NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Jeffrey Bratberg, PharmD, BCPS, submitting on behalf of the APhA Policy Review Committee and Brett Feret, PharmD

2/25/2015

APhA Policy Review Committee and University of Rhode Island College of Pharmacy

(Date) (Organization)

Subject: Disaster Preparedness

Motion: Amend the 2001 statement as follows:

APhA supports pharmacist involvement in bioterrorism and emerging infectious diseases surveillance, mitigation, preparedness, planning, response, and recovery.

Background:

Although bioterrorism remains a constant threat, emerging infectious diseases like Ebola Virus Disease and Middle Eastern Respiratory Syndrome (MERS), and re-emerging diseases like measles dominate the current national and international consciousness, just as anthrax and pandemic H1N1 influenza did just a few years ago. In fact, bioterrorism is a subset of the larger and more inclusive category of “emerging infectious diseases.” Public health responses by pharmacists to emerging infectious diseases are part of all-hazard emergency preparedness and response.

A 2014 report from the Trust For America’s Health on outbreak response shows some progress toward emerging infectious diseases outbreak response, but also reveals deficiencies amenable to solutions provided by pharmacists at each step of the all-hazard response continuum of surveillance, mitigation, preparedness, planning, response, and recovery.

Worry and fear of contagion drive patients to seek answers from their most trusted and most accessible health professionals, pharmacists. Approximately 93% of American’s live within 5 miles of a pharmacy, and 275 million patients visit pharmacies every week. Pharmacists, as highly trained public health providers, perform
triage functions by educating patients to either manage common infectious disease symptoms with over the counter medicines or refer patients with more serious symptoms to medical providers. Importantly, patients at risk of emerging infections, or worse, who have been unintentionally exposed to bioterrorism agents, will go to pharmacies for advice and treatment of symptoms common to both serious emerging infections and common diseases, such as cough, diarrhea, fever, etc. By the time public health officials confirm one case of Ebola or measles, it’s possible that several contagious, symptomatic contacts sought treatment from a pharmacist at their community pharmacy. Pharmacists regularly participate in infectious diseases surveillance of common infections, and are a natural piece of the surveillance system of emerging and bioterrorism-related diseases.

Emerging infectious disease mitigation includes efforts to diminish the effects of or even prevent these outbreaks. All-hazards mitigation is performed most efficiently and administratively at the local level. Community pharmacists and pharmacy staff members are ideally located and possess the skills to educate the public about the risks for these infections to their patients and how to minimize their exposure and consequences from potential threats in their area.

As part of an all-hazards emergency preparedness planning process, pharmacists from every segment of the profession partner with local, state, and federal emergency and public health preparedness officials to assess emerging and bioterrorism hazards and provide clinical and logistical input to insure efficient responses. Pharmacists participate in preparedness exercises in their communities, work settings, and various emergency response teams, to rigorous test and improve response plans.

Pharmacists lead in several roles during emerging infectious disease responses, and have been particularly helpful in the design and operation of community immunization clinics and mass antibiotic distribution centers. Logistically, pharmacists assisting with the complexities of ordering, storing, and supplying thousands of vaccines and supplies (needles, syringes) to mass vaccination clinics and/or medications for treatment and prophylaxis of bioterrorism or other infections. Operationally, pharmacists also perform their usual medication distributive role by preparing, checking, and properly dispensing vaccines or prophylactic medications, as well as enhancing other personnel by administering vaccines. A pharmacist in a vaccine administration role doubles as a clinic monitor, able to immediately respond to adverse effects, be available as a vaccine information specialist, and/or quickly supply the clinic with more vaccine and vaccine supplies. Overall, pharmacists play a vital role in deploying countermeasures (treatment, mass antibiotic distribution, and/or mass immunization) in emerging infectious diseases responses.

As outbreak countermeasures are deployed and the threat of further infections abates, the community and its citizens enter the recovery phase of response. Pharmacists play an essential role to not only return the community back to normal, with normal staffing and workload, but also to maintain the community resilience and increased awareness of emerging infectious diseases.
**Current APhA Policy & Bylaws:**

**Biological Terrorism, Infectious Diseases, and Pharmacy (2001)**

APhA supports pharmacist involvement in bioterrorism preparedness planning.  
[(JAPhA NS41(5): Suppl.1:S9 September/October 2001) (Reviewed 2006)]

**Role of the Pharmacist in National Defense (re-affirmed 2011, initiated 1963)**

APhA endorses the position that the pharmacist, as a member of the health care team, has the ethical responsibility to assume a role in disaster preparedness and emergency care operations. These responsibilities include:

1. Pharmacists, by their education and training as medication experts, should be involved intimately in all elements of the procurement, storage, handling, compounding, and dispensing of drugs and supplies in planning for as well as during any national emergency.
2. Pharmacists, by their education in anatomy, physiology, and pharmacology, are readily adaptable to assist in the emergency medical treatment of patients and for training the public in medical self-help.
3. Pharmacists, by their constant contact with the members of the health team, as well as a significant portion of their communities, provide the potential for coordinating preparedness measures, and establishing meaningful standby emergency operational plans.

In view of these responsibilities, it shall be the further policy of APhA

1. To cooperate with all responsible agencies and departments of the federal government.
2. To provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level (including American Medical Association, American Hospital Association, American Dental Association, American Nurses Association, and American Veterinary Medical Association).
3. To assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area of concern.
4. To encourage and assist the state and local pharmacy associations in their efforts to cooperate with the state and local governments as well as the state and local health profession organizations in order that the pharmacist may assume his proper place in civil defense operations.
5. To provide leadership and guidance so that individual pharmacists can contribute their services to civil defense and disaster planning, training, and operations in a manner consistent with his position as a member of the health team.


**New Business Items are due to the Speaker of the House by February 25, 2015** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.