

Information for Clinicians

Safe handling of medications during COVID-19 pandemic

This document is intended to be used by relevant stakeholders within a facility (including Pharmacy Departments, Infection Control Practitioners and Directors of Nursing and Midwifery) to create local guidelines for the safe handling of medications during the COVID-19 pandemic. Clinicians are reminded that compliance with the [Medication Handling in NSW Public Health Facilities Policy Directive](#) is mandatory and that local recommendations should accord with it.

Use of patient's own medications (POMs) belonging to a suspected or proven COVID-19 patient during their inpatient stay

Patients may bring their own medications into hospital. This aids in the medication history taking process and avoids missing doses of a medication whilst awaiting supply from pharmacy. POMs should not be used for administration during hospital admission **unless unavoidable** (e.g. stock unavailable through the hospital pharmacy department) – see Section 6.2.4 of [Medication Handling in NSW Public Health Facilities](#). If there is a need for the use of POMs in a suspected or proven COVID-19 patient, self-administration under appropriate observation is preferable to nurse/midwife administration. If self-administration is not possible, nursing/midwifery staff should handle all POMs as outlined below.

Handling patient's own medications (POMs) belonging to a suspected or proven COVID-19 patient

Health workers (HW) need to be aware that there is a possibility of SARS-CoV-2 (novel coronavirus) contamination on inanimate objects such as medication containers from a suspected or proven COVID-19 patient. While caring for, or in contact with a suspected or proven COVID-19 patient, combined contact and droplet precautions must be in place. More information on precautions available [here](#).

If handling of POMs is necessary, it is best practice that all POMs (especially those belonging to patients with suspected or proven COVID-19) be handled with gloved hands and that hand hygiene be performed following glove removal. Any surfaces (such as benchtops) which the medications have come into contact with should be wiped down with an approved disinfectant wipe.

Storage of patient's own medications (POMs) belonging to a suspected or proven COVID-19 patient during their inpatient stay

Ideally POMs should be returned to the patient's place of residence via a family member or carer once they are no longer required. To minimise risk to the individual returning the medications, place them in a clean, sealed plastic bag and advise them not to open the bag for 5 days* to reduce risk of potential contamination with SARS-CoV-2 (novel coronavirus). If return to the place of residence is not possible they should be placed within a sealed, plastic bag and remain in a secure location inside the patient's room for the entirety of their hospital admission unless requiring refrigeration (stored in ward's fridge in an identified sealed plastic bag). Bags containing potentially contaminated medications should be clearly marked as such to make this apparent to anyone who may come into contact with them. Patient's own S4D and S8 medications should continue to be stored as required in [Medication Handling in NSW Public Health Facilities](#) until discharge or returned to the patient's residence. All POMs should either be taken home by the patient on discharge or destroyed and disposed of after discharge (after obtaining patient consent). Ensure all legislative and work, health and safety requirements are followed for the destruction and disposal of S4D, S8 and hazardous substances.

*evolving evidence regarding the viability of SARS-CoV-2 on different surfaces and materials. 5 day quarantine period suggested to ensure clinician and patient safety. See [NEJM article](#) for further information.

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Storage of hospital-issued medications for a COVID-19 patient during their inpatient stay

To minimise the risk of contamination with SARS-CoV-2 (novel coronavirus), hospital-issued medications for COVID-19 patients (imprest or individually dispensed) should be stored in the ward's medication room or a lockable medication trolley where possible (rather than inside the patient's room). Clinicians should be encouraged to prepare and obtain exact doses from the medication room before entering the patient's room. Medications that are single-patient use (e.g. inhalers and eye drops) can be kept in the patient's room and then provided to the patient to take home when prescribed for ongoing use on discharge (where appropriately labelled by the pharmacist) or destroyed and disposed of after discharge. These medications must never be returned to the medication room or Pharmacy. They must be destroyed and disposed of on the ward.

Medications unused from a resuscitation, intubation, sepsis or similar kit used for the treatment of a suspected or proven COVID-19 patients

There is a possibility that SARS-CoV-2 (novel coronavirus) is able to survive on inanimate surfaces for up to 5 days*, therefore it is recommended that unused medications which have been exposed to a suspected or proven COVID-19 patient should be destroyed and disposed of. However, in the event that supply is limited and stock wastage must be minimised, the entire kit can be returned to Pharmacy in a sealed plastic bag and quarantined for 5 days* (the bag should be clearly labelled as contaminated with the date of quarantine commencement) prior to re-packing and re-issuing to a clinical area. After which time any contamination of these products by the virus will no longer be viable and therefore should not pose a health risk to others.

Handling hospital-issued medications following discharge of a COVID-19 patient

To minimise wastage, facilities should consider reducing the dispensing quantity for patients with COVID-19 especially for high cost items and those in high demand. Ideally leftover hospital-issued medications dispensed to a proven COVID-19 patient should be disposed of (regardless of storage location). For medications that are expensive or low in supply, preservation can be considered. If the medications intended to be preserved have been in contact with a suspected or proven COVID-19 patient (or their room), they should be placed in a sealed plastic bag, clearly identified and returned to Pharmacy. These medications should be quarantined for 5 days* (the bag should be clearly labelled with the date of quarantine commencement). After which time any contamination of these products by the virus will no longer be viable and therefore cannot pose a health risk to others.

Disposal of contaminated or potentially contaminated medications

Medications requiring disposal should be placed in a sealed plastic bag and disposed of according to the [Medication Handling in NSW Public Health Facilities](#) and [Clinical and Related Waste Management for Health Services](#).

Handling of medications that have undergone a 5 day* quarantine period for re-use

Medications that have undergone a 5 day* quarantine period to ensure that any contamination of these products by the virus will no longer be viable should ideally be wiped clean with an approved disinfectant wipe and entered into the pharmacy's inventory.