

Abstracts of Scientific Papers-WADEM Congress on Disaster and Emergency Medicine 2017

An Overview of the United States Strategic National Stockpile Capabilities and Formulary Decision-Making Through the Public Health Emergency Medical Countermeasures Enterprise

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Study/Objective: Learning Objectives: 1) Understand the mission and capabilities of CDC's Strategic National Stockpile. 2) Understand the Public Health Emergency Medical Countermeasures Enterprise governance process regarding review and recommendations for the SNS formulary. 3) Understand the current activities and initiatives of CDC's Strategic National Stockpile to enhance the nation's preparedness for an emergency response requiring rapid deployment and utilization of MCMs.

Background: The United States is prepared for responding to national health security threats from chemical, biological, radiological, and nuclear (CBRN) agents, and emerging infectious diseases. Under the leadership of the US Department of Health and Human Services (HHS), the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) is the federal coordinating body that reviews the SNS contents and makes MCM formulary recommendations annually. MCMs are held in the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS), which contains a broad range of emergency medical countermeasures. The Division of Strategic National Stockpile (DSNS) works across the medical supply chain to ensure that stockpiled MCMs are maintained and are available for deployment on short notice, and that capabilities exist to rapidly distribute and dispense these MCMs. This session will address the mission and capabilities of the SNS, including: Federal prioritization process for current and planned medical countermeasure procurement and stockpiling; Ongoing work to ensure state and local capabilities exist to receive and dispense MCMs to their populations in an emergency response; Engagement with the private sector medical supply chain to improve access to limited MCM resources; and Current SNS capabilities to support state and local response to a public health emergency.

Methods: Not applicable.

Results: Not applicable.

Conclusion: This session will describe the role and capabilities of CDC's SNS to meet the nation's requirements for MCMs in a public health emergency. These processes may be scalable and adaptable to other countries performing stockpiling activities.

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Legislations to Support the Pharmacist's Role in Natural Disasters

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Study/Objective: The objective of this study was to draft a document compiling key legislations required to support the pharmacist's role in natural disasters.

Background: In a natural disaster, access to health care providers becomes limited. Pharmacists possess the education required to support members of the health care team in a non-traditional pharmacist role.

Methods: Focus groups with a working group of experts at the International Pharmaceutical Federations were conducted. The focus groups were informed by a literature review of pharmacy legislations that support pharmacy practices around the world and what is needed in a natural disaster situation.

Results: This literature search resulted in a document that highlighted the importance of key legislations in supporting the role of pharmacists in natural disasters. The International Pharmaceutical Federation (FIP) working group met three times to provide feedback and revisions on the draft document. There were five recommendations identified. The first was allowing pharmacists to prescribe or dispense, for continuity of care and for optimization of therapy through emergency supplies, therapeutic substitutions, prescribing for minor ailments, and prescribing under medical directives. The second was allowing pharmacists to administer drugs by injection such as vaccinations. The third was allowing pharmacies or agencies to monitor and control the over-the-counter drug sales for outbreak detection. The fourth was providing specific protocols for the control and disposal of narcotic and controlled drugs. The final recommendation was human resources management, which would recognize foreign pharmacist/pharmacy licensures and registrations.

Conclusion: There are several components of these recommendations currently implemented in various countries, but there is no consistency between countries. Legislations regarding emergency natural disasters would improve response time, as well as quality of care in a crisis. Implementing these key recommendations would allow pharmacists to practice within their scope during a natural disaster to alleviate strain on the health care team.

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Ready, Willing, and Able: The Role of Pharmacists in Natural and Manmade Disasters - Can We Do More?

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