



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



AN RIALTÓIR CÓGAIÓSÍOCHTA
THE PHARMACY REGULATOR

Business Continuity Planning for Community Pharmacies During the COVID-19 Pandemic

HSE

PSI – The Pharmacy Regulator

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Version 2

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This is a revised and updated version of the business continuity guidance published on 13 March 2020

These revisions include:

- ✓ further details on considerations relevant to COVID-19,
- ✓ HPSC advice on infection control measures and advice to healthcare workers,
- ✓ more detail on considerations for vulnerable patient groups,
- ✓ more detail on steps to be taken if a pharmacy needs to close for a short, medium or long term, or if a number of pharmacies in a locality are required to close.

Background

Pharmacies have a pivotal role to play in ensuring the continuity of medicine supply and the ongoing care of patients in the community during this challenging period. The current COVID-19 pandemic presents a number of risks to the continuity of community pharmacy services to patients and the public.

As the pandemic continues, it is probable that individual pharmacists and pharmacy staff may become unwell or be required to self-isolate and, therefore, it is important to plan for the various scenarios that may impact from a professional and a business continuity perspective, including the possible closure of a pharmacy for short or long periods.

Pharmacists and pharmacies play a key role in supporting public health and, in particular, are recognised as a valuable health and self-care resource for members of the public who are seeking professional advice, reassurance, and information. The PSI and HSE commend our community pharmacists, together with their teams, for their professionalism and commitment towards meeting patients' needs and maintaining continuity of services in these challenging times. **Your contribution is very important and greatly appreciated.**

Purpose of this Guidance

This Guidance is designed to help support the community pharmacy sector by providing a consistent and coordinated approach in dealing with changes in demand and capacity caused by the COVID-19 pandemic. A consistent and coordinated approach across the community pharmacy sector will also help ensure that patients can continue to access their ongoing treatment and 'regular' medicines in a coordinated manner during the current emergency.

Who is this Guidance for?

This Guidance is intended to be read by the people who have governance responsibilities for community pharmacies, i.e., **owners, superintendent pharmacists and supervising pharmacists**. At a time of crisis and national emergency, with heightened stress and anxiety, it is essential that everyone in governance roles fully embrace their leadership responsibilities in the interests of patients, the public, their staff and professional colleagues.

We, in PSI and the HSE, are committed to supporting you with these responsibilities and to working collaboratively with you during this crisis. Our intention in producing this Guidance is to assist you, whether as an owner, superintendent pharmacist or supervising pharmacist, in making contingency plans to help maintain your pharmacy service(s) as well as supporting you in working with other pharmacy colleagues in your locality. **Cooperation among pharmacies is essential in ensuring the continuity of pharmacy services to patients and the public within your local area.**

Important principles for managing business continuity during the COVID-19 pandemic

These are a number of overarching principles which are of particular importance in guiding professional practice and maintaining business continuity during the current pandemic. For ease of reference, these are listed below:

- ✓ Superintendent and supervising pharmacists should ensure that the key principles underpinning safe and professional pharmacy practice continue to be observed, including, but not limited to such matters as, patient confidentiality and privacy, patient counselling, the safe custody of medicines (including controlled drugs), ongoing liaison with GPs and hospitals, etc. Any compromising of these key principles must be for the absolute minimum time and must be for clear, justifiable and documented reasons, directly related to your good-faith efforts to manage the impact of Covid-19.
- ✓ As pharmacy is a professional-led health service, ensure all opportunities are taken by you and your staff to signpost patients and the general public to trusted sources of information.
- ✓ Ensure that stockpiling at pharmacy or patient level does not occur. While it is recognised that there may be significant patient pressure at this time, patients and the general public should be advised not to seek supplies of medicines over and above their normal requirements. Reassure patients that there is no evidence to suggest that Ireland is likely to face general medicines supply issues now, or in the near future, as a result of any potential delays in the supply chain caused by COVID-19 related issues.
- ✓ Pharmacy owners together with superintendent and supervising pharmacists should ensure that each pharmacy has a business continuity plan in place for their pharmacy. Pharmacy staff should be aware of the plan and be appropriately informed and trained on actions that may be required of them as part of that continuity plan.
- ✓ Pharmacy owners together with superintendent and supervising pharmacists should ensure that each pharmacy is following the most up to date national measures and public health advice to respond to COVID-19, as issued by the Government and Department of Health, including the infection control and prevent measures from the HPSC and the HSE. .

Format of this Guidance

This guidance is divided into three sections:

- Section 1: Implementing Public Health advice for COVID-19 in pharmacies
- Section 2: Business Continuity Planning Steps to build resilience in pharmacy services at individual pharmacy level
- Section 3: Steps to be taken if a pharmacy needs to close either short term or long term, or if there are multiple closures in a locality

Section 1: Implementing Public Health Advice for COVID-19 in Pharmacies

Pharmacies are already taking measures to minimise the risk of inadvertent exposure to COVID-19 through close adherence to hand hygiene and respiratory hygiene, social distancing measures, appropriate signage at the entrance of the pharmacy and managed access to the pharmacy in line with current public health guidance. This supports the physical distancing measures in line with Government guidelines, with pharmacies adjusting workflow and layout as necessary.

Pharmacy owners, together with superintendent and supervising pharmacists, should ensure that each pharmacy is following the most up to date national measures and public health advice to respond to COVID-19, as issued by the Government and the Department of Health, including the infection control and prevention measures as issued by the HPSC and the HSE. This includes:

- ✓ Ensuring that all pharmacy staff inform and update themselves appropriately regarding the management of the Coronavirus outbreak.
- ✓ Ensuring that pharmacies are using the most up to date national resources, posters and guidance. As these are updated regularly to reflect the emerging situation, pharmacies should refer to the Health Protection Surveillance Centre (HPSC) website where the most up to date advice for healthcare professionals is provided on a daily basis, or sign up for the relevant update alerts.
- ✓ Ensure that you and all professional colleagues follow relevant models of care and treatment algorithms as published nationally and that you do not undertake unilateral or localised actions contrary to these evidence-based, public health approaches.

Please Note: Advice and guidance on COVID-19 are all constantly evolving, as such the original website sources for the resources listed in the following sections should be checked regularly in addition to the information provided here.

1.1 Infection Prevention and Control Advice for Pharmacies, Healthcare Workers (HCWs) and Healthcare Facilities

The HPSC [guidance to minimise the risk of transmission of COVID-19 infection in pharmacies](#) provides public health advice on good infection prevention and control measures that should be followed in pharmacies.

In addition, the [HPSC has also issued advice for minimising risk of infection transmission and on the appropriate use of PPE](#), including up-to-date [guidance on the use of surgical masks in the healthcare setting](#).

In addition to the pharmacy premises advice provided above, the HPSC advises the following actions to minimise the risk of infection transmission

Actions for Healthcare Workers

- Implement standard precautions for infection prevention and control with all patients at all times.
- Maintain a physical distance of at least 1 metre (3 feet) but ideally 2m (6 feet) from individuals (where possible).
- Clean your hands regularly as per WHO's '[5 moments of Hand Hygiene](#)' and use the [HSE 6 step technique](#).
- Avoid touching your face.
- Promote respiratory hygiene and cough etiquette which means covering mouth and nose with a tissue when coughing and sneezing, or coughing into the crook of an elbow, discarding used tissue into a waste bin and cleaning hands.
- The HPSC has updated their advice on surgical masks to recommend they should be worn by healthcare workers:
 - when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient;
 - for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained.

The HPSC notes that use of surgical masks is in addition to, and not as a replacement for, other measures to reduce the risk of transmission of infection. These measures include hand hygiene and maintaining a distance of 2m between people whenever possible. Surgical masks must be donned correctly and should remain in place covering the nose and mouth throughout the period of use.

Actions for the Healthcare Facility

- Post visual alerts including signs and posters at the entrance to the facility to provide patients and healthcare workers with instructions (in appropriate languages) about hand hygiene, respiratory hygiene and cough etiquette.
- Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitiser, tissues, and hands-free waste bins for disposal, at healthcare facility entrances and waiting areas. Use physical barriers (e.g. glass or plastic windows) to limit close contact between staff and potentially infectious patients.

Resources

The HPSC also provides some [video resources](#) on infection control measures for healthcare workers. As more resources become available pharmacies should continue to check the HPSC website

1.2 COVID-19 and Pharmacy staff

Staff must not attend work when unwell with suspected Coronavirus. Any staff member developing a fever or

cough or shortness of breath/breathing difficulties must go home immediately and phone their GP, or HSE Live if they have no GP. They must follow GP or public health advice and the self-isolation guidelines.

The HSE has [further information on COVID-19](#) including:

- The symptoms and causes of COVID-19 (coronavirus)
- When to call a doctor
- How to protect yourself and others
- Groups at increased risk from COVID-19 (coronavirus) and what they should do
- Pregnancy and coronavirus

Inclusion of Community Pharmacists as Healthcare Workers for Testing

Community pharmacists are defined as Health Care Workers (HCWs) for testing categories. A pharmacist who is symptomatic and seeking a referral for testing through their GP should make their status as a Health Care Worker known to the GP. There is the capability on Healthlink (the electronic referral system) to identify Health Care Workers, and when received, these referrals are prioritised for testing. Those awaiting testing will then receive a text confirming their appointment with details of the testing location closest to them.

HPSC advice for Healthcare Workers

The HPSC has the following [webpage listing of COVID-19 guidance materials for healthcare workers](#) including a 'what's new' section.

To ensure the health and safety of HCWs, the HPSC has issued guidance which provides [advice for vulnerable HCWs](#); HCWs with pre-existing disease, those who are pregnant, and for their managers.

Management of contacts of cases of COVID-19

The HPSC also has [National Interim Guidelines for Public Health Management of Contacts of Cases of COVID-19](#) which summarises the interim recommendations for contact management for COVID-19.

This guidance is suitable for a delay phase, when an increasing number of cases and their contacts have been identified in Ireland. It may change if and when we move to a mitigation phase. This guidance provides definitions of casual and close contacts and provides guidance on management of these cases and is advised to be used in addition to advice from an individual's health professional or advice from a public health practitioner.

Section 2: Business continuity planning and steps to build resilience in pharmacy services at individual pharmacy level

Business continuity planning is about planning to anticipate, as far as possible, and manage challenges that may arise in the future. COVID-19 is a significant challenge to the business continuity of every pharmacy. Patients and the public need their pharmacies and so it is vital that you are planning for how best to manage the consequences of the pandemic for your pharmacy or pharmacies, and keeping your plans under review. Building resilience is about taking steps at individual pharmacy level to ensure that your pharmacy service is as resilient as possible in the face of the pandemic. Having a business continuity plan in place in your pharmacy is essential during the current emergency.

We are aware that many pharmacies have already put many of these measures in place since the start of the pandemic and in subsequent weeks.

Pharmacy owners, together with superintendent and supervising pharmacist(s), should review their business continuity plans and consider the following:

- Identify the critical activities, both clinical and functional, of the pharmacy, and the employees and the inputs required to maintain them.
- Plan for the operation of the pharmacy in the event of the absence of pharmacist(s) or pharmacy staff.
- Consider the impact of staff absences (both pharmacists and non-pharmacist staff) on the operation of the pharmacy and outline contingency arrangements. Some employees may be part of the vulnerable category and therefore have specific public health advice to follow during this outbreak, and these should be considered where appropriate.
- Identify the steps that will be required to be taken if:
 - (a) the pharmacy remains open with reduced staff levels, or
 - (b) the pharmacy has to close.
- Identify particularly high-risk and vulnerable patients and consider specific arrangements that may be needed to ensure the continued care of patients in the event of a pharmacy closure.
- Consider the minimum number of staff required to operate the pharmacy safely. If the staff numbers fall below this level, the pharmacy may need to be closed.
- Protect the workforce to prevent fatigue and to ensure ongoing patient care. Consideration should be given to adjusting opening hours. Where not already in place, it is recommended to introduce a 'pharmacy closed' lunch break to provide teams with 'breathing room'.
- The HSE has encouraged local pharmacies to work to maintain continuity of services in the event of temporary closures through **'buddying' arrangements**:
 - ✓ All community pharmacies should have an effective 'buddying arrangement' in place with one or more local pharmacies which you can refer your patients to or work with should your pharmacy have to close. It is prudent to discuss plans for moving patients to another local pharmacy prior to this actually happening.
 - ✓ Discuss with the local pharmacy owners, superintendent and supervising pharmacists from local pharmacies, your individual plans and agree on how you will work together to ensure

patient care and safety in the event of pharmacy closures.

- ✓ Local arrangements for late nights and weekends may also need to be reviewed and contingencies agreed in the event of pharmacy closures due to the outbreak.
- ✓ The dissemination of relevant information about these arrangements to the public and local communities should also be discussed and agreed. Particular thought should be given to patients receiving services such as supervised consumption, needle exchange, High Tech medicines, monitored dosage systems and medicine supply to residential care settings.

It is also important to:

- Ensure that all staff are familiar with the contingency plan and trained appropriately in their roles.
- Ensure there is an up-to-date, accessible contact phone list for use in emergencies, e.g., other staff, other pharmacists including locums, GPs, HSE Pharmacist, the PSI, mobile numbers for pharmacists from other pharmacies, etc.
- Cross-train staff where necessary, considering the expertise required for some activities, e.g., opening/closing pharmacy, setting the alarm, cashing up, using dispensary computer, access to Patient Medication Records (PMRs), dispensary ordering, special orders, etc.
- Where possible, nominate deputies for each critical activity in the pharmacy.
- Information for employers and the supports available for staff during the outbreak is available at www.dbei.ie.
- Ensure your procedures are accurate, up to date and, importantly, easy to find for someone who may not be familiar with your pharmacy or used to working there daily.
- Emergency numbers will also be instrumental as normal, everyday issues are still going to arise, and anyone on-site needs to know how to address them:
 - Which wholesalers do you deal with?
 - What time do orders have to be submitted by?
 - What happens if there's no internet connection or your phone line goes down?
 - How do they contact your IT system supplier?

Points for consideration in the event of staff absences

Non-Pharmacist Staff Absence

- Can existing staff work overtime?
- Can part-time staff increase their hours?
- Can seasonal/temporary staff cover the absence?
- Can new temporary staff be recruited?
- Can staff be 'borrowed' from another pharmacy in the group?

Pharmacist Staff Absence

- Is another pharmacist available to open the pharmacy (if the usual key-holder is absent)?
- Can a locum pharmacist be sourced?
- Can part-time pharmacists provide extra cover?

- Can a pharmacist be sourced from another pharmacy in the group?
- Can the pharmacy open for reduced hours?

Section 3: Steps to take if a pharmacy has reduced staff or needs to close

The following is intended to help owners, superintendent pharmacists and supervising pharmacists in taking a managed and safe approach to reduction of service and, if necessary, closure of a pharmacy.

3.1 Reduced staff available

If there are reduced, but adequate, staff levels to allow for the safe operation of the pharmacy, consideration should be given to the following:

- Prioritise the critical clinical and functional activities and assign responsibilities to all available staff members as appropriate.
- Reduce non-essential services, for example, additional screening or testing services are not likely to be a priority at the moment. Reducing or suspending these will enable you to maintain your core pharmacy service.
- It may be necessary to close off access to certain areas within the pharmacy, to ensure adequate staff levels are focussed at the dispensary and the medicines counter area.
- The number of people in the pharmacy should be kept to a minimum at all times.
- Consider the security of the pharmacy premises and staff if operating at reduced staff levels.
- Service levels will be impacted if staff numbers are reduced – it is important that the public and patients are informed about the situation and asked for their cooperation. The HPSC website is an important reference source for both healthcare professionals, patients and the general public.
- Ensure all staff, especially pharmacists, have adequate breaks.
- Encourage patients to phone ahead to order prescriptions
- The dispensing of certain prescriptions may be prioritised, e.g. for regular monthly prescriptions which are not required urgently, patients may be asked to call back, allowing more urgent prescriptions and patients to be dealt with immediately.
- Prescriptions should continue to be dispensed in a safe manner. COVID-19 does not place any increased urgency on the vast majority of prescriptions, and patient expectations should be managed as such. Patients concerned about congregating in the pharmacy for a period of time should be asked to return at an appropriate time or to wait in their car in line with HPSC guidance.
- Consideration should be given as to how to preserve a patient's privacy in the current working environment and the pharmacy should consider ways to ensure privacy is preserved for certain patient cohorts, for example:
 - **Opioid Substitution Treatment (OST) patients** may be allocated specific time-slots to consume their supervised dose. This would also help reduce pressure on the dispensary.

- For **patients requesting Emergency Hormonal Contraception**, telephone or video consultations between the pharmacist and the patient could be considered. Following the consultation, if the pharmacist is satisfied that the supply is safe and appropriate for the individual patient, then the patient could present at the pharmacy to collect their supply.

3.2 Pharmacy Closure

Pharmacies may have reduced staff levels either through infection, self-isolation or parental/caring responsibilities. There may be a need to close pharmacies when staff are unavailable to work.

The reason a pharmacy is closing will also affect how long the pharmacy will remain closed for, but it may be a short-term closure for a few hours, 1-2 days or it could be a more long-term closure greater than 72 hours. Due to the criteria of self-isolation etc., it could potentially be from 7 to 14 days before the pharmacy will be able to resume normal business.

3.2.1 Short Term Closure

In the event of a short-term closure, the following steps should be taken:

- ✓ Close the premises and do not allow access to the public
- ✓ In the event that a pharmacist cannot be physically present at the premises (because they are in self-isolation and/or have tested positive for COVID-19), consideration should be given to nominating another member of staff who will remain on duty behind closed doors for administrative purposes only. For instance, requests may be made by patients or another pharmacy for an original prescription to be provided to them as well as emergency requests to access the Patient Medication Records (PMRs). Care must be taken in relation to patient confidentiality and the safe custody of medicines. Nominated staff member(s) must have the knowledge and skills necessary to provide the required services to the appropriate standard. No medicines are to be supplied without a pharmacist present.
- ✓ In these circumstances the availability of technology options, for example, remote access to pharmacy records by a pharmacist and or remote telephone or video consultations with a pharmacist, could be useful in providing support to the non-pharmacist staff member who remains at the pharmacy premises.
- ✓ Communication
 - Display signage on the closed pharmacy to advise patients:
 - Where the nearest pharmacies are/buddy pharmacy with whom contingency arrangements have been made
 - Of the emergency supply provisions
 - Give a contact number for the pharmacist or if agreed the other member of staff who will be dealing with queries in relation to accessing prescriptions, PMRs and

other clinical information. Put a similar message on the pharmacy answer-phone, and any digital platforms that are used.

- ✓ Inform the following people of the pharmacy closure and its expected duration:
 - HSE Pharmacist. They will feed pharmacy closure information to the national repository. The HSE information phone line will be an important source of information in the event of a significant number of pharmacy closures.
 - The PSI by emailing rpbreg@psi.ie
 - Local GPs
 - Local Garda Síochána, if appropriate, as the public may seek information from them
 - Drug Treatment Centre/Methadone Liaison at local level regarding re-allocation of your methadone patients to neighbouring pharmacies, if appropriate. Advise daily supervision clients of the closure and how to access their medicines.
 - Nursing Home Manager(s), if appropriate.
- ✓ Inform wholesalers of pharmacy closure.

***Remember to let all of the above know when you re-open your pharmacy.

3.2.2 Longer term closure

In the event of a longer-term closure, in addition to the points above, the following steps should be taken:

Buddy Arrangements

- ✓ Implement your buddy arrangements. This will be important if you supply to patients registered under the OST service or residential care home patients as you might need to transfer prescriptions to another pharmacy. It is also important for the supply of High Tech medicines. You should identify any High Tech medicines in stock and arrange to transfer to the pharmacy(s) with whom you have planned to implement your 'buddy' arrangement with.

Additional Points for consideration for at-risk services to vulnerable patient groups

Opioid Substitution Treatment

- ✓ In the event of closure of a community pharmacy, contact should be made with the local Liaison Pharmacist (HSE Addiction Services) to arrange for the transfer of patients to an alternative pharmacy.
- ✓ The HSE [Guidance on Contingency Planning for People who use Drugs and COVID-19](#) is relevant and should be consulted.

High Tech Dispensing

- ✓ Identify all High Tech patients and have their valid High Tech prescription available in the event that they and the prescription need to be transferred to the new pharmacy(s) with whom you have implemented your 'buddying' arrangements.

Where the new pharmacy completes the change in nominated pharmacy process, seamless ordering for further supplies can occur if necessary. If any issue arises with transfer of patients, please contact the High Tech Hub at PCRS.HiTech@hse.ie or 01-8647135.

Supply of Medicines to Patients in Residential Care Settings

- ✓ You need to assess your ability to offer services to patients in residential care settings if you have a reduced workforce, due to staff absences. If your ability to provide this service is impacted, then alternative arrangements must be put in place so that patient care is not impacted.
- ✓ Consideration should be given as to how pharmacy services and support are maintained to this vulnerable population at this time including:
 - The delivery of medicines – is Local Authority/volunteer support required?
 - Patient counselling - the availability of technology options, for example, remote consultations, telephone or video consultation could be considered.

3.2.3 Multiple Closures

As COVID-19 progresses in Ireland or if a cluster affects a particular locality or town, situations may arise where a number of pharmacies may need to close in a locality. If this should happen, services would need to be coordinated between a number of pharmacies in that area. Pharmacists in that area would need to consider how they can work together to pool premises and people to maintain the continuity of pharmacy services to that community.

The HSE Pharmacist in the area will co-ordinate such a situation together with the local Community Operations as relevant.

Depending on the circumstances presented, it may be feasible to rotate access to services across various pharmacy locations, reducing the need to consider stock issues and reimbursement distribution. This will be assessed on a case by case basis should it become apparent such a situation is developing and action is necessary.

Questions or queries on this Guidance?

If you have questions or queries on this Guidance, please contact us:

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