



COVID-19 Pandemic

A Pharmacist's Guide to Pandemic Preparedness

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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 3 April 22, 2020 | Updated throughout | Updated activities that OPA has been involved with on behalf of pharmacy professionals during COVID-19; updated signs and symptoms and statistics associated with COVID-19; added additional resources for clinical guidance on COVID-19; added other factors that may require more time from pharmacy professionals working in long-term care pharmacies; updates to the information on active and passive screening, including passive screening signage, as well as the reporting of suspected cases to reflect current processes; updated information pertaining to the CDSA section 56(1) exemption; updated and added guidance sections for various scenarios to ensure continuity of care; updated information on recommendations for the use of non-medical masks by the public; updated and added guidance sections for various precautions to protect pharmacy staff and patients; updated section on how to handle pharmacy staff affected by COVID-19 and return to work guidance; added new section on mental health supports; updated information on business continuity planning related to human resources |
| Version 4 June 23, 2020 | Updated throughout | Updated activities that OPA has been involved with on behalf of pharmacy professionals during COVID-19; updated signs and symptoms and statistics associated with COVID-19; added additional resources for clinical guidance on COVID-19; updated guidance on active and passive screening and the reporting of cases to reflect new Ministry guidance for community pharmacies including updated signage; new sections added and updates made to existing sections to support continuity of care; updated patient education section to reflect masking guidance for the general public; updated information regarding personal measures that could be undertaken by pharmacy staff; reference to case definition under section on Droplet and Contact Precautions replaced with link to the COVID-19 Reference Document for Symptoms; included the cleaning of plexiglass barriers to the |

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| | | <p>section on Environmental Cleaning; updated section on additional measures to protect patients and staff; link provided to an updated guidance tool on return to work for pharmacy staff affected from COVID-19; additional resources included to support mental health; updated information on the management of drug shortages to reflect the removal of the Ministry's supply limit recommendation and the need to continue to monitor drug supplies; updated information on business continuity planning related to human resources</p> |
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Version 4 – Significant Updates

What has OPA Been Doing on Your Behalf Regarding COVID-19? (updated)

Backgrounder on COVID-19 Pandemic (updated sections)

What are the Symptoms of COVID-19?

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

Clinical Guidance for COVID-19 (updated)

Active and Passive Screening (updated)

Report Suspected Cases (updated)

Ensure Continuity of Care (updated and new sections added)

Trillium Drug Program Changes in Response to COVID-19

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Pharmacy Staff Affected from COVID-19 Return to Work (updated)

Mental Health Supports (updated)

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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 working with a number of provincial and federal partners to advocate on behalf of pharmacy professionals, and to keep aligned and abreast of COVID-19 activities that are being undertaken on behalf of our partners. To a large extent, the pandemic has enabled a number of collaborations among healthcare partners. While the healthcare community has historically been collaborative in nature, ensuring that we are dovetailing each other's efforts, anticipating priorities and addressing issues quickly has become a focus for those in healthcare administration. Regular cadence has been ramped up among our traditional partners such as the Ontario College of Pharmacists, the Ministry of Health, the Canadian Pharmacists Association and the Neighbourhood Pharmacy Association of Canada, while new partnerships have emerged on the provincial Collaboration Table, the Ministry Emergency Operations Centre and the provincial Communications Stakeholder Table. OPA's goal at each one of these partner collaboratives is to advocate for the role of pharmacy professionals and pharmacies in helping patients to manage and navigate COVID-19 amidst their existing and ongoing healthcare concerns.

OPA staff have been active in a variety of ways advocating and promoting your value toward population health and in maintaining continuity of care. Among all of these requests to government, OPA continues to work within the framework of highlighting 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 and collaboration with the Executive Officer of the Ontario Public Drug Program regarding relaxation of various rules of claims adjudication**
- **Driving the authorship of pharmacy guidance document and subsequent versions approved for distribution by Ministry of Health**
- **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**
- **Request to government to cover additional co-pay expenses for patients incurred through 30-day supply policy**
- **Accelerated passage for pharmacists to be able to apply therapeutic substitutions where necessary**
- **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 (POCT), 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**
- **Expand injection authority to include any future COVID-19 vaccine for rapid and easily-accessible public vaccination**

- **Investigate the potential of enabling pharmacies and pharmacy professionals to contribute, on an opt-in (voluntary) basis, toward public health initiatives, with an emphasis on leveraging pharmacies' accessibility and trust from patients, to supplement government strategies in getting Ontarians tested in a two-phase approach (out-of-store polymerase chain reaction, or PCR, testing and, when tests are Health Canada approved for POCT, serological tests in-store of asymptomatic patients).**

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.

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

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).¹ 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).¹ These viruses are zoonotic, meaning that they are transmitted from animals to humans.¹

What are the symptoms of COVID-19?

Common symptoms of COVID-19 include:^{1,2,3,4}

| Common Symptoms | | |
|--------------------------------|------------------------------------|-----------------------|
| Fever | Sore throat | Difficulty swallowing |
| Dry cough (new or exacerbated) | Nasal congestion* | Nausea and vomiting |
| Shortness of breath | Runny nose * | Diarrhea |
| Other breathing difficulties | New olfactory or taste disorder(s) | Abdominal pain |

* not due to other reasons such as seasonal allergies, post-nasal drip, etc.

Other signs of COVID-19 can include clinical or radiological evidence of pneumonia.

Atypical symptoms and signs (often seen in children, older persons, and people living with a developmental disability) of COVID-19 include:^{3,4}

| Atypical Signs and Symptoms | |
|--|--|
| Symptoms | Signs |
| Unexplained fatigue/malaise/myalgias | Unexplained tachycardia (includes age specific tachycardia for children) |
| Delirium | Decrease in blood pressure |
| Unexplained or increased number of falls | Unexplained hypoxia (may be mild) |
| Acute functional decline | Lethargy and/or difficulty feeding in infants (if no other diagnosis) |
| Exacerbation of chronic conditions | |
| Chills | |
| Headaches | |

| | |
|--|--|
| Croup | |
| Conjunctivitis | |
| Multisystem inflammatory vasculitis in children (may present as persistent fever; abdominal pain; conjunctivitis; gastrointestinal symptoms such as nausea, vomiting and diarrhea; and rash) | |

However, some individuals may be infected but are asymptomatic.² For others, the onset of symptoms is usually gradual and minor in nature.² It is estimated that 80 per cent of infected individuals will recover without any special treatment required, however, 1 in 5 may develop difficulty in breathing and become seriously ill.² 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.²

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

Table 1 highlights some of the similarities and differences between the two viruses:

Table 1: Influenza versus COVID-19^{5,6}

| CHARACTERISTIC | INFLUENZA | COVID-19 |
|-------------------------------|--|--|
| CAUSE | Different types and strains of influenza virus | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) |
| SYMPTOMS | 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 |
| ROUTES OF TRANSMISSION | Via contact, droplets and fomites | Via contact, droplets and fomites |
| SPEED OF TRANSMISSION | Serial interval (time between successive cases): 3 days | Serial interval (time between successive cases): 5-6 days |
| TREATMENT | Antivirals Symptomatic treatment | No known treatment; symptomatic treatment only |
| PREVENTION | 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. |
| AT-RISK POPULATIONS | Children, pregnant women, older adults, individuals with underlying medical conditions or are immunosuppressed | Older adults, individuals with underlying medical conditions or are immunosuppressed |

| | | |
|--------------------------------|--|---|
| MORBIDITY AND MORTALITY | Estimated 1 billion cases worldwide per year | Approximately 8,970,977 cases worldwide (as of June 22, 2020) |
| | Estimated 290,000 to 650,000 deaths worldwide per year | Estimated 468,589 deaths worldwide (as of June 22, 2020) |

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:⁷

- 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://epidemiology.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>

Pharmacist's Letter Canada is providing pharmacy professionals with complimentary access to recommendations, clinical resources and other guidance to help navigate the novel coronavirus disease 2019 (COVID-19) pandemic and its implications in community and practice. <https://ca-pharmacist.therapeuticresearch.com/Content/Topic/all/covid-19-Resource-Hub>

The Canadian Pharmacists Association (CPhA) has put together a chapter on COVID-19 to provide primary care practitioners information on not only management of common symptoms such as fever, cough and headache but also experimental treatments that are being used in acute-care settings. https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/COVID-19_Chapter-EN-FINAL.pdf

The Canadian Pharmacists Association (CPhA) and medSask have developed documents to assist health care providers with managing patients due to drug shortages of inhaled [salbutamol](#) and [fluticasone](#).

The Canadian Thoracic Society (CTS) Asthma and COPD Steering Committees have developed mitigation strategies to provide guidance on alternative options in the event of a salbutamol inhaler shortage in Canada during the COVID-19 pandemic. [Asthma mitigation strategy](#)
[COPD mitigation strategy](#)

The Peter Lamy Center at the University of Maryland School of Pharmacy and the US Deprescribing Research Network have put together an implementation guide for improving medication management in post-acute and long-term care settings during the COVID-19 pandemic. <https://www.pharmacy.umaryland.edu/centers/lamy/optimizing-medication-management-during-covid19-pandemic/>

McMaster Children's Hospital has put together a website on COVID-19 and Childhood Diabetes to bring together high-quality information about COVID-19 and diabetes for children and adolescents with diabetes and their families.

<https://covid19childhooddiabetes.com/>

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:⁷

| COMMUNITY PHARMACIES |
|--|
| <ul style="list-style-type: none">• Answer questions regarding COVID-19 prevention, symptoms, and treatment• Provide counselling on symptomatic treatment options• Actively screen and triage/refer patients to public health for further assessment• Dispense prescriptions for symptomatic treatments• Handle requests from individuals attempting to stockpile medications• Manage potential drug shortages• Manage workflow and staff absences due to illness or caregiving obligations |
| HOSPITAL PHARMACIES |
| <ul style="list-style-type: none">• 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)• Manage potential drug shortages• Manage workflow and staff absences due to illness or caregiving obligations |
| LONG-TERM CARE PHARMACIES |
| <ul style="list-style-type: none">• 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)• Manage potential drug shortages• Support ways to increase physical distancing in the LTC home by reviewing all residents' medication administration schedules to consolidate and streamline as much as possible to minimize the number of times staff need to enter a resident's room• Manage workflow and staff absences due to illness or caregiving obligations |

Active and Passive Screening⁸

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

A patient who screens positive over the phone with severe symptoms should be directed to the emergency department. All other patients who screen positive should be referred to a [local testing location](#) or emergency department depending on where testing is being offered in the patient's community. Patients should be reminded that during travel to and from the assessment centre or hospital for testing, safe arrangements should be made that maintains isolation of the patient (e.g., having the patient wear a surgical/procedure mask and not taking public transit). Individuals should also be instructed to immediately [self-isolate](#) until they receive their test results and further direction from public health.

Designated assessment centres are located in dedicated spaces that will facilitate high-quality care, to protect broader patient populations. As some assessment centres require an appointment and may have certain restrictions (e.g., unable to provide testing to young children), it is recommended to check [online](#) first to find out more about the assessment centre prior to visiting one. Please note that additional testing direction has been issued by the Chief Medical Officer of Health of Ontario to support the continued focus on reducing the spread of COVID-19. Effective as of May 24, 2020 testing is available for the following populations:

- Symptomatic testing:
 - All people with at least one symptom of COVID-19, even for mild symptoms. Please see the "Guidance for All Populations" of the [Testing Guidance Update](#) for details about the symptoms.
- Asymptomatic, risk-based testing:
 - People who are concerned that they have been exposed to COVID-19. This includes people who are contacts of or may have been exposed to a confirmed or suspected case.
 - People who are at risk of exposure to COVID-19 through their employment, including essential workers (e.g., health care workers, grocery store employees, food processing plants).

If a patient has any of the symptoms included in the [COVID-19 Reference Document for Symptoms](#) and/or screens positive using the [COVID-19 Patient Screening Guidance Document](#) 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, and the patient does not already have a surgical/procedure mask, one should be provided to them.
- 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 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 Cases⁸

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 probable or confirmed cases of COVID-19.

Ensure Continuity of Care⁸

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.

In Ontario this exemption, along with recent changes to the *Pharmacy Act* provides pharmacists with the authority to:

- Accept verbal prescriptions for controlled substances from a prescriber
- Transfer prescriptions for narcotic or controlled drugs to another pharmacist in Ontario (even if it has been transferred before)
- Transfer prescriptions for benzodiazepines or other targeted substances to another pharmacist (even if it has been transferred before)
- Refill prescriptions for benzodiazepines or other targeted substances even if it has been more than one year since the original date that the prescription was written
- Renew prescriptions for controlled substances
- Adapt prescriptions for controlled substances (including part-filling or deprescribing)

This exemption expires either on September 30, 2020 or on the date that it is revoked or replaced with another exemption, whichever is earlier. In addition, in the terms and conditions of the exemption may be changed or suspended if in the opinion of the federal Minister of Health it is necessary in order to protect public health, safety or security.

For more information about the temporary CDSA changes, please consult updated resources from OCP:

- [Prescribing and Providing Controlled Substances During the Coronavirus Pandemic Guidance](#)
- [Initiating, Adapting and Renewing Prescriptions Guideline](#)
- [Delivery of Prescriptions Fact Sheet](#)
- [Narcotic Prescription Part-Fills Fact Sheet](#)
- [Prescription Expiry Fact Sheet](#)
- [Prescription Transfers Fact Sheet](#)
- [Prescription Regulation Summary Chart](#)

Third-party Payors COVID-19 Exceptions

To assist pharmacy professionals with adjudication of claims related to early refills of prescriptions as well as navigating changes to standard third-party payor, including the Ontario Drug Benefit Program policies on days' supply, early refills, audits and prior approvals due to COVID-19, OPA has developed tools to provide quick and easy access to this information. Please note, the information provided is current at the time of publication and will be updated as new information arises.

[Third-party Payor Refill Tool](#) - Summary of standard early refill policies of third-party payors
[COVID-19 Insurance Exceptions](#) - Compilation of third-party insurers' policy changes related to days' supply, early refills, audits and prior approvals during the COVID-19 pandemic
[Frequently Asked Questions – Notice: Ontario Drug Benefit \(ODB\) Program Changes and Guidance for Dispensers During the COVID-19 Public Health Emergency](#) – Supplementary FAQs for [ODB's Executive Officer Notice on March 20, 2020](#)

Trillium Drug Program Changes in Response to COVID-19⁹

Changes have been made to the Trillium Drug Program (TDP) in order to accommodate unforeseen changes to household incomes as a result of the COVID-19 pandemic. Previously, for the 2019/20 benefit year (i.e., August 1, 2019 until July 31, 2020), the annual deductible for households under the TDP was calculated based on the tax information from 2018 and if there was a 10% or more change in the 2019 income, then it could be reassessed. However, given the unprecedented changes as a result of COVID-19, in addition to the above criteria for reassessment, regulatory amendments have been made to the *Ontario Drug Benefit Act* to also allow for reassessment of the annual deductible if the 2020 household income is different by 10% or more from the 2018 income. This reassessed deductible would be applicable to the fourth quarter of the 2019/20 benefit year which runs from May 1, 2020 to July 31, 2020. Current households who would like to apply for an in-year reassessment should complete and

submit the [Annual Deductible Re-Assessment Form](#). New households who are experiencing high prescription drug costs relative to their household income and would like to apply for TDP benefits should complete and submit the [Trillium Drug Program Application](#).

Blood Glucose Test Strips (BGTS) Requests¹⁰

The Ontario Public Drug Programs have [limits on the number of blood glucose test strips](#) it will reimburse for people with diabetes depending on the individual's diabetes treatment category. However, if a non-insulin dependent patient has been directed by a healthcare professional to test more frequently due to clinical reasons leading them to exceed the number of BGTS allowed within a 365-day period, the pharmacist can bill for an additional 100 test strips using the intervention code MG – Override – Clinical Reasons. The pharmacist must document the reason for the higher than recommended monitoring schedule, specific testing frequency (if not indicated on the prescription), and the name of the referring healthcare professional. Please note, this override can only be done once. If an ODB eligible recipient has a specific clinical circumstance that requires more test strips (i.e., more than the additional 100 BGTS described above), a faxed request should be sent to 1-888-444-0116 with the following:

- Signed letter or prescription from the patient's Ontario physician or nurse practitioner that includes the following information (note: this information can be verbally provided to the pharmacist who then documents it in writing):
 - Clinical circumstance of the patient that requires more frequent testing;
 - Testing frequency based on the exceptional clinical circumstance; and
 - Duration of time for the increased testing frequency
- Patient's full name, Ontario Health Card Number and date of birth
- List of medications (if any) that the patient is currently taking for diabetes
- Based on the Ministry's current BGTS reimbursement policy, the amount of BGTS within a 365-day period that the patient is eligible for
- Pharmacy's phone number, fax number and contact person

Teva UK-labelled PrSalamol CFC-Free (Salbutamol Sulfate) Inhaler

In response to an increased demand for salbutamol inhalers in Canada due to the COVID-19 pandemic resulting in a shortage of this product, Health Canada is allowing the importation and sale of a limited supply of Teva UK-labelled PrSalamol CFC-Free (Salbutamol Sulfate) Inhalers.¹¹ Effective May 29, 2020, Teva UK-labelled PrSalamol CFC-Free (Salbutamol Sulfate) Inhaler is also listed as a Temporary Benefit for coverage on the ODB Formulary. For more information about this temporary funding, please refer to the Ministry's [Executive Officer Notice](#) and OPA's [supplementary FAQs](#).

Directive #2 and Health Sector Restart¹²

On March 19, 2020, Directive #2 was issued by the Chief Medical Officer of Health which required all health care providers to ramp down on non-essential and elective services. [Directive #2](#) was amended on May 26, 2020 to allow for the gradual restart of these services, although if possible, a limit to the number of in-person visits is still encouraged. Each pharmacy should determine which services they can continue to provide virtually or safely resume in-person and all health care providers must also adhere to the guidance provided by their health regulatory college as well as be in compliance with the [COVID-19 Operational Requirements: Health Sector Restart](#).

Performing MedsCheck Reviews

On March 20, 2020, the Ministry issued a [notice](#) regarding temporary changes to the MedsCheck program to permit MedsChecks to be performed virtually or over the phone 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). Since that time, amendments have been made to [COVID-19 Directive #2 for Health Care Providers](#) that permit a gradual restart of non-essential services, and the accompanying [COVID-19 Operation Requirements: Health Sector Restart](#). OPA has since confirmed with the Ministry that at this time, the Ministry continues to reimburse pharmacies for MedsChecks performed virtually, or over the phone only when medically necessary for the patient's understanding of their medications and/or to resolve urgent medication management issues. MedsChecks that are not essential can continue to be postponed to a later time or could be conducted in the pharmacy if proper safety measures are in place to protect the health of pharmacy staff and that of the patient. Each pharmacy should determine which services they can continue to provide in-person and all health care providers must also adhere to the guidance provided by their health regulatory college. OPA recommends that all decisions and accompanying rationale be documented along with any documentation required as part of the MedsCheck program. For additional questions on MedsCheck being provided virtually or over the phone, please refer to OPA's [Frequently Asked Questions](#). OPA will continue to work closely with the Ministry to determine how the MedsCheck program may evolve due to COVID-19 and will update members should there be any changes.

Virtual Care

As a result of the ongoing COVID-19 pandemic, pharmacy professionals may increasingly choose to use virtual care to interact with patients for various reasons. Virtual care is an opportunity to provide care to patients through alternate means such as phone, email, and live video. OPA has developed a [guide](#) to help pharmacy professionals provide virtual care to patients, however pharmacy professionals should be reminded that in doing so, they must continue to meet all applicable [Standards of Practice](#), [Code of Ethics](#), policies, guidelines, and [legislative requirements](#) relevant to practice. Additionally, pharmacy professionals are responsible for collecting, disclosing and disposing of personal health information in compliance with the [Personal Health Information Protection Act](#) (PHIPA), which also includes protecting this information from theft, loss and unauthorized use or disclosure.

Supporting Long-Term Care and Retirement Homes

Ontario's Long-Term Care Homes Act, 2007 and Ontario Regulation 79/10 highlights several activities that require the participation of the contracted pharmacy service provider which are typically conducted on-site at the long-term care home, including:

- Participation on an interdisciplinary team to perform a **quarterly** evaluation of the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system
- Participation on an interdisciplinary team to perform an **annual** evaluation of the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system
- Development of audit protocols for the pharmacy service provider to evaluate the medication management system
- Participation in drug destruction and disposal if required by the licensee's policy
- Documentation, at least quarterly, of a reassessment of each resident's drug regime
- Participation, as part of a team, with one member of the registered nursing staff appointed by the Director of Nursing and Personal Care to destroy controlled substances in accordance with applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada).

In recognizing the current challenges and extraordinary strain on long-term care homes as a result of the COVID-19 pandemic, and in considering the current recommendations in place to protect the health of residents and staff working in these facilities, the Ontario Pharmacists Association (OPA), in consultation with its Long-Term Care Working Group, put forth [recommendations](#) to the Ministry of Long-Term Care regarding temporary changes to the provision of the above services with the intention of temporarily ceasing all nonessential activities, minimizing the number of healthcare providers working onsite in the long-term care home, and decreasing any unnecessary reliance on and utilization of personal protective equipment in long-term care homes. OPA received a [response](#) back from the Ministry which encouraged pharmacy service providers to work with licensees of long-term care homes to make alternate arrangements, if possible, for the provision of such services, as listed above.

To support pharmacy professionals servicing long-term care homes, OPA's Long-Term Care Working Group has created the [Guide to the Provision of Pharmacy Services in Long-Term Care Homes during the COVID-19 Pandemic](#) to assist with navigating this process together with licensees of long-term care homes. Pharmacy service providers of retirement homes may also find this information applicable to the homes that they service. Areas addressed include:

1. Participation on an interdisciplinary team
2. Conducting audits to evaluate the medication management system
3. Participation in drug destruction
4. Documentation of medication reviews
5. Delivery and returns
6. In-service education/communication

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)

Management of Opioid Use Disorder During COVID-19

In a [statement](#) issued on May 29, 2020, the Chief Public Health Officer of Canada raised concerns about the negative consequences that the pandemic has had on the public health crisis of opioid-related overdoses and deaths. COVID-19 poses additional challenges and risks for those who battle substance use disorders including limitations on services and support. OPA has developed a [tool](#) to assist pharmacists with the management of patients with opioid use disorder during the COVID-19 pandemic. Despite the pandemic, pharmacists must continue to play an important role in harm reduction and medication safety to prevent opioid overdoses and deaths by providing patient education on safe and appropriate use of opioids and take-home naloxone kits.

Central Fill Policy Amendment¹³

In order to support the delivery of patient care during the COVID-19 pandemic, OCP has made a temporary addendum to its [Centralized Prescription Processing \(Central Fill\) policy](#), which would allow central fill pharmacies to directly deliver prepared prescriptions to patients, if necessary, to ensure continuity of care and limit physical contact between patients and pharmacy professionals. In these situations, the central fill pharmacy is responsible for ensuring the safety and integrity of the medication until it is received by the patient or agent (e.g., in a long-term care setting). Additionally, if necessary, cross-provincial centralized prescription processing can occur if federal and provincial laws and regulations are followed by all involved pharmacies. Please note that the originating pharmacy must still comply with all the other responsibilities outlined in the original central fill policy, such as obtaining informed consent from the patient to have their prescriptions processed by a central fill pharmacy.

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.⁸ 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.⁷

On April 7, 2020, the Council of Chief Medical Officers of Health issued a [news release](#) to help explain its position on the use of non-medical masks by the public - a position that has evolved since the beginning of the pandemic. Due to emerging evidence of possible pre-symptomatic, asymptomatic, and symptomatic transmission of the virus, in addition to continuing proven methods of preventing transmission such as staying home, washing hands, and physical distancing, the use of non-medical masks or facial coverings can also be undertaken to protect other people around you.¹⁴ Please note, wearing non-medical masks has not been proven to protect the person wearing it from contracting the virus. Patients should be reminded that medical masks should be saved for use by healthcare workers. However, patients are recommended to wear a non-medical mask provided it is well-fitted, not shared

with others, and they are reminded to not touch the mask or adjust it often.¹⁵ More information about the use of non-medical masks and face coverings can be found on the webpages from the [Government of Canada](#) or [Ontario Ministry of Health](#).

To stay up-to-date with new information about COVID-19, OPA recommends reviewing daily the [OPA coronavirus webpage](#) as well as the Ministry's coronavirus webpages for both the [public](#) and [healthcare professionals](#).

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:¹⁶

- 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.⁷

- **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.⁷ 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.⁷

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:^{8,17}

- 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
- [Self-monitoring](#) for COVID-19 symptoms at work and at home
- Staying at home or returning home from work if you are unwell (refer to section below on [Pharmacy Staff Affected from COVID-19 Return to Work](#) for more information)

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 screens positive based on the [COVID-19 Reference Document for Symptoms](#) 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.

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 can be found [here](#).

For more information about the use of PPE, please consult CPhA's [Personal Protective Equipment \(PPE\) Suggested Best Practices for Pharmacies During the COVID-19 Pandemic](#) and the [Guidelines for Protecting the Frontline](#).

Please note that on April 5, 2020, the Deputy Minister of Health issued a [memo](#) to the members of the Provincial Collaboration Table and the Provincial Command Table on the re-use of personal protective equipment as indicated by the Public Health Agency of Canada. At this time, while waiting for evidence and guidance on reuse, Canadians are asked to save used PPE for potential reuse.

Environmental Cleaning

COVID-19 is spread by respiratory droplets from infected individuals when they cough or exhale and are breathed in by another person.² 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.² 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.⁷ If installed, all plexiglass barriers should be included in this routine cleaning using cleaning products that will not compromise the integrity or function of the barriers.⁸

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's Routine Practices and Additional Precautions in All Health Care Settings](#), [PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#) and OCP's article on [Patient Safety and Infection Prevention and Control](#).

Post-Consumer Returns Containing Controlled Substances¹⁸

The Office of Controlled Substances has issued a [bulletin](#) to provide pharmacists with information on temporary exceptional measures for post-consumer returns containing controlled substances during the COVID-19 pandemic to decrease the likelihood of transmission of COVID-19 between pharmacy staff and patients. [The bulletin](#) contains a number of recommendations to allow for reduced contact between patients and pharmacists when accepting returns as well as advice for patients to safely store products for return that may contain controlled substances in their home temporarily during the pandemic. To the best of their ability, pharmacists are still required to ensure post-consumer returns containing controlled substances remain secure. These recommendations are set to expire on either September 30, 2020, the date that they are replaced by new or additional measures, or the date when these measures revoked, whichever is earlier.

Patch-for-Patch Fentanyl Return Program

The Patch-for-Patch Fentanyl Return Program is required by [legislation](#), and the acceptance of used patches should not be deferred. Pharmacists should do their best to examine and document returned patches, and store them in a secure location. The following are some suggestions to help reduce the risk of spreading COVID-19 while still complying with the requirements of the Patch-for-Patch program.

- Request patients place the used patches in a transparent bag and place the bag in a tray or basket designated for post-consumer returns to maintain a proper physical distance.
- Pharmacy staff should handle all products with gloves and the tray or basket should be disinfected after.
- Where a patient is not able to physically visit the pharmacy to return and pick-up their prescription, pharmacists should use their professional judgement to assess the situation and determine the best course of action. This may include but is not limited to having an agent act on the patient's behalf to return and pick-up the new prescription, or verifying the used patches through virtual means and delivering the new patches in exchange for the used ones (to be placed in a bag) while maintaining proper distancing and gloves for handling the used patches. As with any delivery, pharmacists must ensure the security and storage of the medication (e.g., delivery person should call the patient once outside to request the patient place the bag of used patches outside, the driver should collect the used patches for return to the pharmacy, deliver the new prescription and then call the patient once dropped off to

confirm the patient receives it). Measures should also be undertaken to ensure patient confidentiality is maintained throughout the process.

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.
- Evaluate and determine if your pharmacy can provide 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).

If there is a known confirmed positive case at the pharmacy (i.e. a staff member or patient that was in the pharmacy tests positive for COVID-19), the local public health unit should be contacted for advice on any potential exposure risks and possible implications on continuation of work.⁸

Pharmacy Staff Affected from COVID-19 Return to Work

The OPA has developed a [chart](#) to help pharmacies determine next steps should a pharmacy staff member be exposed to or at risk of being infected with COVID-19. This chart references recommendations from Ministry and Public Health guidance and is up to date at the time of publication and will be updated if more information becomes available.

Additionally, the CPhA and Neighbourhood Pharmacy Association of Canada have developed a short list of [key considerations](#) for pharmacy managers/owners to help prepare them for next steps if a pharmacy staff member is exposed to or infected with COVID-19.

Mental Health Supports

Dealing with the COVID-19 pandemic can cause tremendous stress for both healthcare providers and patients. Resources are available from a variety of sources to support pharmacy professionals looking after not only the mental health of their patients but also of themselves during these unprecedented times. The Government of Ontario has put together a list of resources for [mental health, wellness and addictions support](#). Some other additional resources are also provided below.

Specific for healthcare professionals:

- Canadian Psychological Association: [Referral Program to Support Front Line Healthcare Workers](#)
- Hospital Pharmacy Technician's Letter: [Have a Plan for Battling Burnout](#)
- CAMH: [Mental health and COVID-19 – Resources for healthcare providers](#)
- CDC: [Emergency Responders – Tips for taking care of yourself](#)

For the general public:

- Ministry of Health: [COVID-19 Fact Sheet: Resources for Ontarians Experiencing Mental Health and Addictions Issues During the Pandemic](#)
- Ministry of Health: [COVID-19 Fact Sheet: Talking to Children About the Pandemic](#)
- Harvard University: [Managing Fears and Anxiety around the Coronavirus \(COVID-19\)](#)
- CAMH: [Mental Health and the COVID-19 Pandemic](#)
- Public Health Agency of Canada: [Coronavirus Disease \(COVID-19\) Taking Care of Your Mental Health](#)

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.⁷ 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.¹⁹ 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.⁷

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:⁷

- 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 would be available for all Ontarians, on March 20, 2020, the Ministry of Health recommended pharmacists and dispensing physicians dispense no more than a 30-days' supply of ODB eligible medications. This measure has helped to stabilize the drug supply chain and as a result, that recommendation has ended as of June 15, 2020, and pharmacists can return to dispensing up to a 100-days' supply of medications if allowed by the patient's prescription.²⁰ A [notice](#) along with a set of [frequently asked questions](#) was released by the Ministry of Health's Executive Officer to provide more information regarding the removal of the 30-days' supply dispensing limit recommendation.

Nonetheless, pharmacy professionals should continue to monitor drug supplies and use their professional judgement and expertise to determine appropriate dispensing quantities. Monitoring can include, but are not limited to:

- Regularly assessing your medication inventory on a product-by-product basis to identify any potential concerns
- Reviewing communications from wholesalers regarding inventory supply levels

- Visiting the [Drug Shortages Canada](#) webpage
- Checking Health Canada's webpage on [Tier 3 drug shortages due to COVID-19](#)

Business Continuity Planning^{21,22}

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 |
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Table 4: Contingency Plan for Maintaining Essential Services

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

To assist owners with staffing levels and individual pharmacy professionals who are available to work, OPA has partnered with [Relief Buddy](#), a real-time pharmacy staffing agency, to help connect our members and employers. Relief Buddy charges lower administration fees than most traditional agencies which means pharmacy professionals will be earning more. Additionally, OPA members will receive 25% of the Relief Buddy administration fee so pharmacists will earn approximately an extra \$1 per hour.

In addition, the Ontario government is taking further action to stop the spread of COVID-19 by actively recruiting health care workers to increase the frontline capacity of hospitals, clinics, and assessment centres. A new online [healthcare workforce matching portal](#) has been launched that will help match skilled frontline workers with employers. The Ontario government is looking for healthcare providers who may be working part-time and want to and are prepared to increase their work hours or former healthcare providers who are retired, or on inactive status with a regulatory college who are interested and available to help provincial efforts to prevent and control the spread of COVID-19, if required. Pharmacy professionals can register with the portal and offer their services where needed.

To support pharmacy during the COVID-19 pandemic, OCP has also created a webpage with information for resigned pharmacy professionals and those who currently do not provide patient care but are interested in [returning to practice](#) during the pandemic. It outlines reactivation and reinstatement options depending on the individual's current status with the College and the corresponding eligibility to practice status after reactivation.

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 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.

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 |
|--|-------------|-------------|----------|
| GENERAL PANDEMIC PLANNING | | | |
| 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). | | | |

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| 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. | | | |
| Policies to be Implemented | | | |
| 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). | | | |
| Resources to Protect Employees and Customers | | | |
| 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. | | | |

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| 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. | | | |
| Communication to Employees | | | |
| 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. | | | |
| Coordination with the Community at Large | | | |
| 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. | | | |

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| 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. | | | |
| Security | | | |
| 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. | | | |

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