Outpatient MTF Pharmacy Guidance Based on HPCON

SITUATION	HPCON	HEALTH PROTECTION MEASURES	MTF PHARMACY GUIDANCE
ROUTINE	**0**	Routine: Normal operations, no community transmission	1. Review and test contingency operation plans as directed by installation command or at least annually identify mission essential personnel AND alternates who must report to duty during an outbreak, and update as necessary with personnel changes or at least annually, and test call-back procedures per local policy 2. Identify mission essential personnel AND alternates who must report to duty during an outbreak and update the roster as personnel changes occur or at least annually 3. Identify tasks and functions that can be completed virtually or via telework/remote access and ensure capability for remote access is secured Identify tasks and functions that can be completed virtually or via telework/remote access and ensure capabilities are secured 4. Provide the full range of pharmacy services while following routine public health protection measures to ensure staff and patient safety

LIMITED	**A**	Limited: There are instances of people who have been infected, including some who may not be sure how or where they became infected	1. Review and revise contingency operation plans to include contingency plans to backfill if a member of the Pharmacy staff is quarantined or infected (see CDC mitigating staffing shortages guidelines)
			2. Ensure Pharmacy Leadership is engaged with MTF Directors to discuss any potential changes to operations
			3. Ensure Pharmacy Leadership is engaged with medical and nursing staff leadership to discuss any potential changes to operations and how to communicate those changes effectively to patients
			4. Promote the use of mail order and network retail pharmacies (remind patients that copays apply for non-AD)
			   a. Leverage MTF Rx Transfers to Home Delivery when possible
			   b. Consider using the Home Delivery Social Media Toolkit
			   c. To educate beneficiaries or providers on the TRICARE Pharmacy Benefit, MTF Pharmacy leadership can submit a request by email to ExpressScripts-MTFPharmacyTeam@express-scripts.com including information about specific topics and resources they are interested in using. Remind beneficiaries that the benefit design may be temporarily changed should certain medications become limited in the market.
			5. Collaborate with PAO on social media messaging targeting any change in pharmacy process as well as education on the Tricare Pharmacy benefit
			6. Pharmacists and pharmacy technicians will wear a facemask while they are in the pharmacy for source control in accordance with CDC guidelines (see strategies for optimizing PPE supplies)
			7. Encourage all prescribers to submit prescriptions electronically, or if permitted by the site, telephonically
			8. Leverage virtual Pharmacy when possible (e.g. Clinical Pharmacy appointments, tele-pharmacy, etc.)
			9. Leverage technology (e.g. queueing and prescription activation) to minimize patient time spent in pharmacy waiting areas to minimize disease transmission
			10. Use COVID-specific infection control practices in coordination with the local infection control office for cleaning high touch areas (i.e., kiosks), waiting rooms, patient care areas, and pharmacy work areas
			   a. Provide hand sanitizer containing at least 60% alcohol on counters for use by patients
			   b. Have sufficient and easy access to soap and water or hand sanitizer for staff
			   c. Do not use of magazines and other shared items in pharmacy waiting areas
			11. Consider using modified patient care and waiting areas to limit vulnerabilities; pharmacy staff should avoid touching objects that have been handled by patients when possible
			   a. If transfer of items must occur, pharmacy staff should wash their hands afterwards with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol
			   b. Use touchless processes for scanning patient ID cards
			   c. Consider removing signature pads and signature requirements
			   d. Adhere to social distance guidance. Use signage/barriers and floor markers to instruct waiting patients to remain 6 feet back from the counter, from other patient interfaces, and from other patients and pharmacy staff.
			12. Use outreach methods (e.g. text or automated telephone messages) to require contagious patients to stay home and send a well family member or friend to pick up their medicine

MODERATE	**B**	Moderate: People have been infected with the virus in more than one location, but how and where they became infected may not be known	1. If possible, limit pharmacy waiting room access to a single point for patients, separate from the staff entrance. Otherwise, create a clear path from the main door to the pharmacy, with partitions or other physical barriers (if feasible), to minimize contact with other patients and pharmacy staff.
			2. Leverage virtual Pharmacy when possible (e.g. Clinical Pharmacy appointments, tele-pharmacy, etc.)
			3. Leverage technology (e.g. queueing and prescription activation) to minimize patient time spent in pharmacy waiting areas to minimize disease transmission
			4. Modify patient care and waiting areas to limit vulnerabilities
			   a. Use touchless processes for scanning patient ID cards
			   b. Do not use signature pads and remove signature requirements if possible
			   c. Adhere to social distance guidance (e.g. at least 6 feet apart) to include furniture movement if necessary
			5. Use strategies to minimize close contact between pharmacy staff and patients and between patients
			   a. Limit the number of patients in the pharmacy at any given time to prevent crowding

			b. Use signage/barriers and floor markers to instruct waiting patients to remain 6 feet back from the counter, from other patient interfaces, and from other patients and pharmacy staff
			c. Where possible, install a section of clear plastic at the patient contact area to provide barrier protection (e.g., Plexiglas type material or clear plastic sheet). Configure with a pass-through opening at the bottom of the barrier for people to speak through or to provide pharmacy items.
			6. Implement contingency operation plans
			a. Authorize early refills for patients where appropriate
			1) CHCS sites should consider lowering site specific refill parameters (e.g. 50% of day supply vs. 75%)
			2) MHS Genesis sites should use the designated COVID-19 override code
			b. Develop plan to accommodate high risk patients (e.g. provide curbside services, designate alternate medication pickup locations, designate alternate individual to pick up medications for patient, use runners to deliver medications, designate hours for patients 60 years old or older, etc.)
			c. Work with MTF leadership to establish manpower support for physical security, social distancing, curbside services, or alternate medication pickup options as required
			d. Develop plan to manage workload and reduce prolonged congregation of patients in a single area (e.g. auto-batch fills, implement prescription drop-off and pick-up only services, extend refill pick up times)
			e. Develop plan to asses risks (patient safety, physical safety, standard of care, etc.) vs. benefits (decreased disease transmission in unknown and highly elevated environments, etc.) associated with contingency operations (e.g. curbside services) and communicate risks to MTF Director.
			f. Patient safety considerations should include potential increased handoffs and communication risks, utilization of non-pharmacy personnel dispensing medications, accountability of controlled substances, near miss errors, inherent risks of new processes and weakening or removal of safety steps, impacts of chronic staff fatigue, impacts of workload increases, procedures that increase staffing required, etc.
			g. Physical Safety consideration should include Security Forces assessment of risk, deviation from DoD and individual Service or installation Force Protection standards, weather or temperature related risks, traffic flow risks and related frustration, conflict potential concerning patient medications, policies, procedures, etc.
			h. Standard of Care consideration should include availability of pharmacist counseling at the point of dispensing, availability of electronic health record and supporting technology during patient interaction, non-pharmacy staff incorporated into medication dispensing processes
			7. Use outreach methods (e.g. text or automated telephone messages) to require contagious patients to stay home and send a well family member or friend to pick up their medicine
			8. Develop a staffing plan that limits staff exposure/risk in accordance with CDC mitigating staffing shortages guidelines (e.g. staggered shifts, split staff models with "A" and "B" schedules, using enhanced PPE, etc.)
			9. Develop a plan in conjunction with MTF Directors to implement COVID screening processes (e.g. questionnaires, etc.) at all pharmacy locations, including satellites and possible off-base locations
			10. Develop a plan of action with local leadership to divert non-AD and non-AD family members to other points of service (e.g. network retail and home delivery) if required
			11. Keep local, DHA Pharmacy Market, and Service leadership informed of pharmacy services degradation and possible supply chain disruptions
			12. Email the Customer Pharmacy Operations Center (CPOC) Support e-mail at CPOC@dla.mil with pharmaceutical supply chain concerns
			13. MTF Commanders may consider diverting non-AD/non-ADFM to mail Order and network retail pharmacies, based on local conditions and in conjunction with the POD and Pharmacy Benefit Manager
			a. Distribute approved information to patients directing the use of mail order and network retail pharmacies
			b. Consider how to handle refills currently left on pharmacy shelves if services are diverted and pharmacist availability/access (e.g., dedicated phone line) for transfers
			c. Update AudioCare messaging upon any change in status (provide date changed in the message)
SUBSTANTIAL	**C**	Substantial: People have been infected with the virus in more than one location but how and where they became infected may not be known, and the spread is ongoing	1. Significantly restrict access to MTF Pharmacy Lobby 2. Maximize technology (e.g. queueing and prescription activation) to minimize patient time spent in pharmacy waiting areas to minimize disease transmission 3. Keep local, DHA Pharmacy Market, and Service leadership informed of pharmacy services degradation and possible supply chain disruptions 4. Implement a staffing plan that limits staff exposure/risk (e.g. staggered shifts, split staff models with "A" and "B" schedules, etc.) 5. Implement COVID screening processes (e.g. questionnaires, etc.) at all pharmacy locations, including satellites and possible off-base locations 6. Use strategies to minimize close contact between pharmacy staff and patients and between patients 7. Use outreach methods (e.g. text or automated telephone messages) to require contagious patients to stay home and send a well family member or friend to pick up their medicine 8. Implement prescription drop off and pick-up only services 9. Ensure capability for pharmacy staff to transfer prescriptions to alternate points of service if necessary 10. Make every effort to use telephone, telehealth, or tele-pharmacy strategies for clinical pharmacy services

				11. MTF Facility and Pharmacy access may be significantly curtailed as determined by Command or Higher Headquarters (e.g. Urgent and initial prescriptions only for patients seen at MTF). MTF Commanders are authorized to divert non-AD/non-ADFM to mail Order and network retail pharmacies, based on local conditions and in conjunction with the POD and Pharmacy Benefit Manager
				   a. Distribute approved information to patients directing the use of mail order and network retail pharmacies
				   b. Consider how to handle refills currently left on pharmacy shelves if services are diverted and pharmacist availability/access (e.g., dedicated phone line) for transfers
				   c. Update AudioCare messaging upon any change in status (provide date changed in the message)

SEVERE	**D**		Severe: People have been infected with the virus in more than one location, but how and where they became infected may not be known; the spread is ongoing and includes the majority of regions	1. MTF Facility and Pharmacy access may be significantly curtailed as determined by Command or Higher Headquarters (e.g. Urgent and initial prescriptions only for patients seen at MTF)
				   a. Work with local PAO to communicate status to the community and provide clear signage in pharmacy access points and waiting areas
				   b. Update AudioCare messaging upon any change in status (provide date changed in the message)
				   c. Ensure capability for pharmacy staff to transfer prescriptions to alternate points of service
				   d. Consider patient-centered needs for transfer of prescriptions
				   e. Postpone or reschedule routine clinical pharmacy services that require face to face encounters

Outpatient MTF Pharmacy Guidance Based on Staffing Level

	STAFFING LEVEL (compared to pre-COVID staffing schedule)	MTF PHARMACY GUIDANCE
GREEN	80-100%	1. Provide the full range of pharmacy services appropriate to the current HPCON level while following routine public health protection measures to ensure staff and patient safety 2. Make sure that pharmacy staff who have fever, respiratory symptoms, or other symptoms that may be due to COVID-19 stay home and away from the workplace until they have recovered (see CDC Interim Guidance Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection) 3. Ensure that employees are aware of and understand the available leave policies 4. Review CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages
AMBER	50-79%	1. Implement contingency operation plans 2. Work with local leadership to divert non-AD and non-AD family members to other points of service (e.g. network retail and home delivery) if required 3. Work with local PAO to communicate status to the community and provide clear signage in pharmacy access points and waiting areas 4. Update AudioCare messaging upon any change in status (provide date changed in the message) 5. Ensure capability for pharmacy staff to transfer prescriptions to alternate points of service 6. Consider patient-centered needs for transfer of prescriptions
RED	<50%	1. MTF Pharmacy access may be significantly curtailed or unavailable 2. Work with local leadership to divert non-AD and non-AD family members to other points of service (e.g. network retail and home delivery) if required 3. Work with local PAO to communicate status to the community and provide clear signage in pharmacy access points and waiting areas 4. Update AudioCare messaging upon any change in status (provide date changed in the message) 5. Ensure capability for pharmacy staff to transfer prescriptions to alternate points of service 6. Consider patient-centered needs for transfer of prescriptions

Defense Health Agency (DHA) Pharmacy Operations Division (POD) Guidance to Military Medical Treatment Facility (MTF) Outpatient Pharmacies during the 2019 Novel Coronavirus (COVID-19) Pandemic

The role of the DHA during the 2019 Novel Coronavirus (COVID-19) pandemic is to support the Military Medical Treatment Facilities (MTFs), Markets, Combatant Commands, and the Joint Staff. The MTFs (hospitals and clinics) are at the front lines of responding to Coronavirus cases within their respective Areas of Operation. The DHA's focus is to ensure our MTFs are armed with the latest guidance to prepare our healthcare teammates and care for our patients as we preserve the fighting force. To that end, the DHA Pharmacy Operations Division (POD) provides this guidance for the various Health Protection Condition (HPCON) Risk Levels and potential staffing degradation in response to the Coronavirus health threat. This document can be used to prepare for elevation of HPCON risk level, or to transition to a lower level of risk as local situations improve. The HPCON risk levels build upon each other. As the HPCON risk levels increase, it is understood that processes in the lower levels of risk will be followed and augmented by new or changing information provided in the next level(s).

The HPCON Risk Levels are as follows:
- 0 – Routine, No community transmission
- Alpha – Limited, Community transmission beginning
- Bravo – Moderate, Increased community transmission
- Charlie – Substantial, Substantial community transmission
- Delta – Severe, Widespread community transmission

The Pharmacy Staffing Levels (as compared to pre-COVID staffing schedule) are as follows:

- Green – Routine, 80-100% of staff available
- Amber – Moderate, 50-79% of staff available
- Red – Severe, <50% of staff available

During HPCON 0, MTF Pharmacy Leaders (Pharmacy Leaders) along with their teams will review and test contingency of operation plans (COOP) as directed by the installation command or annually to include identifying mission essential personnel and alternates who must report to work in the event of escalation of HPCON Risk Levels. These rosters must be updated as personnel changes occur to reflect staff turnover. Pharmacy Leaders must identify the tasks and functions that can be completed virtually or via telework/remote access and ensure the capability for remote access is secured (e.g. laptop computers are available for key staff to include clinical pharmacists, VPN access is available if required, etc.). MTF Pharmacies will provide the full range of pharmacy services while following routine public health protection measures to ensure staff and patient safety.

When the MTF is in HPCON Alpha, MTFs should review and revise contingency operation plans to include contingency plans to backfill if a member of the Pharmacy staff is quarantined or infected (see CDC mitigating staffing shortages guidelines). Pharmacy Leaders should consider ways to move patients and prescriptions out of the MTF when possible. Ensure Pharmacy Leaders are engaged with MTF Directors to discuss any potential changes to operations and that medical and nursing staff leadership are engaged to discuss any potential changes to operations and how to communicate those changes effectively to patients. Encourage the Pharmacy staff and providers to actively promote the use of mail order and retail pharmacies. Remind beneficiaries that copays apply for non-Active Duty. Leverage direct MTF prescription transfers to Home Delivery if available at your facility. Ensure collaboration between the Pharmacy Team and Public Affairs Office (PAO) on social media, messaging to help patients understand what to expect when they come to the pharmacy, if any process changes are implemented. Providing education on the Tricare Pharmacy benefit is also essential. Remind beneficiaries that the benefit design may be temporarily changed should certain medications become limited in the market. Additionally, ensure the pharmacy is fully funded to support local purchases of medications and supplies. All prescribers should be encouraged to submit prescriptions electronically, or if allowed by local policy, via telephone.

Pharmacy staff interacting directly with patients should follow CDC guidance for the donning of personal protective equipment (PPE) including wearing a facemask when in the pharmacy for source control (see strategies for optimizing PPE supplies). Leverage virtual clinical pharmacy appointments and tele-pharmacy options to reduce staff exposure for services that do not require face to face encounters. Leverage technology (e.g. queuing and prescription activation) to minimize patient time spent in pharmacy waiting areas to minimize disease transmission. Follow COVID-specific infection

control practices in coordination with the local infection control office for cleaning high touch areas, waiting rooms, patient care areas, and pharmacy work areas. Hand sanitizer containing at least 60% alcohol should be available on counters for use by patients and there should be sufficient and easy access to soap and water or hand sanitizer for staff. Magazines and other shared items should not be available in pharmacy waiting areas. Use outreach methods (e.g. text or automated telephone messages) to require contagious patients to stay home and send a well family member or friend to pick up their medicine. Finally, POD recommends working with your MTF Leadership to consider modifications in pharmacies and waiting areas to limit vulnerabilities (e.g. touchless processes for scanning patient ID cards and removing signature pads, and signature requirements). MTF Pharmacies should adhere to social distancing guidance and use signage/barriers and floor markers to instruct waiting patients to remain at least 6 feet back from the counter, and from other patient interfaces, and from other patients and pharmacy staff.

During HPCON BRAVO, MTF Commanders should consider limiting hospital/clinic access to separate pharmacy and staff entrances which may involve patient flow considerations. The pharmacy patient care and waiting areas should be modified to limit vulnerabilities (e.g. touchless processes for scanning patient ID cards and removing signature pads and signature requirements) and permit adherence to social distancing guidance and use signage/barriers and floor markers to instruct waiting patients to remain at least 6 feet back from the counter, and from other patient interfaces, and from other patients and pharmacy staff. This may include the removal of furniture such as chairs in the waiting area. MTF Pharmacies should use strategies to minimize close contact between pharmacy staff and patients and between patients. This may include limiting the number of patients in the pharmacy at any given time to prevent crowding and using signage/barriers and floor markers to instruct waiting patients to remain 6 feet back from the counter, from other patient interfaces, and from other patients and pharmacy staff. Where possible, MTF Pharmacies should install a section of clear plastic at the patient contact area to provide barrier protection (e.g., Plexiglas type material or clear plastic sheet). This should be configured with a pass-through opening at the bottom of the barrier for people to speak through or to provide pharmacy items.

Pharmacists and pharmacy technicians will always wear a facemask while they are in the pharmacy for source control in accordance with CDC guidelines. Consider requiring patients to drop off prescriptions with mandatory pick up at alternate times/locations, extended refill pick up times, auto-batching fills, etc. Prioritize acute and emergent/urgent prescription needs with medical staff. Medical staff should also be encouraged to market retail/home delivery to their patients. Increased PAO involvement for ANY pharmacy changes will be essential. Promote home delivery prescription options at all opportunities (e.g. virtual town halls, installation website). Provide command resources including but not limited to PAO, security, infection control, support staff/runners, etc. Support from other MTF staff to assist the Pharmacy may be necessary for waiting room access control. If curbside operations are used, DHA expects Installation or MTF Directors to conduct appropriate safety/security assessments to protect the staff and provide additional manpower to sustain operations (e.g. transporting and delivering medications, etc.). Additionally, consider semi-permanent structures (ie, tents) as a safety measure for staff, technology support (phones, workstations on wheels, etc), and other non-lobby pharmacy experiences or minimal contact pharmacy experience.

Providing prescriptions with greater than 90 day supply is not warranted for the current situation. MTF Pharmacies are authorized to dispense early refills due to COVID-19 on a case by case basis. Pharmacy Leadership should develop a staffing plan that limits staff exposure/risk (e.g. staggered shifts, split staff models with "A" and "B" schedules, etc.). Additionally, a plan of action should be developed with MTF leadership to divert non-AD and non-AD family members (ADFM) to other points of service if required. Keep local, DHA Pharmacy Market, and Service leadership informed of pharmacy service degradation and possible supply chain disruptions. Email the Customer Pharmacy Operations Center (CPOC) Customer Support e-mail at CPOC@dla.mil with pharmaceutical supply chain concerns. MTF Commanders may consider diverting non-AD/non-ADFM to mail Order and network retail pharmacies, based on local conditions and in conjunction with the POD and Pharmacy Benefit Manager. The Air Force Pharmacy Consultant is Col Corey Munro (corey.j.munro.mil@mail.mil). The Army Pharmacy Consultant is COL Aatif M. Sheikh (aatif.m.sheikh.mil@mail.mil). The Navy Pharmacy Consultant is CAPT Brandon W. Hardin (brandon.w.hardin.mil@mail.mil). The POD can be reached by phone at 703-681-2890. Distribute approved information to patients directing the use of mail order and network retail pharmacies. Consider how to handle refills currently left on pharmacy shelves if services are diverted.

In HPCON Charlie, restriction of movement and quarantine measures may be in place, consistent with DoDI 6200.03 and local guidance. Access to the pharmacy lobby should be restricted to ensure the safety of the pharmacy staff. Staffing plans should be used that limits staff exposer/risk (e.g. staggered shifts, split staff models with "A" and "B" schedules, etc.). Use strategies to minimize close contact between pharmacy staff and patients and between patients. Leverage technology (e.g. text or automated telephone messages) to specifically ask sick customers to stay home and send a well family member or friend to pick up their medicine. Limiting the pharmacy to drop-off/pick-up only will help restrict the number of people that need to enter and stay in the facility (expanded from HPCON Bravo). Make every effort to use telephone, telehealth, or tele-pharmacy strategies for clinical pharmacy services. If the decision is made to limit MTF activity to active duty only (may or may not include ADFM), consider:
- Informing patients through social media, secure messaging and/or automated phone calls (from the AudioCare system)
- Providing a transition time (3-5 days) for refill pick up
- How to handle prescriptions not picked up (returning all prescriptions to stock may be a time consuming and labor intensive process)
- Supporting telework opportunities for prescription transfers (may require coordination with Systems/Network for laptop/support)

During HPCON Delta, access to the MTF and Pharmacy may be curtailed as directed by local Command or Higher Headquarters. Only urgent and initial prescriptions should be processed for patients seen at the MTF. Collaboration with local PAO is essential in order to communicate status to the community as well as provide clear signage in pharmacy access points and waiting areas. Ensure the capability for pharmacy staff to transfer prescriptions to alternate points of service. Reiterate the potential requirement for heightened security for the facility and the pharmacy. Postpone or reschedule routine clinical pharmacy services that require face to face encounters.
The staffing level is independent of HPCON level and is a representation of staffing degradation caused by the current conditions related to the pandemic (i.e. staff are hospitalized, quarantined, etc.). Staffing degradation could also be the result of COVID/ROM, deployments, external factors such as the closure of schools or childcare facilities, etc. Significant degradation of outpatient pharmacy staffing results in an inability to provide safe outpatient pharmacy services to all beneficiaries.

During green staffing levels, MTF pharmacies should provide the full range of pharmacy services appropriate to the HPCON level while adhering to routine public health protection measures to ensure staff and patient safety. Pharmacy leadership should ensure that staff who have fever, respiratory symptoms, or other symptoms that may be due to COVID-19 stay home and away from the workplace until they have recovered (see CDC Interim Guidance Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection). Additionally, leadership should ensure that employees are aware of and understand the available leave policies. Pharmacy Leaders should review the CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages.

At amber, MTF pharmacies should implement contingency staff operation plans. If necessary, Pharmacy leadership should work with MTF leadership to divert non-AD and non-ADFM to other points of service (e.g. network retail and home delivery) and notify DHA Pharmacy Market and Service leadership of pharmacy service degradation. Leadership should work with local PAO to communicate the pharmacy status to the community and provide clear signage in pharmacy access points and waiting areas. AudioCare messaging should be updated upon any change in status and the date the message was last updated should be included in the message. It is important to ensure that a capability for pharmacy staff to transfer prescriptions to alternate points of service exists and to consider patient-centered needs for transfer of prescriptions.

When staffing levels are red, MTF Pharmacy access may be significantly curtailed or unavailable. Pharmacy leadership should work with local leadership to divert non-AD and non-ADFM to other points of service (e.g. network retail and home delivery) if required and work with local PAO to communicate the pharmacy status to the community. Clear signage should be provided in pharmacy access points and waiting areas. AudioCare messaging should be updated upon any change in status and the date the message was last updated should be included in the message. It is important to ensure that a capability for pharmacy staff to transfer prescriptions to alternate points of service exists and to consider patient-centered needs for transfer of prescriptions.

Reopening FAQs

In HPCON Alpha, there is a statement that MTFs should consider ways to move patients and prescriptions out of the MTF when possible. What is meant by this? This guidance statement serves to alert the MTF Pharmacy to begin finalizing plans to reduce congestion/large gathering of patients in the pharmacy. This could include making recommendations to patients for mail order; staggering pickup times, implementing mandatory drop off/pick up, curbside pick-up, etc. Local staffing, infrastructure, and resources will determine this as there is no "one size fits all" solution.

In the guidance, it states that pharmacy staff should wear facemasks. Is there a reason this term was used instead of face coverings?
This recommendation comes from the CDC guidance for pharmacies located at
https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html The guidance calls for all personnel who enter a pharmacy area to wear a *face covering* for source control, but also specifically calls out that pharmacists and pharmacy technicians should wear *facemasks.* Medical or surgical facemasks are generally preferred over cloth face coverings for healthcare professionals (HCP) for source control. If there are shortages of facemasks, facemasks should be prioritized for HCP who need them for PPE. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

This looks like the escalation guidance presented several months ago. Where is the reopening guidance? The HPCON guidance provided is meant to provide recommendations and considerations during escalation or de-escalation of threat level. As such, the document provides guidance for escalating threat when read top to bottom and conversely provides guidance for de-escalation when read from bottom to top.

Is there a push from DHA Pharmacy Operations Division to keep curbside service going at our pharmacies as MTF begin to reopen?
 While each situation is different, DHA POD understands that it is highly likely additional resources and structures will be needed to sustain curbside service as workload returns to pre-COVID-19 levels. Pharmacies should ensure the following factors are addressed when deciding to continue "curbside services" as HPCON level decreases.
Does the Pharmacy have the appropriate staffing to continue to provide this service? Delivery and dispensing by non-pharmacy trained personnel adds inherent risk to medication safety processes. Although it may be necessary for urgent, flexible response in this initial situation, it is not advised as a long-term plan.
Is patient care compromised because of lack of pharmacist counseling on new medications?
Are there appropriate safeguards in place to protect staff from viral and non-viral threats (i.e. barriers, security, PPE)? Is the environment safe for staff (i.e., weather conditions)? Can tents be placed to improve the conditions?
Is supporting equipment available and accessible, such as radios and possible workstations on wheels?
Are there appropriate safeguards in place to protect the integrity of the medication supply (i.e. TSMP, controlled substance accountability)?
Does the Pharmacy have the appropriate space and physical barriers in place to resume "normal" operations inside the MTF? Consider removal of chairs or floor markings.

What are some best practices for eliminating signature capture for patients picking up prescriptions?
Sites using Scriptpro shared the following:

We are documenting RX pick up in ScriptPro by selecting "other" in the RELATIONSHIP box and then for RECIPIENT "runner" and the name/initials of the runner. Additionally in the DISPENSING COMMENTS BOX - we enter "COVID-19 DISPENSING PRECAUTIONS"   (Which you can copy and paste after the first entry of the day)

How are sites tracking medication "delivery" for curbside service?
Many sites have accomplished this by assigned designated numbers to their staff. They maintain a log where staff use their number instead of initials to identify who delivered the prescription. A master log is kept in the main pharmacy for who was assigned what number.

Other sites have used a similar process using initials. They found it to be easier to keep updated especially with the influx of borrowed manpower.