

Basics for Dealing With Natural Disasters

To prepare for a disaster:

- **Have a disaster plan in place** for you and your family (e.g., how to access adequate resources, knowing safe spots in your home, knowing when to evacuate).^{1,4} Advise patients to do the same. Find helpful information at <http://www.redcross.org/get-help/how-to-prepare-for-emergencies> and <http://www.ready.gov/make-a-plan>.
- Encourage patients to keep **adequate supplies of all of their meds**, especially if a disaster is forecast.
- Educate patients about the importance of saving their latest Rx bottles or labels and keeping **updated med lists**, in case they're displaced and must use a different pharmacy. Phone apps may be used to keep med lists. Consider providing our handout, *My Medication List*, to those who don't have one.
- Check with your state board of pharmacy or province college of pharmacists to find out if there is a **template to use for developing a pharmacy disaster plan**.²⁻⁴
- Be aware of **your organization's existing policies and procedures** for handling disasters. Make sure these include a mechanism for letting everyone know when the disaster plan has been activated.
- Consider **scheduling extra staff** before and after a disaster. Typical functions, such as Rx intake, may take longer than usual if you have to piece the patient's information together. Keep in mind that some states or provinces may waive tech-to-pharmacist ratio limits during natural disasters.⁵
- Keep **accurate and up-to-date staff contact info** and staffing schedules on hand.
- Consider **noncritical functions that can be suspended** in order to deal with patients' needs after a disaster, as well as what can be done if you don't have enough staff available to operate.^{2,4}
- Consider **ordering extra stock**, including OTCs and medical supplies, in case distributor deliveries become undependable. But be mindful of overdoing it, to avoid creating secondary shortages.
- Consider **pharmacies to network with**, such as to reallocate stock, if necessary and as allowed by pharmacy policy, state or provincial law, etc.
- Establish a **plan for storing frozen and refrigerated meds** during a power outage.
- Create a **to-do list in case your store must close** (e.g., backing up files, securing controlled substances, unplugging electronics, notifying personnel, setting up temporary voicemail messages).²

After a disaster:

- Consider **acute basic health needs** (e.g., patients who may require tetanus vaccine after injuries) and how you can help meet these needs (e.g., participation in mass dispensing or vaccination efforts).
- Utilize **reliable sources** that can be accessed if a patient needs Rx meds but doesn't have documentation. For example, you may be able to contact their usual pharmacy, prescriber, or insurer.
- Take advantage of **state or provincial laws that kick in during a state of emergency**. For example, you may be able to fill emergency Rxs if a patient's prescriber or pharmacy cannot be reached.²⁻⁴
- Follow any **special stipulations required by your state or province for filling emergency Rxs for controlled substances**, including informing the prescriber as soon as you can.
- Consider how you can **make substitutions for meds that you may no longer have in stock**.² Contact prescribers for approval, or use a collaborative agreement, if possible.
- In the U.S., **try the override code "13" if you get insurance rejects** for emergency Rxs. This code can be used before or after a disaster hits.⁶
- In the U.S., keep in mind that **patients without insurance may be eligible for federal assistance** through the Emergency Prescription Assistance Program (EPAP) in federal disaster areas for a limited period of time following the disaster.⁴ Find more information at <http://www.phe.gov/EPAP>.
- Keep an **accurate record of any losses** of prescription drugs due to the disaster.⁴

More . . .

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

Project Leader in preparation of this clinical resource (331104): Stacy A. Hester, R.Ph., BCPS, Associate Editor

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