West Virginia Board of Pharmacy

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Charleston, West Virginia 25311

GENERAL PHARMACY	HAZARDOUS	DRUG HANDLIN	G INSPECTION -	USP STANDARDS

		E-Mail Address	Date				
		Phone	Fax				
		DEA License #	WVBOP #				
		Pharmacist-in-Charge	License #				
	THIS INSPECTION IS BASED ON WV PHARMA AND THE MOST CURRENT VERSION						
		Not Applicable, select n/a)		Y	Ν	?	n/a
	LIST OF HAZARDOUS DRUGS						
1.	The pharmacy maintains a list of any items handled wi the current NIOSH list of antineoplastic and other HDs. <i>Verify that pharmacy has access to a copy of current N</i>	review.	are included on				
2.	The pharmacy reviews this list at least every 12 months documents the review. <i>Verify documentation and list d</i>		anges and				
3.	The pharmacy has a system in place for the evaluation dispensed) against the current version of the NIOSH lis □In the absence of information, the pharmacy treation	st to determine if they are considered					
4.	If the pharmacy handles any HDs not using all contain was performed for each drug and dosage form, individu needed, and work practices for each. <i>Review documen</i> <i>practices/alternative containment.</i>	ually, to determine alternative contain tation of assessment and SOPs relation	nment strategies, if Ited to work				
5.	The assessment of risk (AoR) evaluation performed by information, for each drug and dosage form. Check the The AoR must, at a minimum, consider the first five iter Type of HD (e.g., antineoplastic, non-antineopla Dosage form Risk of exposure Packaging Manipulation Required PPE	boxes which are recorded in the as ms of the following:					
6.	The assessment of risk is reviewed at least every 12 m Date of Last Review:	onths and the review is documented	l.				
	PERSONNEL RESPONSIBLITIES						
7.	The pharmacy has a designated person(s) to oversee to development of SOPs; overseeing compliance with state personnel. <i>Name of person(s):</i>						
	DOCUMENTATION AND STANDARD OPERATING P						
8.	SOPs are reviewed at least every 12 months by the de Date of Last Review:						
9.	SOPs are readily available to all who may need to hand housekeeping, nursing personnel, delivery personnel, e electronically, paper, or both.						
10.	Transport, if required. <i>(Will be n/a for most outpatient p</i>	harmacies)					

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	(If inspection element is Not Applicable, select n/a)	Υ	Ν	?	n/a
	□ Labeling				
11.	HD Waste segregation and Disposal (including reference to following local, state, and federal regulations) (DEP in WV)				
12.	 Spill prevention and direction of spill cleanup and control must address the following: size and scope of spill responsible person for handling spills location of spill kits and clean-up material capacity of the spill kits PPE to be worn during spills handling of worn PPE and any exposed clothing under PPE use of appropriate full-face, chemical cartridge-type respirator or PAPR if capacity of spill kit is exceeded or known or suspected airborne exposure to vapors/gases. Check if n/a 				
13.	The hazard communication program SOP has policies and procedures that ensure worker safety in all aspects of HD handling relevant to the pharmacy and ensure effective personnel training in proper labeling, transport, storage, and disposal of HDs, use of Safety Data Sheets (SDSs).				
14.	 The hazard communication program must include, at a minimum, all the following: A written plan that describes how the standard will be implemented How containers of HDs/hazardous chemicals will be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings SDSs are maintained for each hazardous chemical they use (29 CFR 1910.1200) How SDSs are readily accessible to personnel during each work shift and when they are in their work areas Information and training provided to personnel prior to initial assignment to work with a hazardous chemical and whenever the hazard changes 				
	PERSONNEL TRAINING				
15.	All personnel handling HDs are trained based on their job function prior to independently handling HDs.				
16.	Personnel file contains the employee's acknowledgement of the risk of handling HD (as part of the hazardous communication program).				
17.	After initial HD training, personnel are trained prior to introduction of any new HD or new equipment, or prior to any significant change in process or SOP.				
18.	HD training, based on employee demonstration and file review, includes all the following: Overview of pharmacy's HD list Utilization of AoR Review of the SOPs related to HDs Proper use of PPE Appropriate procedures for deactivation, decontamination, cleaning, and disinfection (if applicable) Response to known or suspected HD exposure Spill Management Proper disposal of HDs and trace-contaminated materials New HD drug/ new equipment/ or prior to any significant change in process or SOP				

	(If inspection element is Not Applicable, select n/a)	Y	Ν	?	n/a
	PERSONAL PROTECTIVE EQUIPMENT				
19.	 Gloves: The pharmacy is using appropriate gloves for the activities conducted. Chemotherapy gloves meet ASTM standard D6978 (or its successor) and are resistant to cleaning agents used). Chemotherapy gloves are powder-free. Chemotherapy gloves are inspected for physical defects before use and defective gloves (e.g., pin holes, tears, weak spots) are discarded. Chemotherapy gloves are changed when torn, punctured, or contaminated. 				
20.	 Gowns: The pharmacy is using appropriate gowns for the activities conducted (if required based on assessment of risk). Gowns are disposable. Gowns resist permeability of HDs and are not laboratory coats, surgical scrubs, or isolation gowns (selected based on HDs handled). Gowns close in the back, are long sleeved, and have closed cuffs that are elastic or knit. Gowns do not have seams or closures that will allow HDs to pass through. Gowns worn in HD areas are not worn to other areas. 				
21.	Eye and Face Protection: The pharmacy is using appropriate eye and face PPE protection for the activities conducted (based on assessment of risk that HDs are irritating to the eyes and mucous membranes, where there is risk of spills or splashes when working outside of a C-PEC), if required. □ If a risk to eyes, goggles (or a full-face respirator) are worn. Eyeglasses or safety glasses with side shields are not substituted for goggles. □ If a risk to face and eyes, goggles plus a face shield (or a full-face respirator) are worn. (Face shields are not worn alone.)				
22.	Respiratory Protection: The pharmacy is using appropriate respiratory PPE protection for the activities conducted (receiving, transport, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required.				
23.	 Disposal of Used PPE: Is all PPE worn during handling of HDs considered contaminated with at least trace quantities? Worn PPE is placed in an appropriate HD waste container. Disposable PPE is NOT reused. Reusable PPE is decontaminated and cleaned after each use. 				
	FACILITIES AND ENGINEERING CONTROLS				
24.	There are designated HD areas for Receipt : Are HDs received and unpacked (removed from external shipping containers) in an appropriate environment? Antineoplastics are unpacked in an area with air pressure relative to surrounding areas that is either:				
25.	There are designated HD areas for Storage: Are HDs stored in a manner to minimize accidental exposure? <i>Describe:</i>				
26.	RECEIVING HDs are delivered to the HD storage area immediately after unpacking.				
27.	A spill kit is readily accessible in the receiving area.				
28.	Containers are visually examined for signs of damage or breakage prior to opening.				
29.	If a shipping container appears damaged and does not need to be opened, it is sealed, enclosed in an impervious container, labeled "Hazardous" on the outside, and returned to the supplier after contact or disposed of as hazardous waste.				
30.	If a damaged shipping container must be opened, it is done so according to SOPs, to include sealing the container in plastic or impervious container removing and wiping the outside of the undamaged items with disposable wipes, resealing the damaged items in an impervious container and marking it "Hazardous", returning it to the supplier after contact or disposing as hazardous waste, and deactivating, decontaminating, and cleaning the receiving area				
31.	Damaged packages are considered spills and reported to the designated person(s). <i>List last date of damaged package receipt. List Date:</i>				

	(If inspection element is Not Applicable, select n/a)	Υ	Ν	?	n/a
	DISPENSING AND PACKAGING PROCESSES				
32.	Counting of antineoplastics is done by hand (e.g., not placed into automated counting devices).				
33.	Clean, dedicated (not used for non-HD purposes), or disposable equipment is used for counting and packaging of HDs.				
	DEACTIVATING AND DECONTAMINATING				
34.	 The pharmacy has chosen the appropriate agent, as determined appropriate, for: Deactivation (mark n/a if no compounding or manipulation). Decontamination. List agent: 				
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35.	Wipes or other appropriate delivery mechanisms, (e.g., not a spray bottle), are used for deactivation and decontamination.				
	SPILL CONTROL				
36.	Spills are contained and cleaned immediately.				
37.	Trained and qualified personnel are available at all times during operation with HDs to handle spills.				
38.	Spill kits, containing all items necessary to clean HD spills, are readily available in all areas where HDs are routinely handled.				
39.	The circumstances and management of all spills are documented. <i>Review documentation for spills for the last year and list the most recent date. List Date:</i>				

Inspector Comments:

P.I.C.