PHARMACY INFECTION CONTROL MEASURES DURING COVID-19

Introduction

Community pharmacies and pharmacy teams are on the frontline in supporting patients and the public during this challenging period. Pharmacies across the province have taken various steps to minimize the risk of COVID-19 for their staff and their patients.

Every effort must be made at this time to make pharmacy environments safe for the public and for pharmacy practitioners. For some, significantly limiting in-person public access through curbside service, deliveries, physical barriers and other innovative methods are feasible strategies. As healthcare providers in the community, it is important that pharmacies are leaders in infection control practices by implementing appropriate safety measures in their pharmacies.

The measures included in this document are intended to help reduce the risk of transmission of COVID-19 in community pharmacies in Nova Scotia. They are based on best available evidence and recommendations of provincial, national and international organizations, including Nova Scotia Public Health, the Public Health Agency of Canada, the Centres for Disease Control and Prevention and the World Health Organization. Nonetheless, best practice recommendations are evolving. Pharmacies should continue to adhere to Public Health directives.

If not already in place, these measures should be implemented where possible. For clarity, the inability to implement all the measures does not require a pharmacy to close. While effective implementation of these measures will require time and effort, safety in the pharmacy needs to be a top priority.

Hierarchy of Controls

The hierarchy of controls outlines control methods at the top of graphic that are potentially more effective and protective than those at the bottom. Instituting controls at multiple levels also increases the safety of pharmacy staff and the public.

- **Elimination controls** such as passive screening to eliminate exposure.
- **Engineering controls** or physical/environmental measures such as plexiglass shields.
- **Administrative controls** such as policies and procedures that lower the risk of exposure, including encouraging proper hand hygiene.
- **Personal protective equipment** for pharmacy staff as determined by their level of risk.

* substitution controls are not possible during a pandemic.
Pharmacy Safety Measures in Order of Hierarchy Level

Elimination Controls

Screen customers who present to the pharmacy

During opening business hours, a person dedicated to screening should be present either directly inside or outside the pharmacy’s public entry point. Screening can be used to conduct a risk assessment and to educate customers about the infection control procedures in place in the pharmacy.

- Pharmacies should post a sign at the pharmacy’s entrance and at pharmacy counters communicating that individuals who are symptomatic or believe they may have been exposed to COVID-19 should not enter the pharmacy and to contact 811. Signs should include the graphic of a stop sign and be in a bright colour to attract attention.
- Patients who present to the pharmacy and self-identify that they have been exposed or are showing symptoms identified by Public Health as warranting a call to 811, or other symptoms that they are a concern to them, should be instructed to go home and call 811 for further assessment. The process that has been established by 811 to schedule assessments does not enable pharmacists to refer patients to the assessment centres at this time. If a patient presents and is very ill, they should be directed to a hospital or to call 911.
- The person responsible for screening should be trained to do the following:
  - Use the provincial COVID-19 screening tool to identify persons who are symptomatic or have been in close contact with someone who has screened positive for COVID-19.
  - Ask customers to use handwashing stations or hand sanitizer (if available).
  - Direct customers to use remote renewal methods and prescription delivery to minimize visits when possible.
  - Educate customers on measures that need to be followed upon entering the pharmacy (e.g., handwashing, following routes, strategies to reduce time in the pharmacy).
  - Enforce rules regarding maximum number of people in the pharmacy.

Engineering Controls

Reduce the number of customers in the pharmacy

During opening business hours, a person dedicated to access control should be present either directly inside or outside the pharmacy’s public entry point. Reducing the number of customers in the pharmacy allows for appropriate physical distancing.

- Pharmacies should reduce all public entry to the pharmacy to one entry point.
- Pharmacies should identify two routes for customers that are one-way to avoid customers crossing one another:
  - One route for patients who need to access the dispensary.
  - One route for those who need to access other sections of the pharmacy, including the post office (if applicable).
• Pharmacies should conservatively calculate the number of people that can circulate in each route and comply with physical distancing rules (2 metres or 6 feet apart) and establish the maximum number of customers that can be in the pharmacy.
• If there are customers waiting outside of the pharmacy to enter, physical distancing rules should be enforced outside of the pharmacy as well.
• Pharmacies should not provide any inducements that would unnecessarily bring added foot traffic to the store during this public health emergency.

Install physical protective measures at customer/employee interaction points

Different than personal protective equipment (e.g., masks and gloves), physical protection measures (e.g., plexiglass) protect people, by physical means, when they interact with each other to reduce the risk of virus transmission.
• Pharmacies should place visual markers (e.g., adhesive tape, decals) in the appropriate places on the floor to demonstrate appropriate physical distancing.
• Some pharmacies have installed plexiglass screens at all interaction points in the dispensary and at the front of store.
• If physical protective measures are not taken, strict enforcement of physical distancing rules should be undertaken.

Administrative Controls

Equip all pharmacy entry points with hand sanitizer or handwashing stations

Handwashing that lasts at least 20 seconds with soap and water or with an alcohol-based hand sanitizer with at least 60% alcohol is an effective method to reduce virus transmission. While it is challenging to procure handwashing stations and hand sanitizer at this time, ongoing effort should be made to establish this key safety measure.
• Pharmacies should provide a handwashing station, hand sanitizer dispenser or disinfecting wipes at all points of entry to the pharmacy (both public and staff entrances).
• A poster demonstrating appropriate hand hygiene techniques should also be posted nearby.

Frequently clean and disinfect the pharmacy

Cleaning and disinfecting are important measures to reduce the risk of virus transmission, which can survive on surfaces for periods ranging from a few hours to a few days.
• Cleaning always precedes disinfection and should be done from entry to exit and from top to bottom (e.g., from the counter to the floor, including plexiglass installations) using soapy water.
• To disinfect, pharmacies should use products with a Drug Information Number (DIN) and labeled as a broad spectrum virucide. Pharmacies should consult the Health Canada’s list of hard-surface disinfectants for use against coronavirus for an up-to-date list of all effective disinfectant products. Common agents that are effective against COVID-19 include:
  – Sodium hypochlorite 0.5%/5000ppm (1-part household bleach to 9-parts water)
– 70% ethyl or isopropyl alcohol
– Accelerated hydrogen peroxide 0.5% (Virox®)

- Pharmacy staff members should wear washable or disposable gloves and use paper towels when cleaning and disinfecting.
- Surfaces that have frequent contact with hands should be cleaned and disinfected twice daily and when visibly soiled (e.g., desks, counters, swinging doors leading to the dispensary, tables, seating areas).
- Frequently touched surfaces should be cleaned every 30-60 minutes and immediately after interaction with a symptomatic patient (e.g., door handles, pin pads, light switches, toilet handles, counters, handrails, touch screens, electronic signature pads, carts and baskets).
- A cleaning checklist and log should be developed to assist pharmacy staff in ensuring comprehensive routine cleaning.
- Pharmacy washrooms should only be used by staff and public access should be restricted at this time.

**Safety measures in the dispensary**

As pharmacy staff members often work closely with one another, it is important to frequently clean and disinfect the dispensary and adhere to social distancing rules where possible.

- Pharmacies should consider splitting pharmacy staff into teams to avoid cross-contamination should a pharmacy staff member become ill.
- Pharmacy staff members should avoid sharing workspaces whenever possible (1 person = 1 workspace).
- If a pharmacy staff member has a dedicated workspace, they are responsible for disinfecting the workspace before they begin work and upon leaving.
- Pharmacy staff should disinfect surfaces that are used by pharmacy staff members, including telephones, keyboards and mice, scanners, and plexiglass shields, every 30-60 minutes.
- Surfaces that have frequent contact with hands should be cleaned and disinfected twice daily and when visibly soiled (e.g., desks, counters, swinging doors leading to the dispensary, tables, seating areas).
- A cleaning checklist and log should be developed to assist pharmacy staff in ensuring comprehensive routine cleaning.
- Pharmacy staff members should keep a distance of 2 metres (6 feet) from each other as much as possible.
- Pharmacy staff members should maintain social distancing in common areas used for breaks and meals.

**Establish staff hygiene routines**

In addition to cleaning the physical space, individual hygiene measures are essential to reduce the risk of virus transmission. The measures below should be part of the routine habits of each pharmacy staff member as they are intended to both protect the individual and all pharmacy staff members they are working with.

- All pharmacy staff should wash their hands upon entering the pharmacy, after every patient contact and frequently throughout the day.
- Pharmacy staff members with long hair should tie it back to avoid touching their face.
- Pharmacy staff members should not wear any accessories (e.g., watch, jewelry, belt) as they are important vectors and difficult to disinfect.
• Pharmacy staff members should have a dedicated space for coats and shoes. Pharmacy staff should have a pair of shoes that they can leave at work and should disinfect them at the end of each day.

Personal Protective Equipment (PPE)

Implementing higher level elimination, engineering and administrative protective measures in the pharmacy will reduce situations where pharmacy staff may be in close contact with potentially infected patients. In instances where higher-level measures cannot be used, pharmacy staff members should consider the use of PPE when available. COVID-19 is spread through droplets and is not spread by airborne transmission. Therefore, droplet precautions are sufficient to protect healthcare workers from developing COVID-19 during direct patient care.

While it is challenging to procure medical procedure masks and other forms of PPE at this time, ongoing effort should be made to establish this key safety measure. Conservation of available PPE is also important to ensure ongoing availability of the right PPE, for the right people, for the right situation.

• Pharmacy staff members should perform a risk assessment to determine whether performing a requested pharmacy service can be done safely, including:
  – using the provincial COVID-19 screening tool to identify persons who are symptomatic or have been in close contact with someone who has screened positive for COVID-19;
  – determining whether the service requested is essential or can be deferred;
  – identifying the risks involved in performing the requested service (e.g., whether providing the service requires being within 2 metres of the patient); and
  – determining whether the appropriate PPE to perform the requested pharmacy service is available.

• Given that there is now community transmission in Nova Scotia, pharmacy staff members should use a surgical/procedure mask when they are unable to maintain a distance of 2 metres (6 feet) from co-workers in the dispensary or when performing direct patient care that requires the patient to be within 2 metres (6 feet) (e.g., drug administration, point of care testing, physical assessment).

• Pharmacies should continue to consult best practice recommendations for use of PPE, including how to appropriately don and doff PPE, compiled by the Canadian Pharmacists Association and the NSHA/IWK Health Centre Spectrum Apps.

Conclusion

Now more than ever, community pharmacies need to remain a safe space for both the public and pharmacy staff. The implementation of the safety measures described in this document are intended to improve the safety of the pharmacy environment and to support the pharmacy’s adherence to public health guidance. It is critical that all pharmacies work together cooperatively and collaboratively as healthcare professionals in the effort to combat the spread of COVID-19 and ensure continuing care to patients in their communities.

It is possible that additional measures not outlined in this document may need to be taken by community pharmacies due to their unique circumstances and clientele. Every effort should be made to take the most appropriate measures to ensure that pharmacies remain a safe environment for all.