

**Situation:** Hospital staff require guidance on the proper handling of material (eg, medications) that may be contaminated with the SARS CoV 2 virus.

**Background:** The SARS CoV 2 virus has demonstrated in-vitro viability on environmental surfaces such as stainless steel (6 hours), cardboard (3.5 hours), and plastic (7 hours).<sup>1</sup> Various pharmacy department-related operations require handling of items that may be contaminated by the virus.

**Assessment:** Current medication supply workflows, such as the positive identification of a patient's home supplied medication, need to be modified to account for the risk of occupational exposure.

**Response:** Below is the modified workflow for identifying a patient's home medication

### Interim process for identifying a patient's home-supplied medication within a COVID patient care area

For current infection control reasons as well as medical/legal reasons outlined in [NMH Policy 05.0096, Appendix B](#), every effort should be made to transition the patient to an acceptable therapeutic alternative, supply the medication from the Pharmacy Department, or defer dosing (if medically appropriate) as positive identification of the drug by a pharmacist is required and may increase the risk of occupational exposure.

- Considerations:
  - Consult the [policy](#) to identify which of the 4 criteria the patient meets to use their own medication
  - Confirm the patient is taking the medication (ie, ensure a medication history is current and complete)
  - If patient is a COVID rule-out, consider re-timing the dose based on when the test will result/infection status is confirmed

### WORKFLOW:

Patient-own medications that are deemed **essential** (i.e. Ibrutinib) and for which an alternative strategy is not identified must follow the procedure below when identifying the patient supplied medication:

1. Over the phone with the nurse at bedside, the pharmacist should verify the medication order placed in Epic matches the outpatient pharmacy label on the patient's product.
  - a. If the 2 orders do not match, clarify the order with the NMH prescribing physician
2. After confirming that the orders match, or clarifying the order with the NMH prescribing physician, print the label to the appropriate inpatient pharmacy area.
3. Coordinate a time with the nurse for labeling the product in order to conserve PPE and minimize exit and entry into the patient room.
4. Communicate with the nurse to ensure the Ziploc bag used to contain the drug product is large enough to allow manipulation (eg, opening vial) to positively identify the drug product without opening the bag
5. Instruct the nurse that while in the patient's room they should:
  - a. Collect the medication product from the patient
  - b. Wipe the exterior of the drug product with an appropriate agent (eg, Super Sani-Cloth®)
  - c. Place the product in a Ziploc bag (use separate bags if > 1 product requires identification)
  - d. Wipe the outside of the bag with an appropriate agent (eg, Super Sani-Cloth®)
6. Meanwhile, the pharmacist should retrieve the label from the inpatient pharmacy and bring the label to the patient care area.
7. Pharmacist identification steps:
  - a. Don gloves and perform drug identification per [policy](#) taking care to keep the Ziploc bag closed
  - b. Upon positive identification, label the bag and return the product to the nurse.
  - c. Instruct the nurse that upon re-entering the room for the next patient assessment they may apply the label to the physical product
  - d. Doff PPE and wash hands
  - e. Document the identification in an iVent and include the rationale for using the patient's own med

#### REFERENCES:

1. van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and surface stability of sars-cov-2 as compared with sars-cov-1. N Engl J Med. March 2020;NEJMc2004973. doi:10.1056/NEJMc2004973