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Emergency Preparedness Resource Kit for Pharmacists

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Emergency Preparedness: A Call to Action for Pharmacists

It is often impossible to predict when an emergency situation may arise, such as a natural disaster, man-made disaster or communicable disease outbreak. As front-line health care providers, pharmacists, especially those in community practice, are often the first contact for patients. Therefore, pharmacists have a responsibility to provide education and medication management to patients in the event of a public health emergency. During times of 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 an 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 the public 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. To help pharmacists and pharmacies prepare, the College of Pharmacists of Manitoba has developed this *Emergency Preparedness Resource Kit for Pharmacists*. This kit highlights guidelines, procedures, information and resources to ensure pharmacists and pharmacy managers implement complete and detailed emergency preparedness plans.

Each part of this kit 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. It will therefore be necessary for pharmacists and pharmacy managers to refer to the College's website on a regular 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 College of Pharmacists of Manitoba and Manitoba Health. These guiding principles inform health care providers of their responsibility to maintain 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. Employers, regulators and public health authorities must provide the appropriate resources to support a safe environment for the health care professional, by minimizing the short- and long-term risks. Pharmacy managers, pharmacists and their employers should ensure that policies and procedures are in place to support pharmacists in providing essential pharmacy services when the need is great and the circumstances are less than optimal.

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

1. 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.
2. 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.
3. 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.
4. 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 responding to the emergency, disaster or pandemic (i.e., flu vaccines, masks).
5. 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, remuneration, disability and liability protection for health care providers.
6. Until regulated health care providers are contacted by the recognized authorities, as defined by provincial and/or federal legislation, they will continue to provide routine care to their patients.

7. It is recognized that in an emergency, disaster or pandemic, circumstances surrounding optimal care may be compromised. Health care providers must continue providing the best care possible in these circumstances.
8. 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 of extenuating circumstances may include:
 - The provider is already attending to another medical emergency.
 - The system is not providing a safe environment (such as lack of appropriate masks, vaccines, etc.), leading to an unreasonable safety risk.
9. 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 a provider believes he/she lacks the appropriate competence or skills required for a task in a given situation, he/she must not engage in that area of practice. Instead, he or she should present with some knowledge of patient care and emergency first aid.
10. 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

In the case of a public health emergency in all or part of the province, the Minister of Health will provide council of the College written notice of the emergency. Under such conditions, council may approve additional prescribing privileges to pharmacists and the registrar will notify pharmacists that the emergency continued care prescriptions process is in effect.

The emergency continued care prescription process and related conditions 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 from Manitoba Health.

In emergency situations, it is essential 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 patients cannot obtain their 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 a medication (and where the prescription is located) and are in need of a refill or continued care prescription, therapeutic information, or intervention, pharmacists must attempt to provide the needed medication, information and/or care.

Principles of Emergency Continued Care Prescriptions:

1. If the patient's pharmacy is not open or the patient records are inaccessible due to an emergency, 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 patient's Drug Program Information Network (DPIN) profile.

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 must establish that the medication to be continued is prescribed for a chronic condition or the patient has a continuing need for the medication.
5. The patient must have an established stable history with the medication to be refilled (no recent changes to dosages or drug therapy). The emergency care pharmacist must confirm this by assessing the patient's medical history and DPIN profile.
6. Narcotics or controlled substances must not be provided by an emergency continued care prescription.
7. Benzodiazepines must not be provided by an emergency continued care prescription unless:
 - 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 refill quantity indicated on the original prescription.
9. All medication dispensed pursuant to an emergency continued care prescription must be:
 - a. Dispensed in a new medication vial with a label containing the emergency care pharmacy's information and the words "Emergency supply" (in addition to all other required label information).
 - 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 the information which is most applicable and relevant. Pharmacists in Manitoba are encouraged to regularly check the following websites to receive the most up-to-date information regarding a current public health emergency:

- The College's website (www.cphm.ca),
- Health Canada (www.hc-sc.gc.ca),
- the Government of Manitoba (www.gov.mb.ca),
- Manitoba Health (www.gov.mb.ca/health) and,
- Regional Health Authorities (www.rham.mb.ca), and
- Local news media.

Emergency situations often result in drug shortages. To assist pharmacies in the management of drug shortages, the Canadian Pharmacists Association has developed the document *Drug Shortages: A Guide for Assessment and Patient Management*, which is available on the CPhA website at: <https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/DrugShortagesGuide.pdf>. This guidance document outlines the processes that should be implemented in the case of a drug shortage and provides tips for communicating these issues to patients and other health care providers.

Part 4

Emergency Preparedness Action List for Pharmacy Managers in Manitoba

The College of Pharmacists of Manitoba has developed an 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 detailed list will provide a self-assessment of the pharmacy's preparedness, and the people employed therein, to meet the needs of the community they serve during difficult times.

Action List:

- ❑ 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.
- ❑ Clients and all pharmacy personnel have access to required equipment and supplies as determined by the type of emergency, and 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 Manitoba 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 important information received from the College of Pharmacists of Manitoba, Manitoba Health, 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.
 - Recommend alternative drug therapy to ensure continuity of care for patients (see Step 3 of CPhA's *Drug Shortages Guide*); and,

- Maintain an adequate supply of medication specific to the type of emergency (e.g. in an influenza 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 June 2014, Council authorized the practice direction, [*Permanent and Temporary Pharmacy Closures*](#), which enables a licensed pharmacy to temporarily close without surrendering its operating licence. The temporary closure is permitted provided the specific conditions listed in the practice direction are fulfilled. The temporary closure described here entails closure of the entire pharmacy location and is 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 must include provision for temporary closure, should closure be unavoidable. The pharmacy owner, pharmacy manager, pharmacists, technicians, and other dispensary staff have an obligation to ensure continuing care for their patients under these circumstances.

Temporary Pharmacy Closures

1. The pharmacy closure is for a maximum of 14 consecutive days (or other period as approved by Council) each calendar year.
2. Except in emergency/urgent situations, the pharmacy manager must obtain the approval of the College for the planned closure 30 days in advance of the temporary closure start date. 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.
3. All prepared prescription recipients must be contacted to advise of the closure and given the opportunity to obtain their prepared prescriptions prior to the temporary closure start date.
4. Except in emergency/urgent situations, notices to the public (using in-store postings and media announcement) must be made at least 30 days prior to the temporary closure start date.
5. Signage must be posted at the store entrance and a telephone answering machine message must be provided, advising the public about the closure, its duration, the location of the nearest licensed pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period.
6. In compliance with 6(1)(b) and 23(1.1)(b) of the *Personal Health Information Act*, arrangements must be made to provide access to any request for personal health information within 72 hours of that request.
7. In single pharmacy communities, alternate arrangements for medication access and provision of pharmacy services must be made with the local prescribers or pharmacies in nearby communities.