



The Manitoba Pharmaceutical Association

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

*Emergency Continued Care
Prescriptions*

*H1N1 Influenza and Pandemic
Preparedness Information, Educational
Programs and Resources*

*Pandemic Preparedness Action List for
Pharmacy Managers in Manitoba*

*Temporary Pharmacy Closure in an
Emergency, Disaster or Pandemic*

H1N1 Pandemic Preparedness Resource Kit

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Pandemic Preparedness: A Call to Action for Pharmacists

In the last few weeks there has been a dramatic increase in H1N1 Influenza activity across the country and within the province. While it is impossible to prevent or predict the occurrence of a pandemic, proper planning by health care providers, government, the public and the business sector can significantly reduce its impact.

As direct patient care health care professionals, pharmacists are often the first contact for patients experiencing influenza-like symptoms. The onset of a pandemic will significantly affect morbidity and mortality of the general public. This will result in increased demands placed on pharmacists to advise the public on infection prevention and the distribution of and treatment with antiviral medication and vaccines. At the same time of these increased demands, there will be an increase in staff absenteeism, drug supply chain interruptions and other concerns that will impact the ability of pharmacists to maintain essential pharmacy services and continuity of care. The time is now for all pharmacists to ensure that pandemic/emergency preparedness plans are in place and all pharmacy staff are informed.

In preparing for a pandemic, pharmacists should:

- Ensure the pharmacy's pandemic preparedness plan is comprehensive and addresses drug supply chain interruptions and infection prevention and control procedures at the pharmacy site;
- Strengthen emergency communication protocols among staff and with government public health offices and regulatory authorities;
- Ensure all pharmacy staff are knowledgeable and frequently updated on infection prevention and control procedures and provincial clinical management guidelines for direct patient care; and
- Assist public health with building awareness and education, ensuring consistency in messaging.

Pharmacists will play a vital role by:

- Providing information to the public and other health care providers on self-care, medication management including treatment with antiviral medication and vaccination administration ;
- Assisting in triage and referral of patients;
- Ensuring continuity of care for patients with chronic health conditions;
- Supporting the appropriate prescribing of antiviral medication in short supply and monitoring drug utilization;
- Ensuring the adequate supply of drugs and medical equipment; and
- Providing surveillance and alerts from the front line on drug safety issues.

Armed with an effective pandemic preparedness plan, pharmacists will be well-positioned to meet the challenges that may lie ahead. The MPhA has developed this *H1N1 Pandemic Preparedness Resource Kit* to assist. The kit is designed to highlight guidelines, procedures and information and resources that will aid pharmacists and pharmacy managers ensure pandemic preparedness plans are complete.

The kit is comprised of 5 parts:

- *Part 1: The Principles of Duty to Care in an Emergency, Disaster or Pandemic*
- *Part 2: Emergency Continued Care Prescriptions*
- *Part 3: H1N1 Influenza and Pandemic Preparedness Information, Educational Programs and Resources*
- *Part 4: Pandemic Preparedness Action List for Pharmacy Managers in Manitoba*
- *Part 5: Temporary Pharmacy Closure in an Emergency, Disaster or Pandemic*

Each part includes a brief introduction and explanation of its purpose and application to practice during a pandemic. 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 MPhA website at napra.ca under *H1N1 Flu Information*. It will therefore be necessary for pharmacists and pharmacy managers to refer to the MPhA website on a regular and frequent basis for the latest information. MPhA staff are available to assist with interpretation and questions related to this guidance document.

Part 1

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

This document represents a collaborative effort of the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba, the MPhA and Manitoba Health and Healthy Living. 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 a 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, to the health care professional. Pharmacy managers, pharmacists and their employers should be involved in discussions regarding these guiding principles to ensure that policies and procedures are in place to support pharmacists 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.

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

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.

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, providers (including 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, regulators and public health authorities will develop and implement policies and procedures, and will provide appropriate resources that minimize short term and long term risks to health care providers. These include, but are not limited to, such issues as remuneration, disability and liability protection for 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.

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.

Health care providers must notify the recognized authorities and their employer (if applicable), as soon as possible if they are unable to provide care due to extenuating circumstances. Examples include:

Example #1 - the provider is already attending to another medical emergency.

Example #2 - the system is not providing a safe environment (such as lack of appropriate masks, vaccines, etc), leading to an unreasonable safety risk.

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 Regional Health Authorities and public health authorities within the federal and provincial health departments.

This document has been approved and is supported by the College of Physicians and Surgeons of Manitoba, the Manitoba Pharmaceutical Association, and the College of Registered Nurses of Manitoba.

Part 2

Emergency Continued Care Prescriptions

There may be a shortage or restriction on the availability and accessibility of prescribers and pharmacists during incidents of disaster or pandemic. If this occurs, the Minister of Health will provide notice to the Council of the Manitoba Pharmaceutical Association that a public emergency exists in all or part of the province. Under such conditions, Council will notify pharmacists the Emergency Continued Care Prescriptions process is in effect.

The Emergency Continued Care Prescription process and related conditions as set out have been deemed an acceptable emergency measure by the College of Physicians Surgeons of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba Dental Association and the Manitoba Pharmaceutical Association. The Emergency Continued Care Prescriptions process

has received support as an acceptable emergency measure by Manitoba Health and Healthy Living.

Overview

It is essential, under the condition of emergency, that patients are able to receive their medication and care from pharmacists. Emergency Continued Care Prescriptions are only permissible during the period of a declared emergency and when the patient cannot obtain the needed medication by accessing a refill or continued care prescription from their usual pharmacy.

Should a patient (or their agent) present to a pharmacy different from the one at which they originally received the medication (and where the prescription is located) and are in need of medication (refill or continued care prescription), therapeutic information or intervention under a declared emergency, all pharmacists will attempt to provide the needed medication, information and/or care.

Required Principles

Emergency Continued Care Prescriptions are based on the two following principles:

1. If the patient's pharmacy is not open or the patient records are not accessible due to the impact of the emergency on the pharmacy or pharmacy staff, the "emergency care" pharmacy shall attempt to contact the prescribing practitioner and request another prescription for the necessary medication.
2. Failing to receive an authorization described above in principle (1), the "emergency care" pharmacist may provide an emergency continued care prescription and dispense the medication from the information on the prescription label and in the Drug Program Information Network (DPIN).

Process

When an "emergency care" pharmacist determines that an Emergency Continued Care Prescription is necessary, the following conditions apply:

1. Emergency Continued Care prescriptions cannot and do not take the place of ongoing medical care and are a direct consequence of the declared emergency.
2. Each request for an emergency continued care prescription must be judged on an individual basis considering the patient's medical history and medication profile.
3. The "emergency care" pharmacist must be satisfied that the prescribing practitioner would, in all likelihood, provide the authorization were the "emergency care" pharmacist able to contact the prescribing practitioner.
4. The "emergency care" pharmacist has established that the medication to be continued is prescribed for a chronic condition.
5. The "emergency care" pharmacist has inquired of the medical history of or with the patient, reviewed the DPIN and is satisfied that the treatment with this medication has remained relatively stable (no significant changes to dosages or drug therapy).
6. Narcotics or controlled substances must not be provided by an emergency continued care prescription.

7. Notwithstanding statement 6, benzodiazepines may be provided by an emergency continued care prescription when:
 - a. the medication is being used for management of convulsive disorders or
 - b. there is a legitimate risk of seizure due to sudden withdrawal.
8. The amount of medication provided must be determined by the “emergency care” pharmacist based upon the circumstances of the particular patient but must not exceed the previous amount filled. Typically, the quantity dispensed would be the same amount the patient usually receives and requires no further documentation with respect to quantity provided. However when the quantity provided differs from the previously dispensed amount, based upon professional judgment and appropriate patient care, the change in quantity and the rationale for the decision must be recorded.
9. All medication dispensed pursuant to an emergency continued care prescription must be:
 - a. dispensed in a new medication vial, showing the name of the pharmacy providing the medication and including on the label the words “Emergency supply”.
 - b. recorded as an “Emergency Continued Care” prescription by the pharmacist at the time of dispensing and kept in the pharmacy prescription files,
 - c. reported, no later than the next business day by telephone or facsimile, to the original prescribing practitioner and to the pharmacy that previously filled the prescription (If the message is not be received, the report must be resent on each subsequent business day until the message is successfully received.).
 - d. entered into the DPIN.

Part 3

H1N1 Influenza and Pandemic Preparedness Information, Educational Programs and Resources

There is a wealth of information, educational programs and resources currently available to health care providers and the public on H1N1 Influenza and pandemic preparedness. However, at times, it may be difficult to navigate and access that which is most applicable and relevant. The following table highlights select websites that provide information and resources to assist pharmacists in Manitoba.

| Source | Link | Access |
|------------------------------------|---|---|
| Manitoba Health and Healthy Living | Flu in Manitoba http://www.manitoba.ca/flu/index.html | <ul style="list-style-type: none"> • <i>Pandemic H1N1 (pH1N1) Influenza Vaccine Guidelines</i> including designation of priority groups for vaccination • <i>Infection Prevention and Control Guidelines</i> with specific guidance for community settings • <i>Clinical Management Guidelines</i> • <i>Public Health Management Guidelines</i> • Fact Sheets and other printable public information resources |
| | Public Health Division H1N1 Flu Resources for the Health Sector www.gov.mb.ca/health/publichealth/sri/index.html | |
| | Manitoba guidelines and surveillance information is updated frequently in response to changes in the H1N1Influenza activity and status within the province. Therefore, it is important to check this website on a daily basis. | |

| Source | Link | Access |
|---------------|---|--|
| Health Canada | <p>Public Health Agency of Canada Influenza and Pandemic Preparedness www.fightflu.ca</p> <p>Public Health Agency of Canada – Influenza www.phac-aspc.gc.ca/influenza/index-eng.php</p> <p>Public Health Agency of Canada – Pandemic Preparedness www.phac-aspc.gc.ca/influenza/pandemic-eng.php</p> | <p>The Public Health Agency of Canada has issued an <i>H1N1 Preparedness Guide</i> that discusses:</p> <ul style="list-style-type: none"> • differences between the pandemic H1N1 flu virus and seasonal flu • preventive measures, including a printable <i>Flu Prevention Checklist</i> • symptoms, severity indicators and people at risk of complications • how to care for those who are sick • brief information about the H1N1 vaccine and antivirals • information on planning for the flu, including suggestions for a home <i>Preparedness Kit</i> • H1N1 contact numbers and printable public information resources |
| | <p>MedEffect Canada www.healthcanada.gc.ca/medeffect</p> <p><i>Reporting Adverse Reactions to Antiviral Drugs During an Influenza Pandemic - Guidelines for Health Professionals and Consumers</i> (revised May 29/09) http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/guide/2009-ar-ei_anti_guide-ldir/index-eng.php</p> <p><i>Important Tamiflu Information for Health Professionals</i> (Oct. 23/09) http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2009/2009_172-eng.php</p> <p><i>Important Information About the Risk of Dosing Error for Tamiflu (oseltamivir phosphate) Powder for Oral Suspension (12 mg/mL)</i> (Oct. 13/09) http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2009/tamiflu_2_hpc-cps-eng.php</p> <p><i>Potential Medication Errors with Liquid Tamiflu</i> (Sept. 25/09) http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2009/2009_158-eng.php</p> | <ul style="list-style-type: none"> • pharmacists are encouraged to subscribe to MedEffect e-Notice to receive the latest Health Canada Advisories, Warnings and Recalls directly as they are issued • antiviral adverse reaction reporting guidelines • when dispensing commercially manufactured Tamiflu Powder for Oral Suspension (12 mg/mL), pharmacists should ensure that the units of measure on the prescription instructions match the dosing device provided • global supply of Tamiflu Powder for Oral Suspension is limited • Tamiflu monograph provides guidance for emergency compounding of capsules to produce liquid suspensions (15 mg/mL) for administration to children or adults with difficulty swallowing capsules. Note: This compounding procedure results in a 15 mg/mL suspension, which is different from the commercially available Tamiflu for Oral Suspension, which has a concentration of 12 mg/mL • dose recommendations according to the Tamiflu Canadian product monograph for patients greater than 1 year of age and the Health Canada Interim Order dosing instructions for |

| Source | Link | Access |
|---|---|---|
| | | patients less than 1 year of age are summarized |
| The Manitoba Pharmaceutical Association | <p>www.napra.ca, go to “MB”, go to “H1N1 Flu Information” or http://napra.ca/pages/Manitoba/default.aspx?id=2411</p> <p><i>A Call to Action Forum for Pharmacists on Pandemic Preparedness (Oct. 26/09)</i> at sbrc.tv, go to “Published Events”, go to MPhA, enter case-sensitive password “MPhA” This program has been accredited by the MPhA for 2 CEUs for pharmacists in Manitoba.</p> | <ul style="list-style-type: none"> • direct link to the Manitoba Health H1N1 Influenza website • MPhA Notices to Pharmacists and Pharmacy Managers related to H1N1 Influenza such as Emergency Compounding of an Oral Suspension from Tamiflu® Caps (Final Concentration 15 mg/mL) and other Oseltamivir Liquid Formulations • An educational program on H1N1 Influenza specifically designed for pharmacists in Manitoba focusing on treatment with antiviral medication, infection prevention and control including vaccination and pandemic preparedness planning for pharmacists in community practice |
| Canadian Pharmacists Association | www.pharmacists.ca/pandemic | <ul style="list-style-type: none"> • <i>Pandemic Influenza: A Pharmacist’s Guide to Pandemic Preparedness</i>, that includes information on the role of the pharmacist, infection control, developing your plan, supply chain issues (<i>Drug Shortages: A Guide for Patient Assessment and Management</i>), business continuity and information for the public • printable public information resources |
| Ontario College of Pharmacists | <p>www.ocpinfo.com go to “Health Notices regarding H1N1 Influenza” or http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Notices+Regarding+Respiratory+Illness+in+Mexico</p> | <ul style="list-style-type: none"> • <i>Infection Control Resource for Regulated Health Professionals (Pharmacist Edition)</i> |
| Canadian Paediatric Society | http://www.cps.ca/ | <ul style="list-style-type: none"> • specific information on influenza in children |
| RxFiles | http://www.rxfiles.ca/rxfiles/uploads/documents/Flu-Overview-Antivirals.pdf | <ul style="list-style-type: none"> • Influenza – Overview 2009 – With Consideration for Pandemic H1N1 (pH1N1) Chart |
| Centres for Disease Control and Prevention (CDC) | <p>http://www.cdc.gov/flu/about/season/index.htm</p> <p>www.cdc.gov/swineflu/</p> | <ul style="list-style-type: none"> • provides frequent updates, surveillance and guidance on H1N1 Influenza in the United States |

| Source | Link | Access |
|--|--|--|
| World Health Organization (WHO) | http://www.who.int/csr/disease/influenza/en/ http://www.who.int/csr/disease/swineflu/en/index.html | <ul style="list-style-type: none"> global perspective and surveillance on H1N1 Influenza |
| New England Journal of Medicine H1N1 Influenza Center | http://h1n1.jwatch.org/ | <ul style="list-style-type: none"> global surveillance on H1N1 Influenza including original research, research summaries and commentary and advice to practitioners |
| Canadian Pandemic (H1N1) 2009 Flu Guide Educational Program (Developed with support provided by GlaxoSmithKline Canada Inc.) | www.canadianfluguide.ca This program has been accredited by The College of Family Physicians of Canada for up to 7.5 Mainpro-M1 credits (1.5 Mainpro-M1 credits per module completed). The MPhA recognizes this accredited learning activity as equivalent to a maximum of 7.5 CEUs (1.5 CEUs per module completed). | <ul style="list-style-type: none"> an educational program for healthcare providers to improve understanding and knowledge of the pathophysiology, diagnosis of H1N1, adoption of infection control measures, the role of antiviral agents and the importance of pandemic planning |

Part 4

Pandemic Preparedness Action List for Pharmacy Managers in Manitoba

The MPhA has developed the *Pandemic Preparedness Action List for Pharmacy Managers in Manitoba*. The purpose of this Action List is to serve as a resource tool detailing the activities and execution of a comprehensive pandemic preparedness plan for the pharmacy. Much of this information has already been provided to pharmacy managers. However 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 these difficult times.

Pandemic Preparedness Action List for Pharmacy Managers in Manitoba

- The meaning and importance of *The Principles of Duty to Care in an Emergency, Disaster or Pandemic* have been discussed with all pharmacists, pharmacy technicians and other pharmacy personnel.
- Pharmacists, pharmacy technicians and other pharmacy personnel are informed, frequently updated and adhere to provincial *Infection Prevention and Control Guidelines* and *Pandemic H1N1 (pH1N1) Influenza Vaccine Guidelines* as developed by Manitoba Health and Healthy Living (MHHL) and posted on the *Flu in Manitoba* website at <http://www.gov.mb.ca/health/publichealth/sri/index.html>. Clients and all pharmacy personnel have ready access to required equipment and supplies for infection prevention and control and are encouraged to protect themselves through vaccination in accordance with these guidelines.
- Non-pharmacist employees are advised to refer patients seeking self-medication products for symptoms of influenza-like illness (ILI) to pharmacists for consultation.

- Pharmacists are informed, frequently updated and adhere to provincial *pH1N1 Clinical Management Guidelines* and *Public Health Management Guidelines* as developed by MHHL and posted on the *Flu in Manitoba* website at <http://www.gov.mb.ca/health/publichealth/sri/index.html>. Pharmacists provide information, advice and recommendations to the public and other health care professionals on the clinical management of influenza, treatment with antiviral medication, infection prevention and control including vaccination and self-care in accordance with these guidelines.
- A system is in place within the pharmacy to communicate vital information received from the MPhA, MHHL and other stakeholders to pharmacists, pharmacy technicians and other pharmacy personnel.
- All pharmacists, pharmacy technicians and other pharmacy personnel are informed and comply with Health Canada's *Guidelines for Reporting Suspected Adverse Reactions to Antiviral Drugs During an Influenza Pandemic* (http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/guide/2009-anti-anti_guide-ldir/index-eng.php).
- A business continuity plan is in place to address staff absenteeism due to illness. All pharmacy staff have been advised to take sick leave from the pharmacy if they develop symptoms of ILI to limit the spread of infection to other staff and the public.
- Drug supply chain interruptions and drug shortages are anticipated and processes and plans are in place to access alternate sources of drug supply and for recommendations regarding alternate available drug therapy in order to ensure continuity of care for patients. The pharmacy maintains adequate supplies of antiviral medication and other medication for the symptomatic management of ILI in response to increasing needs.

Part 5

Temporary Pharmacy Closure in an Emergency, Disaster or Pandemic

In September 2002 Council authorized a policy enabling a licensed pharmacy to be temporarily closed without surrendering its operating license, provided that the specific conditions listed were fulfilled. The closure described in the 2002 document is closure of the entire pharmacy location and not restricted to situations presently covered under a Lock & Leave permit for the dispensary in a licensed pharmacy.

Part of the pharmacy's pandemic or disaster preparedness plan needs to include provision for temporary closure should closure be unavoidable. The employee pharmacist, pharmacy manager, technicians, other dispensary staff and the pharmacy owners have an obligation to ensure continuing care for their patients under these circumstances. This document is an interpretation of the original 2002 document to reflect temporary closure during a pandemic or a disaster.

1. The pharmacy representative (manager) shall advise the MPhA of the closure as soon as possible and preferably prior to the event, or if not immediate thereafter. The date and time of the closure and re-opening need to be reported. (e-mail info@mpha.mb.ca, facsimile 204-237-3468, phone 204-233-1411)

2. 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 patient advised of the delivery and reasons for it.
3. 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. notice of temporary closure at pharmacy entrance, telephone answering machine message, notice in local clinics and prescriber's office etc.)
4. As part of disaster and pandemic planning in single-pharmacy communities, alternate arrangements for medication access and provision of essential pharmacy services need to be pre-arranged with local prescribers or pharmacies in nearby communities. Those prearrangements will become part of the activity in item 3.

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The Canadian Society of Hospital Pharmacists, and

Manitoba Health and Healthy Living