

**Questions to hospital pharmacies:**

**Name of Hospital/Trust: Salisbury NHS Foundation Trust**

**Department: Hospital Pharmacy**

**Job title: Lead Technician Aseptics**

**Pharmacy contact information: 01722 336262 ext 4880**

A) Is compounding outsourced to an **external provider** in your region/city?

Yes – go to question A1)	<input checked="" type="checkbox"/>	Partially outsourced commercially
No – go to question B)	<input type="checkbox"/>	

A1) What is the **name** of the external provider doing compounding preparation?

Bath ASU, ITH, Quantum

A2) What is the **location** of the external provider doing chemotherapy compounding?

Bath ASU – Corsham, ITH – London, Quantum – Derby

B) What **manufacturing/compounding work** is currently being performed by pharmacists at your Hospital/Trust?

No manufacturing or compounding is currently completed by any Pharmacists

C) What **level/grade** of cleanroom do you run and how many of them do you have?

Grade A/B isolator (cleanroom), C/D for our other rooms within the Aseptic Unit

C1) What **size** of unit do you currently run (square footage)?

Approx 913 square feet

C2) What is the **number of staff** in this unit?

8 staff currently in Aseptics team

C3) Do you currently run at your **full capacity**?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

C4) If no, what % of capacity you're currently running?

\_\_\_\_\_ N/A \_\_\_\_\_

D) Do you provide **services** to any other hospital pharmacies?

Yes	
No	x

D1). If yes, please specify which other hospitals you service:

\_\_\_\_ N/A \_\_\_\_\_

E). How **many days per week** do you do compounding work? Please circle the relevant.

<b>No of days/week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> X	<b>6</b>	<b>7</b>
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F) Approximately, how many compounding's do you do each day in your facility?

**Number of compounding's per day:** 20-30

G) Approximately, how many **pairs of gloves** do you use per day for pharmacy compounding work in your facility? (including both under- and over-gloves)

Number of **under-gloves** per day (pairs): \_\_\_\_\_

Number of **over-gloves** per day (pairs): \_\_\_ approx 30 pairs a day \_\_\_\_

G1) What proportion (%) of these are **sterile gloves**?

100%

G2) Who is your current gloves **provider(s)**?

\_\_\_Ansell – Encore sterile non-latex, Medline – Dermassure Green\_\_\_\_\_

G3) What **types** of gloves do you use during compounding? Please put % for all relevant options.

	<b>Chemotherapy</b>	<b>Parenteral nutritional</b>	<b>Other – please specify:</b> _____
<b>Sterile exam gloves</b>			
<b>Non-sterile exam gloves</b>			
<b>Sterile PPE (Personal Protective Equipment) gloves</b>			
<b>Sterile Surgical gloves (medical device)</b>	x	X	

G4) What **material** are the majority of the sterile PPE/surgical gloves made of when used in pharmacy? Please put % for all relevant options.

<b>Nitrile %</b>	
<b>Polychloroprene %</b>	25
<b>Polyisoprene %</b>	
<b>Natural rubber latex %</b>	
<b>Other, please state: %</b>	75 neoprene

G5) What **material** is the packaging of your sterile gloves?

<b>Plastic</b>	x
<b>Paper</b>	

H) How do you currently **purchase** your hospital pharmacy gloves?

<b>NHS SC</b>	x
<b>Directly from supplier</b>	
<b>3<sup>rd</sup> Party provider / distributor (eg. Bunzl)</b>	
<b>Other</b>	

I) How frequently do you place **orders** and is this your preferred frequency?

\_\_\_ At least twice a month \_\_\_\_\_

J) What local/national guidelines/accreditation/regulations/governing bodies do you adhere to?

\_\_\_ EN ISO 374-1 and EN ISO 374-5 and EN 421, plus our local policies and procedures \_\_\_\_\_

K) When **validating** a new sterile PPE/surgical glove, do you have a specific protocol/evaluation to follow?

Yes	
No	X

L) Who is involved in the **validation process** and what **criteria** do you follow (please indicate position/role, process and time frames)?

\_\_\_ Operators, Lead Technician, Accountable Pharmacist and QA/QC Technician \_\_\_

M) Which of these **requirements** apply for a sterile PPE/surgical glove in your facility? (please tick all relevant options):

<b>Maximum liquid particle count level</b>	
<b>Specific outer packaging requirements</b>	
<b>Plastic inner-wrap</b>	
<b>Be able to stay on isolator glove port for certain amount of time</b>	x
<b>Withstand certain amount of alcohol disinfections</b>	x
<b>Chemicals / chemotherapy agents breakthrough time results</b>	x
<b>Certified for use for a certain clean room grade</b>	
<b>We have other requirements (add them.....)</b>	
<b>No requirements are specified</b>	

N) Which of these features of a sterile PPE/surgical glove would add value in your current practice? Please tick all relevant options.

<b>Good fit, feel and comfort</b>	X
<b>Durability</b>	X
<b>Easy to open sterile barrier</b>	X
<b>Double gloving</b>	X
<b>Puncture detection</b>	X
<b>Anti-slip cuff (stays on gown)</b>	X
<b>Low endotoxin level</b>	X
<b>Other features add value</b>	

O) How often are gloves **changed** by operators working with compounding? Please state in relevant minutes.

Over-gloves \_\_\_\_\_ **Per session, up to 4hrs** \_\_\_\_\_

Under-gloves \_\_\_\_ **Isolator gloves changed in the morning and at the start of the afternoon session.** \_\_\_\_  
**Gloves worn generally in the Aseptic Unit are changed between 3-5 times per session, depending on operator roles**

P) What safety **guidelines/recommendations** does the Hospital / Trust currently follow?

\_\_\_\_\_ Trust SOPs \_\_\_\_\_

**Thank you for participating!**