

Frequently asked questions relating to COVID-19 and pharmacy staff V6

Updated to reflect advice on casual contacts (Q5), advice if you live with someone waiting for test results (Q6) and advice on disposal of medicines (Q13)

This advice aims to draw on the current sources of information from the HSE, HPSC and others to answer questions arising for pharmacies and pharmacy staff.

1. Advice for staff members in “very high risk” categories

Staff members in the very high risk (extremely vulnerable) group should not work outside their home while this restriction is in place. If the staff member is in doubt about whether they meet this criteria, they should seek advice from their doctor.

<https://www2.hse.ie/conditions/coronavirus/cocooning.html>

2. Advice for staff members with symptoms

Any staff member developing a fever cough, shortness of breath/breathing difficulties, or loss of sense of taste/smell must go home immediately and phone their GP, or HSE Live if they have no GP. They must follow self-isolation guidelines. The staff member must stay home for 10 days after first symptoms and 5 days after last fever, whichever is longer.

3. Advice for other staff members if a staff member goes home with symptoms

Staff members who were in contact with an affected staff member but have not been contacted by public health or contact tracing should follow guidance for the general public, i.e. further restricted movement is not necessary. They should self-monitor for symptoms. If they develop symptoms, follow guidance in point 2 above.

4. Advice for staff members if contacted by public health and advised they are close contacts of a confirmed case

Following a positive test result for COVID-19, the person is contacted by a contact tracer and their movements and contacts are determined. Their close contacts will be notified by a contact tracer. If you are a close contact, you will be informed what that means and what precautions you should take. Only contact tracers will issue this advice. More information about contact tracing, including advice for close contacts, is available on

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>

A close contact includes:

- Any individual who has had greater than 15 minutes face-to-face (less than 2 metres distance) contact with a case, in any setting.
- Any individual living in the same house or shared accommodation as a case.

Contact needs to have occurred during the infectious period, defined as **from 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 10 days from symptom onset** but may be longer in severely ill cases who are hospitalised).

As per NPHET recommendations, where a test is taken on a suspect case, the tester should request that the suspect case inform their household contacts and any other close contacts without delay, and ask them to restrict their movements (i.e. stay at home) until the outcome of the test is known.

When a case is confirmed, their close contacts must be tested on the same day (Day 0 test) and on Day 7 (unless the first test was positive). Even if the outcomes of Day 0 and Day 7 tests are negative, the close contact must restrict their movement for 14 days (see below for further detail). If the close contact becomes a case (i.e. tests positive), they must self-isolate. Public health will stay in touch with close contacts on a daily basis, asking about relevant symptoms, for 14 days after last exposure to confirmed COVID-19 case.

Duration of restricted movements for close contacts

<https://www2.hse.ie/conditions/coronavirus/managing-coronavirus-at-home/self-isolation.html>

COVID-19 contacts are required to restrict movement during the period of time when they may be incubating infection (maximum incubation period):

- For a close contact of someone who lives in another household, the period is 14 days (maximum incubation period).
- For a close contact of someone who lives in the same household and they are able to self-isolate, the period is 14 days (maximum incubation period).

However, this period may be extended if the contact is caring for someone with COVID-19 who is unable to self-isolate at home:

- For a close contact of an adult or child who lives in the same household and can't self-isolate, the period is **17 days**. This includes the 10 days of the person's isolation and for 7 days after their isolation period ends.

5. Advice for casual contacts of someone who is a confirmed case

You do not have to restrict your movements and you can continue to go to work. It is advisable to self-monitor for symptoms for 14 days after last exposure to confirmed case. If you develop symptoms, follow guidance in point 2 above.

6. Advice if you live with someone waiting for test results

- If you are living with someone who is self-isolating and waiting on test results, you should restrict your movements.
- If their test comes back positive (COVID-19 virus found), you will become a close contact and should follow advice for close contacts.
- If their test comes back not detected (COVID-19 virus not found), you can return to your normal activities.
- If they were tested because they are a close contact, you do not need to restrict your movements. Follow the advice on living with someone who is a close contact.

<https://www2.hse.ie/conditions/coronavirus/self-isolation/how-to-self-isolate.html>

7. What is the difference between restricting movements and self-isolating?

See <https://www2.hse.ie/conditions/coronavirus/self-isolation-and-limited-social-interaction.html>

Restricted movements:

Restricting movements means avoiding contact with other people and social situations as much as possible. It applies to those who are without symptoms but considered at higher risk of developing COVID-19 because they were exposed to a particular risk.

- Do not go to work, do not use public transport, do not have visitors at your home, do not visit others, even if you usually care for them. Keep away from older people, anyone with long-term medical conditions and pregnant women.
- Do not go to the shops or pharmacy unless it's absolutely necessary – where possible, order your groceries online or have some family or friends drop them off.
- You can still go outside to exercise by yourself, keeping 2 metres distance from other people.
- If you develop symptoms, you will need to self-isolate.

Self-isolation:

Self-isolation means staying indoors and completely avoiding contact with other people. This includes other people in your household, as much as possible. It applies to people with proven or suspected COVID-19.

Do

- Stay at home, in a room with the window open if possible.
- Keep away from others in your home as much as you can. Use a separate bathroom if possible. If not possible, use the bathroom last and then clean it.
- Check your symptoms – phone your doctor if they get worse, if you have breathing difficulties or feel very unwell, or if you feel you need to.
- Cover your coughs and sneezes using a tissue – clean your hands properly afterwards.
- Wash your hands properly and often. Use your own towel – do not share a towel with others.
- Clean your room every day with a household cleaner or disinfectant.
- It's OK for friends, family or delivery drivers to drop off food or supplies. Make sure you're not in the same room as them, when they do.

Don't

- Do not go outside unless you have your own outdoor space where you can get some fresh air.
- Do not go to work, school, religious services or public areas.
- Do not share any items you have used with other people.
- Do not use public transport or taxis.
- Do not invite visitors to your home.
- Keep away from older people, anyone with long-term medical conditions and pregnant women.

You can stop self-isolating only when both of these apply to you:

- you have had no fever for 5 days;
- it has been 10 days since you first developed symptoms.

Caring for someone in self-isolation:

It may not be possible for some people with COVID-19 to self-isolate. For example, a young child or someone who needs care. If you are caring for someone who has COVID-19, there is a risk that you could become infected too. See point 4 for extended duration of restricted movements.

You should also:

- wash your hands properly every time you have contact with the person
- if you have face masks, both of you should wear one when you have to be in the same room if possible – read about who should not wear a face mask
- if you have to clean phlegm or spit from their face use a clean tissue, put it into a waste bag and wash your hands
- put them in a well-ventilated room alone
- limit their movement in the house
- get them to use a different toilet if possible
- limit the number of caregivers
- keep them away from older people, people with long-term conditions or pregnant women

If possible, only one person should look after the person self-isolating. Ideally, this would be someone who is in good health. This means someone who is not at risk of severe infection such as someone:

- with a long-term illness
- with a weak immune system
- older than 70

8. The pharmacy I work in exercises social distancing between staff. Are we therefore considered casual contacts as opposed to close contact?

Efforts to minimise the risk of transmission between staff, including social distancing, hand hygiene, cleaning shared equipment and spaces and respiratory hygiene, are recommended.

Public health and contact tracing will provide recommendations on a case by case basis. If the affected staff member has not been in contact with any individual for greater than 15 minutes face-to-face (less than 2 metres distance), from 48 hours before first symptoms until 10 days after symptoms, there may be no close contacts identified in the pharmacy.

9. Should pharmacy staff wear face masks?

HPSC Guidance on the use of Surgical Masks in the Healthcare Setting in the Context of the COVID-19 Pandemic, is available on:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useofsurgicalmasksinhealthcaresetting/>

This guidance applies to pharmacy staff and in pharmacy settings:

- Surgical face masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID-19 status of the patient.
- Surgical face masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other healthcare workers in the workplace where a distance of 2m cannot be maintained.

This means that a healthcare worker should don a surgical face mask if they anticipate being within 2m or more of other healthcare workers for a continuous period of 15 minutes or longer. It is not intended that healthcare workers should attempt to estimate in the morning the total duration of a sequence of very brief encounters that may occur during the day.

The WHO recommends surgical face masks should have good breathability, internal and external faces which can be clearly identified and meet EN14683 or ASTM F2100 standards.

All staff should follow guidance on <https://www2.hse.ie/conditions/coronavirus/protect-yourself.html> for hand hygiene, social distancing and respiratory etiquette, both in dealing with patients and customers and in the workplace. These measures are very effective and important. Use of a surgical face mask is in addition to and not as a replacement for the other measures to reduce the risk of transmission of infection.

How to put on and wear a face mask properly:

Do

- Clean your hands properly before you put it on.
- Cover your mouth and nose with the face mask.
- Press the metal band so that it conforms to the bridge of your nose.
- Make sure there are no gaps between your face and the mask.
- Tie the face mask securely. If there are strings, tie them high on top of the head to get a good fit.
- The face mask should remain in place covering the nose and mouth throughout the period of use.

- Replace the face mask as soon as it is damp or if you have to remove it for any reason.

Don't

- Do not touch the face mask while wearing it – if you do, clean your hands properly.
- Do not use a damp or wet face mask.
- Do not reuse a face mask.
- Do not move the face mask up and down over the nose and mouth.

Always change your face mask:

- When you answer the telephone (consider hands-free earpiece)
- When you take a drink/break.
- When leaving a clinical area.
- If your face mask is wet, dirty or damaged.
- When leaving a person's home.

Taking a face mask off:

- Remove it from behind – do not touch the front of the face mask.
- Put it in a bin straight away. Dispose as healthcare risk waste if facilities are available. If the face mask has not been used by/for managing a patient with active/suspected COVID-19, then the face mask can be discarded in normal domestic waste.
- Clean your hands properly.

10. Can pharmacy staff wear face visors or face coverings instead of face masks?

Face visors are for splash protection and would not effectively prevent you breathing out or in droplets. Where eye protection is recommended in HPSC guidance, a face visor, goggles, or other forms of eye protection may be used with a face mask but do not replace a face mask.

Face coverings or face visors do not provide as reliable protection as surgical face masks; therefore, staff may be deemed close contacts if there is a positive case within the pharmacy.

The HPSC has advised that cloth face masks are suitable for those staff members whose activities are retail based, e.g. stocking shelves, advising customers on cosmetic purchases. The HSPC has also advised that, in situations where an employee is unable wear a surgical face mask for a clearly defined reason, a face visor is a suitable alternative.

11. Should pharmacy staff wear gloves?

In the context of COVID-19, there is no requirement for routine use of gloves in a community pharmacy setting, unless it is a requirement for pharmacy services such as point-of-care testing. Wearing disposable gloves can give you a false sense of security. You might: sneeze or cough into the gloves (this creates a new surface for the virus to live on); contaminate yourself when taking off the gloves or touching surfaces; not wash your hands as often as you need to; and touch your face with contaminated gloves. It's much better to clean your hands regularly and properly.

12. How long does the coronavirus last on surfaces?

Coronavirus can survive for:

- up to 72 hours on plastic;
- up to 48 hours on stainless steel;
- less than 24 hours on cardboard.

Common household disinfectants will kill the virus on surfaces. Clean the surface first and then use a disinfectant. Existing cleaning measures will suffice but special attention should be paid to surfaces or items that are frequently touched by members of the public and/or staff including:

- counter tops, door handles, drawer/fridge handles;
- till, credit card machines;
- keyboards, mouse;
- phones;
- backs of chairs;
- equipment, e.g. staplers, punchers;
- blood pressure monitoring machines.

Frequency of cleaning will depend on number of staff, level of activity, number of customers, etc. Regular cleaning of staff facilities including toilets is also recommended

13. What should I do about disposal of medicines returned by patients or nursing homes?

When accepting unused or out-of-date medicines from the public or from nursing homes for disposal, staff should complete hand hygiene immediately after handling and disposing of the returned medicines.