

Novel Coronavirus (COVID-19) standard operating procedure

Community Pharmacy

This guidance is correct at the time of publishing (22 March 2020).

However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

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1. Scope

This guidance is applicable in England. Community pharmacies operating under contract to the NHS in Northern Ireland, Scotland and Wales should refer to guidance and standard operating procedures (SOPs) produced by the governing bodies and regulators in their devolved administration.

2. Background

Novel Coronavirus may be referred to as:

- severe acute respiratory syndrome Coronavirus 2, SARS-CoV-2: this is the name of the virus
- Coronavirus disease, COVID-19: this is the name of the disease.

Updated case definition and household guidance

Public Health England (PHE) has updated their possible COVID-19 [case definition](#), guidance on **testing** and on which cases should be **reported to local health protection teams**.

The government has published [stay at home guidance for households](#) where a household member meets the possible case definition.

Staff who meet possible COVID-19 case definition will need to stay at home, as per guidance for the general public, but can work remotely if they are well enough to do so.

Travel history is no longer relevant to the possible case definition.

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3. Generic principles for primary care settings (community pharmacy, optical, dental and general practices)

The collaborative endeavours of the primary care workforce in delivering on the national strategy on COVID-19 are an essential element of the NHS measures and our national response. We recognise the impact that the COVID-19 response is having and will continue to have on our staff, and we are deeply grateful for your dedication and care.

Guidance for patients and the public

General information

Guidance is available on [nhs.uk](https://www.nhs.uk) and on the [government website](#) including what to do if people have symptoms, stay at home guidance, advice on handwashing, and advice on social distancing.

NHS 111

NHS 111 has an [online coronavirus service](#), running alongside its standard online service, which can provide advice to patients with an urgent health concerns. The NHS 111 telephone service should be used only when absolutely necessary.

Those who are at increased risk of severe illness from Coronavirus (COVID-19) are advised to stringently follow social distancing measures. This includes anyone over 70, anyone under 70 who would qualify for a flu jab on health grounds, and pregnant women.

Full guidance can be found at <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>.

Guidance for staff

We recognise the pressures and anxieties that frontline staff face in response to the Coronavirus pandemic.

A [national letter](#) was published supporting doctors and healthcare professionals in the Coronavirus pandemic.

Major regulators have issued guidance to support health professionals in these challenging circumstances, encouraging partnership working, flexibility and operating in line with the best available guidance.

The General Pharmaceutical Council has issued important [guidance and information](#) for pharmacies and professionals registered with them.

Staff meeting possible case definition

Staff who meet the possible case definition should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to work from home.

Guidance for staff at increased risk from COVID-19

The government has issued [guidance about social distancing and shielding for vulnerable groups at particular risk of severe complications from COVID-19](#). Staff who fall into these categories should not see patients face-to-face, regardless of whether the patient has possible COVID-19 or not. Remote working should be prioritised for these staff.

4. COVID-19: SOP for community pharmacy

Key principles for community pharmacy

Pharmacy staff are to be made aware of this SOP, the current guidance and suspected case definitions.

On arrival

Make sure [patient information posters for NHS settings](#) are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed on windows, the entrance to the pharmacy, the medicines counter by any patient touch screen booking-in, waiting areas and at patient access points to clinical areas. We are considering ways for pharmacies to access professionally printed posters and other materials.

PHE recommends that the best way to reduce any risk of infection is good hygiene and avoiding direct or close contact (closer than one metre when providing health care) with any potentially infected person.

Users of the pharmacy should be advised to keep a distance of at least two metres from other people to prevent droplet spread, whether that is pharmacy staff or other users of the pharmacy. If the pharmacy becomes busy and staff are concerned that it would not be possible to maintain the two metre distance; the entrance to the pharmacy can be closed with a member of staff managing entry and exit to the pharmacy with advice to users of the pharmacy of the need wait outside the pharmacy and at least two metres away from others until there is sufficient space to maintain the two metre distance inside of the pharmacy.

Any member of staff who deals with members of the public from behind a full screen will be protected from airborne particles and pharmacies may wish to consider whether such screens can be installed to protect members of staff.

In general, it is not recommended that pharmacy staff need to wear facemasks to protect against the virus. These would only be required in high risk situations such as supporting a person showing symptoms of COVID-19 in an emergency.

Patients should not be presenting in community pharmacies if they have COVID-19 symptoms as they have been advised to self-isolate for 14 days. Anyone who has case definition symptoms should be advised to go home and self-isolate. If they need advice, they should use NHS 111 preferably online. Pharmacies should manage the risk of cross-infection to staff/patients as normal for infectious diseases.

If the presenting patient has:

- new continuous cough and/or
- high temperature (of 37.8 degrees centigrade or higher)

Advise the patient to return home immediately, self-isolate and contact NHS 111.

The current self-care advice for patients with suspected COVID-19 is:

Drink water to keep yourself hydrated; you should drink enough during the day so your urine (pee) is a pale clear colour. You can use over-the-counter medications, such as paracetamol, to help with some of your symptoms. Use these according to the instructions on the packet or label and do not exceed the recommended dose.

If, in the clinical judgement of the pharmacist, the person 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 where emergency services (999) should be contacted, informing the ambulance call handler of the concerns and that the patient meets the COVID-19 case definition. 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.

While waiting for an ambulance, establish a routine for regular communication with the patient/ group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.

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 – see below) should be worn by the staff member in line with standard infection control precautions and exposure kept to a minimum. All personal protective equipment should be disposed of as clinical waste. See [PHE COVID-19 interim guidance for primary care](#).



Fig 1 Fluid-resistant type IIR surgical face masks

Note: A disposable fluid-resistant face mask (FRSM) is worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets and also to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask.

Credit: NHS Scotland

Home deliveries

Increasingly patients are relying on home deliveries from pharmacies as social distancing measures are adopted to reduce social interaction between people in order to reduce the transmission of Coronavirus (COVID-19). It is recognised that this extra demand is putting further strain on pharmacies to support their patients. It is important that patients, and particularly those most vulnerable, can be confident that they will receive their medicines. NHS England and NHS Improvement are looking at how to support delivery of medicines with the Pharmaceutical Services Negotiating Committee.

It is not expected that pharmacies will be required to meet this demand for home deliveries alone. Wherever possible, relatives, neighbours and friends of the patient(s) should be encouraged to collect and deliver medication on their behalf where they are fit and able to do so.

The NHS is also working closely with colleagues in the voluntary and social sector to see how volunteers can be mobilised in localities to provide support to pharmacies with making deliveries to vulnerable patients.

Whether they are an employed delivery driver, other member of staff, a friend or relative of the patient, or a volunteer, the principles of social distancing and hand hygiene should be emphasised to anyone delivering medication to vulnerable patients. Anybody who develops symptoms at any point of delivering medications should self-isolate immediately, informing the pharmacy so that alternative arrangements can be made.

Where someone is collecting medicines on behalf of someone else, good practice would involve:

- checking identification of the person collecting the items
- ensuring the principles of social distancing and hand hygiene are maintained whilst handing over the medication
- phoning ahead to inform the person of arrival and arranging where to put the medication
- not leaving the medication unless they have seen that this has been received by the patient/representative. This should be witnessed from a distance of greater than 2 metres.

Personal protective equipment (PPE)

Please see here for the [latest guidance on Infection Prevention and Control](#) including use of PPE.

PPE is only required for close patient contact, within 2 metres. Pharmacy staff are advised to avoid close patient contact at this time, where at all possible. Staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the task being undertaken. There are few occasions where it is expected that staff will be required to wear PPE in the pharmacy setting. However, all staff should be trained in the proper use of all PPE that they may be required to wear.

Staff who have had and recovered from COVID-19 should continue to follow infection control precautions, including use of PPE where recommended.

Current guidance on PPE for close contact with possible COVID-19 patients in pharmacy advises the use of the following:

- Disposable plastic aprons
- Disposable gloves
- Fluid-resistant surgical mask (FRSM)

An initial stock of protective kit (PPE) for each pharmacy, including 200 general use aprons, 100 pairs of examination gloves and 50 fluid repellent face masks has been issued.

In the unlikely event that a pharmacy has used their full allocation of PPE then they should order further supplies from their wholesaler. We will keep under review the need for further supplies to be distributed.

Decontamination

1. Cleaning and decontamination should be carried out in line with the government guidance at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.
2. If pharmacies need to close temporarily for cleaning of communal areas, usual business continuity arrangements should be followed.
3. Pharmacies should otherwise remain open unless advised to close by the health protection team.

Remote consultations should be used wherever possible to minimise risk of transmission.

The government advice regarding shielding and self-isolation must be followed by staff as well as patients. Staff at risk may be able to provide services remotely or from a non- public area. Risks to individual staff should be assessed on an ongoing basis.

New ways of working

If under significant pressure, at the discretion of the responsible pharmacist, pharmacies may close their doors to the public for up to 2.5 hours a day, including

lunch. This provision will apply until further notice from NHS England and NHS Improvement. All pharmacies will be expected, on every day they have contracted opening hours, to be open to the public between 10am and 12 noon and 2pm and 4pm as a minimum (if these are contracted hours). 100 hours pharmacies should be open from 10am–12pm and 2pm–6pm as a minimum. This will help us to give a consistent message to the public about accessing pharmacies. A sign on the door must give information about how to contact the pharmacy if urgent help is needed.

If a pharmacy cannot open due to unavailability of a responsible pharmacist, or enough staff to open safely then NHS England and NHS Improvement must be informed immediately. The pharmacy NHS 111 Directory of Services (DoS) profile must be updated, as must the NHS Website.

Collaboration between practices and pharmacies within primary care networks (PCNs) and with community services is needed as pressure on the health system escalates. Consider how best to work together as PCNs to deliver the best care for patients and communities, and how to best protect and maximise capabilities of staff across practices and pharmacies.

It should include ‘buddying’ arrangements with another local pharmacy to maintain access to pharmaceutical services in the event of a temporary closure. Particular thought should be given to patient receiving services such as supervised consumption or monitored dosage systems. Consideration can be given to providing daily doses rather than supervised consumption on an individual patient risk assessed basis.

Key workers

The definition of keyworker can be found [at https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision](https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision).

This includes children of parents who work in health and social care, which covers pharmacists and their support teams, as well as those working in the health and social care supply chain, such as producers and distributors of medicines. A letter to headteachers can be found [at https://www.rpharms.com/about-us/news/details/Key-workers-and-COVID-19](https://www.rpharms.com/about-us/news/details/Key-workers-and-COVID-19). Pharmacy staff are critical key workers at this time.

Pharmacy communications

Pharmacy communications (website, telephone, SMS) should direct patients to the [latest guidance](#). If pharmacies are closing their doors to patients and the public at any time during the day a message should make this clear. If the pharmacy is unavoidably closed, then a message should give information about the nearest pharmacies that are open.

5. Preparation guidance

Appoint a COVID-19 lead for the pharmacy co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance. Ensure daily communication with the pharmacy team.

Communication and information

How we plan to communicate with you

1. At urgent times of need: Central Alerting System:

- For urgent patient safety communications, we will contact you through the Central Alerting System (CAS).

2. At less urgent times: Commissioner's cascade:

- For less urgent COVID19 communications we will email you through your local commissioner.

Pharmacy Action: NHS England will use the practice-specific NHSmail to send communications. Please share this email address with your Local Pharmaceutical Committee. This email account should be monitored frequently. Pharmacies should ensure that appropriate staff have active linked accounts to maintain business continuity; and staff with linked accounts are checking the shared account frequently to keep up to date with recent developments.

3. Supportive additional information:

We will use a variety of different additional methods to keep you informed of the emerging situation, alongside Royal Colleges, regulators and professional bodies, through formal and informal networks, including social and wider media. You can follow these Twitter accounts to keep up to date:

- NHS England and NHS Improvement: @NHSEngland

- The Department of Health and Social Care @DHSCgovuk
- Public Health England @PHE_uk

Bookmark and regularly review the hyperlinks to official guidance from PHE and NHS England and NHS Improvement to ensure up-to-date knowledge and any changes to protocols. Information for primary care has been collated at <https://www.england.nhs.uk/coronavirus/primary-care/>.

Register online with PHE to download COVID-19 resources:

- Registration: <https://campaignresources.phe.gov.uk/resources>
- Resources: <https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->
- Review and amend the information on posters, practice websites, online booking, e-pages, appointment reminders/texts, voice mail/telephone appointment protocols using <https://www.england.nhs.uk/coronavirus/primary-care/other-resources/posters/>
- Make sure [posters](#) are displayed where they can be seen **before** patients enter the premises. Patient information should be displayed at reception, in waiting areas and at patient access points to clinical areas.
- Review and update the contact details for:
 - regional/local health protection teams:
 - find your local health protection team at www.gov.uk/health-protection-team
 - your NHS regional infection prevention and control team
 - search: ‘infection prevention control + your NHS region’
 - NHS local medical network (LMN)
 - local medical committee (LMC)
 - NHS regional medical director clinical advisory team
 - local NHS commissioning team.
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- Consider reinforcing links with local NHS primary care colleagues, including the local pharmacy, dental and optical practice, to share knowledge and experience, and to co-ordinate and collaborate on training and mutual support.

Preparation of your pharmacy

Identify at least one suitable space/room in the pharmacy for patient/patient group isolation. 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 1-metre space from other patients and staff. De-clutter and removal of non-essential furnishings and items: this will assist if decontamination is required post-patient transfer. If possible, retain a telephone in the room for remote assessment. 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 lead pharmacist in attendance (this information is to be available to the patient when they contact NHS 111).

- Brief all staff on the potential use of the rooms/areas and actions required if the event that it is necessary to vacate rooms/areas at short notice.
- Prepare appropriate space/room signage to be used if the space/room is occupied.
- Prepare a patient 'support pack' (to be held in reserve) that may include, items such as bottled water, disposable tissues, clinical waste bag.
- Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or could be verbal and/or visual contact via remote means, e.g. telephone, Skype/FaceTime, pharmacy intercom, baby monitor.

Waste such as PPE, used tissues and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being put in your usual external waste bin.

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:

- Develop and rehearse the practice's COVID-19 triage protocols and isolation procedures: agree practice approach for each stage of the

potential scenarios confirm role and responsibilities for each member of staff confirm lead for discussions with patients/NHS111 prepare an aide-memoire for staff (using guidance in Section 3) rehearse pharmacy response.

- Review the coronavirus infection prevention and control protocols at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.
- Anticipate impacts on pharmacy schedule. Pharmacies are advised to consider reviewing the likelihood of disruption to services and prioritise the most urgent pharmaceutical service work required on the day. Review the pharmacy's business continuity plan. PSNC have provided examples of a comprehensive business [continuity plan and checklist](#). Coronavirus specific business continuity guidance is also available on the [NPA website](#).

Appendix 1: Feedback

This is a dynamic document that will be reviewed as the situation changes and will respond to evidenced feedback and identified lessons.

Feedback should be given in the template below and sent to england.spocksh@nhs.net. Subject line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK; **add** your organisation and your initials.

COVID-19 standard operating procedure V2 – 22 March 2020							
Primary care – Pharmacy							
No	Name	Represented organisation	Observation and comments			Suggested amendments	Rationale for proposed amendment
			Page number	Original text	Comments		
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