

Novel coronavirus (COVID-19) standard operating procedure

Community pharmacy

This guidance is correct at the time of publishing with changes from version 2 highlighted in yellow. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

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1. Introduction

This document applies to community pharmacies in England.

All members of the community pharmacy team should understand this standard operating procedure (SOP). It sets out general principles for the delivery of services during the COVID-19 pandemic. It will require local interpretation. Healthcare professionals should use their clinical judgement when applying this guidance in what we appreciate is a highly challenging and rapidly changing environment.

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.

2. Guidance for patients and the public

General information on measures the entire population should take is available [here](#).

People are advised to stay alert and to continue to work from home if they can. The latest available suite of [guidance](#) includes information about COVID-19, how to prevent its spread and what to do if people have symptoms.

NHS 111 runs an [online coronavirus service](#) alongside its standard online service, which can provide advice to COVID-19 symptomatic patients with an urgent health concern. Patients with possible COVID-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

Patients may feel distressed, anxious or low in response to the COVID-19 outbreak. [Every Mind Matters](#) has resources on mental wellbeing; [NHS.UK](#) has information on stress, anxiety, depression and wellbeing, and [where to get urgent or emergency help for mental health needs](#).

Information about how the public and staff can access a test for COVID-19 can be found [here](#).

3. Standard operating procedure for pharmacies

3.1 Staff risk assessments

Government has [produced guidance on working safely during coronavirus \(COVID-19\)](#). This guidance is for people who work in or run shops, branches, stores or similar environments and covers community pharmacies.

The workforce-associated risks of COVID-19 should be given prime consideration.

Emerging [evidence](#) shows that staff from a black, Asian or minority ethnic (BAME) background should be given particular consideration in terms of the risks associated with becoming infected with COVID-19. Pharmacies should be conducting individual risk assessments for their staff and putting in place mitigations where possible. Updated information on enhanced risk assessments and risk reduction for at-risk and vulnerable groups in the workforce can be found on the [NHS Employers website](#). This information may help you undertake workforce risk assessments at the following levels:

- organisational level
- whole workforce level
- individual employee level.

Staff who meet the case definition for possible COVID-19 (as set out in Section 2.2) will need to stay at home but can work remotely if they are well enough to do so.

If staff become unwell with symptoms of COVID-19 while at work, they should stop work immediately and go home. This guidance also applies to staff with a household member with symptoms of COVID-19. Essential workers with symptoms of COVID-19 or who live with someone with symptoms of COVID-19, can access testing via the [GOV.UK website](#).

3.2 Maintaining social distancing

Pharmacies should consider whatever arrangements they can to ensure social distancing in their premises is maintained, eg physical screens, barriers to maintain [social distancing](#), floor markings inside and outside the premises to help maintain

this rule, and any other adaptation the pharmacy contractor deems necessary for their premises.

If staff think that it is not possible to maintain social distancing, they can:

- close the pharmacy entrance, and manage entry and exit
- advise all the pharmacy users to wait outside, at intervals as prescribed in the [social distancing guidance](#), until someone tells them to come in.

3.3 Personal protective equipment (PPE)

3.3.1 Use of PPE

Please see the [GOV.UK website](#) and [our website](#) for the latest infection prevention and control guidance. The guidance most relevant to community pharmacy on the GOV.UK website is that for [employers and businesses, primary and community health services](#) and [PPE guidance](#).

Information is included on when staff should use [PPE](#), what PPE is appropriate in different settings and for different procedures.

Changes in working practices are required to minimise the risk of transmitting and contracting COVID-19 while working in community pharmacy, as in all other working environments.

Staff who interact with members of the public from behind a full screen will be protected from airborne particles and as a result have a reduced risk of infection.

If social distancing from possible or confirmed cases attending the pharmacy cannot be maintained, Public Health England (PHE) recommends sessional use of fluid resistant (Type IIR) surgical masks (FRSM) by pharmacy staff during contact with such members of the public.

Staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all the PPE they may be required to wear. All staff should ensure they are familiar with the correct procedures for donning and doffing PPE before using it.

3.3.2 PPE supply

The latest NHS advice on the supply of PPE is available on [our website](#).

3.3.3 Face coverings

From 24 July 2020, people in shops, including community pharmacies, are required by law under the [Health Protection \(Coronavirus, Wearing of Face Coverings in a Relevant Place\) \(England\) Regulations 2020](#) to wear a face covering (subject to some exemptions).

[Guidance for working safely during COVID-19 in shops and branches, which includes community pharmacies](#) advises that the risk of contracting COVID-19 in the workplace is best managed by minimising contact, increasing hand and surface washing and fixed teams or partnering. Face coverings are not a replacement for these ways of managing risk.

A face covering is not a medical surgical mask, can be very simple and may be worn in enclosed spaces where social distancing is not possible. Updated [guidance on face coverings](#) from the World Health Organization covers composition, use and washing of non-medical masks.

Employers should support their workers in using face coverings safely if they choose to wear one. This means telling staff to:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on and after removing it
- avoid touching their face or face covering to prevent their contamination with germs on their hands.
- change their face covering if it becomes damp or if they touch it
- continue to wash their hands regularly
- change or wash their face covering daily. If the material is washable, it should be washed in line with manufacturer's instructions; if it is not washable, it should be disposed of carefully in their usual waste
- practise social distancing wherever possible.

Guidance for patients and the public on the use of face coverings can be found in government [guidance on staying safe outside your home](#) and [Guidance on face coverings: when to wear one and how to make your own](#).

3.3.4 Cleaning and decontamination

Government [guidance](#) on working safely during coronavirus (COVID-19) – Guidance for people who work in or run shops, branches, stores or similar environments, covers community pharmacies and should be followed regarding:

- frequent cleaning of work areas and equipment between uses, using usual cleaning products
- frequent cleaning of objects and surfaces that are touched regularly, such as dispensing trays
- clearing workspaces and removing waste and belongings from the work area at the end of a shift
- using signs and posters to build awareness of good handwashing technique, and the need to increase handwashing frequency, avoid touching the face, and to cough or sneeze into a tissue that is binned safely or into your arm if a tissue is not available
- providing regular reminders and signage to maintain hygiene standards
- providing hand sanitiser in multiple locations in addition to washrooms
- setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible
- enhancing cleaning of busy areas
- providing more waste facilities and more frequent rubbish collection
- where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.

Cleaning and decontamination after a known or suspected case of COVID-19 should be carried out in line with [PHE guidance](#) and the guidance on [our website](#).

This supersedes earlier [guidance](#); although now withdrawn this can still be accessed and provides useful information on environmental cleaning following a possible case.

3.4 COVID-19 case definition

PHE has given the current [case definition for COVID-19](#), and provided guidance on **testing** and **case reporting**.

For the purposes of this document, **anyone living with someone who has symptoms of COVID-19** should follow the pathways for patients with COVID-19 symptoms.

3.4.1 Patients with COVID-19 and symptoms of COVID-19

- Will be directed to NHS 111 (online, telephone if necessary) in the first instance.
- May make direct contact with a community pharmacy via telephone. If they present, against advice, at the community pharmacy they should be advised to cover their mouth and nose and go home to self-isolate. If they need advice, they should use NHS 111, preferably online.
- May contact the pharmacy if they cannot access NHS 111 online or by telephone. If this is the case, you should ensure that patients who are unwell or deteriorating are supported to access medical care if, in your clinical judgement, this is necessary, e.g. by using the health professionals contact number for NHS 111 that is part of the NHS Community Pharmacist Consultation Service (CPCS) or calling NHS 111 directly on behalf of the patient.

3.4.2 Patients with symptoms of COVID-19 too unwell to be sent home

If, in the pharmacist's clinical judgement, the person needs emergency medical attention, they should be isolated in a designated isolation space (see Section 4.4), if their medical condition allows for it, and an emergency ambulance requested. The red flags to be aware of are shown below.

RED PATHWAY

- If patients meet any of the following criteria, they need 999

Severe breathlessness

- Unable to complete sentences
- Rapid, significant deterioration in breathing in the last hour
- New breathlessness at rest
- Sudden onset of breathlessness

Shock or peripheral shutdown

- New confusion or reduced level of consciousness
- Extremities – cold and clammy to touch
- Pallor – skin colour is mottled, ashen, blue or very pale
- Reduced urine output – little or no urine in last 24 hours

Functional impairment

- Inability to self-care/ perform Activities of Daily Living

The ambulance call handler should be informed of the risk of COVID-19 infection. 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. Contact may need to be via remote means or simply by knocking and then having a conversation through the closed door.

If staff cannot avoid entering the designated isolation space or contact with the patient in an emergency, they should wear [PPE](#) such as gloves, apron and fluid resistant surgical mask (FRSM – see above in Section 3.3.1) in line with standard infection control precautions and exposure kept to a minimum. All PPE worn when providing direct care to patients with symptoms of COVID-19 should be double bagged, tied securely and kept separate from other waste for at least 72 hours before disposing of in the normal domestic waste, as set out in guidance for non-healthcare settings available on the [GOV.UK website](#).

3.5 Self-care advice for patients with suspected COVID-19

The latest self-care advice for patients with suspected COVID-19 can be found [here](#).

4. High risk patients

4.1 Patients at increased risk of severe illness from COVID-19

Those who are at increased risk of severe illness from 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 [here](#).

4.2 Shielded patients at highest risk of severe illness from COVID-19

Letters were sent to patients identified as being **clinically extremely vulnerable**. The latest patient-facing guidance is available [here](#). Recommendations regarding shielding are changing and may vary in different parts of the country if local outbreaks occur.

GP practices will have flagged these shielded patients on their patient records. Pharmacies can view the flag on both the web (SCRa) and the click-through (SCR-1) applications.

The initial Pandemic Delivery Service was commissioned to run for all shielded patients in England until 31 July 2020. Announcements will be made by NHS England and NHS Improvement about when and where a service will be commissioned. Details of the areas where shielded patients are eligible for the NHS funded pandemic delivery service can be found [here](#).

When the pandemic delivery service is commissioned, shielded patients are eligible for home delivery of prescription items from the pharmacy where no appropriate family member, neighbour, carer or volunteer is available to collect them. If supporting a regular patient of the pharmacy, you do not need to contact the patient to obtain consent to view the shielded flag on the demographics screen.

Additional information is available on summary care records to support healthcare professionals managing patients from different settings. This includes things like significant medical history (including COVID-19 codes – suspected, confirmed,

shielded), reason for medication, anticipatory care information, end-of-life care information and immunisations.

Extremely vulnerable patients in a localised containment area can be expected to have received a letter on the need to shield when the local precautions are implemented in a given area.

4.3 Delivery of medicine to shielded patients

While the Pandemic Delivery Service is being commissioned by NHS England and NHS Improvement pharmacies have a responsibility to ensure shielded patients receive the medicines they need at home. Guidance regarding changes to essential service requirements and for the Community Pharmacy Home Delivery Service during the COVID-19 outbreak advanced service can be found [here](#).

Drivers and volunteers delivering medication can leave the medication outside the patient's residence provided they are able to ensure it has been received by the patient/representative. They will need to witness an appropriate person collecting the medication before they leave the location.

The Department of Health and Social Care (DHSC) has confirmed that a third party (including community pharmacy staff) can sign the back of the prescription on behalf of the patient. Where you are unsure if the patient has a valid exemption, you can indicate on the back of the prescription that evidence has not been seen in the usual way. Prescription charges have not been abolished in light of the COVID-19 pandemic. Further details can be found [here](#). Electronic payment methods will further facilitate minimal contact.

4.3.1 NHS volunteer responders

Pharmacy staff can refer patients for support through the NHS volunteer responders referrer's [portal](#). Referrals by staff can be made online by submitting a live request form. You can also make a referral by calling 0808 196 3382. Further information can be found on the [NHS Volunteer Responders website](#).

4.3.2 Self-referral

The Royal Voluntary Service (RVS) website gives [details](#) of which individuals can request help with getting shopping, medication or other essential supplies delivered to their home. More vulnerable, isolating and shielded patients can now access this

help by phoning the RVS on 0808 196 3646 (8am to 8pm). Please note this number is different from the staff referral phone number if the pharmacy is making the referral or request.

You may wish to download [this](#) poster to alert members of the public who are accessing your premises to the possibility of self-referral into the NHS Voluntary Responder service.

4.3.3 Safeguarding

The RVS has multi-layered safeguarding processes in place for the NHS Volunteer Responders scheme, aligned with Home Office guidance. The NHS England and NHS Improvement safeguarding team have reviewed the processes around this scheme and are assured by them. The mitigating actions in place to ensure the safety of patients and volunteers include but are not limited to:

- identification checks for all volunteers; a driving licence, passport or two utility bills are required to confirm identity
- connection with the police and National Crime Agency to ask that they inform RVS of any inappropriate NHS volunteer responder known to them. Such individuals will be instantly removed from the scheme.

These actions ensure that appropriate and proportional safeguarding is in place for the tasks undertaken. More detailed information can be found [here](#).

Concerns can be raised by email: safeguarding@royalvoluntaryservice.org.uk or telephone: 0808 196 3382 – the support team will pass you to the safeguarding team.

4.3.4 Indemnity/liability

NHS Resolution has launched an indemnity scheme to support the NHS coronavirus response; details can be found [here](#). FAQs from NHS Resolution detail the coronavirus outbreak indemnity and can be found [here](#).

A joint letter on indemnity from the DHSC, NHS England and NHS Improvement and NHS Resolution can be found [here](#).

The RVS is co-ordinating the volunteer effort, ensuring that volunteers are provided with appropriate guidance and guidelines for each of the tasks they undertake. RVS

holds public liability insurance in connection with its business, which includes the activities of NHS volunteer responders who deliver medicines as a community response volunteer or NHS transport volunteer under the NHS Volunteer Responder scheme. Volunteers are covered by insurance when undertaking those tasks, provided they remain within the boundaries set by RVS. The RVS liability insurance policy covers up to two million volunteers.

5. Maintaining access to pharmaceutical services

5.1 Opening hours

Pharmacies must be open to the public for all their contracted opening hours unless arrangements to change these have been agreed with the NHS England and NHS Improvement regional team.

If the pharmacy has an agreement to work behind closed doors during their normal opening hours, a poster on the door must give information about how to contact the pharmacy if urgent help is needed.

PHE has produced three digital posters giving key messages for pharmacies to use locally. The messages are:

- Do not enter your local pharmacy poster if you have symptoms of coronavirus.
- Pharmacy opening times – with space to fill in the opening hours.
- Keep a safe distance.

In addition, PHE has also produced the following digital resources:

- Social media assets – (do not enter a pharmacy with coronavirus symptoms, do not order extra medicines, changes in pharmacy services to allow them to stay open)
- In-pharmacy digital display screen – messaging to customers about services during the current pandemic: safe distancing, ordering medicines, pharmacy opening times and you may find some changes, treating pharmacy staff with respect.
- Treat pharmacy teams with respect.

These posters and digital resources can be downloaded [here](#).

5.1.1 Regulatory amendments during the pandemic

Regulatory provisions have been put in place to enable contractors to make temporary adjustments as an emergency measure, where necessary, as a result of the COVID-19 outbreak. These include the following:

- If a pharmacy cannot open (eg due to the unavailability of a responsible pharmacist or enough staff to open safely), then they must inform the NHS England and NHS Improvement regional team, who will help the pharmacy in ensuring provisions are put in place for patients to access alternative pharmaceutical services. The pharmacy must use all reasonable endeavours to resume provision of pharmaceutical services as soon as is practicable.
- If a pharmacy is unable to reopen, it can apply to NHS England and NHS Improvement for a temporary closure. This also applies to other COVID-19 related circumstances, e.g. where there is a significant reduction in demand for pharmaceutical services in locations such as airports and shopping malls. This emergency provision will require the contractor to give 24 hours' notice and the reasons for the temporary closure.
- Pharmacies may apply to NHS England and NHS Improvement for a temporary change to the days or times they are obliged to provide pharmaceutical services at their pharmacy premises. Again, this emergency provision will require the contractor to give 24 hours' notice and the reasons for the temporary closure.
- For both temporary closures and temporary changes to opening hours, NHS England and NHS Improvement do not need to approve the application in advance. However, should NHS England and NHS Improvement decide to refuse such an application, the pharmacy will need to revert to its opening hours from the date that the pharmacy receives the decision. Pharmacies are therefore advised to seek approval from the relevant NHS England and NHS Improvement regional team before enacting this type of change.
- Pharmacies may apply to temporarily relocate for COVID-19 related reasons; for example, where a pharmacy is co-located with a GP seeing purely COVID-19 symptomatic patients and patient access to the pharmacy is severely restricted by the infection control measures put in place by the

practice. A pharmacy may only temporarily relocate after it has received agreement for this from NHS England and NHS Improvement.

In the event that the responsible pharmacist unavoidably has to leave the pharmacy part-way through the day and at short notice (eg if they are unwell and need to self-isolate) and no locum cover can be secured, medicines already dispensed may be supplied from the pharmacy rather than not supplied at all, if this is in the patient's best interest. In these circumstances, pharmacists are expected to be accessible by telephone or remote link to provide direction to the staff in the pharmacy. Advice has been issued by the General Pharmaceutical Council and can be found [here](#).

5.1.2 Informing patients and the public

Where a pharmacy is unable to open for its normal hours, its NHS 111 Directory of Services (DoS) profile(s) must be updated using Profile Updater, to prevent patients being wrongly signposted or referred to the pharmacy. For temporary closures longer than five days, please amend your opening times in the [DoS Profile Updater](#). For temporary closures shorter than five days, please amend your RAG status to 'RED' using the [DoS Capacity status tool](#), which can be accessed from the login page on DoS Profile Updater. For more information see Appendix A.

The NHS website must also be updated to prevent patients wrongly believing the pharmacy is open. The step-by-step guide for updating your NHS website profile is available [here](#).

5.1.3 Business continuity

Collaboration between practices and pharmacies within primary care networks (PCNs) and with community services is needed as pressure on the health system escalates. Cross-reference to the [standard operating procedures for general practice](#) may be helpful.

Business continuity plans should include 'buddying' arrangements with another local pharmacy to maintain access to pharmaceutical services in the event of a temporary suspension of services. They should also include a relevant communications strategy when working in an emergency situation. Pharmacies are reminded that when they are prevented by illness or other reasonable cause from complying with their obligations to open, they must, where practicable, make arrangements with one or more NHS pharmacists or local pharmaceutical services

providers whose premises are situated in the same area for the provision of pharmaceutical services or local pharmaceutical services during that time.

Particular thought should be given to patients 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 as set out in [this](#) PHE guidance.

5.2 Co-location with GP services for COVID-19 symptomatic people

General practices have been advised to avoid using sites co-located with a pharmacy to deliver services to patients with symptoms of COVID-19. If they cannot, strict infection control and cross-contamination protocols must be in place between the GP practice and the pharmacy. This will require collaboration and early involvement of staff from the GP and community pharmacy. GPs have been asked to ensure the pharmacist/manager at the co-located pharmacy is advised on the plans early in the process and to liaise with them as plans develop. It may be necessary to implement one or more of the following preventative measures:

- prevent physical access into the community pharmacy from the general practice reception and waiting area
- GPs to remind patients that they are under isolation because of their current symptoms and re-inforce an expectation that they should go straight home and not to the pharmacy after the GP appointment
- GPs to advise patients who require a prescribed medication that this should be collected and delivered to their home by someone who is not required to isolate themselves due to contact with the patient, eg a neighbour or relative not in the same household or a volunteer
- if the community pharmacy has a separate external entrance/exit that people can access, the pharmacy can operate as normal in line with PPE guidance
- community pharmacy staff should not enter a GP practice or areas of the co-located site that have been designated to treat those with COVID-19 symptoms and vice versa
- In circumstances where physical separation between the community pharmacy and GP practice in a co-located site cannot be maintained, this

should be reported to the NHS England and NHS Improvement regional team who will assess the impact.

5.3 Pharmacy preparation for incident management

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

- Develop and rehearse the practice's COVID-19 triage protocols and isolation procedures.
 - agree the pharmacy approach for each stage of the potential scenarios and
 - confirm the roles and responsibilities for each member of staff
 - confirm the lead for discussions with patients/NHS 111
 - prepare an aide-memoire for staff to rehearse the relevant pharmacy response.
- Review the coronavirus infection prevention and control protocols [here](#).
- Anticipate impacts on the 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. The [Pharmaceutical Services Negotiating Committee](#) (PSNC) has provided examples of a comprehensive business continuity plan and checklist. Coronavirus-specific business continuity guidance is also available on the National Pharmacy Association (NPA) [website](#).

5.4 Preparation of an isolation area for a sick patient

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 in the pharmacy that can be cordoned off for the use of the patient/patient group and in which a minimum of two metres can be maintained between other patients and staff, if possible. 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 for remote assessment. Place a card/sign in the isolation room/area with pharmacy contact details, email, telephone numbers, pharmacy location and postcode (so the patient has this information when they contact NHS 111).

Brief all staff on the potential use of the rooms/areas and actions required in the event it is necessary to vacate rooms/areas at short notice.

Prepare appropriate space/room signage to indicate 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 and clinical waste bag. Care should be taken to ensure that this is refreshed/restocked after each use of the isolation room/area.

5.5 Management of returned medicines

It is theoretically possible that a person can transmit and/or contract COVID-19 by touching a surface and/or object (ie medication boxes and/or prescription tokens) that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of the poor survivability of coronaviruses on surfaces, the risk of COVID-19 spread from packaging, including prescription tokens and medication containers, is considered very low risk.

Disposal of unwanted medicines is an essential service and has not been suspended. The risk of viral transmission from returned unwanted medicines is very low. Handlers are advised not to touch their face when processing returned medicines, to wear gloves and then to immediately wash their hands to minimise any potential risk of transmission.

Returned medicines should be segregated as per usual requirements, double bagged and placed directly in the appropriate waste medicines container.

Unwanted controlled drugs (CDs) should be double bagged and placed in the CD cabinet for three days before denaturing as per the usual pharmacy process.

A recent publication indicates coronavirus 2 has a survivability of up to 72 hours on some [surfaces](#). Joint guidance published by community pharmacy representative bodies and a suggested procedure for managing unwanted returned medicines can be found [here](#).

If the pharmacy has a problem with waste medicines being collected from its premises, it should contact its NHS England and NHS Improvement regional team as soon as possible.

5.6 Community Pharmacist Consultation Advanced Service

You should not be getting any NHS Community Pharmacist Consultation Service (NHS CPCS) referrals for patients suspected of having COVID-19 symptoms. Callers to NHS 111 are asked at the start of a call about any COVID-19 related symptoms and will be referred immediately to the COVID-19 service. If the caller is assessed for any other symptoms, they will be asked again if they have any symptoms that might relate to coronavirus infection, before any referral is made to a community pharmacy. If any related symptoms are declared, the call advisor will not make the referral to NHS CPCS.

All referrals to NHS CPCS advise the patient to make contact with the pharmacy by telephone in the first instance, irrespective of any symptom or need for an urgent medicines supply. If any patient presents under the service and it subsequently becomes clear that they have been exposed to COVID-19, they must be managed in line with this SOP. In addition, NHS 111 should be contacted via the healthcare professional direct access number, using the original NHS CPCS referral details, so that the inappropriate referral can be followed-up and action taken to prevent a recurrence.

Some patients who have been assessed by NHS 111 and informed they are likely to have COVID-19 infection are advised to undertake self-care measures to manage their symptoms. In these cases, it may be necessary to refer a patient for a telephone consultation with a pharmacist and to provide over-the-counter medicines advice. In all cases NHS 111 requests that the patient must telephone the pharmacy in line with COVID-19 advice to self-isolate.

Please contact the patient by telephone once you receive an NHS CPCS referral. From your conversation with the patient it may be appropriate to advise them not to come into the pharmacy, and to complete the NHS CPCS referral via telephone as set out in the [Preparedness letter for community pharmacy: 19 March 2020](#). For patients who need access to over-the-counter medicines to support self-care for minor illness or to pick up an urgent supply of medicines, it may be appropriate to discuss their delivery and whether a friend, relative, carer or volunteer is able to collect them on their behalf. The NHS 111 online service for urgent medicines supply is now also available nationally and you may receive referrals for NHS

CPCS urgent medicines supply through this route as well. Further details are available in the preparedness letter [here](#).

5.7 Pharmacy and medicines support to care homes

Community pharmacy teams should be aware of the [care home resource hub](#), developed to support pharmacy teams working with care homes in response to increased pressure from the COVID-19 pandemic. This provides information and support for care home staff and residents, and the pharmacy teams supporting them to ensure the safe and effective use of medicines:

- an operational model to help pharmacy and medicines teams implement the NHS England and NHS Improvement guidance in the 1 May letter on COVID-19 response: [Primary care and community health support care home residents](#)
- description of the medicines and pharmacy contribution to the work, setting out how teams should collaborate across the NHS system
- practical advice and resources and a model of service to help local systems reduce the risk of harm during the COVID-19 period by ensuring that consistent medicines and pharmacy services meet the needs of care home residents and staff
- an implementation plan to activate the model of service at local level.

The wider work on care homes is being led and co-ordinated in each area by clinical commissioning groups (CCGs), including the appointment of a named clinical lead for each care home identified by the relevant PCN.

For general good practice guidance on medicines management in care homes, see [NICE guidance: Managing medicines in care homes](#).

6. Communication and information

6.1 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, this should be made clear in a message. If the pharmacy is unavoidably closed, then a message should give information about the nearest open pharmacies.

6.2 How we plan to communicate with you

6.2.1 At urgent times of need: Central Alerting System

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

6.2.2 At less urgent times: commissioners' cascade

For less urgent COVID-19 communications we will email you through your NHS England and NHS Improvement regional team.

We will use the premises' specific NHSmail to send these communications so please ensure that appropriate processes are in place for staff to regularly monitor this email inbox. Please share this email address with your local pharmaceutical committee.

6.2.3 Supportive additional information

We will use a variety of different extra methods to keep you informed of the emerging situation, alongside regulators and professional bodies, through formal and informal networks, including social and wider media.

- You can sign up to the [primary care bulletin here](#).
- You can follow these Twitter accounts to keep up to date: NHS England and NHS Improvement: @NHSEngland; DHSC: @DHSC; PHE: @PHE_uk.

6.3 Guidance and information for staff

6.3.1 Learning resources

Health Education England (HEE) e-Learning for Healthcare has created an e-learning programme in response to COVID-19 that is free to access for the entire UK health and care workforce. [More details are available on HEE's website.](#)

6.4 Feedback

This is a dynamic document that will be reviewed as the situation changes. We appreciate any feedback that could help us improve this SOP and adapt to lessons identified. We would like to thank everyone who has responded to previous versions of the SOP.

If you would like to provide feedback on this version of the SOP [please complete this email template.](#)

If you have an operational query regarding this SOP (rather than feedback), please contact your commissioner in the first instance.

Appendix A: Using the NHS Directory of Services to report pharmacy availability

This appendix outlines the process that pharmacies need to follow to ensure the NHS Directory of Services (DoS) remains accurate and up to date.

DoS Profile Updater

This tool allows pharmacies to review and update the information in their DoS profiles. Profile Updater can be accessed [here](#).

The following information can be updated in Profile Updater:

- pharmacy contact details
- pharmacy opening times.

Pharmacies can use their NHSmail credentials to login to Profile Updater.

Points to note:

- changes will be made to DoS profiles in real time, without the need for manual intervention from the national team
- any changes made to DoS profiles will be reflected in Profile Updater the next day
- changed information will be shared with pharmacy contract managers for visibility, but it is expected that any changes actioned will have been agreed in advance
- closed door working hours do not need to be reflected in Profile Updater.

DoS capacity status

This tool allows pharmacies to amend their operating capacity status for services they offer for a period of **up to five calendar days**. The table below defines the two statuses: RED and GREEN (RAG).

RAG	Definition
Green	<ul style="list-style-type: none"> • The pharmacy is maintaining the ongoing delivery of clinical services. • The pharmacy is continuing to accept referrals for NHS CPCS and is likely to meet the disposition timeframe. • This may include services operating with reduced workforce and/or higher waiting times for patients to access pharmacy services. • Services are still safe but performance/quality may be impacted. • Additional support to secure workforce needs may or may not have been anticipated and requested.
Red	<p>Delivery of clinical services has been temporarily suspended (<5 days) and will not present as an option on the Directory of Services.</p>

Each pharmacy will be set to a default status of GREEN. If a pharmacy needs to amend their capacity status to RED they can login to <https://www.directoryofservices.nhs.uk>, providing they have been granted access to do this. Within Profile Updater there is also a link to the Directory of Services, which makes it easier for authorised users to navigate to the capacity status tool. Alternatively, pharmacies can follow local arrangements for updating capacity.

Points to note:

- the capacity status will need to be changed to RED for each service that is affected – a bulk update cannot be done
- changes to capacity status can be made for a period of up to five calendar days. After this time the status will automatically revert to GREEN unless changes are re-applied
- the notes field is a free type text box to capture information that will be used to support pharmacies within a locality
- if a pharmacy is temporarily suspended beyond five days, the relevant local DoS team will need to be notified for the service to be recorded as 'suspended'.

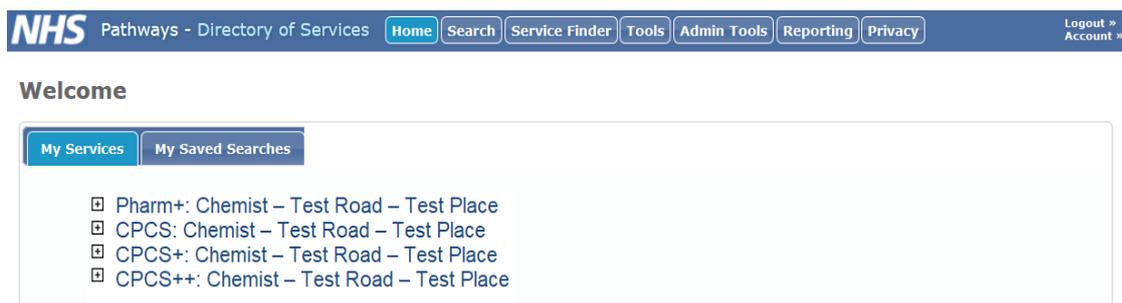
A guide to updating the capacity status for each service that a pharmacy delivers is detailed below.

Using the 0300 DoS emergency number

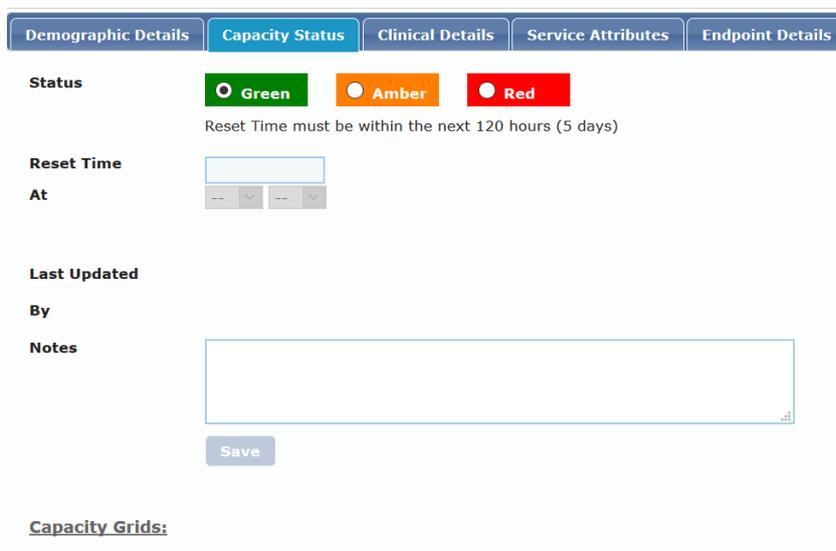
Pharmacies that experience difficulty making changes to either Profile Updater or their capacity status can call the NHS Directory of Services Provider and Commissioner helpline on 0300 0200 363 (subject to change).

Guide for updating Capacity Status

1. Go to <https://www.directoryofservices.nhs.uk>.
2. Log in using the login credentials supplied.
3. Type in your username and password.
4. Your pharmacy service pages will be listed on the 'Home' page



5. Click on the DoS entry you wish to amend. **Please note** you will need to amend each DoS entry separately.
6. Click on the 'Capacity Status' tab.



7. Amend the status to RED or GREEN. **Note:** The 'Amber' status will show in the Capacity Status tool but should not be used to indicate capacity constraints.

8. Choose the 'Reset Time'. The reset time allows the system to automatically revert the service back to GREEN at the desired time (within the next five days).

9. In the 'Notes' field (free type) indicate the following:

Brief explanation for the service closure(s) including if it is due to COVID-19. This can be copied from the left-hand column below:

Reason for service status change/ closure	What this reason indicates
Technical	A problem with the IT service/clinical system
Training	A problem with the staff's ability to deliver the service due to a lack of training in or lack of awareness of the service issue
Significant demand	A significant increase or change in patient demand has led to problems in ability to deliver the service
Insufficient staff	A problem with staff availability to deliver the service Note: Please indicate if staff self-isolating because of illness
Insufficient supplies	A problem with the staff's ability to deliver the service due to a lack of required supplies or equipment
Planned reconfiguration	A planned withdrawal of the service with alternative arrangements in place for registered patients as part of the COVID-19 response
Unplanned reconfiguration	An unplanned withdrawal of the service due to COVID-19 with alternative arrangements in place for registered patients
Force Majeure	Unforeseeable circumstances that prevent the service from fulfilling the service specification (eg flooding, total power failure)
Withdrawn	Indicating some other unexplained reason for temporarily withdrawing from the service

10. You must enter the reset time and complete the notes field for the 'Save' button to become active. Clicking 'Save' means the record will be updated until the stipulated reset time, when it will revert to GREEN.

11. Repeat for all services you wish to amend. You may need to go back to the services listed on the 'Home' tab.

