



APTUK Position Statement

Pharmacy Technicians and the Preparation of Injectable Medicines

COVID- 19 Preparedness - April 2020

The Association of Pharmacy Technicians United Kingdom (APTUK) leads, advocates, and represents the Pharmacy Technician profession for the benefit of patients, the public and their members.

APTUK provide advice, information and support to members; championing and safeguarding the Pharmacy Technician profession.

This statement relates to the preparation of medicines **during the COVID-19 response only.**

This statement **does not** relate to the administration of medicines. Pharmacy Technician medicines administration guidance is covered separately and can be found at: <https://www.aptuk.org/medicines-administration-operating-framework-principles->.

Background

The aseptic preparation of medicines within hospital pharmacy departments and commercially licensed specials manufacturing units is tightly regulated by the Medicines and Healthcare products Regulatory Agency (MHRA) and Regional Quality Assurance teams (depending upon licensed status) with legal provisions in the Medicines Act 1968 and the Human Medicines Regulations 2012 to ensure the safety of patients and product quality is maintained at all times.

The Human Medicines Regulations 2012 allow pharmacists to prepare medicines. Under section 10 of the Medicines Act 1968 Pharmacists are able to supervise the preparation of medicines by others. This regularly occurs in many hospital pharmacy aseptic units, and it enables the preparation of various drugs to be done in a safe, controlled environment ensuring the final product is released to the clinical areas as a fit for purpose, ready-to-use or ready-to-administer-dose.

Due to the current unprecedented COVID-19 pandemic, there may be a request to rapidly re-deploy Pharmacy Technicians to undertake the preparation of injectable medicines in areas outside of a pharmacy aseptic unit to release nursing time and ensure patient safety and services are maintained. This statement is to support Chief Pharmacists and employing organisations considering a novel means of service delivery during the COVID-19 pandemic.

Where time and service configuration permits the priority should be for injectable medicines to be prepared within a pharmacy aseptic unit. Where this is not possible, departments should utilise their aseptically trained Pharmacy Technicians in the first instance to prepare injectable medicines in areas outside of the unit. As many aseptic units are already responding to increased service demand to manufacture injectable medicines for critical care, it is recognised that an accelerated route to train and competency assess other registered Pharmacy Technicians, Pharmacists and other pharmacy staff to perform this role may be needed. An example of a fast track training programme for the preparation of injectable medicines developed by Lancashire Teaching Hospitals NHS Foundation Trust is available alongside this document on the APTUK website at www.aptuk.org.

Ultimately, this decision to undertake preparation outside of an aseptic unit will be made by the Chief Pharmacist.

Options for the provision of Ready to Administer (RTA) Products to Support Clinical areas during the COVID-19 Crisis can be found, along with associated risk matrix documents, on the SPS website at

*this may include those on the GPhC Temporary register



<https://www.sps.nhs.uk/articles/options-for-the-provision-of-ready-to-administer-ivs-to-support-clinical-areas-covid-19/>.

The following principles have been prepared to aid the training and assessment of pharmacy technicians redeployed into this area.

Principles to support rapid mobilisation of pharmacy technicians to prepare injectable medicines in designated areas during the COVID-19 pandemic

Before undertaking this role pharmacy technicians should discuss and agree the scope of practice and accountability with their Chief Pharmacist or designated deputy. Pharmacy technicians should always adhere to regulatory professional standards and appropriate professional guidance, including guidance specifically relating to the exceptional circumstances surrounding their roles during the COVID-19 pandemic.

It is recommended that wherever possible, designated areas away from the immediate clinical areas are agreed and utilised for the preparation of injectable medicines. This could be in a pharmacy support room for example or a specific area away from but adjacent to the clinical area.

Ideally, Pharmacy Technicians* responsible for the preparation of injectable medicines should have previous experience of working in a Good Manufacturing Practice (GMP) based aseptic environment. Where this is not achievable, preparation of injectable medicines in designated areas should be carried out by Pharmacy Technicians* who have evidence of successfully completing a formal accuracy checking competency. Examples of recognised checking programmes include:

- Final Accuracy Checking of dispensed items
- Pre and In Process Checking within aseptic services
- Final Accuracy Checking within aseptic services
- Product Approval Accreditation

Local accuracy checking training and assessment programmes would be considered appropriate provided individuals are able to provide documented evidence of successful completion.

Scope of Practice

Pharmacy Technicians should adhere to the scope practice described below if there is not a standard operating procedure or scope of practice defined in the local practice area.

This guidance relates to the following preparation techniques as outlined in the *COVID-19 Guidance: Minimising Wastage of Critical Injectable Medicines*¹:

- Reconstitutions of powders
- Withdrawing from ampoules / vials
- Additions to infusions bags

Activity **must be limited** to a list of priority medicines which should be locally defined, formally documented and ratified by the Trust Drug and Therapeutics Committee or equivalent body, taking into account national guidance and individual clinical needs.

Supervision

¹ <https://www.sps.nhs.uk/articles/minimising-wastage-of-critical-medicines-during-covid-19-2/>

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The Chief Pharmacist will be responsible for the redeployment of pharmacy technicians to prepare medicines outside of the Pharmacy Department. Pharmacist supervision should be in place and agreed locally and adhered to at all times. This model should include escalation and referral processes, ensuring that the supervising pharmacist is available to intervene when necessary.

Governance

The extension of this practice to non-nursing professionals should be approved through the appropriate local governance framework relating to medicines, including agreement from Trust nursing and medical leads, and organisational medicines policies should be updated to reflect this. Local Standard Operating Procedures should be followed at all times.

It is essential that Pharmacy Technicians receive training prior to undertaking this role. A minimum competency assessment must be completed (this could be designed locally, regionally or nationally) and evidence of completion of the training and assessment documented and retained.

The following is proposed to support this:

- *'Promoting Safer Use of Injectable Medicines'*, National Patient Safety Agency, March 2007
- *'COVID-19 Guidance: Minimising Wastage of Critical Injectable Medicines'*, Specialist Pharmacy Service, March 2020
- Chapter 13 of TSET online learning module – 'Aseptic Technique'
- A basic level of training on the principles of Aseptic Non-Touch Technique (ANTT)
- Specialist Pharmacy Service, 'Preparation of injectable medicines at the ITU bedside: quick reference guides' April 2020 <https://www.sps.nhs.uk/wp-content/uploads/2020/04/Bedside-preparation-aid-cards-for-clinical-areas.pdf>
- Local organisational training resources and competencies for nursing staff
- Local policies and Standard Operating Procedures
- Observation of practice
- Assessed practice (simulation exercise) by an aseptically trained Pharmacy Technician or Nurse Practice Educator

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