

# Novel coronavirus (COVID-19) standard operating procedure

## Community pharmacy

**This guidance is correct at the time of publishing.  
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. Background

- Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID).
- Information on how you can protect yourself can be found [here](#).
- Guidance for healthcare providers who have staff with relevant travel or contact history can be found [here](#).
- COVID-19 for most individuals causes mild to moderate illness, but in addition may result in pneumonia or severe acute respiratory infection, so patients could potentially present to primary care settings.
- See further information on COVID-19 for healthcare workers [here](#).

The current national approach is to **identify, isolate and contain**. In England:

- individual patient advice is being provided by NHS 111
- public information and sampling are being managed by Public Health England (PHE)
- members of the public who may have COVID-19 and are well enough, are being asked to self-isolate until diagnosis is confirmed
- for confirmed cases isolation and treatment are being managed by national specialist treatment centres.

This guidance is applicable in England. Primary care providers 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.

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## 2. Generic principles for primary care settings (community pharmacy, optical, dental and general medical care providers)

The collaborative endeavours of the primary care workforce in delivering on the national strategy to identify, isolate and contain COVID-19 are an essential element of the NHS measures and our national response to the risk presented by COVID-19.

This publication is intended to support primary care teams in the practical implementation of the PHE evidence-based guidance [COVID-19 interim guidance for primary care](#). Consistency in adopting the recommended actions will ensure the safety of our patients, our staff and the population, while maintaining access to quality healthcare for members of the public in England.

### Generic principles for primary care settings and providers

(See Section 3 for community pharmacy specific SOPs.)

- **Identify** potential cases as soon as possible before clinical care is started:
  - Prevent potential transmission of infection to other patients and staff.
  - Avoid direct physical contact, including physical examination, and exposure to respiratory and other secretions.
- **Isolate** the patient and inform NHS 111:
  - If unsure whether an individual poses a risk, the default is to isolate at home, (or in an isolated area in the pharmacy if it is not clinically appropriate to send the patient home) and call NHS 111 who will seek clarification with PHE if needed.
  - It is preferable for the individual to call NHS 111 on their mobile phone as this facilitates call back and follow-up contacts if required.
  - Pharmacies should designate and prepare a suitable space(s) in case of the need to isolate a patient/patient group.

- **Seek specialist advice:** NHS 111 is running a COVID-19 enhanced service that will be the entry point for all individuals concerned they may meet the case definition for COVID-19.
  
- Patients should call NHS 111:
  - 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.
  - PHE has confirmed that 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**.
  
- Following the NHS 111 assessment, if the patient is calling from an NHS primary care service provider, NHS 111 will contact the service to advise them of the next steps and confirm if the caller meets the criteria as a possible case or not:
  - **case definition not met** – patient to be managed as normal
    - NHS 111 will refer patient back for management in primary care
  - **case definition met** – NHS 111 will liaise with the local healthcare system, will advise on isolation and will arrange safe transfer of the patient from the primary care location in accordance with local plans.
  
- **Decontamination** Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately. Follow the guidance for environmental cleaning following a suspected case; Section 4 of [PHE COVID-19 interim guidance for primary care](#)
  
- **Points to note:**
  - There is no change in best practice protocols and compliance with extant infection protection and control requirements.
  - Pharmacy staff in contact with a suspected case are not required to self-isolate unless directed by a Health Protection Team (HPT).

## 3. COVID-19: SOP for community pharmacy

This publication is designed to explain the actions a community pharmacy should take in managing contact with, and presentations of, patients who suspect they may have COVID-19. Revisions to the SOP will be published in line with any changes in the risk, as notified by PHE.

Community pharmacies are to note that for security and information governance NHS Mail ([nhs.net](https://nhs.net)<sup>1</sup>) will be the primary means for the cascade of information, links to resources, guidance and notification of amendments/revisions and incident notification.

### Patient contact

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

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.

- 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.
- 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**.

<sup>1</sup> For community pharmacists that have yet to set up an nhs.net account you should go to the [NHS Registration website](#) where you will be guided through the short process.

## Patient contact by telephone

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

The [gov.uk](https://www.gov.uk) site should be checked at the beginning of the day to ascertain the most up-to-date country travel information.

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

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*

Ask a secondary question:

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

### **For patients in self-isolation**

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- Patients who are self-isolating for COVID-19 should not be brought into the pharmacy premises. Patients should contact NHS 111 for further assessment and referral as necessary to a designated receiving service if the requirement for care is an emergency.
- Reinforce [self-isolation advice](#).
- 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 NHS 111.

### **For patients not in self-isolation**

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Advise patient to contact NHS 111 and seek advice on their symptoms and recent travel/contact history.

## Patients presenting at the pharmacy for a consultation regarding possible COVID-19

### On arrival

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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 at reception, the medicines counter by any patient touch screen booking-in, waiting areas and at patient access points to clinical areas.

Pharmacy staff need to be aware of the travel advice on [gov.uk](#). When discussing with concerned patients the possibility of COVID-19, case definition may be assessed using the following questions:

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*
- *Have you been asked to self-isolate?*

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 NHS 111.
- You should not be receiving any referrals via the Community Pharmacy Consultation Service (CPCS) for any patient suspected of having contact with coronavirus. However, any patient presenting under the service where it subsequently becomes clear that they have been exposed to coronavirus must be managed in line with this guidance. In addition, you should contact NHS 111 via the healthcare professional direct number access number in order to follow-up the original CPCS referral.
- 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 NHS 111 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 NHS 111 on behalf of the patient, NHS 111 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 NHS 111 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:
  - The case definition is not **met** and the pharmacy consultation may be resumed
  - The case definition is **met** – and to maintain patient isolation in the current location pending transfer to a defined destination.

While waiting for advice from NHS 111, 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.

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](#).

**If the patient becomes critically ill** and requires an urgent ambulance transfer to a hospital, the pharmacy is to contact 999 and inform the ambulance call handler of the concerns. 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.

**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

## 4. Post-transfer actions

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

- 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.
- 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.
- Details of how to decontaminate are detailed in [PHE COVID-19 interim guidance for primary care](#).
- Once cleaning and disinfection have been completed, the area can be put back in use.
- The usual personal protective equipment (PPE) and protocols apply when cleaning and disinfecting; HAZMAT (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 [COSHH guidance](#).
- 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 local Health Protection Team. Details of your local HPT can be found at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)
- Remove and discard of personal protective equipment as clinical waste.
- 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.
- 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.

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- Contract holders should notify their local commissioning team and provide details of the incident and ongoing management.
- The community pharmacy should remain open unless advised otherwise by Health Protection Team.

## 5. Preparation guidance

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

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.

It is recommended that the pharmacy establishes a daily routine updating pharmacy staff with respect to travel advice on [gov.uk](https://www.gov.uk):

- [Category 1 areas](#)
- [Category 2 areas](#)

### Communication and information

COVID-19 information will be sent directly to your premises specific NHS Mail account by the NHS England and NHS Improvement Regional Team. Please ensure this account is closely monitored for new information. Community pharmacies that have yet to set up an nhs.net account should go to the [NHS Registration website](#) where they will be guided through the short process.

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:

- [Coronavirus \(COVID-19\): latest information and advice](#)
- [PHE COVID-19 interim guidance for primary care](#)
- [Management of a suspected case of 2019-nCoV acute respiratory disease](#)
- [NHS – patient-facing information](#)
- [NHS resources for GPs, hospitals and other NHS settings](#)

Register online with the PHE to download COVID-19 patient information resources:

- Registration: <https://campaignresources.phe.gov.uk/resources>
- Resources: <https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->

- 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 by any patient touch screen booking-in, 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 produced by PHE.
- See Appendix 1 for further information and sample text.
- Ensure you have contact details for:
  - Regional/local HPTs)
    - Find your local HPT at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)
  - NHS Regional Pharmacist
  - NHS Local Pharmacy Network (LPN) chair
  - Local Pharmaceutical Committee
  - Local NHS lead for commissioning
  - Your NHS Regional Infection Prevention and Control Team
    - search: ‘infection prevention control + Your NHS Region’.Your NHS England Regional Team may collate this information.
- Consider reinforcing links with local NHS 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

- 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 2-metre space from other patients and staff.
  - De-clutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
  - If possible, retain a telephone in the room/space for patient contact with NHS 111.
  - 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 room/area and actions required in the event that it is necessary to vacate room/area 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, eg telephone, Skype/FaceTime, pharmacy intercom, baby monitor.

## 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 PHE COVID-19 triage protocols and isolation procedures:
  - agree pharmacy approach for each stage of the potential scenarios
  - confirm role and responsibilities for each member of staff
  - appoint an incident manager
  - confirm a lead for discussions with patients/NHS 111
  - rehearse the pharmacy response
- Review the pharmacy protocols for decontamination from patients who have potentially infectious conditions. These protocols, personal protective equipment, training and materials are extant contractual and regulatory requirements.<sup>2,3,4.</sup>
- Anticipate impacts on the pharmacy daily routine
  - Consider the likelihood (which is currently low) and the risk of disruption to dispensing services and consultations scheduled for the day.
  - Review the pharmacy's business continuity plan.

<sup>2</sup> [www.pharmacyregulation.org/sites/default/files/document/standards\\_for\\_registered\\_pharmacies\\_june\\_2018\\_0.pdf](http://www.pharmacyregulation.org/sites/default/files/document/standards_for_registered_pharmacies_june_2018_0.pdf)

<sup>3</sup> [The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance](#)

<sup>4</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Terms of Service

# Appendix 1: Patient-facing information

Please note that the identified 'risk' countries are liable to change – please refer to [www.gov.uk-coronavirus-latest information](http://www.gov.uk-coronavirus-latest-information) when updating your patient-facing information.

## 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 the government's [gov.uk](http://gov.uk) [website](http://gov.uk) for the latest COVID-19 travel advice, you may need to call NHS 111 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 at [www.nhs.uk/conditions/coronavirus-covid-19/](http://www.nhs.uk/conditions/coronavirus-covid-19/)*

## Online booking service

The following message should be added to your online booking service:

*If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check the [gov.uk website](http://gov.uk) for the latest COVID-19 travel advice, you may need to call NHS 111 for further advice before attending the pharmacy. You can read more about coronavirus on [nhs.uk](http://nhs.uk)*



## Information for pharmacy web pages

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

Check online at [gov.uk](https://www.gov.uk) and at [nhs.uk](https://www.nhs.uk) for advice on your travel and contact history and the latest COVID-19 information before attending the pharmacy.

## Appendix 2: Feedback

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

Feedback should be annotated in the template below and sent to [england.spockh@nhs.net](mailto:england.spockh@nhs.net)

Subject line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK- **INSERT YOUR ORGANISATION-YOUR INITIALS**

COVID-19 standard operating procedure V1 – February 2020							
Community pharmacy							
No.	Name	Represented organisation	Observation and comments			Suggested amendments	Rationale for proposed amendment
			Location: page number paragraph number	Original text	Comments		
1							
2							
3							
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