Patients and Inhaled Respiratory Medications in the Emergency Department / Alternative Treatment Sites – Changes to Current Processes

April 13, 2020

COVID-19 Use/Re-use of Medications Entering Isolation

**Issue:** Position statement on use/re-use of medications that have gone into an isolation room or unit to address variations in approach that include quarantining (and with various amounts of time posed), bleach wiping, or just discarding all meds.

**Recommendations:**

1. All providers need to pause and assess quantity of medications needed for patient care. Keep the quantity to a minimum to cover the shift of care as much as possible.
   a. Assess packaging of medications on ability to disinfect the exterior (e.g. if disinfectant will remove or make the label illegible or compromise the packaging) that do need to be taken into the isolation room.
      i. Do not take medications in packaging that cannot be disinfected into the room. Or, if these medications with packaging that cannot be disinfected, are taken and left in the room – discard.

2. For medications that are needed to stay in patient room (i.e. patient’s own medications stored in server) – place inside a container that protect the exterior surface of the packaged medication from possible contamination, e.g. disposable, sealable bag or plastic container with a lid that can be disinfected after the patient is discharged.

3. Personnel using these meds need to access them in a clean manner, i.e. plan ahead and remove the medication with clean gloved hands and administer the med to the patient. Avoid accessing the medication in the midst of performing an aerosol generating procedure (AGP).

4. For pharmacy management of discontinued/returned medications or at discharge –
   a. Any medication which has been compromised – discard
   b. Medications or vials for which packaging is intact
      i. If medications have been stored consistently in storage bag or container OR if exterior of medication can be wiped (i.e. vial label will sustain wiping), wipe the exterior of the medication with a 70% alcohol pad or pre-saturated, disposable surface disinfectant wipe (e.g. PDI AF3, Super Sani-Cloth). IF using alcohol swab – allow the alcohol to dry. If using a disinfectant wipe, be sure the disinfectant on the item remains wet for the appropriate contact time.
ii. If the exterior of the medication cannot be wiped according to above and the medication is not expired, place in secure location in disposable paper bag with label indicating what’s inside, date and time and store for 7 days with appropriate storage conditions. After this waiting period, the medications can be returned to supply for medication use.

5. For home medications

a. Use of home medications should be discouraged when possible (**exception is patients inhaled respiratory medications)

b. If a home medication cannot be substituted, cannot be discontinued while patient is in hospital (is essential to patient outcomes), and cannot be supplied by the hospital pharmacy – the home medication should be placed in a bag prior to being sent to pharmacy to be identified – pharmacy will then place a label on the bag after it has been identified to be returned to the floor

i. The use of placing the medication in the bag will decrease unnecessary exposure throughout the hospital to a potentially contaminated medication

c. If a pharmacy is not on site or it is not possible to send a medication to pharmacy, a medication could be verified for accurate medication, expiration date, and ordered medication using Drug ID (by the nurse). The nurse would then document that the medication has been verified, but would not be able to administer medication with patient own specific barcode.

6. Code carts/Code medications should not be brought into isolation rooms – refer to previous guidance distributed

a. If a code medication is brought into a patient room, should follow steps outlined in #4

References:
