

COVID-19 Information

Revisions from 12/4/2020 in Purple

Revisions from 12/8/2020 in Green

BOARD OPERATIONS

The Board office hours are 8:30am – 5:00pm Monday – Friday. *To enforce social distancing requirements, the office will continue to be closed to the public.* Due to the pandemic, the Board will not be answering the main phone line. Voicemail messages will be retrieved by office staff on Thursdays and calls returned by end of day. The Board will continue to respond to all email communications during work hours and will use email as the primary method of communication. Contact information can be found [here](#). The Board will continue to receive and respond to mail, email, and fax correspondence.

The Kansas Prescription Drug Monitoring Program, K-TRACS, will maintain core functions to ensure the system remains fully operational. If you have questions, concerns, or need assistance please e-mail pmpadmin@ks.gov.

The Board will continue to assess the COVID-19 situation and publish updated guidance.

GUIDANCE FROM STATE AND FEDERAL PARTNERS

The Kansas Department of Health and Environment has a COVID-19 Resource Center on their website which allows consumers to subscribe to updates and provides links to frequently asked questions and CDC coronavirus information.

KDHE <http://www.kdheks.gov/coronavirus>
1-866-534-3463 (1-866-KDHEINF)
Monday-Friday 8am-7pm, Saturday 10am-2pm, and Sunday from 1pm-5pm

CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html> (pharmacy specific)

DEA <https://www.deadiversion.usdoj.gov/coronavirus.html>

FDA <https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19>

Critical Point <https://peernetwork.criticalpoint.info/> Register for free peer network level.

NABP <https://nabp.pharmacy/coronavirus-updates/>

KPhA <https://www.pharmacist.com/coronavirus>

APhA <https://www.ashp.org/COVID-19>

Joint Commission [Link to COVID-19 Guidance](#)

OSHA <https://www.osha.gov/Publications/OSHA4023.pdf> (retail pharmacies)

BEST PRACTICE RECOMMENDATIONS

To minimize contact and spread of COVID-19, the Board recommends pharmacies encourage customers to utilize drive-through or delivery where they are available. The Board also recommends requesting customers space themselves out when waiting in line and that the pharmacy consider the use of some sort of counter extension or plastic barrier to establish a larger gap between the customer and the cashier, where possible.

CLEANING AND DETECTION

Pharmacists should use their professional judgment to ensure policies and procedures are in place to protect Kansas patients. The Board has started receiving consumer complaints that pharmacy staff are not wearing face coverings when working in the pharmacy. Pharmacies are required to comply with state and local orders. Governor Kelly issued [Executive Order 20-68](#) which provides that beginning November 25, 2020, all businesses and organizations must require face coverings for all employees, customers, visitors, and members of the public. Face coverings must meet certain requirements, and the applicable circumstances and exemptions are outlined in the Order. As a reminder, the Board may discipline any pharmacist, intern, or technician upon a finding of unprofessional conduct, which includes conduct likely to harm the public. The CDC has also issued standards of practice for pharmacies and pharmacy staff during the pandemic, which include implementation of universal use of face coverings, advising staff who are sick to stay at home, and minimizing close contact between pharmacy staff and patients.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html>

The Board also recommends the following:

- A. As always, pharmacy services must be safely and properly provided at all times. Pharmacies should take proactive steps to prevent the spread of germs and to protect Kansas patients. Proper cleaning, sanitizing, and disinfection procedures must be in place. See CDC's guidance for keeping the workplace safe.
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf>
- B. The United States Environmental Protection Agency (EPA) has published an online listing of disinfectant products approved for use against SARS-COV-2, the coronavirus that causes COVID-19. The EPA list and other EPA virus related information is available online at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- C. Pharmacy staff should be trained on how to recognize symptoms of potential illness and what to do if they develop symptoms or come in close contact with a person known to have COVID-19. See the materials from KDHE and CDC as listed above.
- D. The Board recommends establishing procedures for staff to report potential symptoms or COVID-19 exposure to pharmacy management/the pharmacist-in-charge. Pharmacy management should be trained on appropriate response measures, including any quarantine requirements. The CDC recommends that workers stay home if they are feeling sick or have a sick family member in their home. Municipal or county health orders may also require individuals testing positive for COVID-19 remain isolated in their home. Violation of such an order may be considered unprofessional conduct by the Board.
- E. Make sure pharmacy staff are trained on and use proper handwashing techniques. CDC handwashing recommendations are available online at: https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention-treatment.html

A free CDC handwashing video is also available online at:

<https://www.youtube.com/watch?v=d914EnpU4Fo>.

TEMPORARY PHARMACY CLOSURE

The Board recognizes that situations could occur that may require the pharmacy to temporarily close. Planning is key! The Board encourages licensees to take proactive steps to adopt emergency response plans before an actual emergency occurs.

In the event a pharmacy must temporarily close, licensees should take proactive steps to assist patients and avoid interruptions in patient care:

- A. Provide patients as much advance notification as possible. The Board recommends posting signs/notifications in a publicly visible location such as on main entry doors, near the pharmacy area, and on the pharmacy's website. Other direct patient notification options should also be considered (e.g., HIPAA compliant texts/e-mails).
- B. Patients should be provided instructions and contact information for contacting the pharmacy/speaking with a pharmacist (phone number/e-mail). To avoid medication interruptions, the Board recommends providing directions for transferring prescriptions, if necessary.
- C. Notify the Board by [email](#) if the pharmacy must temporarily close (more than one day) due to COVID-19 and provide follow-up email notification when the pharmacy reopens.

REUSE OF GARB FOR STERILE COMPOUNDING PHARMACIES

Licensees have expressed concerns with potential shortages of gowns, face masks, and shoe covers. The Board recommends talking with your supplier. If a shortage is anticipated, pharmacies should first consider measures to conserve supplies they have on hand. Potential measures could include limiting the number of personnel entering the buffer room/controlled area and modifying staging activities to minimize trips into the buffer room/controlled area.

The Board recommends watching the CriticalPoint® webinar "COVID-19: Downstream Implications for Sterile Compounding" available on their website:
<https://www.criticalpoint.info/>

The Board has approved the reuse of masks per CriticalPoint® suggestion. Please make sure to update policy and procedures and to train staff if there are any changes to current practices.

Note: CriticalPoint® information is being provided for informational purposes only. The webinar was conducted by a private entity and is not officially endorsed or sponsored by the Board. Recommendations/suggestions are solely those of CriticalPoint® and do not necessarily represent the opinions/recommendations of the State of Kansas. In the event of a conflict, Kansas law will apply.

USP has provided recommendations, which can be found on their website:
<https://www.usp.org/sites/default/files/usp/document/about/public-policy/usp-covid19-garb-and-ppe.pdf>. And the FDA has also issued a [letter](#) to healthcare providers on surgical mask and gown conservation strategies, and a [letter](#) regarding glove conservation.

Facilities should decide on and document plans for change and the basis for those changes, including research and guidance. This is a temporary allowance due to shortages resulting from COVID-19.

On April 20, 2020, the FDA released a temporary policy regarding non-standard PPE practices for sterile compounding. Visit: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/temporary-policy-regarding-non-standard-ppe-practices-sterile-compounding-pharmacy-compounders-not>

HAND SANITIZER

The FDA has published guidance on the temporary compounding of hand sanitizer by pharmacies and outsourcing facilities during this emergency period. This guidance can be found at <https://www.fda.gov/media/136118/download>. During the emergency period, the Board will allow over-the-counter compounding of hand sanitizer without a prescription only when the FDA guidance document, including the information regarding formulation and labeling, is being followed exactly. This allowance is in effect until rescinded by the Board as published and noticed on the Board website. The Board does expect all applicable compounding documentation to be maintained in accordance with Kansas compounding regulations for any hand sanitizer products made by registered facilities during this time.

The World Health Organization (WHO) has provided more specific information on compounding hand sanitizer, including the amounts of each ingredient and mixing instruction to achieve the concentrations outlined in the FDA guidance:

https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf

USP also provided information for Compounding Alcohol-Based Hand Sanitizer during the COVID-19 Pandemic.

The Board has become aware of local distilleries manufacturing hand sanitizer rub. The Board does not have jurisdiction over this matter but encourages pharmacies to make sure the manufacturers are following guidelines from FDA, USP, and WHO for mixing and labeling when partnering with these organizations.

REMOTE WORK

The Board has made the decision to temporarily allow remote work by pharmacy employees. This allowance only applies to pharmacies physically located in Kansas and persons licensed or registered with the Board. This allowance will remain in effect and be reviewed by the Board at their meeting on February 19, 2021. Upon review, the Board will provide at least 20 days notice for any plan to discontinue remote work. The Board suggests the pharmacy maintain documentation regarding the employee's high-risk status. The Board expects nonresident pharmacies to allow remote work only in accordance with guidance issued by the governing body in the resident state. The Board guidelines for remote work are as follows:

Pharmacies:

- Remote workers must have secure, electronic access to the pharmacy prescription processing software.
- **Special Reminder from the Board:** Any technology used by pharmacy personnel must meet HIPAA compliance standards. The Board also expects HIPAA safeguards to be in place at the location of remote work so that non-employee persons present at the location are not able to see or have access to patient information.
- The Board will not offer guidance as to whether a pharmacy's established processes meet federally-required security and privacy standards.
- The pharmacy must maintain a document (for 5 years) at the pharmacy that includes:
 - A list of all employees working remotely which shall include:
 - Name and license/registration/permit number of the employee
 - Address where the employee will be located when performing the remote activities
 - Phone number where the employee can be reached when performing the remote activities
 - The date range that the pharmacy conducted remote work activities

- All remote activities must be able to meet Kansas requirements for recordkeeping and documentation including, but not limited to, tracking the specific personnel who performed various steps in the dispensing process.
- All physical dispensing activities (tablet counting, packaging, labeling, compounding, etc.) and final product review must occur on-site at the pharmacy.
- Nothing in this guidance is intended to allow a pharmacy to be open without a pharmacist physically present at the pharmacy. See K.S.A. 65-1637c.

Pharmacists:

- The pharmacist must be licensed in Kansas.
- Any supervision of technicians, including those working remotely, must be conducted by a pharmacist physically located at the pharmacy. A pharmacist working remotely may not supervise a technician.
- The 4:1 technician to pharmacist ratio is still in effect and includes any technician working remotely. See updated K.A.R. 68-5-16, effective February 7, 2020.

Technicians:

- Only grandfathered technicians and technicians that have passed an approved national certification exam may work remotely. This includes technicians with 14- prefixes to their registration number. Technicians with 24- prefixes to their registration number are not allowed to work remotely.
- Technicians may only work remotely during the pharmacy's regular business hours.
- Technicians may perform the following tasks when working remotely:
 - Data Entry
 - Order Entry (hospital pharmacies)
 - Refill queue processing
 - Sending refill requests to prescribers by automated methods
 - Insurance Processing or Billing
 - Contacting patients for clarification of personal data and insurance processing information (i.e., date of birth, insurance information, etc.)
 - *Please note: Patients may be unwilling to provide personal information to a person calling from a phone number unrelated to the pharmacy. Please do not be forceful with patients in these situations and have the technician contact the pharmacy to call the patient directly.*
- While working remotely, technicians may not:
 - Directly contact prescribers or prescriber offices for clarifications or refills
 - Directly contact patients for issues related to medication therapy.
 - *Please note: This list is not exhaustive and the supervising pharmacist should rely on the aforementioned list of approved activities to direct technicians.*
- Any technician working remotely must maintain direct communication capabilities with the supervising pharmacist (located at the pharmacy) at all times. A video component is not required.
- Electronic supervision services are separate from remote supervision allowance provides by the Board. Electronic supervision is already allowed for hospital pharmacies for the supervision of one technician per pharmacy. The pharmacist may still supervise up to the 4:1 technician ratio. See K.A.R. 68-22-1 through K.A.R. 68-22-5.

For interns:

- Except as provided below, interns may work remotely to perform technician functions and are expected to follow the guidelines for technicians. Any hours spent working remotely to perform technician duties shall not count towards the intern hours required by the Board.
- Interns may complete non-patient intern hours remotely through journal clubs, drug updates, presentations, etc. at the direction and discretion of the school and preceptor.
- Interns completing APPE rotations and paid interns with at least a P4 status may work remotely to fulfil non-dispensing functions at the discretion and direction of their preceptor.

DISPENSING CERTAIN MEDICATIONS

On June 15, 2020, the FDA revoked the emergency use authorization (EUA) for chloroquine and hydroxychloroquine for treatment of certain hospitalized patients with COVID-19. The Board continues to encourage vigilance in processing new prescriptions for chloroquine and hydroxychloroquine and recommends reaching out to prescribers to verify diagnosis. The Kansas Board of Healing Arts and Kansas Board of Nursing have also published guidance on this topic.

DEA GUIDANCE ON PRESCRIBING AND DISPENSING CONTROLLED SUBSTANCES

In light of the Public Health Emergency, DEA recognizes that it may not be feasible for a practitioner to deliver a Schedule II controlled substance follow-up paper prescription to the pharmacy within 7 days as required by 21 CFR 1306.11(d)(4). Therefore, the DEA has granted practitioners 15 days within which to provide that prescription to the pharmacy. This exception is limited to emergency oral prescriptions only. Make sure to maintain a copy of the prescription in the patient records. The Board concurs with DEA's exception to the regulations in Kansas until it is rescinded by the DEA. For additional information from the DEA, visit [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-021\)\(DEA073\)%20Oral%20CII%20for%20regular%20CII%20scrip%20\(Final\)%20+Esign%20a.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-021)(DEA073)%20Oral%20CII%20for%20regular%20CII%20scrip%20(Final)%20+Esign%20a.pdf).

The DEA has also provided a decision tree for prescribing and dispensing of controlled substances during the public health emergency, which is very useful. Please review it at: [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf?fbclid=IwAR17GqSeVEN2L5eU2ZExer5vPuies_7YusN05U93SZAs3PJ1n8dsnYMZU](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf?fbclid=IwAR17GqSeVEN2L5eU2ZExer5vPuies_7YusN05U93SZAs3PJ1n8dsnYMZU).

The Board will not pursue disciplinary action against licensees or registrants that operate in accordance with the DEA COVID-19 5% rule exception. [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-029\)\(DEA085\)_DEA_5_percent_practitioner_exception_\(final\).pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-029)(DEA085)_DEA_5_percent_practitioner_exception_(final).pdf)

GUIDANCE FROM KANSAS HEALING ARTS AND NURSING

The [Kansas Board of Healing Arts](#) and the [Kansas Board of Nursing](#) have also been providing guidance to the public concerning waivers of their statutes and regulations. Many of these pertain to the prescribing of medications or relate to the practice of pharmacy. Please review their guidance, as well.

COVID-19 TESTING

The Board has clarification from the Governor's Office that Executive Order 20-26 does not authorize a pharmacist to perform COVID-19 testing unless the pharmacist works in a "healthcare facility" and the pharmacist is conducting testing "necessary to support the facility's response to the COVID-19 pandemic." The practice of pharmacy in Kansas, as outlined in

K.S.A. 65-1626a, does not include point-of-care testing except as may be authorized by a collaborative practice agreement.

However, the U.S. Department of Health and Human Services has recently issued the following advisory opinion: <https://www.hhs.gov/sites/default/files/advisory-opinion-20-02-hhs-ogc-prep-act.pdf>. Based on U.S. Secretary Alex Azar's [declaration](#), HHS concluded that the PREP Act, in conjunction with the Secretary's March 10, 2020 declaration, preempts any state or local requirement that prohibits or effectively prohibits a pharmacist from ordering and administering FDA-authorized COVID-19 diagnostic testing. The opinion notes that the Secretary specifically designated licensed pharmacists as qualified persons to administer COVID-19 tests regardless of state licensing laws. The Board strongly encourages pharmacies and pharmacists to review the advisory opinion prior to taking any action.

Guidance issued by HHS on October 21, 2020 also authorizes qualified pharmacy technicians and pharmacy interns to administer COVID-19 tests, including serology tests, that the FDA has approved, cleared, or authorized. See <https://www.hhs.gov/about/news/2020/10/21/trump-administration-takes-action-further-expand-access-vaccines-covid-19-tests.html>.

KDHE is rolling out a pilot program through the end of 2020 to expand COVID-19 testing to Kansans. To maximize testing, KDHE is partnering with local organizations to provide support on administering tests. KPhA has released onboarding material for pharmacies interested in participating in this program. In addition, the pharmacies that plan to participate in the State's collection payment program will be listed as a testing site on the Kansas testing website alongside other locations. Pharmacies will be able to redirect overflow to nearby vendors in cases of capacity concerns. Information can be found using this link: <https://kansaspharmacistsassociation.wildapricot.org/resources/Documents/COVID-19/KDHE%20Testing/2020%2012%2001%20KDHE%20Testing%20Email.docx>

IMMUNIZATIONS

The U.S. Department of Health and Human Services has expanded the PREP Act to include authority for pharmacists, pharmacy interns, and pharmacy technicians to provide immunizations. Such authority supersedes the authority of the State of Kansas related to immunizations (KSA 65-1635a).

According to HHS, this amendment independently authorizes State-licensed pharmacists to order and administer FDA-approved immunizations to children ages 3-18 years, and order and administer COVID-19 immunizations (once authorized by the FDA). In addition, HHS has granted authority for interns and technicians to administer these immunizations under the direct supervision of the pharmacist who has ordered the immunization. All pharmacy personnel are required to be properly licensed/registered in Kansas to perform these functions. The authority is subject to the following requirements:

- Participating pharmacists, interns, and technicians must:
 - Complete an ACPE immunization certification course;
 - Have a current CPR certificate. No expiration date waiver is allowed.
 - Complete a 2-hour, ACPE-approved continuing education course in immunizations within the current state license period. Note: This is not required by Kansas law, but is required to be eligible under the PREP Act and will count toward Kansas CE requirements.
- Comply with Kansas immunization recordkeeping and reporting requirements, including informing the patient's primary-care provider, submitting to Kansas WebIZ, reporting adverse events, and complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine. See K.S.A. 65-1635a.

- Inform any pediatric patient and the patient's adult caregivers of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate.
- The ordering and supervising pharmacist must be readily and immediately available to the pharmacy technician administering the immunization.

The federal guidance **does not** require a physician protocol and independently authorizes pharmacists to order immunizations. Pharmacists may continue using a physician protocol but cannot update the protocol to cover any immunization not authorized by KSA 65-1635a.

Review the HHS guidance for additional requirements. Links to HHS guidance:

- <https://www.hhs.gov/about/news/2020/08/19/hhs-expands-access-childhood-vaccines-during-covid-19-pandemic.html>
- <https://www.hhs.gov/about/news/2020/09/09/trump-administration-takes-action-to-expand-access-to-covid-19-vaccines.html>
- <https://www.hhs.gov/about/news/2020/10/21/trump-administration-takes-action-further-expand-access-vaccines-covid-19-tests.html>

The Kansas Department of Health and Environment has published the State COVID-19 Vaccination Plan, which can be access here: <https://www.coronavirus.kdheks.gov/284/COVID-19-Vaccine>. Information includes COVID-19 vaccination provider recruitment and enrollment; ordering, distribution, and inventory; and storage and handling; and documentation and reporting. Make sure to check for any updates!

KPhA has announced the first in a series of immunization training courses to prepare pharmacists and pharmacy technicians to administer vaccines. Registration information can be found on their website at: <https://kansaspharmacistsassociation.wildapricot.org/event-4072343>.

TECHNICIAN REGISTRATIONS

The State Finance Council has extended the expiration dates for certain licenses and registrations. As a result, the expiration date for Kansas technician registrations that expired October 31, 2020 have been extended to December 15, 2020. This can be confirmed by reviewing the [eLicense verification page](#).

For technicians registered after July 1, 2017 that must pass a certification examination prior to renewing this year, proof of successful completion of the exam must be provided when you renew. Due to the limited number of examination seats and the extension of the technician registration expiration date, the Board will allow technicians that have not passed the exam to submit a request for a six-month extension by submitting [Form LA-75](#) to the Board no later than December 15, 2020. If the request is approved, the technician will have an additional six months to pass the exam (June 15, 2020). The technician must still renew their registration prior to December 15, 2020.

FINGERPRINTING

Fingerprinting is required for all initial applications. Fingerprinting may be done in your state of residence using the FBI's [FD-258 Form](#). You can be fingerprinted at most law enforcement agencies, including your local sheriff's office, police department, or correctional facility. The Kansas Bureau of Investigation will also do fingerprinting. Electronic or scanned fingerprints are accepted by the Board as long as they are printed and submitted using the FD-258 Form.