CSHP SEMINAR 2016
TRANSITIONS IN PHARMACY
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Rock, Shock and Roll:
How Will Your Pharmacy Perform During a Disaster?
Part One: Fundamentals of a Healthcare System Disaster Response
Part Two: Designing and Implementing a Pharmacy Disaster Plan

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Disclosure

I have no actual or potential conflict of interest in relation to this program.
Learning Objectives: Technicians

A) Introduce the Incident Command System (ICS) that is put into operation immediately upon identification of a disaster

B) Describe the basic principles of triage procedures

C) Practice your organizational skills to set up a dispensing station in a potentially austere environment

D) Recognize and perform the important pharmacy technician roles by initiating and maintaining a supply chain

E) Plan for both an immediate response and a sustained response as infrastructure is being rebuilt
Learning Objectives: Pharmacists

A) Introduce the Incident Command System (ICS) that is put into operation immediately upon identification of a disaster

B) Describe the basic principles of triage procedures

C) Integrate pharmacy services into your healthcare disaster plan

D) Write a disaster plan by building a solid framework for providing pharmacy services in a potentially austere environment

E) Construct your disaster plan to include both internal departmental procedures as well as communications with the healthcare system

F) Plan for both an immediate response and a sustained response as infrastructure is being rebuilt
Alfred C. Haynes & Dennis E. Fitch, pilot and flight instructor on UA 232 was a DC-10 that on July 19, 1989 crash-landed in Sioux City, IA after suffering catastrophic failure of its tail-mounted engine, which led to the loss of all flight controls.

Statistics for the 111 that died and the 185 who survived

- 31 fire departments
- 35 ambulances
- 9 helicopters (5 military, 4 civilian)
- 150 EMS personnel
- 5 physicians
- 12 dentists
- 20 additional dental assistants
- 6 pathologists
- 26 law enforcement agencies
- 14 military units
- 15,000 gallons of water
- 500 gallons of fire-retardant foam
1. What are the four phases of disaster preparedness?

2. What is the Incident Command System (ICS) (tailored for hospitals HICS) and where is pharmacy on the chart?

3. How do first responders conduct triage?

4. PHARMACY –expected yet often overlooked in planning
Four Phases of Disaster Preparedness Plan

1. Mitigation – actions that prevent or reduce impact from an unavoidable event
2. Preparedness – actions designed to build capacity for a disaster response
3. Response - recognize, take charge, activate your plan
4. Recovery - integrated with response to return to normal operations
Mitigation

1. Hazards Vulnerability Analysis
2. Business Impact Analysis
3. Utilities including Information Technology, Databases, EHR, Communications
4. Pharmacy Workstations and Plans for Alternative Care Sites
5. Pharmacy Staff Protection
6. Supply Chain Continuity
7. MOUs
Healthcare Ready

Build key relationships before disasters
Help reduce the strain on public health and emergency response
Help keep chronic care patients out of stressed hospital systems
Build resilience to support health and economic recovery so quality of life returns to normal as fast as possible
Enhance public-private collaboration and info sharing

https://www.healthcareready.org

RxOpen Rx Open was created to help patients find nearby open pharmacies in an area impacted by disaster.

https://www.healthcareready.org/rxopen/faq
Preparedness

Education
- Personal and family preparedness plan
- Know department plan and resources for communication and implementation

Supplies
- Functional supplies including water, lantern, headlamp, core formulary, dispensing supplies, record keeping in order to maintain operations either onsite or alternative care site

Training
- More than a website or a binder

Exercises
- PRACTICE
Wireless Information System for Emergency Responders (WISER) can assist with identification of HAZMAT and appropriate response actions.

WISER provides a database of information on hazardous substances including details regarding substance characteristics, identification, treatment, health effects, common uses, reactivity, recommended PPE, and cleanup/disposal methods.


Web based and stand alone versions for phones
Response

Recognize Disaster has occurred and liaison with HICS

Scene Safety

Need for PPE or decontamination?

Communication

Objectives

JAS (Job Action Sheets)
- Rapid discharge prescriptions
- Alternative care site(s) setup
- Treatment protocols
- Patient education materials
- Mass vaccinations/comfort care meds
- Receiving meds from multiple sources
Recovery

1. Starts with the Response

2. What will it take to continue the response and what amount of time and resources will it take to resume a minimal level of performance?
   - Infrastructure
   - Inventory
   - Staff recovery

3. Resume business continuity

4. What improvements can be made to the plan?
Incident Command System

ICS is a widely applicable management system designed to enable effective, efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

There may be more than one Incident Commander for a large incident but they operate under a Unified Command.

Pharmacy would set-up and demobilize under Logistics but clinical practice comes under Operations.

Distinction: taking care of patients comes under operations but taking care of healthcare personnel comes under logistics.
ICS Structure

FEMA, 2008
Predictable
Accountable
Flexible
Management By Objectives (MBO)

PROBLEM:
- Encountered
- Evaluated
- Plan
- Remedy
- Assign resources
The acronym MASS follows the nonlinear process of **Move**, **Assess**, **Sort**, and **Send**.

- **Move**—Responders verbally direct ambulatory casualties to move to a designated location.

- **Assess**—Casualty Respiration, Perfusion/Pulse, and Mental Status (RPM) assessment is completed.

- **Sort**—Casualties are sorted into the following triage categories:
  - Green—Minimal,
  - Yellow—Delayed,
  - Red—Immediate
  - Black—Deceased or Expectant.

- **Send**—Casualties are sent (evacuated) safely and promptly to the decontamination areas. Extrication is a rescue function involving the safe and rapid removal of entrapped casualties and their prompt delivery to a treatment area (Coule, Schwartz, & Swienton).
Triage

Triage is a technique used by medical and other emergency personnel to allocate limited medical resources and priority of access to care when the number of injured people exceeds the available resources.

The goal of the emergency medical responder is to treat the greatest number of casualties possible and to continue such treatment until all viable casualties receive definitive medical care.

Jonsen and Edwards (1998) state: This is one of the few places where a ‘utilitarian rule’ governs medicine: the greater good of the greater number rather than the particular good of the patient at hand. This rule is justified only because of the clear necessity of general public welfare in a crisis.

NOTE: During an MCI, nonmedical and other healthcare personnel may be called upon to conduct triage activities. Anyone who is properly trained can perform triage techniques.
SALT Mass Casualty Triage Algorithm

Sort
Assess
Lifesaving Interventions
Treatment or Transport

Still/Obvious Life Threat: Immediate, RED, ED
Wave/Purposeful Movement: Delayed, YELLOW,
WALK: Minor/Minimal, GREEN (also the “involved but uninjured” and/or “worried well”)
SALT Triage Categories

Immediate
Delayed
Minimal
Expectant
Dead
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate (I)</td>
<td>Victim has life-threatening injuries (airway, bleeding, or shock) that demand immediate attention to save the person’s life.</td>
</tr>
<tr>
<td>Delayed (D)</td>
<td>Injuries don’t jeopardize the victim’s life. The victim may need care, but it can be delayed while triaging other victims.</td>
</tr>
<tr>
<td>Minor (M)</td>
<td>Victim has insignificant injury (e.g., minor abrasion on a knee). The victim may need minor care, and might also assist rescuers in helping others with more serious injuries.</td>
</tr>
<tr>
<td>Dead</td>
<td>Not breathing after two attempts to open the airway. There isn’t time or resources to do CPR if others need immediate help.</td>
</tr>
</tbody>
</table>
30-2-Can Do

START Triage

START triage focuses on RPM
- Respiratory status
- Perfusion (pulse and blood flow)
- Mental status

START Adult Triage
Courtesy of the U.S. Department of Health and Human Services

FEMA
START Adult Triage

**Able to walk?**
- Yes → MINOR → SECONDARY TRIAGE
- No → Spontaneous breathing
  - No → Position airway → APNEA
  - Yes → Spontaneous breathing
    - APNEA → EXPECTANT

**Respiratory Rate**
- >30 → IMMEDIATE
- <30 → Perfusion
  - Radial pulse absent → IMMEDIATE
  - Radial pulse present → Mental status
    - Doesn’t obey commands → IMMEDIATE
    - Obey’s commands → DELAYED

**Triage Categories**
- **EXPECTANT** (Black Triage Tag Color)
  - Victim unlikely to survive given severity of injuries, level of available care, or both
  - Palliative care and pain relief should be provided
- **IMMEDIATE** (Red Triage Tag Color)
  - Victim can be helped by immediate intervention and transport
  - Requires medical attention within minutes for survival (up to 60)
  - Includes compromises to patient’s Airway, Breathing, Circulation
- **DELAYED** (Yellow Triage Tag Color)
  - Victim’s transport can be delayed
  - Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours
- **MINOR** (Green Triage Tag Color)
  - Victim with relatively minor injuries
  - Status unlikely to deteriorate over days
  - May be able to assist in own care: “Walking Wounded”
Pediatric Modification

JumpSTART Pediatric Multiple Casualty Incident Triage

- Parallels the START triage system
- Recognizes key physiologic differences of children
- Is for ages 1–8 or under 100 pounds

JumpSTART Pediatric/MCI Triage
http://www.jumprstartriage.com/images/simplified_algorithm.gif

FEMA
- In children, circulatory failure usually follows respiratory failure.

- Apnea may occur relatively rapidly, rather than after a prolonged period of hypoxia.

- There may be a brief period when the child is apneic but not yet pulseless since the heart has not yet experienced prolonged hypoxia. It is felt that providing a brief trial of ventilations may help "jumpstart" their respirations.
Combined START/JumpSTART Triage Algorithm

Able to walk? YES → MINOR → SECONDARY TRIAGE

Breathing? NO → POSITION UPPER AIRWAY → APNEIC

Breathing? YES → 5 RESCUE BREATHS → APNEIC

Respiratory Rate?

Perfusion?

Consent to obey commands (ADULT)

Mental status?
CERT

https://www.fema.gov/community-emergency-response-teams

CERT educates individuals about disaster preparedness hazards that may impact their area.

trains them in basic disaster response skills
- fire safety
- light search and rescue
- team organization
- disaster medical operations
Rock Med

Setting the standard in non-judgmental event medicine

"Take care of the individual right now. Return him or her to their friends or family and do away with the necessity of either hospitalizing the individual or getting involved with the law."

George R. "Skip" Gay, M.D., Founder & Former Director

http://www.rockmed.org/
What’s a DMAT Pharmacist?

Step into a Disaster Scene
What is a DMAT (Disaster Medical Assistance Team)?

DMATs are groups of health care professionals deployed to disaster sites to provide acute care to victims and prepare patients for evacuation to hospitals.

While deployed, DMAT members are considered federal employees, protected against malpractice and liability under the Federal Tort Claims Act, and eligible for workers' compensation. Their jobs are protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
What’s the Work Like?

Quick travel to deployment (within hours) – up to 2 week stay
You are paid when activated and travel expenses are covered
Tight schedule, stressful environment
Austere conditions (outdoors, weather, lack of utilities, water, sanitation, destroyed infrastructure)
Potential for endemic diseases, exposure to biological, radiological, chemical hazards
Professional Challenges

Pharmaceutical Cache does not have optimal selections or quantities
Setting up a working and storage space
Lack of sterile area for compounding
Resupply problems
Security issues (pharmacies are targets)
p.s. Pharmacy Technicians are also eligible for team membership
So You Really Want to Enlist!

Opportunity to learn disaster preparedness skills and apply them in actual events
Challenge and satisfaction of providing health care in dire situations
Experience of working with a health care team all dedicated to the same goal
Unique opportunity to learn medical care through continuing education and field training exercises
Chance to apply pharmaceutical care in creative ways
Questions and Comments for Part One

Fundamentals of a Healthcare System Disaster Response

Are You Ready?
Part Two: Designing and Implementing a Pharmacy Disaster Plan

Write the Plan
Teach the Plan
Practice the Plan
Implement the Plan
All These Meds with No Mention of a Pharmacist

Medical Countermeasures for RNC 2012

- 8 POD teams trained for mass distribution. A local cache of 25,000 10 day regimens of antibiotics was on standby. An additional 25,000 doses of antibiotics were also on standby (Doxycycline & Cipro). POD’s could be operational within 2 hours of notification.

- 4 Rad packs staged nearby at the Hillsborough Health Department. Each pack could treat 2000 cases. Packs included DPTA, Prussian Blue and KI. A 30 minute response time was estimated.

- 2 EMS Chempacks maintained on trucks so they could be mobile for rapid deployment.

- 500 Cyanokits.
What is Your Plan Missing?

1. Plan remains on paper, cannot be put into action
2. Leadership views disaster planning as a low priority
3. Plans identifies “people” rather than “function”
4. Poor knowledge of emergency resources
5. Poor knowledge of channels of communication
6. Untrained staff
Procedure for the Unplanned Event

Recognize that an emergency or disaster has occurred.
- Assess injury, potential for injury and potential or actual structural damage
- Take immediate and decisive actions to minimize injury and damage
Action

Activate your response plan

- Assign a pharmacy commander and open lines of communication in HICS
- Determine the scope and magnitude and possible duration of the emergency
- Make a preliminary assessment of staffing, pharmaceutical inventory, distribution and clinical services
Management

Alert, notify and assign positions and functions
- Set up internal communications within the pharmacy and external communications with the Emergency Operations Center
- Establish the objectives that need to be accomplished

Example—provide treatment immunizations and treatment prophylaxis for pandemic influenza or provide discharge prescriptions for hospital’s rapid discharge program in anticipation of a large influx of casualties.
- Assess stock level of critical pharmaceuticals and supplies and arrange for resupply. Keep track of utilization rates.
- Document all activities to have an accurate assessment of deficiencies and accomplishments
Assess, Reassess, Document

Conduct and/or participate in briefings to receive and provide information on the progress toward the objectives

- Assess staff fatigue and stress and plan rotations and rest/nutrition breaks
- Assure complete documentation of decisions and outcomes
- Maintain records for billing and reimbursement
Rehabilitation - Who Cares for the Responders/Healthcare Personnel?

Type of incident
Working Environment
Medical Evaluation
Fluid Replenishment
Nourishment
Physical rest and recovery
Stress Management
Reassignment
Post Incident Activities

Debriefing:
◦ Share emotional experiences and support
◦ Provide interventions to ease PTSD
◦ Reaffirm the successes

After Action Report (AAR)
◦ Retrospective review
  ◦ Performance evaluation
  ◦ Analyze critical procedures
  ◦ Recommend improvements
After-Action Review

What went right?
What went wrong?
Are we ready for the next one?
Pharmacy Experience from The Boston Bombing

Set up a pharmacy command center

Appoint a managing pharmacist to provide back-up, relief, manage resources and communications

Assign pharmacists to teams/areas including ED, OR, ICU, treatment areas

No care provider should need to leave bedside for a medication
Education and Drill

Are there pharmacists on your staff who may have difficulty looking beyond the keyboard?

WHY NOT DRILL?

* Denial
* Too busy
* Short staffed
* Low priority
* Lack of cooperation from other departments
* Perpetual facilities reconfiguration
* Too difficult
* Perceived lack of relevancy
Scenario:

Plane Flying Over a Football Game Crashes
Set Up Table Top Objectives

Objectives:

Understand the Hospital Disaster Plan
Integrate pharmacy services into the Incident Command
Plan to set up an alternative care site for this mass casualty incident (MCI)
Deploy pharmacy staff and implement a medication management system
Implement and Staff a Medication Management System

- Receive orders
- Prepare medication for dispensing
- Label medication
- Controlled Substance Tracking
- Deliver Medications to RN or Patient
- Missing Meds and Returns
- Resupply and Relief
Explosion/Fire

Initial Burn Care and Stabilization:
Airway management
Fluid resuscitation (24 liters for 100kg patient with 60% BSA thermal burns)
Pain management
Wound care – bacitracin, petroleum impregnated dressings, silver sulfadiazine cream
Set Up an Alternative Care Site for Minor Injuries

Medication List
Quantities
Supplies
Personnel
Resupply and Relief
<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>Medication</th>
<th>Strength/Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>Diphenhydramine</td>
<td>Capsule 25mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol-free liquid 12.5mg/5ml unit dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cups</td>
</tr>
<tr>
<td></td>
<td>Epinephrine autoinjector</td>
<td>0.15mg and 0.3mg size</td>
</tr>
<tr>
<td></td>
<td>Prednisone</td>
<td>5mg tablets</td>
</tr>
<tr>
<td>Analgesics (non-opioid)</td>
<td>acetaminophen</td>
<td>325mg tablets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>160mg/5ml unit dose cups</td>
</tr>
<tr>
<td></td>
<td>Ibuprofen</td>
<td>200mg tablets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100mg/5ml unit dose cups</td>
</tr>
<tr>
<td>Analgesics (opioid)</td>
<td>Hydrocodone/acetaminophen</td>
<td>5/325 unit/dose tablet</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>Amoxicillin/clavulanate</td>
<td>Capsule 875/suspension 400mg/5ml</td>
</tr>
<tr>
<td></td>
<td>cephalixin</td>
<td>Capsule 500mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>suspension 250mg/5ml</td>
</tr>
<tr>
<td>Anti-emetic</td>
<td>Ondansetron</td>
<td>4mg ODT</td>
</tr>
<tr>
<td>Cough</td>
<td>Guaifenesin/dextromethorphan syrup</td>
<td>Unit dose cups 10ml</td>
</tr>
<tr>
<td>Therapeutic Category</td>
<td>Medication</td>
<td>Strength/Dosage Form</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>ENT</td>
<td>Oxymetazolone nasal spray</td>
<td>15ml</td>
</tr>
<tr>
<td></td>
<td>Throat Lozenge</td>
<td>choice</td>
</tr>
<tr>
<td>GI</td>
<td>Aluminum/magnesium antacid</td>
<td>30ml unit dose cups</td>
</tr>
<tr>
<td></td>
<td>H2 blocker</td>
<td>Famotidine 10mg tablet</td>
</tr>
<tr>
<td></td>
<td>loperamide</td>
<td>capsule</td>
</tr>
<tr>
<td>Local Anesthetics</td>
<td>Bupivacaine 0.25%</td>
<td>10ml vials</td>
</tr>
<tr>
<td></td>
<td>Lidocaine 1%</td>
<td>10ml vials</td>
</tr>
<tr>
<td>Motion sickness</td>
<td>meclizine</td>
<td>25mg tablets</td>
</tr>
<tr>
<td>Muscle Relaxant</td>
<td>cyclobenzaprine</td>
<td>Tablet 5mg</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Eye Irrigating Solution</td>
<td>120ml bottle</td>
</tr>
<tr>
<td></td>
<td>Artificial Tears</td>
<td>15ml bottle</td>
</tr>
<tr>
<td></td>
<td>Double antibiotic ophthalmic ointment</td>
<td>tube</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Albuterol MDI</td>
<td>each</td>
</tr>
<tr>
<td>Topicals</td>
<td>Double antibiotic</td>
<td>packets</td>
</tr>
<tr>
<td></td>
<td>Hydrocortisone 1%</td>
<td>15gm tube</td>
</tr>
<tr>
<td></td>
<td>Silver sulfadiazine cream</td>
<td>50g</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Tdap</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>70% isopropyl alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhesive bandages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol wipes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled Drug Dispensing Record (paper for tablet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flashlight, lantern, headlamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gauze 2x2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand sanitizer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice packs/ cooler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laptop or tablet with or without internet connection with extra charged battery or recharging capability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needles</td>
<td>25G, 22G</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Notebook for notes on personnel, supplies, needs, communications, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral syringes</td>
<td>5ml, 20ml</td>
<td></td>
</tr>
<tr>
<td>Paper tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Record/ paper (EHR) tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pens, sharpies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel contact information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone/contact lists for wholesalers, MOUs, supply resources, HealthCare Ready</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Pad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printed Rx labels for out-patient dispensing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure manuals/job action sheets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signage (directional and instructional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile saline</td>
<td>10ml</td>
<td></td>
</tr>
<tr>
<td>Sterile Water for Injection</td>
<td>10ml</td>
<td></td>
</tr>
<tr>
<td>Sterile Water for Irrigation</td>
<td>1000ml</td>
<td></td>
</tr>
<tr>
<td>Syringes</td>
<td>3ml, 5ml</td>
<td></td>
</tr>
<tr>
<td>Wipes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ziploc bags</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Critique Your Exercise and Update Your Plan

*Debrief
*After Action Report
*Acknowledge the participants for the accomplishment
*Proof that pharmacists and technicians are creative, dependable and trustworthy
Questions and Comments for Part Two

Designing and Implementing a Pharmacy Disaster Plan
Test Questions

1. True or False: The Incident Command System (ICS) integrates all aspects of the hospital’s response to a building collapse under one command
2. True or False: Triage is the method of sorting patients for treatment
3. True or False: The most important treatment in triage is CPR
4. Name the four phases of Emergency Management
5. Name at least three major stumbling blocking to performing a pharmacy disaster drill
6. Cite at least two websites that are key in developing a pharmacy disaster plan.
1. **True** or False: The Incident Command System (ICS) integrates all aspects of the hospital’s response to a building collapse under one command

2. **True** or False: Triage is the method of sorting patients for treatment

3. True or **False**: The most important treatment in triage is CPR

4. Name the four phases of Emergency Management
   - **Preparation, Mitigation, Response, Recovery**

5. Name at least three major stumbling blocks to performing a pharmacy disaster drill
   - **Denial, too busy, short staffed, low priority, lack of cooperation from other departments, perpetual facilities reconfiguration, too difficult, perceived lack of relevancy**

6. Cite at least two websites that are key in developing a pharmacy disaster plan.
   - [www.healthcareready.org](http://www.healthcareready.org)
   - [http://www.emsa.ca.gov](http://www.emsa.ca.gov)
   - [https://www.ready.gov/publications](https://www.ready.gov/publications)
References

Board of Pharmacy Disaster Response Statement January 2007

ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness 2013

CALIFORNIA DISASTER MEDICAL RESPONSE PLAN CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

www.healthcareready.org

https://www.fema.gov/community-emergency-response-teams


https://www.jointcommission.org/emergency_management.aspx

https://asprtracie.hhs.gov/technical-resources/53/Pharmacy/53#Hospital-Pharmacy-Preparedness


Bardas, SL Cooper, E Vongspanich, A. Emergency Preparedness in Health-System Pharmacies, CJHP September/October 2007 6-15
Session Code:

1. Write down the course code. Space has been provided in the daily program-at-a-glance sections of your program book.

2. To claim credit: Go to www.cshp.org/cpe before December 1, 2016.