



## POSITION STATEMENT

### Community Pharmacy and Emergency Management Planning and Response

#### Position

Community pharmacies have an essential role in providing medicines and healthcare to affected communities during and following emergency events.

Experience from bushfires, floods and pandemics has demonstrated the capacity of Australian pharmacies to respond to the needs of their communities in times of emergency. The role of community pharmacies during emergencies includes maintaining supply of prescription and non-prescription medicines; selling first aid, wound care and other health products to consumers; providing ongoing pharmacy services; administering vaccines, and working with local health providers and emergency response services.

This position paper outlines the regulatory and policy changes required to support community pharmacists to respond to the needs of their local community in times of emergency.

The Pharmacy Guild of Australia (Guild) calls on all levels of government, including regulators and agencies, to plan for and support the continued operation of community pharmacies during and following times of crisis or emergency by:

1. Incorporating community pharmacy in local, state/territory and national planning for emergency response and recovery measures.
2. Recognising community pharmacy capabilities to respond in times of emergency.
3. Enhancing urgent medicine supply provisions for community pharmacy to ensure treatment continuity in times of emergency.
4. Funding community pharmacy to plan, prepare and provide for effective responses in times of emergency.

#### Incorporating community pharmacy in local, state/territory and national planning for emergency response and recovery measures

Failure to include community pharmacists in planning for emergency response and recovery measures risks under preparedness, confusion and delays with managing health risks in a period of exceptional need and demand. All Australian governments should formally recognise and include community pharmacists in emergency, disaster and pandemic planning and preparedness. This should be managed through the Guild as the representative body for community pharmacy.

Ensuring access to health services and continuity of health care is critical for communities affected by disaster and people who have been displaced. Community pharmacies are essential as one of the most accessible health service providers and for access to medicines as the most frequently used health treatment. Response and recovery measures must prioritise restoring and maintaining community pharmacies when they are directly impacted by a disaster or emergency.

#### National Secretariat

Level 2, 15 National Circuit, Barton ACT 2600  
PO Box 310, Fyshwick ACT 2609  
P: +61 2 6270 1888 • F: +61 2 6270 1800 • E: [guild.nat@guild.org.au](mailto:guild.nat@guild.org.au)  
[www.guild.org.au](http://www.guild.org.au)



### ***Representation in national emergency response structures***

In times of emergency, national-level coordination of pharmacy services occurs under the Australian Health Protection Principal Committee (AHPPC) supported by the National Incident Centre (NIC).

Current practice for matters concerning medicines access in times of emergency is:

- The NIC liaises with the Therapeutic Goods Administration (TGA) and Technology Assessment and Access Division within the Australian Government Department of Health.
- The Guild, representing community pharmacy, liaises with the TGA, which then advises the AHPPC and NIC as a health emergency develops.

Through the Guild, community pharmacy must be represented in emergency planning at NIC-level. This will provide more direct engagement with emergency planning authorities, greater integration in emergency response initiatives, a clearer and better-defined public health role for community pharmacy, and improved communication with and representation of pharmacists delivering services and assistance. Recognising the need to effectively manage the distribution of pharmaceuticals via community pharmacy in times of emergency, the Guild supports the inclusion of a representative for pharmaceutical wholesalers that are part of the Community Services Obligation (CSO wholesalers)<sup>1</sup>.

### ***Ensure that emergency response measures are nationally consistent***

Commonwealth and state and territory governments must collaborate to ensure that emergency orders and supporting legislative changes are nationally harmonised during emergencies. Standardised arrangements will avoid confusion amongst healthcare providers, minimise consumer frustration, prevent jurisdictional inconsistencies that can occur at state/territory borders, and support efficient, nationwide rollouts of health responses such as vaccination campaigns.

### ***Identify community pharmacies as essential workplaces***

To ensure improved coordination in planning future emergency management responses the Guild calls for consistent national definitions of essential workplaces and essential health services and calls for community pharmacies to be placed on these lists.

Recognising community pharmacies as essential workplaces will ensure that pharmacy staff can access pharmacies, particularly if they need to cross from one state or local government area to another. It will also ensure that deliveries of medicines and other essential health products to or from pharmacies are prioritised.

### ***Identify pharmacy staff as essential health care workers***

A community pharmacy is first and foremost a health centre providing the public with access to essential medicines and support in the safe and optimal use of medicines as well as other related health care services. Community pharmacies operate under strict laws and professional obligations consistent with that of a health care provider. A community pharmacy can only operate if it is adequately staffed, inclusive of pharmacists and pharmacy assistants. The Guild calls for community pharmacists and pharmacy assistants to be included on a nationally recognised list of essential health care workers. This will support the ongoing provision of essential medicines and pharmacy services to communities in times of emergency. It will also allow pharmacy staff to access support services and goods (e.g. personal protective equipment) or to freely cross state/territory borders to deliver services or access their workplace.

### ***Primary Health Network (PHN) Support***

To ensure that emergency response coordination is effective, strong communication and relationships between PHNs and community pharmacies must be established, maintained, and grown. PHNs should develop their understanding of pharmacy services, including medicine dispensing, provision of non-prescription medications, the legislation and programs that govern pharmacy practice and the challenges

of service provision in regular practice and during times of emergency. When responsible for allocation of emergency or safety resources such as Personal Protective Equipment (PPE), PHNs must also recognise community pharmacy as an essential health service and all pharmacy staff as essential health care workers. In times of emergency, PHNs must work through the Guild with local pharmacies to ensure ongoing capability to provide local community access to medicines and pharmacy services.

### ***National liquid fuel emergency access***

Pharmacists should be listed as 'essential users' for the 'preservation of health, safety and general welfare of the community' in the supporting determination of the *Liquid Fuel Emergency Act 1984* (Cth), and should be included in operational arrangements in response to a national liquid fuel emergency.<sup>2</sup>

Such provisions would allow pharmacies to obtain fuel for the delivery of medicines and provision of services, which would be coordinated at NIC-level planning. Access to fuel will enable continuous provision of medications to communities, and maintenance of cold storage requirements, for example through the operation of electricity generators.

### ***Recognise the impact of supply chain disruptions***

The inability to obtain and supply essential medicines in times of need is a risk to national security. The Guild calls for:

- Greater investment in local manufacturing of prescription and other essential non-prescription medicines to maintain the continuous supply of medicines.
- Greater redundancy in essential medicine logistics through multi-sourcing strategies, requiring product sponsors to maintain minimum onshore stock levels<sup>3</sup>, and the development of alternative distribution channels for activation in times of emergency. This could be achieved by additional local storage at state and territory level to manage any potential risks of supply chain disruption from border closures or transport disruptions. Increasing storage within the CSO wholesalers may provide a suitable option.
- The Pharmaceutical Benefits Advisory Committee to consider potential risks to supply chains, and implications when evaluating new items, or new indications, for listing on the PBS.
- Re-evaluating and continually reassessing the quantities and types of medicines held in the National Medicines Stockpile.
- The release of medicines from the National Medicines Stockpile to occur in a transparent manner, and not to be impacted by interstate political rivalries.
- Medicines access and use from the National Medicines Stockpile, when appropriate, to occur without excessive administration requirements for pharmacists or prescribers.
- The distribution of medicines from the National Medicines Stockpile through CSO wholesalers, capitalising on their established and effective distribution system for PBS medicines.
- The transparent and equitable distribution of all medicines, including medicines on the PBS or from the National Medicines Stockpile, and particularly recognising the needs of community pharmacies and patients in rural and remote locations where people have fewer options for alternative access to medicines.

### ***Digital infrastructure***

The digital capabilities of community pharmacies must be supported by governments to ensure pharmacies can rely on these tools to access patient data and manage pharmacy logistics during times of emergency. The Guild has advocated for investment in building the digital health adoption capability of community pharmacies.<sup>4</sup>

Any future government digital health program must include adequate financial assistance for implementation and to support adoption and digital health literacy by consumers. Financial support to

pharmacies will ensure that the adoption, implementation and upgrade of new technology and workflows is financially viable and beneficial to patients and to the pharmacy.

## **Recognising community pharmacy capabilities to respond in times of emergency**

In addition to dispensing and supplying essential medicines, Australia's network of community pharmacies provides a broad range of services including triage, provision of first aid, wound care, primary care, administration of vaccines as well helping people to manage their health conditions. Most pharmacies are now equipped with private consultation rooms from which clinical services can be delivered with consideration of patient privacy.

Health responses during crises would be significantly optimised if community pharmacies and pharmacists were enabled to relieve caseloads from emergency departments and medical centres by triaging and treating non-complex health conditions.

As well as maintaining supply of medicines and regular pharmacy services, Commonwealth and state and territory governments should invest in developing workforce skills and remunerated programs to allow community pharmacists to become:

- Better recognised and used as health triage centres.
- Points of care for non-complex injuries and health conditions.
- Distribution points for essential supplies and medicines for the community, including for opioid replacement treatment (ORT).
- Health service providers to renew prescriptions for chronic health conditions for stable patients.
- Immunisation points for vaccine-preventable diseases to all ages for all vaccines.
- Places where other (non-vaccine) injectable medicines can be administered.

## ***Recognising pharmacists' full scope of practice***

Pharmacists have the knowledge, skills and professional accountability to prescribe, dispense, administer and review medicines, however pharmacists are underutilised due to legislative barriers which currently limit their scope of practice. Recognising pharmacists' full scope of practice will increase their capacity to respond to future emergencies and will strengthen the resilience of the healthcare system<sup>5</sup>.

The Guild calls on Commonwealth, state and territory governments to reform health policies and regulations to enable all healthcare practitioners to work to their full scope of professional practice as stipulated by the respective registration Board. Legislation and regulations should provide flexibility to support the provision of medicines and pharmacy services during and following an emergency, including in altered circumstances. The regulations supporting pharmacy practice in an emergency should be implemented in a nationally consistent manner, and implemented permanently as pharmacists demonstrate their ability to provide the services safely, competently and professionally.

Pharmacist skills and capabilities along with community pharmacy workforce should be developed and enabled in preparation for any emergency contingencies. Governments must invest in the existing and future pharmacy workforce (pharmacists, pharmacy assistants, delivery personnel and support staff) to ensure they are skilled and ready to respond to a range of emergency situations. Pharmacists must be trained to enable them to work to full scope, enhancing their capability to respond in times of emergency, including within undergraduate training and intern training program curriculums.

## ***Community Pharmacy and Vaccine Preventable Diseases***

The Guild calls for:

- Legislative changes at a state and territory level to allow pharmacists to administer all vaccines to all age groups nationwide.
- Uniform, national access to NIP-funded vaccines via community pharmacies, to provide all jurisdictions access to the same NIP stock in an emergency.

Natural disasters such as cyclones or floods may pose a risk of vaccine-preventable diseases in some communities, particularly if people are displaced. Pandemics or local epidemics in themselves may require initiation of a vaccination service and add a level of complexity at times of natural disaster. As one of the most common sites for vaccine services, community pharmacy access to a nationally coherent NIP schedule will simplify the public health messaging and allow for streamlined vaccine administration in response to an emergency.

### ***Opioid Replacement Treatment (ORT)***

People on ORT require either daily dosing of oral medicines or regular administration of injectable treatments. Natural disasters or infectious disease emergencies such as epidemics or pandemics can affect a person's access to support services. Community pharmacies should have emergency management plans in place to assist patients to continue their treatment. Commonwealth and state and territory governments must have emergency plans in place to coordinate management of ORT patients that can inform community pharmacy planning, including:

- Pharmacist administration of long-acting injectable buprenorphine (LAIB).
- Pharmacist initiated emergency takeaway doses or LAIB.
- Safe dosing in the context of endemic or pandemic infectious diseases.
- Changes to take-away dose allowances.
- Pharmacist-authorised temporary transfer of clients to an alternative dosing point.
- Access to patient records

Consideration should be given to enabling home-based community pharmacy ORT services in times of emergency inclusive of security for pharmacists, staff or delivery agents as well as the ORT medicines.

### ***Pharmaceutical Benefits Scheme (PBS) Administration***

As the critical scheme to provide Australians with subsidised access to essential medicines, it is essential that arrangements are in place to ensure the PBS is fully operational and accessible in times of emergency. This must recognise that prescribers may be unavailable or displaced, pharmacies may temporarily closed or relocated and hospitals may have increased workloads. As an essential health provider, the Guild acknowledges the measures the Commonwealth has put in place to facilitate urgent relocation of PBS-approved community pharmacies affected by a disaster. In times of emergency, the Guild also calls for:

- Urgent implementation of emergency arrangements to ensure community pharmacists are able to supply medicines as a pharmaceutical benefit, including in the absence of a prescription.
- Prompt listing of medicines on the PBS where use is required in emergency circumstances. For example, the case of the antibiotic ciprofloxacin for the treatment of skin infections associated with exposure to flood waters as in 2011<sup>6</sup>.
- Commonwealth agencies to expedite pharmacist access to relevant patient information, including Medicare and pension or concession entitlement numbers.
- Assurances to pharmacies that a reasonable claim for payment for dispensing a medicine will not be rejected if internet access is unavailable at the time of dispensing.

## **Community Pharmacy Workforce**

Health workforce and maldistribution issues poses a significant risk to general health care in Australia. Such risks become exaggerated in times of emergency and Commonwealth and state and territory governments must continually plan for and manage these risks. Particular attention must be provided to areas of greatest need such as rural and remote regions or care of high-risk or vulnerable patient groups (e.g. older people, Indigenous Australians, Culturally and Linguistically Diverse backgrounds, people with chronic health conditions). People living in rural and remote areas face barriers to accessing health care, due to challenges of geographic spread, low population density, limited infrastructure, and the higher costs of delivering rural and remote health care.<sup>7</sup> High-risk or vulnerable people's access to health services may vary according to where they live, their access to transport, their mobility, care needs and their support structures, their health and cultural background, as well as socioeconomic factors.<sup>8</sup>

While community pharmacy can be optimised to do more to relieve health pressures throughout the health system, it is not immune from workforce issues. Any disruption to community pharmacy poses particular risks for i) continuity of medicine supply, and ii) service provision to patients and communities in times of need. Governments and their agencies must recognise and address pharmacist workforce shortages and maldistribution.

During an emergency, and particularly for extended emergencies such as a pandemic, Governments must provide ways for community pharmacy to access "surge staff", for example locum pharmacists or those registered on a pandemic sub-register.

Arrangements need to also be in place to provide reassurance, emotional support, comfort, and/or time off to pharmacy staff who are concerned, distressed, or anxious following an emergency, or who are impacted by the emergency.

## **Enhancing urgent medicine supply provisions for community pharmacy to ensure treatment continuity in times of emergency**

State and territory legislation allows for the limited emergency supply of Prescription Only Medicines in the absence of a prescription to ensure continuity of therapy for people on a regular medicine for a long-term condition. Such supply is not subsidised by the Government and quantities are typically limited to 3-7 days requiring patients to attend a prescriber within this interval to obtain a prescription. Since 2013 the PBS and state/territory regulations have allowed pharmacists to provide a limited range of Prescription Only Medicines to patients as a pharmaceutical benefit in times of emergency under "Continued Dispensing" arrangements. Under this arrangement, the standard PBS quantity is supplied and patients pay the standard PBS co-payment.

From January 2020, following the bushfire crisis of the 2019-20 summer, and then during the SARS-CoV-2 (COVID) pandemic, changes were made to allow most<sup>9</sup> PBS and RPBS medicines to be supplied by pharmacists under Continued Dispensing provisions. These arrangements worked well and demonstrated the capacity for community pharmacy to maintain supply of prescription medicines in times of emergency, including during the COVID pandemic, and following 2022 floods in northern New South Wales and Queensland. These arrangements relieved the workload of general practitioners and kept patients requiring prescriptions away from emergency departments.

From July 2022 the classes of medicines available for pharmacists to supply under Continued Dispensing arrangements were significantly narrowed from the list available during 2020-21. This has reduced pharmacists' capacity to assist patients during and following emergencies.

The Guild calls on the Commonwealth and state and territory governments for a return to the arrangements that applied from early 2020 to June 2022 during the COVID pandemic. Community pharmacists must be allowed to dispense a standard pack of any Prescription Only Medicine (except those subject to abuse or misuse) under emergency supply arrangements to ensure continuity of treatment, including as a pharmaceutical benefit where eligible under Continued Dispensing provisions.



Commonwealth, state and territory governments should also enable pharmacists to work to their full scope of practice by allowing autonomous therapeutic substitution<sup>10</sup> of medication or dose form, including as a pharmaceutical benefit where applicable, to maintain medicine supply in response to national or local medicine supply disruptions.

## **Funding community pharmacies to plan, prepare and provide for effective responses in times of emergency**

Appropriate and adequate funding must be provided to the community pharmacy sector to support emergency planning and preparation. Funding should recognise the need for national coordination and communication, advisory functions, capacity building, investing in digital health infrastructure, and support for the delivery of programs and services in regional, rural and remote Australia.

During times of emergencies, pharmacies can incur extraordinary expenses which are not reimbursed through regular pharmacy operations and may not be reimbursed through insurance. Additional expenses may be incurred for:

- Costs of sourcing medicines, e.g. additional delivery fees, extraordinary arrangements to obtain essential items, resource scarcity.
- Home delivery services.
- Extraordinary staff expenses, e.g., after-hours and weekend work.
- Booking fees, travel and accommodation expenses of locum pharmacists.
- Provision of first aid or other medical items in response to the emergency.
- Customers who are unable to pay for medicines.
- Additional administrative time and expenses, for example additional record keeping involved with accessing a medicine from the National Medicines Stockpile or assisting a prescriber to access an SAS or Section 100 medicine.
- Extraordinary premises costs, e.g. to relocate and establish services from an alternative site following flood, fires or cyclone damage.
- Sourcing and fuelling emergency generators to provide electricity to maintain cold storage of essential medicines and vaccines.

The Guild calls on governments to provide an advance in-principle commitment to reimburse all reasonable costs incurred in responding to an emergency, including vehicle expenses, additional staff expenses, medical and first aid consumables, and extraordinary expenses of obtaining stock.

## **Background**

**Emergency:** a situation that poses an immediate risk to health, life, property, or environment. Many emergencies require urgent intervention to prevent a worsening of the situation.

Emergencies referred to in this document encompass natural disasters such as bushfires, flooding and cyclones which can cause property damage and may result in the displacement and/or relocation of people, sometimes with little or no possessions or money. It also covers pandemic or localised spread of infectious disease; mass casualty incidents such as plane, bus or train crashes; and conflict or terrorism events such as bombing, shooting or bioterrorism. It also covers personal emergencies such as homelessness or the need for a patient to leave a domestic violence or abusive situation. Some emergency events may disrupt the normal operation of a pharmacy, or damage pharmacy assets.

Community pharmacies and pharmacists have always played an essential role in supporting communities by remaining accessible to the public and providing essential services in times of emergency. Despite the impacts of pandemics, fires, floods, cyclones and other emergencies, community pharmacies remain open and accessible. Community pharmacies maintain the supply of medicines and essential health products, provide dose administration aids and other services, deliver medicines to residential care

facilities and to people living on their own, administer millions of vaccines, communicate constantly with medical, nursing and health colleagues, and pivot to introduce new services and programs at short notice.

Recent years have demonstrated that community pharmacists have a multi-faceted role and have been extended to provide tailored health services, including emergency supply of prescription medicines as well as triaging health issues and managing common non-complex ailments. Community pharmacists have provided emergency health care in regional locations in areas where limited GP or hospital services were available, and in some remote locations the pharmacy was the only operational face-to-face health service.

During the period from late 2019 to 2023, community pharmacy has dealt with emergencies ranging from regional fires and floods to a world-wide COVID pandemic. While community pharmacies continued to service their local communities, this time has not been without its challenges, including:

- Remaining open and accessible despite lockdowns and quarantine requirements to maintain the supply of medicines, essential health products, health information, advice and reassurance to patients.
- Delivering medicines to people in quarantine and isolation, and to vulnerable patients to minimise public exposure during the peak of the pandemic.<sup>11</sup>
- Ensuring security of premises and stock and maintaining cold storage requirements of vaccines and temperature-sensitive medicines, including when dealing with power supply disruptions.
- Pivoting to be a principal provider of COVID vaccinations to consumers, and increasingly providing influenza and other vaccinations as part of the National Immunisation Program.
- Providing in-pharmacy or self-use COVID Rapid Antigen Tests, including as a government subsidised program for concessional patients.<sup>12</sup>
- Supplying prescription medicines to patients without a prescription in an emergency through Continued Dispensing arrangements,<sup>13</sup> including for people who had been displaced or evacuated from their homes.
- Undertaking, and delivering, Mental Health First Aid Training to frontline personnel to support bushfire-affected communities.<sup>14</sup>
- Responding to supply chain disruptions by i) limiting patient access to at-risk medicines<sup>15</sup> and ii) substituting medicines (including PBS and RPBS medicines) according to a Serious Scarcity Notification<sup>16</sup> published by the TGA.
- Adjusting to administrative changes for government programs such as signature requirements to minimise the risk of virus transmission between pharmacy staff and patients.
- Rapid adoption of alternative prescription options such as image-based prescriptions, electronic prescriptions (ePrescriptions), electronic medication charts (eCharts) and Active Ingredient Prescribing (AIP) measures to support telehealth measures, including educating patients and prescribers.
- Additional business costs to adapt to changed circumstances, such as requiring pharmacies to purchase and upgrade specific QR code scanners, additional computer monitors, tablet computers and software in order to accommodate electronic prescribing requirements.

Recognising health workforce constraints during COVID, the Australian Health Practitioner Regulation Agency (Ahpra) worked with the practitioner boards, including the Pharmacy Board of Australia, to create a temporary surge workforce. Ahpra and the boards implemented a sub-register to fast-track the return to the workforce of experienced and qualified health professionals.<sup>17</sup>

During the recent emergency situations, the policy and regulatory changes required swift collaboration between Commonwealth and state and territory governments, and the Guild.

## Related statements

*Nil*



## Authority

### Endorsed

National Council – December 2023

### Reviewed

Practice, Policy and Regulatory Sub-Committee – Oct 2023

---

## References

- <sup>1</sup> [Community Service Obligation for Pharmaceutical Wholesalers collection | Australian Government Department of Health and Aged Care](#)
- <sup>2</sup> <https://www.legislation.gov.au/Details/F2019L00436>
- <sup>3</sup> The Guild acknowledges the Medicines Supply Security Guarantee which is an element of a strategic agreement between the Commonwealth Government, Medicines Australia and the Generic and Biosimilar Medicines Association, signed in 2022.
- <sup>4</sup> Pharmacy Guild of Australia 2021-22 Commonwealth Pre-Budget Submission, [https://treasury.gov.au/sites/default/files/2021-05/171663\\_the\\_pharmacy\\_guild\\_of\\_australia.pdf](https://treasury.gov.au/sites/default/files/2021-05/171663_the_pharmacy_guild_of_australia.pdf)
- <sup>5</sup> The Pharmacy Guild of Australia. Scope of practice of community pharmacists. Canberra: The Pharmacy Guild of Australia; 2021. 28 p.
- <sup>6</sup> [Drug for infection on PBS following floods \(smh.com.au\)](#)
- <sup>7</sup> AIHW July 2022; [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)
- <sup>8</sup> [Older Australians. Health—service use - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)
- <sup>9</sup> Continued Dispensing only applied to the General PBS Schedule and states and territories excluded Controlled Drugs (e.g. opiates), benzodiazepines, and other medicines subject to misuse.
- <sup>10</sup> i.e. without reference to the prescriber
- <sup>11</sup> <https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-home-medicines-services-information-for-consumers.pdf>
- <sup>12</sup> [Rapid Antigen Test Concessional Access Program – Easy Read | Australian Government Department of Health and Aged Care](#)
- <sup>13</sup> <https://www.pbs.gov.au/pbs/news/2020/03/continued-dispensing-arrangements-covid-19>
- <sup>14</sup> <https://www.coordinate.org.au/news-and-events/news/latest-news/mental-health-first-aid-training-for-pharmacy-in-bushfire-affected-communities/>
- <sup>15</sup> [Limits on dispensing and sales of prescription and over-the-counter medicines | Therapeutic Goods Administration \(TGA\)](#)
- <sup>16</sup> <https://www.tga.gov.au/serious-shortage-medicine-substitution-notice>
- <sup>17</sup> [Australian Health Practitioner Regulation Agency - Ahpra returns over 40,000 health practitioners to the temporary pandemic response sub-register to support our critical health workforce during the emergency](#)