
MM.30 The pharmaceutical care enforces the hospital guidelines for infection prevention and control.

- MM.30.1 All areas where medications are stored, compounded, prepared, dispensed, and /or administered are clean, neat and well organized.
 - MM.30.2 The pharmaceutical care has a separate housekeeping materials dedicated for the clean room.
 - MM.30.3 A sink, antiseptic soap, and/or antiseptic hand rub are available in the pharmaceutical care department and all other areas where medications are stored, compounded, prepared, dispensed, and /or administered.
 - MM.30.5 Pharmaceutical care staff observe the hospital approved standard precautions and understand the hospital's isolation policy and procedure to reduce the risk of transmission of infection.
 - MM.30.6 Food, drinks, or smoking are not allowed in the pharmaceutical care department and all other areas where medications are stored, compounded, prepared, dispensed, and /or administered.
 - MM.30.7 Laminar air flow hood certification for operational efficiency and maintenance such as checking, cleaning and/or replacing filter are performed regularly and according to the manufacturer's specifications.
 - MM.30.8 The pharmaceutical care has a schedule for proper cleaning of laminar air flow hood work surface.
 - MM.30.4 Hand washing technique, and antiseptic soap are in accordance with the hospital's policy and procedures.
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Standard Intent:

For infection prevention and control program to be effective, it must be comprehensive involving both patient care and employee health. Pharmacy identifies procedures and processes associated with the risk of infection and implement strategies to reduce infection risk. This includes equipment used in drug transfer and compounding (such as laminar airflow hoods, TPN compounders, repeater pump), pre-packing and/or dispensing, disposal of sharps and needles. Hand washing, gloves, masks, soap, and disinfecting agents are fundamental to infection prevention and control. Staff education and training are crucial to ensure compliance with guidelines.

MM.31 The hospital has a system for safe dispensing of medications.

- MM.31.1 The hospital has a uniform system for dispensing and distribution of medications.

- MM.31.2 The hospital dispenses medications in the most ready-to-administer form possible (such as repackaged unit-doses) to minimize chance of error during distribution or administration.
 - MM.31.3 The hospital dispenses quantities of medications consistent with patient needs.
 - MM.31.4 The hospital dispenses no more than twenty-four hours supply of medications for inpatient at a time except for bulk oral liquids and topical preparations.
 - MM.31.5 The hospital dispenses medications with time frames defined by the hospital (such as STAT, now, routine).
 - MM.31.6 The hospital maintains records for all dispensed medications.
 - MM.31.7 There is implementation of the independent double check during preparation and before dispensing of all high-alert medications.
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Standard Intent:

To improve drug safety and minimize opportunities for medication errors, work environment must represent the most comfortable zone for professional service. Documentation of each step in dispensing medication is crucial in identifying what went wrong and how to be fixed. 24 hours supply of unit-dose medication ensures that the right medication in the right dose has been delivered to the right patient. Close monitoring via daily review of patient drug profile and medication administration record guarantee compliance with therapeutic regimen of the treating physician. In order to prevent dispensing errors, pharmacist must dispense medications against physician order and independent double checking before dispensing is necessary for high alert medication. New order, reorder, change order or cancellation of order must be communicated to pharmacy. Orders transcribed by nurses are not acceptable except for verbal/telephone orders.

To meet the urgent needs for medications, the Pharmacy director should develop a mechanism to ensure that Stat orders are easily identified and medications dispensed to patient care area within 30 minutes. Patients are prescribed different medications at different times during their hospital stay. Maintaining and updating the drug profile allows pharmacy to monitor for drug allergy, indications, dosing, therapeutic duplication, drug interactions and adverse drug reactions.

MM.32 The hospital has a system for labeling medications.

- MM.32.1 Medications prepared but not intended for immediate administration are labeled. This includes all injectable medications drawn into syringes or mixed with intravenous fluids for use inside the operating rooms or procedure areas.
- MM.32.2 Multiple medications for a single patient, such as those in the operating room or emergency room, must be labeled for drug name and dose/concentration.