



**International Pharmaceutical Federation  
Fédération internationale pharmaceutique**

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## **FIP STATEMENT OF PROFESSIONAL STANDARDS THE ROLE OF THE PHARMACIST IN CRISIS MANAGEMENT: INCLUDING MANMADE AND NATURAL DISASTERS AND PANDEMICS**

### **Introduction**

Natural disasters such as earthquakes, cyclones, hurricanes and volcanic eruptions have claimed over 3 million lives, adversely affected over 800 million people's lives and cost untold billions of dollars world-wide over the past 20 years.

Terrorism, revolution and genocide have resulted in man-made disasters in many areas of the world. These disasters have led to economic dislocation, collapse of political structures, violence ranging from banditry to civil conflict to all out international war, famine, genocide, mass population displacements and weapons of mass destruction.

Periodically throughout history various diseases have reached epidemic or pandemic proportions. The "Black Death" (bubonic plague) struck Europe several times, most recently in the 14<sup>th</sup> Century. One-fourth of Europe's population were killed – approximately 25 million people. The world has been ravaged by no less than seven cholera pandemics, six of them starting in the 19<sup>th</sup> century, with every continent except Antarctica suffering outbreaks. The most recent occurred in Indonesia in 1961.<sup>1</sup> The influenza pandemic of 1918-19 killed more people than World War I, at somewhere between 20 and 40 million people.<sup>2</sup>

The initial response to any of these disasters must be local. In many instances it can be days, or even weeks, before assistance can arrive from outside the immediate disaster area. Therefore communities need to be prepared for any of these eventualities with a disaster response plan. This plan should address mitigation, preparedness, response, and recovery activities. To optimise the effectiveness of these groups they should include representatives from the pharmacy profession.

While many government and non-governmental organisations have responsibilities to carry out crisis management planning, they should be encouraged to include the pharmacy profession in their action plans. Pharmacists can contribute to ensure that the disaster victims have timely accessibility to medicinal supply in fulfilling their current practice responsibilities as well as expanded roles of first responder, triage, immunisation, and first aid administration.

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<sup>1</sup> BBC News, "Past pandemics that ravaged Europe," 2005/11/07

<sup>2</sup> Molly Billings, [www.stanford.edu/group/virus/uda/](http://www.stanford.edu/group/virus/uda/) 2005

Pharmacists are the most accessible health professionals in many nations. Pharmacists are an intersection for virtually every health-system player – physicians, hospitals, patients, pharmaceutical companies, distributors and pharmacy benefit managers.<sup>3</sup>

FIP recognises the acute nature of natural disasters and the need for immediate response, and the overwhelming nature of a pandemic as well as the need for quick and accessible prevention and treatment.

Furthermore, FIP believes there are certain general principles that need be considered regarding the role of pharmacists in both the planning and implementation of disaster/pandemic preparedness:

1. On the basis of education, training, experience and legal responsibilities, pharmacists can be a key participant in planning and execution.
2. The expertise of the pharmacist can be sought in
  - a. developing guidelines for treatment of casualties and exposed individuals,
  - b. selecting medicines and related supplies for national and regional stockpiles and local emergence inventories in emergency preparedness programmes,
  - c. ensuring proper packaging, storage, handling, labelling, and dispensing of emergency supplies of medicines,
  - d. ensuring appropriate deployment of emergency supplies of medicines.
3. Pharmacists can provide needed services outside the services they normally provide, particularly in the areas of first responder, triage, immunisation, first aid and administration of medicines.
4. Each phase requires different supplies and skills of the pharmacist. For example the ‘Search & Rescue Phase’ involves trauma, lacerations, and injuries. The ‘Recovery & Clearing Phase’ involves infections, communicable diseases, diarrhoeal diseases. The ‘Reconstruction & Rehabilitation Phase’ involves chronic physical & psycho-psychiatric conditions, other chronic ailments, crime-induced medical emergencies.
5. In the instance of a pandemic the pharmacist is well situated to provide education about prevention and detection of a disease. Pharmacists can also be a readily accessible resource for immunisations.

FIP recognises that the responsibilities of pharmacists vary, depending on where they work or practice. Pharmacists employed by pharmaceutical manufacturers, wholesalers, insurance/managed care organisations, and in the various practice settings each have different responsibilities. It calls on all pharmacists in all areas of employment/practice to recognise their respective roles and prepare accordingly.

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<sup>3</sup> Adapted from The National Conference of Pharmaceutical Organizations (NCPO), “A 21<sup>st</sup> Century System of Terrorism Defence

Against the background, FIP recommends that:

**Governments, including licensing and regulatory agencies should:**

- set aside rules that would impede the pharmacists' ability to provide needed medicines;
- serve as an advocate for pharmacists who encounter problems in obtaining supplies or access to prescription records.
- Governments should include pharmacists in the development of crisis management plans.
- Governments should ensure continued functioning of the supply systems by funding unusual costs associated with maintaining the system.

**Pharmaceutical manufacturers should:**

- ensure that there are sufficient supplies of needed medicines as defined by the communities' Essential Medicines List;
- ensure that there are effective plans in place to distribute critical medicines through the supply chain.

**Wholesalers should:**

- ensure that there are sufficient supplies of needed medicines in local or regional distribution centres;
- enable pharmacies to get shipments of needed medicines by removing normal credit restrictions;
- be able to transfer medicines from unaffected distribution centres to the area of need.

**Insurance/Managed Care/Pharmacy Benefit Management Organisations or Health Service Organisations should:**

- provide access to the pharmacist of individual patient medicines data that are contained in their data base;
- remove utilisation restrictions when they limit access to medicines;
- transfer mail-order prescription authorisations to dispense prescriptions at local pharmacies when the mail system does not function.

**Pharmacist Associations should:**

- act as a central source of information prior to and during emergency times, using the most appropriate methods of communication available;
- negotiate with governments to allow pharmacists to provide emergency supplies of needed medicines;
- negotiate with governments to enable cost recovery by manufacturers, wholesalers and providers for emergency disaster supplies;
- familiarise themselves with the national and local disaster plans;
- develop with manufacturers and wholesalers an 24/7 access plan for medicines and supplies;
- seek government recognition of the pharmacist's role;

- seek to participate in the development of the disaster plan

**Pharmacists in practice should:**

- ensure the security and safety of pharmacy staff;
- keep sufficient stock of needed medicines in the pharmacy or replenish through regular or extraordinary supply channels;
- provide needed medicines based on existing records;
- counsel patients on safety of medicines that survive a disaster;
- anticipate the shift in disease or injury pattern and match the necessary supply of medicines and medical supplies accordingly;
- ensure security and appropriate storage conditions in temporary pharmacies and medicinal distribution centres;
- be prepared to meet the requirements of the phases of the various phases of recovery from disaster, recognising that each phase requires different supplies and different skills on the part of the pharmacist.
- ensure that ordinary patients, within the pharmacy, not be infected by the pandemic disease. This may include the lay-out of the pharmacy to prevent infecting patients.
- establishing procedures for continuing the operation of the pharmacy should large numbers of staff become infected.