



## Emergency Preparedness Resource Kit for Pharmacists and Pharmacy Technicians

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

(see also: "[Emergency, Disaster or Pandemic – A Pharmacist's Ethical Duty](#)")

*In this document, unless the context indicates otherwise, "member(s)" includes licensed pharmacist(s) and pharmacy technician(s).*

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

In preparing for an emergency, members should:

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

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

This kit comprises of five parts, including:

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

*Part 2: Emergency Prescriptions – Prescriptive Authority and accessing the Pharmaceutical Information Program*

*Part 3: Emergency Preparedness Information and Resources*

*Part 4: Emergency Preparedness Action List for Pharmacy Managers*

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

The kit is intended to be a fluid document that will be revised and expanded in response to the current situation within the province. It will be posted on the College's website at [www.saskpharm.ca](http://www.saskpharm.ca). It will therefore be necessary for members and pharmacy managers to refer to the College's website on a regular and frequent basis for the latest information. College staff members are available to assist with interpretation and questions related to this guidance document.

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## **PART 1**

### **THE PRINCIPLES OF DUTY TO CARE IN AN EMERGENCY, DISASTER OR PANDEMIC**

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

- Pharmacy managers, pharmacists, pharmacy technicians and their employers should be involved in discussions regarding these guiding principles to ensure that policies and procedures are in place to support members in providing patient care and essential pharmacy services to the best of their ability when the need is great and the circumstances may be less than optimal.
- During a natural or man-made disaster, including a communicable disease outbreak, health care professionals have a duty to provide care using appropriate safety precautions.
- 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.

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## PART 2

### EMERGENCY PRESCRIPTIONS – PRESCRIPTIVE AUTHORITY AND ACCESSING THE PHARMACEUTICAL INFORMATION PROGRAM

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

Under the bylaws of the Saskatchewan College of Pharmacy Professionals, practicing pharmacists with the appropriate training may prescribe and provide a supply of medications to a patient when they are unable to access their normal supply of medications. Please refer to the [prescriptive authority tab](#) on the SCPP website for more information.

Section 1 of Part K - PRESCRIBING OF DRUGS of the SCPP Regulatory Bylaws says,

#### **Definitions**

*1 In this Part:*

(a) **“Collaborative Practice Agreement”** means either:

(i) *an agreement between one or more licensed pharmacists and one or more practitioners in a Collaborative Practice Environment that outlines the competency-*

*based functions performed by each health care provider and acknowledges shared risk and responsibilities for patient outcomes; or*

*(ii) a bylaw or policy of a Public Health Care Institution, or agreement between one competency based functions performed by licensed pharmacists and other health care providers employed by, or practicing in the Public Health Care Institution, and acknowledges shared risk and responsibilities for patient outcomes;*

*(b) “**Collaborative Practice Environment**” means a relationship between the licensed pharmacist and other practitioner(s) involved in the care of the patient is such that the practitioner(s) can reasonably rely upon the basic skills of the licensed pharmacist to prescribe in the best interests of the patient;*

*(c) “**Level I Prescribing Authority**” means the ability of a licensed pharmacist to prescribe drugs in the circumstances enumerated in section 3 of Part K, and is derived from the existence of a Collaborative Practice Environment;*

*(d) “**Level II Prescribing Authority**” means the ability of a licensed pharmacist to prescribe drugs in the circumstances enumerated in section 4 of Part K;*

*(e) “**Pharmacist Assessment Record**” means the clinical record completed, or caused to be completed, by one or more licensed pharmacists or one or more licensed pharmacy technicians on behalf of the licensed prescribing pharmacist for the purpose of documenting the information described in subsection 2(2) of Part K;*

### **Emergency Supplies / Patient Unable to Access His or Her Supply of Drugs**

*(see section 5 of Part K of the Regulatory Bylaws)*

If the patient’s pharmacy is closed due to the emergency, the pharmacist may access the Pharmaceutical Information Program with the consent (implied) of the patient and prescribe and provide an appropriate supply of medication following the SCPP Prescriptive Authority Bylaws.

After prescribing and providing the medication to the patient, the patient’s prescriber and any other relevant health care professions who may be providing emergency services to the patient should be notified of the emergency medication supplies provided as described in the Pharmacist Assessment Record (PAR) as per section 2 of Part K of the SCPP Regulatory Bylaws.

#### **Points of clarification:**

1. Emergency supplies of medication cannot and do not take the place of ongoing medical care and are a direct consequence of the declared emergency.
2. The “emergency care” pharmacist has first inquired of the medical history of or with the patient, reviewed the Pharmaceutical Information Program (PIP) and/or eHealth Viewer and is satisfied that the treatment with this medication has remained relatively stable (no significant changes to dosages or drug therapy).
3. Each request for an emergency supply of medication must be judged on an individual basis and only after considering the patient’s medical history and medication profile. For example, a patient may require an emergency supply of medication which they have been receiving for less than six months, depending upon their medical history and medical conditions currently under treatment, such as a recent heart event.

4. Proper documentation of all decisions outside of the intended scope of the SCPP Prescriptive Authority Bylaws must be maintained, including the rationale for prescribing and the supporting medical evidence and information.
5. Narcotics, controlled substances and benzodiazepines as listed in the *Controlled Drugs and Substances Act* must **not** be provided under prescriptive authority. Every effort must be made to contact the prescribing practitioner or an appropriate alternative practitioner to obtain a new valid prescription.
6. Notwithstanding statement 5, medications listed in the CDSA may be provided by an emergency continued care prescription when:
  - a) the medication is being used for management of convulsive disorders or there is a legitimate risk of seizure due to sudden withdrawal
  - b) there is a genuine concern of loss of pain control or opioid withdrawal. A prescription request must be sent to the patient's practitioner as soon as it is reasonably possible to do so with an appropriate explanation of the medication supplied (drug, strength, direction for use and amount, etc.) requesting that an appropriate prescription be provided to the pharmacy and pharmacist as soon as possible
7. All medication dispensed pursuant to an emergency continued care prescription must be handled as follows:
  - a) must be 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) a copy of the Pharmacist Assessment Record must be generated by the pharmacist at the time of prescribing and or dispensing and must be kept in the pharmacy prescription files and a copy must be sent to the patient's practitioner as soon as reasonably possible; and
  - c) a record of the prescription(s) must be electronically recorded and captured into the Pharmaceutical Information Program (PIP).
8. PIP Access - Requests for information from out-of-province pharmacies.

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

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## PART 3

### EMERGENCY PREPAREDNESS INFORMATION AND RESOURCES

There are resources currently available to health care providers and the public on emergency preparedness. However, at times it may be difficult to navigate and access the most applicable and relevant. Pharmacists and pharmacy technicians in Saskatchewan are encouraged to regularly check the website of the Saskatchewan College of Pharmacy Professionals at [www.saskpharm.ca](http://www.saskpharm.ca). As information becomes available or is updated with respect to the particular emergency situation, it will be posted to this site.

Members should also connect to and frequently monitor news releases and the websites of Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)), the Government of Saskatchewan ([www.gov.sk.ca/](http://www.gov.sk.ca/)), Saskatchewan Ministry of Health (<https://www.saskatchewan.ca/government/government-structure/ministries/health>) and their respective Regional Health Authority in keeping with the type of emergency situation being addressed. Local news media and emergency communications may also serve as a valuable resource.

Emergency situations often result in drug shortages. To assist members to manage drug shortages, medSask has developed guidance for drug shortages at <http://medsask.usask.ca/professional/drug-shortages/index.php>.

More information regarding drug therapy alternatives may also be found through the RxFiles at <http://www.rxfiles.ca/rxfiles/>.

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## PART 4

### EMERGENCY PREPAREDNESS ACTION LIST FOR PHARMACY MANAGERS

The purpose of this *Action List* is to serve as a resource tool detailing the activities and execution of a comprehensive emergency preparedness plan for the pharmacy. This “one-stop” list will self-assess the readiness of the pharmacy, and the people employed therein, to rise to the challenge of meeting patient care needs in the community they serve during difficult times.

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, pharmacy assistants and other pharmacy personnel.

1. Pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy personnel are informed, frequently updated and adhere to provincial public health guidelines as developed by the Saskatchewan Ministry of Health.
2. Clients of the pharmacy, including patients, and all pharmacy personnel have ready access to required equipment and supplies as determined by the type of emergency and they are encouraged to protect themselves in accordance with provincial guidelines.
3. Non-pharmacist employees are advised to refer patients seeking prescription medication and self-medication products for symptoms of illness to pharmacists for consultation.

4. Pharmacists are informed, frequently updated and adhere to provincial clinical management guidelines as determined by the type of emergency and as developed by the Saskatchewan Ministry of Health. Pharmacists provide information, advice and recommendations to the public and other health care professionals in accordance with these guidelines.
5. A system is in place within the pharmacy to communicate vital information received from the government, the Saskatchewan Ministry of Health and other stakeholders to pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy personnel.
6. A business continuity plan is in place to address staff absenteeism or a temporary pharmacy closure as a result of the emergency.
7. Drug supply chain interruptions and drug shortages are anticipated and processes and plans are in place to:
  - a) access alternate sources and delivery of drug supplies (secondary wholesalers, emergency supplies from RHA facilities, etc.);
  - b) recommend alternate available drug therapy to ensure continuity of care for patients (see medSask “Drug Shortages”); and,
  - c) maintain an adequate supply of medication specific to the type of emergency (e.g. in a pandemic, adequate supplies of antiviral medication and other medication used in the symptomatic management of influenza-like illness should be maintained).

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## **PART 5**

### **TEMPORARY PHARMACY CLOSURE DUE TO PHARMACIST ABSENCE IN AN EMERGENCY**

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

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

1. The pharmacy representative (manager) shall advise the College of the closure as soon as possible and preferably prior to the event, or if not immediately thereafter. The date and time of the closure and subsequent re-opening must be reported to the College by e-mail at [info@saskpharm.ca](mailto:info@saskpharm.ca).

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