



**College of Pharmacists of Manitoba**

*The Principles of Duty to Care in an  
Emergency, Disaster or Pandemic*

*Emergency Continued Care  
Prescriptions*

*Emergency Preparedness Information,  
Educational Programs and Resources*

*Emergency Preparedness Action List for  
Pharmacy Managers in Manitoba*

*Temporary Pharmacy Closure due to  
Pharmacist Absence in an Emergency*

# **Emergency Preparedness**

## **Resource kit for pharmacists**

April 2011

*To protect the health and well being of the public by ensuring and promoting  
safe, patient-centred and progressive pharmacy practice.*

## Emergency Preparedness: A Call to Action for Pharmacists

Most often it is impossible to predict when an emergency situation may arise such as a natural disaster, man-made disaster or communicable disease outbreak. As direct patient care health providers, pharmacists, especially those in community practice, are often the first contact for patients. This will result in increased demands placed on pharmacists to provide advice to the public related to the emergency and to ensure the distribution of patient medication during the emergency. At the same time of these increased demands, pharmacy staff absenteeism, drug supply chain interruptions and other concerns may arise that will impact the ability of pharmacists to maintain essential pharmacy services and continuity of care during the emergency. The time is now for all pharmacists to ensure that emergency preparedness plans are in place and pharmacy staff are informed.

In preparing for an emergency, pharmacists should:

- Ensure the pharmacy's emergency preparedness plan is comprehensive and addresses drug supply chain interruptions at the pharmacy site;

- Strengthen emergency communication protocols among staff and with government, public health offices and regulatory authorities;

- Depending on the type of emergency, ensure all pharmacy staff are knowledgeable and frequently updated on provincial clinical management guidelines for direct patient care; and,

- Assist public health offices with building awareness and educating about the emergency ensuring consistency in messaging.

Armed with an effective emergency preparedness plan, pharmacists will be well-positioned to meet the challenges that may lie ahead. The College has developed this *Emergency Preparedness Resource Kit For Pharmacists* to assist. The kit is designed to highlight guidelines, procedures, information and resources that will aid pharmacists and pharmacy managers ensure emergency preparedness plans are complete.

The kit comprises 5 parts including:

- Part 1: The Principles of Duty to Care in an Emergency, Disaster or Pandemic*

- Part 2: Emergency Continued Care Prescriptions*

- Part 3: Emergency Preparedness Information, Educational Programs and Resources*

- Part 4: Emergency Preparedness Action List for Pharmacy Managers in Manitoba*

- Part 5: Temporary Pharmacy Closure due to Pharmacist Absence in an Emergency*

Each part includes a brief introduction and explanation of its purpose and application to practice during an emergency situation. The kit is intended to be a fluid document that will be revised and expanded in response to the current situation within the province. It will be posted on the College's website at [www.cphm.ca](http://www.cphm.ca). It will therefore be necessary for pharmacists and pharmacy managers to refer to the College's website on a regular and frequent basis for the latest information. College staff are available to assist with interpretation and questions related to this guidance document.

## **Part 1**

# **The Principles of Duty to Care in an Emergency, Disaster or Pandemic**

*The Principles of Duty to Care in an Emergency, Disaster or Pandemic* represents a collaborative effort by the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba, the CPhM and Manitoba Health. These guiding principles inform health care providers of their responsibility to provide care and form the framework to support and protect health care providers as they provide patient care under extraordinary circumstances such as an emergency, disaster or pandemic. In essence, the document clarifies the duty of a health care professional to respond in times of an emergency, when called to do so. The duty is qualified by the obligation of the employer, regulator or public health authority to provide the appropriate resources to support a safe environment, by minimizing the short- and long-term risks, for the health care professional. Pharmacy managers, pharmacists and their employers should be involved in discussions regarding these guiding principles to ensure that policies and procedures are in place to support pharmacists in providing patient care and essential pharmacy services to the best of their ability when the need is great and the circumstances may be less than optimal.

## **The Principles of Duty to Care in an Emergency, Disaster or Pandemic**

During a natural or man-made disaster, including a communicable disease outbreak, health care professionals have a duty to provide care using appropriate safety precautions.

Regulated health care providers should continue to provide routine care to their patients until such time as they are contacted by the recognized authorities to be redeployed as defined by provincial or federal legislation.

It is essential, in a time of emergency, disaster or pandemic that information is shared among stakeholders [employers, providers (including regulatory bodies) and public health authorities]. The information sharing must be a timely and complete exchange of information among stakeholders.

Employers, regulators and public health authorities will develop and implement policies and procedures and will provide resources that support safety for all health care providers (i.e., flu vaccines, masks) responding to the emergency, disaster or pandemic.

Employers, regulators and public health authorities will develop and implement policies and procedures, and will provide appropriate resources that minimize short term and long term risks to health care providers. These include, but are not limited to, such issues as remuneration, disability and liability protection for providers.

Until such time as regulated health care providers are contacted by the recognized authorities, as defined by provincial and/or federal legislation, regulated health care providers will continue to provide routine care to their patients.

It is recognized that in an emergency, disaster or pandemic, circumstances surrounding optimal care may be compromised. Providers must still provide the best care possible in the circumstances.

Health care providers must notify the recognized authorities and their employer (if applicable), as soon as possible if they are unable to provide care due to extenuating circumstances. Examples include:

Example #1 - the provider is already attending to another medical emergency.

Example #2 - the system is not providing a safe environment (such as lack of appropriate masks, vaccines, etc), leading to an unreasonable safety risk.

The regulated health care providers' ethical duty when called to an emergency, disaster or pandemic is to provide service within the scope of their professional competence and level of skill. If the provider believes they lack the appropriate competence or skills in the given situation, they must present as a person with some knowledge of patient care and emergency first aid.

In an emergency, disaster or pandemic there is a professional duty for all regulated health care providers to work cooperatively with other health care providers and to recognize the competency or skill of the other health care providers. As well, regulated health care providers are expected to work cooperatively with Regional Health Authorities and public health authorities within the federal and provincial health departments.

*This document has been approved and is supported by the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, and the College of Registered Nurses of Manitoba.*

## **Part 2**

### **Emergency Continued Care Prescriptions**

There may be a shortage or restriction on the availability and accessibility of prescribers and pharmacists during an emergency. If this occurs, the Minister of Health will provide notice to the Council of the College of Pharmacists of Manitoba that a public emergency exists in all or part of the province. Under such conditions, the Registrar will notify pharmacists that the Emergency Continued Care Prescriptions process is in effect.

The Emergency Continued Care Prescription process and related conditions as set out have been deemed an acceptable emergency measure by the College of Physicians Surgeons of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba Dental Association and the College of Pharmacists of Manitoba and has received support as an acceptable emergency measure by Manitoba Health.

## Overview

It is essential, under the condition of emergency, that patients are able to receive their medication and care from pharmacists. Emergency Continued Care Prescriptions are only permissible during the period of a declared emergency and when the patient cannot obtain the needed medication by accessing a refill or continued care prescription from their usual pharmacy.

Should a patient (or their agent) present to a pharmacy different from the one at which they originally received the medication (and where the prescription is located) and are in need of medication (refill or continued care prescription), therapeutic information or intervention under a declared emergency, all pharmacists will attempt to provide the needed medication, information and/or care.

## Required Principles

Emergency Continued Care Prescriptions are based on the two following principles:

1. If the patient's pharmacy is not open or the patient records are not accessible due to the impact of the emergency on the pharmacy or pharmacy staff, the "emergency care" pharmacy shall attempt to contact the prescribing practitioner and request another prescription for the necessary medication.
2. Failing to receive an authorization described above in principle (1), the "emergency care" pharmacist may provide an emergency continued care prescription and dispense the medication from the information on the prescription label and in the Drug Program Information Network (DPIN).

## Process

When an "emergency care" pharmacist determines that an Emergency Continued Care Prescription is necessary, the following conditions apply:

1. Emergency Continued Care prescriptions cannot and do not take the place of ongoing medical care and are a direct consequence of the declared emergency.
2. Each request for an emergency continued care prescription must be judged on an individual basis considering the patient's medical history and medication profile.
3. The "emergency care" pharmacist must be satisfied that the prescribing practitioner would, in all likelihood, provide the authorization were the "emergency care" pharmacist able to contact the prescribing practitioner.
4. The "emergency care" pharmacist has established that the medication to be continued is prescribed for a chronic condition.
5. The "emergency care" pharmacist has inquired of the medical history of or with the patient, reviewed the DPIN and is satisfied that the treatment with this medication has remained relatively stable (no significant changes to dosages or drug therapy).
6. Narcotics or controlled substances must not be provided by an emergency continued care prescription.
7. Notwithstanding statement 6, benzodiazepines may be provided by an emergency continued care prescription when:
  - a. the medication is being used for management of convulsive disorders or
  - b. there is a legitimate risk of seizure due to sudden withdrawal.

8. The amount of medication provided must be determined by the “emergency care” pharmacist based upon the circumstances of the particular patient, and must not exceed the previous amount filled and be appropriate pharmaceutical care.
9. All medication dispensed pursuant to an emergency continued care prescription must be:
  - a. dispensed in a new medication vial, showing the name of the pharmacy providing the medication and including on the label the words “Emergency supply”.
  - b. recorded as an “Emergency Continued Care” prescription by the pharmacist at the time of dispensing and kept in the pharmacy prescription files,
  - c. reported, no later than the next business day by telephone or facsimile, to the original prescribing practitioner and to the pharmacy that previously filled the prescription (if the message is not received, the report must be resent on each subsequent business day until the message is successfully received)
  - d. entered into the DPIN.

### **Part 3**

## **Emergency Preparedness Information, Educational Programs and Resources**

There is a wealth of information, educational programs and resources currently available to health care providers and the public on emergency preparedness. However, at times, it may be difficult to navigate and access that which is most applicable and relevant. Pharmacists in Manitoba are encouraged to regularly check the website of the College of Pharmacists of Manitoba at [www.cphm.ca](http://www.cphm.ca). As information becomes available or is updated with respect to the particular emergency situation, it will be posted to this site.

Pharmacists should also connect to and frequently monitor news releases and the websites of Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)), the Government of Manitoba ([www.gov.mb.ca](http://www.gov.mb.ca)), Manitoba Health ([www.gov.mb.ca/health](http://www.gov.mb.ca/health)) and their respective Regional Health Authority ([www.rham.mb.ca](http://www.rham.mb.ca)) in keeping with the type of emergency situation being addressed. Local news media and emergency communications may also serve as a valuable resource.

Emergency situations often result in drug shortages. To assist pharmacists manage drug shortages, the Canadian Pharmacists Association has developed, *Drug Shortages: A Guide for Assessment and Patient Management* which is available on the CPhA website at <http://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/DrugShortagesGuide.pdf>

### **Part 4**

## **Emergency Preparedness Action List for Pharmacy Managers in Manitoba**

The College has developed the *Emergency Preparedness Action List for Pharmacy Managers in Manitoba*. The purpose of this *Action List* is to serve as a resource tool detailing the activities and execution of a comprehensive emergency preparedness plan for the pharmacy. Much of this

information has already been provided to pharmacy managers. However this “one-stop” list will self-assess the readiness of the pharmacy, and the people employed therein, to rise to the challenge of meeting patient care needs in the community they serve during difficult times.

### **Emergency Preparedness Action List for Pharmacy Managers in Manitoba**

The meaning and importance of *The Principles of Duty to Care in an Emergency, Disaster or Pandemic* have been discussed with all pharmacists, pharmacy technicians and other pharmacy personnel.

Pharmacists, pharmacy technicians and other pharmacy personnel are informed, frequently updated and adhere to provincial public health guidelines as developed by Manitoba Health (MH) and posted on the MH website at [www.gov.mb.ca/health](http://www.gov.mb.ca/health).

Clients and all pharmacy personnel have ready access to required equipment and supplies as determined by the type of emergency and they are encouraged to protect themselves in accordance with provincial guidelines.

Non-pharmacist employees are advised to refer patients seeking prescription medication and self-medication products for symptoms of illness to pharmacists for consultation.

Pharmacists are informed, frequently updated and adhere to provincial clinical management guidelines as determined by the type of emergency and as developed by MH and posted on the Manitoba Health website at [www.gov.mb.ca/health](http://www.gov.mb.ca/health). Pharmacists provide information, advice and recommendations to the public and other health care professionals in accordance with these guidelines.

A system is in place within the pharmacy to communicate vital information received from the CPhM, MH and other stakeholders to pharmacists, pharmacy technicians and other pharmacy personnel.

A business continuity plan is in place to address staff absenteeism as a result of the emergency.

Drug supply chain interruptions and drug shortages are anticipated and processes and plans are in place to:

- access alternate sources and delivery of drug supplies (Drug wholesalers, McKesson Canada and Procurity Inc., have both indicated a willingness to open accounts for any licensed pharmacy in Manitoba that is not presently an active customer. Opening account requirements will be kept to a minimum and will be expedited. Accounts can be opened the same day as requested.);
- recommend alternate available drug therapy to ensure continuity of care for patients (see Part 3: Resources for CPhA’s *Drug Shortages Guide*); and,
- maintain an adequate supply of medication specific to the type of emergency (e.g. in a pandemic, adequate supplies of antiviral medication and other medication used in the symptomatic management of influenza-like illness should be maintained).

When temporary pharmacy closure is unavoidable, the process outlined in Part 5 is followed.

## **Part 5**

### **Temporary Pharmacy Closure due to Pharmacist Absence in an Emergency**

In September 2002 Council authorized a policy enabling a licensed pharmacy to be temporarily closed without surrendering its operating licence, provided that the specific conditions listed were fulfilled. The closure described in the 2002 document is closure of the entire pharmacy location and not restricted to situations presently covered under a Lock & Leave permit for the dispensary in a licensed pharmacy.

Part of the pharmacy's emergency preparedness plan needs to include provision for temporary closure should closure be unavoidable. The employee pharmacist, pharmacy manager, technicians, other dispensary staff and the pharmacy owners have an obligation to ensure continuing care for their patients under these circumstances. This document is an interpretation of the original 2002 document to reflect temporary closure during an emergency.

1. The pharmacy representative (manager) shall advise the College of the closure as soon as possible and preferably prior to the event, or if not immediately thereafter. The date and time of the closure and subsequent re-opening must be reported to the College by e-mail at [info@cphm.ca](mailto:info@cphm.ca).
2. Manitoba Health needs to be kept abreast of pharmacy closures and re-openings as it may be germane to the declaration or localization of a public emergency. For pharmacies operated through the Regional Health Authorities, notification of closure and re-opening to Manitoba Health must also be made to the Regional Disaster Management Officer. For pharmacies operated outside of the RHA (i.e., retail pharmacies), notification of closure and subsequent re-opening to Manitoba Health will occur through the College.
3. Previously prepared prescriptions should be distributed, if possible, prior to the temporary closure (e.g. delivery to patient or sent to another pharmacy, prescriber's office, health clinic, etc.) and the patient advised of the delivery and reasons for it.
4. Circumstances permitting, surrounding pharmacies, health clinics and prescribers need to be advised of the closure, alternate means of obtaining essential pharmacy services, and any other information important to the public and other health care providers during the closure. (e.g. notices of temporary closure of the pharmacy should be at the pharmacy entrance, on the telephone answering machine message and in local clinics, prescriber's offices, etc.)
5. As part of emergency preparedness planning in single-pharmacy communities, alternate arrangements for medication access and provision of essential pharmacy services needs to be pre-arranged with local prescribers or pharmacies in nearby communities. Those prearrangements will become part of the activity in item 3.