

COMMENTS TO THE JOINT MEETING OF THE FDA ANTI-INFECTIVE DRUGS  
ADVISORY COMMITTEE AND NONPRESCRIPTION DRUGS ADVISORY COMMITTEE

APRIL 2, 2012

SILVER SPRING, MD

---

Good afternoon, I am Lawrence E. Tan, Chief of Emergency Medical Services for New Castle County, Delaware. I am representing the Emergency Services Coalition for Medical Preparedness, in addition to my role as an EMS chief and Past President of the International Association of EMS Chiefs. The Coalition was formed to lead the development of a national strategy to protect providers in the event of a large-scale biological event. The Coalition has drawn support from the major emergency services associations, which represent more than three million responders.

The Coalition urges you to proceed with all speed and diligence to protect our people, their families, households and agencies. By protecting emergency services providers you will be protecting a critical component of the local infrastructure. We acknowledge the potential risks of inappropriate use of antibiotics, but feel confident our membership understands the importance of using such medicines appropriately for the intended purpose and specific indications. Home medkits should be an essential part of our equipment, and provide our personnel the confidence to focus on the needs of our communities during a catastrophic event, knowing their families are protected.

A comprehensive study of the factors affecting a responder's willingness and ability to report for duty has cited that: (1) family safety and support; (2) an increased attention to employee safety; and (3) increased focus on job expectations as keys to emergency services providers being able to fulfill their roles. Medkits placed in the workplaces and responder homes can address each of these areas.

Emergency services personnel routinely handle equipment and materials that are far more lethal and have more profound consequences than the antibiotics that would be included in the medkits. Some responders carry guns and are authorized to use lethal force in the performance of their job duties and responsibilities, others administer medications—including scheduled drugs to critically ill patients outside of the hospital, yet others work with hazardous materials in lethal environments under life-threatening situations. All may potentially enter areas during the performance of their duties that could result in potential exposure to unknown hazards. We have been given this responsibility, because we are trained and regularly demonstrate the ability to follow instructions and protocols with discipline.

A widespread anthrax attack on this nation will have consequences unlike anything we have seen before. The potential for civil disruption is great. Unlike other scenarios, the households of our responders will be affected as well. The nation will expect emergency services to function throughout the attack. We can ill afford to have our personnel diverted by the very natural inclination to ensure the safety of their families.

Thank you for your time and attention. On behalf of the Coalition, I urge you to proceed with the comprehensive study on home medkits for emergency services, confident we have sufficient justification, knowledge, and oversight of our personnel and organizations for such a program. In doing so you will be “protecting the protectors” and a component of the vital infrastructure of this nation.