Role of the Community Pharmacist in Emergency Preparedness

The community pharmacist will be among the first health care practitioners to respond when the local public health department declares a bioterrorism agent has been released, or when a new emerging infectious disease has been detected.

Community pharmacists became classified as “essential emergency responders” shortly after Sept. 11, 2001. Pharmacists are requested to support initial disaster response efforts by providing prophylaxis to all emergency responders and their immediate family at local health departments and/or other designated facilities. The general public will then receive prophylaxis over the next four- or five-day period at preselected local dispensing sites or neighborhood emergency help centers.

These steps must occur in the shortest period of time possible. The governor of the State of Michigan would most likely declare a state of emergency. This would allow the governor to request the Strategic National Stockpile (SNS) to be deployed to Michigan. Once local and state supplies have been exhausted, all medication and related supplies will be provided from the SNS.

Pharmacists who serve as essential emergency responders may be requested to help with triage functions, work with other pharmacists and volunteers to dispense hundreds, or perhaps thousands of prescriptions per hour, provide medication education and counseling, and/or assist with post-exposure or prophylaxis vaccinations. All essential emergency responders (including pharmacists) and members of their immediate household will receive prophylaxis treatment before the general public. Thus, family members will not have to stand in public lines at a later date to receive prophylaxis.

Advanced planning is required for pharmacists to dispense tens of thousands of prescriptions in the most efficient manner over a four or five day period. Local public health emergency preparedness coordinators are responsible for developing dispensing site operational plans to accomplish this. Pharmacists are critical to the development of these plans to assure medication procedures are safe, efficient and effective. Full-scale, live emergency drills will be offered periodically to evaluate the emergency response process, make improvements where indicated and help pharmacists remain up-to-date with operational procedures.

Pharmacist activation and participation in mass prophylaxis may require the pharmacist to travel to other parts of the region or state, work 12-hour shifts for several days at a time and function in nontraditional pharmacy roles. Advanced planning, training and completing exercises are important to assure pharmacists are prepared and ready to respond with little advance notice.

Community pharmacists who remain at their place of employment may be requested to adopt 12-hour work shifts so that one or more pharmacists can be freed up from each pharmacy to support a community-based dispensing site to provide prophylaxis to the general public. Thus, all pharmacists, whether they remain at the community pharmacy and continue to serve the public or if they travel to a dispensing site and help with mass prophylaxis, will experience changes during a public health emergency.