



Handling drug charts and patients' own medication during the COVID19 pandemic: Infection prevention and control recommendations

This guidance provides suggested infection prevention and control practice for handling prescription charts and patients' own medication by pharmacy teams during the COVID19 pandemic.

In all settings, healthcare staff should practice prudent hand hygiene and avoid touching their own face after handling drug charts or patient's medicines until hand hygiene is performed¹. Gloves are not required for handling such items outside of direct patient care or in cohort settings and inappropriate use is associated with a risk of cross-contamination² and may give users a false sense of security. Healthcare staff should follow Trust/organisation policies on wearing appropriate personal protective equipment in all settings and where staff are less than 2 metres from patients as part of their clinical activities, appropriate [personal protective equipment](#)³ should be worn.

The results from recent experiments suggest that the severe acute respiratory syndrome coronavirus 2 (abbreviated to SARS-CoV-2) can be detected up to 24 hours on cardboard, 48 hours on stainless steel, 72 hours on plastic⁴. However, it is important to note that this was under experimental testing conditions, with deliberate smearing of SARS-CoV-2 to surfaces.

The current evidence indicates that the virus spreads primarily through respiratory droplets produced when an infected person coughs or sneezes, dispersing droplets into the atmosphere as far as 1 metre^{5,6} or further if wind is present⁷. However, it could also be spread if people touch an object or surface with virus present from an infected person, and then touch mucosal surfaces such as their mouth, nose or eyes^{8,9}. Key infection prevention and control measures which are also applicable to

¹ The lipid envelope of the virus can be emulsified by surfactants such as those found in simple soap, which kills the virus or hand sanitiser containing at least 60% alcohol.

² Loveday, H.P., Lynham, S., Singleton, J. et al. Clinical gloves use: healthcare worker's actions and perceptions. *J Hosp Infect*, 2014; 88:110-116

³ <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

⁴ van Doremalen et al 2020. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1 NEJM DOI:

10.1056/NEJMc2004973 https://www.nejm.org/doi/full/10.1056/NEJMc2004973?query=featured_home

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>

⁵] P. Habibzadeh, E.K. Stoneman, The Novel Coronavirus: A Bird's Eye View, *Int J Occup Environ Med* 11 (2) (2020) 65–71.

⁶ D. Wu, T. Wu, Q. Liu, Z. Yang, The SARS-CoV-2 outbreak: what we know, *Int J Infect Dis* In press (2020).

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7239332/>

⁸ 55] S.P. Adhikari, S. Meng, Y.J. Wu, Y.P. Mao, R.X. Ye, Q.Z. Wang, C. Sun, S. Sylvia, S. Rozelle, H. Raat, H. Zhou, Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review, *Infect Dis Poverty* 9 (1) (2020) 29.

⁹ H.A. Rothan, S.N. Byrareddy, The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak, *J Autoimmun* In press (2020) 102433



all other infective organisms and should already be in practice, including hand hygiene, environmental cleaning and disinfection and appropriate use of personal protective equipment (in the case of COVID when within 2 metres of patients).

For the handling of medicines packages to pose a risk, surface contamination would need to occur by droplets being expelled from patients coughing and/or sneezing and then landing on medicines packages. An alternative route of transmission would occur because of indirect transfer from hands contaminated with excreted virus. Due to the nature of where drug charts and medicines are kept on the wards (e.g. outside rooms when patients are being barrier nursed) or in people's homes (for medicines brought into hospital), the likelihood of direct landing of droplets expelled during patient coughing and sneezing and hence risk of contamination is limited. There is currently no evidence to suggest that additional precautions other than good hand hygiene and surface decontamination are required to reduce the risk of transmission from medicine packages and drug charts.

In all settings there should be increased frequency of cleaning of surfaces, e.g. dispensing trays at regular intervals using Trust/organisation approved disinfectant solution, ensuring a contact time of 60 seconds or as recommended by the product's manufacturer. The contact time is defined as the length of time the surface being disinfected must remain wet for the disinfectant to work.

There is currently no published evidence to support isolation (quarantining) of medications or routine decontamination of medicine packages. As highlighted earlier, hand hygiene and regular disinfecting of surfaces are key measures that should be practiced.

This guidance focuses on medications that have been in clinical areas or brought into hospital by patients (commonly referred to as patients' own medication/drugs or PODs) with suspected or confirmed COVID-19 infection. All other medications e.g. ward and/or pharmacy stock can be treated as non-contaminated medication and follow usual practice in place prior to COVID-19.

Drug Charts and PODs

It is advisable that drug charts and PODs of patients with possible or confirmed COVID-19 remain in clinical areas where feasible. PODs should be kept in the patients' locker and administered to the patient in accordance with usual Trust/organisation practice. In most cases this would mean they are assessed for suitability of use within the hospital.

Controlled drugs (CD)

When storing CD PODs, they should be placed into a bag before placing in the CD POD cupboard followed by hand hygiene measures. As per trust/organisation standard operating procedure, nursing professionals should be reminded of the



recording the CD PODs in the relevant CD register where the entry should include name, strength and quantity. The CD cupboard where PODs are stored should be cleaned regularly and lanyards (if used) for CD keys should also be cleaned or changed regularly.

Fridge items

PODs requiring refrigerated storage should be placed in a clearly demarcated area of the fridge e.g. bottom shelf or bottom tray. Frequently touched areas of the fridge (e.g. the door handles) fridge should be cleaned regularly as per Trust policy.

Discharge medication

PODs can be returned to patients if they are still taking this medication in accordance to Trust guidance. If CD(s) are still required, this should be signed out of the register and returned as per standard operating procedure.

Waste Disposal of Patients' Own Drugs (PODs)

Where PODs are no longer required, they should be discarded on the ward as part of the medicine waste standard operating procedure¹⁰. If this medicines waste is from patients with possible or confirmed COVID-19 it should be segregated in a bag and clearly identified. It should be disposed of following recommended hand hygiene and surface decontamination principles and as per the waste medicines standard operating procedure. Destruction of controlled drugs that are not required by the patient should be undertaken in the usual manner as per Trust standard operating procedure. They should also be denatured in the presence of another member of staff as per Trust standard operating procedure. Staff should avoid touching their own face during this process until hand hygiene is performed.

Dispensaries

Staff should maintain a system of processing only one item or tray of items at a time, being careful not to touch their faces whilst working on the tray. Once complete and checked, staff should clean their hands (soap and water or alcohol gel for 20 seconds) before moving on to the next item/tray. Trays and dispensary surfaces should be cleaned at regular intervals.

For examples of work flow of how to maintain a clean pathway through Dispensary during COVID-19, please see [Appbox](#).

¹⁰ Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment, unless the waste has other properties that would require it to be incinerated. Medicines waste is incinerated. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting>



Care Homes

Specific guidance relating to medicines management in care home and/or hospice settings can be found [here](#)¹¹.

Health and Justice settings

The information above can be used to develop local processes. In prisons and other prescribed places of detention PODs from transferred and community admitted detainees will be assessed for suitability in line with normal procedures. Whilst in storage within the healthcare areas (including house blocks or wing storage) these PODs should be stored in bags including any CDs usually stored in CD cupboards. Where POD medicines are no longer required, they should be discarded as part of the medicine waste standard operating procedure¹². If this medicines waste is from patients with possible or confirmed COVID-19 it should be segregated in a bag and clearly identified. It should be disposed of following recommended hand hygiene and surface decontamination principles and as per the waste medicines standard operating procedure. Destruction of controlled drugs that are not required by the patient should be recorded in the relevant records including: POD name, strength and quantity. All other stock and named patient supplies that have been dispensed by an on-site or external pharmacy can be treated as non-contaminated medication and follow usual procedures.

Consensus contribution

Individuals from multiple organisations/committees who contributed to development/consensus process including:

- NHS England/Improvement IPC cell
- 4 Nations IPC cell
- UKCPAPIN – Rakhee Patel
- PHE – Aoife Hendrick, Anna Sallis, Colin Brown, Susan Hopkins
- DHSC - Gul Root
- ARPHAI – Karen Shaw, Neil Wigglesworth
- RPS AMR EAG – Ceri Philips, Nicholas Reid, Mark Gilchrist, Jacqueline Sneddon
- Specialist Pharmacy Service – Nicola Wake
- NHS England and NHS Improvement – Natasha Callender, Elizabeth Beech, Jill Loader, Irfan Tariq, Andrew Davis, Malcolm Qualie, Wasim Baqir, Denise Farmer

¹¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

¹² Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment, unless the waste has other properties that would require it to be incinerated.
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting>



Authors: Diane Ashiru-Oredope (PHE), Sejal Parekh (NHS England) and Denise Farmer (NHS England)

Approvals

NHS England and Improvement and 4 Nations IPC Cells – 07.05.2020 and 22.05.2020

Susan Hopkins and Keith Ridge – 11.05.2020

Updated 26.10.2020 following discussions through email and meeting with members of the consensus group¹³.

Version 2 of this guidance was updated and reviewed by Diane Ashiru-Oredope, Elizabeth Beech, Wasim Baqir, Rakhee Patel, Scott Hill, Nicola Wake, Mark Gilchrist, Anna Sallis, Kirsty Bennett, Ceri Phillips, Andrew Davies, Denise Farmer, Anne Woolridge, Colin Brown and Lesley Smith.

¹³ Version 2 Updated November 2020



Annex

Comments received on the guidance and subsequent responses from the expert group.

Comment 1

Those commenting felt that hand hygiene after every item or tray was not feasible and implementation was having significant effects on skin integrity of their dispensary staff.

The Group agreed to include example guidance in [Appbox](#) for how to mitigate the risk to staff skin integrity.

Comment 2

A Trust asked about the recommendation to store CD PODs in clear plastic bags when put into the CD cupboard. They are keen to reduce their plastic burden and as a trust the TTOs they receive from the local secondary care trust are all in paper bags. Even if in a see through plastic bag, there would be a check of the physical container for quantity so the plastic bag would be opened to facilitate that.

The group agreed to remove the words ‘clear plastic’ in line with the NHS’ commitment to reduce plastic use.

Comment 3

- *Medicines which have been by a COVID patient’s bed space should be quarantined for 72 hours*
- *Medicines which have been in a drug cupboard in a COVID area, do NOT need to be quarantined*
- *Paper/order books in aerosol-generating COVID areas (e.g. critical care) should be quarantined for 72 hours*

The overall consensus was that Quarantine should not be required and important to follow recommended hand hygiene recommendations. The risk from a COVID-19 patient will depend on whether they are symptomatic. If there is a true risk the healthcare worker may choose to quarantine medicines/order books.