



British Columbia's H1N1 Pandemic Influenza Response Plan (2009)

*Guidelines for Pandemic Influenza-related Infection Control for
Community Pharmacies*

October 21, 2009

TABLE OF CONTENTS

Acknowledgements	3
1. Introduction.....	4
2. Goal Statement and Objectives	4
2.1 Goal Description	4
2.2 Objectives	4
3. Assumptions	4
4. Basic Infection Control in a Community Pharmacy Practice	5
4.1 Engineering Approaches to Infection Control	5
4.2 Scheduling Approaches to Infection Control	7
4.3 Personal Barriers and Hygienic Approaches to Infection Control	9
4.4 Disinfection Measures	11
5. Triage and Patient Flow	12
5.1 Pre-visit Messaging.....	12
5.2 Building and Community Pharmacy Signage	12
5.3 Reception and Triage process.....	12
5.4 Patient Disposition.....	13
6. Pharmacy Management	13
6.1 Staff Education and Communications	14
6.2 Staff Scheduling and Reassignments.....	16
6.3 Sick Leave Policy	16
Appendices	17
Appendix A: Pharmacy Pandemic Preparedness Checklist.....	17
Appendix B: Signage	18
Appendix C: Basic Personal Measures and Cough Etiquette	20
Appendix D: Hand Hygiene	22
Appendix E: Surgical Masks	23
Appendix F: N95 Respirators.....	24
Appendix G: Facial (eye) Protection.....	27
Appendix H: Sequence for Putting on/Taking off PPE for Exposure to Body Fluids	28
Appendix I: General Cleaning Instructions.....	30
Appendix J: Disinfectants.....	31
Appendix K: General Telephone Welcome Message	32
Appendix L: Infection Control for Community Pharmacies Q & A.....	33

ACKNOWLEDGEMENTS

Adapted from the document:

Guidelines for Pandemic Influenza-related Office Management and Infection Control for Private Physicians

Developed by: In-Fact Health Consulting Inc

Writers: Dr. Timothy Foggin and Sandra Daniels; background research with assistance from Naomi Dove and Andrew Deonarine

Task Group or Other Oversight Group: Dr. Eric Young, Doug Campbell, Clinical Care Advisory Group

Reviewers: Dr. Bonnie Henry, Dr. Bill Mackie

Guidelines for Pandemic Influenza-related Infection Control for Community Pharmacies

Adapted by: Glenda MacDonald and Aileen Mira

Reviewed by: Suzanne Taylor, Parkash Ragsdale, Doreen Leong, Robin O'Brien

Oversight Group: Clinical Care Advisory Group

1. INTRODUCTION

This document is meant to be a practical “how to” guide for community pharmacists who wish to improve their infection control practices for pandemic influenza. First addressed are engineering and administrative approaches, followed by personal protection and traditional disinfection procedures. Office management issues such as sick leave policies and continuing education are also considered. Multiple examples of scripts, messages, signs, checklists and handouts are offered throughout.

A significant review article was written in 2005, summarizing pandemic planning from a primary care perspective. It identified areas of commonality between the majority of plans, and highlighted areas where a particular issue was addressed in only one or a few plans. Twenty-five plans in total were selected for review, in

large part based on findings described in this article and in part through a selection meant to complement perspectives from a variety of continents, international/federal/provincial perspectives, or regions across Canada. [See <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0002269>].

Possibly the most important element for pharmacists to grasp at this time, though, is the fact that while overall “relatively mild” in its presentation, the pandemic (H1N1) 2009 virus is showing characteristics similar to past pandemic viruses and there is significant risk that a period of increased virulence will occur in the months ahead. While most who suffer severe illness from this virus have underlying health concerns, many do not. Vigilance is important.

2. GOAL STATEMENT AND OBJECTIVES

2.1 Goal Description

The purpose of this plan is to offer guidance to community pharmacy owners, managers and their staff in recommending engineering, administrative, and personal measures that

should be taken in order to mitigate the impact of a novel influenza strain on patients and staff alike.

2.2 Objectives

1. Describe infection control measures and cleaning practices (Section 4).
2. Recommend triage processes to enhance flow of patients (Section 5).
3. Suggest relevant administrative strategies (Section 6).
4. Provide sample checklists, handouts, signage, and tools (Appendices A to L).

3. ASSUMPTIONS

Pharmacists and pharmacy technicians engage with patients in a variety of practice settings, including community pharmacies, hospitals,

residential care facilities, assisted living residences and ambulatory clinics. The recommendations in this document are focused

on the community pharmacy environment. Hospital pharmacies should follow the Infection Control Guidelines developed and maintained by their respective Health Authority. Pharmacists providing services to residential care facilities and assisted living residences are

referred to the document “Guidelines for Pandemic Planning and Response for the Home and Community Care Service Sector” at <http://www.health.gov.bc.ca/pandemic/response>.

4. BASIC INFECTION CONTROL IN A COMMUNITY PHARMACY PRACTICE

Personal protective equipment (PPE) is often thought of as the most important element in infection control. While significant, PPE are but one of several lines of defense which healthcare providers can use. This should be seen in the context of a much broader strategy.

A comprehensive approach to infection control in a community pharmacy includes engineering and administrative designs as well as

disinfection measures. When used in combination, these measures are expected to significantly reduce the risk to pharmacists and technicians, staff and patients in the community pharmacy setting.

The changes being recommended for the pharmacy environment will need to be clearly communicated to both staff and patients for optimal benefit.

4.1 Engineering Approaches to Infection Control

Adapting the layout and improving patient flow in the dispensary and waiting areas through simple physical modifications will offer some protection. This is simply an extension of the well-recognized infection control principle of social distancing, the goal of which is to ensure at least 2 metres between patients who are potentially infectious.

Some measures worth mentioning but not detailed further at the present time include installing dividers (free-standing partitions, privacy curtains, or simply hanging sheets) between the front store and the professional practice area (dispensary, patient waiting and counselling areas), ensuring that air movement is from clean areas to infected areas, and maintaining temperature (21 to 24 degrees Celsius) and relative humidity (45% to 60%) in the ranges most damaging to influenza virus survival, neither too warm or too cold, too dry or too humid.

Pharmacy managers and owners should understand the heating, ventilating, and air conditioning (HVAC) systems in their building and know how to optimize it to prevent infection, given their particular use of space in the pharmacy area of their operation. Air exchanges in the waiting areas are particularly important and natural ventilation should be encouraged. Owners and managers may need to speak with the person who is responsible for ventilation in their building.

Examples of signage for patients and staff are found in Appendices E through H.

Pharmacy Area

Information regarding the “new normal” procedures will need to be clearly posted. Depending on the size of the pharmacy and layout of the area, places for such signage may include a triage or information desk in the

hallway and at the main area to the pharmacy (and preferably in all of these places).

While ideally patients with influenza-like illness (ILI) and non-ILI patients should use separate entrances, very few pharmacies have more than one accessible entrance to the pharmacy. Keeping frequently used doors open to avoid recurrent doorknob contamination and special attention to patient flow and patient distancing can nonetheless be managed to reduce potential exposure.

Plexiglas partitions (a.k.a. “sneeze guards”), which can be installed at dispensary reception counters by most glass companies, can limit transmission from patient to staff. Patients with fever and cough should already be wearing a mask prior to this point.

Counter-top or wall-mounted alcohol-based hand rubs should be installed at the pharmacy entrance (inside and out), dispensary reception counter, around the waiting area, counselling area counters as well as near doors of separate consultation or fitting rooms and other public areas such as washrooms. Soap and water, if accessible, work as well as alcohol-based hand rubs.

Pharmacies displaying and selling home health care supplies could consider restricting access to a portion of their stock or reducing the number of items displayed. Items used for demonstration purposes should be disinfected as outlined in Section 4.4

Dispensary Waiting Area

Soft toys, cloth seating, magazines, pamphlets and other printed materials should be removed from the waiting area and any consultation or fitting rooms. If cloth seats cannot be changed, placing washable drapes or plastic covers over seats is an alternative solution.

Waiting area chairs should be spaced apart. Some may actually need to be removed from the waiting area and even placed in an adjacent area to allow adequate separation of coughing and non-coughing patients. If no additional space is available, a section of the waiting room should be specifically designated for patients with cough and fever. Attempts should have previously been made to “intercept” patients with fever and cough on the phone in order to minimize unnecessary pharmacy visits.

If patients with fever and cough are not wearing a mask and cannot be spaced apart in the waiting room, they should be placed into a separate room, such as a consultation or fitting room if this is possible. An option for pharmacies with a nearby parking lot is for patients with cars and cell phones to wait in their cars until called in via the cell phone. Those pharmacies that loan pagers to patients to notify when their prescription is ready should ensure pagers are disinfected between uses. Pharmacies located in medical buildings with multiple medical practices could encourage prescribers to telephone or fax prescriptions in order to minimize the number of patients and time spent in the dispensary waiting area.

Consultation and Fitting Rooms

If the layout of the pharmacy includes a separate consultation or fitting room(s) these areas should be designated for counselling of patients with fever and cough in order to allow relative isolation from other patients in the waiting area. These rooms should be emptied of all but the bare minimum equipment (e.g. desk, chair, lights).

Air circulation (air exchange) in the consultation room should be increased. To see if this is feasible, owners or managers should speak to their building manager, or the person responsible for ventilation in the building.

4.2 Scheduling Approaches to Infection Control

Whereas engineering approaches address the physical aspects of infection control, administrative approaches make it possible to separate patients in time as compared to space.

Significant changes in practice patterns will be warranted as local rates of pandemic influenza transmission increase in the community.

Pre-planning for patients at high risk of severe disease

It is recommended that community pharmacists encourage and support patients to work with their family physician on formulating a plan in the event that they get ill with pandemic (H1N1) 2009. This is particularly important for patients with underlying conditions that could make them more susceptible to complications or more severe illness. Pharmacies should remind patients to ensure their physician has contact information for their preferred pharmacy so that prescriptions can be easily phoned or faxed. Patients should be reminded of prescription refill procedures and encouraged to order refills by phone or online whenever possible. For high risk patients who have been prescribed an antiviral to be filled if they develop symptoms of pandemic (H1N1) 2009, pharmacies could consider logging but not filling the prescription if their dispensing software accommodates this. Patients at high risk of severe disease should be reminded of the importance of early treatment and the steps they should take if they develop any symptoms suspicious for influenza.

Calling patients prior to scheduled appointment

In scheduling patient visits such as blood glucose meter teaching or diabetes teaching, asthma teaching, fitting of compression stockings, or consulting on home healthcare supplies, consideration should be given to deferring appointments for non-urgent matters in asymptomatic patients in order to reduce exposure situations. Even patients with mild

symptoms and no known risk factors for severe illness or complications from pandemic (H1N1) 2009, might be asked to defer the visit, especially at the peak of the pandemic wave. Patients with underlying conditions, should confer with their family physician regarding benefits and risks of antiviral treatment, with or without an in-person visit.

Patients, particularly those deemed at higher risk of complications, including pregnancy, should be reminded to reduce exposure situations as much as possible, to teach those they are around to cough/sneeze into their sleeve (or if they use a tissue to wash or use alcohol-based hand rubs immediately afterwards and to dispose of the tissue immediately), and to make a prompt appointment with their family physician if they develop symptoms. If their illness progresses rapidly or they develop key symptoms such as shortness of breath, they should be treated as early as possible; if a plan was established ahead of time, they should consult by phone to confirm that treatment is now appropriate. If no plan was developed, they should still call or present to the location that was determined to be most appropriate (medical office, alternative care site, etc).

Deferral of non-essential visits

Older patients and patients with chronic medical conditions are often seen more frequently. The frequency of both medical and pharmacy visits could be decreased for those deemed at higher risk of complications or severe disease during the pandemic. Requesting that physicians provide longer prescriptions to such patients, as long as they have proven relatively stable in recent months should be considered. Telephone refills or pharmacist initiated prescription renewal can also be considered where appropriate. Those who live alone should be instructed to arrange for a friend, a flu buddy, to check in on them in the event they fall ill. Patients should be encouraged

to reorder their chronic medications when five to seven days of supply remain to ensure they don't run out of medication. Pharmacists should reassure and reinforce however, that stockpiling of medications is not necessary. Pharmacies should ensure that they have an efficient system for the pick-up and delivery of medications to minimize the frequency that patients need to come into the pharmacy.

In consulting with patients on symptomatic relief products pharmacists frequently perform a triage role and refer to physicians and healthcare facilities. In the case of patients not known to be at higher risk, non-urgent visits to their family physician can be postponed as outlined in Table 1.

Table 1 Examples of Primary Care Needs that Can or Cannot be Deferred

Adapted from Table 11-3 of the Ontario Plan for an Influenza Pandemic August 2008

	Description	Examples
Priority A	Patients who have urgent needs and require services / treatment and would otherwise have to go to hospital for care Essential preventive services	<ul style="list-style-type: none"> • Acute exacerbation of chronic illness that doesn't require hospitalization • Complications of pregnancy • Certain acute infections, such as otitis, UTI, cellulitis, STIs, acute diarrhea with blood • Acute major illness / injury (including fractures or potential fractures, or dislocations) • Acute minor injuries (e.g. lacerations that require more than taping) • Acute psychiatric illness • Abdominal pain NYD • Musculoskeletal pain with trigger features (i.e. not a basic sprained ankle) • Headache with trigger features • Palliative care • Patients recently discharged from hospital on new medications who must be followed closely (e.g., warfarin) • Patients requiring pneumococcal immunization • Flu vaccine when it becomes available • Other vaccines / prophylaxis required for outbreak control • Routine childhood immunization
Priority B	Patients whose situation is non-critical and who require treatment/services that can be deferred for a few weeks (i.e. after the peak of the pandemic wave). (Alternate method for prescription renewal for long-term medications is appropriate).	<ul style="list-style-type: none"> • Stable chronic disease management, including asthma, diabetes, hypertension, and stable cardiac, pulmonary, renal, neurological or hepatic disease • Uncomplicated pregnancy care—1st or 2nd trimester • Well baby visit
Priority C	Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g., automatic prescriptions) for the duration of a pandemic	<ul style="list-style-type: none"> • Well child and adult checkups • Nutrition and weight counseling • Pap smears, Routine adult immunizations • Preventive services and clinics • Insurance and other forms

Timing of visits

Complete separation of ILI and non-ILI related visits in pharmacies is challenging as the majority of patient interactions are not appointment based. Because timely initiation of antiviral therapy in symptomatic patients is critical, any separation of patients should not delay treatment. For scheduled appointments, consideration could be given to having non-ILI

patients come at the beginning or end of the day to minimize exposure.

When patients present in person to the pharmacy with fever or cough, regardless of whether they called ahead or not, they should be given a surgical mask, advised to perform hand hygiene, placed in a distinct section of the waiting room or in a consultation or fitting room. Indeed, all patients in the waiting area should be requested to perform hand hygiene.

4.3 Personal Barriers and Hygienic Approaches to Infection Control

What is considered appropriate personal protective equipment (PPE) varies for patients and staff and depends on the situation.

Cough etiquette, hand cleansing and alcohol-based hand rubs

Alcohol-based hand rubs should be available in multiple locations, from outside the pharmacy door to the dispensary reception counter, in the waiting room as well as by every consultation room.

Sinks with soap and water should be available to patients and staff alike for washing hands that are visibly soiled. Paper towels should be disposed of in lidded non-touch waste-baskets.

Healthcare workers should use alcohol-based hand rubs or wash hands between patients, before and after mask use, after contact with secretions, etc. Patients should clean or wash hands after removing surgical mask, using tissue, coughing, or sneezing, etc. Staff and patients alike should use alcohol-based hand rubs before entering room and upon exit.

Patient masks

All patients presenting with any suspicion of fever and cough should be instructed to wear a surgical mask. This immediate step may indeed be the most important one; performing hand hygiene comes a close second. Signage about cough etiquette, mask usage, and hand hygiene must therefore be prominent.

Staff masks and other personal protective equipment

Pharmacy staff should also wear surgical masks if they will be directly within 2 metres of symptomatic patients, particularly if a patient has not, or cannot, wear a mask him or herself. Even more specifically, staff who will be providing care within 2 metres of symptomatic patients should wear such personal protective equipment. Pharmacies should ensure the availability of such supplies for their staff ahead of time.

A surgical mask is adequate protection in almost all situations. An N95 mask may be considered if staff are in direct contact with patients with confirmed/suspected H1N1 who have significant cough **and** are unable or unwilling to wear a mask.

Figure 1 PHAC Interim Guidelines for Ambulatory Care

PHAC INTERIM GUIDANCE FOR AMBULATORY CARE

http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pdf/interim_guidance_for_clinicians_amb-eng.pdf

Routine practices and contact precautions for clinicians

The following infection control practices are indicated when assessing patients with fever and respiratory symptoms:

Respiratory protection

Clinicians should wear respiratory protection when within 2 metres of a person with influenza-like illness (ILI) case. The choice between a surgical mask and N95 respirator should be based on the following:

Wear a surgical mask:

- For most patient care within 2 m.

Wear an N95 respirator:

- If conducting an aerosol-generating medical procedure* on a suspect ILI case. All individuals in the room should wear an N95 respirator

Whenever a surgical mask or respirator is required, the HCW should also wear eye or face protection**

* Aerosol-generating Medical Procedures (AGMPs): any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation (BIPAP, CPAP); endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy procedure; autopsy of lung tissue.

** Eye protection can be goggles or safety glasses that can be cleaned between patient contact or disposable face shields.

Instructions for Putting on/Taking off Surgical Mask

Instructions for Putting On Surgical Mask

1. Before taking the mask out of the box, wash your hands.
2. Open the mask: pull at the top and bottom to open the pleats or chamber.
3. Pre-bend the nosepiece
4. Place the mask on your face: place the mask on your face making sure to cover your nose.
5. Tie at the head crown: bring both top ties to the crown of your head and secure with a bow.
6. Tie at nape of neck: tie bottom ties securely in a bow at the nape of your neck.

7. Contour the nosepiece: once the mask is tied, press the malleable nose piece until a secure fit and good seal are achieved; this will reduce blow-by at the top of the mask
8. Perform security check: a properly tied mask can be tested by checking the security of the ties and the nosepiece, and checking for blow-by.

N.B. Blow-by = the amount of air that escapes from the top, bottom, or sides of the mask due to improper fit on the face; blow-by is reduced when the mask is put on properly.

Instructions for Removing Surgical Mask:

1. Remove the mask by handling only the ties
2. Untie the bottom, then the top tie
3. Remove the mask from your face

4. Properly dispose of the mask by touching only the ties and wash your hands thoroughly. See Appendix E.

Instructions for Putting on/Taking off N95 Respirators

Fit testing before use of a N95 respirator is in regulation under Worksafe BC. Pharmacists who have a professional relationship with their local hospital should enquire about whether they may get fit-tested there, and then purchase the brand of mask that was used at the fit-test. Otherwise, pharmacists could call occupational health and safety companies in their area to see if they provide fit-tests for N95 respirators.

Instructions for Putting On N95 Respirator

1. Wash your hands prior to putting on the N95 respirator.
2. Position the respirator in your hands with the nosepiece at your fingertips.
3. Cup the respirator in your hand, with the nosepiece at your fingertips, allowing the headbands to hang freely below your hand.
4. Position the respirator under your chin with the nosepiece up; the top strap goes over your head, resting high at the top back of your head; the bottom strap is positioned around the neck and below the ears; the straps do not cross over one another; if there is only 1 headband, it should rest high at the back of your head.

4.4 Disinfection Measures

Consultation and fitting rooms should be cleaned at least once daily routinely, preferably twice. If a symptomatic patient's mask was on for the whole time in the room and the patient had performed hand hygiene before entering the room, cleaning after each patient is a use of scarce resources – pharmacy staff and time – for little additional benefit.

5. Most disposable respirator models have a metal nose clip; place your fingertips from both hands at the top of the metal nose clip; slide your fingertips down both sides of metal nose tip to mold the nose area to the shape of your nose. See Appendix F.

Once the respirator has been applied, be sure to check your fit. Checking fit ensures you have applied the respirator correctly and achieved a proper fit and seal for maximized protection. This is not to be confused with a “Fit Test”, a regulatory requirement that states “a respirator which requires an effective seal with the face for proper functioning must not be issued to a worker unless a fit test demonstrates that the face piece forms an effective seal with the wearer’s face” (Worksafe BC, 2009). See Appendix F.

http://www.worksafebc.com/news_room/features/2009/assets/pdf/faqsh1n1.pdf

Instructions for Taking off N95 Respirator

1. Front of respirator may be contaminated—**DO NOT TOUCH!**
2. Grasp bottom strap and pull over back of head without touching respirator, then with top strap and carefully remove
3. Discard in waste container and wash your hands thoroughly after removing the respirator (see Appendix F).

Potentially exposed environmental surfaces (chairs, tables, etc.) should be cleaned at least daily (see Appendix I). Frequently touched surfaces (e.g. medical equipment, blood pressure machines, door knobs, light switches, telephones, keyboards, mice, pens, charts, PDAs, cell phones, etc.) should be cleaned at least twice daily. Anything that touched the patient, such as stethoscopes, paging devices, should be cleaned between patients.

Disinfection should occur both regularly (scheduled) and frequently (following specific events of potential contamination).

Disinfectants must be applied to cleaned (i.e. not soiled) surfaces. The surface must also dry on its own as wiping it dry does not allow enough contact time. It must be remembered that not all disinfection agents are cleaners.

Intermediate level disinfectants, including alcohol and chlorine (bleach), should be used

for surfaces and medical equipment. See Appendix J.

Low-level disinfectants can also be used to clean stethoscopes, blood pressure cuffs, horizontal surfaces (work counters, weigh scales, cash registers, computer keyboards and tables), walls, curtains, blinds, floors, carpets, upholstery, toys, and toilets. Low-level disinfectants include hydrogen peroxide and phenolic compounds. See Appendix J.

5. TRIAGE AND PATIENT FLOW

A comprehensive triage process starts prior to a patient arriving at the pharmacy.

5.1 Pre-visit Messaging

Pharmacy telephone messages and websites should clearly instruct patients where to seek up-to-date information regarding prevention and treatment measures for influenza-like illnesses (ILI). Messaging should also include guidance on steps to take when visiting a pharmacy if a patient is experiencing ILI symptoms.

Patients should be reminded that in some cases visits to the pharmacy can be deferred or avoided. Patients should be encouraged to use

other methods for obtaining refills such as calling ahead or ordering online when possible. Patients should also take advantage of pharmacy delivery options or considering asking a family member or caregiver to pick up their prescriptions/pharmacy related items for them. Patients should be encouraged to call and speak to a pharmacist on the phone rather than visiting a pharmacy if they are only looking for answers to drug related questions.

See Appendix K.

5.2 Building and Community Pharmacy Signage

Clear instructions regarding hand washing should be displayed at the store entrance as well as throughout the pharmacy. Signage instructing patients with a fever and cough to use the alcohol based rub and put on a mask before entering the store/dispensary area should be clearly displayed at the pharmacy entrance.

Signage should also be available directing where these patients should go if there happens to be a specific area available in the pharmacy for patients exhibiting ILI like symptoms. Signage in more than one language may be suitable for some pharmacies.

5.3 Reception and Triage process

A surgical mask should be immediately available to any patient (and accompanying persons) who has or recently had symptoms of fever or cough.

Patients should be passively advised (by signage) upon arrival to immediately perform hand hygiene and wear a mask if they have had any

recent coughs or fever before entering the store/dispensary area.

Patients with cough and/or patients wearing masks should be directed to a specific location within the pharmacy waiting area or a designated room while they wait for their prescription(s) to be filled.

Staff should remain alert for ill-looking patients who might not have self-identified.

Multiple signs should be present around the waiting room walls to instruct patients to cough and sneeze into upper sleeves or to use tissue, dispose of immediately, and perform hand hygiene.

Figure 2 Dispensary Reception Checklist

1. Greet patient
2. Inquire regarding recent or current fever or cough
3. Offer alcohol-based hand rub and surgical mask to patient and accompanying person(s) if any fever or cough and point out how to use the alcohol-based hand rub and put on mask
4. Reinforce pharmacy policy regarding mask use for fever or cough (if necessary)
5. Inquire about reason for visiting the pharmacy.
6. Provide requested pharmacy service.
7. Direct patient to designated area if fever or cough, or to appropriate waiting area.

Provide all patients instruction in proper “cough etiquette” and other relevant topics,

preferably in audio-visual format (i.e. not only in print) and by giving the good example.

5.4 Patient Disposition

The patient history should briefly assess for suitability of self-care. If needed, appropriate referrals should be made as assessed by professional judgement. Most frequently this will involve referral to the patient’s family

physician. For symptomatic patients filling prescriptions, pharmacists can prepare and provide a simple patient handout regarding home isolation, infection control and what to do if symptoms worsen.

6. PHARMACY MANAGEMENT

HealthLink BC provides 24/7 non-emergency health information and services to patients over the telephone at 811. Translation services in over 130 languages are available on request.

The H1N1 Symptom Checker and other online health information is available on the HealthLink BC website:
<http://www.healthlinkbc.ca/kbaltindex.asp>

6.1 Staff Education and Communications

It is useful at all times, but particularly in times of crisis, to have clearly defined roles and responsibilities, balanced by cross training and staff redundancy (i.e. planned backup).

Pharmacy Influenza Practice Lead

A first critical role that needs to be filled is that of designating a group leader for the purposes

of mounting a coordinated response to influenza pandemic at the community pharmacy level. This should be the most qualified person, not necessarily the highest “ranking” or most senior. A checklist for community pharmacies is provided in Appendix A.

Figure 3 Planning for pandemic (H1N1) 2009 & leading a community pharmacy response to it

Create a planning team and develop a written plan.

Establish a decision-making and coordinating structure.

Determine how to conduct surveillance for pandemic influenza in staff.

Develop policies and procedures for managing pandemic influenza in patients and staff.

Educate and train staff on pandemic influenza and the pharmacy’s response plan.

Determine how the pharmacy will communicate and coordinate with staff and public health authorities during a pandemic.

Determine how the pharmacy will communicate with patients and help educate the public regarding prevention and control measures.

Develop a plan for procuring the supplies (e.g., personal protective equipment [PPE]) needed to manage influenza patients.

Train staff in direct contact with ILI patients on use of PPE along with other infection control measures

Determine how the pharmacy will participate in broader community and regional plans

Instruct staff in personal and family preparedness issues, including seeking someone else to look after children if schools close, or caring for other dependents, even pets, to avoid being kept from working for these reasons

Make plans to ensure ongoing supply needs

The above steps are put another way in Figure 4.

Figure 4 New Ways of Delivering Services (from Ontario Health Plan for Influenza Pandemic)

1. Deliver services in different ways
2. Defer some services
3. Deliver new services or work in alternative care sites
4. Develop plans to ensure continuity of care, with particular attention to vulnerable patients and patients with ongoing health problems
5. Use appropriate occupational health and safety/infection prevention and control practices.
6. Establish links with other primary care providers
7. Increase awareness of the community's pandemic plan
8. Develop a plan to communicate effectively with patients
9. Develop a plan to communicate effectively with staff
10. Maintain an up-to-date business continuity/emergency plan

External Sources of Information

Throughout the influenza season, key information portals from local, provincial, national, and international organizations will be scanned on a daily basis, or as needed, with accurate and timely updates posted to the Public Health Office website at <http://www.gov.bc.ca/h1n1/>.

Internal Communications and Education

A staff member should also be designated to coordinate internal communications. This includes updating personnel list, including seeking possible paid or volunteer replacements and incorporating them in communication strategies early on.

Updates to be sought should include epidemiology, infection control, clinical diagnosis and treatment, referral patterns, and

practice management issues, etc. Times for more formal “education” might be set aside as the situation demands and permits.

Staff should be invited to become involved in the ongoing planning process as well as working in operational and logistics areas.

An effective communications strategy will also include such practical issues as checking in on ill staff at home. In seeking to build emotional resiliency, it should also address feelings of grief, exhaustion, anger, and fear (general psychological support to staff and specific psychosocial response plan). Physical and mental care for self and loved ones can be discussed and ethical dilemmas should not be ignored.

Figure 5 Topics for Internal Communications

Epidemiology
Infection Control
Clinical Issues
Referral Processes
Practice Management
Patient Messaging
Staff Wellness (including monitoring health and building resiliency)
Psychosocial support for staff and families

While many questions and topics will be raised, the key educational message for staff can be

summarized in two sentences (see Figure 6).

Figure 6 Key Messages to all Staff

“Get masks on coughing patients ASAP!” and “Don’t touch your face, eyes, nose, or mouth!”

6.2 Staff Scheduling and Reassignments

Staff availability has to be assessed in this light. Due to simultaneous greater staffing needs and expected staff absenteeism to care for family or self, etc., a list of potential replacement staff needs to be developed. If possible, pharmacies

should be ready to separate patients (ILI and non-ILI) as well.

Staff can also be reminded that physical activity, maintaining a healthy diet and appropriate amount of sleep remain important parts of a healthy lifestyle.

6.3 Sick Leave Policy

Sick leave policies need to be reviewed. Staff should not be penalized for staying away from work for what in other circumstances would have been considered a mild illness. In other words, absenteeism is often preferable to presenteeism in the context of infectious disease.

would be most productive to have open and frank dialogue between staff and employer prior to such issues arising.

Simultaneously, potential abuse of liberalized policies needs to be considered. As such, it

Some staff might be only mildly ill or already recovering and/or caring for others but able to perform some of their duties remotely by telephone, depending on how a pharmacy is set up.

Figure 7 Sample Policy Changes

Establish clear expectation that staff not come to work when they have respiratory infection symptoms and support this expectation with appropriate attendance policies.

Consider how to provide sick leave benefits for all workers, including staff that often do not have such “benefits”.

Avoid rewarding staff for not using their sick days.

Actively exclude all workers who are ill (send workers home who arrive at work ill).

APPENDICES

Appendix A: Pharmacy Pandemic Preparedness Checklist

Adapted from: Daly, P. (2007). Pandemic influenza and physician offices [Electronic Version]. BC Medical Journal, 49, 263-269.

Pandemic influenza: Checklist for Community Pharmacies	
<p>Now</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide or recommend annual influenza vaccination to all eligible patients based on public health advice. <input type="checkbox"/> Provide or recommend pneumococcal polysaccharide vaccine to all eligible patients (those 65 years and older, those with chronic health problems). <input type="checkbox"/> Recommend conjugate pneumococcal vaccine series to infants. <p>Now and during pandemic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Post sign advising patients to check in with dispensary upon arrival. <input type="checkbox"/> Separate patients from dispensary staff with Plexi-glas partition <i>or</i> minimum distance of 2m. <input type="checkbox"/> Post cough etiquette signs in the waiting area. <input type="checkbox"/> Provide liquid soap and paper towels in patient washrooms and at staff sinks. <input type="checkbox"/> Provide staff with small bottles of alcohol-based hand sanitizer. <input type="checkbox"/> Mount alcohol-based hand sanitizer dispenser at pharmacy entrance for patient use upon arrival. <input type="checkbox"/> Provide disposable tissues and no-touch waste receptacles in waiting area. <input type="checkbox"/> Replace cloth-covered furnishings with easy-to-clean furniture. <input type="checkbox"/> Provide surgical masks to be worn by ILI patients who are coughing or sneezing. <input type="checkbox"/> Wash or sanitize hands before and after each patient contact. <input type="checkbox"/> Wear surgical mask when face to face with ILI patients with cough. <input type="checkbox"/> Wear fit-tested N95 respirator when face to face with suspected TB patients, ILI patients undergoing aerosolizing procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission. <input type="checkbox"/> Wear gown, gloves, and eye protection only if needed to avoid contact with blood or other infectious body fluids. <input type="checkbox"/> Clean and disinfect medical devices in contact with patients (e.g. stethoscopes) between patients. <input type="checkbox"/> Clean and disinfect exam rooms and waiting areas daily. 	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor staff illness and ensure staff with ILI remain off work. <p>During pandemic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assign a staff member to coordinate pandemic planning and monitor public health advisories. <input type="checkbox"/> Educate all staff about pandemic influenza. <input type="checkbox"/> Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health). <input type="checkbox"/> Telephone triage all patient requests for visits. <input type="checkbox"/> Postpone all nonessential patient visits (e.g. routine visits). <input type="checkbox"/> If possible, schedule ILI patients during designated time slots. <input type="checkbox"/> If possible, provide a separate entrance and waiting area for ILI patients <i>or</i> separate ILI patients from others in the waiting area by 2m. <input type="checkbox"/> Remove all magazines, books, and toys from the waiting area. <input type="checkbox"/> Eliminate or limit use of shared items by patients (e.g. pens, clipboards, phones). <input type="checkbox"/> Minimize ILI patients' time in the waiting area. <input type="checkbox"/> If possible, designate one consultation room for all ILI patients. <input type="checkbox"/> Assign staff who have recovered from pandemic influenza to interact with ILI patients. <input type="checkbox"/> Clean ILI waiting area, consultation rooms, and frequently touched surfaces such as doorknobs a minimum of twice daily and when visibly soiled. <input type="checkbox"/> Ensure cleaners avoid vacuuming and dry dusting: damp dust only. <input type="checkbox"/> Maintain a minimum 2-week supply of soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks. <input type="checkbox"/> Develop a contingency plan for staff shortages (e.g. use of volunteers).

Appendix B: Signage

Possible Signage in Lobby:

ATTENTION: All patients having prescriptions filled at Pharmacy XXX:

Please use alcohol-based hand rub before proceeding.

All patients who have fever or cough: **Please put on a mask** then go to part A of the waiting area.

Those who have NOT had recent fever and cough please proceed to the dispensary counter or to part B of the waiting area.

Thank you.

Possible Signage at reception:

ATTENTION: All patients of Pharmacy XXX:

Pharmacy XXX is taking precautions to protect your health.

Please use the alcohol-based hand rub on your hands before proceeding.

If you have fever and cough, **please wear a mask.** Cough = Mask

Patients with symptoms of Influenza-like illness (such as fever, cough or sore throat) are asked to wait in part A of the waiting area.

Thank you for your cooperation.



Questions About the H1N1 Flu Virus?

We Can Help.

You have heard a lot about the H1N1 flu virus, or the swine flu, lately. Some people are even visiting emergency rooms because they are worried.

The symptoms are similar to seasonal flu. You can protect yourself by taking the same simple steps that you do during the regular flu season:

- When you sneeze, use a disposable tissue.
- Cough into your sleeve.
- Wash your hands often with soap and water.
- Avoid touching your eyes, nose or mouth.
- Stay home if you are sick.

If you are worried, the best place to start is not the emergency room. It is by getting the right answers. And we are here to help.

If you are feeling ill or have questions about the H1N1 flu virus, call HealthLink BC at 8-1-1, visit www.gov.bc.ca or www.facebook.com/h1n1informationbc or follow H1N1BC on Twitter.



BRITISH COLUMBIA
The Best Place on Earth

Appendix C: Basic Personal Measures and Cough Etiquette

http://www.gov.bc.ca/govt/swine_flu.html

GET THE FACTS ABOUT FLU AND STAY HEALTHY

Influenza is caused by viruses, and is generally spread when an infected person coughs or sneezes.

Here are six simple, common sense precautions that can help safeguard everyone's health:

1) Stay home when you're sick or have influenza symptoms. Get plenty of rest and check with a health care provider as needed. If you have a fever or cough illness, regardless of where you have travelled, stay home from work or school and limit contact with others to keep from infecting them.

2) Avoid close contact with people who are sick. If you are sick, keep your distance from others to protect them from getting sick.

3) Cover your mouth and nose with a tissue when coughing or sneezing, and throw the tissue away immediately. It may prevent those around you from getting sick.



4) Wash your hands. Washing your hands often will help protect you from getting sick. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers.

5) Avoid touching your eyes, nose or mouth. You can become ill by touching a surface contaminated with germs and then touching your eyes, nose or mouth.

6) Practice other good health habits. Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, eat nutritious foods, and avoid smoking, which may increase the risk of serious consequences if you do contract the flu.

7) See a health care provider. If your symptoms become worse see a health care provider, but call ahead of time to let them know you have fever or cough illness.

You can call [HealthLink BC](#) at **8-1-1**, 24 hours a day/seven days a week to speak to a nurse if you have more questions or if feeling ill.

For more steps on how to protect you and your family visit [FightFlu.ca](#)



Stop the spread of viruses that make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze.



Throw tissues away immediately.



No tissue? Cough or sneeze into your upper sleeve, not your hands.



Clean your hands often with soap and warm water, or a gel or alcohol-based hand cleanser.



Stay home if you are sick.



Ministry of Health

For more information, visit www.health.gov.bc.ca/pho/influenza.html

Appendix D: Hand Hygiene

www.health.gov.bc.ca/pandemic/pdf/handwash_soap.pdf

Handwashing with Soap and Water

Protect Yourself and others from influenza

Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes.
Wash your hands often to keep yourself and others healthy.



1 Remove jewelry.
Wet hands with warm water, add soap to palms and rub hands together to create lather.



2 Thoroughly cover all surfaces of your hands and fingers with lather and work fingertips into palms to clean under nails.



3 Rinse hands well under warm running water.



4 Dry with a single-use towel and then use towel to turn off the tap.

Hands should be washed for a minimum of 10-20 seconds.
To help children wash long enough, say the ABC's or sing "Twinkle, Twinkle Little Star."

For more information, visit
www.health.gov.bc.ca/pho/influenza.html



www.health.gov.bc.ca/pandemic/pdf/handwash_sanitizer.pdf

Cleaning Hands with Sanitizer

Protect Yourself and others from influenza

Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes.
Wash your hands often to keep yourself and others healthy.



1 Remove jewelry and apply enough product to keep hands moist for 15 seconds.



2 Rub product in palms and thoroughly cover all surfaces of the hands and fingers, including the backs and each thumb.



3 Rub fingertips of each hand in opposite palm.



4 Keep rubbing until hands are dry.

Do not use hand sanitizer with water. Do not use paper towels to dry hands.

Note: Wash hands with soap and water if hands are visibly dirty.
Some manufacturers recommend washing hands with soap and water after 5-10 applications of gel.

For more information, visit
www.health.gov.bc.ca/pho/influenza.html



Appendix E: Surgical Masks

Putting On/Taking off a Surgical Mask

*Always wash your hands prior to putting on a surgical mask and after removing it.

www.kchealthcare.com/docs/Donning_SS_final.pdf

The worry-free solution...



...for proper instructions,
proper fit.

Surgical Mask Donning and Removal

Surgical Mask Donning Instructions

- **Open The Mask**
Pull at the top and bottom to open the pleats or chamber.
- **Pre-Bend The Nosepiece**
- **Place The Mask On Your Face**
Place the mask on your face making sure to cover your nose.
- **Tie At The Head Crown**
Bring both top ties to the crown of your head and secure with a bow.
- **Tie At Nape Of Neck**
Tie bottom ties securely in a bow at the nape of your neck.
- **Contour The Nosepiece**
Once the mask is tied, press the malleable nose piece until a secure fit and good seal are achieved. This will reduce blow-by at the top of the mask.
- **Perform Security Check**
A properly tied mask can be tested by checking the security of the ties and the nosepiece, and checking for blow-by.

Blow-by = the amount of air that escapes from the top, bottom, or sides of the mask due to improper fit on the face. Blow-by is reduced when the mask is donned properly.

Surgical Mask Removal

- Remove the mask by handling only the ties.
- Untie the bottom, then the top tie.
- Remove the mask from your face.
- Properly dispose of the mask by touching only the ties.

Appendix F: N95 Respirators

Putting on N95 Respirator

www.cdc.gov/h1n1flu/eua/pdf/n95instructions.pdf

Put the respirator on correctly: NOTE: Follow the instructions that come with the respirator. Manufacturer instructions for many NIOSH approved disposable respirators can also be found at: http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/



Position the respirator in your hands with the nosepiece at your fingertips.



Cup the respirator in your hand, with the nosepiece at your fingertips, allowing the headbands to hang freely below your hand.



Position the respirator under your chin with the nosepiece up. The top strap goes over your head, resting high at the top back of your head. The bottom strap is positioned around the neck and below the ears. The straps do not cross over one another. If there is only 1 headband, it should rest high at the back of your head.



Most disposable respirator models have a metal nose clip. Place your fingertips from both hands at the top of the metal nose clip. Slide your fingertips down both sides of metal nose strip to mold the nose area to the shape of your nose.

Checking Fit of N95 Respirator

www.cdc.gov/h1n1flu/eua/pdf/n95instructions.pdf

Always check your fit when you wear a respirator. There are two steps to assessing the fit.



First, place both hands completely over the respirator, then take a quick breath in to check whether the respirator seals tightly to the face. Be careful not to disturb the position of the respirator.



Next, place both hands completely over the respirator and exhale.



If during either step, air leaks around the nose, readjust the nosepiece as described above. If air leaks at the mask edges, work the straps back along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper fit and seal, ask for help from someone else, try a different size in that respirator model, or try a different respirator model. Different models of respirators may fit faces differently. Do NOT attempt to get a better fit by tying the straps into "knots" to shorten them.

Taking Off N95 Respirator

www.cdc.gov/h1n1flu/eua/pdf/n95instructions.pdf

When taking off a respirator

-  Front of respirator may be contaminated —DO NOT TOUCH! 1
-  Grasp bottom strap and pull over back of head without touching respirator, then with top strap and carefully remove 2
-  Discard in waste container and wash your hands thoroughly after removing the respirator. 3

WASH YOUR HANDS THOROUGHLY AFTER REMOVING THE RESPIRATOR


Appendix G: Facial (eye) Protection

www.bccdc.org/downloads/pdf/lab/reports/Infection_Control_In_Physician_Office_Final.pdf


Facial Protection Use Guide:

Masks type should be selected by intended use...


- A fluid resistant surgical or procedural mask should be worn to protect mucous membranes from splashes of body fluids.



- If protection is required from airborne or aerosolized pathogens then a NIOSH approved N95 respirator must be worn^{††}. Masks that meet this standard will have this printed on them.



- Eye protection can be provided with safety glasses, goggles or face shields.
- In any situation that a mask is worn as a barrier against exposure to blood or body fluids, eye protection should be worn as well.



- Prescription eyeglasses are not considered adequate eye protection.
- Eye protection should be cleaned if it has been contaminated with body fluids.

*Eye protection should be cleaned per manufacturer's recommendations, between each patient (wiping with alcohol is usually fine but it depends on the type of material glasses are made of), or disposed of.

Appendix H: Sequence for Putting on/Taking off PPE for Exposure to Body Fluids

SEQUENCE for PUTTING ON FULL PPE for Exposure to Body Fluids (not specific to ILI PPE)

Before entering exam room:

1. Wash hands or use alcohol-based hand rub
2. Gown first
3. Then put on surgical mask or N95 respirator
4. Put on goggles or face shield
5. Put on gloves

SEQUENCE for REMOVING FULL PPE (not specific to ILI PPE)

At doorway, before leaving patient room (but remove mask/respirator outside room):

1. Gloves off first
2. Remove gown and discard in appropriate receptacle
3. Hand hygiene
4. Use a paper towel to grasp door handle
5. Remove face shield or goggles
6. Remove surgical mask or N95 respirator
7. Hand hygiene

HOW TO PUT ON AND TAKE OFF Personal Protective Equipment (PPE)



How to put on PPE (when all PPE items are needed)



Step 1

- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



Step 2

- Put on a gown.



Step 3a

- Put on face shield.

OR

Step 3b

- Put on medical mask and eye protection (e.g. eye visor/goggles)



Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.



Step 4

- Put on gloves (over cuff).

How to take off PPE



Step 1

- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown

- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely



Step 2

- Perform hand hygiene



Step 3a

If wearing face shield:

- Remove face shield from behind
- Dispose of face shield safely



Step 3b

If wearing eye protection and mask:

- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely



Step 4

- Perform hand hygiene

Appendix I: General Cleaning Instructions

Careful vigorous cleaning of environmental surfaces is effective in removing many contaminants from surfaces.

Damp rather than dry dusting or sweeping should be performed, whenever possible.

Vacuum cleaners, equipped with exhaust filters, preferably HEPA filters, should be used on carpeted areas. Expelled air from vacuum cleaners should be diffused so that it does not aerosolize dust from unclean surfaces. Built-in vacuums are ideal. (N.B. This is more important for norovirus, which can remain infectious in carpets for weeks, than it is for influenza.)

During wet cleaning, cleaning solutions and the tools with which they are applied soon become contaminated. Therefore, a routine should be adopted that does not redistribute microorganisms. This may be accomplished by cleaning less heavily contaminated areas first and also by changing cleaning solutions and cloth/mop heads frequently.

Wet mopping is most commonly done with a double-bucket technique, i.e., one bucket for soil, one for rinsing. This technique extends the life of the solution because fewer changes are required. When a single bucket is used, the solution must be changed more frequently because of increased soil.

Tools used for cleaning and disinfecting must be cleaned and dried between uses.

Mop heads should be laundered daily. All washed mop heads must be dried thoroughly before storage or reuse.

SAMPLE CLEANING SCHEDULE				
Week of _____		Exam Room Number _____		
	Check each time cleaned (AM)	Midday cleaning	Check each time cleaned (PM)	End of day cleaning
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Appendix J: Disinfectants

BC Centre for Disease Control (2004)

www.bccdc.org/downloads/pdf/lab/reports/Infection_Control_In_Physician_Office_Final.pdf

INTERMEDIATE LEVEL DISINFECTANTS:

Disinfectant/Use	Advantages	Disadvantages
<p>Alcohols (Ethanol preferred as works against both influenza and norovirus)</p> <p>Intermediate level disinfectant</p> <p>Disinfect thermometers, external surfaces of some equipment</p>	<p>Fast acting</p> <p>No residue</p> <p>Non staining</p>	<p>Volatile</p> <p>Evaporation may diminish concentration</p> <p>May harden rubber or cause deterioration of glues</p> <p>Intoxicating</p>
<p>Chlorine</p> <p>Intermediate level disinfectant</p> <p>Disinfect environmental surfaces (1:50 bleach)</p> <p>Following blood spills; (1:10 bleach) used to decontaminate area after blood has been removed</p>	<p>Low cost</p> <p>Fast acting</p> <p>Readily available in non hospital settings</p>	<p>Corrosive to metals</p> <p>Inactivated by organic material</p> <p>Irritant to skin and mucous membranes</p> <p>Use in well-ventilated areas</p> <p>Shelf life shortens when diluted</p>

LOW LEVEL DISINFECTANTS:

Disinfectant/Use	Advantages	Disadvantages
<p>Hydrogen peroxide</p> <p>Low level disinfectant (3%)</p> <p>High level disinfectant (6%)</p>	<p>Strong oxidant</p> <p>Fast acting</p> <p>Breaks down into water and oxygen</p>	<p>Can be corrosive to aluminum, copper, brass or zinc</p> <p>Surface active with limited ability to penetrate</p>
<p>Phenolics</p> <p>Low/intermediate level disinfectants</p> <p>Clean floors, walls and furnishings</p>	<p>Leaves residual film on environmental surfaces</p> <p>Commercially available with added detergents to provide one-step cleaning and disinfecting</p>	<p>Do not use in nurseries</p> <p>Not recommended for use on food contact surfaces</p> <p>May be absorbed through skin or by rubber</p> <p>Some synthetic flooring may become sticky with repetitive use</p>

To achieve a level of at least 100 ppm of residual chlorine with household bleach, 2 mL of household bleach should be added for every liter of water. Bleach solutions should be freshly mixed before use.

Appendix K: General Telephone Welcome Message

“You have reached XXXX Pharmacy. Please listen to the following options before making a selection.

If you are calling to refill a prescription, please press <1>;

If you are calling due to general questions about influenza H1N1, please press <2>;

If you are planning to visit the pharmacy and you have or have had a fever and a cough, please press <3>”;

If you are calling for information regarding flu vaccine clinics being held at XXX pharmacy, please press <4>;

If you are calling for information regarding the availability of antiviral medication, please press <5>;

If you would like to speak directly to a pharmacist please press 0.

Then, as appropriate, depending on number entered by patient:

<1> To refill a prescription please enter....XXXX (pharmacy specific); if you would like your prescription delivered please press XXX (pharmacy specific)

<2> For up-to-date information on H1N1 flu or to report an adverse reaction to H1N1 flu antiviral treatment, please visit HealthLink BC or call 8-1-1 or visit HealthLink BC: <http://www.healthlinkbc.ca/kbaltindex.asp>

<3> Please be advised that at the store entrance masks and alcohol based hand rubs are available. **Please use alcohol-based hand rub and put on a mask before proceeding into the pharmacy area.**

<4> Seasonal flu vaccine clinics will be held on XXXX from XXXX. H1N1 flu vaccine clinics will be held on XXXX from XXXX

<5> XXX pharmacy currently stocks XXXX antiviral medications

Appendix L: Infection Control for Community Pharmacies Q & A

How do I protect myself and my staff?

“Get masks on coughing patients ASAP!” and “Don’t touch your face eyes, nose or mouth!”
Wash your hands
Stay home if you are sick
Get vaccinated (annual influenza and H1N1 vaccines, and pneumococcal vaccine if over 65 years or chronic health problems)
Separate sick patients from dispensary staff by 2 metres
Wear a surgical mask when within 2 metres of patients who are coughing or sneezing

How do I protect my working environment?

Space waiting area chairs apart
Change or cover cloth seats
Clean twice a day
Remove shared items from waiting area such as magazines and toys
Keep sick patients with cough and fever in surgical masks, and in a separate waiting area
Have tissues available and lidded non-touch wastebaskets for soiled tissues and used surgical masks

How do I protect my patients and clients?

Post signage so they know what to do and where to proceed
Update your H1N1 communications using:
Your pharmacy website
Your telephone message
The provincial government H1N1 websites at: <http://www.gov.bc.ca/h1n1/> and
<http://www.health.gov.bc.ca/pandemic/response/>
HealthLink BC website at: <http://www.healthlinkbc.ca/kbaltindex.asp>
Public Health Agency of Canada website at: <http://www.fightflu.ca>

Provide options and defer non-essential services such as diabetes or asthma teaching
Pharmacist initiated prescription renewals
Longer prescriptions for stable patients
Refill reminders
Delivery service

Provide hand sanitizer and surgical masks
Provide or recommend vaccination to eligible patients