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# Pharmacy practice in times of civil crisis: The experience of SARS and “the blackout” in Ontario, Canada

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## Abstract

*Background:* Crises affecting civilian infrastructure (including electricity supply, clean water, and access to institutional health services) may have an effect on the delivery of pharmacy services in the community.

*Objectives:* The objectives were to describe and analyze the impact of 2 major crises (the severe acute respiratory syndrome [SARS] outbreak, and the electrical system failure [“blackout”]) on pharmacy practice and pharmacists in Toronto, Canada.

*Methods:* An exploratory, qualitative study was undertaken. Pharmacists were recruited, provided informed consent, and were interviewed. Data from transcripts were coded and categorized to identify themes related to adaptive strategies undertaken by pharmacists during times of civil crisis.

*Results:* Five key themes emerged from this research: (1) during times of crisis, pharmacies become frontline health care facilities, (2) a vacuity of leadership/lack of utility of emergency preparedness guidelines and policies, (3) role of and reliance on experience and professional judgment, (4) importance of documentation, and (5) the importance of “teamness” in enabling successful adaptation during times of crisis.

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*Conclusions:* Emergencies and civil crises will continue to occur. Findings of this study include the importance of effective documentation systems and teamwork practices, as well as confident reliance on professional judgment and experience, as determinants of successful adaptation to civil crises.

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*Keywords:* Pharmacy practice; Emergency preparedness; Disaster readiness; Civil crisis

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## 1. Background

Since the events of September 11, 2001 there has been an urgent need for all citizens to be adequately prepared for civil disasters or crises.<sup>1</sup> Emergency preparedness, once the purview of elite teams of health care professionals or highly skilled individuals such as paramedics or firefighters, has now become an everyday preoccupation.<sup>2</sup> A fundamental premise of such emergency preparedness that has now emerged is the understanding that “rescue” or relief will likely not come immediately and that individuals must, to a large degree, fend for themselves during the initial aftermath of any major catastrophic situation.<sup>3,4</sup>

Health professionals, in general, may be somewhat more comfortable than most in dealing with or providing leadership during emergency situations, given the independent nature of health care work itself.<sup>5,6</sup> However, few health care professionals are prepared for the breakdown of the civilian infrastructure that supports their day-to-day practice.<sup>7–11</sup> For example, prolonged absence of electricity (and commensurate problems with use of refrigerators or computers), potable water, and supplies and other events that may commonly occur during a natural or human-made disaster will fundamentally affect the way in which health care may be provided to patients. Of course, during such times of civil crisis, the general population’s need for health care services may also be expected to rise significantly.<sup>2,7</sup>

Within the profession of pharmacy, there has been some literature published related to disaster preparedness. In general, this consists of hypothetical legal-ethical debates or discussion, or policy documents published by professional or regulatory associations designed to provide pharmacists with guidelines for responding during times of civil crisis.<sup>12–15</sup> Of interest, there are few published reports outlining the real-world response of pharmacists during times of disaster. Teeter<sup>12</sup> commented on the application of the Comprehensive Emergency Management model within the community pharmacy context, noting that “...only a few organizations...have made emergency management a priority,” and that “pharmacists...have little time available to devoted to preparing for disasters and terrorism.” Pederesen et al<sup>16</sup> reported on results of a survey to identify pharmacists’ opinions

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