# Ralphs Professional Relations Committee meeting 1-25-23:

Scheduled start time: 10am

In attendance (\*= via zoom):

#### UNION:

Kathy Finn (770 Presiden)\*; Andrea Zinder (324 President), Kristen Merritt (Pharmacist Local 324), Janteen Yeftadounaee (Pharmacist Local 770)\*, Nicolette Santilli (Pharmacist Local 1442)\*; Isaac Cheng (Pharmacist Local135)\*,Matt Bruno (1167 Secretary Treasurer)\*; Rebecca Ad; Julian Gonzalez (1442 Union Representative)\*; Joe Kabler (770 Union Representative)\*, Andres Pinzon (135 Union Representative)\*, Grant Tom (135 Secretary-Treasurer)\*, Joe C (135 Union Representative)\*

#### Corporate:

Danny Ly (Pharmacy DM), Rachel Hakakzadeh (Pharmacy HR), Sean Luhring (Labor Relations)

# **Issues To Be Addressed:**

- 12-hr pharmacist: Lunch and dinner breaks
  - <u>SB 1442</u>
- Naloxone:
  - <u>Request for Emergency Policy to be updated to include</u> <u>naloxone for the pharmacies and stores</u>
- TeleHealth CII
- 12-hr pharmacist: Lunch and dinner breaks
  - Expressed gratitude for company assistance in establishing a designated lunch, and creating signage for stores.
  - Opened discussion regarding 2nd lunch (eg potentially closing as done for lunch)
- SB 1442 (Tech coverage)
  - Requesting a formal, standardized on-the-job training; Need more involvement at store level to reiterate importance and legal requirements to flex.
  - Of note, there are reports of greater collaboration/assistance from GM Store leadership to this end. This includes working with the store to identify ancillary staff.
    - At this point, it does largely fall on Pharmacy Leadership (PL) eg PIC to voice if they have any staffing issues.
    - Staff onboarding can take up to 30 days (eg to complete: Drug test and background check; then can get log in/id; Training modules: KnowMe limitations (eg time to load up)
      - However, they can function in the role of a clerk in this interim.
    - There is no formal guidance or maximum time established by the BOP to deem what is an appropriate time to respond/assistance.
      - eg pharmacist will need to use judgment if assistance cant be offered within x min

- While the BOP does not define 'an appropriate amount of time', 5 minutes was suggested by a PDM at this meeting; it comes down to the pharmacist's judgment. Per PDM, pharmacists can proceed with tasks that do not require clinical judgment <u>w/o any</u> repercussions (e.g. solely manning the register; no clinical task).
- It was reiterated by corporate: Patients may be dismayed/complain about such situations but this will be part of the new status quo (and noted parallels 'lunch periods' implimentation). Noted that it will take time for patients to get used to this policy as well.

## Naloxone:

- Proposed updated emergency protocol for pharmacy and store, training for store management for naloxone and epipen:
  - <u>Concern</u>: Administration of Naloxone in pharmacy/pharmacy hours and liability carried with it
- o <u>Company</u>:
  - Risk management makes the response protocol; will reach out to them and see if that is something we can include; Potential to bring this to attention of BOP as more data is obtained globally
  - Concern is can we administer
    - Working with BOP for clarification
      - Right now, we can not. Only paramedics and police. You would need to know them or that they are on opioid.
      - SL can get their own naloxone; but they would be liable for any fallout currently.
      - Epipens (that is available on-hand vs personal epipen) are different because we know what the cause may be if we just administered a vaccine.
  - May be best to call 911 and have them guide you
- **<u>PRC leadership</u>**: recommended educating front end on s/s of overdose since rampant issue

### Telehealth and CII:

- Concerns around legitimacy and volume of CII (mainly ADHD stimulants) from TeleHealth.
  - Concerned about lack of formal guidance on how to address these.
  - Looking for consistency in response to these patients.

### Of point from Corporate:

- Provider must be licensed in CA
- We have left it up to pharmacist discretion
- o If at store level they flag/report Rx, corporate can flag or ban certain providers.
- Ralphs needs to await Kroger parent company when making a policy change; reiterated that it is important for that at store level, we're communicating these issues to PDMs.

- CSD option/documentation
  - Many pharmacist not aware of this feature
  - **PRC leadership** request this feature be communicated to pharmacist
  - <u>Corporate Leadership</u>: acknowledge and spoke to value of reiterating this feature.
    - Policy refresher; open to creating resources/documents as a policy refresher.
    - Also addressed, due diligence (facts/documentation) and pharmacists taking ownership/not shying away for a discussion.
    - Prescribers can be blocked. Contact DM.

Miscellaneous:

- Vaccines:
  - No stores currently voicing any concerns.
  - If there are any shortages, please communicate with leadership about transferring vaccines.

Next PRC meeting:

May 11th, 2023; 10am