

Pharmacy - Guidance to Minimizing the Risk of Coronavirus Exposure amid COVID-19 April 19, 2020

Purpose: To provide guidance for CommonSpirit Health (CSH) pharmacy personnel to minimize their risk of exposure to the novel coronavirus (SARS-CoV-2) and reduce the risk for customers during the COVID-19 pandemic. Principles of infection prevention/control and social distancing as outlined below should be implemented without delay where possible.

Audience: Pharmacies in acute care, retail and clinic settings

Procedure:

1. The pharmacist-in-charge (PIC) or designated person is responsible for:
 - a. developing/reviewing (if developed previously) the pharmacy policy to reflect current processes
 - b. ensuring all pharmacy personnel receive notification and training on current processes
 - c. ensuring principles of infection prevention and control along with social distancing are adhered to
 - d. advise pharmacy personnel who are sick to stay at home and away from the work place until they have recovered

Principles of infection prevention/control and social distancing

1. Implement universal use of face coverings: Everyone entering the pharmacy should wear a face covering for source control (i.e. to protect other people in case the person is infected), regardless of symptoms.
 - a. Pharmacy personnel
 1. When available, facemasks are generally preferred over cloth face coverings for healthcare professionals (HCP) for source control. If there are shortages of face masks, face masks should be prioritized for HCP who need them for PPE.
 2. Pharmacists and pharmacy technicians should always wear a face mask while they are in the pharmacy for source control.
 3. Pharmacy staff conducting COVID-19 testing and other close-contact patient care procedures that will likely elicit coughs or sneezes (e.g., influenza and strep testing) should use a respirator and must be trained to the proper use complying with the OSHA Respiratory Protection standard (29 CFR 1910.134).
 4. Cloth face coverings should not be worn by staff instead of a respirator or face mask if more than source control is required.
 - b. Non-pharmacy personnel
 1. Cloth face coverings should be used for non-pharmacy personnel entering a pharmacy such as customers, delivery personnel, and persons servicing the pharmacy.
 2. Cloth face coverings should not be placed on young children under the age of 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
2. Strategies to minimize close contact between pharmacy personnel and non-pharmacy personnel
 - a. Engineering Controls: to minimize close contact (i.e. where a customer and pharmacy personnel interact such as pickup/drop off counter).
 1. Minimize physical contact with customers and between customers.
 - i. Maintain social distancing (6 feet between individuals) for people entering the pharmacy as much as possible.
 - ii. Use signage/barriers and floor markers to instruct waiting customers to remain 6 feet back from a counter, from other customer interfaces, and from other customers and pharmacy staff.

2. Install a section of clear plastic at the customer contact area to provide barrier protection (e.g., Plexiglas type material or clear plastic sheet) to shield against droplets from coughs or sneezes.
 - i. Configure with a pass-through opening at the bottom of the barrier for people to speak through or to provide pharmacy items, if feasible.
- b. Retail Pharmacy Administrative Controls
 1. Encourage prescribers to submit prescription orders via telephone or electronically.
 - i. Develop procedures to avoid handling paper prescriptions, in accordance with appropriate state laws, regulations, or executive orders.
 2. After a prescription has been prepared, place the packaged medication on a counter for the customer to retrieve instead of handing directly to the customer.
 3. Avoid handling insurance or benefit cards. Instead, have the customer take a picture of the card for processing or read aloud the information that is needed (in a private location so other customers cannot hear).
 4. Employees and customers should avoid touching objects that have been handled by others:
 - i. If transfer of items must occur, individuals should wash their hands afterwards with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.
 - ii. Individuals should always avoid touching their eyes, nose, or mouth with unwashed hands.
 5. Discontinue the use of magazines and other shared items in pharmacy waiting areas. Ensure that the waiting area is cleaned regularly.
 6. Promote social distancing by diverting as many customers as possible to drive-through windows, curbside pick-up, or home delivery, where feasible.
 - i. Add outdoor signage asking customers to use the drive-through window or call for curbside pick-up.
 - ii. Include text or automated telephone messages that specifically ask sick customers to stay home and request home delivery or send a well family member or friend to pick up their medicine.
 7. Limit the number of customers in the pharmacy at any given time to prevent crowding at the pharmacy counter or checkout areas.
 8. Encourage the use of and have hand sanitizer and/or disinfectant wipes available at entrances, exits, and/or register locations for use by customers.
 9. Pharmacists who are providing patients with chronic disease management services, medication management services, and other services that do not require face-to-face encounters should make every effort to use telephone, telehealth, or tele-pharmacy.
 10. Postpone or reschedule delivery of some routine clinical preventive services, such as adult immunizations, which require face to face encounters. Pharmacy staff can ensure that patients seeking vaccinations are sent reminders to return to the pharmacy at a later date.
 11. Close self-serve blood pressure units.
3. General cleaning strategies for main pharmacy and customer waiting areas
 1. For hard non-porous surfaces, clean with detergent or soap and water if the surfaces are visibly dirty prior to disinfecting*.
 2. Clean and disinfect* frequently touched objects and surfaces such as workstations, keyboards, telephones, and doorknobs.
 3. Frequently clean and disinfect* all customer service counters and customer contact areas.

*Disinfectant information:

[EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#)

DISCLAIMER: COVID-19 information is rapidly changing and documents will be updated accordingly .

Reference:

CDC Considerations for Pharmacies during the COVID-19 Pandemic

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

Prepared by:

Jacquelyn Cituk, CommonSpirit Health Program Manager - Pharmacy Compliance

Jacquelyn.Cituk@DignityHealth.org

Distributed by: Robynn Pruett, Interim System Vice President, Pharmacy Operations and Clinical Services

RobynnPruett@catholichealth.net