



Emergency Preparedness Resource Kit for Pharmacists and Pharmacy Technicians

(Adapted with permission from the College of Pharmacists of Manitoba)

Definitions

“**member(s)**” includes licensed pharmacist(s) and pharmacy technician(s).

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

In preparing for an emergency, members should:

- Ensure the pharmacy’s emergency preparedness plan is comprehensive and addresses drug supply chain interruptions at the pharmacy site;
- Obtain and appropriately disclose emergency communication protocols among staff and with government, public health offices and regulatory authorities;
- Depending on the type of emergency, ensure all pharmacy staff are knowledgeable and frequently updated on provincial clinical management guidelines for direct patient care; and,
- Assist public health offices with building awareness and educating about the emergency ensuring consistency in messaging.

Armed with an effective emergency preparedness plan, members will be well-positioned to meet future challenges.

This kit comprises of five parts, including:

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

Part 2: Prescriptive Authority

Part 3: Emergency Preparedness Information and Resources

Part 4: Emergency Preparedness Action List for Pharmacy Managers

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

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.saskpharm.ca. It will therefore be necessary for members and pharmacy managers to refer to the College's website on a regular and frequent basis for the latest information. College staff members 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

These guiding principles inform health care providers of their responsibility to provide care and form the framework to support and protect health care providers as they provide patient care under extraordinary circumstances such as an emergency, disaster or pandemic. In essence, the document clarifies the duty of a health care professional to respond in times of an emergency, when called to do so. The duty is qualified by the obligation of the employer, regulator or public health authority to provide the appropriate resources to support a safe environment by minimizing the short- and long- term risks for the health care professional.

- Pharmacy managers, pharmacists, pharmacy technicians and their employers should be involved in discussions regarding these guiding principles to ensure that policies and procedures are in place to **support members in providing patient care and essential pharmacy services to the best of their ability when the need is great and the circumstances may be less than optimal.**
- 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.** See [Infection Control](#), [Respiratory Hygiene and Cough Etiquette](#), and [Hand Hygiene](#) standards and guidelines for more information.
- Regulated health care providers should **continue to provide routine care to their patients** until such time as they are contacted by the recognized authorities to be redeployed as defined by provincial or federal legislation.
- It is essential in a time of emergency, disaster or pandemic that **information is shared among stakeholders** (employers, health system providers, regulatory bodies and public health authorities). The information sharing must be a timely and complete exchange of information among stakeholders.

- Employers, regulators and public health authorities will develop and **implement policies and procedures and will provide resources that support safety** for all health care providers (i.e., flu vaccines, masks) responding to the emergency, disaster or pandemic.
- Employers will develop and implement policies and procedures, and will provide appropriate resources that minimize short- and long-term risks to health care providers.
- Until such time as regulated health care providers are contacted by the recognized authorities, as defined by provincial and/or federal legislation, regulated health care providers will continue to provide routine care to their patients. See [Emergency Preparedness Tools](#), Risk: Misinformation and widespread fear.
- It is recognized that in an emergency, disaster or pandemic, circumstances surrounding optimal care may be compromised. Providers must still provide the best care possible in the circumstances. See [Ethical Duty during an Emergency, Disaster or Pandemic for Pharmacists and Pharmacy Technicians](#).
- 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.
- The regulated health care providers' [ethical duty](#) when called to an emergency, disaster or pandemic is to provide service within the scope of their professional competence and level of skill. If the provider believes they lack the appropriate competence or skills in the given situation, they must present as a person with some knowledge of patient care and emergency first aid.
- In an emergency, disaster or pandemic, there is a professional duty for all regulated health care providers to work cooperatively with other health care providers and to recognize the competency or skill of the other health care providers. As well, regulated health care providers are expected to work cooperatively with the Saskatchewan Health Authority and public health authorities within the federal and provincial governments.

PART 2

PRESCRIPTIVE AUTHORITY

There may be a shortage or restriction on the availability and accessibility of prescribing practitioners and pharmacists during an emergency.

Under Part K of the [Regulatory Bylaws](#) of the Saskatchewan College of Pharmacy Professionals, practising pharmacists with the required training may prescribe a supply of medications to a patient when they do not have access to their medications. Please refer to the [prescriptive authority tab](#) and [Reference Manual](#) on the SCPP website for more information.

Specifically, pharmacists must be familiar with:

- [Prescriptive Authority Decision Making Framework](#)
- [Prescriptive Authority – Pharmacists](#)
- [Prescriptive Authority for Pharmacists - FAQs](#)
- [Pharmacist Assessment Record \(PAR\) Template](#)

Pharmacists may also initiate therapy for [minor ailments](#) to reduce patient traffic to practitioner offices so that those requiring medical attention are more likely to have access.

Pharmacists with advanced knowledge or training may consider forming a collaborative practice agreement with other practitioners to ensure continuity of care for the specified patients. See:

- [Framework for Developing a Safe and Functional Collaborative Practice Agreement](#)
- [Collaborative Practice \(Prescribing\) Agreement Template](#)

Collaborative Practice Agreements do not allow a pharmacist to contravene the Regulatory Bylaws.

Section 10(5) of Part K allows the Registrar to enact [emergency exemptions to some bylaw requirements for prescribing authority](#) during extraordinary circumstances see [Practice Changes for Community Pharmacy During COVID-19 Pandemic](#) for a summary of current exemptions in effect.

Health Canada may also enact section 56 exemption that may impact pharmacy practice involving CDSA drugs. This information will be communicated directly to community pharmacies by the SCPP via email, fax and/or website. For example, see:

- Health Canada [Section 56 exemption](#)
- SCPP [Section 56 Exemption Communication](#)

Points of clarification:

1. The exemptions under Part K section 10(5) are not the same as those addressed in Part K Section 5(5) of the Regulatory Bylaws. During normal circumstances, in an emergency situation that is life threatening to the patient, a pharmacist may prescribe a quantity of drug sufficient to meet the reasonable needs of the patient until such time as the patient would be able to consult a practitioner. See Prescribing in Emergency Situation (Life Threatening Situation) text box on page 7 of [Pharmacist Prescriptive Authority](#).
2. Emergency supplies of medication cannot and do not take the place of ongoing medical care and are a direct consequence of the declared emergency or extraordinary circumstance.

3. PIP Access - Requests for information from out-of-province pharmacies.
In the event a patient has been displaced or evacuated to an out-of-province location during an emergency, every effort should be made to cooperate with the emergency care pharmacy to ensure continuity of care for the patient. When and if requested, medication profiles can be accessed in the PIP viewer and information may be provided to the emergency care pharmacy / pharmacist. Documentation is required in the PIP system when accessing a profile and should include the name of the pharmacy and pharmacist requesting the information and the rationale for the request (i.e. emergency supply information request from X pharmacy and Y pharmacist).

PART 3

EMERGENCY PREPAREDNESS INFORMATION AND RESOURCES

There are 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 most applicable and relevant. Pharmacists and pharmacy technicians in Saskatchewan are encouraged to regularly check the website of the Saskatchewan College of Pharmacy Professionals at www.saskpharm.ca. As information becomes available or is updated with respect to the particular emergency situation, it will be posted to this site.

- See [SCPP's COVID-19 Information](#) site for information on topics impacting pharmacy during the COVID-19 pandemic.
- [Emergency Preparedness Tools](#) contains information on how to navigate risks that may impact pharmacy during an emergency.

Members should also connect to and frequently monitor news releases and the websites of [Health Canada](#), the [Government of Saskatchewan](#), [Saskatchewan Ministry of Health](#) and the [Saskatchewan Health Authority](#) in keeping with the type of emergency situation being addressed. Local news media and emergency communications may also serve as a valuable resource.

Emergency situations often result in drug shortages. To assist members to manage drug shortages, medSask has developed guidance for [drug shortages](#).

More information regarding drug therapy alternatives may also be found through the [RxFiles](#).

PART 4

EMERGENCY PREPAREDNESS ACTION LIST FOR PHARMACY MANAGERS

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. This “one-stop” list will self-assess the readiness of the pharmacy, and the people employed therein, to rise to the challenge of meeting patient care needs in the community they serve during difficult times.

Also see Emergency Preparedness, section 4.5 of [Pharmacy Manager Responsibilities](#) for further details.

The meaning and importance of ***The Principles of Duty to Care in an Emergency, Disaster or Pandemic*** (i.e. Part 1) have been discussed with all pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy personnel.

1. Pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy personnel are informed, frequently updated and adhere to provincial public health guidelines as developed by the Saskatchewan Ministry of Health.
2. Clients of the pharmacy, including patients, and all pharmacy personnel have ready access to required equipment and supplies as determined by the type of emergency and they are encouraged to protect themselves in accordance with provincial guidelines. The pharmacy manager must ensure that staff understand and follow routine and advanced (if needed) [infection control guidelines](#).
3. Non-pharmacist employees are advised to refer patients seeking prescription medication and self-medication products for symptoms of illness to pharmacists for consultation.
4. Pharmacists are informed, frequently updated and adhere to provincial clinical management guidelines as determined by the type of emergency and as developed by the Saskatchewan Ministry of Health. Pharmacists provide information, advice and recommendations to the public and other health care professionals in accordance with these guidelines.
5. A system is in place within the pharmacy to communicate vital information received from the government, the Saskatchewan Ministry of Health and other stakeholders to pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy personnel.
6. A business continuity plan is in place to address staff absenteeism or a temporary pharmacy closure as a result of the emergency. See [Emergency Preparedness Tools](#),

[Emergency Preparedness – Modifications to Pharmacy Operations and Hours](#) and [Modifying Pharmacy Hours of Operations Procedures](#).

7. Drug supply chain interruptions and drug shortages are anticipated, and processes and plans are in place to:
 - a) access alternate sources and delivery of drug supplies (secondary wholesalers, emergency supplies from SHA facilities, etc.);
 - b) recommend alternate available drug therapy to ensure continuity of care for patients (see medSask “Drug Shortages”); and,
 - c) maintain an adequate supply of medication specific to the type of emergency (e.g. in a pandemic, adequate supplies of antiviral medication and other medication used in the symptomatic management of influenza-like illness should be maintained).

PART 5

TEMPORARY PHARMACY CLOSURE DUE TO PHARMACIST ABSENCE IN AN EMERGENCY

As approved by the NAPRA Council in 2001 and adopted by SPCP Council in June 2002, the [Model Regulatory Policy for Temporary Closure Due to Pharmacist Absence](#) is a policy enabling a permitted pharmacy to be temporarily closed without surrendering its operating license, provided that the specific conditions listed were fulfilled.

Part of the pharmacy’s emergency preparedness plan needs to include provision for temporary closure should closure be unavoidable. **The employee pharmacist, pharmacy manager, pharmacy technician, other dispensary staff and the pharmacy owners have an obligation to ensure continuing care for their patients under these circumstances.** (See “Temporary Pharmacy Closure as Last Resort” text box on page 3 of [Modifications to Pharmacy Operations and Hours](#), consider modifying hours rather than closing if possible). This document is an interpretation of the original 2002 document to reflect temporary closure during an emergency.

1. The pharmacy representative (manager) shall advise the College of the closure as soon as possible and preferably prior to the event, or if not immediately thereafter. The date and time of the closure and subsequent re-opening must be reported to the College by e-mail at info@saskpharm.ca.
2. The Saskatchewan Ministry of Health needs to be kept abreast of pharmacy closures and re-openings as it may be germane to the declaration or localization of a public emergency. Notification of closure and subsequent re-opening to the Saskatchewan Ministry of Health will occur through the College.

3. Previously prepared prescriptions should be distributed, if possible, prior to the temporary closure (e.g. delivery to patient or sent to another pharmacy, prescriber's office, health clinic, etc.) and the patient advised of the delivery and reasons for it.
4. Circumstances permitting, surrounding pharmacies, health clinics and prescribers need to be advised of the closure, alternate means of obtaining essential pharmacy services, and any other information important to the public and other health care providers during the closure (e.g. notices of temporary closure of the pharmacy should be at the pharmacy entrance, on the telephone answering machine message and in local clinics, prescriber's offices, etc.).
5. As part of emergency preparedness planning in single-pharmacy communities, alternate arrangements for medication access and provision of essential pharmacy services needs to be pre-arranged with local prescribers or pharmacies in nearby communities. Those prearrangements will become part of the activity in items 3 and 4.