aberdeen is notified by the DOH that the program is activated.
3. Within 36 to 48 hours, antibiotics are delivered to Aberdeen by the DOH and locked in the Clubhouse Conference Room by the person on duty.
4. The Aberdeen Program Coordinator, Medical Supervisor or backup person in charge alerts the Antibiotic Dispensing Team members of the program activation by the Governor.
5. The Aberdeen Antibiotic Dispensing Team is notified to report to the clubhouse to set up for the dispensing of antibiotics as described below.
6. The POA liaison, should notify security at the front entrance to begin restricting admission to the Clubhouse to authorized individuals only during a Program activation. Other individuals will be instructed to contact the Emergency Information Center (561 712 6400) for instructions as to where they should go to obtain their antibiotics.

ABERDEEN MASS DISPENSING PROGRAM

7. Using the “Aberdeen Master Resident Listing”, the telephone squad shall call the designated community resident alerting them to an incident and ask that they activate the pre-established installed telephone tree. Bring your the signed Client Registration form, signed Consent forms, and any special instructions from your physicians, and then come to the Clubhouse for processing and dispensing of the medications.

Each Community will be scheduled as to when they can arrive at the dispensing site.

8. MEDICATION DISPENSING PROCEDURE:

(a). Client Registration forms and medication labels will be distributed to each household where it is to be completed when notified there is an actual incident. Residents will list the names of all members of their household on the form and labels. At the time of an incident, the resident may add the names of any visiting family and guests to the form up to a maximum of 15 names on a form. Names of family members and guests will be written in ink by the head of household. At the time of dispensing, the labels will be placed on the medication bottles by a dispensing volunteer for each resident listed on the Registration form. Each resident must bring their completed Client Registration forms, Consent forms, labels and any previously obtained special instructions from their personal physicians regarding the following drugs: Cipro and doxycycline. This is especially significant for visiting children, pregnant, or nursing mothers, or anyone with special medical considerations.

(b). At the clubhouse, the entrance will be staffed with Greeter Staff Volunteers who will direct residents to the Processing & Dispensing area.

(c). Triage Greeter Staff Volunteers, inside the entrance, Triage Volunteers will be assigned to direct Residents to the Registration tables.

(d). Volunteers at the Registration tables will review the Client Registration forms for completeness and issue additional forms if needed. The Registration Forms will be triaged at the registration tables, labels will be available at the Registration tables.

(e). Greeter Staff Volunteers will direct transporters to the Dispensing tables.

(f). Dispensing Volunteers (under supervision) will be assigned to record and dispense medications, apply name labels on each medication bottle, and then collect the Client Registration and confirmation forms. Medications will only be dispensed at the tables labeled: Dispensing Area or Acute Symptoms Area. Medication Information sheets will be provided along with any other important information.

(g). We suggest residents have a jar of applesauce on hand in their household for family members or guests who have difficulty swallowing medications and, if needed, for visiting small children and babies who may require this swallowing aid. A household could have on hand anything that could make the medication more palatable and easier to swallow.

ABERDEEN MASS DISPENSING PROGRAM

9. **Volunteers, working the day of incident, will receive first priority medication for themselves and their family members.** When reporting to the Clubhouse for set up, volunteers in small rotating groups should enter the process to obtain their medications leaving sufficient staff continuing to work until all volunteers are processed. **Volunteers are not permitted to leave the Clubhouse to deliver medications to their family during an event. Instead, Volunteers should arrange for another family member to come to the Clubhouse to pick up their family's medications as well as medications for other volunteer families to whom assistance maybe needed in delivering medications to their families. Volunteers reporting to the Clubhouse should bring water and snacks with them, if needed. First dose should be taken when received.**

10. Employees working on site at Aberdeen during an activation of the program are included under this program. They should obtain permission from their supervisor to report to the Clubhouse and fill out a Client Registration & Consent forms and begin processing for their antibiotics.

E. RECORDS AND REPORTING

During an actual event, each POD will be monitored by the Palm Beach County Health Department. Distribution information is posted on record control sheets and reported twice daily to the County's Health Department, who will track: POD flow, medication and supply usage.

F. POLICY REGARDING PRIORITY DISPENSING OF ANTIBIOTICS

Non-complying unauthorized residents presenting themselves to the clubhouse during a state activated emergency shall be requested to return to their residence. They shall not be issued their medication on demand at the clubhouse which would be disruptive to the flow of medication delivery for the entire community. They should report to clubhouse at their designated time.

ANTHRAX Treatment Information

The Palm Beach County Health Department, Office of Public Health Preparedness, has recommended that communities in Florida prepare for a possible biological episode or bioterrorist attack. The primary concern is inhalation ANTHRAX, which may initially appear to be a common cold. After several days, breathing problems may occur, followed by shock, and possibly death. Other symptoms include fever, muscle aches, and fatigue. Person-to-person spread is extremely unlikely. Early antibiotic intervention can help prevent the disease and its complications.

CAUTION: You are advised to seek **MEDICAL ATTENTION as soon as possible** should you have any **RELEVANT SYMPTOMS** (Fever, Muscle/Joint Aches, Cough, Chills, Tiredness/Fatigue, Sore Throat, Vomiting, Skin Lesions/Sores, Chest Pain, Difficulty Breathing) that have been **GETTING WORSE OVER THE PAST 48 HOURS**

The two most commonly prescribed broad-spectrum, oral antibiotics for anthrax for adults are Doxycycline and Ciprofloxacin. Initially, a 10-day supply of one of these two antibiotics will be dispensed. You will be advised if additional treatment is required beyond 10 days.

IMPORTANT: Some patients require specific dosing and medication management should contact a physician for treatment recommendations.

- **Patients with special medical conditions** (e.g. current treatment with blood thinners, auto-immune diseases, drug allergies, dialysis, etc)
- **Women who are pregnant or breastfeeding**
- **Children under the age of 18**

The following information should be used as a guide when deciding on a treatment plan:

Doxycycline 100mg is taken orally twice a day with food. It is not in the penicillin family, so people allergic to penicillin may take the medication. Avoid taking antacids (Maalox, Mylanta, Tums), cholestyramine (Questran), colestipol (Colestid), dairy products, iron, or vitamins for 4 hours before or 2 hours after taking this medication. This medication may make you more sensitive to sunlight so you should use protective clothing and sunscreen. **Do not take this medication if you are pregnant or suspect you may be pregnant, or breast feeding, unless you are allergic to Cipro. The use of Doxycycline for life-threatening illnesses exceed its risks.**

Ciprofloxacin 500mg is taken orally twice a day. It is not in the penicillin family, so people allergic to penicillin may take the medication. It should be taken with a large glass of water 2 hours before or after a meal. If nausea or upset stomach occurs, it can be taken with food. Avoid dairy products for 3 hours before and after taking the pills. **If you are taking warfarin (Coumadin) to thin your blood, be sure to discuss with your doctor before taking Cipro.**

(Amoxicillin 500 mg may be available only after the Anthrax strain has been tested for sensitivity to it. Information about Amoxicillin will be provided if/when it becomes available.)

What about missed doses? If you miss a dose, take it as soon as you remember. If it is near the time for your next dose, skip your missed pill and take the next dose as scheduled.

Many antibiotics, including these, may cause nausea, vomiting, diarrhea, loss of appetite, yeast infections, darkening of urine, and headache. Some less common side effects that could occur include pain in extremities, changes in vision, ringing in ears, easy bruising, mental changes, or fever.

Allergic reactions to these medications include **rash, itching, swelling of the tongue, hands or feet, fever, and difficulty breathing**. If these reactions occur, get emergency help immediately. Joint pains, bruising, and problems with kidneys, liver, or vision should be reported to your physician, as well.



CLIENT REGISTRATION FORM for MASS ANTIBIOTICS DISPENSING

CRF 102611

By signing below, I acknowledge I am receiving medication for the person(s) listed below. I am authorized to sign for these people and agree to provide the prescribed medications and instructions as provided to me to each of them. I understand that medications are being provided to protect from potential illness and acceptance of medication is voluntary. Complete all non-shaded areas and give completed form to Registrar/Triage staff for processing.

Signature (of person picking up medication): _____ Printed Name: _____ Date: _____

Home Street Address: _____ City: _____ FL ZipCode: _____ Primary Phone #: _____

**** Be Sure that Each Listed Person Who Has KIDNEY (Renal) FAILURE or INSUFFICIENCY Speaks With Their Physician on How to Adjust Their Medication ****

Line #	PRINT the full name and age of each person for whom you are picking up medication (Your name on Line 1).	Age	If Under Age 18: Weight (pounds)	Females ONLY: Pregnant or Breast Feeding or Unknown? (Circle One)	Symptoms, such as Fever, Muscle/Joint Aches, Cough, Chills, Tiredness, Sore Throat, Vomiting, Skin Lesions/Sores, Chest Pain, Difficulty Breathing that have been Getting Worse over the last 48 hours?	ALLERGY: Print First Letter of Medication to which Allergic:	Medication Dispensed (Choose A or C or D)	Dose Dispensed (mg) or (tsp)	(v) If Referred to Seek Attention of PMD	Expiration Date	Lot Number
1				Yes No Unk	Yes or No						
2				Yes No Unk	Yes or No						
3				Yes No Unk	Yes or No						
4				Yes No Unk	Yes or No						
5				Yes No Unk	Yes or No						
6				Yes No Unk	Yes or No						
7				Yes No Unk	Yes or No						
8				Yes No Unk	Yes or No						
9				Yes No Unk	Yes or No						
10				Yes No Unk	Yes or No						
11				Yes No Unk	Yes or No						
12				Yes No Unk	Yes or No						
13				Yes No Unk	Yes or No						
14				Yes No Unk	Yes or No						
15				Yes No Unk	Yes or No						

County/POD #: Broward Miami-Dade Monroe Palm Beach

Dispenser's Name: _____

ABERDEEN MASS DISPENSING PROGRAM HOUSEHOLD ACKNOWLEDGEMENT AND CONSENT FORM

(Print name-in ink) _____

(Print address) _____, Boynton Beach, Florida, 33472

AS HEAD OF HOUSEHOLD, I UNDERSTAND, ACKNOWLEDGE AND CONSENT TO THE FOLLOWING STIPULATIONS:

1. CARPOOL RESIDENT MEDICATION PICK-UP AUTHORIZATION FORM

To permit my Representative to go to the clubhouse to pick up medications and instructions for myself, my family and my visiting guests, who are named on my Client Registration Form?

2. WORSENING MEDICAL CONDITION ADVICE INSTRUCTIONS

To acknowledge that I will assist any household member listed on my Client Registration Form who has a Worsening Medical Condition over the last 48 hours in seeking Medical Attention as soon as possible.

3. PREGNANT & BREAST FEEDING WOMEN INSTRUCTIONS

To acknowledge that if any of the above individuals are listed on my Client Registration Form, I will instruct them or their guardian to consult with their personal physicians for additional instructions on how to take the antibiotics- Cipro, doxycycline or amoxicillin.

4. Samples of the specific strain of pathogen to which we may be exposed will have to be tested to determine if it is susceptible (sensitive) to Amoxicillin (penicillin). It is unlikely that any confirmation will be available during the early stages of our Antibiotics Dispensing program. But, this information will be most useful should it be necessary to provide treatment for a total of 60 days.

According to the dispensing guidelines from the Palm Beach County Health Department, all children under 8 years of age will be dispensed Cipro, according to their weight. Should a child under 8 be allergic to Cipro, then doxycycline will be dispensed according to the child's weight.

Cipro will also be the recommended drug of choice for Pregnant or Breast feeding women. If allergic to Cipro, then doxycycline will be dispensed due to life threatening illnesses, such as Anthrax.

A potential side effect of Cipro is that it may cause joint pain. Everyone is advised to report any joint pain to their physician while taking Cipro.

A potential long-term side effect of doxycycline is the staining of, but not damaging to, tooth enamel. Typically, the staining only becomes visible after prolonged use of doxycycline (months).

In either case, the advice of the child's physician should be sought to determine which medication to use for your child(ren), and yourself. It is best that this information be obtained prior to an emergency and during a routine doctor's visit.

Since we are dealing with a possible life threatening disease, doxycycline and Cipro are the best available medications to use

5. To release and discharge the Aberdeen Property Owners Association, Inc., and Aberdeen Golf and Country Club all members and participants in the Aberdeen Mass Dispensing Program, including but not limited to the Coordinator of the Program, the Medical Supervisor, carpool Representatives, the Aberdeen Mass Dispensing Program Team, Volunteer Members and all volunteers partaking in the administration of said program from any and all liability for any civil damages as a result of any act or omission of said persons and/or Groups unless such damages result from any act or omission under circumstances demonstrating a willful, wanton reckless disregard for the consequences, so as to affect the life or health of another.

6. To Acknowledge that I have been given a printed Anthrax Treatment Information sheet to be shared by my household.

Head of Household Signature _____ Date _____

Rev. NOV 2011

IMPORTANT- DISTRIBUTE TWO COPIES PER HOUSEHOLD:

YOU MUST SUBMIT ONE SIGNED COPY AT THE DISPENSING SITE AT THE TIME OF A REAL EVENT.

ONE COPY SHOULD BE RETAINED BY HEAD OF HOUSEHOLD FOR YOUR RECORDS.

IF YOU CHOSE TO OPT OUT OF THIS PROGRAM, THAT IS, REFUSE THE MEDICATION OFFERED, Then:
PLEASE SIGN HERE _____ DATE _____ TO RELEASE AND DISCHARGE THE
ABERDEEN PROPERTY OWNERS ASSOCIATION INC., AND THE ABERDEEN GOLF AND COUNTRY CLUB from any
damage or loss that I may sustain as a result of opting out and the election to opt out is strictly voluntary on
my part and not as a result of coercion or payment of any kind.

ABERDEEN MASS DISPENSING PROGRAM CENSUS

The Aberdeen Property Owners Association has signed an agreement with the State of Florida and the Palm Beach County Health Department **TO ENHANCE ITS ABILITY TO RESPOND TO A CATASTROPHIC BIOLOGICAL INCIDENT OR OTHER THREAT OF EPIDEMIC PROPORTION.** This agreement stipulates that Aberdeen will provide the Department with a census count of the number of residences- year' round vs. seasonal- and estimates of the number of adults and children.

We are requesting that you fill in the information needed below, and return to us. The information contained in this form is strictly confidential and shall not be disbursed or disclosed without the prior permission of the resident, except that prior permission shall not be required to further the purposes of the agreement entered into with the State and County.

In case of an emergency, or if we need to disseminate important information, having your e-mail address will be extremely helpful.

NAME OF RESIDENT: _____

RESIDENT ADDRESS: _____

CITY: _____ STATE : _____ ZIP CODE: _____ COMMUNITY: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NUMBER OF ADULTS LIVING AT THIS ADDRESS: _____

NUMBER OF CHILDREN (UNDER AGE 18) LIVING AT THIS ADDRESS: _____

FULL TIME RESIDENT: (Circle one) YES NO / IF SEASONAL (Circle months in FL) J F M A M J J A S O N D

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____

TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Please add any additional information you feel may assist us in notifying you in the event of an emergency.

Date: _____ RESIDENT'S SIGNATURE: _____

PLEASE RETURN TO: Campbell Property Management
3918 Via Poinciana Dr. Suite 9
Lake Worth, FL 33467