

# **COVID-19 Pandemic**

## **A Pharmacist's Guide to Pandemic Preparedness**



ONTARIO  
PHARMACISTS  
ASSOCIATION

Advocating Excellence  
in Practice and Care

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## SUMMARY OF CHANGES

### Document History

Version / Date	Updated Sections	Description of Revisions
Version 1 March 17, 2020		Document created
Version 2 March 27, 2020	Updated throughout	Added new section with clinical guidance resources; guidance sections added for various scenarios to ensure continuity of care; updated information on PPE availability and essential/non-essential pharmacy services; added new section on how to handle pharmacy staff affected by COVID-19 and return to work guidance; updated information on managing drug shortages and business continuity planning (insurance and pharmacy closures)

### Version 2 – Significant Updates

Page 5 – Clinical Guidance for COVID-19

Page 9 – Ensure Continuity of Care (new sections added)

*Prescribing and Dispensing Controlled Substances*

*Exceptional Access Program (EAP) Approvals*

*Dispensing Limited Use Products*

*Performing MedsCheck Reviews*

*Emailed Prescriptions*

*Modifications to the Provision of Opioid Agonist Treatment*

Page 14 – Protection of Pharmacy Staff and Patients (updated sections)

*Droplet and Contact Precautions*

*Additional Measures*

Page 16 – Pharmacy Staff Affected from COVID-19 Return to Work

Page 17 – Developing a Plan (updated sections)

*Management of Drug Shortages*

*Business Continuity Planning (Business Insurance Policies; Pharmacy Closure)*

## WHAT HAS OPA BEEN DOING ON YOUR BEHALF REGARDING COVID-19?

Since the first presumptive case of Novel Coronavirus 2019 (COVID-19) was identified in Ontario on January 25, 2020, the Ontario Pharmacists Association (OPA) has been in contact with the Ontario Ministry of Health, and more specifically with the Ministry's Emergency Operations Centre (MEOC) on the role of pharmacy professionals and pharmacies in assisting to identify patients and contain viral spread. OPA staff have been active in a variety of ways advocating and promoting your value toward population health and in maintaining continuity of care. In addition, OPA has frequently highlighted the risks pharmacy professionals at the front-line face every single day and calling for their inclusion on the list of essential practitioners requiring access to government-supplied personal protective equipment (PPE). Key highlights of our activities include:

- **Active participation on daily health stakeholder teleconference calls with the MEOC since Day 1 of COVID-19**
- **Formal participation at the MEOC's Collaboration Table chaired by Deputy Minister Helen Angus and Chief Medical Officer of Health Dr. David Williams**
- **Communication with the Executive Officer of the Ontario Public Drug Program regarding relaxation of various rules of claims adjudication**
- **Driving the authorship of the first and second pharmacy guidance document drafts for Ministry consideration**
- **Submission of recommendations to the Minister's Office for increased consideration of pharmacy's role and risk at the front-lines of care during pandemic COVID-19**
  - **Accelerated passage and implementation of regulations to enable expansion of scope for minor ailments and emergency prescribing**
  - **Inclusion of pharmacy professionals on the list of essential front-line practitioners to access government-supplied PPE**
  - **Relaxation of health policies that restrict virtual provision of care (e.g., MedsCheck)**
  - **Application of funding relief for pharmacy's increased reliance on delivery services for prescriptions**
  - **Accelerated passage and implementation of point of care testing, particularly for COVID-19**
  - **Passage and implementation of regulatory changes to enable owners and operators of laboratories to share a patient's lab results with their pharmacy**

OPA continues to dialogue with the Ontario government in this regard and will provide updates to members on these and other initiatives and requests as they become available.

## PURPOSE OF THIS DOCUMENT

As the most accessible front-line healthcare provider, we all recognize that pharmacy professionals play a critical role in providing patient care and supporting the needs of our healthcare system. During a pandemic, it is important that pharmacists and technicians ensure that patients are receiving the care, education and guidance that they want and need. This document has been developed to assist pharmacy professionals with developing and implementing a plan to address the COVID-19 pandemic by ensuring continuity of care for patients, as well as minimizing the risks to pharmacy staff and the economy. As always, every pharmacy, situation and patient presentation will be different and unique, and thus, professional judgement will need to be applied and documented for your solutions to patient-specific situations that are not clearly defined by either standards of practice or regulation.

Care for patients is at the heart of the pharmacy profession. During the pandemic, you put yourself at even higher risk than you normally experience in the course of your work. We acknowledge the dedication and professionalism that underscores your service to public health. We also see your humanity and the vulnerability inherent in that service and are here to support you through this journey. Although the current version of this guide may not apply to all pharmacy settings, OPA will be working closely with the Ontario College of Pharmacists (OCP), Canadian Society of Hospital Pharmacists (CSHP) Ontario Branch, long-term care pharmacy operators and other stakeholders to continue to update this document.

In an effort to share information and best hospital pharmacy practices regarding COVID-19, CSHP Ontario Branch has set up a special Pharmacy Specialty Network (PSN). You can join the COVID-19 PSN through [www.QID.io](http://www.QID.io).

The COVID-19 PSN is open-access for all members to post to and share information. (NOTE: a dedicated page on the CSHP website is currently under development).

**DISCLAIMER: The information provided in this document is intended to assist pharmacists with planning for pandemic emergency preparedness and does not replace professional judgement and responsibilities. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. The information provided in this document are current at the time of publication. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes.**

## BACKGROUNDER ON COVID-19 PANDEMIC

### ***What is COVID-19?***

COVID-19 is the disease caused by a new strain of coronavirus (novel coronavirus) called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).<sup>1</sup> Coronaviruses (CoV) are a family of viruses that are responsible for causing illnesses such as the common cold, Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV), and Middle East Respiratory Syndrome Coronavirus (MERS-CoV).<sup>1</sup> These viruses are zoonotic, meaning that they are transmitted from animals to humans.<sup>1</sup>

### ***What are the symptoms of COVID-19?***

Common symptoms of COVID-19<sup>1,2</sup> include:

More common	Other potential symptoms
Fever	Sore throat
Dry cough (new or exacerbated)	Nasal congestion
Shortness of breath	Runny nose
Other breathing difficulties	Aches and pains
Tiredness or fatigue	Diarrhea

However, some individuals may be infected but are asymptomatic.<sup>2</sup> For others, the onset of symptoms is usually gradual and minor in nature.<sup>2</sup> It is estimated that 80 per cent of infected individuals will recover without any special treatment required, however, 1 in 6 may develop difficulty in breathing and become seriously ill.<sup>2</sup> Risk factors for serious illness include older adults and those with underlying medical conditions such as diabetes, high blood pressure, heart disease, lung disease or cancer.<sup>2</sup>

### ***What is the difference between seasonal influenza and COVID-19?***

As both influenza and COVID-19 may present with very similar presentations, it is important that individuals who meet the [case definition](#) are referred for further testing in order to confirm a diagnosis of COVID-19. In other words, symptoms alone (in the absence of travel-related risks or close contact with someone who has travelled or has tested positive) should not trigger you to recommend that a patient needs to get tested for COVID-19 – cough/cold and seasonal influenza still persist in the general population. Table 1 highlights some of the similarities and differences between the two viruses:

**Table 1: Influenza versus COVID-19<sup>3,4</sup>**

CHARACTERISTIC	INFLUENZA	COVID-19
<b>CAUSE</b>	Different types and strains of influenza virus	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
<b>SYMPTOMS</b>	Respiratory disease Fever, cough, body aches, fatigue, diarrhea Ranges from asymptomatic to mild, to severe to death	Respiratory disease Fever, cough, body aches, fatigue, diarrhea Ranges from asymptomatic to mild, to severe to death
<b>ROUTES OF TRANSMISSION</b>	Via contact, droplets and fomites	Via contact, droplets and fomites
<b>SPEED OF TRANSMISSION</b>	Serial interval (time between successive cases): 3 days	Serial interval (time between successive cases): 5-6 days
<b>TREATMENT</b>	Antivirals Symptomatic treatment	No known treatment; symptomatic treatment only
<b>PREVENTION</b>	Annual flu vaccine  Handwashing, coughing into crook of elbow, social distancing, staying home when sick, etc.	No vaccine available  Handwashing, coughing into crook of elbow, social distancing, staying home when sick, etc.
<b>AT-RISK POPULATIONS</b>	Children, pregnant women, older adults, individuals with underlying medical conditions or are immunosuppressed	Older adults, individuals with underlying medical conditions or are immunosuppressed
<b>MORBIDITY AND MORTALITY</b>	Estimated 1 billion cases worldwide  Mortality rate <0.1%	Approximately 127,863 cases worldwide (as of March 12, 2020)  Mortality rate estimated to be between 3-4%

***What impact will the pandemic have on the public?***

As much is still being discovered about COVID-19, the exact impact it would have is yet to be determined. However, various factors may affect the impact that it may have on the general public including:<sup>5</sup>

- Virulence: determines illness severity and who is most at risk
- Population characteristics: some areas may have a larger proportion of individuals who are at higher risk of complications, such as older adults and individuals with underlying medical conditions
- Infection control: to-date, there is no vaccine to prevent or medication to treat COVID-19, however, implementation of infection control measures can influence the course of the disease
- Public attitudes and behaviours: adherence to infection control measures by the public, e.g., avoiding mass gatherings, staying home when sick, etc. will reduce the spread of the illness

## CLINICAL GUIDANCE FOR COVID-19

As medication experts, pharmacists may be called upon to provide guidance on medication therapies and potential drug interactions as part of the treatment plan for patients positive with COVID-19. The following resources are meant to support clinicians in the treatment of COVID-19 and may contain valuable information for pharmacists with respect to drug therapies, potential drug interactions, contraindications, and therapeutic drug monitoring.

The Liverpool Drug Interaction Group (based at the University of Liverpool, UK), in collaboration with the University Hospital of Basel (Switzerland) and Radboud UMC (Netherlands), have produced various materials in PDF format to aid the use of experimental agents in the treatment of COVID-19.

<http://covid19-druginteractions.org/>

The Interim Clinical Guidance for Patients Suspected of/Confirmed with COVID-19 in Belgium was developed based on clinical evidence that is currently available, and is purposed to become a “living guideline” which will be regularly updated each time new relevant scientific data emerges.

[https://epidemo.wiv-isp.be/ID/Documents/Covid19/COVID-19\\_InterimGuidelines\\_Treatment\\_ENG.pdf](https://epidemo.wiv-isp.be/ID/Documents/Covid19/COVID-19_InterimGuidelines_Treatment_ENG.pdf)

Springer Nature is one of the world’s leading global research, educational and professional publishers and is providing free access to their database of research and findings on COVID-19 including research articles from their journals, as well as additional commentary on this topic and relevant books.

<https://www.springernature.com/gp/researchers/campaigns/coronavirus>

Elsevier's Novel Coronavirus Information Center provides expert, curated information for the research and health community on SARS-CoV-2 (the novel coronavirus) and COVID-19 (the disease). All resources are free to access and include guidelines for clinicians and patients.

<https://www.elsevier.com/connect/coronavirus-information-center>

Additionally, pharmacists have an important role to play in safeguarding medications by ensuring their proper use and preventing potential misuse. At this time, there is a serious lack of evidence that categorically supports the widespread use of hydroxychloroquine and azithromycin. The OPA, OMA, and RNAO have collaborated on a combined statement that can be found [here](#). In addition, the [Ontario College of Pharmacists \(OCP\)](#), [College of Physicians and Surgeons of Ontario \(CPSO\)](#), and [College of Nurses of Ontario \(CNO\)](#) have also released similar messages to each of their respective professions.



## IMPACT ON PHARMACY PROFESSIONALS AND PHARMACY OPERATIONS

It is important to bear in mind that the impacts of COVID-19 on pharmacy professionals and each practice setting will be highly variable and unique. As such, this section may not address all of the potential impacts but is intended to serve as a guide to help you best provide care for your patients and to protect yourselves and your staff in the process.

Depending on the practice setting, more time may be required for pharmacy professionals to:<sup>5</sup>

COMMUNITY PHARMACIES
<ul style="list-style-type: none"> <li>• Answer questions regarding COVID-19 prevention, symptoms, and treatment</li> <li>• Provide counselling on symptomatic treatment options</li> <li>• Actively screen and triage/refer patients to public health for further assessment</li> <li>• Dispense prescriptions for symptomatic treatments</li> <li>• Handle requests from individuals attempting to stockpile medications</li> <li>• Manage potential drug shortages</li> <li>• Manage workflow and staff absences due to illness or caregiving obligations</li> </ul>
HOSPITAL PHARMACIES
<ul style="list-style-type: none"> <li>• Manage the increase in patients admitted to hospitals due to complications (including an increase in prescription volume and consultation requests for infectious diseases and drug monitoring)</li> <li>• Manage potential drug shortages</li> <li>• Manage workflow and staff absences due to illness or caregiving obligations</li> </ul>
LONG-TERM CARE PHARMACIES
<ul style="list-style-type: none"> <li>• Manage the increase in patients in self-isolation in LTC homes (including an increase in prescription volume and consultation requests for infectious diseases and drug monitoring)</li> <li>• Manage potential drug shortages</li> <li>• Manage workflow and staff absences due to illness or caregiving obligations</li> </ul>

### ***Active and Passive Screening<sup>6</sup>***

All community pharmacies should undertake active screening (over the phone, voice recording, on websites, and for any patients presenting to the pharmacy staff with illness symptoms) and passive screening ([signage](#) at points of entry to the pharmacy) using the latest [case definition](#) for COVID-19.

A patient who screens positive over the phone must be advised to call their [local public health unit](#) and/or Telehealth (1-866-797-0000). However, due to the extremely high volume of calls, pharmacy professionals should provide patients with realistic expectations of potentially very long wait times to speak to someone and that the Ministry is working on increasing capacity to address this issue. Regardless, patients are advised not to show up to the hospital or assessment centre unannounced.

Designated assessment centres are located in dedicated spaces that will facilitate high-quality care, to protect broader patient populations. For a list of assessment centres in your area, consult the website of your local public health unit. Additional assessment centres will be established across the province in the coming weeks. Regions without an assessment centre will continue to be serviced by their local hospital or primary care settings. It is important that in all communications with patients, the message should consistently be that symptomatic patients need to call their [local public health unit](#) or doctor's office BEFORE going directly to an assessment centre. Symptomatic patients are urged NOT to go directly into a health care or public health

facility, as doing so puts others and the health care system at risk. The local public health unit will provide them with a risk assessment and instructions on next steps.

If a patient either meets the [case definition](#) through active screening by the pharmacist or self-identifies as meeting the case definition while at the community pharmacy:

- The patient must be separated from other visitors and staff so that they are at least 2 metres apart (use a separate room where available).
- If available, a surgical/procedure mask should be provided to the patient.
- Like all health providers, pharmacy professionals are required to call the [local public health unit](#) and to coordinate a plan for patient transport to an assessment centre such as a designated hospital for a more in-depth assessment and confirmation of COVID-19.
- If the patient is very ill, the pharmacy staff must **call 9-1-1** and let the operator know that an ambulance is required for an ill patient who is **suspected to have COVID-19**. Once an ambulance has been called, the pharmacy should attempt to call the local public health unit to report the case.

### ***Report Suspected Cases<sup>6</sup>***

COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and is therefore reportable under the [Health Protection and Promotion Act](#). Pharmacy professionals are required to contact their local public health unit to report any individuals who meets the case definition of a probable case of COVID-19 during screening.

If wait times for reaching the public health unit are excessively long and the patient is not sick enough to warrant a 9-1-1 call, instruct the patient to return home immediately to self-isolate and for them to contact their [local public health unit](#).

### ***Ensure Continuity of Care<sup>6</sup>***

#### What to Do Regarding Signatures for Rx Deliveries

A patient who screens positive or is in self-isolation should be advised to get someone from outside of their household to pick up their medications. Alternatively, the pharmacy should arrange for the delivery of medications if this service is available.

Pharmacists should consult OCP's Fact Sheet on Delivery of Prescriptions for guidance. However, while the *Drugs and Pharmacy Regulation Act, 1990* stipulates that delivery of Schedule I drugs requires a signature by the patient or agent upon receipt of a delivered prescription, professional judgement should be applied and if a signature is not possible due to self-isolation reasons, then a message like "*Signature not received upon delivery due to patient self-isolation for COVID-19*" should be documented on the delivery log and prescription record. In general, medications should be delivered to the patient without direct contact with a self-isolated patient. If the patient is not under self-isolation but merely wants home delivery for convenience or to avoid public exposure, professional judgement should also be exercised. If a non-COVID-19-positive patient is still unwilling to provide a signature due to fear or anxiety, the delivery person should not obligate them to sign upon delivery and should again document the reason for non-signature. The pharmacy owner or designated manager should determine the most appropriate process, considering the particulars of the medication with respect to security and storage and articulate this process to the pharmacy team (e.g., medications should not be dropped off in a mailbox for retrieval at a later time).

*Example Scenario – Delivery by the Pharmacy:*

- It is advisable for pharmacy staff to confer with patients in self-isolation in advance of delivery and to arrange for an appropriate protocol, such as a plan to leave the medication in a mailbox or other container by the door to the patient’s residence.
- A signature for receipt upon delivery will not be practical due to patient self-isolation. Therefore, documentation of the reason for lack of a signature will be required on the delivery log and prescription record (e.g., “Signature not received upon delivery due to patient self-isolation for COVID-19”).
- If a patient is not under self-isolation but is nonetheless fearful of exposure and refuses to sign, the documentation can be something like “Signature not received upon delivery due to patient fear of exposure to COVID-19”).
- Upon delivery and depositing the medication at the door, the delivery driver should call the patient immediately to advise them to immediately retrieve the medication. This is particularly important for medications that are temperature-sensitive or for narcotic/controlled substances.

In all cases, the pharmacist should ensure appropriate patient care is maintained (e.g., follow-up with the patient over the phone and provide any necessary counselling).

Prescribing and Dispensing Controlled Substances

The Office of Controlled Substances has issued a [short-term subsection 56\(1\) exemption from the Controlled Drugs and Substances Act](#) in the *public interest*. Health Canada has also provided answers to [frequently asked questions](#) about the exemption to provide further information. This exemption authorizes pharmacists to prescribe, sell, or provide controlled substances in limited circumstances, or transfer prescriptions for controlled substances. Controlled substances include narcotics, controlled drugs, and benzodiazepines and other targeted substances. Specifically, and **subject to the laws and regulations of the province** or territory in which the pharmacist is entitled to practice, this exemption will:

- Permit pharmacists to extend and renew prescriptions;
- Permit pharmacists to transfer prescriptions to other pharmacists;
- Permit practitioners to verbally prescribe prescriptions with controlled substances; and
- Allow pharmacy employees to deliver controlled substances to patients (at their homes or an alternate location)

Currently, in Ontario this exemption provides pharmacists with the authority to:

- Accept a verbal prescription for controlled substances
- Transfer prescriptions to other pharmacists

Approval of amendments to Ontario Regulation 202/94 of the *Pharmacy Act* are required before a pharmacist can extend and renew prescriptions for controlled substances. These draft regulatory amendments have been submitted to the Ministry and OPA will update members when they come into effect.

### Exceptional Access Program (EAP) Approvals

To allow health care practitioners to focus on urgent needs while limiting the need for patients to see their doctors to renew necessary prescriptions, the EAP is authorising the automatic extension of all EAP approvals that have expired or are expiring between February 1, 2020 to May 31, 2020 by an additional 90 days from the expiry date listed on the original approval letter.

### Dispensing Limited Use Products

Given the exceptional circumstances of COVID-19, pharmacists who are unable to obtain a renewal of an LU authorization may continue to fill the Rx, as deemed appropriate based on documented professional judgment, and the ministry will continue to cover the cost, as an interim measure. The rationale for not being able to obtain physician authorization (e.g., “Unable to reach prescriber due to COVID-19” or some language similar) must be documented. As this is a temporary measure, pharmacists should continue to communicate with prescribers where possible to inform the prescriber of your actions and obtain a new LU authorization. Pharmacists are also strongly *advised to maintain a record of all LU prescription claims that have been extended for the purposes of audit post-removal of these temporary measures.*

Example Scenario - Patient is on pantoprazole sodium 40 mg, Reason for Use (RFU) code 297 (expiry March 18, 2020). If a patient requests a refill for a 30-day supply on March 24, 2020 and the pharmacist is unable to reach the prescriber for a new LU authorization, the pharmacist can continue to refill the prescription and apply the same RFU code to the quantity dispensed, if the patient still meets the clinical criteria based on their professional judgement. The pharmacist should communicate with the prescriber where possible to inform them of this extension and request a new LU authorization for future fills. Any new LU authorization received from the prescriber will be active from the date that it was authorized. If a new authorization is not received by the next refill due to COVID-19, pharmacists can continue to temporarily extend LU authorizations for the dispensed quantity.

### Performing MedsCheck Reviews

Where medically necessary for the patient’s understanding of their medications and to resolve urgent medication management issues (e.g., significant change to their medications after hospital discharge), MedsChecks may be performed virtually or over the phone. All other MedsCheck appointments should be rescheduled. For additional information please refer to the [OPA Supplementary FAQs](#).

### Emailed Prescriptions

Prescribers who are working away from their regular premises, without access to their usual phone system, fax system, or EMR/e-prescribing system may be using emails to communicate prescribing directions in order to continue providing patient care. [CPSO](#) and [CNO](#) have reinforced to registrants that prescribers should use appropriate and established channels whenever feasible. However, during these exceptional times, pharmacists may receive prescriptions via unsecured email. The College recommends that during the COVID-19 pandemic, pharmacists facilitate the dispensing process once they have validated, in their professional judgement, that the source is authentic and that the content is appropriate.

The following principles should be applied:

- The pharmacist has a responsibility to ensure it is a valid prescription and that patient privacy is respected
- The prescriber has a responsibility to obtain patient consent to send a prescription through unsecured email and should only transmit an emailed prescription to the pharmacy of the patient's choice
- Unsecured email cannot be used for drugs listed under the Narcotic Control Regulations. As a reminder, verbal prescriptions are now permitted under [Health Canada's short-term Sec. 56\(1\) exemption under the CDSA](#). A full list of drugs found under the Narcotic Control Regulations can be found [here](#).
- Both prescribers and pharmacists are expected to follow their standards of practice at all times, including appropriate documentation and record-keeping

The following may be considered to verify the validity of an unsecure email prescription:

- Consider the patient profile and medication history to determine if the prescription is clinically appropriate for the patient (e.g., is this a known existing condition being treated, has the patient had the medication before)
- Consider the authorized quantity and (if applicable) authorized refills and assess for appropriateness (e.g., as a temporary nature of this measure, are large quantities and/or multiple refills required)
- Call the prescriber to verify the authenticity of the email prescription and to discuss any potential concerns (e.g., verify that the email came directly from the prescriber and not sent first to the patient who then forwarded it to the pharmacy)

#### Modifications to the Provision of Opioid Agonist Treatment<sup>7</sup>

Pharmacists who are providing opioid agonist treatment to patients may have to adjust practice in order to accommodate social distancing, self-isolation, and quarantines. An interim consensus guideline, [COVID-19 – Opioid Agonist Treatment Guidance](#), has been developed by CAMH, META:PHI and OMA to act as a supplement to existing standards and guidelines.

For both patients who are asymptomatic and under isolation and patients who are symptomatic and/or quarantined, presumed COVID-19 positive, or confirmed COVID-19 positive, pharmacy delivery should be used if available and virtual communication may be used to support witnessed dosing.

It should be noted that this document is meant to provide guidance and is not meant to limit the scope of one's clinical practice or replace clinical experience/decision making skills. As the pandemic evolves, this document will be updated and individuals are encouraged to consult the most recent version, which can be found on the CPSO and META:PHI websites.

### ***Patient Education***

Pharmacists have a shared responsibility with other front-line healthcare providers for informing and educating the public on COVID-19, including promoting infection control and preventative measures.<sup>6</sup> As one of the most trusted of all healthcare professionals, pharmacists should ensure they remain up to date with current information about COVID-19 in order to provide concise and credible information to patients. Pharmacists should be prepared to provide counselling and education to address patient concerns with regards to symptom identification, supportive management, and when and where to seek medical attention.<sup>5</sup>

OPA recommends reviewing daily the [OPA coronavirus webpage](#) as well as the Ministry's coronavirus webpages for both the [public](#) and [healthcare professionals](#) for more information.

In addition to educating the public about COVID-19, it is also important for pharmacists to assist patients with their pandemic planning as it relates to medications. Useful tips for pharmacists to provide patients include:<sup>8</sup>

- Keep common over-the-counter medications on-hand such as medications for fever, colds, and allergies.
- Check to make sure prescription medications are up to date. This does not mean stockpiling medications, but rather ensuring they have adequate supply, e.g., if they only have 7-10 days' worth of medication left, they should call the pharmacy to request a refill.
- Inform patients about the pharmacy's delivery service, if available, that can deliver medications to them if they are unable to come to the pharmacy.
- Advise patients to call the pharmacy if they have any questions or concerns, especially if they are ill, rather than coming into the pharmacy.

### ***Communication***

Pharmacists should ensure that there are open lines of communication with staff, patients, and other organizations (government, associations, etc.).

- **Staff**

Depending on the size of the pharmacy, consider daily calls or written communications providing staff with current information about COVID-19 and how it may be impacting the pharmacy. Be transparent about the fact that policies and procedures may need to be changed urgently but commit to keeping staff apprised as best as you can. Ensure staff understand their roles and responsibilities, prevention and management measures, and the business continuity plan.<sup>5</sup>

- **Patients**

Ensure that you have placed [posters](#) accordingly warning patients not to enter the pharmacy if they are unwell, or what to do if they arrive at the pharmacy counter and are experiencing symptoms related to COVID-19. It would be advisable that the message at the entrance into the pharmacy includes a phone number where they can reach pharmacy staff and assure them that you will help them to get their medications.

Any messaging provided to the public should be appropriate, accurate, up-to-date and consistent.<sup>5</sup> OPA recommends consulting the [OPA coronavirus webpage](#) as well as the Ministry's coronavirus webpages for both the [public](#) and [healthcare professionals](#) for more information.

- **Other organizations (government, associations, regulatory bodies, etc.)**

Stay current with communications issued by other organizations including the Ministry of Health, Public Health Ontario, local public health units, associations (e.g., the Ontario Pharmacists Association, CSHP Ontario Branch, Ontario Hospital Association, Ontario Long-Term Care Association, Ontario Retirement Communities Association) and regulatory bodies (e.g., OCP). This can help pharmacists provide accurate and concise key messaging to patients.<sup>5</sup>

#### ***Involvement with local community planning***

Consider working with your local municipal government and/or your [local public health unit](#)'s Chief Medical Officer of Health to provide support. Reach out to public health staff in your community to offer assistance and highlight awareness of your role in the community to protect the health of patients. Consider contacting other local healthcare providers such as family physicians, nurses, and other pharmacists to discuss how you can support each other and work together as a team to manage the pandemic in your local community.

#### **Protection of Pharmacy Staff and Patients**

Due to the nature of the work as accessible front-line healthcare providers, pharmacists and pharmacy staff may be exposed to COVID-19. In order to reduce exposure and to protect your health and that of others, pharmacy staff should undertake additional measures to prevent the spread of the virus.

#### ***Personal Measures***

Personal measures that pharmacy staff should undertake to prevent the spread of illness include:<sup>9</sup>

- Frequent handwashing with soap and warm water or use of an alcohol-based hand sanitizer (with a minimum of 60 per cent alcohol) if handwashing is not an option, especially after direct patient interactions, handling payment methods, etc.
- Frequent washing of lab coats
- Sneezing or coughing into your sleeve
- Avoiding touching your eyes, nose or mouth
- Avoiding contact with individuals who are ill
- Staying at home if you are unwell



### ***Droplet and Contact Precautions***

If available, pharmacies should attempt to obtain personal protective equipment (PPE) (e.g., surgical or procedure masks, gloves, hand sanitizers) from their wholesalers/distributors to keep on hand at the pharmacy in case it is required (e.g., encountering a patient who meets the [case definition](#) through active screening by the pharmacist while at the pharmacy). OPA is actively advocating to the Ministry's Emergency Operations Centre (MEOC) that pharmacy professionals be included as part of the healthcare provider supply of PPEs. We will continue to keep members posted on this effort.

**UPDATE: Personal Protective Equipment (PPE)** – OPA has partnered with RONCO, a world-class manufacturer and supplier of PPE for a variety of industries, including for pharmacy professionals and other healthcare providers. Details for placing orders for masks, gloves, and gowns can be found [here](#).

### ***Environmental Cleaning***

COVID-19 is spread by respiratory droplets from infected individuals when they cough or exhale and are breathed in by another person.<sup>2</sup> These respiratory droplets can also land on objects and surfaces and infect another person who touches these objects or surfaces and then their eyes, nose or mouth.<sup>2</sup> Therefore, it is important that policies and procedures are developed to ensure routine cleaning of the pharmacy, especially commonly touched surfaces and items such as phones, keyboards, sinks, countertops, cash registers, door handles, prescription counting trays, spatulas, etc.<sup>5</sup>

If a patient screens positive in a pharmacy, patient-contact surfaces (i.e., areas within 2 metres of the patient who screened positive) needs to be disinfected as soon as possible. These would include areas for prescription drop-off and pick-up and debit-credit card pin pads.

For more information about environmental cleaning, please refer to [PIDAC Routine Practices and Additional Precautions in All Health Care Settings](#) and OCP's article on [Patient Safety and Infection Prevention and Control](#).

### ***Additional Measures***

Recognizing that each pharmacy and situation is different, below are some suggestions that could be implemented if the pharmacy can and chooses to:

- Place hand sanitizers at each patient contact point to be used after each patient interaction (e.g., at the prescription drop-off counter, cash register, counselling room, etc.).
- Use signage on front doors warning patients not to enter the pharmacy if they are unwell and to call the pharmacy instead if they have questions, concerns, or to arrange delivery of medications.
- If possible, keep a 2-metre distance between staff and patients during interactions.
- Cancel or postpone non-essential pharmacy offerings such as clinic days, non-urgent MedsCheck reviews, collection of medical and pharmaceutical biohazardous waste, etc.
- Exercise professional judgement when determining the need to provide services requiring close contact such as immunizations and demonstration of devices, and where possible consider the option to provide education virtually.
- Encourage all patients who come into the pharmacy for service to call the pharmacy for all future interactions or questions.



- On automated refill systems, include a message that those who are ill or in self-isolation should not come into the pharmacy to pick up their medications but should instead call the pharmacy to speak to a staff member to make alternate arrangements.
- Wear gloves or wash hands immediately after handling items from patient (e.g., returned old vials, cups from patients on opioid agonist therapy).

### Pharmacy Staff Affected from COVID-19 Return to Work

- Returning from travel outside Canada: Self-isolate for a period of 14 days starting from arrival in Ontario if you have travelled outside Canada within the last 14 days as per [Ministry of Health Recommendations](#). If you must work to continue operations, it is recommended that you undergo regular screening, use appropriate PPE for the 14 days and undertake active self-monitoring, including taking your temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop
- Staff who have had contact with individuals who are confirmed positive for COVID-19
  - Asymptomatic, low/no risk contact: Can continue to work in the pharmacy
  - Asymptomatic, medium risk (non-close) contact: Can continue to work in the pharmacy, but it is recommended that you undertake active self-monitoring, including taking your temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop
  - Asymptomatic, high risk (close) contact: Self-isolate for a period of 14 days. If you must work to continue operations, it is recommended that you undergo regular screening, use appropriate PPE for the 14 days and undertake active self-monitoring, including taking your temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop
  - Symptomatic: Immediately self-isolate for a period of 14 days and contact Public Health for further guidance and potential testing information. Call 9-1-1 if symptoms are severe
  - Confirmed positive for COVID-19: Self-isolate/quarantine as per Public Health instructions

Individuals who meet testing criteria for COVID-19 should self-isolate while test results are pending (if the individual does not require hospital care).

For individuals who are not being tested for COVID-19 and who are symptomatic, it is currently recommended by Public Health that they self-isolate for 14 days from symptom onset. After 14 days, if they are afebrile and their symptoms are improving, they may discontinue self-isolation. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. If symptoms or fever are persisting, individuals should follow-up with their primary care provider. This is based on current evidence regarding viral shedding and viability after symptom onset in out-patients and will be updated as new evidence becomes available.

## Developing a Plan

### *Importance of Planning*

Planning is an important step to ensure pharmacies can continue to provide care to their patients and to protect the health of pharmacy staff and patients. Preparation can also help you to better cope with any economic, social and environmental strains related to the pandemic.<sup>5</sup> Pharmacists must have a plan to deal with the increased number of patients seeking help, advice, and pharmacy services as well as the potential impact that the pandemic may have on pharmacy operations. Plan for various scenarios but realize that you may have to be flexible and adapt/change plans if the situation requires it.

### *Management of Drug Shortages*

Drug shortages are a serious and growing concern that have been increasing in the last 3 to 5 years.<sup>10</sup> A pandemic may increase drug shortages due to factors such as:

- Increased use of some drugs (e.g., cough and cold remedies, fever reducers)
- Stockpiling of prescription medications
- Disruptions in supply chain due to staff shortages, road closures, global impacts on non-Canadian suppliers of pharmaceutical raw materials, etc.

Pharmacists must plan for the potential impact that drug shortages will have on their business operations (e.g., increased time spent by pharmacists to find alternatives and make recommendations to physicians). It is important to note that despite a pandemic, pharmacists are expected to continue to act responsibly and professionally, e.g., not ordering large quantities and stockpiling at the pharmacy, using professional judgement to make decisions on quantities to dispense, etc., in order to ensure that all patients can have access to the medications that they need.<sup>5</sup>

Another component to managing drug shortages is dealing with public concerns. Pharmacists have a very important role to play in communicating with patients to provide reassurance and consistent messaging. Pharmacists should:<sup>5</sup>

- Ensure that the patient has an adequate supply of medication to ensure continuity of care but discourage stockpiling of medication as it can create drug shortages and can lead to medication wastage (e.g., expired medications) and lack of availability for other patients,
- Reassure the patient that should a drug shortage occur, the pharmacist will work with their prescriber to determine suitable available alternatives, and
- Inform patients that pharmacy staff are continuously monitoring drug shortages in order to respond quickly to ensure that patient care is uninterrupted.

In order to protect drug supply and ensure that sufficient medication will be available for all Ontarians, the Ministry of Health is recommending pharmacists and dispensing physicians dispense no more than a 30-days' supply of ODB eligible medications. The Ministry of Health's Executive Officer issued a [notice](#) to pharmacists to help the pharmacy community support their patients while also putting in protective measures. OPA has prepared a [resource tool](#) to help pharmacy professionals navigate some of the questions that may arise from the directives.

### ***Business Continuity Planning<sup>11,12</sup>***

A business continuity plan will help you act quickly during an emergency and should help your pharmacy recover quickly as well if you experience unanticipated downtime. The business continuity plan should describe how the pharmacy intends to maintain its critical operations and minimize the impact of a pandemic or other emergency. The plan is about minimizing risk, and should include necessary resources, key contact lists and procedures that staff should follow.

A business continuity plan will help to set expectations for all staff, and when possible, pharmacies should try to maintain business as usual and supply medications for patients with chronic conditions. Realizing that you may not be able to do everything yourself, please remember to think outside the box when writing your plan. For example:

- Is there anything that can be done in collaboration with other local business owners (not necessarily other pharmacies)?
- Can you work with your closest pharmacy neighbor and agree to support each other and their patients if one of you needed to shut down temporarily?

The following are important elements for the development of a business continuity plan.

#### **1. Pandemic Plan Coordinator/Committee**

The first step in developing a business continuity plan is to identify an individual who will have the responsibility for managing this plan. To support this individual, it is recommended that a committee or working group be established, with representation from all the departments for the development, communications, and scheduled review of this plan.

Participants of the working group should have the necessary expertise to help identify the pharmacy's essential services and functions, recommend solutions, and resulting impacts

#### **2. Identify Essential Operations/Functions/Services & Build Contingency Plan**

A pandemic will have widespread impact on human resources across all sectors, which may affect essential infrastructural services such as sanitation, water, telecommunications, financial services, power, transportation, and food supply. The pharmacy should already have contingency plans in place for disruption of some of these services. It is important that they are incorporated into the plan.

As the most accessible health care providers in the community, as was the experience with SARS, it is expected that there will be an increase in demand for pharmacy services. This should be taken into consideration when determining minimum staffing levels for business continuity.

During a pandemic, approximately 35% of the workforce may become ill. Absenteeism may be due to the employee's own illness, employee staying home to care for sick family members, or fear of going to work. It would be prudent for planning purposes to estimate up to 50% absenteeism during the peak of the pandemic.

Tables 2 and 3 can be used by the pharmacy to identify its essential operations/functions/services, the minimum staff required to provide those services, the core skills or requirements to perform the task, and the potential human resource surge capacity to cover absences. When determining pharmacy surge capacity, consider if resources from non-urgent services can be diverted to support the essential services. Table 4 can be used to develop your contingency plan for maintaining essential services.

**Table 2: Essential Operations/Functions/Services**

PRIORITY RANKING	ESSENTIAL OPERATIONS/FUNCTIONS/SERVICES	SKILL SET REQUIRED TO PERFORM TASK	MINIMUM REQUIRED STAFFING LEVEL	CURRENT STAFFING LEVEL	REMAINING STAFFING WITH POTENTIAL OF 35 TO 50% ABSENTEEISM	POTENTIAL SURGE CAPACITY

**Table 3: Non-urgent Operations/Functions/Services**

NON-URGENT OPERATIONS/FUNCTIONS/ SERVICES	HOW LONG CAN THE PHARMACY DO WITHOUT THESE SERVICES	MINIMUM REQUIRED STAFFING LEVEL	CURRENT STAFFING LEVEL	WITH POTENTIAL OF 35 TO 50% ABSENTEEISM, REMAINING STAFF THAT CAN BE TEMPORARILY REALLOCATED TO SUPPORT ESSENTIAL SERVICES

**Table 4: Contingency Plan for Maintaining Essential Services**

ESSENTIAL OPERATIONS/FUNCTIONS/ SERVICES	PERSON RESPONSIBLE FOR IMPLEMENTATION	ACTION LIST	RESOURCE LIST	TRAINING NEEDS

### 3. Human Resources

There are a few human resource issues specific to a pandemic that should be addressed, such as policies for employee compensation, sick/family/medical leave, self-quarantine, return-to-work after illness, vacation, over-time and flexible work hours.

Note: Some questions have been raised relating to the authority of government and/or regulators to mandate work terms and conditions for pharmacy professionals under the *Occupational Health and Safety Act, 1990*. OPA is conferring on this matter and will provide an update once available.

### 4. Business Insurance Policies

Understanding the various insurance protection options available to you may help to alleviate concerns both with respect to employee welfare and business viability. Owners may wish to review options and eligibility for coverage with respect to insurance extensions such as:

Outbreak Extra Expense Coverage (examples could include overtime, rent on alternate facilities, additional equipment should the pharmacy be required to close, etc.)

Negative Publicity Extension (this may cover lost profits should the pharmacy be required to close)

Pharmacies covered by OPA's Pharmacy Store Insurance may contact the HUB OPA team at [opa@hubinternational.com](mailto:opa@hubinternational.com) or 1-855-672-7672 for more information. For those who do not have this coverage but would like more information regarding OPA's Pharmacy Store Insurance, contact OPA's Insurance Department at 416-441-0788 (toll-free at 1-877-341-0788) option 2 or email [insurance@opatoday.com](mailto:insurance@opatoday.com).

### 5. Communications to Staff

Communications to staff about the pandemic and what actions the pharmacy should/will take are important; these discussions should educate them about:

- Facts about COVID-19 pandemic, including signs and symptoms and modes of transmission
- Your pharmacy's pandemic plan and its activation process
- Everyone's roles and responsibilities upon activation of the pandemic plan
- Applicable policies and procedures

Regular staff meetings should be arranged to address different topics, giving staff an opportunity to absorb and understand the process and bring back their questions and concerns. Remember that, operationally, many things can change very quickly based on the rapidly evolving status of pandemic in Ontario, Canada and globally.

The Ministry of Health has developed several fact sheets on COVID-19 that may be useful in communicating with your staff which can be accessed at <https://www.ontario.ca/page/2019-novel-coronavirus>.

### 6. Communications to Patients

During a pandemic, it is expected that there will be an increase in the number of calls from patients and customers requesting health information, prescription renewals, etc. As part of the pandemic planning

process, consider what type of communication approaches the pharmacy might want to implement to manage and address customer needs, including referrals to other available resources such as websites, Telehealth, and local public health units. If there are any temporary interruptions (direct or indirect) to the provision of pharmacy services that have been activated by municipal, provincial and/or federal pandemic plans, you will need to determine how this will be communicated to your staff and customers.

Pharmacies are reminded of the various communication vehicles that can be utilized by the pharmacy for pandemic specific messages, and these include:

- Voicemails
- Answering machines
- IVR
- Store Signage
- Prescription labels
- Information pamphlets
- Pharmacy website

## **7. Trial Run**

Once the plan is in place and all pharmacy staff have been trained on their roles and responsibilities, a date should be set for a trial run (time permitting). Issues arising from the trial run can feed into revisions of the plan.

## **8. Activation of the Plan**

Individuals with decision-making authority to activate and terminate the pandemic plan need to be clearly identified for all staff. A notification system will need to be developed to communicate plan activation and termination.

## **9. Prevention Activities**

Prevention is absolutely essential to maintaining a healthy workforce. Prevention strategies should be implemented prior to and continued after a pandemic has been declared.

Infection control strategies to prevent the spread of COVID-19 include:

- Practise good hygiene (e.g., handwashing)
- Maintain a clean workplace environment (e.g., regular and frequent use of disinfectant cleaning supplies, particularly for high-traffic areas in the pharmacy)
- Encourage ill employees to remain at home until they are no longer infectious
- Use of personal protective equipment, if available
  - e.g., surgical masks, gloves, alcohol-based hand sanitizers
  - Continually check wholesaler/distributor inventory to see if supplies have been replenished
- Do not shake hands with anyone
- Maintain social distancing where staff remain at least 2 meters apart from each other and/or from patients
- Ask patients waiting for a prescription in the pharmacy to stay away from the pharmacy counter until summoned.



## 10. Pharmacy Closure

If it is determined that your pharmacy cannot operate, ensure there is a plan to communicate this closure to customers with as much advanced notice as possible. If feasible and under the professional discretion of the designated pharmacy manager, consider having regulated pharmacy professionals who are able to work, triage patient calls and transfer prescriptions as required, and connect with local neighborhood pharmacies and health services so that they may be prepared to assist your patients if needed. You may also wish to consider whether you are able to secure your pharmacy for a longer period. Please consult OCP's [Notification of Temporary Pharmacy Closure](#) form for more information.

**THE FOLLOWING CHECKLIST IS INTENDED AS A GUIDE TO HELP YOU START  
PLANNING FOR WHAT YOU MAY NEED AND IS NOT EXHAUSTIVE.**

**Checklist for Pharmacy Owners/Managers**

	Not Started	In Progress	Complete
<b>GENERAL PANDEMIC PLANNING</b>			
Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning.			
Ensure the plan is accessible to all staff, states the triggers for activation and cessation, and that all staff are aware of when it will start and when normal business will resume.			
Identify the critical activities undertaken by your business, ranked by order of importance, which would have to continue during a pandemic, as well as the employees and other inputs that support those activities (e.g., raw materials, suppliers, sub-contractor services/products, logistics, process controls, security). Consider how internal resources could be re-allocated to ensure those activities are maintained.			
Discuss with your suppliers/sub-contractors whether they have robust Business Continuity plans in place – your organization is only as good as those on whom it depends.			
Review your supply chain arrangements. Consider multiple suppliers for key products.			
Consider your cash flow and speak with your bank manager and creditors at an early stage. For example, if there is a delay in prescription payments will your cash flow be sufficient? Will you have access to extra finance if needed to purchase additional supplies or if shortages increase market value of goods?			
Review your standard operating procedures (SOP) and decide what may need to change during an emergency.			
For larger companies, make sure staff are confident to work in other locations.			
Cross train staff where possible to avoid situations where only one person is trained to carry out a task.			
Ensure there are arrangements for accessing keys and security codes if usual staff are all absent.			
Identify vital business consumables (till rolls, fax paper, etc.) and consider keeping extra supplies in stock.			
Identify ways of preventing or dealing with stock shortages (i.e., rationing of OTC remedies to prevent panic buying, maximum 30 days' supply of medications).			
Consider organizing carpooling for staff, perhaps with other local businesses in case public transport is affected or fuel is rationed.			
Identify employees and key customers with special requirements and incorporate the requirements of such persons into your preparedness plan.			
Identify methods of gathering reliable information on current pandemic status (i.e., World Health Organization, MOH Emergency Operations Centre, Public Health Agency of Canada)			
Consider keeping details of staff who may be able to help in an emergency (i.e., former employees, recently retired pharmacists, those on family leave, etc.). Determine what training they need.			

<b>Policies to be Implemented</b>			
Guided by advice issued by Government, establish policies for sick-leave absences unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work after illness (i.e., when they are no longer showing symptoms and feel better).			
Establish policies for flexible worksite (e.g., LTC consulting pharmacists may be able to conduct reviews from home, pharmacists may call patients for follow-up from home, etc.) and flexible work hours (e.g., staggered shifts).			
Guided by advice from Government, establish policies for reducing spread of illness at the worksite (e.g., promoting respiratory hygiene/cough etiquette, and asking those with illness symptoms to stay at home).			
Guided by advice from Government, establish the current policies for employees who are suspected to be ill, or become ill at the worksite (e.g., infection control response, sick leave policies).			
Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g., reducing operations as necessary in affected areas), and transferring business knowledge to key employees.			
Guided by advice from the Foreign & Commonwealth Office (which would be informed by the latest information from the World Health Organization and/or advice from Health Departments), establish policies on travel to affected geographic areas and develop policies on managing employees working in or near affected areas when an outbreak begins (and later on in the pandemic).			
<b>Resources to Protect Employees and Customers</b>			
Review your business insurance policy to determine if it will cover liability for spread of disease among staff.			
Assess measures you have in place to assure the safety of staff and premises if law and order become an issue.			
Identify minimum staffing levels needed to continue safe operation and determine a course of action if below the minimum levels.			
Plan to restrict the number of non-essential face-to-face meetings with others (i.e., training programs, business meetings, etc.).			
Identify methods of infection control in the pharmacy (i.e., extra surface cleaning, cough etiquette, social distancing). Pharmacists and their staff will also play a vital role in providing messages of cough etiquette and hand-washing to the public.			
Review and service air conditioning units to ensure premises are well ventilated.			
<b>Communication to Employees</b>			
Disseminate easily-accessible information about the pandemic to your workforce which is appropriate to the stage of alert (e.g., signs and symptoms of COVID-19, modes of transmission when this information is available), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans). This should be based on the information already available on the Ministry website.			
Disseminate information to employees about your pandemic preparedness and response plan for your business, including their role in this plan.			
Ensure staff contact list is up to date. Include details of after-hours numbers, cell phones and emergency contact information for each. Set up a phone tree, where you call two people, they each call two other people, etc.			
Ensure your SOP specifies methods of contacting staff who are off work through illness, bereavement, family obligations, etc.			
Consider using technology such as text messaging or email to communicate with staff.			

<b>Coordination with the Community at Large</b>			
Find out about pandemic planning in your region and locality, for example through local public health units, regional resilience teams and local resilience forums and liaise with agencies and local responders.			
Ensure that the College has up to date contact information for the pharmacy, including the names of the pharmacy professionals practicing at your location.			
Establish a SOP so that information from the MOH (found on both the OPA and OCP websites) and others is disseminated quickly.			
Establish plans to communicate with customers, especially if opening hours change.			
Consider recorded messages to deal with common queries and how provincial messages such as “remain at home if you are symptomatic to limit infection spread” can be supported.			
Communicate changes in service, for example, cessation of any non-essential services.			
Consider using technology such as text messaging, email or websites to communicate with customers.			
<b>Security</b>			
Ensure you can secure your pharmacy if it needs to close for a long period of time.			
If you use a security company (i.e., an alarm system linked to a company) check to ensure that the supplier will be able to fulfil its contract.			
Ensure key holder details are up-to-date and readily retrievable.			
Ensure your plan contains details of how you will assure safety and security of staff and customers.			

**APPENDIX I**  
**CONTACT INFORMATION FOR KEY INDIVIDUALS**

Fill in the contact information of key individuals and include in the pharmacy pandemic plan.

Full Name	Role/Responsibility	Home Telephone Number	Cellphone Number



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