



Coronavirus Disease 2019 (COVID-19)

Guidance for Pharmacies

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

Summary of Recent Changes

Below are changes to the guidance as of April 14, 2020:

- Everyone entering the pharmacy should wear a face covering, regardless of symptoms. 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.
- Postpone and reschedule delivery of some routine clinical preventive services, such as adult immunizations, which require face to face encounters.
- Special considerations for clinics that are co-located in pharmacies.

This guidance applies to all pharmacy staff to minimize their risk of exposure to the virus and reduce the risk for customers 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 customers 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 significant 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.
- When available, 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 may expose pharmacy staff to individuals who may have respiratory illness. In addition to following [workplace guidance](#), pharmacy staff should:

- Provide hand sanitizer containing at least 60% alcohol on counters for use by customers 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 customer to retrieve, instead of being directly handed to the customer. Other strategies to limit direct contact with customers include:
 - Avoid handling insurance or benefit cards. Instead, have the customer take a picture of the card for processing or read aloud the information that is needed (in a private location so other customers cannot hear).
 - Avoid touching objects that have been handled by customers. 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.

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

- **Use engineering controls** where the customer and pharmacy staff interact, such as the pharmacy counter, to minimize close contact:
 - Minimize physical contact with customers and between customers. 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 customers to remain 6 feet back from the counter, from other customer interfaces, and from other customers and pharmacy staff.
 - To shield against droplets from coughs or sneezes, install a section of clear plastic at the customer contact area to provide barrier protection (e.g., Plexiglas 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, if feasible.
 - 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 customer service counters and customer 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 customers.
- **Use administrative controls**— such as protocols or changes to work practices, policies, or procedures — to keep staff and customers separated:
 - Promote social distancing by diverting as many customers as possible to drive-through windows, curbside pick-up, or home delivery, where feasible.
 - Large, outdoor [signage](#) asking pharmacy customers 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 customers to stay home and request home delivery or send a well family member or friend to pick up their medicine.
 - Limit the number of customers 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.
- Postpone and reschedule delivery of some routine clinical preventive services, such as [adult immunizations](#), which require face to face encounters. Pharmacy staff can ensure that patients seeking vaccinations are sent reminders to return to the pharmacy at a later date.
- 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 which persons meet the criteria for 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 also have training in 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.

For Clinics: Special considerations when co-located in pharmacies

- Post [signs](#) at the door instructing clinic patients with respiratory illness to return to their vehicles (or remain outside if pedestrians) and call the telephone number for the clinic so that proper 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](#)