

How to Design Meaningful Pharmacy Disaster Drill

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Objectives

- Anticipate the disaster by building a solid framework & organizational chart
- Immediate Response via Communication
 - Intra-departmental
 - Inter-departmental
- Sustained Response
 - Continued communications, supplies, personnel

Preparation

- What types of scenarios are likely to happen?
- What current emergency response systems can be employed?
- What systems need to be built?
- How can we ensure the success of the most important system of all?
- That answer is COMMUNICATION!

Scenarios

- Coping with “mini” disasters (localized) can teach us many lessons (power failures, sewage spills, bomb threats, hostages)
- Natural Disasters (hurricane, earthquake, fire, transportation disruption) will involve 2 parts (immediate response & sustained response)
- Global Disasters (nuclear, bioterrorism) will tax all social systems to the MAX

No Assumptions! Outline the Basics

- People
 - Safety
 - People-power
- Things
 - Drugs & Supplies
- Places
 - Workstations

Internal Response

- People First
 - How will everyone be accounted for?
 - Is the schedule accurate?
 - On any shift who will go to IC, who will coordinate pharmacy services, who will coordinate each “satellite” location?
- Facilities Assessment
 - Structure, drugs & supplies, COMMUNICATION LINES

Coordination

- Pharmacy in the IC
- Departmental Coordinator
- Pharmacy Stations
 - Staff current locations
 - Strengthen supply train (checking, securing, transporting)
 - Close discretionary locations
 - Coordinate field locations with ED

Pharmacy Plan

- How many satellites and locations?
- Tracking profiles and orders? (Computer integrity)
- Dispense and deliver?
- Transport?
- Communication (internal, healthcare personnel, patients)
 - Phone, Radio, Instant Messaging, Runner

Professional Services

- Therapeutic Substitution
- Drug information
- Med Rec, Allergies, ADRs, Monitoring
- Patient counseling

Triage

- Drug & Supply coordination and distribution
- Traditional dispensing areas or field stations
 - Depends upon condition of facility, consider clinics, community sites
- Immediate-life-threatening yet treatable
- Delayed-minor wounds (treat & discharge)
- Minimal- ambulatory, minor or self-treatment then volunteer or leave for crowd control
- Pediatric- specialty area

Arranging Staffing

- Assignment of Personnel on Site
- Need to Call in Staff?
 - Secure telephone list (phone & contact that is not available to routine schedulers)
 - Restrictions to personnel availability
 - Family obligations
 - Residential location
 - Have a personnel list by region

Sustaining the Response

- Replacing personnel
- Primary obligation? Staffing or caregiver at home?
- Line of communication with home
- How will the home cope without you? For how long? Will you be able to come in in x hours?

Integration with Community Preparedness

- Integrate with the community preparedness program
- Link with other clinics and retail pharmacies
 - Can they supply?
 - Can they treat minor wounded?
 - Can they prescribe?
 - Source for med reconciliation?
- Encourage patient supply of essential Rx supplies

COMMUNICATION

- Who do you need to know?
 - MD, RN, EMT, RT, ED, transport, lab, volunteers
- How will they recognize you?
- Lines via runner, radio, mobile phone, cell phone, battery issues
- Crowd control/personnel management & deployment
- Mobile Rx vs. Fixed Location Rx

Supply Chain

- Integrity, access & security of current distribution system (automated dispensing machines, sterile product preparation)
- Mobilization of drugs and supplies to maintain integrity and security (transport method, delivery points, controlled substances)
- Replenish supplies (neighboring hospitals, retail pharmacies, wholesaler)

Stock Organization

- What is already utilized? Code carts, Tackle Boxes for RRT? How many? Location?
- Procedural Meds & Supplies for Treat & Discharge
- Will you be filling Rx take home med?
 - Who can prescribe?
 - Role of med reconciliation
 - Community partnership

Stock List Guidelines

- Unique to targeted situation (bioterrorism, chemical, mass casualties, natural disasters, radiation, pandemics)
- Core List for most vulnerable situations
- List Organization
 - Pick list- efficient collection of supplies
 - Therapeutic List- what is available to dispense
 - Supply replenishment

Therapeutic Lists-Pharmacologic Category

- ACLS drugs
- Antibiotics

- Antihistamines
- Analgesics-APAP, NSAIDs, opiates, skeletal muscle relaxants
- Anesthetics
- Antidotes
- Bronchodilators
- Cardiovascular antihypertensives, antiarrhythmics, vasopressors
- CNS -anti-anxiety, anti-psychotics, anti-convulsants
- Corticosteroids
- Fluid therapy (PO & IV)
- GI(anti-emetic, antacid)
- Ophthalmics
- RSI drugs
- Topical therapies
- Vaccines

Therapeutic Lists-Injury or Treatment Category

- Cardiovascular (shock, MI, hypertensive crisis)
- Orthopedic (amputations, fractures, dislocations, sprains)
- Tissue Injuries (abrasions, lacerations, avulsions, punctures, burns)
- Head Trauma including eye and ear injuries
- Respiratory (asthma, particulate inhalation)
- Psychiatric (anxiety, panic, psychosis)
- Chronic conditions (diabetes, depression)

Bioterrorism Rx Packs

- Quinolone
 - Ciprofloxacin 500mg #28 (BID x 2 weeks)
 - Levofloxacin 500mg #14 (q24h x 2 weeks)
 - Gatifloxacin 400mg #14 (q24h x 2 weeks)
- Doxycycline 100mg #34
 - Load with 200mg q12h x 3 days
 - Then 100mg q12h x 11 days

Facility Readiness

- Staffing, Schedule, Personnel Contacts
- Access, Security, Keys, Flashlights, Batteries, Phones, Messaging, Transporting
- Are utilities functioning?
- Integrity of drugs & supplies
- Vests, carts, boxes to identify pharmacy personnel & supplies
- Personnel & supply protection

So Now Lets Drill

- Internal Pharmacy Coordination
- Pharmacy Interface with Other Departments
- Sustaining the Response

Barriers to Drills

- Denial
- Too busy, short staffed, no money, big project looming
- Too complicated to anticipate every scenario
- Lack of cooperation from other departments
- Personnel turnover (need to re-train)
- Perpetual facilities reconfiguration

Types of Drills

- Virtual
- Departmental
- Exercises to practice an integrated response

Virtual Drills

- Staff Meeting
 - Incentives
 - Achieve or maintain classification level
 - Career ladder
 - Paper Exercise
- Classroom simulation

- Pre-in-service training
- Competency

Spread the Word

- Encourage each member of the department to have a family emergency plan that includes the possibility of being deployed
- Use staff meetings, email distribution lists, CE time to review Disaster Plans
- Conduct an intra-departmental drill
- Be pro-active in your institutional drills by showing off what pharmacists can do