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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE MEETING
MINUTES

DATE: December 11, 2007

LOCATION: Samuel Greenberg Board Meeting Room
Los Angeles International Airport
1 World Way
Los Angeles, California 90045

BOARD MEMBERS PRESENT:
Ruth Conroy, PharmD, Chairperson
Susan L. Ravnan, PharmD
Henry Hough, Public Member
Robert Graul, RPh

STAFF PRESENT:
Virginia Herold, Executive Officer
Robert Ratcliff, Supervising Inspector
Anne Sodergren, Legislation and Regulation Manager
Karen Abbe, Public and Licensee Education Analyst

CALL TO ORDER

Chairperson Conroy called the meeting to order at 9:30 a.m.

APPROVED REGULATION AMENDMENT TO 16 CCR 1749 – FEE SCHEDULE

Dr. Conroy advised that the Office of Administrative Law approved the rulemaking to increase the board's fee schedule. To allow time for implementation and appropriate notice to all affected individuals and businesses, the effective date for the new fees is January 1, 2008.

All licensees with an expiration date in January 2008 were provided with a written notice highlighting the change, along with the renewal application. In addition, staff revised initial and renewal applications and instructions, and continues to work with programmers to modify the board's computers systems. Staff will continue to highlight the changes to licensees by

including a notice with renewal applications sent to all licensees through June 2008. Information about the change is posted on the board's Web site and an article will be included in the next issue of *The Script*.

Ms. Herold noted that the automation portion of amending the computer-generated notices was a slow process in part due to the age of DCA's computer system. As of the date of this meeting, notices were still being sent out by board staff.

UPDATE OF EMERGENCY PREPAREDNESS FOR CALIFORNIA PHARMACY

Dr. Conroy stated that promoting emergency response is an important board initiative. She advised that speakers from different government agencies would report on their respective emergency response plans during this meeting. Various articles relating to emergency response were provided in the meeting materials.

A copy of a presentation regarding California Medical Volunteers from the Emergency Medical Services Authority (given to DCA's Executive Officers on December 6, 2007) was also provided. This system, which has been marginally operational for one year, now has a contractor to oversee it. In the coming months, outreach to specific health care professionals (including pharmacists) will encourage pre-registration so an identified core of first responders are identifiable and available.

- **Glen Tao, PharmD, Los Angeles County Public Health**

  Dr. Tao introduced himself as the Strategic National Stockpile Coordinator for the Emergency Preparedness Response Program in Los Angeles County. He gave a presentation entitled "Strategic National Stockpile and Roles of Pharmacists." Dr. Tao advised that pharmaceuticals are needed when responding to different types of natural disasters and traumas. The planning for each type of emergency is the same, however, no matter what type of emergency occurs.

  Dr. Tao stated that the mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to supplement and re-supply quickly state and local public health agencies in the event of a national emergency within the U.S. or its territories. Medical assets can include antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items.

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

constructed so that they can be loaded onto trucks or cargo aircraft without being repackaged.

Dr. Tao stated that 3 percent of SNS assets are provided in the 12-hour Push Packages, from any one of 12 secret locations nationwide. He further stated that 97 percent of SNS assets are provided from managed inventory (large quantities of specific items).

Los Angeles County partners with various agencies in emergency response preparedness including the Centers for Disease Control (CDC) and the California Department of Public Health. Los Angeles County also maintains security partnerships with the California Highway Patrol (CHP), U.S. Marshall, Los Angeles County Sheriff, LAPD, and the FBI.

Dr. Tao referred to different events that can result in activation and deployment of the SNS. For example, the Post Office takes air samples as mail is being processed, and they can quarantine postal workers exposed to various agents detected in air samples taken. Another example would be if many more people than usual started coming into emergency units at a hospital.

A graphic of a deployment mock-up was presented for breaking down a Push Package.

Colored mats are used to organize Push Packages in warehouses. For example, pink mats designate pediatrics. Practice exercises using trucks, pallets, and mats have been conducted processing Push Packages and managed inventory. On November 15, 2007 the "Golden Guardian" exercise was conducted in Los Angeles County to train for having SNS assets delivered from another state to California.

Dr. Tao noted that first responders need to have medications pre-positioned, but the SNS assets can replenish those supplies. He said that one of the roles of a pharmacist during this process would be to serve as a "Warehouse Manager." A pharmacist can sign for and take possession of controlled substances in an SNS delivery from the CDC. Up to 1,500 patients can be served each hour at a "rapid" Point of Dispensing (POD). An example of a rapid POD would be a small facility like a high school gym. A large POD could be a sports arena or football field. Clinical-oriented stations are provided, and up to 500 people can be vaccinated at a POD.

Dr. Tao noted a real event (not an exercise) that occurred in 2006 in La Crescenta where patients were served at a POD. Students from Crescenta Valley High School tested positive for bacterial meningococcal meningitis, and a POD was set up to administer Ciprofloxacin, in the form of single-dose orally ingested pills. The school's staff served as non-medical volunteers guarding doors at the high school and conducting traffic flow. Los Angeles County Sheriffs secured the area. Three pharmacists at the POD became drug information resources. Dr. Tao noted that the

pharmacists had PDAs and reference books, which aided in providing answers to parents who posed many questions to the pharmacists present.

Dr. Tao noted that during an emergency event, hospital pharmacists would not go to event sites. Instead they could perform inventory management and tracking for their facility. They can also place replenishment orders. There is no charge to patients served by SNS assets.

Dr. Tao asked the Board of Pharmacy Licensing Committee to consider "pre-designating" pharmacists, intern pharmacists, and pharmacy technicians as Disaster Service Workers (DSWs) licensed to serve during disasters. He asked that the designation be a condition of licensure if an applicant voluntarily checked a box on the application form. He stated that volunteers that do not have DSW status on file must report to a staging area, sign paperwork, and take an oath by a sworn official. He said it results in an unnecessary delay.

Ms. Herold asked if by checking a box on the application they would be asking for special training to serve during a disaster, or whether they would be designating themselves as disaster responders.

Dr. Tao responded that applicants would designate themselves to join specific teams, advising that they want to serve as a volunteer during a disaster.

Mr. Graul asked what would happen after an applicant checked the box, and how staff would assemble that information.

Dr. Tao responded that their current recruiting process is conducted through presentations at pharmacy conferences, workplace meetings, and schools of pharmacy. He said it is a very time consuming process and they are only reaching a small fraction of pharmacists through those methods. A background check is conducted on volunteers, and then a swearing-in occurs. They would like to streamline the process so that they are sworn-in by checking a box.

Ms. Herold advised that more information may be needed, and she suggested Dr. Tao provide an article for the board's newsletter. The board can then determine whether there is a way to incorporate the information into the application and renewal process. However, the board will need clear direction on what will happen with the information on the application form. Modifying the board's current database to capture information from a new check-off box would be problematic.

Dr. Conroy asked whether volunteering to serve in Los Angeles County would be different than volunteering to serve as a California Medical Volunteer.

Dr. Tao responded that they want pharmacists to join “local” emergency response so that they can sleep in their own bed at night and come back the next day to the same emergency site.

Mr. Hough asked what parameters are used when they make assumptions about the population of any particular area.

Dr. Tao responded that it depends. For example, there could be a known release of agent or an unknown release of an agent. If they know where the source is, the health office will determine whether they should prophalax a segment of the population or the whole population. They plan for the worst-case scenario, and then scale down from that. He said it is harder to ramp up, and it is better to scale down instead.

Mr. Graul asked about a slide in Dr. Tao’s presentation that showed a variety of different events including bioterrorism.

Dr. Tao stated that Los Angeles County is now doing all-hazards planning. He said it is the same planning process and same warehouse and delivery system to conduct the missions and deliver medications. Their planning for bioterrorism can be applied to other hazards as well.

Ms. Herold asked whether six or ten pharmacists, instead of three, would have been helpful to them during the real-life event in La Crescenta.

Dr. Tao responded that if they had had more pharmacists, they could have divided them out, having drug information experts at a table with chairs to answer questions. They learned lessons during that real event. In the future, they want more licensees to take care of more people, plus have pharmacists on-site to oversee the operation.

Dr. Conroy asked how many students were served during the event.

Dr. Tao responded that 3,000 students were served.

Carl Britto, Chair of CPhA’s Disaster Preparedness Committee, suggested that wallet license cards serve as authorization to get through checkpoints during an emergency.

Dr. Tao noted that they had issues getting to their own warehouse. He said that when an area is cordoned off, his badge might not always allow him to get through.

Dr. Tao noted that medications were transported in his SUV and when he arrived at Crescenta Valley High School, he was given the red carpet treatment by the CHP. The CHP also helped bring boxes from his SUV into the gymnasium. Treatment for him was different than for others, however, because he was the coordinator of emergency

response. He suggested that volunteers have a sticker or some other designation to identify that they are disaster volunteers.

Mr. Britto added that one of his family members had problems getting through to help during Hurricane Katrina.

Dr. Conroy advised that there could be a lot of chaos when volunteers show up where they're not needed. She noted that it is best to go to mobilization centers.

Dr. Tao noted that they may have 250 POD sites identified, but they ask volunteers to report to a mobilization center first, and then be assigned to a POD.

Dr. Conroy provided an example of the recent oil spill in San Francisco Bay. Many people wanted to volunteer to help, but they couldn't because they were not designated as disaster volunteers ahead of time. She supported the efforts to get volunteers to sign up in advance.

Mr. Hough asked what procedures are in place to direct people to take their own medications with them. He emphasized that people need to take individual responsibility. He asked what they are doing to announce to the public what individual people need to do.

Dr. Tao responded that scripts are written for that scenario. The scripts tell the public to shelter in place, and once PODs are set up, go to the POD site and take their medications with them.

Mr. Graul asked for clarification as to whether they were asking the board to assist Los Angeles County to get a list of willing participants to volunteer. He said it is incumbent on the County to provide an informational piece so that volunteers would know what is expected of them when they volunteer. He added that checking a box or attaching a sticker would not result in a good turnout during an emergency.

Dr. Tao responded that education is definitely needed, especially to notify volunteers that they may be working under austere conditions.

Dr. Ravnan added that potential volunteers should be advised as to what kinds of roles they would be able to serve in.

Tom Ahrens of the California Department of Public Health noted that two different volunteer lists are being referred to – one list to volunteer during an emergency anywhere in California (California Volunteers) and another to volunteer just in Los Angeles County.

Dr. Conroy asked if the board had access to the California Volunteers database.

Ms. Herold responded, yes, we could interface with their database.

Mr. Goldenberg stated that a copy of the slide presentation would be useful. He also asked whether the vacuum air sampling in the Post Office is occurring now.

Dr. Tao responded, yes, and described the system.

Mr. Goldenberg asked whether there is a significant challenge for the SNS to keep their materials up-to-date, considering 50 tons of material is contained in each Push Package. He noted that medications can expire and drugs can be recalled.

Dr. Tao responded that the CDC takes care of keeping the materials up-to-date.

Mr. Goldenberg asked whether tracking and tracing those materials would help the CDC monitor recalled and expired medications.

Dr. Tao responded that tracking by lot number could be a burden, if they have to break down pallets to look at lot numbers. With so much material coming through, it could take an extra hour to sort through each box.

Mr. Goldenberg asked whether it would help if they could do it by using a reader, without having to open boxes.

Dr. Tao responded, yes, that would be of value. He added that they first looked at a medical system using recall numbers, but in mass dispensing, they don't know where individual vials go. A barcode scan can show which box goes to which station, but not to the patient level.

Mr. Goldenberg said the board would be able to share information with Dr. Tao on this issue.

Ms. Herold added that some vendors are offering tracking tags for less than 10 cents each.

Dr. Conroy asked whether there is cross-notification between the statewide California Volunteers and Los Angeles County. She asked whether volunteers who sign up for Los Angeles County would also be signed up for Butte County, for example.

Dr. Tao responded that their volunteer list is in its infancy right now, and they have a check-box to volunteer statewide or in just a certain area. They are looking to merge the lists together, as the Los Angeles County list has more data points than the statewide list. He added that people who want to volunteer locally do not necessarily want to be sent statewide.

- **Mark Chew, PharmD, Orange County Health Care Agency**

  Dr. Chew serves as Chief Pharmacist, responsible for preparedness planning. He said that Orange County is preparing for different types of disasters, including pandemic outbreaks. Because they are close to Los Angeles, they participate in some of the same exercises.

  Dr. Chew noted that the board's self-assessment forms for hospitals could help identify whether they had preparedness procedures in place.

  Dr. Chew said that in Orange County and Los Angeles County, they are looking at a non-medical model for taking care of people. For example, a worst case scenario would be having only 48 hours to prophalax everyone. He referred to an actual event in 1918 in Golden State Park, where a tent was set up as a hospital. Tent hospitals are still used today, but are referred to as surge hospitals or surge facilities. A typical surge hospital today would be the concourse of an airport.

  Dr. Chew referred to a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) publication regarding surge hospitals and their ability to provide safe care during emergencies. Surge facilities provide "sufficiency of care" verses "standard of care." The goal of a surge facility is to maintain high standards of care, however, medical treatment may reach only the level of sufficiency of care because of the circumstances under which the facility operates.

  For example, in a sufficiency of care facility, the medical staff faces challenges such as limited privacy for patient assessments, crowded conditions, limited access to medical records, and inadequate access to testing capabilities. Surge hospitals set up after Hurricane Katrina included an empty former retail store, which could not provide accepted standard of care, but did provide "sufficient" care. The goal of any sufficiency of care facility is to treat each patient and then transfer them to a facility with full capability to treat patients at an ideal level of care.

  Dr. Chew referred to an emergency preparedness exercise they conducted outdoors. The exercise included "self-triage." For example, a person answering no to all questions would be put through to one line, while a person answering yes to any of the questions would be put through to another line. He stated that large signs were used, but were only provided in English.

  Dr. Chew said they also responded to a report of meningitis in a school, approximately three months after the outbreak that Dr. Tao spoke of. He said they went into the school like clockwork, and were able to treat 400 students. On another occasion, a sensor detected a positive hit on anthrax, and they began ramping up to set up PODS.

It turned out to be a false positive for anthrax, but their emergency preparedness response was ready.

Dr. Chew noted that they stockpile medications and supplies.

Dr. Chew asked for clarification regarding expired drugs, and whether the state could have its own shelf-life extension program for Category A drugs. He asked whether a pharmacy school or local university could set up testing for their products.

Ms. Herold responded that the Department of Public Health has testing services for that purpose.

Mr. Goldenberg asked whether they were interested in shelf-life extension because of the difficulty of not knowing when these drugs expired because it would require opening each box to determine the expiration dates.

Dr. Chew responded, no. He clarified that they do not like to get rid of 20,000-30,000 bottles of a medication because of an arbitrary date set by the manufacturer. For example, quinolones are stable for a long time, despite the expiration date shown on the package.

Mr. Ratcliff asked about a return policy with the manufacturer, and whether the DOD had done any studies on shelf-life.

Dr. Chew responded that they only study the lot numbers. He has not been able to get through the first barrier to even get a price for the FDA to do expiration date testing, though he understands it is expensive to have done.

Dr. Chew said that in Orange County, their most recent emergency event was the wildfires. They set up Red Cross shelters, and people were advised to bring their own medicine with them. Unfortunately, most people remembered the message to grab important papers, but they didn't remember to bring their medicine.

Mr. Graul noted that he observed three shelters during the wildfires. He asked if any volunteers showed up in San Bernardino.

Dr. Chew responded that one public health nurse showed up.

Dr. Chew commented on having authority to enter a site or getting through to a site with a badge. He stated that during the wildfires, first responders had trouble getting through roadblocks to assist. One EMS worker who lived 6 miles from a site had to travel 60 miles around in order to provide assistance.

Dr. Chew recommended the following internet links to different organizations related to emergency and disaster preparedness and response:

- Orange County Medical Reserve Corp – www.ochealthinfo.com/mrc
- Emergency Medical Services Authority – http://www.emsa.ca.gov/dms2/medical_reserve_corps.asp
- California Medical Volunteers – www.medicalvolunteer.ca.gov
- Medical Reserve Corps – www.medicalreservecorps.gov
- Volunteer Center of Los Angeles – www.vcla.net
- Citizen Corp – www.citizencorps.gov

Dr. Conroy clarified that Dr. Chew presented two issues for consideration. The first issue was to encourage pharmacists to volunteer to serve during emergencies by offering it during biennial license renewal. The second issue was to pursue shelf-life extension for medications.

- **Thomas N. Ahrens, PharmD, California Department of Public Health (CDPH)**

Dr. Ahrens serves as Chief of Emergency Pharmaceutical Services for CDPH. He thanked the board for its proactive stance and persistence in trying to prepare for emergencies. He said that the board's policy statement was a quantum leap to protect citizens. Other state boards around the country are now looking at that policy statement with interest.

Dr. Ahrens advised that he was invited to participate in a mass dispensing exercise four year ago at the county level. A "script" was presented to everyone participating in the exercise, advising what their individual roles would be. The script provided to Dr. Ahrens advised that he would be a mute immigrant, speaking no English, and with seizure disorder for which he was to take medication. During the exercise, he noted no pharmacists involved in dispensing or triages. Instead, there was a nurse and a physician overseeing the operation.

Dr. Ahrens performed his role during the exercise, maintaining his silence as a mute Filipino, and could have received one of three potential medications (Amoxicillin, Ciprofloxacin, or Doxicyclene). Unfortunately, minimal instructions and questions resulted in him getting the wrong medication. Though this was only an exercise, the point was made that during a real emergency, he may have had an adverse reaction after being given the wrong medication. This experience underscored the need to have a pharmacist present. It may not be necessary to have a pharmacist at every dispensing station, but it is important to have them on-site to guide volunteers and to be sure that things do not get missed.

Dr. Ahrens stated that plans are being developed to ensure that every citizen can get to a dispensing site, but not every county is as far along as other counties. All citizens are part of somebody's mass propholaxic plan, and but there are some smaller counties in California that have no pharmacists on staff.

Dr. Ahrens emphasized that the board's policy statement went a long way, but issues exist that won't be solved overnight. He presented ideas for how CDPH and the board could work together to recruit pharmacist volunteers into the California Medical Reserve, and also to improve pharmacist involvement in mass dispensing efforts. He supported the idea of a check-box on the application and other methods to get the word out to pharmacists that they should be encouraged to volunteer. He suggested that CE credits for Incident Command System (ICS) courses would help. ICS courses introduce people to new acronyms and protocols that they would not learn in pharmacy school. For example, "unit of command" is terminology used during disaster response. This term is important for pharmacists because, as leaders, pharmacists must have an understanding of who they are reporting to, and who is "feeding" them materials (drugs). He referred to www.fema.gov and the ICS courses available on-line. This training will help anticipate needs, such as medications that need compounding on-site. He said that passing out pills is one thing, but they also want people who can run an organization.

Dr. Ravnan asked for clarification from Dr. Ahrens regarding his comment about pharmacists playing leadership roles. She asked about counties where there is no pharmacist on staff, and whether we should encourage counties to have a pharmacist on staff.

Dr. Ahrens said that local health departments have a list of people available. For example, a county may have access to one pharmacist, but there may be hundreds of PODs to activate. This is in contrast to another area that may have only two PODs to activate. Dr. Ahrens suggested that the board help them partner in registries of pharmacists that have expressed an interest in being trained. These pharmacists can state that, to the extent there is training available, they would like to volunteer in a certain capacity. Pharmacists are seen as leaders.

Mr. Graul noted two issues. The first issue is education, and getting pharmacists to understand that they can and should volunteer. The second issue is a PR component. He saw a lot of press at disaster sites, including nurses being interviewed. Pharmacists received virtually no press, though they were present, doing a lot of work. He also said that retired physicians were on site, and they relied on the pharmacists. The media could be used to advertise this cause.

Orriette Quandt, representing Longs Drugs, said that Longs is interested in getting the word out.

Dr. Ahrens said communication is the number one issue. People should be encouraged to get involved and it's hard to get their attention, however, the board's policy got nationwide attention.

Mr. Ratcliff commented that a pharmacist with one store will probably want to take care of his own patients first during an emergency.

Dr. Ahrens responded that that is why they want to populate their statewide database. For example, if 100 PODs need to be deployed, they can call Longs corporate headquarters or send e-mails to pharmacists already trained in these procedures to go to Los Angeles.

A person in the audience suggested they include pharmacist interns and students who are interested in service organizations. She said they're a captive audience, and universities are closed during emergencies anyway.

Dr. Ahrens referred to other issues noting that during an emergency, people are not always calm and happy. They may be confused about whether they could die if they do not take a medication given to them at a dispensing site. Plans for pediatric dosing and on-site compounding should be addressed as well. For example, recipes are needed for people who cannot swallow pills whole. A recipe to "blenderize" or crush tablets could be confusing. Dr. Ahrens said he tried crushing a tablet, resulting in the tablet flying across the room. A slurry could be prepared instead, but it will not be pharmaceutically elegant. It would, however, be a liquid form of the drug that is suitable to take. In normal day-to-day operations, you may not need to prepare a slurry, but it may be necessary during an emergency in order to administer a lifesaving medication. He asked for ideas to present to the board relating to Ciprofloxacin, Doxicyclene, Amoxicillan, and Tamiflu capsules.

Lori Rice of UCSF's School of Pharmacy said she would contact UCSF's lab for individuals to work with Dr. Ahrens on some ideas.

Mr. Graul offered to work with Carl Britto to coordinate with the board and CPhA.

Dr. Ahrens said that on the issue of drug tracking, the CDC tracks their products. They know where every box is, and what every lot number and expiration date is. Regarding e-pedigree, CDPH would like to see rules waived during an emergency to prevent impeding movement of products through the supply chain. They can get medications in 12 hours, but to break down pallets is another matter. If e-pedigree will streamline that process, great, but if it will slow down that process, they ask that pedigree requirements be waived during disasters.

Dr. Ahrens also commented about dispensing sites. For example, Charles Schwab may want to open its doors as a public dispensing site, but attorneys will cite liability issues

like someone tripping over a box or a baby getting a rash. If Chevron or Intel want to open their doors for public dispensing during an emergency, they want medical professionals involved in these processes. They may have petroleum engineers on hand, but no pharmacists, physicians or nurses. If they invite the community pharmacists or nurses to come in, are they corporations working as an agent of public health? In Florida, if a company became a volunteer, they would be an agent for the state, having liability protection. If 100 PODs needed to be set up, could five pallets be dropped off at a Chevron so people would not have to come to a dispensing site that may be overwhelmed? These are some of the issues that need to be discussed.

Dr. Ahrens said that there are plans to deliver to nursing homes, but what about high rise buildings downtown with thousands of people? They need to consider ways to minimize crowding people into public venues. Deliveries can be made to any large group willing to take it, like Longs, Costco, banks, or corporations including Intel in Folsom. He said the bottom line is that there is no one individual agency that can do it by themselves. We will need local law enforcement, lay volunteers queuing up a line, local volunteers, nurses, physicians, and pharmacists.

Mr. Graul asked whether they can get an opinion from the Attorney General's Office regarding civil liability during emergencies. Immunity may be provided, which would help in recruiting.

Dr. Ahrens said the Attorney General's Office may have weighed in on the issue, but he believes they think different boards know what constitutes "standard of practice" and what exceptions would be in order.

Ms. Herold noted that Betsy Lymon from CDPH is looking at private/public partnerships, and the issue of liability and Good Samaritan laws are underway in that group.

Dr. Ahrens referred to vaccinations, noting that they need to be able to identify who is authorized to administer vaccines during an emergency. He asked whether that distinction could gleaned from a check-box on the license renewal form.

Mr. Graul asked when UCSF students are trained and certified to provide vaccinations.

Ms. Rice responded that UCSF School of Pharmacy students receive training to provide vaccinations during their first year.

Ms. Herold noted that there are many pharmacy students in Los Angeles County. She also suggested that CDPH help the board with its legislative proposal to allow pharmacists with specialized training to provide immunizations to patients under the CDC guidelines. She referred to public health vaccinations and that pharmacists should be able to administer vaccines after the required training.

Dr. Ahrens responded that CDPH will be glad to assist in that effort. He also referred to overseeing stockpiles of antibiotics and other medications. He asked whether stockpiles by different counties should be connected to a wholesaler permit.

Ms. Herold advised that small quantities could be kept locked up like other medications under the authority of the medical director, but pallets of products would become a wholesale issue.

Mr. Goldenberg asked whether it would be better to give guidelines of acceptable practices so they can create their infrastructure.

Mr. Ratcliff noted that they may not want people to know where their warehouses are located.

Dr. Ahrens agreed that they would not want the physical location of the warehouse shown. He asked whether a half-pallet would be considered enough to require a wholesaler's license.

Mr. Ratcliff said people can call him for clarification on that.

Dr. Ahrens also asked about getting access to information about volunteers.

Ms. Herold asked him to draft three or four paragraphs for inclusion in *The Script*.

- **Cathi Lord, CPhA Director of Communications, and Carl Britto, CPhA Chair of the Disaster Preparedness Committee**

Ms. Lord and Mr. Britto shared the work that has been done by the CPhA Disaster Preparedness Committee. They presented a working draft of a brochure called Emergency Preparedness for Pharmacists. The brochure will be distributed to all CPhA members at Outlook. The brochure outlined six objectives:

I. Family Preparedness
II. Business Preparedness
III. Patient Preparedness
IV. Community Preparedness
V. Pharmacist Volunteer Opportunities
VI. Organizations

Mr. Britto said he began his current work on disaster preparedness after Hurricane Katrina. He said that most pharmacists want to take care of their own families first during an emergency. After their own families are secure, they are more willing to volunteer their services to help others.

Mr. Britto said a cross-section of people worked on the draft brochure, and the board's policy was incorporated into it as well. He said the brochure will be a first step to get information out and create awareness, not just to pharmacists, but to pharmacy technicians and students as well.

Mr. Britto noted some ways that the board could assist including information from a database and offering CE credits to broaden the scope of knowledge about disaster preparedness.

Mr. Graul thanked CPhA for getting information out to pharmacists during the recent wildfires. He was also pleased with the draft brochure.

A person from the audience suggested that the font of the brochure be enlarged.

Ms. Herold said the strongest thing the board can do about an overall state list is to help with the California Medical Volunteers list. Regarding the possibility of information gleaned from a check-box on the renewal application, the board does not have staff to input that data. However, a separate piece of paper inserted into the renewal package may work.

Dr. Conroy supported the idea of a separate piece of paper in the renewal package or inserted into *The Script*, which board staff could route somewhere afterwards.

Mr. Goldenberg suggested an "Honor Roll" listed in *The Script* for pharmacists that serve as volunteers during an emergency.

Mr. Graul suggested that volunteers receive an honorary pin from the board.

DISCUSSION OF EMERGENCY RESPONSE BY PHARMACIES AND WHOLESALERS TO THE OCTOBER 2007 CALIFORNIA WILDFIRES

The committee discussed actions taken by licensees during the recent California wildfires. The meeting materials included copies of various articles on the topic.

Ms. Herold said she received a CVS press release, and Bob Graul provided a summary of his observations. These items were provided in the meeting materials. She said an upcoming article in *The* Script may generate more information about pharmacists serving during the wildfires. She noted that one of the most important things is to acknowledge and commend those who came forward and provided assistance during the emergency.

Mr. Graul supported the idea of public recognition for pharmacists that served during the wildfires. He said that the true volunteers should be recognized at the board level, and they should be encouraged to attend a board meeting for that public recognition.

ACCREDITATION STANDARDS FOR CONTINUING PHARMACY EDUCATION BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

A copy of the new Accreditation Standards for Continuing Pharmacy Education was provided in the meeting materials. The new standards take effect on January 1, 2009 and are a result of a two-year revision process completed by the Accreditation Council For Pharmacy Education (ACPE).

COMPETENCY COMMITTEE REPORT

Dr. Conroy advised that since the last Licensing Committee Meeting, the Competency Committee workgroups have each held one meeting. At both meetings, the committee continued to work on exam development. Members were also advised of the board's approval of the proposal to strengthen the penalty against applicants who compromise the board's examination. The most recent quality assurance ended on November 9, 2007.

Ms. Herold added that the committee is in good shape with respect to an item bank, providing the exam timely, and completing quality assurance reviews.

ADJOURNMENT

There being no additional business, Chairperson Conroy adjourned the meeting at 12:32 p.m.