

# UConn HEALTH

## CLINICAL PROCEDURE

### Emergent Sterile Compounding of Hazardous and Non-Hazardous CSP (Compounded Sterile Preparation)

**A. EFFECTIVE DATE:**

December 23, 2021

**B. PURPOSE:**

To maintain safe patient outcomes in the event of emergent need for compounded sterile preparation of hazardous and non-hazardous medication from Outpatient Pavilion Cleanroom after regular business hours. Regular business hours are defined as Monday – Friday, 7:30am to 5pm. A qualified Connecticut registered Pharmacy Technician employed by UConn Health – John Dempsey Hospital will perform sterile compounding of CSP in the Outpatient Pavilion Cleanroom under the remote supervision of a Connecticut licensed pharmacist employed by UConn Health - John Dempsey Hospital utilizing UConn Health – John Dempsey Hospital’s electronic technology or tele-pharmacy from the Inpatient Pharmacy.

**C. POLICY:**

All employees of the Department of Pharmacy will adhere to the procedure outlined below.

**D. SCOPE:**

This procedure applies to the Department of Pharmacy which includes the Inpatient and Outpatient Sterile Compounding Complex.

**E. DEFINITIONS:**

- CSP; Compounded Sterile Preparation
- USP; United States Pharmacopeia
- Hazardous pharmaceuticals; a product capable of causing serious effects including cancer, organ toxicity, fertility problems, genetic damage, and birth defects.

**F. MATERIAL(S) NEEDED:**

- Telephone/intercom for audio control
- DoseEdge for visual control

**G. PROCEDURE:**

Technician:

1. A technician qualified to perform hazardous or non-hazardous medication sterile compounding shall be assigned for overtime during designated time of need.
2. Technician shall contact Inpatient Pharmacy to gain orders from supervising pharmacist.
3. Pull necessary product from Pharmogistics for processing of emergent need for CSP.
4. Follow all applicable sterile cleanroom procedures in Outpatient Pavilion Cleanroom.
5. Prior to initiation of sterile compounding procedure in Outpatient Pavilion Cleanroom ensure remote audio and visual contact is established with supervising pharmacist located in Inpatient Pharmacy.
6. Complete sterile compounding and cleaning procedure of work area in Outpatient Pavilion Cleanroom.

7. Secure Outpatient Pavilion Cleanroom space and transport sterile compounding product to supervising pharmacist in Inpatient Pharmacy.

Pharmacists:

1. Determine need for emergency CSP from Outpatient Pavilion Cleanroom after regular business hours.
2. Contact technician as appropriate based on overtime signup list.
3. Prepare ahead of time product or resources to minimize production time.
4. Pharmacist delegate work orders to compounding technician.
5. Prior to initiation of sterile compounding procedure in Outpatient Pavilion Cleanroom ensure remote audio and visual contact is established with sterile compounding technician in Outpatient Pavilion Cleanroom. For audio contact dial x7460 or 7461 from Inpatient Pharmacy for intercom connection to Chemo room in Outpatient Pavilion Cleanroom. For visual contact between supervising pharmacist in Inpatient Pharmacy and technician in Outpatient Pavilion Cleanroom refer to DoseEdge Pharmacy workflow manager.
6. Remotely supervise sterile compounding of emergency CSP by technician in Outpatient Pavilion Cleanroom via audio and visual technology from Inpatient Pharmacy.
7. Ensure CSP is delivered from Outpatient Pavilion Cleanroom to Inpatient Pharmacy, verified by supervising pharmacist, and routed to desired area of care.

**H. ATTACHEMENTS:**

None

**I. REFERENCES:**

Reference *Pharmacy Cleanroom Policy 2019*.

**J. SEARCH WORDS:**

CSP, compounding, telepharmacy

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS:**

On File

**M. COMMITTEE APPROVALS:**

None

**N. FINAL APPROVAL:**

- |   |                           |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Sign)</u><br>Andrew Agwunobi, MD, MBA<br><b>UConn Health Chief Executive Officer</b>               | <u>01/12/2021</u><br>Date |
| 2. <u>Anne D. Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>          | <u>01/11/2021</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>                            | <u>01/11/2021</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>VP Quality and Patient Service &amp; Chief Nursing Officer</b> | <u>01/11/2021</u><br>Date |

**O. REVISION HISTORY:**

Date Issued: 8/30/2018

Date Reviewed: 9/6/2018, 9/8/2020, 12/23/2021

Date Revised: 9/6/2018