FIP STATEMENT OF POLICY

The role of pharmacists in disaster and emergency management

Background

The United Nations Office for Disaster Risk Reduction (UNDRR) defines a disaster as “a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability, and capacity, leading to one or more of the following: human, material, economic, and environmental losses and impacts”.

The term “emergency” is sometimes used interchangeably with “disaster”. For example, in the context of biological and technological hazards or health emergencies, an emergency can also relate to hazardous events that do not result in a severe disruption of the functioning of a community or society.

Over the past few decades, disasters and emergencies have been on the rise, affecting millions of people every year. The frequency, complexity and severity of their impacts are likely to increase in the future due to factors such as climate change, displacement, conflict, rapid and unplanned urbanisation, technological hazards and public health emergencies.

Disasters can occur locally, regionally or globally and are often classified as:

- Natural disasters: Any catastrophic, rapid or slow onset, physical phenomenon that is naturally occurring and whose nature can be geophysical, hydrological, climatological or biological.
- Human-made disasters: Catastrophic events caused mainly by one or more identifiable, deliberate or negligent human actions that occur in or close to human settlements. Examples include industrial, nuclear and transport accidents, conflict, displaced populations, explosions and terrorist attacks, power failures and resource shortages.
- Communicable disease outbreaks: Any occurrence of a disease in humans or animals that affects a human population (endemic or pandemic), either directly or indirectly, as witnessed during the COVID-19 pandemic.

Despite advances in the development of early warning systems and increased knowledge of contributing factors, the relative unpredictability of disasters and emergencies poses a challenge for governments, institutions and individuals to always be prepared when such events occur. The complexity and uniqueness of each disaster require a customised approach to the response. Therefore, it is essential that planning and preparation are conducted on an ongoing basis, and broad representation of expertise, including that of pharmacists, should be involved in all phases of disaster and emergency management: reduction (risk mitigation), readiness (preparation), response and recovery.

Role of the pharmacist in planning and preparation for disasters and emergencies

Pharmacists are experts in medicines and play a critical role in ensuring that a population has access to essential medicines and medical supplies during disasters and emergencies. By
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As part of the planning and preparation process, pharmacists work with government, local authorities and disaster and emergency management agencies to develop and maintain disaster and emergency response plans. They establish relationships with other healthcare providers and community organisations to coordinate planning, preparation and response efforts. They participate in interdisciplinary disaster training and drills to prepare for potential scenarios and help identify areas for improvement. They educate the public about planning and preparing for disasters and emergencies, such as creating emergency kits and storing medicines safely.

Planning and preparation include, among others, activities such as:

- Creating a disaster and emergency response plan;
- Developing workplace training and safety protocols;
- Developing protocols for dispensing medicines and managing inventory;
- Identifying at-risk populations and prioritising patients;
- Addressing medicines shortages (supply chain management);
- Devising a medicines tracking system to prevent inappropriate stockpiling; and
- Developing protocols to manage panic buying and combat misinformation.

Role of the pharmacist in responding to disasters and emergencies

The role of pharmacists in response to a disaster is to provide continued care to their patients and the population. The nature of their role is determined by the needs of the population, government directives, the individual pharmacist’s scope of practice, competence and expertise, and their position within the healthcare system. Regardless of their role, pharmacists should communicate and liaise with other healthcare professionals, community organisations, local authorities and government, and emergency response agencies.

As healthcare professionals, pharmacists have an ethical duty beyond that of an ordinary citizen and should accept the responsibility of providing aid to others in disaster situations.

The FIP document “Responding to disasters: Guidelines for pharmacy” provides guidance on what pharmacists need to consider in assessing the potential impact of disasters on the services they deliver. It also provides information to assist in managing the impact of disasters. The European Association of Hospital Pharmacists (EAHP) document European List of Emergency Medicines (ELEM) is another tool supporting pharmacists in providing effective health care to patients in emergency situations.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments and policymakers should:

1. Ensure that pharmacists with relevant expertise are part of ministries and the permanent civil protection structures both at local and national levels.
2. Have disaster and emergency contingency plans at local and national levels, adapted to the most likely risks to guarantee continued access to and supply of quality medicines and care to the population in the event of supply shortages.
3. Support well-established working relationships between the various civil protection, disaster and emergency agencies and the pharmacy sector, defining relationships of interdependence and command for each type of disaster and emergency when dealing with, for example, supply chain security and integrity.
4. Have local and national policies and management plans for the pharmacy sector regarding the supply and distribution of medicines and medicine donations.

FIP member organisations and pharmacy professional associations should:

1. Advocate the role of pharmacists in disaster and emergency management.
2. Promote capacity-building initiatives for pharmacists throughout their careers in disaster and emergency management.
3. Develop and support disaster and emergency management strategies under the structure of the organisation.
5. Mobilise and support pharmacists and pharmacies to operate during disasters and emergencies.

Academic pharmacy institutions should focus on:

1. Emergency preparedness: administrators, educators and researchers should have a personal and institutional disaster and emergency response plan.
2. Education: institutions should include disaster and emergency management when developing undergraduate and postgraduate programmes.
3. Research: institutions should conduct specific research related to pharmacy in disasters and emergencies, which includes topics such as ensuring access to safe and quality medicines in humanitarian settings during disasters and emergencies.
4. Social responsibility: leaders, educators and researchers should lead or contribute to national, regional and global strategies related to disasters and emergencies.

Individual pharmacists should:

1. Have a local disaster and emergency response plan adapted to the most likely risks in their geographical area. This may include stockpiling necessary supplies, developing evacuation plans and establishing communication channels.
2. Be aware of their workplace disaster and emergency response plans and their individual role within these plans. These disaster and emergency response plans may cover ensuring adequate stocks of essential medicines and medical supplies, emergency communication plans and procedures for dealing with likely scenarios, including power outages and water shortages.
3. Maintain links with their local professional networks and determine their role when responding to a disaster or emergency.
4. Develop a first aid kit adequate for the context and their skills.
5. Have an evacuation plan and "hibernation kits" (food, water, sanitary supplies and communications) for areas prone to major disasters or emergencies.
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6. Participate in disaster and emergency preparedness training and keep up to date by engaging in relevant continuing professional development to ensure they are equipped to respond effectively during a disaster or emergency.

7. Collaborate with other healthcare providers, disaster and emergency management agencies, and community organisations to coordinate disaster and emergency response efforts.

IN ADDITION, FIP COMMITS TO:

1. Supporting pharmacy associations with an overview of the skills that pharmacists need when working in disaster preparedness or emergency situations.

2. Liaising with national ministries of health and other relevant stakeholders to increase the impact and outcomes of pharmacists working in these settings.

3. Creating visibility for the specific role of pharmacists in disaster and emergency situations and encouraging colleagues around the world to engage in humanitarian activities.

4. Sharing any opportunities for engagement and success stories in these areas among FIP member organisations, promoting cross-collaboration.

5. Continuing to engage our stakeholders and empowering our regional and national leaders and members to strengthen humanitarian work.

6. Promoting interprofessional collaborative work in humanitarian settings.

7. Liaising with the United Nations on the development of pharmaceutical sub-clusters under the UN humanitarian response plan.
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References:


