

Bioterrorism (BT) Pharmaceutical Response Checklist			
<i>Your agency should be able to respond positively or complete at least 90% of the following</i>			
I. General Information	YES	NO	N/A
a.	Does your emergency/disaster plan have a BT local pharmaceutical response section?		
b.	Does your plan have an internal point of contact (POC) for BT and chemical incidents to move local pharmaceuticals to prophylaxis sites?		
	Name: _____		
	Phone: _____		
	Fax: _____		
	Email: _____		
	Pager: _____		
	What is the preferred method for your staff to contact your POC?		
	Phone		
	Fax		
	Pager		
	Email		
c.	If your primary POC is unavailable, is there an alternate POC for your pharmaceutical response?		
	Name: _____		
	Phone: _____		
	Fax: _____		
	Email: _____		
	Pager: _____		
	What is the preferred method for your staff to contact your POC?		
	Phone		
	Fax		
	Pager		
	Email		
	Is the alternate POC at the same physical location as the primary POC?		
	If no, then specify		
	Street address: _____		
	Mailing address: _____		
d.	Who supervises the pharmaceutical response POC?		
	Name: _____		
	Phone: _____		
	Fax: _____		
	Email: _____		
	Pager: _____		
e.	Have your POCs received and are they familiar with the Texas Department of Health (TDH) BT plan?		
	If no, this document can be accessed at www.tdh.state.tx.us		
II. Communications and Public Affairs			
a.	Do staff members know who to contact internally should a pharmaceutical response related to BT be needed?		
b.	Have the names of the primary and alternate pharmaceutical POCs been distributed to the internal BT planner/responder?		

		Yes	No	N/A
c.	Has the name of the pharmaceutical POC been distributed to:			
	Medication/equipment Vendors			
	Veterinarians			
	Distributors (human or veterinary as applicable)			
	Pharmacists			
d.	Are staff members aware of what/how populations will be provided BT medications (i.e., adult vs children vs all; zip code vs PSA vs other geographic designation, special needs populations like nursing homes, mental institutions, correctional facilities, etc.)?			
e.	Are staff members aware of any mandatory identification (photo id) for distribution of prophylaxis to the public?			
	If there is a cost associated with distribution of medications/vaccines to the public, then specify when the cost will be distributed to recipients.			
	Before medication distribution			
	At medication distribution			
	After medication distribution			
f.	Is there an established communication plan for agency partners (internal and external) to receive information related to BT medication distribution?			
	If yes, who is responsible:			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
g.	Can you identify participating agencies (hospitals, clinics, etc) in your medication distribution plan (animal or human)?			
	If yes, please specify agency names and identify animal versus human:			
	Agency name: _____ animal/human			
h.	Is there a developed plan for medication distribution that includes a back-up for distribution sites?			
	If yes, who is responsible for distributing this plan?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
i.	Have medication/supply experts (physicians, pharmacists, veterinarians, translators) been identified and lined up to participate in your pharmaceutical response plan?			
	If yes, list all individuals and their contact info?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			

		Yes	No	N/A
j.	Is there a plan for telephone responses (hotlines, toll-free numbers)			
	For the general public?			
	For health care providers?			
	For pharmacists?			
	For government agencies?			
k.	Does the BT plan include a developed media response?			
	If yes, who is responsible for media issues?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
l.	Do you have medication information sheets (fact sheets) to distribute with BT medications?			
	If yes, in what languages are these available? _____			
m.	Are medication distribution sites easily accessible? (On bus lines, parking available, ADA accommodations)			
	Are directions (maps) available?			
	Will translators be on site?			
III.	Pharmaceuticals and Equipment			
	Here is a list of medications/supplies that might be needed in a BT event:			
a.	Pharmaceuticals:			
	Antibiotics: doxycycline; ciprofloxacin; gentamicin; erythromycin			
	Chemical agent antidotes: atropine; pralidoxime (2PAM); diazepam			
	Other medications: dopamine; epinephrine; methylprednisolone; albuterol inhaler;			
	morphine; lorazepam			
b.	Medical/Surgical Supplies			
	IV administration supplies : Sterile water; NaCl flush; syringes/needles/catheters			
	Y site administrative sets; IV solutions; gloves; tape/			
	dressings/gauze/tourniquets; alcohol pads; betadine swabs;			
	antibiotic ointment			
	Airway Management Supplies: ET tubes/stylettes; NG tubes; Oropharyngeal airways;			
	Laryngoscopes; Oxygen masks/tubing; Manual resuscitators			
	(bag-valve-mask); Ventilators and suction units; Pediatric			
	and adult sizes where applicable			
c.	Do staff members know how to contact regional medication wholesalers, local independent pharmacists, pharmacy distribution managers, HMO pharmacies, or Military VA pharmaciesto mobilize local pharmaceutical/BT prophylaxis medications?			
	Listing of potential medication depots:			
	1. Regional medication wholesalers:			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
	Is this agency able to provide personnel to assist with your distribution efforts?			

	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would medications be delivered by this agency?			
	Distribution site name: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			
	2. Local independent pharmacists (model as outlined in IIIc1. wholesalers)			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
	How will this person/department be contacted? _____			
	Is this agency able to provide personnel to assist with your distribution efforts?			
	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would medications be delivered by this agency?			
	Distribution site name: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			
	3. Pharmacy distribution manager (model as outlined in IIIc.1 wholesalers)			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			

	Pager: _____			
	How will this person/department be contacted? _____			
	Is this agency able to provide personnel to assist with your distribution efforts?			
	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
		YES	NO	N/A
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would the medications be delivered by this agency?			
	Distribution site name: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			
	4. HMO pharmacies (model as outlined in IIIc1. wholesalers)			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
	How will this person/department be contacted? _____			
	Is this agency able to provide personnel to assist with your distribution efforts?			
	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would the medications be delivered by this agency?			
	Distribution site address: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			
	5. Military VA pharmacies (model as outlined in IIIc1. wholesalers)			
	Name: _____			
	Phone: _____			

	Fax: _____			
	Email: _____			
	Pager: _____			
	How will the person/department be contacted? _____			
	Is the agency able to provide personnel to assist with your distribution efforts?			
		Yes	No	N/A
	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would the medications be delivered by this agency?			
	Distribution site name: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			
	6. Equipment supply wholesalers (model as outlined in IIIc1. wholesalers)			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
	How will this person/department be contacted? _____			
	Is this agency able to provide personnel to assist with your distribution efforts?			
	Which medications/vaccines/equipment will be requested from this distributor?			
	List the medications/vaccines/equipment:			
	Can this agency deliver to you?			
	If yes, do they require security or other personnel assistance with delivery?			
	If yes, specify what they need:			
	Security			
	Medication unloading			
	Box unpacking			
	How would they deliver to you? (ground, air, other)			
	Can medication specifications (refrigeration, etc) be met for delivery to your agency?			
	Where would the medications be delivered by this agency?			
	Distribution site name: _____			
	Site contact name: _____			
	Address: _____			
	Phone: _____			

d.	Do you have a proactive plan to ensure medication distribution to your sites and to partners:			
	Local health care providers?			
	Hospitals?			
	Clinics?			
		Yes	No	N/A
	List your collaborating healthcare partners (hospitals, clinics, other health departments)			
e.	Have you taken into consideration the impact of multiple jurisdictions (other health departments) in your medication distribution plan?			
IV. Medical Procedures/Prophylaxis and Vaccine Distribution Sites				
	<i>*Security for crowd control during medication/vaccine distribution is often necessary</i>			
a.	Have you received and are you familiar with the TDH prophylaxis/vaccination clinics/mass immunization checklist?			
	If no, this checklist is available at www._____			
V. Training Personnel				
a.	Has your community assessed its workforce to determine their level of emergency preparedness and response capabilities regarding pharmaceutical distribution?			
VI. Vector Control/Veterinary Response				
a.				
	If no, contact Zoonosis Division at 512-458-7255 to identify your animal control resource			
b.	Does your ACD have ready access to large amounts of euthanasia solution?			
c.	Does your BT plan include collaboration with feed stores /distributors for acquisition and			
	If yes, who is responsible for this plan?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
d.	For BT agents (plague, tularemia) that can multiply in animals and cause secondary infections in humans, has a policy been developed to treat exposed animals?			
	If yes, who is responsible for this plan?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
e.	If needed, will animals receive free medications through public sources?			
	If no, will owners be asked to pay for medications through local veterinary providers?			

		Yes	No	N/A
f.	If the BT agent is spread through vectors (I.e., insects or rodents), do you know where large supplies of insect repellent, insecticide, and rodenticide can be obtained?			
	If yes, specify where:			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			
	VII. Inventory			
a.	Is there adequate staff for inventory control?			
	If yes, do you have a listing of these individuals?			
b.	Have you identified appropriate supplies (forms, computers, etc) to conduct inventory control?			
c.	Do you have a plan for returning unused medications to all sources (health departments, wholesalers, local pharmacies, etc)?			
	If yes, who is responsible for this plan?			
	Name: _____			
	Phone: _____			
	Fax: _____			
	Email: _____			
	Pager: _____			