



Pharmacy Department Policy

Emergent Sterile Compounding when one Sterile Compounding Complex is compromised

A. EFFECTIVE DATE:

March 15, 2022

B. PURPOSE:

To maintain safe patient outcomes when cleanroom access is compromised and there is emergent need for compounded sterile preparations of hazardous or non-hazardous pharmaceuticals

C. POLICY:

Sterile compounding shall be performed by qualified pharmacy personnel in a supporting SCC while one SCC is compromised. All personnel shall adhere to procedure (G).

D. SCOPE:

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

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.
- SCC; Sterile Compounding Complex

F. MATERIAL(S) NEEDED:

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

G. PROCEDURE:

The following shall occur when a downtime is required:

1. SCC downtime will be reported to Regulatory & Quality
2. An SI will be completed for any SCC downtime.
3. SCC downtime will be documented in Simplifi797

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 SCC.
5. Prior to initiation of sterile compounding procedure in Outpatient Pavilion SCC ensure remote audio and visual contact is established with supervising pharmacist located in the Inpatient Pharmacy.
6. Complete sterile compounding and cleaning procedure of work area in Outpatient Pavilion SCC.
7. Secure Outpatient Pavilion SCC space and transport CSP to supervising pharmacist in the Inpatient Pharmacy.

Pharmacists:

1. Determine need for emergent CSP from Outpatient Pavilion SCC 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 shall delegate work orders to compounding technician.
5. Prior to initiation of sterile compounding procedure in Outpatient Pavilion SCC ensure remote audio and visual contact is established with assigned technician in the Outpatient Pavilion SCC. For audio contact dial x7460 or 7461 from the Inpatient Pharmacy for intercom connection to Chemo room in the Outpatient Pavilion SCC. For visual contact between supervising pharmacist in the Inpatient Pharmacy and assigned technician in the Outpatient Pavilion SCC refer to DoseEdge Pharmacy workflow manager.
6. Remotely supervise sterile compounding of emergent CSP by technician in Outpatient Pavilion SCC via audio and visual technology from the Inpatient Pharmacy.
7. Ensure CSP is delivered from Outpatient Pavilion SCC to the Inpatient Pharmacy, verified by supervising pharmacist, and routed to desired area of care.

H. ATTACHEMENTS:

None

I. REFERENCES:

Cleanroom Standard Operating Policy and Procedure.

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>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
UConn Health Interim Chief Executive Officer | <u>04/10/2022</u>
Date |
| 2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>03/29/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>04/04/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>03/31/2022</u>
Date |

O. REVISION HISTORY:

Date Issued: 8/30/2018

Date Reviewed: 9/6/2018, 9/8/2020, 3/15/2022

Date Revised: 9/6/2018, 4/23/2021