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Applicability UNC Medical Center

Pharmacy

I. Description

Describes the infection prevention and control guidelines followed by Pharmacy for the compounding and distribution of patient medications.

II. Policy

A. Personnel

1. Personnel should adhere to the following Infection Prevention policies where applicable:
 - a. [Exposure Control Plan for Bloodborne Pathogens](#)
 - b. [Guidelines for Disposal of Regulated Medical Waste](#)
 - c. [Hand Hygiene](#)
 - d. [Infection Control and Screening Program: Occupational Health Service](#)
 - e. [Infection Prevention Guidelines for Safe Patient Care](#)
 - f. [Isolation Precautions](#)
 - g. [Sterilization of Reusable Patient-Care Items](#)
 - h. [Tuberculosis Control Plan](#)
2. Personnel with signs or symptoms of communicable diseases per the Occupational Health Services policy: [Infection Prevention and Screening Program: Occupational](#)

[Health Service](#) must not handle IV fluids or other medications. Personnel should be evaluated by Occupational Health Service (OHS) and follow established policy guidelines.

3. Department of Pharmacy personnel who participate in IV fluid compounding must follow guidelines as outlined in Pharmacy Administrative policy: [Compounded Sterile Preparations](#).
4. Personnel should avoid direct hand contact with medications. Clean counting trays, spatulas, and/or other devices may be used if necessary.
5. If it is necessary for personnel to directly handle medications (e.g., tablets or capsules being prepackaged in the Unit Dose Strip-Packer), hand hygiene must be performed, and a clean pair of gloves should be worn.
6. Food must not be consumed in the work areas of the Pharmacy. Drinks may be consumed in all areas except where compounding occurs.

B. Equipment

1. Inpatient medication storage bins in the Pharmacy Department are cleaned on a routine basis and when visibly soiled with 70% isopropyl alcohol or EPA-registered disinfectant. Equipment cleaned with 70% isopropyl alcohol should be allowed to air dry prior to using.
2. Tablet counting trays are cleaned with an EPA-registered disinfectant or 70% isopropyl alcohol on a routine basis (e.g. daily) and when the tray is visibly contaminated.
3. No food, drinks, or specimens may be stored in refrigerators, freezers, or other areas intended for the storage of pharmaceuticals, supplies, or equipment.
4. Pharmacy refrigerators (housed in the pharmacy [e.g., central inpatient or satellites]) and freezers are wired to a wireless monitoring system (RFID) (e.g., AeroScot). An alarm will activate if the temperature goes outside the proper range. Pharmacy personnel are responsible for the routine cleaning of refrigerators and when spills occur. Cleaning of the medication refrigerators (e.g., Pyxis refrigerators) on the patient care units is the responsibility of nursing personnel.
5. Storage areas within the automated dispensing machines (e.g., Pyxis) are the responsibility of the Pharmacy Department. The interior and shelving should be cleaned when dust/debris has accumulated, upon request, or after a spill of a medication.
6. Cleaning of the top work surface of the Pyxis is the responsibility of Nursing and Environmental Services (ES).

C. General Housekeeping

1. Countertops are wiped down with an EPA-registered disinfectant (preferred) according to the manufacturer's instructions for use (MIFU), or 70% isopropyl alcohol at least once during each shift and when visibly soiled or known to be contaminated by department personnel. Surfaces cleaned with 70% isopropyl alcohol should be allowed to air dry prior to using.
2. Compounding area floors are cleaned by Pharmacy Staff with an EPA-registered disinfectant according to the MIFU. Other floors within the Pharmacy are cleaned according to Infection Prevention policy: [Environmental Services](#).
3. Floors should remain clear of boxes and clutter to allow for adequate cleaning of the floors, according to the Infection Prevention policy: [Infection Prevention Guidelines for Safe Patient Care](#).

D. Formulations

1. Refer to Pharmacy Administrative policy: [Compounded Sterile Preparations](#) for all related policy content.
2. Sterile water for irrigation or commercially prepared distilled water is used for non-IV compounding procedures (e.g., oral suspension reconstitutions). Sterile pour (irrigation) solutions are single-use, and the unused portion must be discarded immediately after use.
3. Non-sterile products are prepared in accordance with the procedures outlined in Pharmacy Administrative policy: [Extemporaneous Compounding](#).
4. The reuse of commercial containers and disposable supplies is prohibited.
5. Refer to the Patient Care – Medication Management policy [Medication Management: Use of Multi-Dose Medications and Vaccines in Acute, Operative, and Ambulatory Care Environments](#) for multi-dose vial use outside the pharmacy.

E. Hazardous Products

1. The following products are prepared in the Class II Biological Safety Cabinet:
 - a. Anti-neoplastic medications
 - b. Hazardous parenteral investigational drugs
 - c. Substances which pose a potential hazard to the operator of the equipment
2. Refer to the Environmental Health and Safety policy: [Handling and Administration of Hazardous Drugs](#) for all related content.
3. Needles are discarded in designated needle disposal containers and are not recapped

before disposal. Needle disposal containers must conform to OSHA/NIOSH guidelines for sharps containers (refer to the Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#)). Needle containers, when 2/3 full, are securely closed and discarded in the red trash bags.

4. Materials contaminated with potentially infectious agents (e.g., BCG vaccine) are discarded in red trash bags. Refer to Infection Prevention policy: [Guidelines for Disposal of Regulated Medical Waste](#) for details on materials that should be discarded in red trash bags.
5. Red bag trash containers are removed at least once a day by Environmental Services.

F. Implementation

The implementation and enforcement of this policy is the responsibility of the Director of Pharmacy.

III. References

USP <795> Pharmaceutical Compounding - Nonsterile Preparations. USP 41-NF 36. 2023

USP <797> Pharmaceutical Compounding - Sterile Preparations. USP 41-NF 36. 2023

IV. Responsible for Content

Department of Infection Prevention

V. Related Policies

[Environmental Health and Safety Policy: Handling and Disposal of Hazardous Drugs](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#)

[Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste](#)

[Infection Prevention Policy: Hand Hygiene](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Safe Patient Care](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Sterilization of Reusable Patient-Care Items](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

[Occupational Health Services Policy: Infection Prevention and Screening Program: Occupational Health Service](#)

[Patient Care - Medication Management Policy: Medication Management: Use of Multi-Dose Medications](#)

[and Vaccines in Acute, Operative, and Ambulatory Care Environments](#)

[Pharmacy Administrative Policy: Compounded Sterile Preparations](#)

[Pharmacy Administrative Policy: Extemporaneous Compounding](#)

[Pharmacy Administrative Policy: Medication Recalls](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	03/2025
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Applicability

UNC Medical Center