HSE National Drug Treatment Centre Pharmacy Department

COVID 19 Pharmacy SOP for clients in isolation
Dispensing medication for clients in Isolation during COVID-19 from second floor pharmacy.

Prepared by: Mary Egan, Ellen Martin

Effective from: 10.04.2020

Version: 0.001

Date of next review:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td></td>
<td>Mary Egan, Ellen Martin</td>
<td></td>
</tr>
</tbody>
</table>

SOP for dispensing medication for clients in Isolation during COVID-19 from second floor pharmacy in the NDTC.

Ownership
Pharmacy Department

Reviewed by Chief II Pharmacist

Approved by:
1. General manager
2. Consultant group

Signatures _____ Mary Egan
Ellen Martin

Title of Signature/Approver
Mary Egan

Effective from: 10/04/2020

Revision due: Ongoing

Document history: Version 1
This SOP is version 1 and will be due for review on a weekly basis or more frequently due to the evolving situation in the current Covid 19 pandemic. The owners will review it during this time as necessary to reflect any changes in best practice, law and organisational professional or academic change.

1. **Distributed** – Distributed to all relevant members of the CDCl team.

2. **Introduction/Background**- This SOP continues co-ordination, management and dispensing medication for clients in Isolation during COVID-19 from second floor pharmacy in the NDTC

3. **Scope**- The scope of this SOP pertains to the dispensing/transfer medication for clients in Isolation to isolation units during COVID-19 from second floor pharmacy in the NDTC.

4. It is co-ordinated by the Chief II Pharmacist at the NDTC and supported by members of the Pharmacy team.

5. **Procedure**-
   - Joe Merry, Community Mental Health Nurse (CMHN), will email requests for medication supply to the Pharmacist/s on duty. He will indicate the client chart number, number of days supply and the start date of the requested medication supply
   - The Pharmacist will email/ contact a Doctor on the relevant team with the relevant forms for completion to quicken the process and to ensure the Doctor is satisfied to authorise the supply.
   - All Rx’s for CD2, CD 4 part 1 and Z drugs can be written and signed by the prescriber and the pharmacy will accept either a scanned copy or paper copy of the RX as per latest joint guidance produced by the PSI, Medical Council and the HSE.

See attached below.

- The Pharmacist on duty will print labels from the pharmacy office (currently the only label printer)
- Methadone dispensed will be taken from the Nurses’ stock to eliminate any room for error when balancing the daily issues and daily reconciliation forms at the end of the day.
- The pharmacist will return the methadone drums to the Nurses’ stations after lunch and will enter and sign the quantity dispensed on the Daily Issue for that day.
- Broken packs of medication will be stored in the pharmacy on the shelf above the computer.
- The Pharmacy Technician will fill the medication prescription as per pharmacist labels and instructions. The medication will be supplied either in blister packs or in daily clear plastic bags labelled accordingly. The pharmacist on duty will check all dispensed medication.

- All methadone dispensing must be poured and checked by a pharmacist.

- Arrangements post COVID-19: All broken packs will be brought to ground or forth floor nurses station after the COVID-19 public health crisis. In this way the dispensary will return to unbroken stock only.

- CD2, CD4 part 1 and Benzodiazepines prescriptions will be kept in the CD folder in the pharmacy office.

- The pharmacist retains responsibility for the safe dispensing of OST and other medications to our clients in isolation. Once the medications are ready for collection, a member of the pharmacy team will contact our CMHN who will collect the medications from the second floor pharmacy room.

**Patient tracker Document**

The patient tracker document will be updated every morning by our CMHN and sent to all members of the clinical team. Please see below the headings contained within the patient tracker document.

**Patient Tracker Document**

![Patient tracker document.xlsx](image)

**Different scenarios**

**In the absence of a Pharmacist**

- Medications and methadone must be dispensed from the Nurses’ station on either the ground or fourth floor

**In the absence of the CMHN**

- A General Assistant will drive and accompany a Nurse with the medications for delivery. We currently have three General Assistants approved for this task.

**CMHN is off site and a client presents with symptoms**

- The client can access the clinic through Amicus on the ground floor. A member of the team will be contacted and the client dealt with promptly.

- The client will receive 1 x day supply of medication for that day. The CMHN will then take over the collection and delivery of the medications thereafter once authorised and sanctioned by the medical team.
CMHN is off site and medications due for collection

- An agreed collection arrangement will be made between the CMHN and the nominated person from the designated agency.
- All medications for collection will left in the Ground Floor Nurses station
- The person must show ID on arrival at the clinic and the Nurse must be satisfied with entrusting the medication to their care.
- A disclaimer must be signed between the nominated person and the Nurse when handing over the medications for collection.

See below form for completion by all parties involved in delivery of methadone+/- other medication to patient.

Form for completion by all parties involved in delivery of methadone+/- other medication to patient.
I……………keyworker……………………at the request of Dr………………X………………accept responsibility for:

Methadone 1mg/ml and ____ one week supply of medication ________________________________
dispensed to………………patient name……………………………………………………………………

I understand and have been explained the following by the Nurse

- Methadone is a controlled drug.
- Methadone is not to be taken by anyone other than the person for whom it is prescribed and at the daily dose prescribed.
- Methadone must be kept in a locked cupboard away from children.
- Methadone is lethal in small doses to children, people who do not take opiates and can be lethal in overdose or in combination with other drugs.
- If I require further information on the medical history of the patient named above, I can discuss this with the patient’s doctor.

I have been given __7 x 60mls (420mls)__ mls of Methadone;

- In child resistant container(s).
- With a measure.

Date: ______Date of collection___

Signed ………………………………………………….. Nurse

Witnessed ……………………………………………… Designated person

Please see below examples of the necessary Rx forms to be completed by the Dr and remember a scanned copy will suffice.
Please see below example of a Methadone prescription

<table>
<thead>
<tr>
<th>Prescription details</th>
<th>Drug Name, Form and Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date prescribed</td>
<td>Methadone 1mg / 1ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Dosage</th>
<th>Number of Days at Dose</th>
<th>Total (QTY) (In Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/04/20</td>
<td>08/04/20</td>
<td>70mg</td>
<td>7</td>
<td>490</td>
</tr>
</tbody>
</table>

Total in words: Four hundred & ninety milligrams

Doctor's Name: Anne Andrews
Doctor's Signature: [Signature]
Registration Number: 1151
Please see below example of a Suboxone prescription

For example- Suboxone Dose: 12mg. This will require 2 x separate Rxs for 8mg and 2mg. See below.

<table>
<thead>
<tr>
<th>Prescription details</th>
<th>Drug Name, Form and Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date prescribed</td>
<td></td>
</tr>
<tr>
<td>01/04/20</td>
<td>Suboxone 8mg S/L Tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Dosage (Qty per day)</th>
<th>Number of Days at Dose</th>
<th>Total (QTY) (In Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/04/20</td>
<td>08/04/20</td>
<td>8mg</td>
<td>7</td>
<td>56 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription details</th>
<th>Drug Name, Form and Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date prescribed</td>
<td></td>
</tr>
<tr>
<td>01/04/20</td>
<td>Suboxone 2mg S/L Tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Dosage (Qty per day)</th>
<th>Number of Days at Dose</th>
<th>Total (QTY) (In Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/04/20</td>
<td>08/04/20</td>
<td>4mg</td>
<td>7</td>
<td>28 mg</td>
</tr>
</tbody>
</table>

Total in words: Eighty four milligrams

Doctor’s Name: Anne Andrews

Doctor’s Signature: [Signature]

Registration Number: 11151
Please see below example of a CD4 (Diazepam) prescription

<table>
<thead>
<tr>
<th>Prescription details</th>
<th>Drug Name, Form and Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date prescribed</td>
<td>Diazepeam 10mg tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Dosage (Qty per day)</th>
<th>Number of Days at Dose</th>
<th>Total (QTY) (In Figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/04/20</td>
<td>08/04/20</td>
<td>10mg</td>
<td>7</td>
<td>70mg</td>
</tr>
</tbody>
</table>

Total in words: Seventy milligrams

Doctor's Name: Anne Andrews
Doctor's Signature: [signature]
Registration Number: 11151