COMMUNITY PHARMACY COVID-19 FAQs

PUBLISHED 29/05/2020

This document is correct at the time of publishing.

As of 29/05/2020 no further updates of Community Pharmacy COVID FAQs will be provided.

Information included in the 29/05/2020 published version may not be currently accurate.

If you are in need of advice, please contact your pharmacy adviser at the local office details below:

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Q1. Where can I find the most up to date guidance?
**UPDATED 15/05/2020

A. Up to date information and guidance on coronavirus is available on the PHA COVID-19 news webpage, PHA COVID-19 webpage, nidirect COVID-19 webpage and the NI Executive webpage.

Q2. What should I display in the community pharmacy?
**UPDATED 29/05/2020

A. There are 2 posters that should be displayed together.

- Poster for Pharmacies – (with space for pharmacy phone number)
- Coronavirus “Isolate your household” Campaign -Symptoms of COVID and current guidance (please note the position on this is likely to change on a regular basis based on PHA advice, so please ensure that you are displaying the most recent version)

**Both are available with translations in various languages at PHA publications – “poster for pharmacy” and PHA publications - “Isolate your household”. Resources for those with a learning disability, or those with a hearing impairment are available at PHA COVID-19 webpage - information for the public and nidirect COVID-19 webpage. **

You will also have received:

- 1 x A1 and 1 x A3 ‘Keep your distance’ poster
- 1 x A3 ‘Wash your hands well and often’ poster

These posters are to tie in with the wider Northern Ireland campaign and can be displayed alongside the current pharmacy posters. They are available on BSO COVID webpage.

Q3. What is the current advice on self-isolation and how to self-care?
**UPDATED 21/05/2020

A. Please refer to full Stay at Home guidance: for households with possible coronavirus (COVID-19) infection and PHA COVID-19 webpage - information for the public .
Q4. What is the current advice on social distancing for everyone and protecting older people and vulnerable adults?

**UPDATED 29/05/2020

A. Please refer to the PHA COVID-19 webpage - information for the public and nidirect advice for vulnerable people.

Q5. Who is at increased risk of severe illness from COVID-19?

**UPDATED 21/05/2020

A. The list of criteria for those at increased risk is available at nidirect advice for vulnerable people. Those that are extremely vulnerable are listed within the full guidance on Shielding and nidirect guidance for extremely vulnerable people.

Q6. Is it ok for patients to take NSAIDs if patient is confirmed to have or believes they have COVID-19?

**UPDATED 28/04/2020

A. Please refer to advice issued by Chief Medical Officer and Chief Pharmaceutical Officer available on the BSO website as well as Q43 for advice on treating symptoms.

Q7. Is it ok for patients to take ACE inhibitors or ARBs if they are confirmed to have or believe they have COVID-19?

**UPDATED 29/05/2020

A. Despite biological plausibility for the role of ACEIs and ARBs in both increasing and decreasing the risk of COVID-19 and its complications, NICE has not found any observational or experimental data to support these hypotheses. However, the risks of stopping treatment with an ACEI or an ARB, such as worsening heart failure or hypertension, are well understood.

The MHRA have advised that anyone currently taking these medicines to treat their medical condition should continue to do so.

Q8. How can I protect myself and my staff?

**UPDATED 07/05/2020

A. As per correspondence from Chief Pharmaceutical Officer, in respect of social distancing, the Health Protection (Coronavirus, Restrictions) Regulations (NI) 2020 do not impose a legal duty upon employers and businesses to adopt the social distancing measures advised in PHE’s Guidance on social distancing for everyone in
the UK. However, health and safety law requires employers to do what is reasonably practicable to protect their staff and members of the public.

Public Health England guidance on the use of Personal Protective Equipment is constantly being updated.

Please refer to the recent PHE guidance:

- **COVID-19 personal protective equipment (PPE)**
- **Recommended PPE for ambulance staff, paramedics, other patient transport services and pharmacy staff.**
- **Additional considerations for COVID-19**

All reasonable measures should be taken to protect staff and may include (available as checklist on BSO website):

- Assign 2 COVID staff leads if possible and allocate key roles to each staff member in protecting the team (delivery driver to be included).
- Daily staff updates to all staff (including delivery staff) on key priorities and guidance changes – Use notice boards if needed.
- Limit the number of people within the pharmacy at the same time.
- Amend opening hours and put details on the window/door.
- Having systems in place to ensure that if someone becomes unwell in the workplace with a new, continuous cough or a high temperature, they should be sent home and advised to follow the advice to **stay at home**.
- If there is a shortage of space in the dispensary and it is difficult to maintain 2 metres distance between staff, consider:
  - Reallocation of tasks
  - Redesign of processes / workflow
  - Temporary barriers between staff
  - Moving non-essential drawers or shelving, to make more space

**If there is still a shortage of space, staff should aim to keep a minimum of a 1 metre distance wherever possible**

- Put up notices to remind everyone to keep their distance.
- Section the floor with markings or barriers to encourage social distancing (perhaps show on the floor an example of 2 metres using tape or props).
- Use a hatch if you need to for pick up and drop offs or consider installing temporary screens.
- Have clear prescription drop off zone and collection zone.
- Rotate staff on a regular basis on the counter to minimise patient contact.
- Train staff on handwashing (to include forearms as per PHE guidance) and create a handwashing rota for staff to encourage regular washing.
- Encourage patients to use contactless payment and also if possible their own pens for signing prescriptions.
- Ensure pharmacy is clutter free and hard to clean equipment kept in clear bags.
- Ensure cleaning rota and procedure is established as well as maintenance of stock of cleaning products for pharmacy use – refer to PHE *infection prevention and control information*.
- Ensure waste bags available (double bag used PPE, tissues and cleaning cloths and separate from other waste for 72 hours before placing in external bins, if no clinical waste route is available).
- Remind all staff to wash uniforms and clothes as per PHE guidance.

**It is recognised that in operational healthcare environments all of the steps outlined above may not be possible.**

Q9. How can I prepare my pharmacy?

**UPDATED 01/05/2020**

A.

- Identify at least one suitable space/room in the pharmacy for patient/patient group isolation.
  - If there is no suitable isolation room, identify an isolated area within the pharmacy that can be cordoned off for the use of the patient/patient group, which maintains a 2-metre space from other patients and staff.
  - De-clutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
  - If possible, retain a telephone in the room/space for patient contact with GP, OOH GP or if not available the nearest ED.
  - Place a card/sign in the isolation room/area with pharmacy contact details, e-mail, telephone numbers, pharmacy location and post code, include the name of the lead pharmacist in attendance (this information is to be available to the patient when they contact GP, OOH GP or if not available the nearest Emergency Department).
  - staff should know what PPE they should wear for each setting and context.
  - staff should have access to the PPE that protects them for the appropriate setting and context.
• Brief all staff on the potential use of the room/area and actions required in the event that it is necessary to vacate room/area at short notice.

• Prepare appropriate space/room signage to be used if the space/room is occupied.

• Prepare a patient ‘support pack’ (to be held in reserve) that may include, items such as bottled water, disposable tissues, clinical waste bag.

• Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or could be verbal and/or visual contact via remote means, e.g. telephone, Skype/FaceTime, pharmacy intercom, baby monitor.

• Identify zones for waste. If potential cases use the isolation space, waste such as PPE, used tissues and disposable cleaning cloths will need to be stored securely after use with disposable rubbish bags and kept separate from other waste. See Q15 and PHE infection prevention and control information.

• Dedicate staff to read the PHE’s infection prevention and control information.

• Pharmacies may wish to draw on their existing protocols for dealing with medical emergencies in the pharmacy, the incident management principles are the same:
  o Develop and rehearse COVID-19 triage protocols and isolation procedures:
    • Agree pharmacy approach for each stage of the potential scenarios:
      • Confirm role and responsibilities for each member of staff.
      • Appoint an incident manager.
      • Confirm a lead for discussions with patient’s GP, or if not available the nearest Emergency Department.
      • Rehearse the pharmacy response.
    • Anticipate impacts on the pharmacy daily routine:
      • Consider the likelihood and the risk of disruption to dispensing services and consultations scheduled for the day.
      • Refer to and review the pharmacy’s business continuity plan.
Q10. Is testing available for my staff?
**UPDATED 07/05/2020

A. The Department of Health has approved COVID-19 testing for Primary Care healthcare workers (HCWs), including community pharmacy frontline staff, to facilitate HCWs returning to the workplace. Symptomatic HCWs, or symptomatic household contacts causing the HCW to self-isolate, are eligible for testing.

There are currently three options available for COVID-19 testing for community pharmacy staff, or their household contacts as follows:

1. **Contact the GP of the symptomatic person.** The GP sends an electronic request to the relevant Trust who then contacts the patient/representative with details of the test date, time and location

OR

2. **Book an appointment at one of the three drive-through test sites (Belfast SSE Arena, City of Derry Rugby Club or Craigavon MOT Centre).** Booking should be via the online portal. An email is sent confirming the appointment, in addition to a QR code which must be brought to the appointment and scanned to gain entry to the test site.

OR

3. **Request a home postal test kit.** This option may be suitable for non-drivers. Requests should be via the online portal. Numbers of home test kits are limited at present.

Full details regarding testing can be found at the BSO website. HSCB continues to update contractors via CPNI and NICPLD regarding testing arrangements as these are further developed.

Q11. When should I advise patients to contact their GP or NHS111?
**UPDATED 21/05/2020

A. As this advice is constantly changing please refer to PHA COVID-19 news webpage, PHA COVID-19 webpage - information for the public and nidirect COVID-19 webpage.
Q12. What should I do if a patient is in the pharmacy with suspected COVID-19 and is too unwell to leave?

**UPDATED 01/05/2020**

A. The patient should be invited into the designated isolation space, along with any accompanying family/representative, away from other patients and staff.

If the patient becomes critically ill and requires an urgent ambulance transfer to a hospital, the pharmacy is to contact 999 and inform the ambulance call handler of the concerns. The patient and any accompanying family should be asked to remain in the designated isolation space and the door closed until the ambulance arrives. Others should be advised not to enter the designated isolation space.

Otherwise the patient should telephone their GP, out of hours GP or if not available, the nearest Emergency Department (ED), from the designated isolation space.

The patient will need to state where they are calling from and provide contact details for the pharmacy.

While the pharmacy may phone GP, OOH GP or ED on behalf of the patient, the GP, OOH GP or ED may need to ring the patient back, so the best option is to advise the patient, if they have one, to use their own mobile phone.

The GP, OOH GP or ED clinician will contact the pharmacy or patient after their assessment to advise on the next steps.

While waiting for advice from GP, OOH GP or ED, establish a routine for regular communication with the patient/patient group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.

If entry to the designated isolation space or contact with the patient is unavoidable in an emergency, personal protective equipment (PPE), as detailed in COVID-19 personal protective equipment (PPE) and Additional considerations for COVID-19, should be worn by the staff member in line with standard infection control precautions and exposure kept to a minimum. All personal protective equipment should be disposed of as per Q15.

Q13. What is the requirement for premises cleaning following a suspected case?

**UPDATED 10/04/2020**

A. Environmental cleaning guidance is detailed in the PHE infection prevention and control information. Please ensure you are familiar with this guidance in advance of a potential case, and have arrangements in place whereby you are able to comply with it.
Pharmacies may need to close temporarily for cleaning of communal areas.

Pharmacy staff in contact with a suspected case are not required to self-isolate however if COVID-19 symptoms develop, they should follow the Stay at Home guidance: for households with possible coronavirus (COVID-19) infection.

The local Health Protection Team can be contacted for advice in relation to pharmacy procedures for decontamination or staff concerns at the PHA Duty room on 03005550119.

**Q14. What Personal Protective Equipment (PPE) will be available for staff and when should it be used?**

**UPDATED 15/05/2020**

**A. PPE is being supplied by the Department of Health (DH) to pharmacies.**

The PPE provided to date by the DH has included gloves, disposable apron, eye protection and fluid repellent surgical mask (FRSM).

Please refer to the recent PHE guidance:

- [COVID-19 personal protective equipment (PPE)]
- [Recommended PPE for ambulance staff, paramedics, other patient transport services and pharmacy staff.]
- [Additional considerations for COVID-19]

**Q15. How should PPE be used, disposed of and how do we reorder?**

**UPDATED 15/05/2020**

A. Please refer to [COVID-19: quick guide for putting on and taking off standard personal protective equipment (PPE)]

All personal protective equipment should be disposed of as clinical waste. See PHE infection prevention and control information. If a clinical waste route is not available, place used PPE into a plastic rubbish bag and tie. Then place the plastic bag into a second bin bag and tie. Hold the double bag in a suitable and secure place and marked for storage for 72 hours. Ensure waste is stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

PPE replenishment arrangements have been developed by DH and HSCB as per correspondence (1st May 2020). A Community Pharmacist can submit an order for PPE by completing the [online form]. Orders should only be submitted on a 4 weekly cycle. Quantities delivered should be adequate for 4 weeks. All orders must be submitted by close of play on a Wednesday to be delivered by the following...
Tuesday. For more detailed information please refer to the process for replenishment of PPE. Separate arrangements are in place for eye protection replenishment for those providing OST supervision. Please refer to Q51 for further information.

Q16. How should I deal with repeat prescription requests?  
**UPDATED 27/03/2020**

A. Consider the following:

- Taking requests by phone, email, text, online etc. only.
- Putting notices in the windows and online informing people of the new system for ordering.
- Speaking to the local surgeries and Practice Based Pharmacists to consider how you can best work together during this challenging period. Ask them to consider establishing a direct telephone line to the practice for community pharmacists to use. This has been recommended by the chair of BMA Northern Ireland.
- Asking people to use online or dedicated repeat telephone ordering services through their GP practice.
- The chair of BMA Northern Ireland has reminded GP practices NOT TO amend or increase quantities on existing repeat prescriptions.
- Please refer to Q28 to view the standard approach within primary care.

Q17. How should we deal with prescription delivery services?  
**UPDATED 01/05/2020**

A. Consider the following:

- Contact CPNI for advice or support on 02890 690444.
- Please refer to Community Development & Health Network (CDHN) correspondence on BSO website (Volunteer Support for Community Pharmacy) and supporting documentation or contact kathymartin@cdhn.org.
- Use your professional judgement and take a patient centred approach.
- Risk assess the situation and decide 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 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.
- Ensure 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.
• Communicate all changes with people in advance where possible.
• Possible ways to avoid spread to protect yourself and others while making essential deliveries:
  o Wash your hands or use sanitiser regularly between each drop off and regularly in between e.g. after eating, after breaks, starting and finishing work.
  o Avoid touching surfaces that could be contaminated like doorbells, knockers, gates - use gloves or sanitise afterwards if you cannot wash your hands.
  o 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.
  o Avoid touching your mouth, nose, or eye.
  o Keep a safe distance of at least 2 metres (6ft) away from people.
  o 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.
  o Call people before you deliver or post a note through the door explaining your contingency plan for deliveries.
  o 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.
  o Plan routes so those in self-isolation receive deliveries at the end.
  o Clean equipment used during deliveries e.g. electronic devices, clipboard, pens, handles, surfaces within the vehicles.
  o If you develop symptoms at any point of delivering medications, self-isolate immediately and contact the pharmacy so alternative arrangements can be made.
• No matter how quick the drop off is, always lock your vehicle.
• Before exiting your vehicle conduct a quick check for suspicious/unusual behaviour.
• Ensure valuables and products are securely locked away and out of sight.

Q18. How should we deal with prescription drop-offs and collections at the pharmacy premises?

**UPDATED 31/03/2020

A. Consider the following:
• Keep a distance of 2 metres (6ft) between people coming into the pharmacy and at the counter.
• Allow limited people into the pharmacy at one time.
• Section off the pharmacy using signs and floor markings to encourage social distancing of 2 metres.
• Rotate staff who have contact with people at the counter.
• Create a drop off/ pick up section on the counter or consultation room encouraging a 2 metre distance - e.g. asking the person to step back 2 metres (6ft) so you can pick up and vice-versa.
• Staff should think about prescription dispensing journey in the pharmacy and how to minimise physical contact with patients, e.g. Patients place their prescriptions onto a drop off zone on the counter and when handing out prescription bags, place into a collection zone on the counter for the patient to physically pick up themselves, hence minimising any risk of skin contact with patients.
• Disinfect pens after each use and wash your hands afterwards.
• Wipe down surfaces after each person contact.
• Wash your hands after each person contact or as frequently as possible.
• If you need to counsel people on their use of medicines keep a distance of 2 metres in the consultation room or alternatively ask for their telephone number so you can call them - wash your hands.
• Inform your local surgery of your plans – it is important to work collaboratively.

**Q19. What support is available for pharmacies?**

**UPDATED 15/05/2020**

A. Please consider the following:

- **I need a pharmacist:**
  
  o Contact Natalie Mulholland at UCA on 02890 656576 or email natalie@uca.org.uk.
  o Refer to Q25 for information on funding for retired pharmacists.

- **Professional indemnity**

  o NPA has confirmed that any pharmacist (or indeed other member of staff) carrying out activities on behalf of an NPA member will be covered by the NPA insurance.
  o We are awaiting other providers to update.
  o Refer to Q25 for information on funding for retired pharmacists.
• **ECHO sessions** on key COVID information will be provided.
  **UPDATED 28/04/2020**
  
  - Details available on [BSO website](https://tinyurl.com/t8644oj).
  - In order to access these pharmacists must register for ECHO at: [https://echonorthernireland.co.uk/moodle/](http://echonorthernireland.co.uk/moodle/).
  - **Pharmacists only need to register once.**
  - Once registered you can access copies of the recording and the presentations on the ‘Community Pharmacy 2020’ ECHO network the following day at [https://echonorthernireland.co.uk/moodle/](http://echonorthernireland.co.uk/moodle/).
  - Pharmacists will be required to log in using their username and password which are set at the time of registration.

• **I need counselling/support for my mental health and/or wellbeing:**
  **UPDATED 15/05/2020**
  
  - Pharmacy Forum NI 24/7 Support for all pharmacy frontline workers in Northern Ireland visit [www.pfni.org.uk](http://www.pfni.org.uk) or for more information call 07951 044876.
  - For anyone feeling overwhelmed there are a number of organisations you can contact:
    - Lifeline 0808 808 8000
    - Samaritans 116 123
  - Refer to [PHA online resources](https://www.pfni.org.uk), such as apps, service directories, etc to support mental health and wellbeing.

• **I need additional security for the pharmacy:**
  **UPDATED 24/04/2020**
  
  - For emergencies, contact the Police Service Northern Ireland in the first instance.
  - For information and support, please refer to Police Service Northern Ireland guidance on [Crime Prevention](https://www.psoni.police.ni/crime-prevention).
  - For additional non urgent help, please contact your pharmacy adviser via your local office to discuss:

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• I need community volunteer support with deliveries and/or queue management:
  
  o Please refer to Community Development & Health Network (CDHN) correspondence on [BSO website](https://www.belfastcity.gov.uk) (Volunteer Support for Community Pharmacy) and [supporting documentation](https://www.health-ni.gov.uk) or contact kathymartin@cdhn.org.
  o Contact CPNI for advice or support on 02890 690444.
  
• Dental redeployment to support community pharmacy:
  
  o Please refer to [Dental Redeployment correspondence](https://www.belfastcity.gov.uk) on BSO website.
  o Please contact your local office if you require this support which includes options for:
    - Meeting and greeting patients/queue management
    - Handover of prescriptions
    - Management of prescription ordering
    - Aspects of prescription preparation e.g. selection of medicines
    - Delivery of medicines
    - Stock management
    - Telephone Triage
    - Advising on minor ailments
  
  o Background training has been provided by HSCB and NIMDTA and a copy of the presentation can be obtained from your local office. Local office contact details are:

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Q20. Can I change the pharmacy opening hours?
**UPDATED 15/05/2020**

A. Please refer to HSCB correspondence on [opening hours](https://www.belfastcity.gov.uk) (11th May 2020). Lunchtime closures are to remain in place as detailed in the correspondence.
If normal opening hours are to be amended, due to unforeseen circumstances, please contact your local Pharmacy Adviser or Practice Support Manager to discuss the options. Local office contact details are:

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If you are instructed to adapt opening hours, please ensure any change in opening hours is communicated to patients via signs on the doors with contacts for urgent help if needed.

**Q21. What services do I need to continue running?**

**UPDATED 28/04/2020**

**A.** To help relieve pressures on pharmacy staff and ensure that essential services can continue to be provided in a safe manner, the following services should be suspended with immediate effect as per Chief Pharmaceutical Officer:

- Pharmacy First Service
- Minor Ailments Service
- Managing your Medicines
- Medicines Use Review
- Care Homes service
- Carers Service
- Alcohol MOT Service

For information on supervision arrangements for OST consumption, please refer to **Q51**.

For information relating to palliative care medicines please see **Q39**.
Q22. How are legislation, regulation and policy affected?

**UPDATED 21/05/2020**

A.

**Regulation**

The Department of Health has been working closely with the Pharmaceutical Society of Northern Ireland (PSNI) to ensure that the regulator takes the appropriate actions to support pharmacists during this extremely difficult period, while also maintaining its statutory obligations to protect the public and maintain the continuity of the profession.

On 18 March the PSNI and the General Pharmaceutical Council (GPhC) issued a joint statement on their regulatory approach in these challenging circumstances. The PSNI also issued a statement on 19 March which notified registrants of the postponement of this year’s submission date for CPD. Further details are available at the [PSNI website](#).

In view of the challenges and pressures being faced by the health service, pharmacists and patients in Northern Ireland, and as the number of COVID-19 cases continues to increase, the Council of the PSNI has approved the postponement of this year’s submission date for CPD. Pharmacists will not be required to submit the normally required CPD portfolios by 01 June 2020 and will be provided with two months’ notice of a new submission date later in 2020.

While this decision does not preclude pharmacists from doing CPD at a time when they may need to rapidly improve their skills, it does remove the burden of writing it up on the online portal and submitting it by 01 June 2020. It is recommended that, where possible, pharmacists maintain their professional development activities and learning, and you may wish to refer to the resources provided by NICPLD for this purpose.

The UK Government has now passed legislation which allows the Registrar of the PSNI to temporarily register fit, proper and suitably experienced persons as pharmacists in order to aid in the response to the pandemic. During the current pandemic emergency temporary registration with the PSNI has been made available in two phases:

- Phase 1 – Available to the group of former pharmacists who left the Pharmaceutical Society NI Register in good standing within the last three years, who have been written to directly and who meet the criteria specified by PSNI.
• Phase 2 – On the 24 April 2020 the PSNI opened the application process for registration to the emergency temporary register. This process can be completed by those who have been registered on or, in the last three years having voluntarily left, in good standing, the GPhC, the PSI or another EEA pharmacy register, as per Schedule 3 of the Coronavirus Act 2020.

On 31 March the PSNI announced that Council of the PSNI have agreed to extend the 2019 / 2020 registration year for pharmacists. The registration period was previously due to finish on 31 May 2020 and will now finish on 31 August 2020. Pharmacists currently on the Register will remain so for an additional three months without the need to make returns or payments.

The following registration year will commence on 01 September 2020 and run until the normal year end, 31 May 2021. In accordance with fee regulations, PSNI will not be increasing the fee for the longer current year nor reducing it for the following shorter year.

Further information and Frequently Asked Questions, on the above developments, are available on the dedicated PSNI COVID-19 hub.

Registration Examination

As a result of the Covid-19 pandemic, pre-registration students who began their training in 2019 will not be able to complete their examination in June 2020 as originally intended. This is also the case in Great Britain and the Republic of Ireland. The Pharmaceutical Society of Northern Ireland (PSNI) has confirmed that it is their intention to hold the examination in Northern Ireland in early August. This will ensure that those students who successfully pass the examination, and have completed their 52 weeks training, will be able to join the Register by the end of August. Funding is being made available for up to two months to cover this additional pre-registration period.

Please refer to the PSNI's recent statement on the Registration Examination for further information.

Legislation

The UK Government’s coronavirus action plan, published on 3 March, set out measures to respond to the COVID-19 outbreak that are reasonable, proportionate and based on the latest scientific evidence. It also envisaged that changes to legislation might be necessary in order to give public bodies across the UK the tools and powers they need to carry out an effective response to this emergency.

New laws are being introduced to protect public health, increase capacity, strengthen social care and support the public to take the right action at the right time. The
measures are temporary, proportionate to the threat of COVID-19, will only be used when strictly necessary and will be in place for as long as required to respond to the situation. The powers enabled by the bill will include a number of measures such as allowing certain recently retired healthcare professionals to return to work without any negative repercussions to their pensions. Further information is available from the [Government website](https://www.gov.uk) and from the [Department of Health website](https://www.gov.uk).

**Health Protection (Coronavirus Restrictions) Regulations (NI) 2020**

The Executive has agreed to adopt the powers under The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 in response to the serious and imminent threat to public health posed by COVID-19.

The regulations list the types of business which will have to close and the types that will have to change their practices if they are to continue trading. Pharmacies are listed amongst the types of businesses that can continue to operate.


**Amendments to Misuse of Drugs legislation in light of Covid-19 emergency**

In response to the Covid-19 pandemic, the Department of Health (Northern Ireland) (“the Department”), the Department of Health and Social Care (England) and the Home Office have urgently been exploring an amendment to Misuse of Drugs legislation to provide flexibility, in an emergency situation, to relax certain restrictions relating to the possession and supply of controlled drugs by pharmacists in retail pharmacy businesses which provide NHS or HSC services.

It is important to note that there is no change in practice until the flexibilities introduced by the legislation are activated by an announcement from the Department.

For more information on the amendments please refer to the [Department of Health’s letter to all registered pharmacies](https://www.gov.uk).

**Policy**

The Chief Pharmaceutical Officer has written to pharmacies on a number of occasions in recent weeks and will continue to update pharmacists with any changes to relevant policy when necessary. Please continue to check the [Department of Health website](https://www.gov.uk) for the most up to date guidance.
Q23. Who do I contact if I have any issues with business continuity?

A. Please contact your local office:

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Q24. Who do I contact if I have any issues with drug shortages?

A. Please refer to BSO website for information on national and local drug shortages, and their management. Pharmacies should raise any concerns about current and evolving medicines shortages with CPNI at info@communitypharmacyni.co.uk, who will liaise with the HSCB. For all other concerns or queries, community pharmacies should contact their Pharmacy Adviser at their local HSCB office.

Please contact:

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Q25. I am considering returning to practice, where can I go for useful information?

**UPDATED 10/04/2020**

A. Consider:

- Contacting Fionnuala McConville at Pharmaceutical Society of Northern Ireland on 02890 326927 or email registration@psni.org.uk to express interest. Also visit the PSNI COVID-19 hub for more information.
- Contacting Natalie Mulholland at UCA on 02890 656576 or email natalie@uca.org.uk. Pharmacists should still register with UCA and should advise of their concerns regarding competence in particular areas e.g. dispensing – employers may still have other tasks that need assistance.
• Visiting Return to Practice on NICPLD website to help get yourself up to date with legislation, relevant clinical information or to arrange McLernons software training.
• Checking with the pharmacy, you wish to help, in relation to any indemnity insurance arrangements they may have; if not contact a provider for advice.
• Funding is available in relation to engagement of recently retired Pharmacists. Please refer to HSCB correspondence on the BSO website.
• Checking with a pharmacy, other ways you can help in the day to day running of the pharmacy.

Q26. Are there any other useful websites I should look at?
**UPDATED 15/05/2020
A.

• Royal Pharmaceutical Society - https://www.rpharms.com/coronavirus
• Data protection and Coronavirus - https://ico.org.uk/for-organisations/
• Daily statistics are published by Department of Health
• Department of Health COVID-19 App – web version
• Department of Health COVID dashboard
• NI Executive - https://www.northernireland.gov.uk/

Q27. Should those with pre-existing respiratory conditions such as Asthma or Chronic Obstructive Pulmonary Disease (COPD) be provided “rescue packs” containing an oral steroid and an antibiotic?

A. We have been made aware of some inaccurate information circulating regarding special ‘rescue packs’ containing an oral steroid (e.g. 5 day supply of prednisolone) and an antibiotic (e.g. 5 day supply of amoxicillin or doxycycline) for patients with pre-existing respiratory conditions such as asthma or Chronic Obstructive Pulmonary Disease (COPD).

The vast majority of patients with pre-existing respiratory conditions should not be provided with rescue packs, especially if they have not been provided with a rescue pack previously as part of their management plan.

For COPD patients, rescue packs should only be used to manage the symptoms of a COPD exacerbation as per the patient’s self-management plan.

COVID-19 is a new virus and we only have limited evidence at this stage. However, there are some concerns that corticosteroids could actually be harmful in the treatment of COVID-19. The WHO interim guidance advises against the routine use of corticosteroids in the treatment of COVID-19. The guidance states “given the lack
of effectiveness and possible harm, routine corticosteroids should be avoided unless they are indicated for another reason”.

We will update you as further information and guidance emerges.

**Q28. Is there a standard approach to ordering, collection and dispensing of routine prescriptions within primary care during the COVID-19 emergency?**

**A.** Please refer to the BSO website for the standard approach for patients, GPs and Pharmacies when ordering, collecting and dispensing prescriptions.

**Q29. How will HSCB communicate with you?**

**A.** Please check your secure email. For guidance on how to access this please visit BSO website. We will continue to send post where possible (this is subject to change). Please also refer to HSCB correspondence COVID-19 update to community pharmacies (27th March 2020) on the BSO website and secure email correspondence (23rd April 2020).

**Q30. What is the current advice on “shielding and protecting people” and who does this apply to?**

**A.** Please refer to the following documents full guidance on Shielding, nidirect advice for vulnerable and nidirect advice for extremely vulnerable patients.

**Q31. How can I prove I am a key worker and what child care arrangements are there for key workers?**

**A.** During the current COVID 19 crisis we recognise that community pharmacy staff may require official documentation to verify that they are a Key Health and Social Care worker. This will ensure that staff continue to be able to access pharmacy premises without any difficulty and also avail of any priority shopping times provided by retailers.

HSCB have drafted template letters which you may wish to provide to your staff to enable verification of their identity as a Key Health and Social Care Worker.
Letter 1 is suitable for all pharmacy staff (including pharmacist employees) and can be signed by a pharmacy manager or pharmacy contractor.

Letter 2 is for pharmacists who are also contractors and require to sign their own letter of verification.

Letter 3 is for locum pharmacists and can be signed by the locum pharmacist (must be stamped by a Community Pharmacy they are working for)

All letters will require the staff member to carry an alternative form of ID as proof of their identity.

Please refer to the BSO website for Correspondence in relation to this. If you have not received the draft letter 1 or 2 in the post (posted on 27th March 2020), or need access to letter 3, please contact your Pharmacy Adviser via the local office contacts:

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For information on childcare for keyworkers, please refer to HSCB correspondence (11th May 2020) as well as nidirect and Family support NI.

For those unable to find suitable childcare, contact Parentline as detailed in HSCB correspondence (11th May 2020).

Q32. What is the current advice on the use of Chloroquine and Hydroxychloroquine to protect patients from or treat COVID-19?

**UPDATED 07/04/2020**

A. Please refer to the correspondence on the BSO website and advice from NPA.

Q33. Are there any updates to Health and Social Care complaints procedure?

A. Please refer to the correspondence from Valerie Watts (Chief Executive HSCB) and Paul McFadden (Acting NI Public Services Ombudsman) on the BSO website.
Q34. Is there guidance in relation to COVID-19 and women who are pregnant?
**UPDATED 17/04/2020

A. Please refer to the [PHA COVID-19 news webpage](https://www.phe.gov.uk) and [PHA COVID-19 webpage - information for the public](https://www.phe.gov.uk) for the latest advice as well as guidance from Royal College of Obstetricians and Gynaecologists. For further information on children and maternity services, please refer to [nidirect](https://www.hscni.net).

Q35. What is the current advice on instalment dispensing and provision of medicines in compliance aids?
**UPDATED 28/04/2020

A. Please refer to HSCB correspondence COVID-19 update to community pharmacies (27th March 2020) on the [BSO website](https://www.bso.org.uk). Adherence support is categorised into the following groups:
- Instalment dispensing
- Adherence support

For more information on the management of patients requiring these arrangements, please see the adherence support correspondence (24th April 2020) on the [BSO website](https://www.bso.org.uk).

Q36. What if I have an urgent query and need to contact HSCB?
**UPDATED 28/04/2020

A. Should pharmacies wish to contact the HSCB local office, the following are the single points of contact in each of the local HSCB offices during business hours:

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Telephone numbers are manned during normal business hours. During the period of the COVID-19 pandemic, urgent queries can be sent to the following e-mail inbox:

[AQ.doic@hscni.net](mailto:AQ.doic@hscni.net)
Q37. What are community pharmacy situation reports (sit-reps) and what do I need to do?

**UPDATED 07/05/2020**

A. A situation report (sit-rep) is an assessment of the risks posed for continuance of service delivery for a community pharmacy dependent upon:

- Staff levels
- Workload
- Stock issues

Please ensure you complete your [Community Pharmacy SITREP Report](#) on a **daily basis** during the COVID 19 emergency.

This will allow for updating of a [map of pharmacy opening hours and current closures](#) for members of the public.

It will also provide a daily report to HSCB, CPNI and others on status and pressures Community Pharmacy are working under currently.

This form acts as notification of closure to the HSCB, should that be required. Closures and other ‘Red-ratings’ will be followed up as soon as possible by the HSCB, by telephone in first instance.

Q38. What is the “Community Pharmacy Emergency Supply during a Pandemic” Service?

**UPDATED 28/04/2020**

A. In response to the COVID-19 pandemic, the Health and Social Care Board (HSCB) in conjunction with Community Pharmacy NI, is introducing a temporary [Community Pharmacy Emergency Supply during a Pandemic Service](#).

[Additional support](#), in the form of a series of FAQs, has been developed specifically in relation to this service and can be accessed along with all other [service documentation](#).

Q39. What about palliative care medicines?

**UPDATED 21/05/2020**

A. It is vital to reassure patients and other HCPs that the HSCB continues to work with a range of stakeholders, including Trust Palliative Care pharmacists to ensure clinically appropriate medicines are available. To ensure the medicines are available for patients when they need them most, stockpiling must not occur. The HSCB is liaising regularly with local wholesalers re supply chain.
Please see recent Palliative care correspondence, and also visit the Palliative care BSO webpage for up to date information and lists of stock and current providers.

HSCB has commissioned enhanced access for the dispensing of prescriptions from community pharmacies and HSC Trust pharmacies. For more information please refer to HSCB correspondence (20th May 2020), BSO COVID service webpage and associated flowcharts.

Maintaining and supporting the Palliative Care Network and Supply services is a priority for HSCB.

For information on palliative care medicines for nursing homes please refer to Q47 and the Nursing Home Urgent Pandemic Pack BSO website.

**Q40. If I have to close the pharmacy, what do I need to consider?**

**A.** Please refer to the Guidance and Checklist available on the BSO website when considering or implementing the closure of the pharmacy during the COVID-19 pandemic.

**Q41. How should I manage the return of patients’ medication including Controlled Drugs (CDs)?**

**UPDATED 01/05/2020**

**A.**

**Part one – general returns**

Community pharmacies should continue to facilitate the return of patients’ medication including CDs as part of contracted core services. To ensure that medicines (in particular CDs) do not accumulate in the community and potentially increase risk to members of the public; pharmacies should prioritise returns made by Trust staff eg District Nursing and Palliative Care teams.

**Part two - return of medication from a household where there has been a suspected or confirmed COVID-19 patient.**

- Instruct the patient’s representative to double bag all medicines and store in a secure place for at least 72 hours in the household.
- Order a 22L bin from Initial PLC via local depot in Newtownabbey (02890865006), indicating the purpose for which it is being requested. It may take a few days for the pharmabin to be delivered to the pharmacy as it will be scheduled into normal delivery routes.
- Inform patient’s representative that you will be in touch when a pharmabin for disposal of the medicines is available.
• Contact the patient’s representative when pharmabin has been delivered and arrange a suitable time for the double-bagged medication to be brought to the pharmacy.
• Ask patient’s representative to place bag of medication in the pharmabin and then pharmacy staff are to seal bin with lid.
• Contact Initial PLC to arrange collection of pharmabin for destruction.
• Store pharmabin securely until collection.
• Remember to apply social distancing and hand hygiene measures at any appropriate stage.

Controlled drugs

Under regulation, CDs can be placed into waste containers only after the controlled drug has been rendered irretrievable. Normally community pharmacists would denature any such CDs to put them beyond use. In the case of medicines that have been returned from suspected or confirmed positive COVID-19 patients, all medicines will be returned together by the family / carer in a sealed double bag which will be filled at home and returned to the pharmacy as detailed above. Due to infection control issues, it would not be appropriate for community pharmacy staff to open these bags to denature any CDs and so in this situation only pharmacists will not be required to segregate CDs from other medicines. These arrangements will only remain in place on a temporary basis.

Q42. My staff and/or I have had COVID-19 and are returning to work – do we still need to wear PPE and continue to follow the guidance?

A. As per section 4.5 of PHE infection prevention and control guidance, staff who have returned to work after having been confirmed as having COVID-19 and have recovered, should continue to follow the infection control precautions, and will only be required to wear PPE in the circumstances listed in PHE guidance below:

• **COVID-19 personal protective equipment (PPE)**
• **Recommended PPE for ambulance staff, paramedics, other patient transport services and pharmacy staff.**
• **Additional considerations for COVID-19**
Q43. Are there any guidelines on how to manage symptoms of COVID-19 in the community or manage suspected or confirmed pneumonia in adults in the community?

**UPDATED 29/05/2020**

A. NICE have released guidelines on both of these topics. Please refer to NICE website for access to their rapid guidelines. Please also refer to HSCB advice on treating symptoms at home.

Q44. Should we recommend use of COVID-19 rapid tests for use by our staff or patients?

A. Some manufacturers are selling products for the diagnosis of COVID-19 infection in community settings, such as pharmacies. The current view by PHE is that use of these products is not advised. Please refer to PHE guidance.

Q45. I previously tested positive for COVID-19 but am experiencing another episode of symptoms, do I need to self-isolate again?

A. Please refer to Stay at Home guidance: for households with possible coronavirus (COVID-19) infection.

Q46. What are the arrangements for oxygen therapy in nursing homes?

**UPDATED 28/04/2020**

A. The ongoing COVID19 pandemic is leading to an increase in the demand for oxygen in nursing homes. It is therefore essential that we work together to ensure that the existing supply of oxygen resource is managed to meet this increased demand.

For the provision of oxygen to new patients in nursing homes, please refer to the HSCB guidance for current arrangements (10th April 2020).

If oxygen cylinders are being returned by nursing homes, they are to be decontaminated prior to collection by a community pharmacy or BOC. Please refer to correspondence on the BSO webpage and decontamination guidance for further details.
Q47. What is an Urgent Pandemic Pack?
***UPDATED 21/05/2020

A. The Urgent Pandemic Pack was initially distributed to larger nursing homes (those with ≥59 beds). A further phased distribution roll out to nursing homes who have not yet received an Urgent Pandemic Pack, will occur on a prioritised basis over a number of weeks. For more information please refer to HSCB correspondence (1st May 2020).

The medication in this pack should be used to provide timely access to patients requiring clinically urgent medication. Examples of when an urgent item may be required include:

a) End of Life medication (EOL)

b) Antibiotic that should be given immediately

The contents of this pack must only be used on the direction of a qualified prescriber (this may include both primary and secondary care doctors). For correspondence, supporting documentation and an updated list of nursing homes that have received an Urgent Pandemic Pack refer to the Nursing Home Urgent Pandemic Pack section on the BSO website.

Q48. Can I accept a faxed prescription from an Out of Hours centre?

A. Due to the COVID-19 pandemic, new arrangements have been put in place to ensure that patients requiring a prescription from the Out Of Hours (OOH) service can get the medicine dispensed. To enable this some OOH centres will be transferring prescriptions to community pharmacies by fax dispensing.

Guidance relating to the faxing of prescriptions must be followed and can be found at the Fax guidance letter Dec 12.

The OOH staff must contact the community pharmacy to obtain the phone number of the fax machine. If the pharmacy does not have a fax machine then another method of prescription transfer must occur.

Prior to faxing prescriptions to a community pharmacy, the doctor or their representative should phone the pharmacy first in order to:

- Ensure the pharmacy is open and can receive the fax securely and safely. A fax should never be sent outside of normal working hours.
- Ensure the fax machine is manned
- Advise that the faxed prescription(s) is/are about to be sent.
As a faxed prescription is not a legal document the prescriber **MUST** ensure that the original prescription is supplied to the pharmacy within 72 hours of faxing. Ideally the prescriptions should be delivered to the pharmacy. Once the original prescription has been received the pharmacist should shred the faxed copy.

Prescriptions for Schedule 2 & 3 Controlled Drugs **must not** be faxed e.g. diamorphine (schedule 2), temazepam (schedule 3). The only exception is phenobarbital for the treatment of epilepsy.

Community pharmacists should ensure that their fax machines are located in a secure area. If a fax is of a poor print quality the pharmacist must confirm the prescriber’s intentions before prescribing.

OOH services have been asked to advise local community pharmacies of any changes to local arrangements.

**Q49. Can we transfer PPE to another pharmacy?**

**A.** PPE should **not normally** be transferred to another pharmacy due to infection risk. This also applies to any remaining PPE in pharmacies which have had to temporarily close due to staff illness with COVID-19.

In the event of extreme shortage of PPE it may be possible to decontaminate PPE in sealed original packaging – this is a last resort and advice must be sought from your Pharmacy Adviser via the local office contacts below, **before** undertaking this or transferring stock.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>028 9536 3926</td>
<td><a href="mailto:pharmaciyservicesbelfast@hscni.net">pharmaciyservicesbelfast@hscni.net</a></td>
</tr>
<tr>
<td>South Eastern</td>
<td>028 9536 3926</td>
<td><a href="mailto:pharmaciyservicesse@hscni.net">pharmaciyservicesse@hscni.net</a></td>
</tr>
<tr>
<td>Southern</td>
<td>028 9536 2104</td>
<td><a href="mailto:pharmaciyservicessouth@hscni.net">pharmaciyservicessouth@hscni.net</a></td>
</tr>
<tr>
<td>Northern</td>
<td>028 9536 2812</td>
<td><a href="mailto:pharmaciyservicesnorth@hscni.net">pharmaciyservicesnorth@hscni.net</a></td>
</tr>
<tr>
<td>Western</td>
<td>028 9536 1082</td>
<td><a href="mailto:pharmaciyserviceswest@hscni.net">pharmaciyserviceswest@hscni.net</a></td>
</tr>
</tbody>
</table>

**Q50. What arrangements are in place for Care Homes (Residential and Nursing) and Hospices to potentially re-use un-used patient medicines?**

**UPDATED 21/05/2020**

**A.** A policy was previously in place from 20\(^{th}\) April until 18\(^{th}\) May 2020. **This policy is now stood down.** This has the potential to be re-instated at a later date following communication from HSCB. Please refer to [HSCB correspondence](mailto:).
Q51. What is the latest guidance around Opioid Substitution Therapy (OST)?

A. The HSCB recently (19/3/2020) issued a letter in relation to the standing down of the supervision of consumption of OST in community pharmacy during the pandemic. Following discussions with Addictions services leads, there have been a number of higher risk patients identified by Trust Addiction teams that still require a supervision service in community pharmacies where the pharmacy is able to safely do so.

In addition to this the HSCB has agreed the inclusion of Espranor® for prescribing by the Trust Addiction services and GP substitute prescribers and supply via community pharmacy.

For full details please see letter from HSCB on 27th April 2020 and the latest Espranor® guidance.

For replenishment of eye protection PPE in relation to provision of OST supervision, please discuss with a local Pharmacy Adviser.

Q52. Are children affected by COVID-19 and what are the symptoms to look out for?

A. Most children are asymptomatic or exhibit mild symptoms from COVID-19 infection. However, in the last two months a small number of children have been identified who have developed a significant systemic inflammatory response showing similarities to other paediatric inflammatory conditions including Kawasaki disease or staphylococcal and streptococcal toxic shock syndromes. Please refer to correspondence issued by CMO (2nd May 2020) and NHS advice.

Q53. Where can I report suspected side effects of medication or medical devices related to COVID-19 treatment?

A. The Medicines and Healthcare products Regulatory Agency (MHRA) have a dedicated Yellow Card reporting site for healthcare products that are used in Coronavirus (COVID-19) treatment to allow for easy reporting. This is available at https://coronavirus-yellowcard.mhra.gov.uk/

The dedicated site aims to enable the MHRA to rapidly identify new and emerging side effects and medical device issues which may not have been
previously known about, including diagnostic tests for COVID-19. Reporting includes any medicines taken by patients to manage long-term, or pre-existing conditions that may influence the disease or have any potential interactions. Please refer to DH correspondence for more information.