

**ASCP is working around the clock to inform pharmacies and pharmacists of the latest information and guidance's on COVID-19.**

ASCP pharmacists represent a critical line of defense to our nation's medically complex and older adult patients. Many of our patients live in congregate care environments. This makes them especially vulnerable to infectious disease. Some of the reactions to COVID-19 are concerning. Our pharmacists and pharmacies provide important medication management services to nursing and assisted living facilities routinely.

ASCP is currently working on the following:

1. Ensuring that our pharmacists are equipped with the latest information regarding the response from HHS and information regarding the evolution of COVID-19.
  - o A Sample P&P for congregate care environments
  - o Resources and links to the latest information and guidance
  - o Guidance from CMS regarding how to perform their responsibilities in cases of restricted access and outbreak
2. Working to determine how telehealth could temporarily serve as a solution for the medication management review (MRR) required in SNFs, ICFs and for patients restricted to their homes.
3. Working on legislative efforts to provide safety and security to our medication supply chain, including up to the date information on any medications facing shortages and alternative for those shorted medications.
4. Determining what emergency resources are available to pharmacies and pharmacists to support their efforts in preventing and mediating COVID-19.

There is concern that any personnel moving from location to location could contribute to a potential spread of infection. CMS has issued its strongest guidance regarding visitors and non-essential personnel for entrance into nursing facilities; however, it has NOT identified that pharmacists should not be performing their medication management responsibilities.

**ASCP is responding to a number of stakeholders regarding procedures for care environments directly being impacted by the COVID-19 virus.**

ASCP has reached out to the Centers of Medicare and Medicaid Services (CMS) for guidance for pharmacy and pharmacist procedures during an outbreak. We have asked for guidance in two places:

1. Medication Regimen Review (MRR) and/or medication storage, security and delivery in the event a SNF is experiencing an active outbreak and quarantine situation.
2. MRR procedure and/or medication storage, security and delivery in facilities that have initiated policies limiting visitation as a preventative measure for an outbreak.

We are still awaiting CMS guidance, but we can look to guidance from previous disasters and to the recent memos released from CMS on the COVID-19 virus.

Historically, during confirmed natural disasters, CMS publishes guidance related to waivers of certain aspects of the conditions of participation for skilled nursing facilities. While we have not yet received specific guidance on issues like MRR or other pharmacy specific services, there are a few instances where CMS has provided clarity during the COVID-19 outbreak that dictate how pharmacists and pharmacies should proceed:

**The first is in regard to survey activity:**

*"CMS is committed to ensuring continuity of health and safety oversight activities during this important time of heightened vigilance related to the COVID-19. The agency is prioritizing the utilization of resources in order to be able to provide a robust response to emerging concerns. Additionally, our actions will allow facilities to be able to focus their efforts on infection control preparation as more information on the COVID-19 becomes available. Our actions will allow CMS to maintain inspections for the most critical areas of concern to the public health and safety while*

supporting facilities in the ability to prepare and respond. CMS is only temporarily discontinuing lower priority survey activities conducted by State Survey Agencies. Therefore, States will continue to conduct surveys for situations involving the most serious concerns related to health and safety, including for any allegations related to potential abuse and facilities that have a history of infection control concerns. CMS will also continue any follow on actions related to existing enforcement activities that have been ongoing prior to this announcement. Additionally, some survey inspections are mandated by law to occur within certain timeframes so these will continue as well as initial certification surveys for new facilities that support building capacity in the healthcare system. Temporarily discontinuation of non-essential inspections will allow state inspectors to prepare and focus on addressing the spread of COVID19.”[\[1\]](#)

**The second is in regard to visitors and health care personnel:**

**Guidance for Limiting the Transmission of COVID-19 for Nursing Homes** [\[2\]](#)

Facilities should screen visitors for the following:

1. International travel within the last 14 days to restricted countries.

**For updated information on restricted countries visit:**

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Has had contact with someone with or under investigation for COVID-19. If visitors meet the above criteria, facilities may restrict their entry to the facility.

**Regulations and guidance related to restricting a resident’s right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual.**

*Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, “restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident’s risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication).”*

[\[1\] https://www.cms.gov/files/document/gso-20-12-all.pdf](https://www.cms.gov/files/document/gso-20-12-all.pdf)

[\[2\] https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/gso-20-14-nh.pdf](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/gso-20-14-nh.pdf)

The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). 2

1. Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
2. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
  1. Immediately stop work, put on a facemask, and self-isolate at home;
  2. Inform the facility’s infection preventionist, and include information on individuals, equipment, and locations the person came in contact with;
  3. Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

4. Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
3. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

**Based on the above guidance, consultant pharmacists and essential pharmacy personnel are still required to fulfill their responsibilities within the skilled nursing facilities.**

In facilities with **confirmed outbreak**, it is ASCP's recommendation and a confirmed practice that pharmacists can seek alternative methods to fulfill requirements of MRR and pharmacies can enact procedures to limit exposure of personnel (medication deliveries in outside locations like the parking lot).

There is **no waiver** in the conditions of participation for skilled nursing facilities in Medicare/Medicaid. This means that a pharmacy, pharmacist or facility cannot restrict or disregard mandated requirements like **drug replenishment, security and storage, use of products beyond the expiration dates or medication regimen review**.

*We are asking for guidance on all aspects of pharmacy services and specifically we are asking the CMS to determine if medication regimen review can be done using telehealth resources or performed off site using up to date and accurate information from the pharmacy and/or the nursing facility. We do not have specific guidance at this time.*

The full recent guidance's on Nursing homes and on COVID-19 are linked below:

Specific Nursing Home Guidance:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/gso-20-14-nh.pdf>

Suspension of Survey Activity:

<https://www.cms.gov/files/document/gso-20-12-all.pdf>

FAQ of Suspension of Survey Activity:

<https://www.cms.gov/files/document/covid19survey-activity-suspension-faqs.pdf>