

# Checklist for Pharmacists and Pharmacy Technicians to Protect Themselves in Outpatient Care Settings



As a healthcare worker in an outpatient care setting, you may be at risk for exposure to COVID-19. Here are some tips for protecting yourself and minimizing the spread of COVID-19 in your workplace. For pharmacy personnel working in inpatient settings, decisions related to personal protective equipment (PPE) and infection prevention should be guided by infection control leadership and institutional policies.

- All personnel in clinical settings should wear a mask when within 6 feet of another person or in a public space (hallway, cafeteria, or lobby, etc.).
- Healthcare workers providing direct patient care should wear a mask and eye protection routinely throughout the day. The Joint Commission (TJC) [urges](#) masks as a universal precaution, recommending that while surgical or N95 respirators are preferred, masks from home or homemade masks are to be allowed when supplies are inadequate.
- If appropriate PPE is not available or in short supply, healthcare workers should follow the Centers for Disease Control and Prevention (CDC) guidance for strategies to optimize the supply of [facemasks](#) and [other PPE and equipment](#). In particular, the CDC states that homemade masks such as a bandana or scarf may be used as a last resort.
- Follow CDC recommendations for [reducing risk of exposure](#) during [COVID-19 testing and other close-contact pharmacy care services](#).
- Healthcare facilities should maximize the use of non-PPE dependent controls to mitigate risks (e.g., transparent barriers, physical distancing, telemedicine, drive-thrus, mail order, home delivery, etc.).
- Members of the healthcare team should minimize exposure risk by encouraging the completion of tasks or participation in meetings virtually, including rounds if technologically feasible. This may include remote order verification and flexible staffing schedules.
- Employers should maximize distancing strategies for staffing activities, including alternative care sites, point-of-dispensing programs, telepharmacy, remote work, split shifts, cross-training, and reassignment.
- Staff should be monitored for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and mechanisms should be developed for reporting both illness and absenteeism.
- Staff should minimize the use of shared workstations, including the sharing of headsets or other objects used near the mouth or nose. Clean and disinfect shared workstations and office supplies between employees at the beginning and at the end of shifts.
- Surfaces should be regularly cleaned and disinfected, including countertops, door handles, light switches, keyboards, phones, touch screens, point-of-sale systems, and railings.
- Hand sanitizer containers should be placed strategically for multiple-person use and their contents kept filled.
- All staff should be educated on infection prevention and control measures, social distancing practices, and PPE use.
- All staff should be routinely monitored to ensure adherence to infection control and social distancing measures. Staff members should be encouraged to remind each other to adhere to good practices in these measures.
- Information should be readily available for patients and visitors to ensure that basic prevention and control measures for COVID-19 are understood.

- Employees should minimize unnecessary movement to and from patient care areas and to and from non-patient care areas.

### ADDITIONAL RESOURCES

1. [ASHP Use of Facemasks and Respirators](#)
2. [U.S. Department of Labor Guidance on Preparing Workplaces for COVID-19](#)
3. [CDC Considerations for Pharmacies During the COVID-19 Pandemic](#)
4. [CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Exposed to COVID-19](#)

*ASHP Disclaimer: The information contained in this checklist is rapidly evolving because of ongoing research and developments in the areas of COVID-19 infection and spread, and is subject to the professional judgment and interpretation of the practitioner. ASHP provides this checklist to help practitioners better understand current approaches related to COVID-19 exposure and prevention of spread. ASHP has made reasonable efforts to ensure the accuracy and appropriateness of the information presented. However, any reader of this information is advised that ASHP is not responsible for the continued currency of the information, for any errors or omissions, and/or for any consequences arising from the use of the information contained in the checklist. Any reader of this document is cautioned that ASHP makes no representation, guarantee, or warranty, express or implied, as to the accuracy and appropriateness of the information contained in this checklist and will bear no responsibility or liability for the results or consequences of its use.*