When the Unexpected Happens: Pharmacy's Role in Disasters
Disclosure

All planners, presenters, and reviewers of this session report no financial relationships relevant to this activity.
When The Unexpected Happens: Pharmacy’s Role in Disasters

Introduction

Joshua B. Gaither M.D., FACEP, FAEMS
University of Arizona, College of Medicine
Department of Emergency Medicine
Tucson, AZ
Objectives

• Define a MCI & Disaster
• Understand the preparedness cycle
• Identify key NIMS components
• Describe common features of MCIs and the associated actions.
You are a hospital based pharmacist at a large 600 bed tertiary care hospital when you are told that a mass shooting event has occurred... Where do you fit into the ICS

- A: Finance - “Payers”
- B: Logistics - “Getters”
- C: Operations - “Doers”
- D: Planning - “Planers”
Mass Casualty Incidents

- Simple MCI
- Difficult MCI
- Disaster
Making It Real

January 8th 2011

1st Call

All Call
Definitions

• Mass Casualty Incident (MCI)
  – When Needs Exceed Resources

• Disaster
  – Calamitous event bringing great damage, loss, or destruction\(^1\)
  – Serious disruption of a community... which exceeds the ability of the community to cope using its own resources.\(^2\)

1. Merriam-Webster
2. International Federation of the Red Cross
Preparing for MCIs & Disasters

- The Preparedness Cycle:

https://www.dhs.gov/topic/plan-and-prepare-disasters
Planning - National Incident Management System

- 3 subsystems in NIMS
- Incident Command System (ICS)
  - Incident Action Plan
    - Objectives
    - Strategies
    - Resources
- Multi-agency coordination system (MACS)
- Public information system
Orderly Chain of Command

- Clearly defines
- Roles
- Responsibilities
- Standardizes
- Equipment
- Training
ICS Simplified

FLOP

— Finance = Payers - Accounts for & recovers costs
— Logistics = Getters - Provides support
— Operations = Doers - Directs tactical actions
— Planning = Thinkers - Prepares IAP & tracks status
Preparedness Cycle

- Train - Learn from past experiences
- Exercise - Learn from your own experience
- Evaluate - What can be better next time
What Really Happens
How Do you manage when things happen very quickly
Keep It Simple

- Assess
- Basic Triage
- Communicate
- Do
- Evaluate
Assess The Situation

Gather **Incident** information
Use Alternative resources

Gather **Resource** information
Available Resources
Current Resource Utilization
Incident Information

What to Expect

Triage: IDMED

- **I** = Immediate / Red
  - Critically Ill
- **D** = Delayed / Yellow
  - Serious Injuries
- **M** = Minimal / Green
  - Minor Injuries
- **E** = Expectant / Gray
  - Alive, non-survivable injuries
- **D** = Dead / Black
Resource Information

- Bed availability: ED, OR, ICU, Floor
- Current ED, OR, and ICU patients
- Who Can leave: discharge or admit
- How many must stay
Incident Action Plan (IAP)

• Full Range
  – Personal IAP
  – Department IAP
  – Hospital IAP
Communicate

- Incident Information
- Resource Information
- Proposed Incident Action Plan
Do IT
Do - The Details

Patient specific IAP

- What do they need
- Where are they going
- How will they get there

*Insert White board picture*
Putting It All Together

- How do we remember what to do

Assess
Basic Triage
Communicate
Do It to Disposition
Evacuate
What About When Things

• Don’t go like they should
• Slow down
• Another Incident
• Change
  – Fewer Resources
  – More Resources
  – Run out of Meds
  – The VIPs show up

Assess
Basic Triage
Communicate
Do It
Evaluate
Wrapping Up An MCI

Recover

• As Soon As Possible
  – Take care of yourself
  – Take care of your co-workers
  – Get your work and personal life back to normal

• A few weeks latter
  – Share you lessons learned
Summary

Prepare - Plan and Organize
Respond - ABCDE
Evaluate - Lessons Learned
You are a hospital based pharmacist at a large 600 bed tertiary care hospital when you are told that a mass shooting event has occurred... Where do you fit into the ICS

- A: Finance - “Payers”
- B: Logistics - “Getters”
- C: Operations - “Doers”
- D: Planning - “Planers”
Resources
Expecting the Unexpected
Predicting Needs

Katelyn R. Dervay, Pharm.D., M.P.H., BCPS, FASHP
Pharmacotherapy Specialist – Emergency Medicine
Director – PGY2 Emergency Medicine
Tampa General Hospital
Tampa, FL
Objectives

- Apply the principles of mass casualty incident (MCI) triage to a group of patients such that interventions are prioritized during an MCI response.
- Predict pharmaceutical needs based on injury patterns or disease states common in specific disaster scenarios.
- Identify pharmaceutical needs and develop a disaster management plan related to inventory requirements prior to, during, and after the event.
You are working the evening shift in the ED when your charge pharmacist calls to inform you the hospital will be activating a disaster event. You are informed that there has been an explosion at a local music festival and there are ~100 injured patients. The hospital is expecting to receive 30-40 patient at this time. What injuries can you expect to see?

A. Radiological burns from a dirty bomb
B. Penetrating eye injuries
C. Crush injuries
D. Blunt trauma
Basic Management Strategies

• Safety of those responding
• Rescue
• ABCs
• Initial assessments
• Triage
• Avoid tunnel vision
  – May have multiple injuries
5 Life Saving Interventions

- Head tilt/chin lift
- Decompress lung
- C-spine
- Tourniquet
- Auto-injector antidotes

Triage

☐ **Red tags** - (immediate) those who cannot survive without immediate treatment but who have a chance of survival.

☐ **Yellow tags** - (observation) require observation (and possible later re-triage).
  - Stable and not in immediate danger of death
  - Still need hospital care and would be treated immediately under normal circumstances.

☐ **Green tags** - (wait) "walking wounded"
  - Geed medical care at some point, after more critical injuries have been treated.

☐ **White tags** - (dismiss) minor injuries for whom a doctor's care is not required.

☐ **Black tags** - (expectant) deceased or whose injuries are not survivable given the care that is available.

Patient Triage
Patient Triage
Causes of Medical Needs

- Trauma
  - Penetrating
  - Blunt force
  - Crush injuries
- Blast injuries
- Burns
- Chemical injuries
- Radiological exposure

- Drowning
- Infectious diseases
- Respiratory & ocular injuries
- Minor injuries
- Exacerbations of medical conditions
- Psychological
Trauma

• Injuries
  – Penetrating trauma
    • Ex: bullets, shrapnel, items thrown or impaled
  – Blunt trauma
    • Ex: pt thrown/moved, hit by vehicles
  – Crush injuries
    • Ex: building collapse, trampling

• Utilize ATLS (Advanced Trauma Life Support)
  – Adjusted to triage system for priority

• Natural disasters - majority of victims do not die initially
Haiti Earthquake 2010

- 300,000 non-fatal casualties
- 60% required surgical intervention
  - 80% debridement & wound management
  - Few closures or external fixation
- Early use of first aid for delayed patients decrease fatalities & long-term issues
- Most injuries from infrastructure collapse or transport injuries
  - Little civil unrest/violence

http://www.who.int/hac/events/drm_fact_sheet_mass_casualty_management.pdf?ua=1

https://i.ytimg.com/vi/cny1_7ngj2s/maxresdefault.jpg
**Blast Injuries**

- Predominately penetrating and blunt trauma
- Potential for biological or radiological contamination

<table>
<thead>
<tr>
<th>Primary: Injury from blast wave</th>
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<tbody>
<tr>
<td>• Tympanic membrane rupture</td>
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<tr>
<td>• Lung Injury</td>
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<tr>
<td>• Can be delayed</td>
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<tr>
<td>• Petechiae to hemorrhage</td>
</tr>
<tr>
<td>• Hollow viscus injury</td>
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<tr>
<td>• Abdominal</td>
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<tr>
<td>• Testicular rupture</td>
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<table>
<thead>
<tr>
<th>Secondary: Injury from projectiles/shrapnel</th>
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<tbody>
<tr>
<td>• Penetrating trauma</td>
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<tr>
<td>• Eye injuries</td>
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<tr>
<td>• Blunt trauma</td>
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<tr>
<td>• Fragmentation injuries</td>
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<thead>
<tr>
<th>Tertiary: Injuries from wind blast</th>
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<tbody>
<tr>
<td>• Trauma</td>
</tr>
<tr>
<td>• Concussions</td>
</tr>
<tr>
<td>• fractures</td>
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<tr>
<td>• Traumatic amputations</td>
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<thead>
<tr>
<th>Quaternary: All other injuries</th>
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</thead>
<tbody>
<tr>
<td>• Crush injuries</td>
</tr>
<tr>
<td>• Burns/thermal injuries</td>
</tr>
<tr>
<td>• Toxic exposures</td>
</tr>
<tr>
<td>• Illness exacerbation</td>
</tr>
</tbody>
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https://www.acep.org/uploadedFiles/ACEP/Practice_Resources/disater_and_EMS/disaster_preparedness/BlastInjury_EssentialFacts_Eng.pdf
Burns

- Transfer to appropriate facility when possible
- Fluid resuscitation based on burn degree & body percent

Types:
- Thermal
  - Fires from building & gas line damage
  - May be associated with blast injuries or events
    - Caution with fluid resuscitation if potential for lung injuries from blast
- Chemical
  - Industry fires and explosions
  - Decontamination needed if suspected
- Electrocution
  - Downed power lines, building repairs
  - ECG and cardiac monitoring needed
- Inhalation Injuries
  - Enclosed events
  - Early consideration for intubation & cyanide toxicity


https://www.acep.org/uploadedFiles/ACEP/Practice_Resources/disaster_and_EMS/disaster_preparedness/BlastInjury_ThermalInjuries_Eng.pdf
Chemical

- Industrial, occupational, natural or warfare/terrorism events
- Identifying agent is key!!!
- Decontamination needed to protect healthcare workers
  - Unlikely to affect patient outcome
- Injuries dependent on agent & exposure
  - Irritants
  - Burns
  - Metabolic affects
- Utilize antidotes when available
- Monitoring needed for delayed affects

Ramesh AC. J Pharm Bioallied Sci. 2010 Jul-Sep;2(3):239-247
Radiological

- Industrial accidents, dirty bombs & war/terrorism
- Injury dependent on exposure
  - Radiation type
  - Amount received
  - Length of exposure
- Types of Injuries seen
  - Acute Radiation Syndrome
  - Local radiation/cutaneous injuries
  - Internal exposure & organ damage
  - Burns
  - Long-term effects

http://www.travelandleisure.com/slideshows/present-day-chernobyl-photos
High Water & Floods

• Drowning is major cause of death in tsunamis & floods
  – Some deaths during evacuation & recovery
• Laceration & punctures common
  – Floating debris
  – EX: Harvey – foot injuries & foreign bodies in feet from walking in water
• Electrocutions
• Water & vector born diseases increase
  – Transmission of communicable diseases not often seen
• Carbon monoxide poisonings due to generators
• Mold effects seen long-term

http://www.who.int/hac/techguidance/ems/floods/en/
Infectious Diseases

- Varies depending on event
  - Animal & environmental exposures due to disaster turmoil
  - Wounds
    - Generally basic cleaning & debridement needed
    - Tetanus updated
  - Communicable diseases in shelters & camps
- Floods & tsunamis
  - Increase in local sources of infection
    - EX: Katrina: *Vibrio vulnificus* wound infections

Ocular Injuries

• Ocular injuries are common in disasters
• Injuries include
  – Penetrating trauma
  – Metallic cornea foreign bodies
  – Chemical exposure
  – Hyphemas
  – Retinal detachment
  – Orbital/globe trauma
• Ex:
  – World Trade Center - 59.7 injuries per 100 worker-years
  – 1995 Tokyo sarin gas attacks – 99% had miosis, 45% reported eye pain


Minor Injuries

- Lacerations/scrapes
  - Update tetanus
- Respiratory
  - Initial from irritation or exacerbation
  - Long-term from infections
- Fractures & dislocations
  - Often due to recovery
- Animal bites & stings
- Concern for exposure

Exacerbation of Medical Issues

- Exposure and extremes of temperature
- Dehydration
- Exposure to allergens & particles
- Medical devices failures
- Alterations in diet
- Medication limitation
  - Mail order pharmacy
Psychological Management

• Victims & those around affected
  – PTSD, depression, anxiety, somatization and alcohol abuse can be seen
  – ↑ vulnerability
    • Proximity & characteristics of disaster
    • Characteristics of post-disaster response
    • Individual characteristics – injury during event, pre-event vulnerability

• Don’t for get your first responders & health care workers
  – Continued information on planned times
  – Create safe down-time
  – Be alert for signs

• Support services – chaplains, social work, animals

• Medications may be needed in select situations

Special Populations

- Pregnancy
- Extremes of age
  - Children
  - Elderly
- Special needs
- Pets


Long Term Considerations

• Chronic conditions
  – Medication refills
  – Temperature controlled medications
• Continuous treatments
  – Dialysis
  – Chemotherapy/infusions
• Impact on facilities & resources
• Shortages
  – Volume & delivery
  – Affects on production
Katrina 2005

- > 1 week deployment extended as evacuees couldn’t return home
- Most only had 1-2 days of medications
- Pharmacy operated for 17 days
  - Filled > 4900 prescriptions
  - 30 day supply when possible
  - > 40% were chronic medications
    - Not typically stocked in disaster medications
    - Antifungals, antibiotics & antiparasitic increased over time
    - Depression, anxiety & psychiatric needs increased overtime


http://www.pbs.org/newshour/updates/katrina-foster-kids/
Key Takeaways

• Key Takeaway #1
  – Clarification of incident and mechanism is needed to assist in preparing for the types of injuries you will encounter

• Key Takeaway #2
  – Surgical services will be highly utilized after most disasters. Patients will need to be prioritized and some delayed.

• Key Takeaway #3
  – Do not be distracted by one injury as many patients may have combinations of injuries
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You’re the only pharmacist on staff for a 300-bed community hospital along with 2 pharmacy technicians. You receive a call at around 2330 from the ED charge RN that an immigration raid had gone wrong, and you’re expecting to see a large number of patients in the ED. What is your next step?

A. Check your social media pages, e.g., Twitter, Facebook, then watch the news to see if this is really true.
B. Using the emergency phone tree, start calling extra staff to come to work to help with the alleged mass casualty incident.
C. Locate and review the pharmacy EOP. Notify designated pharmacy leader and administrator on call, then wait for further instructions.
D. Call the EMS director and determine the MCI type and expected number of casualties.
“By failing to prepare, you are preparing to fail.”

Benjamin Franklin

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

Pharmacy Role in Disaster Preparedness

- Review facility & local disaster response plans
- Create pharmacy disaster plan
- Medications
- Staff Training

Facility
- Hospital Emergency Operations Plan (EOP)
- Collaboration within healthcare system

State
- Mutual aid agreements

Federal
- Federal Emergency Management Agency (FEMA)
- CDC – Strategic National Stockpile (SNS) & CHEMPACK
START Adult Triage Algorithm

**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"

https://chemm.nlm.nih.gov/startadult.htm#illustration
Supplies
- RSI meds
- IV fluids, vasopressors
- Hemostatic agents
- IV analgesics, antibiotics
- Tetanus

Pharmacist Role
- EM or Critical Care Pharmacist
- Procure, prep, dispense, restock meds
- Patient monitoring
- DI consults
- Drug administration
Supplies

- IV fluids, hemostatic agents
- IV and PO analgesics
- Antibiotics
- Tetanus vaccine

Pharmacist Role

- EM or Critical Care Pharmacist
- Procure, prep, dispense, restock meds
- Patient monitoring
- DI consults
- Drug administration
Supplies

- PO analgesics
- IV and PO antibiotics
- Tetanus vaccine

Pharmacist Role

- EM or non-EM pharmacist
- Procure, prep, dispense, restock meds
- DI consults
- Drug administration
Supplies

• IV analgesics & anxiolytic medications

Pharmacist Role

• Non-EM pharmacist
• Procure, prep, dispense, restock meds
• DI consults
Pharmacy Preparation

Review facility & local disaster response plans
Create pharmacy disaster plan
Medications
Staff Training

<table>
<thead>
<tr>
<th></th>
<th>Preparation</th>
<th>Response</th>
<th>Recovery</th>
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<tbody>
<tr>
<td>Definitions</td>
<td></td>
<td>Classification of Event</td>
<td>Lessons Learned</td>
</tr>
<tr>
<td>Contact List</td>
<td></td>
<td>Communication Plan</td>
<td>Notification to SBOP</td>
</tr>
<tr>
<td>Drug &amp; Supply</td>
<td></td>
<td>Deployment of Drugs &amp; Supplies</td>
<td>Replenishment</td>
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<td>Inventory</td>
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<tr>
<td>Risk Analysis</td>
<td></td>
<td>Staff Response; Space</td>
<td>Staff Support</td>
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<tr>
<td>(HVA) Sustainability Analysis</td>
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HVA: Hazard Vulnerability Analysis  
SBOP: State Board of Pharmacy
Elements of Pharmacy EOP

- Notification of pharmacy staff and others via contact list:
  - Emergency staff phone tree
  - SBOP, Poison Control Center, wholesalers, manufacturers, buyer, other hospitals
- Staffing requirements based upon type & scale of event
- Supplies e.g., medications, labels, general, etc.
- Space e.g., alternate sites, portable pharmacy
Elements of Pharmacy EOP

• Recovery Operations
  – Notification of State Board of Pharmacy
  – Emergency prescription fills for new or refills
• List of contracts/mutual aid available
• Ensure hard and electronic copies of EOP, emergency contact list, contracts, print versions of DI books
Pharmacy Preparation

- Review facility & local disaster response plans
- Create pharmacy disaster plan
- Medications
- Staff Training

Emergency Medications

- ASHP recommends against stockpiling medications
- Collaborate with facilities within and other healthcare system for stocking
- Review or develop policies and contracts regarding disaster medications
- Assume that 72-hour supply may not be sufficient
- Preparation in sterile vs. non-sterile areas
Meds and Loss of Power

• Assume downtime operations will be enacted
• Automated Dispensing Cabinets
  – Ensure location of ADC keys listed in EOP and easily visible
• Pharmacy Security
  – Physical location and medications in other locations
• Use of alternate site location
CDC & Other Resources

- Strategic National Stockpile
- CHEMPACK
- Points of Dispensing (POD)
Pharmacy Preparation

- Review facility & local disaster response plans
- Create pharmacy disaster plan
- Medications
- Staff Training

Staff Training

• Outlined in the Pharmacy EOP
• Participate in local or regional disaster drills
• Expertise and training to match response duties
  – EM and Critical Care Pharmacists
• Ensure staff understands own roles and respects crowd control
Wish there was a manual to this...

RESPONSE
Joplin Tornado Lessons Learned

- Staff management
- Drug dispensing machines
- Need for armed security
- Alternate care sites/mobile pharmacies and plan for transport
- Myth of the 96-hour sustainability

Dennis Manley, RN, HRM, CPHQ Chief Nursing Officer; Mercy Hospitals Joplin and Carthage
Figure 1. Disaster plan communication process.
During the Event

- Ready Time
- Location
- Staffing Support
- Medications and Supplies
Pulse Nightclub

• 0300 6/12/16 at Orlando Regional Medical Center
• Staffing: 5 pharmacy staff
  – ED pharmacist, central pharmacy, pharmacy technicians
• Duties:
  – Continuously checking code carts, drug consults, drug monitoring
  – Pharmacy tech delivered meds to other floors, refilling kits/trays

https://www.pharmacist.com/preparing-emergency-response-mass-casualty-events
During the Event

- Deploy trained pharmacists & other staff to ED/alternate sites
- Prioritization of activities
- Gather necessary downtime forms, IV labels, supplies
- Ongoing, constant communication of inventory & needs
- Report to Incident Command
Other Considerations

- Staff management
- Pharmacy non-traditional roles
  - Patient triage & screening
  - Prescription of emergency refills or OTCs
- Credentialing of providers
- Emergency Fills
Hurricane Katrina

• Pharmacists working with Jefferson County Department of Public Health (AL) & school of pharmacy

• Collaborative Practice Agreement:
  • Triage evacuees
  • Prescribe refills
  • Screen & prescribe with OTCs

Image from: FEMA Photo by Marty Bahamonde - Aug 27, 2005 - Location: New Orleans, LA
Disaster Medical Assistance Teams (DMAT)

• Group of volunteer professionals providing medical care during disasters
  – Intermittent federal employees
  – Nurses, physicians, pharmacists, other
• Travel with supplies and medications sufficient for 72 hours
  – May still need to collaborate with local (hospital) pharmacies
• Prescriptive authority

RECOVERY
# Recovery

<table>
<thead>
<tr>
<th>Staff</th>
<th>Supply</th>
<th>Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor staff safety &amp; provide support</td>
<td>Monitor drugs and other supplies’ inventory &amp; integrity</td>
<td>Check space integrity</td>
</tr>
<tr>
<td>Provide other opportunities to help</td>
<td>Replenish or destroy when needed</td>
<td>Consider security concerns</td>
</tr>
<tr>
<td>Debrief &amp; discuss lessons learned</td>
<td>Recover drugs from areas; complete forms/checklists</td>
<td>Notify SBOP &amp; other agencies for damages, theft</td>
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</table>
Key Takeaways

• Key Takeaway #1
  – Given their drug expertise, pharmacists should play an active role in disaster preparedness planning locally and at large.

• Key Takeaway #2
  – Pharmacy leaders should create a robust Pharmacy Emergency Operations Plan for pharmacy staff to utilize during planned and unplanned disasters.

• Key Takeaway #3
  – Pharmacy staff should undergo both written and active routine training for disasters using the facility and pharmacy EOP to best prepare for disasters.
You’re the only pharmacist on staff for a 300-bed community hospital along with 2 pharmacy technicians. You receive a call at around 2330 from the ED charge RN that an immigration raid had gone wrong, and you’re expecting to see a large number of patients in the ED. What is your next step?

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B. Using the emergency phone tree, start calling extra staff to come to work to help with the alleged mass casualty incident.

C. Locate and review the pharmacy EOP. Notify designated pharmacy leader and administrator on call, then wait for further instructions.

D. Call the EMS Director and determine the MCI type and expected number of casualties.
During the Event

Figure 1. Disaster plan communication process. Adapted with permission. Bell C, Daniel S. Hosp Pharm. 2014;49(4):398-404.
You receive call backs from the administrator on call and the director of pharmacy and are told that you’re expecting about 40 patients from the raid with varying injuries from tear gas and gunfire. What is your next step?

A. Check your social media pages, e.g., Twitter, Facebook, then watch the news to see if this is really true.

B. Using the emergency phone tree, start calling extra staff to come to work to help with the mass casualty incident.

C. Locate and review the pharmacy EOP. Notify designated pharmacy leader and administrator on call, then wait for further instructions.

D. Call your two pharmacy techs back to the pharmacy, discuss EOP response plan, review inventory of code trays and intubation kits, and bring extra stock to the ED.

E. B and D
Resources

The Emergency System for Advance Registration of Volunteer Health Professionals

Health Professionals
What does ESAR-VHP do for you?
References

References


