



Coronavirus Disease 2019 (COVID-19)

Guidance for Pharmacies

Guidance for Pharmacists and Pharmacy Technicians in Community Pharmacies during the COVID-19 Response

Updated June 28, 2020

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Summary of Recent Changes

Below are changes to the guidance as of May 28, 2020:

- Provide clinical services according to the [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#), which includes considerations for delivering non-COVID-19 care by the degree of community transmission and potential for patient harm if care is deferred.

This guidance applies to all pharmacy staff to minimize their risk of exposure to SARS-CoV-2 and reduce the risk for patients during the COVID-19 pandemic. As a vital part of the healthcare system, pharmacies play an important role in providing medicines, therapeutics, vaccines, and critical health services to the public. Ensuring continuous function of pharmacies during the COVID-19 pandemic is important. During the pandemic, pharmacy staff can minimize their risk of exposure to the virus that causes COVID-19 and reduce the risk for patients by using the principles of infection prevention and control and social distancing.

Implement universal use of face coverings

- Individuals without coronavirus symptoms (“asymptomatic”) and those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms.
- Everyone entering the pharmacy should wear a face covering for source control (i.e., to protect other people in case the person is infected), regardless of symptoms. [CDC recommends](#) persons entering public settings where other social distancing measures are difficult to maintain wear a [cloth face covering](#), **especially** in areas of substantial community-based transmission. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Pharmacists and pharmacy technicians should always wear a facemask while they are in the pharmacy for source control.
- Medical or surgical facemasks are generally preferred over cloth face coverings for healthcare professionals (HCP) for source control. If there are shortages of facemasks, facemasks should be prioritized for HCP who need them for PPE. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

Advise staff who are sick to stay home

Make sure that pharmacy staff who have fever or symptoms that may be due to COVID-19 [stay home](#) and away from the workplace [until they have recovered](#). Ensure that sick leave policies are flexible, nonpunitive, and consistent with public health guidance and that employees are aware of and understand these policies.

Filling prescriptions

Although the actual process of preparing medications for dispensing is not a direct patient care activity, the other components of medication dispensing such as prescription intake, patient counseling, or patient education should be conducted in ways that maintain social distancing and minimize the risk of exposure for pharmacy staff and patients. In addition to following [workplace guidance](#), pharmacy staff should:

- Provide hand sanitizer containing at least 60% alcohol on counters for use by patients and have sufficient and easy access to soap and water or hand sanitizer for staff.
- Encourage all prescribers to submit prescription orders via telephone or electronically. The pharmacy should develop procedures to avoid handling paper prescriptions, in accordance with appropriate state laws, regulations, or executive orders.
- After a prescription has been prepared, the packaged medication can be placed on a counter for the patient to retrieve, instead of being directly handed to the patient. Other strategies to limit direct contact with patients include:
 - Avoid handling insurance or benefit cards. Instead, have the patient take a picture of the card for processing or read aloud the information that is needed (in a private location so other patients cannot hear).
 - Avoid touching objects that have been handled by patients. If transfer of items must occur, pharmacy staff should wash their hands afterwards with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol. They should always avoid touching their eyes, nose, or mouth with unwashed hands.
- Encourage patients, especially [those at increased risk of severe illness](#), to use alternate methods to pick-up medication. To decrease risk of exposure, patients who have an increased risk for severe illness due to COVID-19 may consider using:
 - Home delivery of medications
 - Curbside pickup
 - Drive-through services
 - Having someone else who is not at higher risk of severe illness pick up medications for them

Use strategies to minimize close contact between pharmacy staff and patients and between patients:

- **Use engineering controls** where the patient and pharmacy staff interact, such as the pharmacy counter, to minimize close contact:
 - Minimize physical contact with patients and between patients. Maintain social distancing (6 feet between individuals) for people entering the pharmacy as much as possible. Use signage/barriers and floor markers to instruct waiting patients to remain 6 feet back from the counter, from other patient interfaces, and from other patients and pharmacy staff.
 - To shield against droplets from coughs or sneezes, install a section of clear plastic at the patient contact area to provide barrier protection (e.g., plexiglass type material or clear plastic sheet). Configure with a pass-through opening **at the bottom** of the barrier for people to speak through or to provide pharmacy items.

- For hard non-porous surfaces, clean with detergent or soap and water if the surfaces are visibly dirty prior to disinfectant application. Frequently clean and disinfect all patient service counters and patient contact areas. Clean and disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, and doorknobs.
 - Use [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#) , the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfecting products.
- Discontinue the use of magazines and other shared items in pharmacy waiting areas. Ensure that the waiting area is cleaned regularly.
- Promote the use of self-serve checkout registers and clean and disinfect them frequently. Encourage the use of and have hand sanitizer and disinfectant wipes available at register locations for use by patients.
- **Use administrative controls**— such as protocols or changes to work practices, policies, or procedures — to keep staff and patients separated:
 - Promote social distancing by diverting as many patients as possible to drive-through windows, curbside pick-up, or home delivery, where feasible.
 - Large, outdoor [signage](#) asking pharmacy patients to use the drive-through window or call for curbside pick-up can be useful.
 - Include text or automated telephone messages that specifically ask sick patients to stay home and request home delivery or send a well family member or friend to pick up their medicine.
 - Limit the number of patients in the pharmacy at any given time to prevent crowding at the pharmacy counter or checkout areas.
 - Pharmacists who are providing patients with chronic disease management services, medication management services, and other services that do not require face-to-face encounters should make every effort to use telephone, telehealth, or tele-pharmacy strategies.
 - Close self-serve blood pressure units.

Reduce risk during COVID-19 testing and other close-contact pharmacy care services

Pharmacies that are participating in public health testing for COVID-19 should communicate with local and state public health staff to determine how to [operationalize and prioritize client testing](#). State and local health departments will inform pharmacies about procedures to collect, store, and ship specimens appropriately, including during afterhours or on weekends/holidays. Some pharmacies are including self-collection options.

In the “CDC Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings,” there is [guidance for collecting respiratory specimens](#).

Pharmacy staff conducting COVID-19 testing and other close-contact patient care procedures that will likely elicit coughs or sneezes (e.g., influenza and strep testing) should be provided with appropriate PPE. Staff who use respirators must be familiar with proper use and follow a complete respiratory protection program that complies with OSHA Respiratory Protection standard (29 CFR 1910.134). Staff should receive training on the [appropriate donning and doffing of PPE](#). Cloth face coverings should NOT be worn by staff instead of a respirator or facemask if more than source control is required.

Provide adult vaccinations based on local conditions

Evaluate provision of routine clinical preventive services, including [adult vaccinations](#), that require face-to-face encounters. Based on local conditions, evaluate the risk of an in-person encounter versus the benefit using the [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#).

- Adult vaccination should be considered if the service can be delivered during a visit with no additional risk to the patient or the health care provider.
- Consideration should be given to prioritizing older adults or adults with underlying conditions for vaccination due to their increased risk of disease and complications if vaccination is deferred.
- Pharmacies should develop a strategy for screening patients for fever and [symptoms of COVID-19](#) prior to providing vaccinations.
- Health care providers should follow standard precautions and adhere to additional PPE recommendations, including use of a facemask at all times while in the facility. Use of [eye protection is recommended](#) in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions.
- [Hand hygiene](#) should be performed before and after vaccine administration. If gloves are worn, they should be changed and hand hygiene should be performed between patients.

For Clinics: Special considerations when co-located in pharmacies

- Post [signs](#) at the door instructing clinic patients with fever, respiratory symptoms, or [other symptoms](#) of COVID-19 to return to their vehicles (or remain outside if pedestrians) and call the telephone number for the clinic so that triage can be performed before they enter the store.
 - It may be possible to manage patients with mild symptoms telephonically and send them home with instructions for care.
- Facemasks or cloth face coverings should be provided for all clinic patients if they are not already wearing one, ideally prior to entering the clinic.
- Where possible, provide separate entrances for all clinic patients. Otherwise create a clear path from the main door to the clinic, with partitions or other physical barriers (if feasible), to minimize contact with other customers.

Additional Resources

[Interim Guidance for Businesses to Plan for COVID-19](#)

[Evaluating and Testing People for COVID-19](#)

[Interim Infection Prevention and Control Recommendations for Patients with COVID-19](#)

[Cleaning and Disinfecting Your Facility](#)