<table>
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<th>Preparation Category</th>
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<th>Cause</th>
<th>Issues</th>
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<td>Patient Care</td>
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| Patient/visitor surge |             | Patients may seek other sources of care and information if local hospitals closed or under quarantine | -Adjust staffing to handle increased traffic, phone calls, and other electronic communications (e.g., social media)  
-Manage staff to accommodate revised or expanded responsibilities with appropriate sleep/rest cycles  
-Prepare information for patients/visitors for education and awareness programs  
-Report patient surges to key facility staff and public health officials |
| Sicker patients       |             | Patients may be sicker than usual but barred from hospitals | -Review latest CDC information for education and awareness programs  
-Help triage patients in accordance with institution emergency preparedness plan  
-Inform key facility staff and contact local/state health departments for latest guidance and instructions (e.g., home quarantine) |
| Worried well          |             | Patients who have respiratory symptoms but no history of exposure | -Provide information and reassurance through education and awareness programs  
-Remind patients to get influenza vaccine for the 2019-2020 season if they have not already |
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<td>Communication and Information</td>
<td>Requests for ineffective prevention and treatment options</td>
<td>Remedies for self-treating COVID-19 may be requested by patients even though they are not effective</td>
<td>Provide patients with most current treatment and prevention information.</td>
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| | Team-based care | Interprofessional expertise needed | -Collaborate with key players (e.g., microbiologist) and communicate on interprofessional issues needed to optimize patient care  
-Be proactive and flexible in assuming new responsibilities within a pharmacists scope of practice |
| | Visitors and family members | Concerned and anxious due to fear of unknown | Prepare for increased phone calls and directing of family members that come to the facility to visit |
| | Poor communication or information | Health officials may update information frequently to adjust to evolving situation | -Communicate, and collaborate with institution, local, and/or state Incident Command Centers for coordinated and informed response  
-Seek reliable information sources  
-Seek local information for current quarantine/treatment recommendations  
-Be an advocate for local citizens and be vigilant for emerging issues  
-Keep staff well informed through frequent communication via various channels and provide a forum to address questions and concerns |
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| **Pharmacy workforce** | Information sharing to ensure a ready and engaged workforce | - Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for COVID-19  
- Share information with pharmacists at other institutions experiencing the same crisis  
- Use network groups to keep colleagues at other institutions abreast of new information, guidelines, and issues  
- Perform literature searches and communicate with drug manufacturers to obtain unpublished information on file for emerging and investigational regimens |
| **Supply Chain Management** | Challenges securing anticipated stocks of medications and supplies | Supply chain disruption | - Report unusual sales volumes for medications or patient complaints  
- Determine mechanisms for obtaining drugs not available on market (e.g., emerging investigational therapies) during regular and off-hours  
- Report supply chain issues (e.g., drug shortages, PPE) to key facility staff and contact local/state health departments |
<p>| Requests to dispose of potentially contaminated medications | Family members of potential Coronavirus cases may have unused medications they want to throw away | Determine local/state health department recommendations for disposing of unused medication products that had been dispensed to a COVID-19 infected patient |
| <strong>Pharmacy Operations</strong> | Rapid response kits | Timely access to treatment | - For supportive care and as investigational therapies emerge, prepare rapid response kits containing information such as |</p>
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<td><strong>Infection Prevention and Control</strong></td>
<td>Requests to dispose of potentially contaminated medications and supplies</td>
<td>Family members of potential COVID-19 cases may have unused medications they want to throw away</td>
<td>Determine local health department recommendations for disposing of unused medication products and supplies that have been dispensed to a COVID-19 patient (NOTE: The coronavirus is known to live on surfaces for hours or days, but it is also effectively killed by available disinfectants when properly used.)</td>
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<td>Policies and procedures</td>
<td>Integrity of drug supply</td>
<td>Develop or revise policies and procedures pertaining to drug delivery to meet infection control precautions</td>
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<td>Protecting workforce from exposure</td>
<td>-Healthcare workers are highly likely to become infected if they work closely with a COVID-19 patient</td>
<td>-Orient and education workforce regarding infection control precautions</td>
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| Limiting exposure time and closeness can help prevent infection | Use standard and respiratory precautions  
Handle items associated with potentially exposed COVID-19 patients while wearing gloves  
Frequent hand washing  
Use face masks if counseling coughing or feverish patients  
Ensure that appropriate pharmacy staff have been medically cleared, fit-tested, and trained for respirator use  
Use telephone for counseling  
Drop off prescriptions at home  
Bill via credit card to avoid handling checks or money |
|---|---|
| Monitoring pharmacy staff | -Fever, cough, and shortness of breath are early signs and symptoms of COVID-19.  
Be prepared to take temperature of workers once a shift  
If fever, cough, and shortness of breath are present, send worker to designated COVID-19 clinic site  
If a family member is sick, put employee on sick leave  
Notify occupational health services |

*Source: Adapted from Tables 3.5 and 3.6 (ASHP Pharmacy in Public Health: Basics and Beyond)*

**References:**


*Pharmacotherapy* 2004;24(6):705-712