



A Guide to the Provision of Pharmacy Services in Long-Term Care Homes during the COVID-19 Pandemic



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Overview:

This **Guide** is intended to help provide a framework for pharmacy professionals servicing long-term care homes to navigate delivery of pharmacy services during the COVID-19 pandemic. Pharmacy service providers are encouraged to work with the licensees of the long-term care homes to determine which services are deemed necessary, based on the external environment and Public Health recommendations in specific geographical locations.

The following areas will be addressed in this reference guide:

1. [Participation on an interdisciplinary team](#)
2. [Conducting audits to evaluate the medication management system](#)
3. [Participation in drug destruction](#)
4. [Documentation of medication reviews](#)
5. [Deliveries and Returns](#)
6. [In-service Education/Communication](#)

Background:

Ontario's *Long-Term Care Homes Act, 2007* and Ontario Regulation 79/10 requires the participation of the contracted pharmacy service provider in several activities typically conducted on-site at the long-term care home, including:

- Participation on an interdisciplinary team to perform a **quarterly** evaluation of the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system
- Participation on an interdisciplinary team to perform an **annual** evaluation of the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system
- Development of audit protocols for the pharmacy service provider to evaluate the medication management system
- Participation in drug destruction and disposal if required by the licensee's policy
- Documentation, at least quarterly, of a reassessment of each resident's drug regime
- Participation, as part of a team, with one member of the registered nursing staff appointed by the Director of Nursing and Personal Care to destroy controlled substances in accordance with applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)

Pharmacy Services:

1. Participation on an interdisciplinary team

Pharmacist participation in interdisciplinary team meetings (e.g., PAC, P&T, Infection Control Committee, Falls Committee) should be done through virtual means such as via teleconference or videoconference. It should be noted that the provision of this service set out in the Regulation does not need to be conducted on-site.

2. Conducting audits to evaluate the medication management system

Audits that must occur on-site at the long-term care home can be deferred until a later time as agreed upon between the licensee of the home and the pharmacy service provider or until the pandemic is over. On-site audits are discouraged when the home is in active outbreak, as declared by Public Health.

3. Participation in drug destruction

Pharmacy service providers are encouraged to work with licensees of long-term care homes to securely store medications that are to be disposed of. It should be noted that the Regulation does not indicate a timeline in which the medications and controlled substances must be destroyed.

During the pandemic, to ensure the ongoing safety and health of consultants and residents, consultant pharmacists conducting on-site medication destruction should:

- Adhere to the recommendations of the local public health authority and connect with the home prior to the visit to ensure compliance with their visitor's policy.
- Follow the home's infection prevention and control policies and procedures, including donning appropriate PPE prior to entering the home.
- Undergo a point of care rapid antigen test prior to entry into the home as per the memo from the Deputy Minister dated January 8th, 2021 (frequency of testing will be dependent on the number of visits to the home).
- Complete medication destruction in a room close to an entrance, if possible, to minimize the pharmacist's travel through the home.

In exceptional circumstances, at the discretion of the pharmacy service provider and licensee of the LTC home, a consultant pharmacist may witness the medication destruction through virtual videoconferencing along with the Director of Nursing and Personal Care and an appointed registered member of the nursing staff or two members of

the registered nursing staff appointed by the Director of Nursing and Personal Care. However, it is important to note that the guidance from Health Canada's Controlled Substances Directorate (CSD) requires individuals to be present to witness the local destruction of controlled substances. If implementing this option, some points to consider include, but are not limited to:

- Documenting the rationale for the deviation from established protocols for medication destruction, including the reason a consultant pharmacist was not able to visit the home.
- Ensuring a private and secure video connection.
- Ensuring a clear visual and appropriate positioning of the camera to witness the entire destruction process.
- Completing the required documentation (e.g., obtaining the pharmacist's signature) through fax transmission.

4. [Documentation of medication reviews](#)

To ensure the continued safety and well-being of residents and staff, consultant pharmacists may need to pivot from providing on-site clinical services to virtual ones. Where medication reviews are enabled through access to electronic resident records, documentation should be done through virtual means. If this is not feasible and the medication review is deemed to be medically necessary, pharmacists may visit the home and follow all screening and infection control protocols at the home.

During the COVID-19 pandemic, pharmacists may wish to facilitate medication optimization reviews to reduce residents' pill burden and streamline medication administration to minimize medication passes which would improve infection control and reduce nursing workload. Some resources to assist with deprescribing during COVID-19 include:

- [Optimizing Medication Management during the COVID-19 Pandemic: Implementation Guide for Post-Acute and Long-Term Care](#)
- [Field Guide to Reduce Medication Burden During COVID-19](#)

5. [Deliveries and Returns](#)

As drug delivery from the pharmacy service provider is an essential service to the long-term care home, all necessary precautions should be taken to ensure the continued safety and well-being of residents and staff. Delivery personnel should be appropriately educated on proper infection control protocols, and deliveries should occur through a

single point of contact, be touchless, and the delivery personnel should not enter the home. When the delivery personnel arrives at the home, they should be instructed to call the nurse, confirm by phone and document the details of the nurse retrieving the medication (name, ID), place the delivery at the door, wait for the nurse to retrieve the medication, and document the reason for not obtaining a signature. Delivery packaging should be disposable and should not be returned to the pharmacy whenever possible. Any relevant paperwork should be faxed to the pharmacy rather than returned via the delivery personnel.

6. [In-service Education/Communication](#)

In response to the pandemic, all licensees of long-term care homes should be focused on providing essential services and urgent care needs of their residents in order to prevent, mitigate, and contain COVID-19. Where it is deemed urgent or essential, in-service education delivered by pharmacy service providers should be done through virtual technology such as videoconferencing.

Additional Resource:

[COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007](#)