**Community Pharmacy Post-Exposure Protocol based on CDC Guidance**

***\*Incorporate guidance from your state Department of Health and use your judgment\****

**Process**

1. In the event a pharmacy employee is either a) exposed to a patient or family member suspected of COVID-19, b) exposed to a patient or family member with a COVID-19 diagnosis, or c) employee is confirmed COVID-19 positive, the employee will immediately report exposure or diagnosis to supervisor.
2. Risk of said employee and other employees within the pharmacy will be determined based on the following CDC Guidance for Risk

**Risk Categories are based on** [**CDC Guidance**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

A healthcare professional (HCP) in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work.

***High- and Medium-Risk* Exposure Category**

* ***Pharmacy Example:*** *Pharmacy employee who works within the pharmacy has tested positive for COVID-19 and has interacted with other pharmacy employees who were asymptomatic. Pharmacy employees exposed to the COVID-19 positive person falls within this category since exposure would have been considered close contact for prolonged amounts of time without PPE.*
* ***High-risk* exposures** refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.  Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered *high-risk*.
* ***Medium-risk* exposures** generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.  See [Table 1](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#table1) for additional examples.
* **HCP in the high- or medium-risk category** should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature >100.0 F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

**Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.**

* These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of face masks. If HCP develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health

***Low-Risk* Exposure Category**

* ***Pharmacy Example:*** *Pharmacy employee who briefly interacts with a patient who is COVID-*19 positive falls within this category.
* ***Low-risk* exposures** generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.
* **HCP in the *low-risk* category** should perform self-monitoring until 14 days after the last potential exposure. **Asymptomatic HCP in this category are not restricted from work.**
	+ Employee should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat).
	+ Employee should ensure they are afebrile and asymptomatic before leaving home and reporting for work.
		- If they do not have fever or respiratory symptoms they may report to work.
		- If they develop fever (measured temperature > 100.0 oF or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or **pharmacy** promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
			* On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work.
			* Alternatively, facilities could consider having HCP report temperature and symptoms to delegated officials prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

**Additional Info**

**HCP who Adhere to All Recommended Infection Prevention and Control Practices**

* Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

***No Identifiable risk* Exposure Category**

* **HCP in the *no identifiable risk* category** does not require monitoring or restriction from work.
* HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)
* *Examples: Pharmacy staff members who are only compounding prescriptions, pharmacy staff member doing remote work or working in a secluded office space.*

**Community or travel-associated exposures**

* HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html).
	+ HCP should inform their supervisor that they have had a community or travel-associated exposure.
* HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance.
	+ Those who fall into the *high-* or *medium-* *risk* category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact.

**In the event that an employee is sick, the manager should:**

* Actively encourage sick employees to stay home
* Separate sick employees
* Refer to link for caring for yourself when sick and reducing transmission <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
* Refer to the link below for detailed business precautions: Click [here](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html).
* Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19: Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html) of their potential exposure.