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Good Day Pharmacy Workflow Operations Manual

COVID-19

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# Pharmacy Workforce Protection

## Best Practice: Reducing Potential COVID-19 Exposure in the Workplace

**Purpose:** It is important that we are mindful of all the ways that the COVID-19 can be unintentionally introduced into the workplace. Although it is impossible to prevent it from entering the workplace, we can be mindful and careful about how we can contain and control it to prevent community spread.

**Strategy:**

* **Close front of pharmacy to prevent patients from coming into pharmacy**
* **Protocol for working in patient management curbside/drive through**
  + Ensure employees are appropriately protected given associated risks
    - Gloves, masks
  + Patients are met at the door by selected staff or instructed to return to their vehicles and call into the pharmacy with their requests
  + During patient encounter, minimize anything that can be brought into the pharmacy that has been exposed to the outside being mindful of PHI information of how long the COVID-19 can live on different surfaces
    - Cardboard up to 24 hours
    - Plastic up to 72 hours
      * Cash, credit cards, checks, pens, paperwork
        + If possible, take down credit card number or have patient call it in to prevent us from handling
      * If cash, credit card, or check is provided, then employee wears gloves during the entire encounter, including use of cash register.
      * Once encounter is complete either sanitize gloves that are being worn by soap & water or hand sanitizer. Another option is to throw away and put on new gloves
      * Sanitize pens
      * If possible, quarantine paperwork for 24 hours
* **Incoming mail**
  + Wear gloves when handling
  + If possible, quarantine contents for 24 hours
* **Incoming orders from wholesalers, vendors, and other suppliers**
  + If checking in the order, use gloves
  + Anyone handling prescription bottles should wear gloves
  + Workstations, countertops, and equipment used in dispensing area should be cleaned/sanitized with 70% IPA every three hours during business hours.
    - Same precautions apply when handling packages from vendors/suppliers
  + Don’t keep cardboard boxes stored in pharmacy—tear down and throw away or recycle ASAP
* **Employee reminders**
  + Always be mindful and use defensive strategies to keep yourself and others from being exposed
  + Set an alarm every three hours for washing hands/sanitizing gloves and sanitizing workstations

## Best Practice: Use of Drive-Through Window

* Wear gloves to pass medications/bags to the patient
* Try to proactively queue drive-up/drive through at certain times of day to manage line
* Use signage in parking lot to encourage drive up use

## Best Practice: Use of Curbside Pickup (No Drive Through Option)

* Close storefront and use curbside pick up
* Gather payment information ahead of time to avoid touching of credit cards
* Wear gloves to pass medications/bags to the patient
* Use signage in parking lot to encourage curbside SMS messaging

## Best Practice: All Pharmacy Staff Shall Wear Masks

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## Best Practice: Staff Guidance for Potential COVID-19 Exposure

**There continue to be two primary goals during this time; keeping our employees safe and ensuring that our patients continue to receive pharmacy services.** Every employee is considered a critical and essential health care worker. The guidance we are following is helping us develop policies that may change with new information. This is a recommendation, not a requirement. Cases will be addressed individually.

**Team members who are well, but had potential COVID-19 Exposure**

The CDC has updated recommendations that provide allowances for asymptomatic healthcare professionals who have had an exposure to a COVID-19 patient (at home or work) to continue to work after options to improve staffing have been exhausted. **If you live with someone who has tested positive, you will need to remain at home for up to 14 days.**

A team member is considered **exposed** to COVID-19 in the following situations:

* Live with someone who has symptoms of COVID-19 but has **NOT** tested positive for COVID-19
* Provided care for a patient with symptoms of COVID-19 or has tested positive for COVID-19 without using proper PPE
* Had close contact (within 6 feet for more than 2 minutes) with a person (at work or outside of work) who is visibly sick with respiratory symptoms (i.e., sneezing, coughing) or says they are sick with a fever or respiratory symptoms
* Taken a cruise anywhere in the world in the last 14 days
* Traveled internationally to a country or state with a level 3 travel warning in the last 14 days

For team members who are **asymptomatic**, and fit the criteria above, can go to work under the following conditions:

* Mask and gloves are always to be worn (These will be provided to you)
* Temperature is to be monitored at least twice daily (beginning of a shift and following a lunch break/midday) and documented on your personal temperature log

For team members who are **symptomatic**, we are following these guidelines (symptoms include: **fever > 100.4**, cough, body aches and pain, sore throat, diarrhea, headache, shortness of breath)

* If you’re symptomatic at any point during your shift, you will be sent home immediately and self-isolate until
* You have no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers) **AND**
* Other symptoms have improved (for example, when your cough or shortness of breath have improved) **AND**
* At least 7 days have passed since your symptoms first appeared

## Best Practice: Home or Hand Delivery (without Face to Face contact)

**Purpose:** To protect both our team, our patients and our community health work partners. Also, to reduce interaction if possible, without losing medication supply chain integrity.

**Strategy:**

* **Wear latex or other type of glove when delivering**
* Drop off and go back to car
* Write down cell phone number of delivery driver on package with note to call driver in their car while they are parked before they drive away if they have questions
* Have driver to document on a form that the patient received delivery or document patient understanding of delivery left outside.
  + COVID-19 “Driver Initials”
* Pharmacists/technicians will target high-risk patients (over 60 years of age [especially over 70] and/or underlying risk factor [HTN, DM, lung disease, immunocompromised]) for deliver/curbside pickup
  + Offer $5 delivery fees for these patients
* Team will ask if patient(s) has any questions for the pharmacist
* Team will get credit card information over the phone whenever possible for non-house account individuals
* Team will run credit cards prior to delivery
* For patients who insist on paying with cash/check, team will instruct patient to leave cash/check in an envelope taped to the door. If change is needed, team must be informed prior to driver leaving the pharmacy.
* Team will inform patients of this protocol (steps below) prior to delivery
  + Driver will leave delivery on the front porch/assigned area (may have to hang on the door handle etc. -- this is done in consultation with patient)
  + Driver will call patient from driveway to inform delivery is there and ask if patient can get it in real time.
  + Driver will document on form attached to receipt of either visually seeing the patient get delivery or document the patient understanding delivery is outside and they are taking ‘control’ and responsibility for medications.
  + Documentation will be kept as normal delivery signature logs are maintained.

## Best Practice: Medication Drop Off and Verification and Delivery Fees

**Delivery Fees shall be the following:**

* Minimum of $5 Next Day Delivery
* Minimum of $8 Same Day Delivery

Free monthly delivery for the following criteria:

* Medsync Patients
* Patient Living in Long Term Care, Assisted Living, or Independent Living Facility
* Patients who have home health care providers

**Process:**

* Use drop off as an opportunity to check in with patient
* Staple screening form (see example on next page) for symptoms of COVID-19 to bag
* Have them call pharmacy if exhibiting any or worsening symptoms

### SCREENING FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Calling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_

Have you or a family member travelled internationally in the past 14 days or been in contact with anyone who has?

Yes

No

Have you had fever, cough or shortness of breath AND been in close contact with a laboratory confirmed coronavirus patient?

Yes

No

Have you had a fever, cough or shortness of breath AND travelled to a designated high-risk state, China, Hong Kong, Iran, Italy, Japan or South Korea?

Yes

No

Have you had any of the following symptoms in the last 14days: fever, cough, shortness of breath, difficulty breathing, chills?

Yes

No

Information about how to triage patients: See the Standard Plan of Care Template by visiting: <https://ncpa.org/coronavirus-information>

CDC Travel Restrictions or High Risk Areas: Updates can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

# Pharmacy Workflows Strategies

## Best Practice: Medication Synchronization

**Purpose:** It is important that we maintain workflow and continue to provide medications to our patients. By utilizing medsync and providing all a patient’s maintenance medications at the same time, we are limiting exposure for the patient and our teams. This will also allow time for providers to respond to refill requests as they are adjusting to this crisis and may be delayed.

**Strategy:**

* Identify at risk patients (> 65 years old and any patient with serious underlying medical condition such as heart disease, diabetes, and lung disease)
* Enroll these patients in medication synchronization
* Initiate the appointment-based model
* Provide ongoing monitoring and follow-up based on patient’s clinical presentation
* **Maximize the medication synchronization program with adjusted processes during the pandemic**
* Filling medications 2 to 5 days earlier than normal fill
* Monitor refills
* **During call with patient, check on other supplies needed**
  + Hand sanitizer, thermometer, OTC products, et.
* Utilizing home delivery or mailing
* **Enroll patients in medication synchronization so that the pharmacy has control over inventory, not the other way around.**
  + Consider only filling 30-day supply
  + 90-day supply only can help treat 1 patient, whereas a 30-day supply of the same med can treat 3 patients. Hopefully by the next fill, the medication won't be on backorder.

## Best Practice: Communicate Pharmacy Operation Changes with Staff Regularly

**Purpose:** Pharmacy staff need to know that pharmacy owners/managers have their best interest in mind while knowing the need for pharmacy services to continue.

**Strategy:**

* Utilize Slack for timely updates
* Send videos that summarize important information
* Send text messages when appropriate
* Compile and update best practices playbook timely

## Best Practice: Inform Patients/Customers OTC items you have available

**Purpose:** Continue to provide over-the-counter products and supplement to patients even when patients are not entering the pharmacy. Maintain front end sales AND help our patients.

**Strategy:**

* When speaking with patients, ask if they would like any OTC options including Tylenol, ibuprofen, aspirin, hand sanitizer, vitamins, supplements etc.
* Provide to delivery patients and drive-thru recipients a shopping list for their next visit
* Develop a Shopping List that patients/customers can check mark items they would like to purchase.

# Drug Shortages and Stockpiling

## Best Practice: Remain Current on Drug Shortages

**Purpose:** Monitor drug supply chain and stay up to date on drug shortages.

**Strategy:**

* Bookmark [AHSF Drug Information®](https://www.ahfscdi.com/login) - Open access for 60 days effective 3/16/2020
  + Username: ahfs@ashp.org​
  + Password: covid-19
* Within Website:
  + On the tabs, click "Shortages" to view:
    - Medications that are on shortage​ and the reason
    - Manufacturers that are continuing to supply
    - Estimated resupply dates
    - Implications for patient care

# Patient Screening, Triage, and Working with Care Team Members

## Best Practice: Ask your local primary care provider how you can help

**Purpose:** Continue to build relationships with other caregivers and health care providers in our local area. Collaboration is more important than ever when it comes to making sure patients receive the products and services that will continue to treat their conditions.

**Strategy:**

* **Identify a PCP in your area that you have a good relationship with and share many mutual patients**
  + Identify top providers in your area (run report with pharmacy management software) and reach out to them – asking if they need additional support and what can the pharmacy do to help.
* Ask how you can help during this time (also, a great idea to let them know of all the services your pharmacy provides)
* Provide Personal Protective Equipment to office
* Develop a protocol for mutually​ shared patients who are in your med sync program. Those patients with zero refills on chronic medications with consistent fill history may receive 1-3 months of refills without contacting the PCP.

## Best Practice: Immunizations during COVID-19

Administration of immunizations require the opposite of social distancing.

* **Indicate to patient that elective vaccines are being postponed until stay at home orders are lifted.**
* First, screen patients for signs and symptoms of COVID-19.
* Temperature reporting: Require patient to check temperature prior. 2 ways to consider:
  + At-home: Patient to report temperature prior to coming to the pharmacy​
  + In pharmacy: Have a thermometer that patients can use to report temperature
* **Patients with a fever shou​​ld wait until 14 days fever-free before presenting to the pharmacy for immunization**

CEImpact is offering a free 15-minute CE case that focuses on providing patients an immunization while following pandemic infection control procedures

## Best Practice: Proactively educating patients with chronic respiratory conditions

**Purpose:** Continue to provide education on medications that will be of critical importance to patients when they become exposed to COVID-19 and require treatment. Empower your patients with education.

**Strategy:**

* Run a report within your pharmacy system(s) for patients on chronic respiratory condition medications
* Continue to provide patient information handouts
* **Inform patients of new QR code at the bottom of receipts to learn more about their medications**
* Call patients to counsel on adherence importance to these medications and educate about risk associated with COVID-19.
  + *"Many patients in my community are not as adherent to these medications due to cost, so we are taking extra measures to get formulary substitutes, get coupons, and doing administration counseling." - Traci P.*

## Best Practice: Screen patients that are at risk (COVID-19 Self Checker)

Guide to help you make decisions and seek appropriate medical care

* [Self-Check](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html)

**Who should be tested?**

* Not everyone needs to be tested for COVID-19. Here is some information that might help in making decisions about seeking care or testing.
  + Most people have [mild illness](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) and are able to [recover at home](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html).
  + There is no treatment specifically approved for this virus.
  + Testing results may be helpful to inform decision-making about who you come in contact with.

CDC has [guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html) for who should be tested, but **decisions about testing are at the discretion of state and local health departments and/or individual clinicians**.

Clinicians should work with their state and local health departments to coordinate testing through public health laboratories, or work with clinical or commercial laboratories.

## Best Practice: Locations of COVID-19 Test Sites

How to get tested

* If you have symptoms of COVID-19 and want to get tested, try calling your state or local health department or a medical provider. While supplies of these tests are increasing, it may still be difficult to find a place to get tested.
* Castlight Health Launches **First Nationwide Directory Of COVID-19 Testing Sites**
  + Read about the free service that covers all 50 states: Click [**here**](https://finance.yahoo.com/news/castlight-health-launches-first-nationwide-160000843.html)

When to Seek Medical Attention

* If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include\*:
  + Trouble breathing
  + Persistent pain or pressure in the chest
  + New confusion or inability to arouse
  + Bluish lips or face

# Developing a Plan of Care for a Patient at Risk or Symptomatic

## Best Practice: Support and Care for your patients who test positive for COVID-19

**Overview of Steps:**

1. Assess level of risk for COVID-19

2. Assess for the presence of COVID-19 symptoms

3. Determine which scenario best correlates with the patient’s plan of care and follow steps

4. Document the plan of care and follow-up with the patient as necessary

5. Send care plan to patient’s provider(s)

**STEP 1: Assess Level of Risk**

The patient is classified as high risk if any of the items below are present. The patient is low risk if none of the items below are present.

* Age 65+ years
* People who live in a nursing home or long-term care facility
* Chronic disease such as:

1. Chronic lung disease or moderate to severe asthma

2. Serious heart conditions

3. Immunocompromised including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids

4. People of any age with obesity (BMI ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, chronic kidney disease undergoing dialysis, or liver disease

CDC Resource for complete characteristics of people who are at higher risk: Click **here**.

**STEP 2: Assess Symptoms**

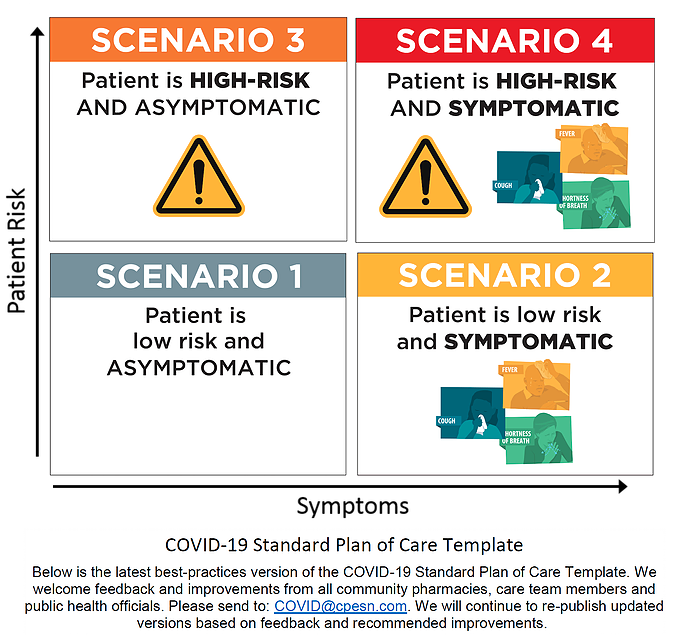
Assess the patient’s symptoms by patient interview or through the CDC Coronavirus Self-Checker. Symptoms may

appear 2-14 days after exposure based on the incubation period of MERS-CoV viruses.

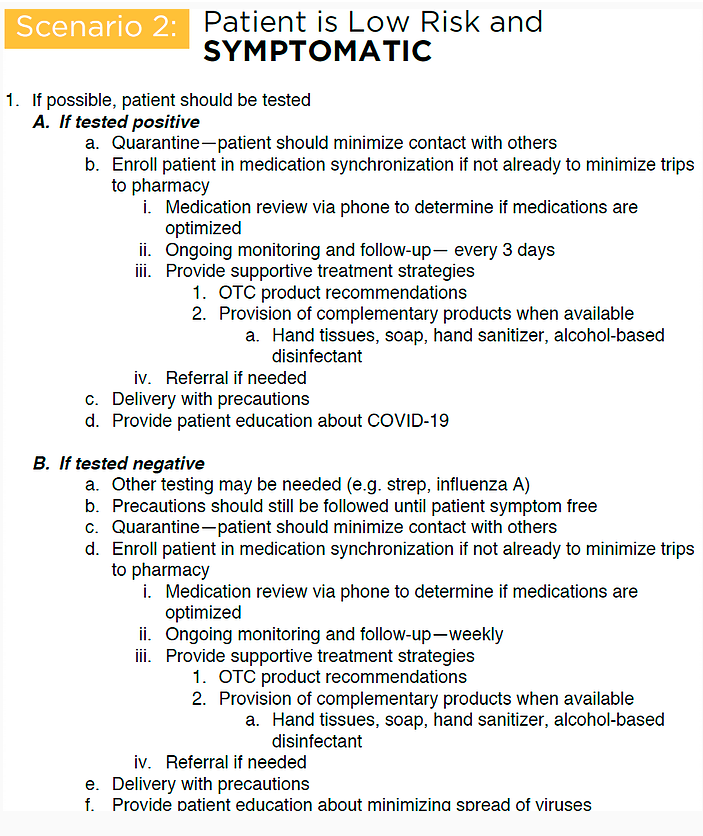
* Fever
* Cough
* Shortness of breath
* Alarm symptoms: Consult medical provider if these symptoms or any other severe/concerning symptoms are present.
  + Trouble breathing
  + Persistent pain or pressure in the chest
  + New confusion or inability to arouse
  + Bluish lips or face

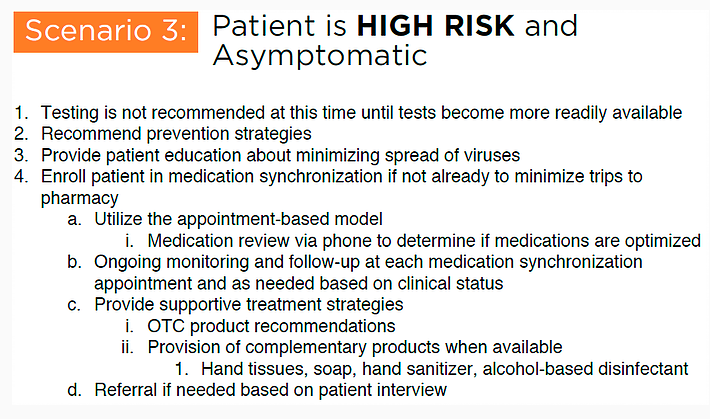
CDC Resource for complete list of COVID-19 symptoms: Click **here**.

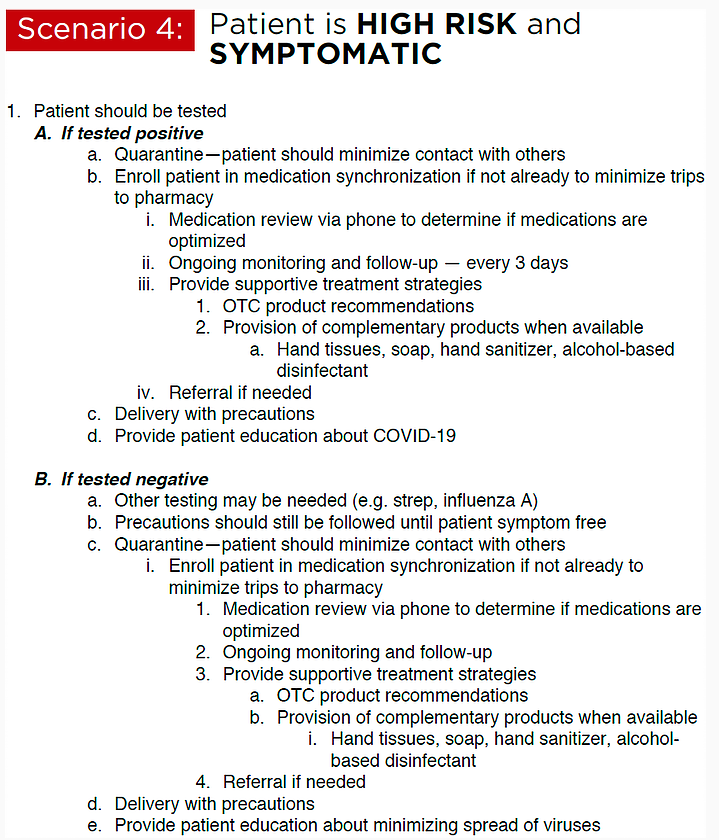
Four Quadrants of Care Planning











# Drug Information

## Best Practice: Be a resource for your patients and community for accurate drug information

* Create a process to keep up-to-date with drug information that is being accessed by our patients, communities, and general public
* Dispelling rumors and providing accurate, fact-based information
* Keeping up with evidence-based recommendations
  + e.g. use of **ibuprofen** in patients testing positive with COVID-19
    - Click [here](https://www.fda.gov/drugs/drug-safety-and-availability/fda-advises-patients-use-non-steroidal-anti-inflammatory-drugs-nsaids-covid-19)
* **Hydroxychloroquine** and other treatments for COVID-19
  + Click [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html)
* Look for sites, sources of information from reliable, evidence-based organizations
* Research drug information requests that occur during the COVID-19 pandemic and providing accurate information
* Follow standardize ways to present information to patients and other healthcare providers
* 7 steps to response to drug information requests:
  + Click [here](https://www.pharmacytimes.com/contributor/jennifer-gershman-pharmd-cph/2016/08/7-steps-to-respond-to-drug-information-requests)
* Responding to drug information requests:
  + Click [here](https://www.researchgate.net/publication/24248672_Responding_to_drug_information_requests)
* Utilize your resources to answer drug information questions
* Student pharmacists, Colleges/Schools of Pharmacy, Drug information specialists

## Best Practice: Hydroxychloroquine Dispensing Guidelines

**New and existing prescriptions related to Chronic Therapy (Max 30-day supply)**

* The pharmacist shall document the diagnosis code of HCQ and dispense for FDA-approved indications on chronic therapy.

**New Prescriptions related to COVID-19 (Max quantity shall be 30 tablets)**

Dispensing HCQ shall meet the following criteria:

* The patient has been tested and is confirmed COVID-19 positive
* Pharmacist or technician shall annotate the prescription image with a note indicating the patient tested positive.

-OR-

* The patient has not been tested and is showing one or more symptoms of COVID-19 (fever, cough, SOB, body aches, sore throat, headache, diarrhea)

AND –

* Is at a higher risk for severe illness and/or at risk for hospitalization (per prescriber). Examples below
  + 65 years and older
  + Lives in a nursing home or LTC facility
  + Has an underlying medical condition (chronic lung disease or mod/severe asthma, a serious heart condition, immunocompromised, severe obesity (BMI > 40), diabetic, chronic kidney disease undergoing dialysis, liver disease).
* \*\* Pharmacists or technician shall annotate the prescription image with a note to include the patient's symptoms and risk factors.
* **Currently, we are not filling prescriptions for health care professionals for prophylactic exposure.**

## Best Practice: Hydroxychloroquine Pricing

Patient Supply: $2.50 per tablet with minimum of $60

Office / Clinic Supply: $4.15 per tablet with minimum of $60