

Is there any new guidance around preparing compliance packaging during the COVID-19 pandemic?

medSask is not aware of any new guidance involving compliance packaging specific to the COVID-19 pandemic.

Existing Guidelines:

SCPP offers the following guidance in the Compliance Packaging – Customized Patient Medication Packaging Guidelines: (1)

- *Maintain proper hygiene while packaging (frequent hand washing, disposable gloves, etc.)*
- *Medications returned in a patient compliance package may not be returned to inventory. (Section 15 of Part J of the SCPP Regulatory Bylaws).*
- *A pharmacist may accept the return of a compliance package from a patient for repackaging for the SAME patient in cases where a change in therapy has occurred. Should repackaging for the same patient occur, steps must be taken to ensure the integrity of the drugs with respect to packaging methods (heat seal, cold seal) and that the date of dispensing of the original package is documented.*
- *Compliance packaged drugs should not be repackaged if the expiry date and lot numbers have not been recorded.*

Ontario College of Pharmacists offers the following general recommendation: (2)

Medications in compliance aids must be packaged as soon as possible after being removed from the stock bottle to minimize atmospheric exposure and protect the integrity of the medication. Sanitary procedures must be implemented to prevent staff from having direct contact with the drugs, for example by using gloves or tweezers, along with frequent hand washing.

Compliance packaging during the COVID-19 Pandemic:

In the absence of a specific policy or guidelines around COVID-19, it may be important to **consider the existing recommendations, assess the risk involved, and apply best practice for infection prevention and control**. The following information is provided as considerations for both preparing and repackaging compliance packages:

Transmission of coronavirus: (3,4)

The SARS-CoV-2 virus is thought to spread mainly from person to person via respiratory droplets produced when coughing or sneezing. These droplets can land in the mouths or noses of people who are nearby or inhaled into the lungs. Spread is more likely when people are in close contact – within about 6 feet.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, eyes or nose. This is not thought to be the main way the virus spreads.

Viability of coronavirus on surfaces: (5-7)

A letter published in the NEJM looked at the viability of SARS-CoV-2 on various surfaces. Virus was detectable on plastics and stainless steel for up to 72 hours after application, and up to 24 hours on cardboard. It is important to note that this study was done in a laboratory environment with controlled temperature and humidity, and "real-life" results may vary. Further, the amount of virus on these surfaces decreased significantly over the time studied, and subsequently, risk of transmission could also be expected to decrease. The study also looked at viability on copper, and also viability when the virus was aerosolized into the air. The study found that the virus was detected for up to 3 hours when aerosolized under experimental conditions.

There is some data available from previous coronavirus outbreaks (SARS, MERS) regarding survival on other materials like PPE equipment and a laboratory requisition. In the case of SARS-CoV, rapid loss of infectivity was observed for paper and cotton material.

The limited viability data for SARS-CoV-2 should be extrapolated with caution given that there is still significant uncertainty in the transmission of SARS-CoV-2. If anything, viability data should reinforce the importance of hand hygiene and enhanced disinfection.

Infection Prevention and Control:

From CDC: Pharmacy staff should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. (8)

From CPhA: Pharmacy team members are unlikely to be exposed to droplets during routine pharmacy activities that do not have close contact with patients (e.g., stocking inventory, dispensing prescriptions). PPE is not recommended for staff involved in routine activities. However, in pharmacy settings that have a large number of staff (i.e., long-term care pharmacy settings, or shared services facilities), risk of exposure is higher. PPE should be considered as a protective measure. Risk should be assessed on point-of-care basis for PPE use to ensure essential services to vulnerable populations are not disrupted. (9)

From Health Canada: Routine cleaning of frequently used surfaces and objects help to prevent the transmission of COVID-19 in order to mitigate the risk of people becoming infected through self-inoculation after touching contaminated surfaces. The virus that causes COVID-19 has the potential to survive in the environment for up to several days. Cleaning, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. (10)

Strategies to mitigate risk involved with compliance packaging:

- Perform diligent and frequent hand hygiene.
- Designate a separate area in your pharmacy for compliance packaging and frequently disinfect the area. See [medSask FAQ](#) on cleaning and disinfecting surfaces for further information.
- Only accept compliance packaging returns from patients when repackaging is necessary. Consider individual patient and medication considerations recognizing that patient safety must be maintained. Drug cost, drug supply/availability, and third party coverage are also significant factors in determining repackaging requests.

Although no evidence exists to support the following practices, they may also be considered:

- Maintain a proper physical distance when accepting returned compliance packaging. Use a basket/tray to accept the return and appropriately disinfect in between use.
- Disinfect compliance packages as you would any object in your pharmacy given that there is a theoretic risk of compliance packages being contaminated with coronavirus. However, cardboard and paper do not lend themselves to be disinfected easily.
- Consider “quarantining” supplies that cannot be disposed of but may be considered a high risk of possible contamination.
- Use barriers (Ziploc bags, envelopes, bags) to contain compliance packs unless they are being filled.
- Tamper tape and other labelling may be used as visual aids and reminders about clean versus contaminated supplies.
- Use dedicated time and staff to prepare blister packs to minimize cross-contamination with other staff and pharmacy activities.

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References:

1. https://scp.in1touch.org/document/3592/REF_CmplPkg_CustPatientMedPkg_20160610.pdf
2. <https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/compliance-aids/>
3. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads>
4. <https://www.pharmacists.ca/advocacy/covid-19-information-for-pharmacists/guidelines-for-protecting-the-front-line-covid-19-day-to-day-questions/#spread>
5. van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A, Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *New England Journal of Medicine*. 2020 Mar 17.
6. Otter JA, Donskey C, Yezli S, Douthwaite S, Goldenberg SD, Weber DJ. Transmission of SARS and MERS coronaviruses and influenza virus in healthcare settings: the possible role of dry surface contamination. *Journal of Hospital Infection*. 2016 Mar 1;92(3):235-50.
7. Lai MY, Cheng PK, Lim WW. Survival of severe acute respiratory syndrome coronavirus. *Clinical Infectious Diseases*. 2005 Oct 1;41(7):e67-71.
8. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#minimize
9. <https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/PPE-Best-Practice-Suggestions.pdf>
10. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>