



PHARMACY PRACTICE DURING THE COVID-19 PANDEMIC

This document brings together information and considerations for community pharmacy practice during the COVID-19 Pandemic. Much of the information will be relevant across all COVID-19 Alert Levels. However, pharmacies should adapt their approach according to key principles for the current COVID-19 Alert Level (see below for the key principles of Alert Level 1).

There is no one way fits all - in these unprecedented times we are all learning, adapting, and finding new ways of working. Each pharmacy will need to innovate and adapt ideas to their pharmacy and circumstances.

There may be circumstances where you will need to do things differently. Think things through and be sure that you can justify your decisions and keep records of the professional interventions you make.

KEY PRINCIPLES FOR COVID-19 ALERT LEVEL 1

New Zealand moved to COVID-19 Alert Level 1 today, Tuesday 9 June 2020. At COVID-19 Alert Level 1, all retail businesses are open for workers and customers. Health and disability care services are encouraged to operate normally, though it is likely that remote consultations will continue (where appropriate) at a higher level than prior to COVID-19 due to the increased flexibility they offer health service users.

Some key considerations for pharmacies at Level 1 are:

- The risk of COVID-19 in the community is now very low. However, core infection prevention control measures such as stringent hygiene practices, regular cleaning and monitoring the health of the team should continue, particularly during the cold and flu season.
- Approaches to managed entry such as active triage at the pharmacy door are not necessary at Alert Level 1, but it is still important to implement measures to remind people not to enter the pharmacy if they have symptoms of COVID-19 and to call Healthline on 0800 358 5453 to find out about whether testing is needed. Editable signs are available on the [Society website](#).
- Pharmacies should continue to consider their options for people with symptoms of respiratory infection needing medicines and other pharmacy services (e.g. home delivery, telephone or video counselling and information support).
- Continue to communicate with your community using various means (e.g. website, Facebook, e-mail, signs) about the pharmacy services available at Level 1.
- Overall, review the need to continue measures implemented under higher levels but be mindful of preparedness for moving up levels again quickly, if needed.

Physical distancing

There are no obligations for businesses to enforce physical distancing.

Contact tracing

There are no formal requirements for pharmacies to maintain records for contact tracing. However, members of the public are encouraged to maintain their own record of places they visit. The Ministry of Health are looking at a system to bulk produce NZ COVID Tracer QR codes for individual pharmacies. We understand further information will be sent directly to pharmacies in the coming days.



Communication with your pharmacy community

Reach out to your database via text/email or use social media channels to advise if your service will be operating differently, advise of any changed opening hours, remind people to call or e-mail ahead or use another contact method that suits your pharmacy. Consider adjusting your phone system messages as needed.

Consider vulnerable patients and population groups who may need additional supports including Māori, Pacific and Disability health needs. Share the COVID Healthline number 0800 358 5453, the government [COVID website](#), and other resources that may be helpful such as Te Rōpū Whakakaupapa Urutā ([National Maori Pandemic Group](#)), [Prepare Pacific](#), and [Health Navigator](#) (has specific [community pharmacy information](#) available in English and 9 different Pacific languages).

Protecting the pharmacy team

Self-care and prioritisation

Take care of you and your team - avoid burnout and exhaustion by not overburdening the team – look to reduce the number of non-essential pharmacy services you offer. Further resources are available on the [Society website](#) including a free webinar on coping strategies during COVID-19.

Security of pharmacies during COVID-19 Alert Level 4 - 26 March 2020

The security concerns of the community pharmacy sector during Alert Level 4 were raised with the Police Major Operations Centre and the Police Intelligence Section. Police services nationally were reminded that pharmacy is an essential service with particular security considerations that are to be factored into police activities in support of the Covid-19 and national emergency response.

Pharmacy were advised to call 111 not 105 if they required police assistance.

At Alert Level 4, pharmacies should consider liaising directly with their local police station such as letting them know your opening hours and number of staff working in the pharmacy. Pharmacy was also advised that if they observed suspicious behaviour such as people loitering around their premises then they should contact the police immediately as this in of itself was a breach of the national emergency criteria.



Infection prevention and control

It is important to have robust infection prevention and control measures in place to reduce the risk of transmission of COVID-19. Here are some ways you can protect your team and patients:

- Train the staff on handwashing, new policies, have daily huddles, consider delegating a COVID lead to keep up to date with the new government or local guidance and implementing in the pharmacy
- Cover hard to clean equipment in clear bags such as keyboards
- Make sure staff regularly wash hands after handling prescriptions, dispensing, touching pens, door handles, phones and after interacting with people as well as after eating etc
- Monitor the health of the team and send them home if they feel unwell
- Make sure surfaces are regularly cleaned including counters, chairs, door handles, stationery, phones, keyboards, mouse, tills, staff eating areas etc - create a cleaning roster and have enough cleaning products available (see more detailed cleaning guidance later in document)
- Make sure you have enough waste bags and bins - double bag used tissues or disposable cleaning cloths and separate from other waste for 72 hours before placing in external waste bins
- Provide hand sanitising gel for public to use before entering and when leaving the pharmacy
- Handle cash with care - encourage contactless payments. Wash or sanitise hands after each transaction and after cashing up, gloves are an alternative but be mindful of potential for cross-contamination
- Be mindful of your distance from people coming into the pharmacy

At higher alert levels there may be specific public health obligations around physical distancing. For example, at COVID-19 Alert Level 2 Worksafe (Mahi Haumaru Aotearoa) provided specific [information about public health obligations for businesses and services](#). At such times, pharmacies will need to consider additional measures such as the following:

- Limit the number of people within the pharmacy at the same time (see next section on managing entry)
- Put up signs to inform people to keep their distance
- Section the pharmacy to encourage physical distancing (2 metres) for people coming into the pharmacy with floor markings (using tape) or barriers (if possible)
- If you have a hatch-type mechanism, use it for pick up and drop offs
- Create a roster to make sure the team are not person-facing all day

Personal Protective Equipment (PPE) – 29 May 2020

The Ministry of Health replaced their specific guidance for various health service providers with a sector-wide [risk assessment tool](#) for determining the need for PPE.

There is a PPE coordinator at each DHB to communicate with providers in their area to determine their need for masks. Please [click here](#) for a list of PPE coordinator contact details.

Guidance for potential COVID-19 exposure in community pharmacy – 30 April 2020

This [guidance document](#) describes what to do if pharmacy staff come into contact with someone who may have COVID-19. It was developed by TAS on behalf of the 20 DHBs, with acknowledgement to the COVID-19 Pharmacy Sector Leaders Group for their input. The guidance is based on existing Ministry of Health advice applied to the pharmacy context and incorporates advice from Medicines Control and DHBs with respect to the process for a potential temporary closure /consolidation.



COVID-19 CLEANING GUIDANCE FOR COMMUNITY PHARMACY

This advice is based on the Ministry of Health’s guidance general cleaning for COVID-19.

COVID-19 is transmitted through droplets and contact therefore it is important that any areas of the pharmacy that may have been contaminated with the virus are disinfected.

1. How should we clean the pharmacy to prevent the spread of COVID-19?

Follow the Ministry of Health’s advice ‘[General cleaning information for COVID-19](#)’. A downloadable fact sheet is available in a link on the right-hand sidebar. In addition to increased general cleaning, staff should be regularly washing their hands which also reduces the risk of contamination.

2. What cleaning solution should we use? What chemicals and what strengths?

Any general disinfectant can be used. Sodium hypochlorite bleach is the cheapest option (note - may corrode metals or damage painted surfaces – check manufacturer information). If using sodium hypochlorite bleach, it is recommended that a new 0.1% solution is made up daily, labelled and dated. The table below gives appropriate dilutions for sodium hypochlorite bleach.

Liquid Bleach Type (active ingredient)	Amount of bleach	Amount of cool tap water
2% sodium hypochlorite	15 mL	to 240 mL
3% sodium hypochlorite	10 mL	to 240 mL
4% sodium hypochlorite	7.5 mL	to 240 mL
5% sodium hypochlorite This is the most common 'strength' available in supermarkets	6 mL	to 240 mL
6% sodium hypochlorite	5 mL	to 240 mL
7% sodium hypochlorite	4.5 mL	to 240 mL
8% sodium hypochlorite	3.75 mL	to 240 mL
9% sodium hypochlorite	3.5 mL	to 240 mL
10% sodium hypochlorite	3 mL	to 240 mL

Alternatively, other common disinfectants include:

- 70-90% alcohol (ethyl alcohol or isopropyl alcohol)
- Hydrogen peroxide
- Quaternary ammonium compounds (alkyl dimethyl benzyl ammonium chlorides)
- Phenolic disinfectants

3. Do we need to clean down between shifts?

The Ministry recommends regular cleaning of high touch surfaces throughout the day rather than a single clean down at the end of shift. ‘Regular’ is not specifically defined but is based on an assessment for each individual pharmacy related to their level of ‘openness’ to potential exposure and the extent of any physical barriers that are in place. For example, assuming cleaning is usually undertaken once a day at the end of the day, during the COVID-19 pandemic, this could be increased to 4 times a day plus when there is any concern about soiling or possible contamination. In heavily traffic areas, hourly cleaning may be more appropriate.

High touch surfaces in a pharmacy include doorknobs/handles, keyboards, eftpos machines, counter tops, scanners, cash register drawers, cupboards, bathroom fixtures, toilets, phones and keys. For electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly to avoid pooling of liquids. Consider the use of wipeable covers for electronics where appropriate.

If increased general good everyday cleaning is performed, especially in high touch areas that a patient may have touched, and that staff are touching, then risk of contamination to staff is reduced.



COVID-19 CLEANING GUIDANCE FOR COMMUNITY PHARMACY *CONTINUED*

4. What protective equipment should we use when cleaning?

PPE should be worn when cleaning. This is more to protect you from the cleaning chemical used; therefore, disposable gloves and an apron are sufficient. However, eye protection is a consideration if using spray and cloths, to protect eyes from splashes. If using impregnated disinfectant cloths, the risk of splashes to eyes removed. Always read the manufacturer's advice on cleaning and required PPE.

5. Is there any particular clean down sequence that should be followed?

This is covered in the cleaning advice on [Ministry's website](#). Clean floors with disinfectant or bleach solution, starting from one end of the premises to another (from the exit inwards) every day.

Disposable cleaning mops and cloths should be used, and these should be changed regularly. If unable to use disposable mops and cloths, then reusable mops and cloths are to be cleaned and disinfected regularly.

For carpeted areas, the Ministry suggests vacuuming at the end of the day and as the last cleaning function on the cleaning schedule. Vacuum cleaners that have a HEPA filter are best. Bagless vacuums are not recommended as there is the potential for increased exposure to dust when tipping out.

Regular increased cleaning of high touch areas throughout the day will help minimise transmission.

If using spray bottle, DO NOT spray directly on to surfaces, as this can aerosolise pathogens. Instead, spray onto cleaning cloth then wipe surfaces.

Cleaning products needs to be left to dry naturally, not dried with a cloth. It is the contact time with a disinfectant that kills pathogens.

6. If a COVID-19 positive patient presents, after cleaning down, what is the stand down period?

The Ministry recommends that rooms used by COVID-19 positive patients are cleaned and stood down for 30 minutes. The time between a person presenting who is COVID-19 positive and the pharmacy being notified makes a longer close time unnecessary.



Managing entry of people into the pharmacy

Depending on current COVID-19 Alert Level, consider these options to manage entry of people into the pharmacy:

[At Alert Level 1, there is no need manage entry of people into the pharmacy by active triage. However, it is still important to remind people not to enter if they have symptoms of COVID-19 (see signs below) and to call Healthline free on 0800 358 5453. Pharmacies should also continue to consider their options for people with symptoms of respiratory infection needing medicines and other pharmacy services (e.g. home delivery, telephone or video counselling and information support)].

- Place a sign on your front door to limit the number of customers allowed into the entranceway at any one time
- Triage people presenting at pharmacy (see further detail in next section)
- Limit the number of people entering the pharmacy at any one time
- Establish a safe distance of at least 2 metres when attending to a patient
- Place signs around the pharmacy to remind customers to maintain a 2-metre physical distance from other people within the pharmacy
- Place signs on the ground to indicate appropriate distancing
- Place markings on the ground to indicate a 2-metre distancing from key areas e.g. pharmacy counters
- Make up prominent sandwich board sized signs to place outside your pharmacy, to remind people not to enter if they have symptoms of COVID-19 and any changes that have been made to pharmacy services to help keep your community safe
- Consider using shelving on wheels as your front counter, this can be used as a barrier to stop customers from entering your pharmacy and can be moved to allow access
- Consider placing a table close to the entranceway, leaving enough space for one customer at a time unless your entrance is wide enough for more than one customer to maintain 2-metre distancing
- At higher levels, you may need to discourage self-selection of all products – assign staff member to fetch the necessary products for the customer or consider covering shelves containing stock with clear plastic covers to prevent customers from self-selection

Signs for use in the pharmacy

Various editable signs are available for download from the [Society website](#) to assist with messaging at different levels. The [Government COVID-19 website](#) also has various signs for businesses to use.





HELP US TO HELP YOU STAY SAFE DURING COVID-19 AT THIS PHARMACY

AT ALL TIMES AVOID CONTACT WITH OTHERS. KEEP AT LEAST 2 METRES APART COUGH OR SNEEZE INTO YOUR ELBOW

<p>1. STOP</p> <p>Please follow these instructions before entering</p> <p>If you are unwell, you must TELL US first</p>	<p>2. WAIT</p> <p>Entry is limited. Please wait outside</p> <p>We will wave or ask you to come in when we are ready</p>	<p>3. BEFORE ENTRY</p> <p>Disinfect your hands with the sanitiser provided</p> <p>We may ask you to wear a mask</p>	<p>4. ASK US</p> <p>Ask for essential items and medicines</p> <p>We can only supply one month of most medicines</p>	<p>5. WHEN INSIDE</p> <p>Try not to touch anything. Staff will select your items</p> <p>Pay by contactless card if you can</p>
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NEXT VISIT Reduce waiting by ordering medicines by phone or email before you visit Reduce visits by asking your doctor to send prescriptions directly to us

OUR PHONE: _____ OUR EMAIL: _____

CHANGES TO PHARMACY SERVICES TO HELP OUR COMMUNITY STAY SAFE

We have made some changes to keep you and our staff safe and will continue to do so as Covid-19 evolves. Please be patient as we do our best to respond to the challenges of providing services during the pandemic. We have been advised that there is no need to panic and stockpile medicines, just remember to renew your prescriptions before you run out of your medicines.

Please avoid coming to the pharmacy whenever possible:

- Ask your GP clinic to send your prescriptions directly to us (via email or fax)
- Contact us to organise a time to pick up your prescriptions
- Contact us if you need a repeat prescription
- Contact us if you would like to purchase items from the pharmacy
- Let us know if you require us to deliver medicines or pharmacy items

Do not enter the pharmacy if:

- You or someone you know travelled outside of NZ in the last 14 days?
- You have a fever, cough, shortness of breath or sore throat?
- You have been in close contact with a suspected or confirmed case of Coronavirus (COVID-19)?

Please observe the following precautionary measures when in the pharmacy to protect yourself and others:

- A staff member will greet you, check that you are safe and not ill
- Please use hand sanitiser before entering our pharmacy
- We may need to limit the number of people in the shop at one time
- Use the floor squares as a distancing guide to keep 2 metres away from the others
- Ask the staff to select products for you or for advice
- Stay in your car until your prescription is ready
- Cough or sneeze into your elbow or by covering your mouth and nose with tissues. Put used tissues in a bin

CONTACT US **OPOTIKI PHARMACY**
Phone 07 315 6251
opotikipharmacy@xtra.co.nz - Fax 07 315 6250

Coronavirus help us help you Infographic - [editable version for download](#)

Sign developed by Opotiki Pharmacy to explain changes to pharmacy operations - [editable version available](#)

ATTENTION!

Coronavirus Information

- Have you or someone you know travelled outside of NZ in the last 14 days?
- Do you have a fever, cough, shortness of breath or sore throat?
- Have you been in close contact with a suspected or confirmed case of Coronavirus (COVID-19)?

If the answer is **YES** please **STOP** and **DO NOT** enter this building

Here are your options:

1. For advice on COVID-19 call **HEALTHLINE** free 0800 358 5453
2. If you need something from the pharmacy, please phone the following number:

Thank you for helping to keep other patients and staff safe

© March 2020

Stay safe!

Keep 2 metres away from each other

An early [Coronavirus Information Poster](#)

A floor marker developed by Opotiki Pharmacy – available for download in [colour](#) or [black & white](#)



Triage process at pharmacy entry point

Depending on the current COVID-19 Alert Level, your pharmacy may employ active triage at the pharmacy entrance.

If this active approach is considered necessary, the following is a suggested protocol:

1. Person presents at pharmacy
2. Enquire about reason for visit to pharmacy
3. Ascertain if experiencing COVID-19 symptoms

[Case definition as at 22 May 2020](#) = “Any acute respiratory infection with at least one of the following symptoms: cough, sore throat, shortness of breath, coryza, anosmia with or without fever.”

Coryza = head cold e.g. runny nose, sneezing, post-nasal drip; Anosmia = loss of sense of smell

Please note that the suspect case definition is under review as we have now moved down alert levels, and in anticipation of an increase in respiratory illnesses as winter approaches.

If symptomatic, person should not enter pharmacy, advise to call HEALTHLINE on 0800 358 5453

If no symptoms, ask:

- Is any member of your household currently symptomatic?
- Are you or is anyone in your household currently being tested for COVID-19 or positive for COVID-19?

If yes, should not enter pharmacy

If no, can enter pharmacy with physical distancing and hygiene practices.



Handling prescriptions

If possible, ensure systems are in place for remote receipt of prescriptions by fax or secure email. Several key measures have been urgently implemented to support this across the health sector. The practical implications are collated into the below summary table and the original notifications are detailed on the following pages.

Summary for receipt of non-paper prescriptions during COVID-19 pandemic

** Remember to regularly check your pharmacy SPAM / junk e-mail folders for e-mailed prescriptions.*

Signatureless prescriptions may be received via secure e-mail or fax from a prescriber as long as certain requirements are met. For claiming, there has been a temporary suspension of the need for an original prescription to be received before pharmacies can claim. The duration of this suspension aligns with that of the temporary waiver for non-NZePS signatureless prescriptions. Pharmacists still need to pay careful attention to verification of legitimacy of prescriptions received.

	Medicine Classification	Is ink signature required on electronic copy (received via fax or e-mail)?	Is an original hardcopy required?	Can we claim using the printed electronic copy (received via fax or e-mail)?	Notes
NZePS <i>Enduring waiver</i>	Prescription medicine (non-controlled drug)	No	No	Yes	
	Exempt or partially exempt Class C Controlled Drugs*	No	No	Yes	
	Class A, B and C** (except exempt or partially exempt) Controlled Drugs	Yes	Yes	No	Must receive original before claiming
Non-NZePS <i>Temporary waiver</i>	Prescription medicine (non-controlled drug)	No	No	Yes	
	Exempt or partially exempt Class C Controlled Drugs*	No	No	Yes	
	Class A, B and C** (except exempt or partially exempt) Controlled Drugs	Yes	Yes	No	Must receive original before claiming

* Class C Controlled Drugs that **ARE** exempt or partially exempt: pholcodine, paracetamol and codeine combination preparations, Gee's Linctus.

** Class C Controlled Drugs that **ARE NOT** exempt or partially exempt: buprenorphine, codeine, dihydrocodeine, phenobarbitone, phentermine, and the benzodiazepines alprazolam, clobazam, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam, triazolam.



Signatureless NZePS prescriptions - 27 March 2020

A Director-General of Health waiver to the Medicines Regulations 1984 allows prescriptions that are not physically signed provided the following conditions are met:

- The prescription is for non-controlled drugs only; and
- The prescription is a NZePS barcoded prescription; and
- The system that generates the prescription has been authorised by the Ministry of Health for signature exempt prescriptions; and
- The prescription is scanned and downloaded from NZePS at a community pharmacy.

Several primary care prescribing systems now enable prescribers set up for NZePS to generate a PDF version of a prescription and e-mail it directly to a pharmacy of the patient's choice. The PDF prescription will not have a physical signature, but it will have an NZePS bar code. The PDF prescription is to be printed by the pharmacy, scanned and downloaded from the NZePS. There is no need for an original to be provided. **This does not apply to controlled drug prescriptions.**

The prescribing systems currently authorised by the Ministry to pilot this are MedTech32, MedTech Evolution, MyPractice, Indici and Medimap. Frequently Asked Questions about remote prescribing are on the [MoH website](#).

[This is an enduring waiver that will remain in place after COVID-19]

No need to match faxed prescriptions to original – 27 March 2020

The enforcement of the obligation to obtain an original of a faxed prescription during the state of emergency will be suspended by the Ministry on the conditions set out below:

- each faxed prescription must otherwise be fully compliant with regulation 41 of the Medicines Regulations 1984
- the suspension will not apply to controlled drugs prescriptions which will continue to require an original prescriber signature; and
- the suspension will only apply to dispensing activity by pharmacies that occurs during Level 3 or 4 Covid-19 Alert System periods and for the time period prior from 1 March 2020 (inclusive) to close of business 23 March 2020 and for any other such other period as the Ministry may subsequently advise you in writing.

Faxed prescriptions meeting the suspension conditions will not be subject to adverse audit comment or recovery action during future audits.

[15 April 2020 – Confirmation received from the Ministry of Health that this suspension continues until the Epidemic Preparedness (COVID-19) Notice 2020 expires or is revoked. The Epidemic Preparedness (Covid-19) Notice 2020 commenced on 25 March 2020 and is therefore due to expire in 3 months i.e. 25 June 2020]

Temporary waiver for non-NZePS signatureless electronic prescriptions – 31 March 2020

For community and hospital prescribers that do not use a system that can integrate with NZePS, the Director-General of Health approved a **temporary waiver** to authorise prescriptions that are not signed personally by a prescriber with their usual signature to be recognised as legal prescriptions *if they meet certain conditions*. It covers settings where NZePS is not currently an option e.g. hospital discharge and outpatient prescribing, community prescribing from dentists, midwives, and allied health clinicians.

The *conditions* are laid out in the Ministry of Health document titled [New rules for electronic prescriptions to support virtual care in the community](#) as follows:

- The prescription is generated by an electronic system that requires the prescriber to log on with a unique ID and password
- The prescription does not include Controlled Drugs (Class A, B or C) but can include an exempted drug or partially exempted drug as defined by the Misuse of Drugs Act 1975



- The prescription or the electronic communication that sends the prescription includes all of the following:
 - the prescriber's registration authority number (e.g. MCNZ)
 - the contact details of the prescriber to enable the pharmacy to contact the prescriber to verify identify or request amendments to the prescription and
 - the following statement ***"This Prescription meets the requirement of the Director-General of Health's waiver of March 2020 for prescriptions not signed personally by a prescriber with their usual signature"***.
- the prescription must be in a format that cannot be easily altered by anyone other than the prescriber (e.g. PDF, photograph)
- the prescription must be sent directly to the community pharmacy using a secure, electronic system to send the prescription to the pharmacy that identifies the prescriber name and facility. The following would satisfy this requirement:
 - a [secure email system](#) that identifies the prescriber and the healthcare facility through its email address.
 - a secure clinical communication system that links prescriber and pharmacies such as the Electronic Request Management System
 - a fax from a number that is recognised by the pharmacy as a valid prescriber.
- the prescription and the electronic communication that sent the prescription is printed and submitted as required by the Integrated Community Pharmacy Services Agreement (ICPSA) for payment.

[This temporary waiver will expire when the Epidemic Preparedness (Covid-19) Notice 2020 expires or is revoked. The Epidemic Preparedness (Covid-19) Notice 2020 commenced on 25 March 2020 and is due to expire in 3 months i.e. 25 June 2020]

Changes to the process for pharmacy claiming for aged residential care facilities – 1 April 2020

The Ministry of Health have temporarily changed the process for community pharmacies to claim for aged residential care (ARC) facilities dispensing to make it easier and faster for pharmacies to be paid.

Pharmacies no longer need to match telephone or pharmacy generated prescriptions with a prescription which is signed by a general practitioner (GP) to claim for the dispensing if all of the following conditions are met:

- an electronic medication chart is used by the ARC facility, GP and pharmacy for prescribing, dispensing and administration
- a telephone or pharmacy generated prescription is generated that matches the medication chart and
- the telephone or pharmacy generated prescription is attached to the medication chart and is kept and submitted as required by the Integrated Community Pharmacy Services Agreement (ISPCA).

This change in process covers all ARC related prescriptions from the 1st of March 2020.

This **change is intended to be temporary** and pharmacies will be notified of any future changes.

Your pharmacy system vendor would have provided you with instructions on how to change your ARC related phone scripts to include these in your claim file for payment. Please contact your vendor if you have any questions on how to do this.

[This is ongoing until further notice. It is our understanding its expiry will align with that of the temporary waiver for non-NZePS signatureless prescriptions and the suspension of the obligation to obtain an original of a faxed prescription]



If a paper prescription is received

[**At Alert Level 1**, the risk of COVID-19 in the community is low. Basic hygiene measures remain important but additional precautions for handling paper prescriptions are probably unnecessary].

There is evidence that the SARS-CoV-2 virus can remain viable on paper for up to 24 hours ([ref](#)). It is not clear what level of viral load would need to be on a piece of paper for the virus to be transmitted in this way.

If person presents to the pharmacy with a physical prescription, check urgency of prescription and where possible encourage to leave the prescription with you and either return later to collect or have the medicine delivered.

If contact with a physical prescription is unavoidable, maintain attention to basic hygiene measures including handwashing and avoidance of touching your face (mouth, nose, eyes).

Consider measures to reduce handling of physical prescriptions to avoid potential contamination. Ideas that have been shared across the sector include:

- Set up a 'drop box' of some kind for patients to leave the physical prescription
- Wear gloves and/or use tweezers to transfer prescriptions from 'drop box'
- Options for prescription containment include using clear plastic sleeve/bag or alternatively you photocopy/scan and print to create a clean paper version – this will enable annotation
- Consider pharmacy staff member photographing prescription and e-mailing to the pharmacy (remember to delete afterwards) – this option also enables annotation
- Always retain the original prescriptions – keep aside in separate plastic file

There may be other options. Please keep sharing your ideas - this document can be updated.



Close contact pharmacist services

Pharmacist services that could fall under the definition of requiring close contact (i.e. contact with the patient within 2 metres for more than 15 minutes) include: CPAMS, sildenafil, Selected Oral Contraceptives.

It is the pharmacist's professional responsibility to determine if a service is urgently clinically required for the patient.

If a patient attends your pharmacy with symptoms of COVID-19, they should not enter the pharmacy. Advise to call Healthline free on 0800 358 5453. Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention – advise to call their doctor immediately.

The [Ministry of Health sector-wide risk assessment tool for determining the need for PPE](#) should be used.

Community Pharmacy Anticoagulant Management Service (CPAMS)

If a patient attends your pharmacy with symptoms of COVID-19, they should not enter the pharmacy. Advise to call Healthline free on 0800 358 5453. Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention – advise to call their doctor immediately.

DO NOT do an INR test for a symptomatic patient. They will need to go to a safe facility to have a blood test.

Longer testing intervals – At higher COVID-19 Alert Levels, it may be appropriate to extend the testing interval to 3 months for some patients, if they have stable control and have been on the same dose of warfarin for 2 to 3 months. At higher COVID-19 Alert Levels, review your patients to see if you have any tests that could be delayed and refer to the GP.

INFECTION PREVENTION & CONTROL CONSIDERATIONS

- There is currently no recommendation to use gloves or masks when testing asymptomatic patients.
- If using gloves, be careful removing gloves as the outside can be contaminated.
- Even if you use gloves, we recommend you still wash your hands before putting them on and after removal.
- Masks have some benefit if they are worn by the patient as they can reduce droplet spread, but symptomatic patients should not be tested in your pharmacy.

Clozapine dispensing

If a patient attends your pharmacy with symptoms of COVID-19, they should not enter the pharmacy. Advise to call Healthline free on 0800 358 5453. Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention – advise to call their doctor immediately. Anyone on clozapine showing signs of infection requires an urgent full blood count (as it is otherwise impossible to distinguish signs of agranulocytosis from signs of COVID-19). Pharmacists should contact the prescriber/key worker to ensure this is followed up.

There is serious concern, particularly at the higher COVID-19 Alert Levels, that if patients are unable to access timely blood tests, using normal requirements their clozapine supply may be interrupted. Discontinuing clozapine, especially abruptly, creates significant risk of relapse or exacerbation of severity of illness and should be avoided.

Some clinicians have adopted temporary variations to the monitoring expectations in some situations. The Ministry of Health's Technical Advisory Group (TAG) has endorsed an international consensus statement for monitoring clozapine during the COVID-19 pandemic (available on the Christchurch [Medicines Information website](#)). The TAG advice is valid until October 2020.



However, it is important to note that routine monitoring as described in the manufacturer's datasheet remains the standard of care whenever this is safe and practical. Any change in monitoring from that outlined in the datasheet is considered an 'unapproved use' of clozapine and health professionals are reminded of their obligations under the Code of Health and Disability Services Consumer's Rights.

If you have a patient who needs clozapine but does not have the required blood test, contact the prescriber to determine the safest course of action.

Opioid Substitution Treatment (OST)

The National Association of Opioid Treatment Providers (NAOTP) passed on the sincere gratitude expressed by their clients to pharmacies for staying open to support them (and the wider population) during the COVID-19 Lockdown.

Local alcohol and drug (A&D) services have contingency arrangements in place to support clients during the COVID-19 pandemic and have been advised to be in close liaison with community pharmacy teams.

If there is any question of your pharmacy closing, or closing during particular hours, please remember to liaise with the local A&D service about how to manage clients affected by such changes.

If an OST client is in self isolation or has been diagnosed with COVID 19, the decision on managing their dosing will be made on a case by case basis. Please contact your local A&D service to discuss with the client's keyworker. The local A&D service may be able to deliver to the client at home.

At higher COVID-19 Alert Levels, when pharmacies are managing entry and providing some services at the pharmacy entrance, clients may have concerns about privacy and safety (e.g. if there are people known to be heading home with methadone). Alternative options may be considered such as use of a separate door or allocating a specific timeframe for OST collection.

INFECTION PREVENTION & CONTROL CONSIDERATIONS

- Depending on the COVID-19 Alert Level, consider small changes in OST dosing procedure to reduce risks such as maintaining physical distancing.
- For methadone dosing, the pharmacist is the only person touching the water jug and pouring water for the client or give 2 cups to the client, 1 contains methadone the other contains water. The client consumes methadone, drinks the water and discards both cups in the designated bin.
- For buprenorphine/naloxone dosing, crumble/quarter tablets, place tablet pieces in clear cup on the counter for the client to tip under their tongue and ask client to wait to one side for 3 minutes before



Vaccination

Influenza vaccination remains a priority - IMAC + MoH – 26 March 2020

IMAC and the Ministry of Health provided guidance on maintaining immunisation during COVID-19 Alert Level 4. The guidance titled '[Keep calm and keep vaccinating](#)' outlined potential strategies that could be employed by health providers to vaccinate safely.

[9 June 2020 - At Alert Level 1, vaccination remains a priority. Usual hygiene measures and the [Ministry of Health sector-wide risk assessment tool for determining the need for PPE](#) should be applied.]

IMAC position statement on 20-minute wait following influenza vaccination – 22 March 2020

IMAC has recognised that during the 2020 Influenza season, the risk of exposure to infectious disease in waiting areas may be higher than the low risk of anaphylactic events and have released a [position statement](#) that specifies certain situations where a 20-minute wait post influenza vaccination may not be needed. That is, adolescents and adults who meet **ALL** the following criteria *may* not need to wait for 20 minutes post-vaccination:

1. do not have a history of severe allergic reactions
2. have been assessed for any immediate post vaccination adverse reactions (5 minutes)
3. are aware of when they need to and how to seek post-vaccination advice
4. will have another adolescent or adult with them for the first 20 minutes post vaccination
5. have the ability to contact emergency services if required.

Portable oxygen no longer a requirement for vaccination services - 2020

The Immunisation Advisory Centre (IMAC) supports the Ministry's recommendation that portable oxygen is no longer a requirement for vaccination services as this will reduce barriers to providing immunisation. Further background information on this change can be found on the [IMAC website](#).

Influenza vaccination priority group period extended until 27 April 2020 – 7 April 2020

The Ministry of Health had previously stated that vaccinations should only be provided for these priority groups until 13 April and would open to the general population after that. To ensure that everyone in the priority populations have had adequate opportunity to receive their vaccination, **this date is now 27 April**.

The Ministry urge providers to ensure Māori and Pacific communities are protected, as their immunisation rates have historically been significantly lower than those of the wider population.

The Ministry has heard reports of some providers vaccinating outside of the priority groups. Every vaccine given to a healthy adult is one that can't be given to someone at greater risk of serious illness.

Wherever possible, providers need to record influenza vaccination on the NIR. The NIR is the most accurate source of information for the Ministry about how many vaccines have been administered and guides their decision-making.

Expired CPR certificates for trained vaccinators – 9 April 2020

The Ministry have indicated that given the current situation, trained vaccinators with expired CPR certificates can continue to vaccinate and complete an update course as soon as practically possible. It is presumed that under their scope of practice they can manage emergencies. For current pharmacist vaccinators, Pharmacy Council recommend that the leeway applies only if the pharmacist's level 4 (CORE Immediate – adult and child) CPR certificate has



recently expired. Pharmacy Council expects that pharmacists meet their professional and ethical obligations to maintain competence for activities they undertake and comply with Ministry of Health/IMAC vaccinator requirements.

[9 June 2020 – CPR courses are available for enrolment again and it is expected that all health professionals will ensure they are booked in for any outstanding recertifications at the next available opportunity].

Clinical assessments can be undertaken by a peer vaccinator – 9 April 2020

Immunisation Coordinators will focus on clinical assessments for pharmacists working as a solo pharmacist or in a pharmacy with no other pharmacist or intern pharmacist vaccinators who are waiting for assessment.

All other new vaccinators will be able to have a *peer assessment* by a current authorised vaccinator or experienced pharmacist vaccinator (i.e. been vaccinating for two years). A prescription from an authorised prescriber must still be obtained for the vaccine administered for the clinical assessment.

Vaccinators who have a *peer assessment* only will be given a two-year provisional authorisation and will need to have full clinical assessment prior to expiry of the provisional authorisation.

Completed [peer assessment forms](#) should be sent to IMAC (who will issue a certificate of provisional authorisation) and to the local immunisation coordinator.

Please note pharmacist vaccinators who have let their 2-yearly online vaccinator update training lapse must pass the online vaccinator update training course and complete another full practical clinical assessment before being able to vaccinate again. The clinical assessment must be carried out by an Immunisation Coordinator.

New influenza, MMR and pandemic response provisional vaccinator training course – 9 April 2020

A new, free [Influenza, MMR and Pandemic Response Provisional Vaccinator Training Course](#) has been developed to enable the administration of influenza, MMR and any potential COVID-19 vaccine. It is available to any health care professional who has a current Annual Practising Certificate and appropriate health science students registered with a professional body, Māori and Pacific health providers, school registered nurses, enrolled nurses, retired health professionals, third year student nurses and fourth year student doctors.

The '*provisional vaccinator course*' involves four hours of online learning including an online assessment and a vaccine administration webinar followed by *clinical peer assessment* by an authorised vaccinator or experienced pharmacist vaccinator. Vaccinators who pass the requirements will be given a two-year *provisional authorisation* for MMR and Influenza. A further online learning module will need to be completed for '*provisional vaccinators*' to undertake COVID-19 vaccinations.

This '*provisional vaccinator course*' might seem like an attractive option, but keep in mind it only gives a **limited scope** for a **limited time**. Pharmacists wishing to give the full scope of pharmacy vaccines need to complete the full vaccinator training course and process. '*Provisional vaccinators*' who want to continue to vaccinate after the two-year provisional authorisation period will need to complete a *vaccinator bridging programme* (there will be a cost for this) and complete the requirements to become a pharmacist vaccinator including a full clinical assessment. This bridging course option will only be available for completion until the end of 2023.

It is important to note the first aid requirement for the *provisional vaccinator course* is a CPR certificate at Public/Basic Level 3 or above. The entry level first aid/CPR required for the pharmacy profession is level 2 and would not meet the requirements.



Essential workers outside of healthcare and emergency response – 23 April 2020

The Ministry received significant feedback about the eligibility of essential workers not covered by the definition of healthcare and other frontline workers, such as supermarket workers and teachers. From 23 April, you can vaccinate all essential workers – this is not funded but is often paid for by employers either through a workplace vaccination programme or vouchers. A [list of essential businesses employing eligible workers](#) is available online.

Funded influenza vaccination for disability sector workers – 23 April 2020

Health and disability care workers who are not part of an employer-funded flu vaccination scheme are eligible for funded flu vaccines, but the claiming system is directly through the Ministry of Health (process outlined below):

- If a person works in the disability sector, they can get a funded flu vaccine
- Person pays privately and takes their receipt back to their employer
- There is no expectation that the vaccinator checks eligibility
- The employer claims the money back (up to \$35 per vaccination) from the MoH directly
- The claim must be sent in as an invoice to the Ministry, addressed correctly. Invoices should be sent to immunisation@health.govt.nz with 'employee influenza vaccination' in the subject line.
- It is preferable that the employer waits until all receipts are in from their employees and sends in one claim
- Invoices received from pharmacy will be paid

The following populations are funded through the Pharmaceutical Schedule and are claimed through normal processes:

- Over 65 years
- Pregnant women
- Under 65 years with certain chronic conditions as per the Schedule criteria. This does not currently include mental health.

Immunisations for all funded (either through Schedule or Ministry of Health scheme) and unfunded populations need to be entered into NIR.



Delivery Services

Depending on the COVID-19 Alert Level, you may consider the following to protect your delivery person and others when delivering to people including to those in isolation:

- Use your professional judgement and take a patient-centred approach
- Risk assessing the situation and deciding who can make deliveries, if you need to make deliveries or limit the service to the most vulnerable
- Check if there are alternatives available like delivering or picking up by to neighbours, friends or family
- Ensure you maintain person confidentiality during deliveries
- Consider a phone call to the person if you need to provide counselling on using a new medicine safely and appropriately or to inform them of a change in dose or strength
- Ensuring you follow your usual procedures for when the person is not home
- A robust audit trail should be available to confirm successful delivery of the medicine to the person – consider how you will do this if you are not able to obtain a signature
- Communicating all changes with people in advance where possible
- Possible ways to avoid spread to protect yourself and others while making essential deliveries:
 - Washing your hands or use sanitiser regularly between each drop off and regularly in between e.g. after eating, after breaks, starting and finishing work
 - Avoid touching surfaces that could be contaminated like doorbells, knockers, gates - use gloves or sanitise afterwards if you cannot wash your hands
 - If you decide to use disposable gloves or a tissue when you ring the doorbell, remember to dispose of tissues and gloves properly and wash your hands or use sanitiser regularly
 - Avoid touching your mouth, nose, or eye.
 - Keeping a safe distance of at least 2 metres away from people
- If you leave the medicines outside the door - make sure you wait for the person to open the door and receive the medicines while keeping a safe distance
- Call people before you deliver or post a note through the door explaining your contingency plan for deliveries
- Do you have consent to post the medicines through the letterbox or to leave it in a safe place? Discuss options and potentials risks with the person (e.g. how to make sure the medicines are kept out of the reach of children or pets) and document
- Plan routes so those in self-isolation receive deliveries at the end
- Clean equipment used during deliveries e.g. electronic devices, clipboard, pens, handles, surfaces within the vehicle



Medicines Supply Considerations

This section provides a summary of changes that have been made by PHARMAC in response to the COVID-19 Pandemic and other medicines supply advice. Information about specific medicines in short-supply is available from the [PHARMAC website](#) which is updated regularly.

PHARMAC - Switch to monthly dispensing - 26 March 2020

From 26th March 2020, PHARMAC placed temporary restrictions on dispensing for all community medicines to just one month's supply (or three months for oral contraceptives). To support physical distancing, pharmacists are still able to make exceptions to dispense up to three-months supply for certain people, specifically those with mobility issues, who live rurally, those who are immunocompromised and the elderly. People also remain able to have their prescriptions picked up for them by others.

Posters to help explain changes to the public are available on the [PHARMAC website](#).

PHARMAC - Removal of retail specialist recommendations – 1 April 2020

PHARMAC recognised that getting specialist recommendations will be very difficult while responding to COVID-19 and removed this barrier from 1 April 2020. The Pharmaceutical Schedule has been updated to reflect these changes. PHARMAC intends to change the criteria back once health services have stabilised to a point where it becomes practical to reinstate. Their website lists [all medicines affected by these changed restrictions](#).

PHARMAC - Special Authority changes – 1 April 2020

PHARMAC is also [easing special authority restrictions on certain medicines](#), including at least nine cancer medicines, to reduce hospital visits and cut the risk of highly vulnerable patients catching COVID-19. Approximately 10% of the 2000 funded medicines in New Zealand have Special Authorities. PHARMAC is working through all of them to ensure that they're all fit for purpose while the health sector is responding to COVID-19.

PHARMAC - Some Special Authority and NPPA approvals automatically extended – 16 April 2020

PHARMAC and the Ministry of Health have implemented a blanket extension of three months for special authority and NPPA approvals that were due to expire at the end of March or April 2020.

- All Special Authorities that were due to expire on 31 March 2020 or 30 April 2020 have been extended for 3 months (i.e. 31 March extended to 30 June 2020 and 30 April extended to 31 July 2020).
- All Named Patient Pharmaceutical Application (“NPPA”) approvals that were due to expire on 31 March 2020 or 30 April 2020 have been extended for 3 months (i.e. 31 March extended to 30 June 2020 and 30 April extended to 31 July 2020).

This blanket change to expiry dates was implemented on Wednesday 15 April 2020 by the Ministry of Health and the changes are visible in the Electronic Special Authority System (“ESAS”). The [PHARMAC website](#) has more details about this change.



Medicines supply advice for the public

People on regular medicines should always have enough for at least 1 – 2 weeks.

People needing a fresh prescription should contact their general practice (or other usual prescriber) and discuss their options:

- a consultation by visit, telephone or online, or
- if a renewed prescription is available for them without a consultation.

Patient illness or self-isolation are not barriers for people getting medicines from their pharmacy. Prescribers can send new prescriptions to the patient's nominated pharmacy, and people can:

- have someone else (family member, friend or carer) collect their dispensed medicines for them, or
- ask their pharmacy to arrange delivery to their home.

Close co-ordination between prescribers and pharmacists, particularly for our most vulnerable people, will help them receive their medicines in a timely way, and maintain community confidence in the resilience of the medicines supply system.

People seeking to stockpile medicines

At this time people on regular medicines may be very anxious about continuity of medicines supply, and seek to stockpile medicines – by, for example, asking for:

- a fresh 3-month prescription soon after the previous
- early dispensing of outstanding prescription repeats
- all-at-once (stat) dispensing of prescription medicines usually dispensed monthly, or
- large quantities of pharmacist-only, pharmacy-only or retail sale medicines.

All health professionals are asked to:

- decline such requests, as patient stockpiling of medicines will potentially lead to more medicine stock shortages, and
- reassure people that PHARMAC, pharmacies and suppliers continue to work closely together to maintain continuous medicines supply, and to minimise and fairly distribute any medicines in short supply.

Prescribing for people receiving dose-packed medicines

Another threat to medicines supply is avoidable medicines waste. Changes to medicines for people receiving dose-packed medicines, if not aligned with pharmacy dose-packing cycles, can mean many medicines already packed must be disposed of. Prescribers for people who receive dose-packed medicines, in their own home or in residential care, can help minimise medicines waste by indicating on the prescription or medicine chart whether a change:

- must be immediate, or
- may be implemented with the next dose-pack.



COVID-19 information on the Medsafe website

Medsafe is also maintaining a section on their website with COVID-19-related information. Several relevant topics are highlighted below.

Advice on pharmacy relocation or closure – 6 April 2020

Given the nature of the current situation, there may be a need for pharmacies to close or relocate in a shorter time frame than in normal circumstances. Medsafe have published [guidance for pharmacy operators](#) regarding the most likely scenarios which may arise: a pharmacy needs to close (either temporarily or permanently) **or** relocate to another licensed pharmacy **or** relocate to another premises that is currently unlicensed.

Affected pharmacy operators will need to engage early with Medicines Control to seek guidance on licensing issues. To support the continuity of care for patients who will be affected, pharmacy operators will also need to engage with their District Health Board (DHB) portfolio manager.

Medicines Control is currently working remotely and responding to a high volume of enquiries. As the team may not be contactable by phone in the first instance, they advise to e-mail medicinescontrol@health.govt.nz and one of the team will respond.

Visitors to New Zealand who need more of their regular prescribed medicine – 13 April 2020

Some visitors to New Zealand may have brought with them enough of their regular prescribed medicine to last for the anticipated duration of their stay but the COVID-19 situation has caused an extended and they may need more of their regular prescribed medicine. The [Medsafe website](#) provides advice about this including when the medicines are controlled drugs in New Zealand, having prescribed medicines sent to New Zealand, and when medicines require regular monitoring such as blood tests.

COVID-19 point of care test kits – 22 April 2020

From 22 April 2020, the importation, manufacture, sale, supply and use of COVID-19 point of care test kits and materials is prohibited, unless authorised by Medsafe. Medsafe have further [information on their website](#).

Clinical questions about medicines and COVID-19

Much information and misinformation about medicines and COVID-19 is circulating on the internet and social media channels and people are asking pharmacists and other health professionals for advice. The [Christchurch Medicines Information Service website](#) has a section to provide information to assist **health professionals** in New Zealand respond to such questions/concerns from the public about medicines and COVID-19. Issues addressed so far include questions about ibuprofen, ACE-inhibitors and chloroquine/hydroxychloroquine.