



PHARMACY PRACTICE DURING THE COVID-19 PANDEMIC

This document brings together information and suggestions for pharmacy practice during the COVID-19 Pandemic. 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 in the coming weeks where you'll 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.

Communication with your pharmacy community

Reach out to your database via text/email or use social media channels to advise that your service will be operating differently, advise of any changed opening hours, remind people to call or e-mail ahead another way that suits your pharmacy. Share the COVID Healthline number 0800 358 5453, the government [COVID website](#) and/or Te Rōpū Whakakaupapa Urutā website ([National Maori Pandemic Group](#)) so they can find further information if needed.

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.

Security of pharmacies - 26 March 2020

The security concerns of the community pharmacy sector have been raised with the Police Major Operations Centre and the Police Intelligence Section. Messaging has been disseminated to police services nationally reminding that pharmacy is an essential service and has particular security considerations that are to be factored into police activities in support of the Covid-19 and national emergency response.

Pharmacy is advised to call 111 not 105 if they require police assistance.

Pharmacy is also advised that if they observe suspicious behaviour such as people loitering around their premises then they should contact the police immediately as this in of itself a breach of the national emergency criteria.

Pharmacies should also consider liaising directly with their local police station such as letting them know your opening hours and number of staff working in the pharmacy.

Infection prevention and control

It is important to consider the following to reduce interaction between people and reduce the transmission of COVID-19, here are some ways you could protect your team:

- Limit the number of people within the pharmacy at the same time
- Keep your distance from people coming into the pharmacy
- 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
- Provide hand sanitising gel for public to use before entering and when leaving the pharmacy



- 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
- 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)
- Cover hard to clean equipment in clear bags such as keyboards
- 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
- Handle cash with care or encourage contactless payments - alternatively use gloves or wash hands after each transaction and after cashing up
- Create a roster to make sure the team are not person-facing all day

Managing entry of people into the pharmacy

It is important to consider the following options to manage entry of people into the pharmacy:

- Place a sign on your front door to limit the number of customers allowed into the entranceway at any one time
- Triage all people presenting at pharmacy (see detail in next section)
- Limit the number of patients 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 physical distancing
- Place markings on the ground to indicate a 2-metre distancing from key areas e.g. pharmacy counters
- Advise patients to maintain a 2-metre physical distance from other patients within the pharmacy
- Place signs on the ground to indicate appropriate distancing
- 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 2m distancing
- Remove all stock and shelving from the entranceway
- Discourage self-selection of all products – assign staff member to fetch the necessary products for the customer
- Consider covering shelves containing stock with clear plastic covers to prevent customers from self-selection
- 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 changes to pharmacy services to help keep your community safe



- 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)?

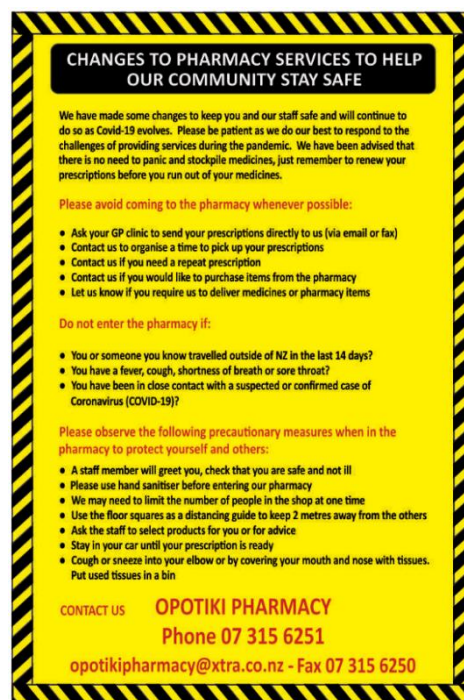
If the answer is YES please STOP and DO NOT enter this building

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

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Coronavirus Information Poster for [download](#)

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

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

Triage process at pharmacy entry point

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

Case definition as at 3 April 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

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.

NOTE: 1 April 2020 Ministry of Health confirmed that there is no need to record the names of people entering the pharmacy.



COVID-19 CLEANING GUIDANCE FOR COMMUNITY PHARMACY – 3 April 2020

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 touched areas throughout the day will help minimise transmission.

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.

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. These are described below and the **practical implications summarised in a table on the next page**.

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 of Health to pilot this are MedTech32, MedTech Evolution, MyPractice, Indici and Medimap. Answers to Frequently Asked Questions about remote prescribing are on the [MoH website](#).



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.

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.



Summary for receipt of non-paper prescriptions during COVID-19 alert levels 3 and 4

The contents of this table only apply during COVID-19 Alert Level 3 and 4. 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 obtained before pharmacies can claim. 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 NB If cannot be downloaded from NZePS, treat as Non-NZePS below	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 NB temporary waiver – prescription must meet certain conditions	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.

If a paper prescription is received

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. However, to reduce risk as much as possible, pharmacists may consider the following for receiving physical prescriptions:



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.

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.

If contact has been unavoidable, maintain attention to basic hygiene measures including handwashing and avoidance of touching your face (mouth, nose, eyes).

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 fever, sore throat, cough or difficulty breathing, 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.

Asymptomatic people not in self-isolation for a specific reason (e.g. close contact of COVID-19 positive) – proceed with hygiene and physical distancing. PPE is currently only recommended by the Ministry of Health if health workers are in face to face contact with a patient within 2 metres for more than 15 minutes.

Community Pharmacy Anticoagulant Management Service (CPAMS)

If a patient attends your pharmacy with symptoms of fever, sore throat, cough or difficulty breathing, 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 - For some patients it may be appropriate to extend the testing interval to 3 months, if they have stable control and have been on the same dose of warfarin for 2 to 3 months. 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 fever, sore throat, cough or difficulty breathing, 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. Furthermore, 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 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. The NHCC (National Health Coordination Centre) is expected to release national guidance. In the interim, some DHBs have adopted a short-term variation in expectation around blood tests and have notified their local community pharmacies. If you have not had communication from your local DHB about their approach, or if you have received conflicting information, please contact your local hospital pharmacy.

If you come across a patient who needs clozapine but does not have the required blood test, in the absence of any local guidance, contact the prescriber to determine the safest course of action.

Opioid Substitution Treatment (OST)

The National Association of Opioid Treatment Providers (NAOTP) is meeting weekly during this time and want to pass on the sincere gratitude expressed by their clients to pharmacies for staying open to support them (and the wider population) during this time.

Local alcohol and drug (A&D) services will 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.

With pharmacies 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

- 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 leaving.



Vaccination

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

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

To maintain vaccination visits healthcare providers should look at strategies for their own premises that work safely for healthcare providers and to separate well visits from sick visits.

INFECTION PREVENTION & CONTROL CONSIDERATIONS

All patients entering premises should be screened before entry and those who are at risk of having or having had contact with COVID-19 should be advised to call Healthline free on 0800 358 5453.

IMAC recognise that providers are concerned about the risk of COVID-19 transmission from asymptomatic patients and may wish to use appropriate PPE. Only staff who will be in contact with the patient for more than 15 minutes and within two metres need to wear PPE.

All providers who are vaccinating will undertake an appropriate pre-vaccination check using correct personal distancing, only meeting the patient during the actual vaccination event, for many adult vaccinations this can be done with no need to touch the patient. You can also ask the patient to wear a mask or turn their face away from you.

You can consent a patient verbally, note this on the form and sign on patient's behalf - this avoids the need to share pens.

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.



Delivery Services

Considerations 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
- Considering a phone call to the person when you need to provide face-to-face care e.g. 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

Information about specific medicines in short-supply is available from the [PHARMAC](#) website.

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

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.



PHARMACEUTICAL SOCIETY
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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.