**OST - Reintroduction of Supervision by Community Pharmacies**

1. **Has your pharmacy stopped supervision over the last few weeks/months without contacting prescribers and now plan to re-introduce supervision?**

If so, it is paramount that supervision is not re-introduced without discussing with the prescriber first. This is to reduce the risk of overdose. It is worth thinking of how each individual conversation will be recorded. Options include placing notes on the patient’s PMR or MCR record.

1. **Has your pharmacy stopped supervision over the last few weeks/months but contacted prescribers on a case-by-case basis?**

Prescribers are re-introducing supervision on prescriptions when required. They may or may not get in contact about this. Use your professional judgement on a case-by-case basis; however if you aren’t confident that the prescriber is aware supervision has ceased for the last few weeks/months, contact and discuss this with prescriber and record this conversation. Options for recording include placing notes on the patient’s PMR or MCR records. This is paramount due to the risk of overdose.

1. **Has your pharmacy continued to supervise throughout the COVID-19 pandemic?**

No change required continue as normal.

1. **Has your pharmacy stopped supervision over the last few weeks/months but re-introduced supervision recently without contacting the prescriber?**

Contact the prescriber and inform them of dates supervision was stopped and restarted so a shared decision can be made on any action or follow up needed. This is paramount due to the risk of overdose.

1. **Do we need to continue supervising disulfiram?**

The June 2020 update from the Substance Misuse Team confirms cessation of disulfiram is acceptable. Of course, always go with your own professional judgement.

***Remember to continue to inform prescribers of missed doses and any patient welfare issues.***

**Supervising Safely To Minimise Transmission Risk**

1. **Where to supervise?**
   * In some pharmacies, limiting the number of patients entering the shop to one person at a time may allow for supervision on the shop floor without breaching confidentiality.
   * Placing screens in the consultation room to separate staff and patient when supervising may work for some pharmacies.
   * A consultation room that allows for 2 metre social distancing could be used for supervision, and adding markings to floors to highlight a 2 meter distance could be an option for some.
   * It is important to remember if any surface is touched by patient, including door handles, they should be wiped down with disinfectant, and all consultation rooms in use should be wiped down three times daily.
   * It is important to continue to wash hands with hot soapy water for 20 seconds immediately before and immediately after supervision.
2. **PPE to think about?**

* Masks should be worn by pharmacy staff at all times in community pharmacy as it is extremely difficult to maintain social distance amongst staff. The added risk in supervision lies mainly in the cup/bottle being passed from staff to the patient, and back to staff.
* Placing clean gloves on immediately prior to supervision and disposing immediately after supervision will help minimise risk.
* Remember: used PPE should be quarantined for 72 hours after use before disposal in your normal waste bin.
* It is important to continue to wash hands with hot soapy water for 20 seconds immediately before and immediately after supervision.

1. **Using and disposing of cup/bottles used for methadone.**

Options to minimise risk here include:

* Removing label from cup/bottle after confirming patient details and immediately before leaving on a surface at a distance for patient to pick up. This ensures you do not have to later remove the label when disposing of cup/bottle
* Leave the cup/ bottle on a surface at a distance for patient to pick up so you do not have to hand the cup/bottle directly to the patient. Remember to wipe down the surface with disinfectant if surface touched and to wipe down regularly, three times daily.
* Cup/bottle could be disposed of by asking patient to directly place in a bin, that you can move so it is not left in a patient-facing area. The bin could be sealed at the end of each day and quarantined for 72 hours before disposing of cup/bottles as you normally would.
* If using gloves, you may feel comfortable accepting back the cup/bottle and disposing in a bin that can be quarantined for 72 hours before disposing how you normally would. It is important to remove gloves immediately after this, and to wash hands with hot soapy water for 20 seconds.