COVID-19 –GUIDE FOR COMMUNITY PHARMACY

March 2020

The accessibility of community pharmacy means people may present with indications they have the coronavirus, or COVID-19. The following information should be used to prepare the pharmacy to respond to the COVID-19 outbreak and should be used in conjunction with normal pharmacy operating protocols.

Preparing the pharmacy
Normal infection control protocols need to be observed at all times.

Prepare appropriate signage at the pharmacy’s entry points asking people that self-identify as ‘at risk’ of COVID-19 to highlight this to staff immediately.

Community pharmacies should have a space where you can isolate a patient/s who are suspected of being infected with COVID-19 as well as any accompanying family or carers. If a consultation or isolated room is not available, an area needs to be identified that will keep a patient or patients at least 2m from staff and other patients in the pharmacy. This area should be able to be cordoned off when in use with a suspected COVID-19 case.

The room/area needs to be free of clutter and non-essential furniture and items to make any necessary decontamination easier after the patient/s has left.

The room/area should have a patient ‘support pack’ which could include bottled water, disposable tissues and a clinical waste bag.

There should be a mechanism to ensure there is regular contact between suspected patient/s and designated pharmacy staff whilst the patient/s are in the isolation room/area.

Prepare signage for the room/area such as “DO NOT ENTER unless authorised and wearing PPE” for use as necessary.

Preparing staff
Pharmacy staff should be briefed on:

- Reporting to their supervisor if they have a travel or contact history or suspected COVID-19 symptoms
- Roles and responsibilities of each staff member
- Identified staff member to manage the situation
- The need to avoid contact with suspected cases
- Use of Personal Protective Equipment (PPE) if required to be in contact with patient
- Isolation procedures and use of the room/area
- Cleaning and disinfecting procedures
COVID-19 identification
In order to determine a suspected case of COVID-19, a pharmacist should establish the following:

Does the patient have clinical symptoms including:
- Fever OR
- Cough (with or without fever)
- Shortness of breath (with or without fever)

AND, has the patient:
- recently travelled to, or through, an at-risk country in the 14 days before onset of illness OR
- been in close or casual contact in the 14 days before onset of illness with a confirmed case of COVID-19.

If the patient does not have travel or contact history, pharmacies should proceed with normal operating protocols for symptom assessment and management.

During presentation
For suspected cases, pharmacy staff should:
- Immediately give the patient/s and accompanying family or carer a surgical mask and ensure it is fitted correctly.
- Escort the patient/s and accompanying family or carer to an isolated room/area to discuss their condition.
- Avoid direct physical contact with the patient/s and exposure to respiratory and other secretions.
- Ensure staff dealing with the patient/s are wearing masks and other protective equipment (gloves, eye protection, aprons if contact is necessary).
- Assist the patient/s to contact their doctor to arrange to be assessed and testing conducted.
- If the patient/s is seriously unwell, or their doctor cannot assess them, arrange for transport to hospital. If necessary, by ambulance.
- If the patient/s is able instruct them to return home and self-isolate until they have arranged with their doctor to be tested.
- After the consultation, remove gloves/gown, perform hand hygiene, remove eye protection, perform hand hygiene, remove mask and perform hand hygiene.

After a presentation
- Keep the door shut /area cordoned off.
- Open windows if possible.
- The room/area should not be used until disinfected. The person cleaning the room/area should wear gloves, gown and surgical mask.
- Waste from the potentially contaminated area should be removed and discarded as clinical waste.
- If a suspected case has spent time in a communal area - a waiting area or toilet facilities - these areas should be cleaned with detergent and disinfectant as soon as possible.
- After cleaning, areas can be returned to general use immediately.