**Questions to hospital pharmacies:**

**Name of Hospital/Trust: The Walton Centre NHS Foundation Trust**

**Department: Pharmacy**

**Job title: Pharmacist**

**Pharmacy contact information: 0151 556 3859**

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

|  |  |
| --- | --- |
| Yes – go to question A1) | X |
| No – go to question B) |  |

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

Liverpool University Hospitals NHS Foundation Trust

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

|  |  |
| --- | --- |
| Yes |  |
| No |  |

 N/A

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

N/A

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

|  |  |
| --- | --- |
| Yes |  |
| No |  |

N/A

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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No of days/week** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |

N/A

F) Approximately, how many compounding’s do you do each day in your facility?

**Number of compounding’s per day**: N/A

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): N/A

Number of **over-gloves** per day (pairs): N/A

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

N/A

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

N/A

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Chemotherapy** | **Parenteral nutritional** | **Other – please specify:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Sterile exam gloves** |  |  |  |
| **Non-sterile exam gloves** |  |  |  |
| **Sterile PPE (Personal Protective Equipment) gloves** |  |  |  |
| **Sterile Surgical gloves (medical device)**  |  |  |  |

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

|  |  |
| --- | --- |
| **Nitrile %** |  |
| **Polychloroprene %** |  |
| **Polyisoprene %** |  |
| **Natural rubber latex %** |   |
| **Other, please state: %** |  |

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

|  |  |
| --- | --- |
| **Plastic**  |  |
| **Paper** |  |

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

|  |  |
| --- | --- |
| **NHS SC** |  |
| **Directly from supplier** |  |
| **3rd Party provider / distributor (eg. Bunzl)** |  |
| **Other** |  |

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

N/A

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

N/A

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

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**N/A**

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

N/A

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

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

**N/A**

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

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

**N/A**

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

Over-gloves **N/A**

Under-gloves **N/A**

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

**N/A**

**Thank you for participating!**