



## COVID-19 –GUIDE FOR COMMUNITY PHARMACY

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### 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.