



Policy and Procedure of Pharmacy Environment
Safety

AMRH/PHARM/P&P/008/Vers.02
Effective Date: July 2022
Review Date: July 2025

Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Pharmacy Environment Safety					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
Reviewed by	Najla Al Zadjali	HoD Quality Management and Patient Safety	Al Masarra Hospital	25/7/22	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	July 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	25/7/22	





Content Table:

	Acronyms	3
1	Introduction	4
2	Scope	4
3	Purpose	4-5
4	Definitions	5
5	Policy	5-6
6	Procedure	6-12
7	Responsibility	12-13
8	Document History and Version Control	13
9	Related Documents	13
10	References.....	14
	Appendices	15-20
	Appendix 1. Pharmacy Department Security Checklist	15
	Appendix 2. Type of Pharmaceuticals to be avoided for Incineration procedures	16
	Appendix 3. Audit Tool	17-18
	Appendix 4. Document Request Form	19
	Appendix 5. Document Validation Checklist	20



Acronyms:

CDs	Controlled Drugs
MSDS	Material Safety Data Sheet
HOD	Head of the Department
MOH	Ministry of Health



Policy and Procedure of Pharmacy Environmental Safety

1. Introduction

Safety in handling and administering pharmaceutical agents is important to prevent personal and patient illness or injury. Personal safety from physical harm requires proper dealing with substances, supplies, chemicals, poisons, equipment etc. The need for constant vigilance is of paramount importance to protect staff, patients, and visitors from theft, fraud, criminal damage and mainly to create a healthy and safe environment in the working place.

The Pharmacy department of Al Masarra Hospital formulated this document to protect the physical property of the facility and to achieve relative safety for all persons interacting with the sections, especially our patients and particularly safe handling of Pharmaceutical items. All the staff should be aware of and comply with the security needs and arrangements in place in the hospital and within their own workplace. Also the staff deserves the right to work in a safe and respectful environment without fear, and violence and the policy declared the same.

2. Scope

This document is applicable to all the Pharmacy professionals/other linked healthcare workers performing their duties in the Pharmacy sections.

3. Purpose

- 3.1 To develop a set of safety rules and regulations that address the identification, selection, handling, storage, use and disposal of hazardous/materials at all areas covered by the Pharmacy Department.
- 3.2 To ensure medication safety and to confirm the things are handled only by the professionals and through safe hands.
- 3.3 To establish guidelines for precautionary measures necessary to minimize accident or injury while performing duties.
- 3.4 To provide guidelines for the management of chemical/waste spills.
- 3.5 To ensure security of the pharmacy facilities and working environment.



- 3.6 To provide protection from theft by implementing and adhering to the security measures that is in place.

4. Definitions

- 4.1 Controlled Drugs Substances (CDs): This includes Narcotic and scheduled psychotropic substances whose possession and use is regulated under the Controlled Substances Act by the Government.
- 4.2 Hazardous Material: Material in various forms that can cause death, serious injury, long-lasting health effects, and damage to any property.
- 4.3 MSDS/SDS: Safety Data Sheets (Material) detailing appropriate safety measures required to be carried out for each specific chemical or waste spill.
- 4.4 Access card: An industry standard plastic card with a magnetic strip/electronic chip, provided by the hospital administration for staff identification. It provides access to the hospital's several department premises.

5. Policy

- 5.1 All Pharmacy employees are required to adhere to the regulations addressed in the Ministry of Health (MOH) Safety Plan and Departmental Safety and Procedures, and all other safety related measures.
- 5.2 All hazardous materials/chemicals must be classified, labeled, and listed in areas where they are safely stored or used, as per department policy.
- 5.3 Personnel protective clothing and equipment (gloves, gowns, eye and face protection) should be readily available for use, where hazardous materials are stored.
- 5.4 Staff exposed to handling hazardous materials must be trained on how to handle spills and on the appropriate use of the personnel protective clothing and equipment.
- 5.5 Material Safety Data Sheets (MSDS or SDS) is to be obtained for every chemical stored and identified hazardous. A master file for all SDS must be kept and made available at the unit for those who are exposed to hazardous materials.
- 5.6 Unauthorized personnel entry to the department must be restricted.



- 5.7 All patient related files/records including electronic records must be protected and access to the computer system must be protected with password.
- 5.8 Eating and drinking is prohibited inside the Pharmacy and Medical Stores. Food stuff should not be kept in the refrigerator.
- 5.9 Smoking is strictly prohibited in all Pharmacy and Medical Store areas and in the institution premises.
- 5.10 Chairs, stools, and cartons should not be used for step ladder in placing or removing the items from shelves.
- 5.11 All fire exits shall be regularly maintained clear and not blocked by cartons or any other objects, staff should know the location of fire extinguishers, assembly point and the procedures to follow in the event of a fire and drill.

6. Procedure

- 6.1 Control of access to the department
 - 6.1.1 Access to the department is restricted to unauthorized personnel.
 - 6.1.2 Unauthorized personnel shall not be allowed in any pharmacy area except at the permission and under the direct supervision of pharmacy employee.
 - 6.1.3 No keys or access cards should ever be given without authorization from the Pharmacy administration level.
 - 6.1.4 All other hospital employee shall be considered as unauthorized personnel and should not be allowed in the dispensing areas unless it is for a job related function and under the supervision of a pharmacy employee.
 - 6.1.5 All pharmacy personnel must wear their hospital identification cards at all times while in the hospital premises.
- 6.2 Medical supplies Storage and Security
 - 6.2.1 All Medical supplies will be stored in a secured manner to protect public health and safety, and to promote patient care.
 - 6.2.2 Use pallets or other means of storage instead of storing any product directly on the floor.
 - 6.2.3 Regularly inspect chemical containers for cracks or leaking caps in the storage area or during receiving or issue.



- 6.2.4 Store sensitive materials such as acids and acid fumes in a cool, dry, well-ventilated area, preferably wooden.
 - 6.2.5 Store corrosive materials in a cool ventilated area and isolate from other materials.
 - 6.2.6 Store all materials considered as fire hazard in a cool dry place, well ventilated and away from areas of fire hazards. Do not store Oxidizers closeto liquids of low flash point.
 - 6.2.7 Secure all premises are secured with locks/alarms to detect unauthorized entry after pharmacy hours.
 - 6.2.8 Supervision of procurement, preparation, storage, distribution, and control of all drugs throughout the hospital will be under Pharmacy professionals/linked professional staff.
 - 6.2.9 Store inflammable/medical gases in a safe and secure place with proper lock system.
 - 6.2.10 Store medical gases into separate full and empty cylinders and in standing position by putting proper chain.
 - 6.2.11 Protect labels of chemicals by pouring from the side of the bottle opposite the label or by using a pump and pouring below eye level to avoid splashing and possible eye injury.
 - 6.2.12 Transfer medical supplies under the supervision of Pharmacy/presence of linked professionals in a safe manner/locked trolley.
 - 6.2.13 Be aware that bottle/glass breakage is a common cause of injuries in the pharmacy and stores. Do not store glassware near the edge of shelves. Store largeor heavier glassware on lower shelves.
 - 6.2.14 Do not attempt to catch glassware if it is dropped or knocked over.
- 6.3 Fire Plan/Electrical
- 6.3.1 The Pharmacy department staff should always stick with the hospital fire and safety policies.
 - 6.3.2 All the sections of the department will ensure the availability of fire extinguishers and will confirm its proper maintenance from the engineering section. An



assigned focal point from the department will lead for the policy implementation properly.

- 6.3.3 All emergency exits will be marked/be shown properly and will confirm staff awareness.
- 6.3.4 Confirm that the directive sign is showing light/properly functioning around the clock.
- 6.3.5 The department will confirm all the electrical plug points are used for connecting only the safe and engineering-sanctioned instruments/others.
- 6.3.6 Pharmacy personnel should be aware of the need for constant attention to the electrical safety aspects of the apparatus they use. They can look for cracks in power cord insulation, broken switch, holder and plugs etc. and report such deficiencies to the proper authorities.
- 6.3.7 All the sections will confirm the lights/other equipment are switched off after working hours of the sections or when not in use.
- 6.3.8 All fire exits shall be regularly maintained, kept clear and not blocked by cartons or any other objects.

6.4 Management of Chemical/Waste Spills

If a leak or spill is found, the following action should be taken:

- 6.4.1 Identify the chemical before attempting to clean up any hazardous chemical spills.
- 6.4.2 Obtain Material Safety Data Sheet (MSDS) on chemical, and apply the procedures for cleaning up that kind of chemical leak, or chemical spill.
- 6.4.3 Alert people in the immediate area of spill.
- 6.4.4 Evacuate all personnel from the area and close all doors.
- 6.4.5 Ensure adequate ventilation.
- 6.4.6 Wait by the spill area in a safe distance, until assistance arrives to provide guidance.
- 6.4.7 Complete the incident reporting form for spill or leak/report the incident.



6.5 Disposal of Pharmacy Material

- 6.5.1 Dispose all sharps including hypodermic needles and syringes, suture needles, knife blades, opened glass ampoules of medicines into puncture-resistant sharp containers.
- 6.5.2 Discard broken and chipped glassware in heavy cardboard containers for disposal.
- 6.5.3 Place non-contaminated materials from the pharmacy in waste containers lined with plastic bags. The Housekeeping Department will remove this material daily.
- 6.5.4 Do not pick up broken glassware directly with hands.
- 6.5.5 Sweep up broken glassware by using the broom, brush and dust-pan and place in a large “Sharps”/special bin.

6.6 Physical protection of Pharmacy

The following factors are important in protecting Pharmacies, and should be followed as far as practicable:

- 6.6.1 Ensure that floors have no fall hazards (should be slip resistant and dry).
- 6.6.2 Ensure the compliance with the infection prevention and control measures for floors (clean, good repair, no cracks etc.).
- 6.6.3 Allow proper security lighting/security cameras
- 6.6.4 Ensure that doors are protected by intruder alarm.
- 6.6.5 Ensure the availability of a counter/reception/front office to enter and for dealings, so that customers do not have a reason to enter the store/pharmacy room working area itself.
- 6.6.6 Ensure that Pharmacy maintenance and cleaning is completed during regular pharmacy hours when pharmacy staff is on duty.

6.7 Electronic Records safety

- 6.7.1 Consider professional secrecy as a fundamental right for patients and a duty for Pharmacy professionals and their support teams.
- 6.7.2 The department admin section will confirm the access to the Hospital Information system is approved only for the authorized staff in the department.
- 6.7.3 Be more attentive in keeping patient information private and confidential as it is indirectly allowing the patient to build trust for staff and the hospital.



6.7.4 Keep the access of computer in **log off mode** when not in use.

6.8 Personal Hygiene

6.8.1 Perform handwashing regularly especially when there is a contact with any hazardous substance and before leaving from the section.

6.8.2 Do not store food in the refrigerator/cold room used for storing medicinal items and do not use ice from the concerned refrigerators or freezers for beverages.

6.8.3 Do not allow food or beverages in the department or chemical storage areas at any time.

6.8.4 Confine long hair to the back of the head when on duty.

6.8.5 Use the Pharmacy Department's available sink for eye washing for any case that staff's eyes come in contact with chemicals.

6.9 Personal Protection/Safety

There is perceived risk to staff working in hospital pharmacy or other dispensing points on the premises. The following should be done:

6.9.1 Inform on duty Public Relations Officer/security.

6.9.2 Confirm the doors are kept closed while on duty.

6.9.3 Maintain the dispensing counter free from sharp things.

6.9.4 Put away sharp tools when not in use.

6.9.5 Running or any exercise will not be permitted in the pharmacy.

6.9.6 In case of any injury, the person(s) involved shall be referred to the Emergency Department urgently for appropriate treatment.

6.9.7 Report to the concerned authorities all personnel hazards and accidents/incidents (Use occupational safety reporting form / event reporting system etc.).

6.10 Access Cards

6.10.1 Obtain hospital access cards from the Engineering Department as per the approval of the department HoD/admin level.

6.10.2 Secure access cards safely at all times.

6.10.3 Report and inform to the concerned authority any case of theft/loss of access cards at the earliest for its deactivation.



- 6.11 Safety Measures for Equipment and Instruments
- 6.11.1 All equipment (tablet counting machine) used in the pharmacy shall be tested periodically by the Bio-medical/maintenance Engineering Department.
- 6.11.2 Equipment like tablet counting machine, tablet counting tray etc. must be cleaned and used properly.
- 6.12 Controlled Drugs Cabinets/Room (CDs)
- 6.12.1 Ensure CDs cabinet is metallic and is non-portable.
- 6.12.2 Ensure that it is concealed from customers/fixed properly.
- 6.12.3 Ensure that a working alarm system is available for utilization.
- 6.12.4 Ensure that CDs Cabinet/CDs room is kept locked and the key will be under the custody of an authorized staff when it is not in use or in function.
- 6.13 Housekeeping
- All staff working in the department should:
- 6.13.1 Maintain the cleanliness and decontamination of the working area and floors using appropriate disinfectants during the following:
- 6.13.1.1 Beginning of the shift.
- 6.13.1.2 When surfaces are clearly contaminated.
- 6.13.1.3 At the end of the work shift.
- 6.13.2 Empty the dust bin regularly.
- 6.13.3 Immediately clean the spillage and wiped dry any liquid on the floor.
- 6.13.4 Wear masks and hand gloves during operation of tablet counting machine if you are a preparation section staff/operator.
- 6.13.5 In the preparation area, using a vacuum cleaner, periodically clean the surroundings including dusts on the floor.
- 6.13.6 Ensure that stored items, equipment, and glass tubing shall not project beyond the front of shelf or counter limits.
- 6.14 Dress Code/Clothing
- 6.14.1 White coats (Pharmacy uniform) should be provided for protection and convenience. Wear coats and keep it neat and clean at all times while on duty as well as properly laundered and ironed.



- 6.14.2 Be aware that dangling/tight jewelry and excessively long hair pose the same type of safety hazard.
- 6.14.3 Avoid wearing of finger rings or other tight jewelry which is not easily removed because of the danger of corrosive or irritating chemicals, liquids or substances getting underneath the piece and produce irritation.
- 6.14.4 Shoes shall be worn at all times. Sandals, open-toed shoes, and shoes with woven uppers, shall not be worn because of the danger of contact to spillage of corrosive or irritating chemicals.
- 6.14.5 Keep nails trimmed regularly and kept clean. Nail polish should not be worn while on duty. (Refer to Dress Code policy - Pharmacy Department, Al Masarra Hospital, MOH)

7. Responsibility

7.1 All Pharmacy Professionals Shall:

- 7.1.1 Maintain a safe and clean workplace.
- 7.1.2 Maintain adequate set-up and layout of workplace.
- 7.1.3 Ensure all equipment are functioning properly.
- 7.1.4 Be aware and apply the policies and procedures at all times.
- 7.1.5 Be responsible for the whereabouts and actions of their guests while in the Pharmacy area.
- 7.1.6 Be conscious and aware about the security policies.
- 7.1.7 Confirm that the doors and/or windows are properly closed and secured when leaving from the duty.
- 7.1.8 Ensure the alarm system is activated while leaving from a section after closing.
- 7.1.9 Confirm the keys are handed over to the concerned/approved section or with an authorized person.

7.2 Admin Level/Section In-charge Shall:

- 7.2.1 Be responsible for developing, managing and implementing a proper policy related to this document.



- 7.2.2 Confirm and maintain a list of staff, provide access cards to access Al Shifa 3+computer system.
- 7.2.3 Deal with higher authorities of the hospital regarding any security matters/ preventive measures.
- 7.2.4 Confirm and ensure staff awareness regarding security matters.
- 7.2.5 Ensure proper security policy implementation in the department by posting a focalpoint for follow up.

8. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Policy and Procedure team (P&MS)	May 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
Written by	Reviewed by	Approved by	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1 **Medical** Supplies Storage policy – Pharmacy Department, Al Masarra Hospital.
- 9.2 Fire and Safety Policy – Engineering Department, Al Masarra Hospital.
- 9.3. Infection Control policy (Environment safety directly related) – Al Masarra Hospital.



10. References:

Title of book/Journal/articles/Website	Author	Year of publication	Page
Pharmacy Departmental Safety Policy	DGMS, MoH, Muscat	MoH/DGM S/PH-06	
Handling of Hazardous Drugs	DGMS, MoH, Muscat	MoH/DGM S/PH-37	
Storage and Management of Hazardous Medications & Chemicals (www.moh.gov.sa/depts/pharmacy)	General Pharmaceutical Care Administration, MoH, Kingdom of Saudi Arabia.	-	
Pharmacy Security Measures (www.moh.gov.sa/depts/pharmacy)	General Pharmaceutical Care Administration, MoH, Kingdom of Saudi Arabia.	-	



Appendices

Appendix 1. Pharmacy Department Security Checklist

<u>Pharmacy and Medical Stores, Al Masarra Hospital, MoH</u>			
<u>Pharmacy Department Security Check List</u>			
S.N.	Description	Satisfactory Status	
		Yes	No
1	Reinforced Doors with good locking system / properly closing		
2	A good lighting system available, exterior / Interior		
3	Dispensing area windows are proper and viewable by others		
4	Access cards issued for authorized personnel's / list available		
5	CDs Cabinets fixed properly / Controlled substances concealed from customers view / proper alarm system available / CDs Room settings.		
6	Limited issuance of keys / Do Not duplicate on keys / Key list available		
7	Security Camera system with adequate field of view		
8	A functioning intruder alarm system available		
9	Fire and Safety system proper / maintaining well / Cardboard boxes / other things not placed on fire exit path and it is free.		
10	Safe equipments are only connected to the electrical plug points		
11	Unauthorized access to the work place / store area is prevented / restricted.		
12	Medical Supplies procurement area is safe / proper system available		
13	Access to the hospital information system provided for authorized staff only / list available.		
14	Pharmacy dispensing area surrounding are free from dangerous / hazard / sharp items.		
15	Flammable chemicals / Medical Gases properly stored.		
16	Floors are clean and maintained well / Not slippery		
<p>Checked by (Name and Signature): Date:</p>			



Appendix 2. Type of Pharmaceuticals to be avoided for Incineration procedures

<u>Pharmacy and Medical Stores, Al Masarra Hospital, MoH</u> <u>The list of items to be Avoided for Incineration procedure</u>	
1	Bottles of any type containing volatile or flammable liquids.
2	Body parts.
3	Flammable liquids.
4	Narcotic, Psychotropic medications or regulated pharmaceuticals except with National Committee certificate and agreed process with MoH.
5	Cytotoxic Pharmaceuticals. Sharps, giving sets or empty containers. These must be disposed of separately, notified, labeled and color coded as items for incineration.
6	Chemical and Pathology related laboratory reagents.
7	Aerosols or metallic sealed containers including inhalers and unopened tinned goods.
8	Dental materials or any items containing Mercury.
9	Batteries of any type.



Appendix 3. Audit Tool

Department: _____

Date: _____

S.N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Observation Interview Document review	Is there a system in place to prevent unauthorized access to premises/Pharmacy work area?					
2	Observation	Are all staff provided with identity badges and are they being worn?					
3	Observation	Is the Pharmacy secured with reinforced doors with good locking system/properly closed?					
4	Observation	Is a good lighting system available, exterior/interior?					
5	Observation	Are all relevant fire emergency direction signs kept clear and unobstructed?					
6	Observation	Are all fire/smoke door closes effectively and working correctly?					
7	Observation	Are all fire exits/near the area of fire extinguisher system are maintained clear and not blocked by cartons or any other objects?					
8	Observation Interview Document Review	Have staff attended a fire lecture within the last 12 months? Is the attendance record available?					
9	Observation Interview Document Review	Are the Pharmacy wastes disposed of appropriately? - General waste - Pharmaceutical waste/ Hazardous substance - Sharps - Confidential patient information					



S.N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
10	Observation Interview	Are all flammable chemicals/ Medical Gases properly stored in a secured place?					
11	Observation Interview Document Review	Is the Material Safety Data Sheets (MSDS) available in the Chemical storage area?					
12	Observation Interview	Are the CDs Cabinets fixed properly/Controlled substances concealed from customer's view/proper alarm system available/CDs Room settings?					
13	Observation	Do the safe equipment/s only connected to the electrical plug points?					
14	Observation	Are the floors clean and maintained well/not slippery?					
15	Observation Interview	Staff ensures patients electronic records safety and access of computer in log off mode when not in use?					
16	Observation Interview Document Review	Staff is aware about personal protection, safety and incident reporting?					



Appendix 4. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	95885771
Department	QMPSD	Email	
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Pharmacy Environment Safety		
Document Code	AMRH/PHARM/P&P/008/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	





Appendix 5. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Pharmacy Environment Safety			Document Code: AMRH/PHARM/P&P/008/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ... For implementation More revision To be cancelled					
Reviewed by: <u>Kunooz Al Balushi</u>			Reviewed by: <u>Irvin S. Rio</u>		

