

# SJP

## Sarawak Journal of Pharmacy

Journal Homepage: <http://jknsarawak.moh.gov.my/spj/>



### COMMENTARY

#### **Roles and Challenges of Pharmacists Working at Primary Health Clinics during COVID-19 Pandemic**

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### ABSTRACT

As the lockdowns are being observed all over the globe and the national level pharmacy professionals are performing frontline roles, this commentary highlights the role and challenges of pharmacists working at primary health clinics during COVID – 19 pandemic. Pharmacists are nationally providing services amidst pandemic, including supplying personal protective equipment and reducing the patients' burden on health clinics through advancement in pharmaceutical services. Pharmacists are also working to deal with the increasing number of walk-in patients to the clinics and helping them to acquire medicines which are not available in the clinics. Among others, the two main challenges that pharmacists are facing are a shortage of personal protective equipment and difficulties in providing counselling to patients while having to maintain social distancing. This commentary gives an insight to those pharmacists who practice at the public health clinics from other countries and can be adopted and adapted by any nation; keeping in view their laws and regulations.

### INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) is an infection caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) first emerged in Wuhan (China) in December 2019, spreading rapidly across the world (1). On the 11<sup>th</sup> of March 2020, the World Health Organization (WHO) declared COVID-19 as a pandemic (2). Currently, 17 million cases

of COVID-19 reported globally, with more than 680 000 deaths reported across 216 countries (3,4). Currently, the COVID-19 pandemic is a significant public health problem worldwide.

As healthcare professionals, pharmacists can play a vital role during the pandemic. Notably, most of the recent publications (5-11) highlights the roles of community pharmacists amidst this pandemic but paid little attention to the roles and challenges of pharmacists who serve in the government sector. The three main vital functions that pharmacists are working in a public health care clinic are supplying and ensuring enough personal protective equipment (PPE) during the pandemic, reducing the patients' burden on health clinics through advancement in pharmaceutical services (12), and helping in acquiring medicines which are not available in the clinics for walk-in patients. However, we also discover two aspects of the challenges mainly on shortage of PPE and difficulties in counselling when social distancing.

### ***Role 1: Supply of Personal Protective Equipment***

The Ministry of Health Malaysia has assigned each State Pharmaceutical Services Division to be the liaison officer to deal with the supply and monitoring of PPE as this suits the expertise and role of pharmacists in the management of medical supplies. Nonetheless, the Sarawak State Pharmaceutical Services Division has formed a PPE Task Force in procuring, coordinating, distributing and monitoring of PPE with multiple stakeholders. As a pharmacist in a public health clinic, we mostly involved in purchasing specific PPE (hand sanitiser, gloves and mask), coordinate with clinic link nurse in obtaining other PPE from regional division department and monitoring PPE level in our clinic as well as to ensure there is sufficient supply to cater the use during the pandemic. There is a need for a pharmacist to monitor and report the usage of PPE daily in clinics. As if there is any critical time when the stock of PPE is limited, we have to restrict the usage of PPE in regards to the guideline of recommended PPE to be used when managing patient under investigation (PUI) or confirmed COVID-19 patients. Pharmacists also involve our self in the team of auditing PPE to ensure the use of PPE is rational in their facility.

### ***Role 2: Advancement in Pharmaceutical Services to Prevent the Spreading of COVID-19***

During the COVID-19 pandemic, pharmacists in the public healthcare facilities have implemented several measurements to prevent the spreading of the COVID-19 among healthcare

workers and patients. We provide value-added service through an appointment card to reduce patients load in the clinics. After the implementation, there is a significant reduction (approximately 40%) in the number of patients' visit to the clinics thus minimises the crowding of patients in the clinics and reduce the physical contacts among the patients and healthcare workers. Besides that, we also involve ourselves in reviewing the patients' flow in clinic starting from COVID-19 screening counter to doctor's review and lastly collection of medicine from the pharmacy. The primary outcome is to minimise overcrowding of patients in the clinics. At one time, only 20 patients will be allowed to enter the clinic. However, we faced the challenge that pharmacists need to dispense medicines in short waiting time, to enable the next batch of patients to be seen by the doctor. If one of the departments during the process slows down, the whole flow will be affected.

### ***Role 3: Acquiring Medicines for Walk-in Patients***

Given the Movement Control Order (MCO), there is a temporary blockage in the supply chain for the medicine to patients. Hence, there are numbers of walk-in patients to the clinic to request for medication and some of the drugs are not available in our clinic, for example, List A medication. Pharmacists take the function to help the patient to request medication from nearby clinics or hospitals to ensure the patient has sufficient medication to last until the next appointment date.

### ***Challenge 1: Shortage of PPE Supplies***

The global shortage of PPE supplies (such as N95 mask and hand sanitiser) has been seen globally at the initial stage of the outbreak. All the front-liners have been anxiously and desperately seeking the supplies of PPE from pharmacists. Nevertheless, pharmacists have been trying hard in providing the best services that they could and ensure the supply chain meet the needs by seeking alternatives and providing in-house made PPE supplies to healthcare workers. For example, we made hand sanitiser using chlorhexidine 5% lotion with alcohol 96% while waiting for the stock of hand sanitiser to reach to our facility. Furthermore, we are also diverting some of our available PPE to those needed quarantine center in the same division as they are running of stock at the moment. Other than helping to DIY some PPE supplies, we also help to

create some handmade spacer for nebulisation purposes during emergency cases in the treatment room (Figure 1).



**Figure 1.** DIY spacer using plastic drinking container to use during neb for emergency cases

### ***Challenge 2: Difficulties in Patient Counselling***

Medications counselling is a vital resource that many patients (13), particularly those with asthma and diabetes mellitus in need of drugs on medical devices from their pharmacist. Due to current safety precautions referring to maintain social distancing and mask on, pharmacists need a way to continue this service by conducting counselling sessions in an open space (Outpatient Department waiting lounge) and giving pamphlet or projecting video to show patients on the correct way of using the medical devices. However, the session may take up more extended time of counselling particularly inhaler counselling as patients could not visualise the techniques by just giving instructions verbally.

### **CONCLUSION**

This commentary provides insights into the roles and challenges encountered by the pharmacists who work in public health clinics. Such ideas can be adopted and adapted by any country who have similar healthcare system as in Malaysia given their laws and regulations.

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