



## APPENDIX E

# ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness

The United States has experienced and remains vulnerable to many events that cause large numbers of casualties. The tragic events of September 11, 2001, and the subsequent anthrax exposures and deaths also awakened the nation to the threat of homeland terrorist attacks.

As the United States began to enhance counterterrorism measures in response to the homeland terrorist attacks of September 11, 2001, it became clear that hospital and health-system pharmacists have an essential role in emergency preparedness.

### POSITION

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The American Society of Health-System Pharmacists (ASHP) believes that hospital and health-system pharmacists must assertively exercise their responsibilities in preparing for and responding to disasters, and the leaders of emergency planning at the federal, regional, state, and local levels must call on pharmacists to participate in the full range of issues related to pharmaceuticals. For the purposes of this Statement, disasters include natural disasters (e.g., floods, hurricanes, tornadoes, earthquakes, and forest fires); industrial accidents (e.g., explosions, fires, chemical releases, radiation escape from nuclear power plants, and airplane or train crashes); and terrorist attacks with weapons of mass destruction (WMD), including biological and chemical agents and radiological, nuclear, and explosive devices.

## GENERAL PRINCIPLES

1. On the basis of their education, training, experience, and legal responsibilities, pharmacists should have a key role in the planning and execution of (a) pharmaceutical distribution and control and (b) drug therapy management of patients during disasters.
2. The expertise of the pharmacist should be sought in (a) developing guidelines for the diagnosis and treatment of casualties and exposed individuals, (b) selecting pharmaceuticals and related supplies for national and regional stockpiles and local emergency inventories in emergency-preparedness programs, (c) ensuring proper packaging, storage, handling, labeling, and dispensing of emergency supplies of pharmaceuticals, (d) ensuring appropriate deployment of emergency supplies of pharmaceuticals, and (e) ensuring appropriate education and counseling of individuals who receive pharmaceuticals from an emergency supply in response to a disaster.
3. Pharmacists should be in a position to advise public health officials on appropriate messages to convey to the public about the use of essential pharmaceuticals in response to disasters, giving consideration to issues such as adverse effects, contraindications, the effectiveness of alternative pharmaceuticals, and the potential development of drug-resistant infectious agents.
4. In the event of a disaster, pharmacists should be called on to collaborate with physicians and other prescribers in managing the drug therapy of individual victims.

## ADVICE TO HOSPITAL AND HEALTH-SYSTEM PHARMACY DIRECTORS

Every hospital and health-system pharmacy director (or designee) should

1. Become well informed about the local history of and potential for natural disasters and industrial accidents, as well as the threat of terrorist attacks

with WMD, including potential agents that could be used and the related diagnostic and treatment issues;

2. Become thoroughly informed of federal, regional, state, local, and institutional plans for emergency-preparedness, especially those related to the distribution, control, and use of pharmaceuticals;
3. Ensure that the pharmaceutical components of the institution's emergency plans are coordinated with the overall local preparedness plans involving other institutions, community pharmacies, and wholesalers, as well as coordinated with federal, regional, and state plans;
4. Ensure that the appropriate pharmaceuticals and related equipment and supplies are in stock at the institution, consistent with the overall local emergency-preparedness plan, which should account for the interim between the occurrence of a disaster and the receipt of federal or state assistance;
5. Ensure that information about the appropriate use of pharmaceuticals in response to a disaster is available to the health professionals in the institution;
6. Ensure that the institution does not engage in stockpiling of pharmaceuticals without regard to local emergency-preparedness plans that are designed to meet the needs of the whole community; and
7. Ensure that pharmacy personnel are trained to implement the institution's emergency plans.

## ADVICE TO HOSPITAL AND HEALTH-SYSTEM PHARMACISTS

Every hospital and health-system pharmacist should

1. Become well informed about the local history of and potential for natural disasters and industrial accidents, as well as the threat of terrorist attacks with WMD, including potential agents that could be used and the related diagnostic and treatment issues;
2. Become thoroughly informed of local and institutional plans for emergency preparedness, especially

those related to the distribution, control, and use of pharmaceuticals;

3. Share with professional colleagues and patients evidence-based information on pharmaceuticals used to respond to disasters;
4. Act assertively to prevent and allay panic and irrational responses to disasters;
5. Strongly discourage individuals from developing personal stockpiles of pharmaceuticals for use in the event of chemical, biological, or nuclear terrorism;
6. Consider volunteering in advance of a disaster to assist in (a) distributing emergency supplies of pharmaceuticals, (b) dispensing and administering medications and immunizations, and (c) managing the drug therapy of individual victims; and
7. Develop and maintain first-aid skills and complete and maintain basic cardiac life support (BCLS) certification. BCLS certification may be required for administering injectable medications, such as vaccines.

## ADVICE TO HOSPITAL AND HEALTH-SYSTEM ADMINISTRATORS

Hospital and health-system administrators should

1. Ask the pharmacy director to participate in preparing the institution's emergency-preparedness plan and to consider participating in the development of local, state, regional, and federal emergency-preparedness plans;
2. Consult with the pharmacy director to coordinate the institution's participation in the building of emergency pharmaceutical supplies for use in the community;
3. Refrain from building institutional stockpiles of pharmaceuticals that are not coordinated with the local plan;
4. Encourage local preparedness-planning officials to involve pharmacists in the full range of issues related to pharmaceuticals; and

5. Encourage and enable pharmacy personnel employed by the institution to participate in local, state, regional, and federal emergency-preparedness planning and to volunteer for community service in the event of a disaster.

## ADVICE TO EMERGENCY- PREPAREDNESS PLANNERS

Emergency-preparedness planners at the federal, regional, state, and local levels should

1. Consult with qualified pharmacists in all areas in which the pharmacist's expertise would contribute to the creation and execution of workable plans;
2. Inform pharmacists, through national and state pharmacy organizations, of plans for deployment of emergency pharmaceutical supplies so that appropriate plans can be made at the local level; and
3. Consult with qualified pharmacists on messages that should be conveyed to the public about the appropriate use of pharmaceuticals in the event of a disaster.

## ADVICE TO STATE SOCIETIES OF HEALTH-SYSTEM PHARMACISTS

State societies of health-system pharmacists should

1. Offer their assistance to state and local emergency-preparedness planning officials, especially in identifying qualified pharmacists to participate in emergency-preparedness planning;
2. Advise their members of information unique to the state regarding pharmacists' participation in emergency-preparedness planning and deployment efforts; and
3. Establish a volunteer network of health-system pharmacists for deployment in the event of a terrorist attack.

## COMMITMENTS MADE BY ASHP

In support of the efforts of health-system pharmacists in emergency preparedness and counterterrorism, ASHP will

1. Maintain an electronic communications network of hospital pharmacy department directors that can be used to transmit urgent information related to emergency preparedness and counterterrorism;
2. Disseminate promptly to ASHP members important new information related to pharmacist involvement in emergency preparedness and counterterrorism;
3. Disseminate to ASHP members and others in the health care community timely evidence-based information about pharmaceuticals used when responding to disasters; and
4. Meet with government officials and others when necessary to clarify promptly important issues that affect the involvement of health-system pharmacists in emergency preparedness and counterterrorism.

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*This statement was reviewed in 2013 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*

Approved by the ASHP Board of Directors on February 21, 2003, and by the ASHP House of Delegates on June 1, 2003. Developed through the ASHP Council on Professional Affairs. Supersedes the ASHP Statement on the Role of Health-System Pharmacists in Counterterrorism approved by the ASHP Board of Directors, November 27, 2001, and revised and approved (as the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness) by the ASHP House of Delegates and the ASHP Board of Directors, June 2, 2002.

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