



Auxiliary Distribution Program for Congregate Care Facilities: **Background, Eligibility Requirements, and Registration Instructions**

Purpose: To provide New York City congregate care facilities with background and guidance on the NYC Department of Health and Mental Hygiene's Public Health Emergency Response Network Auxiliary Distribution Program.

Background

During certain public health emergencies in New York City, the Department of Health and Mental Hygiene (DOHMH) is responsible for distributing lifesaving medical countermeasures (MCMs) such as oral antibiotics or vaccines to prevent illness. An example of a public health emergency that might necessitate such a response is a deliberate release of *Bacillus anthracis*, the bacterium that causes anthrax. The response to such a release is particularly time-sensitive because administration of oral antibiotics (e.g. doxycycline or ciprofloxacin) to all potentially exposed individuals to prevent disease must be completed within 48 hours after confirmation of the release. Other biological agents such as *Yersenia pestis* or *Francisella tularensis*, the bacteria that cause pneumonic plague and tularemia respectively, necessitate a similar response with similar timelines. The majority of the population would be directed to Points of Dispensing (PODs) – temporary emergency sites designed to dispense MCMs to large numbers of people as quickly as possible. DOHMH has identified approximately 200 POD sites throughout the five boroughs.

DOHMH created the Public Health Emergency Response Network (PHERN) to facilitate public access to MCMs beyond PODs. One component of the PHERN is the Auxiliary Distribution Program (ADP), which specifically targets vulnerable individuals who will be unable or unlikely to obtain their medication from a public POD. Facilities that register in the PHERN ADP and sign a Cooperative Agreement with DOHMH will receive free MCMs for their staff and patients if the PHERN ADP is activated.

Eligibility Requirements

In order to be eligible for this program, interested facilities must be:

1. licensed to operate (as required) in State of New York; and
2. located within the five boroughs of New York City.

In addition, facilities must be willing to sign a Cooperative Agreement assuring their willingness and ability to:

3. designate Primary and Secondary Points of Contact, each of whom will be notified of a PHERN ADP activation;
4. provide information on the number of patient beds and staff;
5. receive and accept emergency deliveries of antibiotics on a 24-hour basis, seven days per week, four hours after notification of a PHERN ADP activation;
6. dispense antibiotics to its entire eligible patient and staff population within the timeframe specified by DOHMH at the time of the public health emergency (as rapidly as 24 hours from time of delivery); and
7. dispense antibiotics in accordance with DOHMH guidance issued at the time of the emergency and without charge to the individual.

Additional terms and conditions are set forth in the Cooperative Agreement.



Registration Instructions

The DOHMH has developed a simple online registry for the PHERN ADP. Please review the instructions and note that registration will be simplified if the required information described below is available prior to beginning the registration process. The registration process, once begun, cannot be saved and resumed at a later time.

An individual authorized to sign legal agreements on behalf of the facility must be available to electronically sign the Cooperative Agreement to complete the registration process. Alternatively, such an individual may manually sign a hard copy of the Cooperative Agreement and forward the signed copy to DOHMH via the instructions below. Be sure that authorized individuals from the facility have reviewed the Cooperative Agreement and are willing to be bound by its terms prior to beginning the registration process. DOHMH estimates it will take approximately 15 minutes to enter facility and contact information.

1. Access the following website: <https://a816-healthpsi.nyc.gov/OnlineRegistration>. On the **Online Service Registration** page, locate the **Public Health Emergency Response Network**. Download and review the **Background, Eligibility Requirements and Registration Instructions and an example of the Cooperative Agreement with DOHMH** by clicking on the appropriate link for your facility type.
2. When ready to register, check the box for **Public Health Emergency Response Network** and click **Continue** at the bottom of the page.
3. Enter the name and contact information of the individual who is submitting registration information on behalf of the facility. This individual is not required to be the same person responsible for signing the Cooperative Agreement. Click **Continue**.
4. Select the **Facility Type** being enrolled. Click **Continue**.
5. Enter the requested information about the provider, including:
 - a. **NYS Facility ID** (for Long Term Care Facilities and Inpatient Psychiatric Facilities this is your Permanent Facility Identifier, or PFI; for Adult Care Facilities this is your Operating Certificate Number);
 - b. **Citywide Immunization Registry Number** (not required, only if applicable);
 - c. **Legal Name** (name used for license with NYS);
 - d. **Business Name** (name you are known by in the community, dba);
 - e. **Facility Phone Number** (a 24/7 number is preferred; enter numbers only, no dashes necessary);
 - f. **Facility Fax Number** (required);
 - g. **Number of Staff at this Location** (include *all* staff, all shifts, whether full time, part time, *per diem*, clinical, non-clinical, etc.);
 - h. **Number of Certified Beds at this Location**; and
 - i. Address for delivery of MCM, along with any special delivery instructions.Click **Continue**.
6. Enter information for **Primary and Secondary Points of Contact**. (Please enter at least two phone numbers per individual, and click **Mobile** for all mobile phones. We may send text message alerts in an emergency to mobile phones in addition to voice notifications.) Click **Continue**.

Note: Primary and Secondary Points of Contact must be available to receive notifications 24 hours per day, 7 days per week. Both the Primary and Secondary Points of Contact will be notified in the event the PHERN ADP is activated. The same person may not be designated as both the Primary and Secondary Emergency Point of Contact. Page 2 of the Cooperative Agreement contains additional information about the role of the Primary Point of Contact.

7. On the **Summary** page, review the registration information for accuracy. If any information is incorrect, scroll to the bottom of the page and click **Back** to modify the registration information. If the information is correct, select either **Electronic Signature** (recommended) or **Manual Signature**.



Electronic Signature: An authorized individual must complete the three required fields on the **Summary** page to electronically sign the Cooperative Agreement. Once the three fields are complete, scroll to the bottom of the page and click **Continue**. You may print your registration confirmation at this time. An e-mail will be sent to the Primary and Secondary Points of Contact verifying that the facility is enrolled in the PHERN ADP. The e-mail will contain a copy of the signed Cooperative Agreement that you can print for your records, as well as a link that will allow you to edit your registration information if necessary. If you cannot access the link or require additional support in registering, please send a request to phernadp@health.nyc.gov.

Manual Signature: You must click the link to download and print the Cooperative Agreement on the **Summary** page. Once you have printed the Cooperative Agreement, click **Continue**. You may print your registration confirmation at this time. The Cooperative Agreement must be signed by an authorized individual and the original mailed to the address below. Your facility will not be enrolled in the PHERN ADP until DOHMH receives the signed Cooperative Agreement. Once the signed Cooperative Agreement is received by DOHMH, an email will be sent to the Primary and Secondary Points of Contact verifying that the facility is enrolled in the PHERN ADP. The e-mail will contain a copy of the signed agreement that you can print for your records, as well as a link that will allow you to edit your registration information if necessary. If you cannot access the link or require additional support in registering, please send a request to phernadp@health.nyc.gov.

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