

 مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt		Policy Name: Pharmacy Security & Safety Requirement	
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1.0 Change of policy

1.1 No changes

2.0 Purpose

- 2.1** This policy was established to provide security of all pharmacy personal, pharmacy, medication areas and drug inventories.

3.0 Policy

3.1 Policy statement:

- 3.1.1** This policy is established to provide safety to all pharmacy personal and prevent deficiency of all pharmacy equipment and all Drug inventories.

3.2 Scope:

- 3.2.1** This policy applies on pharmacy and nursing staff at main pharmacy and medications areas.

3.3 Responsibilities

- 3.3.1** Pharmacy staff.
3.3.2 Nurses.
3.3.3 Occupational safety department staff.

4.0 Definitions /abbreviations:

- 4.1** CCHE: Children Cancer Hospital – 57357 Egypt
4.2 CPID: Continuous Performance Improvement Department
4.3 MMU: Medication Management & Use

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4.4 MMS: Medication Management & Safety

5.0 Procedure:

5.1 Security requirements:

- 5.1.1 The security of all pharmacy areas is the responsibility of heads of department.
- 5.1.2 Access control is available on all main pharmacy areas
- 5.1.3 All security incidents in the DPS are reported to the Director of DPS in a timely manner to assure compliance with institutional and regulatory requirements.
- 5.1.4 Access pharmacy area is limited to pharmacy personal that permits others in pharmacy area under supervision.
- 5.1.5 Unauthorized person should not allow to pharmacy area or under strict supervision of pharmacy employee.
- 5.1.6 Provide supervision to area contain drug inventories.
- 5.1.7 Enter pharmacy area are limited to one entry /exist.
- 5.1.8 All hospital employee (physician, nurses...etc.) shouldn't allowed to dispensing area unless it is for a job-related function under supervision of pharmacy employee.
- 5.1.9 While dispensing drug remove it from public view.
- 5.1.10 Access to narcotic area should be limited to pharmacy employee, in large staff it only limited to one person.
- 5.1.11 **Pharmacy keys:**
 - 5.1.11.1 The keys must be in three copies one with security, other with manger and last one with senior of the shift.
 - 5.1.11.2 If manger and senior absent the pharmacist can use security key.
 - 5.1.11.3 if key lost, they should notify the manager of pharmacy and must change the lock.
 - 5.1.11.4 avoid leaving the keys in locked of drug storage shelves.

5.2 Safety requirements:

- 5.2.1 The Pharmacy will adhere to the institutional safety policies and procedures as outlined in the Safety policies and procedures, Specific safety issues related to the pharmacy are located throughout pharmacy policies and procedures.
- 5.2.2 Any violation of and deviation from departmental or institutional safety policies should be brought to the attention of the Director of Pharmacy as soon as discovered.
- 5.2.3 **Safety Orientation:**
 - 5.2.3.1 All employees are oriented to departmental safety issues, including location of fire extinguishers, exits, and cytotoxic spill kits at the time of initial employment.
 - 5.2.3.2 All employees are oriented during their training period in how to safely use equipment required for their job.
 - 5.2.3.3 All employees are instructed during their training period in departmental security, including operation of electronic access devices and alarm systems.

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5.2.3.4 All employees are instructed during their training period in the handling of hazardous materials, including antineoplastic agents.

5.2.4 Continuing Education:

5.2.4.1 As per institutional policy, continuing education in safety is encouraged at least annually. Programs may be departmental specific or institutionally driven.

5.2.4.2 An annual review of general safety policies and procedures is provided by the institutional safety officer. All applicable changes are communicated to the departmental staff by the safety officer or departmental delegate.

5.2.4.3 All incidents involving safety are reviewed by the Director of Pharmacy Operations for indications of specific training needs to prevent further occurrences of similar problems

5.2.5 Departmental Safety:

5.2.5.1 All aisles should be kept free of debris, boxes, etc. to allow safe traffic flow.

5.2.5.2 Sterile product areas should be kept clean and ISOLATORS cleaned and disinfected as least once each shift. All needles and other sharps must be disposed of in appropriate containers.

5.2.5.3 Accidents and injuries are handled as per (occupational safety, infection control & security) policies

5.2.5.4 Fire extinguishers are maintained in several locations in the department. They are readily accessible and inspection dates are kept current.

5.2.5.5 Evacuation procedures and maps showing the locations of fire extinguishers and pull alarms in and near pharmacy areas are maintained in each pharmacy area.

5.2.5.6 The entrance to critical areas (narcotic vault store, clean preparation area, dispensing area) is provided with access control & cameras

6.0 References:

6.1 N/A

7.0 Appendices

7.1 Forms

7.1.1 N/A

7.2 Related Policy(S)

7.2.1 Medication Management Program

7.3 Related Standards:

7.3.1 Joint Commission Accreditation Standards – MMU.

7.3.2 GAHAR standards.MMS.04 & 15

7.4 Attachments

7.4.1 N/A