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**Emergency Preparedness and Response Planning: A Guide for Boards of Pharmacy**

## Table of Contents

Emergency Preparedness and Response: Roles of Federal, State, and Local Governments 2

Recommendations for Preparing for and Responding to an Emergency 7

1. Early Preparation for an Emergency 7
2. Immediate Response to an Emergency 8
3. Short-Term Response: The First 72 Hours Post Emergency 9
4. Long-Term Response: 72 hours to 30 Days (Possibly Longer) Post Emergency 10

Appendix A: Model Emergency Preparedness and Response Plan 12

1. Emergency Planning 12
2. Maintaining Board of Pharmacy Operations 17
3. Communication 23
4. Evacuation Planning 24
5. Shelter-in-Place Planning 26
6. Protecting Resources 28

Appendix B: Model Rules for Public Health Emergencies 32

Appendix C: Emergency Resources Provided by NABP 37

**Emergency Preparedness and Response: Roles of Federal, State, and Local Governments**

To effectively prepare for and respond to an emergency, boards of pharmacy must understand the interplay between federal, state, and local governments in preparedness and response management. By understanding these processes at the various levels of government, boards of pharmacy are better enabled to develop robust emergency plans that are complementary to existing broader based efforts aimed at minimizing the impact of a disaster. This summary is not intended to provide a complete and comprehensive review of the intricate governmental layers of preparedness and response; thus, boards of pharmacy are encouraged to contact their state emergency management agencies as well as consult the references included in this guidance (see Reference section).

# Federal Preparedness and Response

*US Department of Homeland Security and the Federal Emergency Management Agency*

The United States Department of Homeland Security[[1]](#footnote-1) (DHS) supports and promotes the ability of emergency responders and relevant government officials to communicate in the event of natural disasters, acts of terrorism, and other hazards. Established pursuant to the Homeland Security Act of 2002, DHS is the lead federal department in crisis and emergency management.

The Federal Emergency Management Agency[[2]](#footnote-2) (FEMA), under the auspices of the DHS since 2003, is charged with preparing for all domestic hazards and managing the federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders, and manages the National Flood Insurance Program. In response to specific incidents, FEMA may activate its National Response Coordination Center (NRCC), a multi-agency group that coordinates federal support for major incidents and emergencies.

*National Incident Management System and the National Response Framework*

In 2004, DHS established the National Incident Management System[[3]](#footnote-3) (NIMS), which provides a nationwide template enabling federal, state, local, and tribal governments and private sector and nongovernmental organizations to work together effectively and efficiently to prevent, prepare for, respond to, and recover from domestic incidents of all causes, sizes, or complexities.

The National Response Framework[[4]](#footnote-4) (NRF) which builds upon the NIMS standardized structure and tools, serves as the principal guide for managing domestic crises. It describes the roles, responsibilities, and relationships of government executives, private-sector and nongovernmental organization leaders, and emergency management practitioners to facilitate an effective response to terrorist attacks, natural disasters, public health emergencies, and other incidents requiring a coordinated federal response. Designed to allow maximum flexibility, the NRF can be partially or fully implemented, as appropriate, to meet the unique operational and information-sharing requirements of any emergency situation. Together, the NRF and NIMS integrate a number of entities, public and private, federal and local, for an overall national framework for emergency preparedness and response.

*Emergency Support Function Annexes*

Emergency Support Function (ESF) annexes contained in the NRF are the primary means by which the federal government provides assistance to state, local, and tribal governments, or to federal departments and agencies conducting missions of primary federal responsibility, during actual or potential domestic incidents. ESF annexes include specific emergency support resources (eg, transportation, firefighting, public health services) available for dispatch during incidents requiring a coordinated federal response. Currently, the NRF contains 15 ESF annexes coordinated by a multitude of various federal agencies such as the US Department of Transportation, the Environmental Protection Agency, and Coast Guard.

*US Department of Health and Human Services*

Specifically, ESF Annex # 8,[[5]](#footnote-5) primarily coordinated by the US Department of Health and Human ­­­­Services (HHS), entails public health and medical services contingencies. When required, HHS would be responsible for providing supplemental assistance to state, local, and tribal governments by assessing the medical and behavioral health needs of victims as well as providing public health surveillance and the medical personnel, equipment, and supplies. HHS would provide these services utilizing its umbrella agencies, offices, and divisions, such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the US Public Health Service (PHS).

For example, PHS, a division of HHS, is the federal nonmilitary, uniformed force of health care professionals who work in various agencies, including FDA, Indian Health Service (IHS), Federal Bureau of Prisons, Immigration and Customs Enforcement (ICE), Coast Guard, and CDC.[[6]](#footnote-6) The mission of PHS is to provide highly trained and mobile health professionals who carry out programs to promote the health of the nation, understand and prevent disease and

injury, ensure safe and effective drugs and medical devices, deliver health services to federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies. The PHS is led by the Surgeon General and consists of more than 6,000 officers in the following professional categories: nursing, dentistry, pharmacy, dietetics, medical, veterinary, engineering, environmental health (including physical, occupational, speech, and audiology therapy), and other health services (including social work, optometry, statistics, and computer science).

*Strategic National Stockpile*

The Strategic National Stockpile (SNS), operated by CDC, is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration devices, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re- supply state and local public health agencies in the event of a national emergency anywhere and at any time within the US or its territories. During a national emergency, state, local, and private stocks of medical supplies will be depleted quickly. While the SNS is not a first response tool, state and local first responders and health officials can use the SNS to bolster their responses to a national emergency.

The SNS is organized for flexible response. The first line of support is the immediate-response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies for rapid delivery in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses and are ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

If an incident requires additional pharmaceuticals and/or medical supplies, follow-up vendor- managed inventory (VMI) supplies are shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies, and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could serve as the first option for immediate response from the SNS Program.

SNS created the Inventory Management and Tracking System (IMATS) software to help state and local responders manage the large quantities of supplies they may receive from the SNS in the event of a large-scale emergency. IMATS allows responders to track inventory down to local levels, monitor reorder thresholds, and support warehouse operations.[[7]](#footnote-7)

# State/Local Preparedness and Response

The responsibility for responding to incidents that have recognizable geographic boundaries generally begins at the local level with individuals and public officials in the affected county, city, or town. Local response should integrate the network of local, voluntary, and private sector organizations to restore damaged infrastructure, restart the flow of products and services, and place essential items into the hands of survivors. First responders such as law enforcement, fire personnel, and emergency medical teams are often the first to arrive at an incident site. In some instances, a federal agency in the local area may act as a first responder and may advise or assist state or local officials in accordance with agency authorities and procedures. Mutual aid agreements provide mechanisms to mobilize and employ resources from neighboring jurisdictions to support the incident command.

A mayor or city or county manager, as a jurisdiction’s chief executive, is responsible for the public safety and welfare of the people of that jurisdiction. Similar to a state’s governor, the mayor or city or county manager has the following responsibilities: (1) coordinates local resources to prevent, prepare for, respond to, and recover from incidents involving all hazards including terrorism, natural disasters and accidents, and other contingencies; (2) depending on state or local law, has extraordinary powers to suspend local laws and ordinances, such as to establish a curfew, direct evacuations, and, in coordination with the local health authority, to order a quarantine; (3) provides leadership in communicating to the public and in helping people, businesses, and organizations cope with the consequences of any domestic incident within the jurisdiction; (4) negotiates and enters into mutual aid agreements with other jurisdictions to facilitate resource-sharing; and (5) requests state and, if necessary, federal assistance through the governor of the state when the jurisdiction’s capabilities have been exceeded or exhausted.

As outlined in the NRF, state governments supplement local efforts before, during, and after incidents by applying in-state resources first. When an incident expands or has the potential to expand beyond the capability of a local jurisdiction and responders cannot meet the needs with mutual aid and assistance resources, local officials contact the state. State governments can support local jurisdictions by managing the delivery of federal disaster assistance to meet local requirements. State emergency management agencies[[8]](#footnote-8) coordinate preparedness and response efforts within their jurisdictions. When state resources and capabilities are overwhelmed, governors may request federal assistance under a presidential disaster or emergency declaration.

At the state level, the governor is responsible for the safety and welfare of the people of that state or territory. The governor has the following responsibilities: (1) coordinates state resources to prevent, prepare for, respond to, and recover from incidents in situations such as terrorism, natural disasters, accidents, and other contingencies; (2) under certain emergency conditions, typically has police powers to make, amend, and rescind orders and regulations; (3) provides leadership in communicating to the public and in helping people, businesses, and organizations cope with the consequences of any declared emergency within state jurisdiction; (4) encourages participation in mutual aid and implements authorities for the state to enter into mutual aid agreements with other states, tribes, and territories to facilitate resource-sharing; (5) serves as commander-in-chief of state military forces; and (6) requests federal assistance when state or tribal capabilities are insufficient or have been exhausted.

*About This Guidance*

The preceding information serves as background for the following guide, which is intended to assist state boards of pharmacy in their own emergency preparedness and response planning. Revised from NABP’s 2006 version, this guide provides suggested statutory and/or regulatory language intended to enable pharmacists, pharmacies, and other licensees to assist in the management and containment of a public health emergency or similar crisis.

# Recommendations for Preparing for and Responding to an Emergency[[9]](#footnote-9)

## Early Preparation for an Emergency

In most cases, emergencies occur with little or no warning. In order to be best prepared, boards of pharmacy can start developing contingency plans well in advance. Specifically, boards of pharmacy should consider the following:

## Create an Emergency Preparedness and Response Plan

Using the NABP Model Emergency Preparedness and Response Plan as a guide, boards of pharmacy can take perhaps the most important step in preparing for an emergency, ensuring that the board has an operational plan to remain functional to continue to fulfill its mission of protecting the public health. See **Appendix A**: “NABP Model Emergency Preparedness and Response Plan.”

## Work with the State Legislature to Enact Emergency Dispensing and Other Related Provisions and Review Current Pharmacy Practice Act and Rules

If the state pharmacy practice act currently contains provisions for waivers of rules during a declared public health emergency, the boards should review the implementing rules and revise if necessary. For guidance, boards of pharmacy should consider utilizing NABP’s “Model Rules for Public Health Emergencies,” found in **Appendix B**. In addition, boards should work with the legislature and appropriate agencies to ensure the state’s “emergency declaration” contains language appropriate to trigger the activation of emergency rules related to needed pharmacy services. Boards should also work within their states to ensure that pharmacists are designated as “first responders” in an emergency so they have access to needed prophylactic medications and vaccines.

## Develop and Maintain a Contact List of Local/State Government Agencies and National Pharmacy Organizations

Boards of pharmacy should have contact information for local offices and agencies, including, but not limited to, the governor’s office, the department of public health, state emergency management agency, county health departments, and the state/local chapter of the American Red Cross, as well as national pharmacy organizations. Boards of pharmacy should also consider meeting with the local agencies to ensure that emergency plans of these agencies complement the board’s emergency plan. Boards should also be familiar with local law enforcement security plans in the event of an emergency.

## Develop and Maintain a Contact List of Local/Regional Pharmaceutical Manufacturers, Wholesale Drug Distributors, Pharmacies, Pharmacists and Technicians

Local and regional pharmaceutical manufacturers, wholesale drug distributors, and pharmacies are in a unique position to help in an emergency by lending temporary storage and shipping facilities as well as providing critical drugs and supplies. Developing contacts, and in some cases memorandums of understanding, with these entities in advance of an emergency could dramatically improve the response time in getting supplies where they are needed in addition to maintaining the integrity of drugs and supplies. In some cases, transportation may also be challenged. Boards should also consider working with these entities to assist in transportation efforts.

Boards may also consider developing a list of pharmacists and technicians who are willing to volunteer their services in the case of an emergency. In the alternative, a board may choose to simply access such a list if one is maintained by a national group. Such a list may contain volunteer credentials, such as CPR, first aid, or immunization certification.

## Educate Licensees on Board Efforts Related to Emergency Planning

Boards should keep licensees up-to-date on emergency planning efforts via Web sites, newsletters, etc. Boards may also consider developing or distributing a template for state-licensed pharmacies to use in developing an emergency plan.

## Immediate Response to an Emergency

At the point an emergency is declared, there may be limited time to respond. Boards of pharmacy should take the following steps:

## Activate Emergency Response Plan, Place Board of Pharmacy Members and Staff on “Standby”

The board of pharmacy executive director/secretary or chief administrator, as the primary crisis manager, should activate the board’s emergency plan. During normal business hours, the primary crisis manager may consider conducting a brief meeting to provide information to staff regarding the status of the emergency, including such information as anticipated staffing needs or mandatory evacuation of the board facility. If not during normal business hours, depending on the specific emergency, the primary crisis manager may call the emergency planning team (as described in **Appendix A**) to assist in contacting staff at home with specific updates and instruction.

Boards of pharmacy should also consider alternative forms of communication with board members, staff, and the public in case normal modes of communication are compromised.

## Initiate Contact with Local/State Emergency Management Agencies, Pharmaceutical Manufacturers, Wholesale Distributors, Pharmacies, and Other Entities

At the time an emergency is declared, the board of pharmacy will most likely not be working unilaterally but, instead, will be working in concert with other entities, particularly local/state government agencies. Boards of pharmacy should initiate contact with the appropriate entities to begin to coordinate efforts and optimize response. Working with local/state government agencies and, in some cases, with federal agencies, boards can serve as an important link to private entities, such as pharmaceutical manufacturers, wholesale drug distributors, and others in the pharmaceutical industry that may be of assistance. Boards should also contact other entities, such as Internet and telecommunication service providers, to discuss the maintenance of communication lines during and in the immediate aftermath of the emergency.

## Initiate Contact with NABP Regarding the Potential Need for Emergency Resource Assistance.

Boards of pharmacy should contact NABP regarding the potential need for emergency resource assistance. The NABP Emergency Passport Program provides licensure and board action/disciplinary screening to boards of pharmacy when responding to public health crises. It assists boards in granting temporary emergency licensure for pharmacists, pharmacy technicians, pharmacy interns, and pharmacy businesses to ensure adequate personnel and facilities are available to provide needed pharmacy care services in affected areas. Other services provided by NABP are described in **Appendix C**.

1. **Alert Licensees, National and Local Pharmacy Associations, and the Public** Boards should alert all necessary parties of the emergency. The board of pharmacy should use its Website as a tool in communicating crucial information, not only to the public and licensees, but also to board members and staff, if necessary. Boards should consider posting on their Web sites emergency-related regulations, such as emergency dispensing provisions, or emergency-related notices, such as board office relocation and temporary contact information, and using email lists to disseminate such information.

## Short-Term Response: The First 72 Hours Post Emergency

The period immediately following an emergency is perhaps the most critical in that there may be limited or no state or federal aid available (typical time frame for a state or federal disaster to be declared is 72 hours) and local resources may be quickly overwhelmed. Communication systems may be challenged and public utilities, like electricity and water, may be unavailable. Also, information concerning an accurate assessment of the emergency may be limited. During this critical time, boards of pharmacy should take the following steps:

1. **Continue to Employ the Board’s Emergency Response Plan**The board of pharmacy should be assessing internal needs in order to maintain identified critical operations. This may include increasing staffing and equipment or determining whether or not the board will be operating at an alternate location. Depending on the emergency, the board may decide to cease all operations.

## Initiate Contacts with Local/State Government Agencies to Determine Public Health Needs

The board of pharmacy serves as an important resource to local/state emergency management agencies as the needs of the public are assessed. The board of pharmacy is equipped to serve as one of the primary coordinating agencies for the receipt and distribution of supplies through its contacts with the private industry. Additionally, through its relationship with local and state professional associations, the board of pharmacy may also be able to help with the coordination and disbursement of volunteers.

## Maintain Communication with Pharmaceutical Manufacturers, Wholesale Drug Distributors, and Pharmacies to Ensure Adequate Supplies of Drugs and Medical Equipment are Available and Accessible

Depending on information available to the board of pharmacy regarding initial assessments of the emergency, the board may be able to relay specific drug and supply needs to the industry, including but not limited to, identifying temporary or mobile facilities.

1. **Maintain Use of NABP Emergency Resource Assistance**Continued use of NABP’s Emergency Passport Program will ensure that adequate numbers of pharmacists, pharmacy technicians, pharmacy interns, and pharmacy businesses can be put into place to serve needed areas.

## Provide Frequent Information and Updates through Various Channels to Licensees, the Public, and Other Identified Entities

The board serves as an important source of information and should utilize appropriate means of communication to provide updates and other specifics. For example, the board may want to post its temporary license applications on its Web site or provide consumers with important information on obtaining necessary medications.

1. **Long-Term Response: 72 hours to 30 Days (Possibly Longer) Post Emergency**The long-term recovery period following an emergency varies. Although the board’s focus will shift from acute to more long-term concerns, the board should continue the efforts that began immediately following the emergency. These efforts include working to restore and maintain critical board operations, sustaining communications with important stakeholders, such as local/state emergency response agencies and pharmaceutical industry contacts, and providing updates to the public and licensees. The board may also need to assist licensees in their efforts to restore operations by providing guidance on associated regulatory aspects pertaining to the emergency.

# Appendix A:

**Model Emergency Preparedness and Response Plan**

The NABP Model Emergency Preparedness and Response Plan is intended to assist boards of pharmacy in developing a tailored and detailed emergency preparedness and response document. Modeled and adapted from the *Ready Business Mentoring Guide: Working with Small Businesses to Prepare for Emergencies[[10]](#footnote-10)*, issued by the US Department of Homeland Security, this Plan consists of six comprehensive sections and provides a template to develop or supplement existing emergency plans.

With local/state government agencies serving as primary emergency responders, boards of pharmacy are strongly encouraged to proactively work with their local/state agency counterparts to learn about existing emergency preparedness and response plans and local/state specific contingencies into their own plans. In addition, by collaborating with local/state emergency response agencies, these entities can become aware of the resources and capabilities of the board in an emergency situation.

## Emergency Planning

* 1. **Emergency Planning Team**

A successful emergency preparedness and response plan is dependent upon the board’s continued commitment to encourage and authorize an emergency planning team to create a plan. First the board should determine which staff will be responsible for the development of the plan. The identified staff should be knowledgeable about most facets of the organization’s operations and facilities. The board may consider involving other employees from every level of the board so the plan can appropriately take into account all divisions of the board.

## Emergency Planning Team

The following board and staff members will participate in emergency planning and crisis management: (include name, title, contact information)

1.

2.

3.

4.

5.

## Emergency Contact Information

The board should also have the emergency contact information, including cell phone numbers, for all staff and board members, and insurance company contact information (if applicable and whether or not it is state or privately issued insurance).

## Emergency Contact Information

Staff

Name Cell No. Work No. Home No. e-mail

Board Member

Name Cell No. Work No. Home No. e-mail

Insurance Provider

Street Address

City

State

Zip Code

Phone Fax E-Mail

Contact Name Policy Number

## Risk Assessment

In developing a robust emergency preparedness and response plan, the board and its emergency planning team should evaluate the probability or risk that specific emergencies may impact the board. Threats could include both natural and man-made, ranging from floods, power outages, and health-related emergencies to technological threats and terrorism. By knowing what types of risks your board is more likely to encounter, the emergency planning team will be better equipped to determine the needs of the board in the event of an emergency as well as focus efforts on preparation activities on situations that are likely to affect the board.

The board may consider completing the following Risk Assessment Survey. Rank the likelihood that any of the following scenarios will occur, the impact it will have on the board, and the amount of warning time available before it occurs.

## Risk Assessment Survey

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency** | **Likelihood of Occurrence (1 to 5)** | **Impact on Board (minimal, moderate, severe)** | **Warning Time (Days, Hours, Min**) |
| ***Natural*** |  |  |  |
| Flood |  |  |  |
| Hurricane |  |  |  |
| Thunderstorm/ Lightning |  |  |  |
| Tornado |  |  |  |
| Winter Storm/Extreme Cold |  |  |  |
| Extreme Heat |  |  |  |
| Earthquake |  |  |  |
| Volcano |  |  |  |
| Landslide |  |  |  |
| Tsunami |  |  |  |
| Fire |  |  |  |
| Wildfire |  |  |  |
| Pandemic Illness |  |  |  |
| ***Technological*** |  |  |  |
| Hazardous Material |  |  |  |
| Nuclear Power Plant |  |  |  |
| Power Outage |  |  |  |
| Cyber Security |  |  |  |
| Nuclear Blast |  |  |  |
| Radiological Dispersion Device |  |  |  |
| ***Emergencies Specific to the Board*** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

* 1. **Emergency Supplies**

The emergency planning team should prepare a list of supplies that the board should store on location. Items to include may be essentials such as water and food, and a basic first- aid kit. See below for a list of recommended emergency supplies. The emergency planning team should also determine an appropriate place to store these items so as to minimize any potential damage in the event of an emergency, while at the same time ensuring easy accessibility. The emergency planning team may also consider obtaining signage that would allow the office to communicate to emergency personnel in case of quarantine. The board may also encourage employees to maintain their own personal emergency supply kits, including items such as medications, a mini-flashlight, an emergency whistle, water, snacks, etc.

Essential documents, including this Emergency Preparedness and Response Plan, building plans, insurance documents, contracts, employee contact information, and electronic back up media should be sealed in a waterproof/fireproof container, with a duplicate set of items stored offsite.

The following are recommended emergency supplies. The board should include additional items as it deems appropriate. Additionally, each staff member should be encouraged to prepare a personal emergency supply kit, consisting of a three-day supply of necessities, including medications.

## Emergency Supplies – Minimum Three-Day Supply

|  |  |
| --- | --- |
|  | Water (one gallon of water per person per day for drinking and sanitation) |
|  | Food (non-perishable) |
|  | Battery-operated radio and extra batteries |
|  | NOAA weather radio and extra batteries |
|  | Flashlights and extra batteries |
|  | First-aid kit |
|  | Whistle (to signal for help) |
|  | Dust or filter masks (minimum N-95 mask) |
|  | Moist towelettes (for sanitation) |
|  | Tool Kit, including wrench or pliers to turn off utilities |
|  | Can opener for food |
|  | Plastic sheeting and duct tape to “seal the room” |
|  | Garbage bags and plastic ties for personal sanitation |
|  | Two-way radios |
|  | Safety glasses |
|  | Sleeping bags/pillows |
|  | Gore-Tex or waterproof rain suit |
|  | Rubber boots |
|  | Other: |
|  | Other: |
|  | Other: |

* 1. **Immunizations**

The following is a list of immunizations recommended for all board of pharmacy members and staff to ensure appropriate preparation for an emergency:

Immunization Frequency

1.

2.

3.

4.

5.

6.

7.

8.

## Staff Education and Training

The board should conduct regularly scheduled staff education and training

seminars to provide information, identify needs, and develop preparedness

skills, including, on a regular basis, emergency preparedness and safety

information in board communications, e-mails, and staff meetings to

complement formalized training efforts. The identification and consideration of

staff with disabilities or special communication needs is key. The board may

consider drills where staff performs their designated emergency functions. The

board may consider maintaining staff education and training records.

The board may also direct staff to walk the evacuation route to a designated

area where procedures for accounting for all personnel are tested. Processes

and procedures should be re-evaluated and revised based on information

gathered from practice drills. If boards share office space with another entity,

coordinating emergency plans should be considered.

## Maintaining Board of Pharmacy Operations

* 1. **Primary/Secondary Crisis Managers**

It is important for boards to designate a primary and a secondary crisis manager.

In most cases, the board’s executive director or secretary serves as the primary

crisis manager and the assistant executive director or chief compliance

officer/investigator serves as the secondary crisis manager. The role of the

primary crisis manager is to oversee and execute the emergency response plan

and serve as the primary spokesperson for the board. In the event that the

primary crisis manager is unavailable, the secondary crisis manager will assume

that role.

## Primary Crisis Manager

Name/Title

Phone

Alternative Phone

E-Mail

## Secondary Crisis Manager

Name/Title

Phone

Alternative Phone

E-Mail

## Remote Electronic Access to Data

Should the board office become inaccessible, it will be important for board staff and board members to have remote electronic access to certain data and operating systems. List each staff and board member, the data and operating systems to which they will have access, and the mechanism by which they will have access.

Staff name

Data and operating systems to be accessed

Mechanism to access

Staff name

Data and operating systems to be accessed

Mechanism to access

Staff name

Data and operating systems to be accessed

Mechanism to access

Board member name
Data and operating systems to be accessed

Mechanism to access

Board member name Data and operating systems to be accessed

Mechanism to access

Board member name Data and operating systems to be accessed

Mechanism to access

## Alternate Location Site

The board may want to designate an alternate location from which to continue board operations if the board office becomes inaccessible. For example, the board may operate from a residential location or perhaps a location provided by the state.

## Alternate Location Site

Address

City, State

Phone

## Critical Functions

Before an emergency occurs, the board should determine the most critical and vital functions needed to maintain board operations. In determining these functions, boards may consider identifying the various resources and procedures that are essential to each function. Boards should also assess how its functions, both internally and externally, affects demands for staff, materials, procedures and equipment. For completion of this section, list the board’s critical functions, the staff charged with maintaining each function in the event of an emergency, and the procedures for maintaining each function and recovering from the emergency. It is also important to distinguish which functions are critical depending on the nature of the emergency.

## Our Critical Functions

The following is a prioritized list of critical functions, staff, and procedures needed to maintain and recover from an emergency.

Function #1 Staff in Charge Action Plan

Function #2 Staff in Charge Action Plan

Function #3 Staff in Charge Action Plan

Function #4 Staff in Charge Action Plan

Function #5 Staff in Charge Action Plan

Function #6 Staff in Charge Action Plan

## Suppliers and Contractors

Another element in emergency preparedness involves identifying the supplier,

contractors, resources, and other entities with which the board interacts on a

daily basis. In many cases, developing relationships with more than one

company can help maintain critical board operations in case the board’s primary

contractor cannot service the board’s needs.

## Necessary Materials/Services

**Primary Supplier**

Company Name

Street Address

City State Zip Code

Phone Fax E-Mail

Contact Name Account Number

## Secondary Supplier

Company Name

Street Address

City State Zip Code

Phone Fax E-Mail

Contact Name Account Number

## Necessary Materials/Services

**Primary Supplier**

Company Name

Street Address

City State Zip Code

Phone Fax E-Mail

Contact Name Account Number

## Secondary Supplier

Company Name

Street Address

City State Zip Code

Phone Fax E-Mail

Contact Name Account Number

## Record Preservation

The preservation of vital records is crucial for timely and prompt restoration of

board operations in the event of an emergency. Identifying the minimum

information needed to perform critical board operations should guide the board

on the specific records and the equipment that will be needed to access and use

the information found in such records.

The board should regularly back up all computer systems and maintain

electronic copies of all data/records offsite.

If an emergency is imminent, the board may consider using heavy-duty plastic

bags to store, protect, and transport smaller electronic equipment and paper

files. The board should also identify critical equipment and documents that

should be removed or relocated to another designated location.

## Record Preservation

Vital board records and data that must be copied and stored off site are:

1. This Emergency Preparedness and Response Plan
2. Site maps
3. Insurance policies
4. Accounting records, including payroll data

5.

6.

7.

8.

9.

10.

The **on-site** location(s) of the records listed above are as follows:

1. This Plan –
2. Site maps –
3. Insurance policies –
4. Accounting records – 5.
6.
7.
8.
9.

10.

The **off-site** location(s) of the records listed above are as follows:

1. This Plan –
2. Site maps –
3. Insurance policies –
4. Accounting records –
5.
6.
7.
8.
9.
10.

The person responsible for copying board records and ensuring the appropriate on- and off-site storage is
(Staff Person/Title).

##  Communication

* 1. **Crisis Communication Plan**

The board’s ability to effectively communicate with staff, licensees, local

authorities, and the public during an emergency is critical. As the board develops

a crisis communication plan, it should contemplate how it would communicate

with both internal (ie, staff) and external (ie, licensees, the public) entities

considering normal modes of communication may be inoperable (ie, lack of

electricity, internet/telephone lines/cell phone towers down, etc). In developing a

crisis communication plan, the board should contemplate all possibilities, from

short-term disruption to full communications failure. The board should also

inquire with its various communication vendors about emergency preparedness

and response capabilities.

The board may consider proactively developing different types of draft

messages covering various emergency scenarios including, but not limited to

phone scripts, website content, social media posts, email alerts, and call center

recordings. Messaging should be drafted specific to the various audiences

including board members and staff, licensees, and the public. Boards should

determine the most efficient way to prepare and maintain the messaging so that

it can be made available quickly. For example, web pages can remain in draft

form or password protected, and when needed, made live or have the password

protection removed. Investigate free email send tools that can be set up and

only used in the case of emergency or leverage private partner relationships.

Maintaining updated phone and email contact information that is accessible in a

variety of ways (electronic and hard copy) for board members and staff is

critical. If possible, maintain an up-to-date listing of licensees’ emails that can be

accessed outside of the main licensing software as a backup access point.

## Crisis Communication Plan

During an emergency, the board will communicate with STAFF by:

During an emergency, the board will communicate with BOARD MEMBERS by:

During an emergency, the board will communicate with LICENSEES (including pharmacists, pharmacies, students, technicians, etc.) by:

During an emergency, the board will communicate with other STATE AGENCIES by:

During an emergency, the board will communicate with the PUBLIC by:

## Evacuation Planning

* 1. **Evacuation Plan**

One of the most critical decisions during an emergency can be choosing

whether to remain on site or to evacuate the premises. It is strongly

recommended that boards follow the warnings and direction from local, state,

and federal officials. To facilitate this effort, an Evacuation Plan should be

developed by the board.

Overall, the Plan should, at a minimum, describe a mechanism for identifying all

persons present in the board office, describe the emergency warning system,

identify the evacuation route, designate an assembly site, and identify staff

responsible for ensuring all persons present in the board office are accounted for

and for shutting down operations and securing the office or building.

As mentioned above, the Plan should include a mechanism for identifying all

persons present in the board office, including staff and visitors, so that all can be

accounted for in case of an evacuation. An office visitor sign-in sheet and

employee punch clock records can be used for this purpose. Boards should also

consider the fact there may be staff or visitors with disabilities who may require

assistance in evacuating the building.

The description of the warning system should include the audio and/or visual

signals to be used to warn of an emergency, building site maps with critical

utility locations and clearly-marked emergency routes, with entry and exit

points on the maps and throughout the building. Evacuation routes should be

clearly posted and the board may consider installing emergency lighting or the

use of flashlights in case there is loss of electricity.

In identifying an assembly site, boards should choose at least two locations; a

primary and a secondary location in the case evacuees must move farther

away from the board office.

The Plan should identify an assembly site manager who will be responsible for

the assembly site during an emergency, and who will account for staff and

visitors to determine any missing persons. The Plan should also identify a staff

person responsible for shutting down operations and securing the board office

or building. In addition, the Plan should identify the person who will determine

when it is safe to halt the Evacuation Plan and issue an “all clear.”

When the Evacuation Plan is finalized, staff should be trained and boards should

consider practicing the evacuation procedures. If the board office is located in a

high rise building or shares building space with other entities, the board should

attempt to coordinate and practice with those entities to avoid confusion and

gridlock. Boards should encourage staff to inform fellow staff if they cannot get to

or must depart from the assembly site.

## Evacuation Plan

Description of and Emergency Warning System:

Emergency Warning System will be tested (frequency):

Assembly Site Manager and Alternate:

Primary assembly site:

Secondary assembly site:

Staff responsible for shutting down operations and securing board office:

Staff responsible for issuing “All Clear”:

## Shelter-in-Place Planning

* 1. **Shelter-in-Place Plan**

There may be situations when it is best for persons present in the board office to

take shelter immediately; for instance, during a tornado, chemical incident, or

other incident where concerns are for the survival of board staff and visitors. If

the board is advised by local authorities to take shelter, all persons should do so

immediately. In reality, staff cannot be forced to take shelter, but staff should be

informed in advance of policies and procedures on sheltering to maximize

cooperation in the event it is necessary. To facilitate this effort, a Shelter-in

Place Plan should be developed by the board.

Overall, the Plan should, at a minimum, describe a mechanism for identifying all

persons present in the board office, describe the emergency warning system,

identify the shelter, and identify staff responsible for ensuring all persons present

in the board office are accounted for and for shutting down operations and

securing the office or building.

As mentioned above, the Plan should include a mechanism for identifying all

persons present in the board office, including staff and visitors, so that all can

be accounted for. An office visitor sign-in sheet and employee punch clock

records can be used for this purpose. Boards should also consider the fact that

there may be staff or visitors with disabilities who may require assistance in

taking shelter.

As with the Evacuation Plan, the Shelter-in-Place Plan should include a

description of the warning system, including the audio and/or visual signals to be

used to warn of an emergency, building site maps with critical utility locations and

clearly-marked emergency routes, with entry and exit points on the maps and

throughout the building.

The route to the shelter should be clearly posted and the board may consider

installing emergency lighting or the use of flashlights in case there is loss of

electricity.

Identifying the shelter location, will depend on the specific circumstances. For

example, in the case of a tornado, storm cellars or basements provide the best

protection. If underground shelter is not available, an interior room or hallway on

the lowest floor is best. Staff should be instructed to stay away from windows,

doors, exterior walls, and corners. Staff should be advised to gather in the center

of the room. In the event of air contamination as a result of an agent released

from a chemical plant or a bioterrorism attack, the board may be instructed by

local authorities to take shelter and “seal the room” in an inside room on a higher

floor. By sealing the room, a temporary protective measure is created forming a

barrier between the inside of the board office and the air contaminated outside.

To “seal the room” effectively, the board should:

1. Close the board office and direct everyone inside, preferably to an interior room with the fewest windows;
2. Lock all doors, close all windows, air vents, and fire place dampers;
3. Turn off all fans, air conditioning, and forced air heating systems;
4. Locate emergency supplies (unless contaminated);
5. Seal all windows, doors and air vents with plastic sheeting and duct tape. The board may consider measuring, cutting and labeling the sheeting in advance to save time;
6. Stay tuned via radio, television, and/or Internet for official news and instructions as they become available.

The Plan should identify a shelter manager who will be responsible for the

shelter during an emergency, and who will account for staff and visitors to

determine any missing persons. The Plan should also identify a staff person

responsible for shutting down operations and securing the board office or

building. In addition, the Plan should identify the person who will determine

when it is safe to halt the Shelter-in-Place Plan and issue an “all clear.”

When the Shelter-in-Place Plan is finalized, as with the Evacuation Plan, staff

should be trained, and boards should consider practicing sheltering procedures.

If the board office is located in a high rise building or shares building space with

other entities, the board should attempt to coordinate and practice with those

entities to avoid confusion and gridlock. Boards should encourage staff to inform

fellow staff if they cannot get to or must depart from the shelter.

## Shelter-in-Place Plan

Description of Emergency Warning System:

Emergency Warning System will be tested (frequency):

Shelter Manager and Alternate:

Storm Shelter Location:

“Seal the Room” Shelter Location:

Staff responsible for shutting down operations and securing board office:

Staff responsible for issuing “All Clear”:

## Protecting Resources

* 1. **Cyber Security and Computer Inventory**

For most organizations, computers are crucial to most operations. It is vital,

therefore, that organizations address cyber security. Every computer is

vulnerable to cyber-security threats necessitating that all organizations

dependent on computers for crucial functions take the appropriate measures to

guard against hacking and viruses.

Boards should consider such precautions as:

* Regularly using up-to-date anti-virus software
* Discouraging staff from opening e-mails from unknown or unwanted sources
* Using hard-to-guess passwords
* Installing firewalls
* Electronically backing up data and storing it off-site
* Regularly downloading security update patches
* Assessing computer operation security on a regular basis
* Training personnel on policies and procedures in the event the board’s computer system becomes infected

In the event that computer hardware is damaged or lost, boards should maintain

an accurate inventory of all computers and hardware, including the serial and

model numbers, date purchased, and cost. Boards should also include the

company that provides repair and support for computer hardware.

## Cyber Security

The board will do the following to protect computer hardware:

The board will do the following to protect computer software:

In the event the board’s computers are destroyed, the board will:

## Supporting Board Staff Health and Well Being

Encouraging staff to prepare for emergencies may help individuals and their families minimize the impact of the emergency on their lives. Staff will be able to re- establish routines faster and the board, as a whole, will be able to recover more quickly. Boards should keep in mind that staff may have special recovery needs and boards should be prepared to support employee health after an emergency.

In assisting the staff, the board should:

1. Encourage adequate food, rest, and recreation;
2. Provide for time at home to tend to family needs;
3. Encourage an open door policy that facilitates care when needed;
4. Create an atmosphere where staff can talk openly about their fears and hopes; sharing with others can speed personal recovery;
5. Reassure families will be supported; worries about family well-being can consume staff that has experienced an emergency;
6. Re-establish routines, when possible; workplace routines facilitate recovery by providing an opportunity to be active and to restore social contact;
7. Offer professional counselors to help staff address their fears and anxieties;
8. Once the need to listen for emergency instructions has passed, limit television, radio and other external stresses.

## Securing the Board Facilities

The board can also take preparatory steps to protect and secure its facilities in the event of an emergency. For example:

* + 1. Install fire extinguishers and smoke detectors in appropriate places and ensure that staff members are instructed on appropriate use;
		2. Plan to provide building and site maps with critical utility locations and clearly- marked emergency routes to fire fighters or other first responders in the event of an emergency;
		3. Consider whether or not the board could benefit from automatic fire sprinklers, alarm systems, closed circuit TV, access control, security guards or other security systems;
		4. Secure ingress and egress. Consider all the ways in which people, products, supplies, and other things get into and leave your building or facility;
		5. Plan for mail safety. The nation’s battle against terrorism takes place on many fronts, including the mailrooms of U.S. companies. A properly informed and well-trained workforce can overcome such threats;
			1. Teach employees to be able to quickly identify suspect packages and letters. Warning signs include:
				1. Misspelled words
				2. No return address
				3. Excessive use of tape
				4. Strange discoloration or odor
			2. The United States Postal Service (*www.usps.com*) suggests that if a suspect letter or package is identified:
				1. Do not open, smell, touch or taste
				2. Immediately isolate suspect packages and letters
				3. Move out of the area and do not let others in
				4. Quickly wash with soap and water and remove contaminated clothing
				5. Contact local law enforcement authorities
		6. Post emergency numbers for easy reference;
		7. Identify and comply with all local, state, and federal codes and other safety regulations that apply to your business; and
		8. Talk to your insurance provider about what impact any of these steps may have on your coverage.

## Assessing Facility Air Protection

In some emergencies, microscopic particles may be released into the air. A building can provide a barrier between contaminated air outside and people inside, but there are ways to improve building air protection. Depending on the size of the building and the design and layout of the heating, ventilating, and air conditioning (HVAC) system, there may be simple steps building owners and managers can take to help protect people from some airborne threats.

Boards should:

* + 1. Know the HVAC system. Building owners, managers and employers should take a close look at the site’s system and be sure it is working properly and is well- maintained, and ensure that any security measures do not adversely impact air quality or fire safety;
		2. Develop and practice shut-down procedures for the HVAC system;
		3. Secure outdoor air intakes. HVAC systems can be an entry point and means of distributing biological, chemical and radiological threats:
			1. Limit access to air intake locations to protect the people inside a building from airborne threats. Air intakes at or below ground level are most vulnerable because anyone can gain easy access;
			2. Consider relocating or extending an exposed air intake, but do not permanently seal it;
		4. Determine if you can feasibly upgrade the building’s filtration system:
			1. Increasing filter efficiency is one of the few things that can be done in advance to consistently protect people inside a building from biological and some other airborne threats;
			2. Carefully consider the highest filtration efficiency that will work with a building’s HVAC system;
		5. Use HEPA (High Efficiency Particulate Arrester) filter fans. These individual units have highly efficient filters that can capture very tiny particles, including many biological agents. While these filters are excellent at filtering dander, dust, molds, smoke, many biological agents, and other contaminants, they will not stop chemical contaminants.

# Appendix B:

**Model Rules for Public Health Emergencies**

Model Rules for Public Health Emergencies or Significant Public Health Concerns[[11]](#footnote-11)

Section 1. Purpose and Scope.[[12]](#footnote-12)

By the provision of these rules by the Board, the primary purpose of the section is to enable Pharmacists and Pharmacies to assist in the management and containment of a Public Health Emergency[[13]](#footnote-13) or Significant Public Health Concern within the confines of a regulatory framework that serves to protect the welfare and health of the public.

Section 2. Definitions.

(a) “Declared Disaster Areas” are areas designated by state or federal authorities as those that have been adversely affected by a natural or man-made disaster and require extraordinary measures to provide adequate, safe, and effective health care for the affected population.

(b) “Emergency Dispensing” means Dispensing of a Prescription Drug, including a controlled substance, during a Significant Public Health Concern or Public Health Emergency, and:

* 1. the prescriber cannot be contacted;
	2. the Pharmacy has no record on file of prior dispensing of the Drug; and
	3. the immediate needs of the patient must be met until a primary care provider can be seen, so as to prevent unnecessary harm and suffering.

(c) “Emergency Standing Prescription Drug Order” means a standing Prescription Drug Order issued by the State Health Officer for Pharmacists to Dispense designated Prescription Drugs during a Public Health Emergency requiring mass Dispensing to expeditiously treat or provide prophylaxis to large numbers of Patients.[[14]](#footnote-14)

(d) “Mobile Pharmacy” means a Pharmacy that is self-propelled or movable by another vehicle that is self-propelled.

(e) “NABP Emergency Passport Program” means a program, operated by the National Association of Boards of Pharmacy, that verifies Pharmacists, Pharmacy Technicians, Pharmacy Interns, and Pharmacies meet the standard of licensure and are in good standing in states of licensure in order to practice on a temporary or emergency basis according to state Public Health Emergency orders or as otherwise determined by the state board of pharmacy.

(f) “Public Health Emergency” means an imminent threat or occurrence of an illness or health condition caused by terrorism, bioterrorism, epidemic or pandemic disease, novel and highly fatal infectious agent or biological toxin, or natural or man-made disaster, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability that is beyond the capacity of local government or nongovernmental organizations to resolve.

(g) “State of Emergency” means a governmental declaration, usually issued as a result of a Public Health Emergency, that may suspend certain normal functions of government, alert citizens to alter their normal behaviors, and/or direct government agencies to implement emergency preparedness plans.

(h) “Temporary Pharmacy Facility” means a facility established as a result of a Public Health Emergency or State of Emergency to temporarily provide Pharmacy services within or adjacent to Declared Disaster Areas.

(i) “Significant Public Health Concern” means a potential threat or occurrence of a circumstance or health condition that poses a risk to the health of a significant number of patients that is beyond the capacity of local government or nongovernmental organizations to immediately resolve.

Section 3. Emergency Standing Prescription Drug Order.

(a) For the duration of a State of Emergency issued due to a Public Health Emergency, a Pharmacist may Dispense a Prescription Drug pursuant to an Emergency Standing Prescription Drug Order if the Pharmacist:

(1) performs, to the extent possible, a Prospective Drug Utilization Review (DUR) and Patient Counseling in accordance with these rules;[[15]](#footnote-15)

(2) reduces the information to a form that may be maintained for the time required by law or rule, indicates it is an “Emergency Standing Prescription Drug Order,” and files and maintains the record as required by state and federal law.

Section 4. Emergency Refills.

(a) For the duration of the State of Emergency issued due to a Public Health Emergency, or for the duration of a Significant Public Health Concern, in the affected state and in other states engaged in disaster assistance pursuant to a governmental declaration or rule of the Board, a Pharmacist may Dispense a refill of a Prescription Drug, not to exceed a thirty (30)-day supply, without Practitioner authorization if:[[16]](#footnote-16)

(1) in the Pharmacist’s professional judgment, the Prescription Drug is essential to the maintenance of the Patient’s life or to the continuation of therapy;

(2) the Pharmacist makes a good faith effort to reduce the information to a form that may be maintained for the time required by law or rule, indicates it is an “Emergency Refill Prescription,” and maintains the record as required by state and federal law, as well as state and federal disaster agencies for consideration for possible reimbursement programs implemented to ensure continued provision of care during a disaster or emergency; and

(3) the Pharmacist informs the Patient or the Patient’s agent at the time of Dispensing that the Prescription Drug is being provided without the Practitioner’s authorization and that authorization of the Practitioner is required for future refills.

(b) For the duration of the State of Emergency, in an effort to provide patients with the best possible care in light of limited Drug availability and/or limited information on patients’ current Drug therapy, a Pharmacist may initiate or modify Drug therapy and Dispense an amount of such Drug to accommodate a patient’s health care needs until that patient may be seen by a Practitioner. Pharmacists performing such activities must utilize currently accepted Standards of Care when initiating or modifying Drug therapy. These activities may be undertaken if:

(1) in the Pharmacist’s professional judgment, the Prescription Drug is essential to the maintenance of the Patient’s life or to the continuation of therapy;

(2) the Pharmacist makes a good faith effort to reduce the information to a form that may be maintained for the time required by law or rule, indicates that drug therapy has been initiated or modified due to a disaster or emergency, and maintains the record as required by state and federal law; and[[17]](#footnote-17)

(3) the Pharmacist informs the Patient or the Patient’s agent at the time of Dispensing that the Prescription Drug is being provided without the Practitioner’s authorization and that authorization of the Practitioner is required for future refills.

(c) The Practitioner and Pharmacist shall not incur any liability as a result of the performance of these activities in good faith pursuant to this section.

(d) The Pharmacist shall inform the Prescriber of the emergency refill as soon as practicable.

Section 5. Temporary Recognition of Nonresident State Licensure and Emergency Passport for Pharmacists, Certified Pharmacy Technicians, Certified Pharmacy Technician Candidates, and Pharmacy Interns.

(a) When a State of Emergency is declared due to a Public Health Emergency:

(1) a Pharmacist not licensed in this State, but currently licensed in another state and registered with the NABP Emergency Passport Program, may Dispense Prescription Drugs in Declared Disaster Areas during the time that the State of Emergency exists if:

(i) an application has been submitted in the form prescribed by the Board;

(ii) the Board can verify current licensure in good standing of the Pharmacist directly with the state or indirectly via a third-party verification system; [[18]](#footnote-18)

(iii) the fee(s) specified by the Board have been paid; and

(iv) the Pharmacist is engaged in a legitimate relief effort.

If the Board is supplied with proof of an active Emergency Passport, as administered by the National Association of Boards of Pharmacy, compliance with subsections (i) and (ii) above is demonstrated;

(2) a Certified Pharmacy Technician, Certified Pharmacy Technician Candidate, or Pharmacy Intern not licensed in this State, but currently licensed in another state and registered with the NABP Emergency Passport Program, may assist the Pharmacist in Dispensing Prescription Drugs in Declared Disaster Areas during the time that the State of Emergency exists if:

(i) an application has been submitted in the form prescribed by the Board;

(ii) the Board can verify current licensure in good standing of the Certified Pharmacy Technician, Certified Pharmacy Technician Candidate, or Pharmacy Intern directly with the state or indirectly via a third-party verification system;

(iii) The fee(s) specified by the Board have been paid; and

(iv) the Certified Pharmacy Technician, Certified Pharmacy Technician Candidate, or Pharmacy Intern is engaged in a legitimate relief effort.

**Section 6. Temporary Recognition of Nonresident State Licensure for Manufacturers, Outsourcing Facilities, Repackagers, Third-Party Logistics Providers, and Wholesale Drug Distributors.**

When a State of Emergency is declared due to a Public Health Emergency, or when there exists a Significant Public Health Concern:

(a) A Manufacturer, Outsourcing Facility, Repackager, Third-Party Logistics Provider, or Wholesale Drug Distributor not licensed in this State, but currently licensed in another state, may Distribute Prescription Drugs in affected areas during the time that the State of Emergency or Significant Public Health Concern exists if the Board can verify that the entity is engaged in a legitimate relief effort and has current licensure in good standing in another state.

(b) For Wholesale Drug Distributors verification of state licensure may take place directly with the state or indirectly via a third-party verification system;

(c) For Wholesale Drug Distributors, the temporary recognition of nonresident licensure or registration shall cease with the termination of the State of Emergency or Significant Public Health Concern, or after 90 days, whichever comes first.

(d) For Manufacturers, the Board must verify registration with FDA and shall review the most recent Current Good Manufacturing Practice (cGMP)[[19]](#footnote-19) inspection.

Section 7. Temporary Pharmacy Facilities or Mobile Pharmacies.

(a) Pharmacies located in Declared Disaster Areas, nonresident Pharmacies, and Pharmacies licensed in another state but not licensed in this State, if necessary to provide Pharmacy services during a State of Emergency, may arrange to temporarily locate or relocate to a Temporary Pharmacy Facility or Mobile Pharmacy if the Temporary Pharmacy Facility or Mobile Pharmacy:[[20]](#footnote-20)

(1) is under the control and management of the Pharmacist-in Charge or designated supervising Pharmacist;

(2) is located within the Declared Disaster Area or affected areas;

(3) notifies the Board of its location;[[21]](#footnote-21)

(4) is properly secured to prevent theft and diversion of Drugs;

(5) maintains records in accordance with laws and regulations of the state in which the disaster occurred; and

(6) ceases the provision of services with the termination of the State of Emergency,

unless it is successfully licensed by the Board of Pharmacy in accordance with Article V of this Act.

(b) The Board, in accordance with Board rules, shall have the authority to approve or disapprove Temporary Pharmacy Facilities and Mobile Pharmacies and shall make arrangements for appropriate monitoring and inspection of the Temporary Pharmacy Facilities and Mobile Pharmacies on a case-by-case basis. Approval of Temporary Pharmacy Facilities and Mobile Pharmacies will be based on the need, type, and scope of Public Health Emergency, as well as the ability of the Temporary Pharmacy Facilities or Mobile Pharmacies to comply with state and federal drug law.

(c) A Temporary Pharmacy Facility wishing to permanently operate at its temporary site must be licensed by the Board of Pharmacy in accordance with Article V of this Act.

(d) Mobile Pharmacies, placed in operation during a State of Emergency, may not operate permanently, unless approved by the Board.[[22]](#footnote-22)

# Appendix C:

**Emergency Resources Provided by NABP**

**NABP Emergency Passport Program**

NABP’s Emergency Passport program was created to provide critical licensure and board action/disciplinary screening to state boards of pharmacy when responding to public health crises. The program assists – at no charge – member boards in granting temporary emergency licensure safely and efficiently for pharmacists, pharmacy technicians, pharmacist interns, and businesses looking to aid in state and national emergencies.

When active, the program provides a way for pharmacy professionals to practice on a temporary or emergency basis in accordance with state emergency orders or as otherwise determined by the board of pharmacy. The Emergency Passport Program **does not grant full authority to practice in a state in which you do not hold a license or registration.**

Boards of pharmacy can expedite emergency and temporary licensure requests by implementing NABP Emergency Passport in two ways.

1. Recognize NABP Emergency Passport as a designation that allowed for temporary practice according to state emergency orders or as otherwise determined by the state board of pharmacy.
2. Require NABP Emergency Passport as a pre-requisite for temporary or emergency licensure.

Boards that are interested in activating the Passport program should contact Member Relations.

**Criteria for the NABP Emergency Passport:**

* Pharmacists must have at least one license (active and in good standing).
* Pharmacy technicians must have a license/registration or hold a certification from PTCB or CPhT.
* Interns may apply **if** the state licenses/registers interns **and** the state has included interns in their emergency declarations.
* Pharmacy businesses may apply **if** the state has included these entities in their emergency declarations **and** they have obtained an e-Profile for their business.
* Applicants cannot have any current or prior board actions or discipline with the exception of a minor CE infraction
1. Department of Homeland Security. [“About DHS”](https://www.dhs.gov/about-dhs). https://www.dhs.gov/about-dhs Accessed May 4, 2022. [↑](#footnote-ref-1)
2. Federal Emergency Management Agency. “About FEMA.” [*www.fema.gov/about/strategic-plan/about-fema*](http://www.fema.gov/about/strategic-plan/about-fema). Accessed May 4, 2022. [↑](#footnote-ref-2)
3. US Department of Homeland Security (DHS). *National Incident Management System*, Third Edition, October 2017. Available at [*www.fema.gov/sites/default/files/2020-07/fema\_nims\_doctrine-2017.pdf*](http://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf). Accessed May 4, 2022. [↑](#footnote-ref-3)
4. DHS. *National Response Framework*, Fourth Edition, October 28, 2019. Available at [*www.fema.gov/sites/default/files/2020-04/NRF\_FINALApproved\_2011028.pdf#:~:text=The%20National%20Response%20Framework%20%28NRF%29%20provides%20foundational%20emergency,align%20key%20roles%20and%20responsibilities%20across%20the%20Nation.*](http://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf#:~:text=The%20National%20Response%20Framework%20%28NRF%29%20provides%20foundational%20emergency,align%20key%20roles%20and%20responsibilities%20across%20the%20Nation.)Accessed May 4, 2022. [↑](#footnote-ref-4)
5. US Department of Health and Human Services (HHS). *Emergency Support Function #8 – Public Health and Medical Services Annex.* Available at[*www.fema.gov/sites/default/files/2020-07/fema\_ESF\_8\_Public-Health-Medical.pdf*](http://www.fema.gov/sites/default/files/2020-07/fema_ESF_8_Public-Health-Medical.pdf)*.* Accessed May 4, 2022. [↑](#footnote-ref-5)
6. HHS. “Commissioned Corps of the US Public Health Service.” Available at [*www.usphs.gov*](http://www.usphs.gov/). Accessed May 5, 2022. [↑](#footnote-ref-6)
7. HHS. “Inventory Management and Tracking System (IMATS).” Available at [*www.phe.gov/about/sns/Pages/imats.aspx*](http://www.phe.gov/about/sns/Pages/imats.aspx)*.* Accessed May 5, 2022. [↑](#footnote-ref-7)
8. USA.gov. “State Emergency Management Agencies.” Available at [*ww.usa.gov/state-emergency-management?msclkid=76c3eabacd7311eca413fc7bed60736e*](https://www.usa.gov/state-emergency-management?msclkid=76c3eabacd7311eca413fc7bed60736e)*.* Accessed May 6, 2022. [↑](#footnote-ref-8)
9. Modeled and adapted from the Georgia Pharmacy Foundation’s *An Action Plan for State Pharmacy Associations to Respond to Natural or Man-Made Disasters (March 1996)*, the “Recommendations for Preparing and Responding to Emergency” section provides a timeline for the boards of pharmacy to employ in preparing and responding to an event. [↑](#footnote-ref-9)
10. US Department of Homeland Security. *Ready Business Mentoring Guide: Working with Small Business to Prepare for Emergencies*. Available at [*http://www.ready.gov/business/\_downloads/mentor\_guide.pdf*](http://www.ready.gov/business/_downloads/mentor_guide.pdf). Accessed October 2, 2006. [↑](#footnote-ref-10)
11. This section was excerpted from the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. [↑](#footnote-ref-11)
12. States may consider adding the following, more detailed language, which specifically addresses Drug Disposal and reporting requirements in the case of an emergency or disaster, to their emergency rules or guidelines:

Disposal of Prescription Drugs in Pharmacies Affected by Certain Disasters

(a) For Pharmacies that sustain flood and/or fire damage in the Prescription department or other damage resulting in an irrevocable loss of the Drug inventory, the entire Drug inventory, including Drugs awaiting pick up by Patients, becomes unfit for Dispensing. In such a case, an accurate record of Prescription Drug losses should be prepared by the Pharmacy.

(b) For Pharmacies that experience a loss of power for an extended period of time, the Drug inventory must be evaluated for continued Product integrity using USP standards. For example, medications with labeling requiring storage at “controlled room temperature” must be kept at between 68º F and 77º F, with brief deviations of between 56º F and 86ºF. Medication inventories found to have been stored outside of USP standards become unfit for Dispensing. In such a case, an accurate record of Prescription Drug losses should be prepared by the Pharmacy. For Pharmacies with questions on USP Product integrity standards, contact USP at 800/227-8772.

Reporting of Theft or Loss of Controlled Substances During an Emergency or Disaster

(a) In circumstances of theft by looting, burglary, etc, where evidence or witnesses indicate the medications were taken by someone, the nearest DEA Diversion Field Office must be notified by telephone, facsimile, or brief written message of the circumstances of the theft immediately upon discovery. In addition, the pharmacy must complete DEA Form 106 – Report of Theft or Loss of Controlled Substances, found at *www.deadiversion.usdoj.gov*, to formally document the actual circumstances of the theft and the quantity of controlled substances involved, once this information has been conclusively determined.

(b) In circumstances of damage or where drugs were irrevocably lost to flooding or other circumstance, such information must be reported on DEA Form 41 – Registrants Inventory of Drugs Surrendered, found at *www.deadiversion.usdoj.gov*.

(c) The amount stolen or lost may need to be calculated by taking the most recent controlled substances inventory, adding the amount purchased since that date, then subtracting the amount dispensed and distributed since that date. Absent a calculated amount, a best estimate should be reported.

Disposal of Prescription Drugs Irrevocably Lost in an Emergency or Disaster

(a) Controlled Substances

 Reverse Distributors, either individually or in concert with other contractors, are equipped to dispose of controlled substances. Contact your primary distributor for their recommendations for a reverse Distributor or contact a reverse Distributor directly.

(b) Contaminated Medical Debris

 Non-controlled substance Prescription Drugs and Devices contaminated with flood water or other contaminants should be disposed of using a medical waste transportation, processing, and disposal system vendor. Such vendors must be licensed by the state.

(c) Hazardous Debris

 Materials are deemed hazardous if they are ignitable, corrosive, toxic, or reactive. Prescription Drugs considered hazardous include, but are not limited to, epinephrine, nicotine, nitroglycerin, physostigmine, reserpine, selenium sulfide, chloral hydrate, and many chemotherapy agents, such as cyclophosphamide, chlorambucil, and daunomycin. Other hazardous items that might be found in a Pharmacy include paints, varnishes and thinners, alcohol, batteries, mercury thermometers, and blood pressure cuffs. It is recommended that Pharmacies handle all contaminated Prescription medications as hazardous debris and dispose of it using a hazardous waste collection and disposal company. These companies must be licensed by the state.

(d) Commercial Waste

 Over-the-counter Drugs and other store shelf material may be disposed of in the commercial waste stream. [↑](#footnote-ref-12)
13. During a Public Health Emergency, Boards of Pharmacy should issue waivers that mirror waivers issued by Federal and other state entities. [↑](#footnote-ref-13)
14. Boards may consider identifying the official who has authority to issue an “Emergency Prescription Drug Order” and reviewing this on a regular basis. [↑](#footnote-ref-14)
15. Although these services are important, in times of a disaster or emergency, it may not be possible to perform a Prospective Drug Review or provide counseling on Dispensed Drugs. [↑](#footnote-ref-15)
16. Boards may consider contacting the US Drug Enforcement Administration ahead of time to ensure these provisions are applicable to controlled substances. [↑](#footnote-ref-16)
17. Boards should be cognizant that state and federal disaster agencies, to ensure continued provision of care during disasters or emergencies, have programs that consider reimbursement requests for medication providers and may request Board assistance in the dispersal of funds. Records of dispensing will likely be needed for possible reimbursement consideration. In addition, records may also be used for post-event evaluation of care. [↑](#footnote-ref-17)
18. If the information cannot be verified directly by the state Board of Pharmacy in which the nonresident pharmacist is licensed, the NABP Disciplinary Clearinghouse may be utilized to verify that a nonresident pharmacist has not had disciplinary action taken against his or her license. [↑](#footnote-ref-18)
19. US Food and Drug Administration inspection is preferred. [↑](#footnote-ref-19)
20. Boards may consider contacting the US Drug Enforcement Administration ahead of time to ensure that controlled substances may be delivered to and Dispensed from temporary or mobile pharmacy facilities. [↑](#footnote-ref-20)
21. Boards may choose to require “approval” of a Temporary Pharmacy Facility or a Mobile Pharmacy, as opposed to requiring only “notification.” “Notification” may imply that the Board of Pharmacy has approved the location of the Temporary Pharmacy Facility or Mobile Pharmacy. [↑](#footnote-ref-21)
22. Although many states do not allow the permanent or temporary licensure of Mobile Pharmacies, states that do allow the licensure of Mobile Pharmacies may consider implementing special requirements for permanent licensure; for example, a state may limit Mobile Pharmacies to operation only by nonprofit organizations and only in communities that are medically underserved. [↑](#footnote-ref-22)