



Bobby Jindal  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



Alan Levine  
SECRETARY

March 3, 2008

From: Philip McCrory, RPh, PD  
Pharmacy Director  
DHH/ Office of Public Health

To: Hospital Pharmacy Director

RE: HRSA Pharmaceutical Allocation

The Louisiana Department of Health and Hospitals has given your hospital funds from a grant received from the Department of Health and Human Services. These funds are intended to help hospitals enhance their ability to respond to a disaster or an act of terrorism in their community. The HHS Spending Agreement directs your hospital to spend a certain percentage of your grant on pharmaceuticals.

The purpose of this letter is to expand upon previous guidance in spending those funds to purchase or expand a cache of pharmaceuticals. It is anticipated that these pharmaceuticals will be needed after an event to sustain response activities until additional state and federal assets, like the Strategic National Stockpile or CHEMPACK become available. In a bioterrorism incident this could be as long as 72-hours. Your hospital should plan to treat its staff and their household contacts, as well as additional patients, after a bioterrorism event occurs.

Despite valid concerns about the dangers of biological, chemical or radiological attacks, bombings with conventional explosives remain the terrorists' mode of operation. This year's medication recommendation continues to list drugs and pharmaceutical supplies required for response to an explosion.

1. In a biological event your hospital could experience a sudden influx of patients who require treatment with antibiotics. Your hospital would also need antibiotic prophylaxis readily available for your patients, staff and their household contacts. To estimate the amount of antibiotic doses to be purchased, we suggest the following calculation: multiply the number of hospital employees by 3.5 (average immediate household contacts) then purchase enough doses to treat up to 50% of this calculation plus the total number of patients the hospital can accept (total number of licensed beds). Multiply this number by SIX (2 doses/day X 3 days).

Example: the number of hospital employees at Hospital A is 200. Multiply by 3.5 household contacts per employee equals 700 giving a total of 900. 50% of 900 is 450. The total number of licensed beds is 225.  $450 + 225 = 675$ . Three days of treatment and prophylaxis is SIX pills per person (2 doses-per-person-per-day). Therefore, Hospital A would purchase approximately 4,050 doses ( $675 \times 6$ ) for their patients, staff and

household contacts. This calculation is intended as a planning tool only. Actual calculations should be based on the number of staff expected to report for duty based on your hospital's emergency plan.

2. A chemical casualty incident can be the result of an accidental organophosphate release or a terrorist release of a nerve agent. CHEMPACK containers have been pre-positioned in your Region. However, we are suggesting that you consider purchasing a small amount of chemical antidotes and necessary supplies to treat a sudden influx of victims while the situation is being assessed prior to opening the CHEMPACK containers. The antidotes for this situation are atropine and 2-PAM chloride (pralidoxime).
3. In an instant, an explosion can produce numerous causalities with complex, technically challenging injuries not usually seen. A hospital near an explosion can expect to receive a large influx of victims in a very short period of time, potentially followed by a secondary surge of injuries to recovery workers. Medications can help a prepared hospital meet this challenge

In order to obtain the capabilities above, the pharmacy-based cache developed by the hospital should be within the stock rotational capacity of the hospital to prevent shelf-life expiration of the contents. The HHS grant monies provided to your facility are intended for the purchase of pharmaceuticals for any type of surge.

While it is understood that each hospital's cache will be different, the medications in the cache should be consistent with those in the Strategic National Stockpile and the CHEMPACK Program. Decisions should be based on the pharmacy's ability to rotate the inventory by using the supplies and replacing them on a one-for-one basis to maintain the initial inventory levels. In some cases, it may be beneficial to enter into partnerships with other hospitals that are able to stock and rotate more than the usual par level of required medications for daily needs.

Please note that your HHS Designated Regional Coordinator has suggested that a certain percentage of your allocation be spent specifically on developing this cache (as indicated in the enclosed Spending Agreement).

**As you know, Pandemic Flu continues to be a national concern and preparedness planning is a high priority for all hospitals. However the grant guidelines for these HHS funds specifically prohibit the purchase of anti-virals.**

The following medications are offered for your consideration in the development or expansion of your facility's cache:

**NOTE: Pediatric dosage forms should be included.**

**Analgesics**

Acetaminophen, hydrocodone with APAP 5/500, morphine