ICPA

INDEPENDENT COMMUNITY PHARMACY ASSOCIATION

COVID-19: SOP Guidelines for Community Pharmacy

Actions a community pharmacy should take in managing contact with, and presentations of patients who suspect they may have COVID-19.

Community pharmacies are to note that for security and information governance the National Department of Health and National Institute for Communicable Diseases (NICD) will be the primary means for the cascade of information, links to resources, guidance and notification of amendments/revisions and incident notification.

COVID-19: SOP Guidelines – Contents:

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Provinces have activated outbreak response teams and are on high alert to detect and manage inadvertent cases that may arrive in the country.

#coronavirus

Patient Contact in the Pharmacy:

a. Most patients presenting in community pharmacies are unlikely to have COVID-19.

b. If they have coughs, colds or flu-like symptoms but no relevant (COVID-19) travel or contact history, pharmacies should proceed in line with best practice and routine management of the cross-infection risks to staff/patients.

c. Pharmacy staff are to be made aware of this SOP, the current guidance and case definitions and need to be able to carry out an ***initial risk assessment*** of patient's travel/contact history with regard to COVID-19.
(https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen)

d. A possible case of COVID-19 needs to meet **both** the *clinical symptoms* **AND** have a *travel history,* including travel to, or transit through (for any length of time), the identified risk countries **OR** contact with a **confirmed** case of coronavirus.

e. If a patient is presenting with symptoms **14 days or longer after meeting the above,** they **do not** meet the case definition and **can be handled as normal.**

Patient Contact by Phone:

For concerned patients contacting the pharmacy by telephone, an accurate travel history is key to identifying risk of COVID-19 cases.

The nicd.ac.za or health.gov.za site should be checked at the beginning of the day to ascertain the most up-to-date country travel information. (alternative-
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen)

If the patient answers Yes to any of the following questions:

a) *Have you been to any of the infected areas in the last 14 days (even if you do not have symptoms)?*

b) *Have you travelled to any of the infected areas in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*

c) *Have you been in close contact with someone with confirmed coronavirus?*

If you patient has answered yes to any of these questions, ask a secondary question:

a) *Have you been advised to self-isolate?*

For Patients in Self-Isolation:

Patients who are self-isolating for COVID-19 should not be brought into the pharmacy premises.

Patients should contact *Coronavirus Hot Line 0800 029 999* for further assessment and referral as necessary to a designated receiving service if the requirement for care is an emergency. <u>Reinforce self-isolation advice.</u>

Patients in self-isolation seeking advice on urgent pharmacy care:

If care/advice cannot be provided over the telephone, please ask the patient to call the Toll-Free Hot Line

For patients not in self-isolation Advise patient to contact and seek advice **Coronavirus Hot Line 0800 029 999** on their symptoms and recent travel/contact history.

Steps for: Patients Presenting in the Pharmacy for a consultation regarding possible COVID-19:

ON ARRIVAL

Make sure patient information posters are displayed **OUTSIDE THE PHARMACY** so they can be seen <u>before patients enter the premises.</u>

Patient information should be displayed at reception, the medicines counter, waiting areas and at patient access points to clinical areas. Pharmacy staff need to be aware of the travel advice on. nicd.ac.za or health.gov.za

When discussing with concerned patients the possibility of COVID-19, case definition may be assessed using the following questions:

a) *Have you been to any of the infected areas in the last 14 days (even if you do not have symptoms)?*

b) *Have you travelled to any of the infected areas in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*

c) *Have you been in close contact with someone with confirmed coronavirus?*

In the unlikely event that someone presents to the pharmacy with suspected COVID- 19 and answers Yes to any of the questions above:
The default is to advise the patient to return home immediately and call Coronavirus Hot Line 0800 029 999

In addition, you should contact **NICD Hotline +27 (0) 82 883 9920** (for use by healthcare professionals only via the healthcare professional direct number access number)

A patient with a relevant travel history, and who in the clinical judgement of the pharmacist is too unwell to return home, should be invited into the designated isolation space, along with any accompanying family/representative, away from other patients and staff.

The patient should then be advised to contact **Coronavirus Hot Line 0800 029 999** from the designated isolation space:
The patient will need to state where they are calling from and provide contact details for the pharmacy. While the pharmacy may phone 0800 029 999 on behalf of the patient, the HOT LINE may need to ring the patient back, so the best option is to advise the patient, if they have one, to **use their own mobile phone.**

The Coronavirus Hot Line clinician will contact the pharmacy after their assessment to advise on whether the patient meets the case definition and provide advice on next steps, which may be:

a) The case definition is not met, and the pharmacy consultation may be resumed

b) The case definition is met and to maintain patient isolation in the current location pending transfer to a defined destination.

c) While waiting for advice from Coronavirus Hot Line, establish a routine for regular communication with the patient/patient group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.

d) If entry to the designated isolation space or contact with the patient is unavoidable in an emergency, personal protective equipment (PPE) such as gloves, apron and fluid resistant surgical mask (FRSM) should be worn by the staff member in line with standard infection control precautions and exposure kept to a minimum. (prepare a kit to have available)

e) All personal protective equipment should be disposed of as clinical waste. If the patient becomes critically ill and requires an urgent ambulance transfer to a hospital, the pharmacy is to contact Ambulance Services and inform the ambulance call handler of the concerns.

f) The patient and any accompanying family should be asked to remain in the designated isolation space and the door closed. Others should be advised not to enter the designated isolation space.

POST-TRANSFER ACTIONS:

Once a possible patient has been transferred from the pharmacy, unless directed otherwise:

a) The designated isolation space where the patient was placed should not be used, the room door should remain shut, the area cordoned off, with windows opened and the air conditioning switched off, until the designated isolation space has been cleaned with detergent and disinfectant.

b) If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately.

c) Once cleaning and disinfection have been completed, the area can be put back in use.

d) The usual personal protective equipment (PPE) and protocols apply when cleaning and disinfecting; Hazardous materials/equipment is **not** required. Gloves and disposable aprons should be available in the pharmacy as part of the routine cleaning, disinfection and decontamination PPE. Staff should follow the usual cleaning routine and guidance.

e) All waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the

patient is confirmed to have COVID-19 further advice should be sought from the NICD/NHoH. Remove and discard personal protective equipment as clinical waste.

f) It is the responsibility of the primary care provider to supply cleaning materials and personal protective equipment for staff and to ensure their staff are appropriately trained, have access to equipment and have arrangements in place for disposal of clinical waste.

g) Pharmacy staff who have been in contact with a suspected case are not required to self-isolate unless directed otherwise by the Health Protection Team from NDoH/NICD

h) Pharmacy must provide details of the incident and ongoing management to the NDoH/NICD.

i) The community pharmacy should remain open unless advised otherwise by NDoH/NICD.

Preparation Guidance:

To underpin pharmacy resilience and continuity of service while protecting pharmacy staff and the public; the following practical steps are recommended:

a) Appoint a COVID-19 lead for the in-pharmacy co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance.

b) It is recommended that the pharmacy establishes a daily routine updating pharmacy staff with regular updates.

Communication and Information:

ICPA National Head Office will be sending regular information on COVD-19 via email, please ensure your mail account is closely monitored for new information.

Regularly review of the hyperlinks to official guidance from NDoH and NICD is recommended to ensure up-to-date knowledge and any changes to protocols:

Coronavirus (COVID-19): latest information and advice website and sources of information

- **NICD -** http://www.nicd.ac.za
- **WHO -** https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
- **Frequently Asked Questions (FAQ)**
    o http://www.nicd.ac.za/diseases-a-z-index/covid-19/frequently-asked-questions/
    o http://www.health.gov.za/index.php/component/phocadownload/category/607-faqs-corona-virus-outbreak?download=3833:faqs-frequently-asked-questions
- **COVID-19 Technical Resources - http://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/**
- **Poster Download/Media Messaging**
    o **http://www.health.gov.za/index.php/component/phocadownload/category/601**
    o **http://www.health.gov.za/index.php/component/phocadownload/category/600**

Make sure patient information posters for ICPA are displayed so they can be seen **before** patients enter the premises.

Patient information should be displayed on your website, waiting areas and at patient access points to pharmacy consulting rooms.

Review and amend the information on pharmacy websites, online booking e-pages, appointment reminders/texts, voice mail/ telephone appointment protocols with the extant public advice

Consider reinforcing links with local primary care colleagues, including the local GP surgery, optical and dental practice, to share knowledge and experience, co-ordinate and collaborate on training and mutual support.

Preparation of Pharmacy Accommodation:

a) Identify at least one suitable space/room in the pharmacy for patient/patient group isolation.

b) If there is no suitable isolation room, identify an isolated area within the pharmacy that can be cordoned off for the use of the patient/patient group, which maintains a 2-metre space from other patients and staff.

c) De-clutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.

d) If possible, retain a telephone in the room/space for patient contact with **Coronavirus Hot Line.**

e) Place a card/sign in the isolation room/area with pharmacy contact details, e-mail, telephone numbers, pharmacy location and post code, include the name of the pharmacist in attendance (this information is to be available to the patient when they contact **Coronavirus Hot Line**).

f) Brief all staff on the potential use of the room/area and actions required in the event that it is necessary to vacate room/area at short notice.

g) Prepare appropriate space/room signage to be used if the space/room is occupied.

h) Prepare a patient ready pack with items such as bottled water, disposable tissues, clinical waste bag in the pharmacy.

Pharmacy Preparation for Incident Management:

Pharmacies may wish to draw on their existing protocols for dealing with medical emergencies in the pharmacy, the incident management principles are the same:

a) Develop and rehearse PHE COVID-19 triage protocols and isolation procedures

b) Agree pharmacy approach for each stage of the potential scenarios

c) Confirm role and responsibilities for each member of staff

d) Appoint an incident manager

e) Confirm a lead for discussions with patients/Coronavirus Hot Line

f) Anticipate impacts on the pharmacy daily routine

g) Consider the likelihood (which is currently low) and the risk of disruption to dispensing services and consultations scheduled for the day.

Patient Facing Information (SMS / Telephonic System):

Telephone system

This message should be added to your phone system, ideally at the front end (so before a call is answered):

"If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check gov ac.za website for the latest COVID-19 travel advice, you may need to call **Coronavirus Hot Line 0800 029 999** *for further advice before attending the pharmacy."*

SMS info

If you send out SMS reminders about appointments, please use the following: *Before attending the pharmacy @ 00.00 on XXX xx XXX please refer to the latest on coronavirus.*

"The National Department of Health is well prepared for outbreaks of new infectious diseases and has put in place measures to ensure the safety of all patients and staff while also ensuring services are available to the public as normal."

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