

## General Management of Pharmacy Stores (Vaccine)

### Standard Operating Procedure.

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**Engagement & Consultation**

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## 1 Introduction

The Pharmacy Store (PS) is located on Hafren Ward, Bronllys Hospital and is specifically designed to support the safe and secure storage of medicines/vaccines for supply to vaccination programmes and to support the COVID-19 therapy service in Powys Teaching Health Board (PTHB), in accordance with Good Distribution Practice (GDP), NICE guidance and the aims and ambitions of the National Immunisation Framework.

The PS contains several medical grade refrigerators and validated porters used to store vaccine, (and distribute in the case of vaccine porters), other cold chain products and cool packs. The PS also contains a medicines cupboard to store ambient temperature medicines.

All operational aspects of ordering, receipt, safe and secure management, preparation, and distribution of vaccines/medicines to other areas of PTHB take place in the PS.

## 2. Objective

- To clearly define the non-clinical duties that must be undertaken in the PS to ensure that the area remains fit-for-purpose and adheres to recognised pharmacy standards to maintain the right environment, for the safe and effective storage of medicinal products.
- To ensure compliance with all legal requirements including those covering medicines legislation, governance and health and safety to safeguard the health, safety and wellbeing of staff and patients.
- To ensure that the equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of staff and patients.
- To provide assurance of the safe and effective provision of pharmacy services to other healthcare professionals in PTHB, i.e. vaccination service, school nurses, wards, district nurses.

## 3. Definitions

- **PTHB** – Powys Teaching Health Board
- **GDP** – Good Distribution Practice describes the minimum standards that a wholesale distributor must meet to ensure

that the quality and integrity of medicines is maintained throughout the supply chain.

- **Cold chain** – is the system of transporting and storing medicines within the recommended temperature range of +2°C to +8°C from the place of manufacturer to the point of administration to a patient.
- **Medicine** – a substance used for treating, preventing or diagnosing disease, for contraception, inducing anaesthesia or modifying normal physiological function.
- **Temperature deviation/excursion** – any incident where the recorded Labcold™ portable vaccine carrier temperature is outside of the recommended range of +2°C to +8°C.
- **Vaccine** – a suspension of attenuated or killed microorganisms (viruses, bacteria or rickettsia) or of antigenic proteins derived from them, administered for prevention, amelioration or treatment of infectious disease.

#### **4. Role / Responsibilities**

##### **4.1 Senior Pharmacy Technician, Vaccination/Immunisation, Therapies & Pharmacy Stores**

- The senior pharmacy technician is responsible for managing the PS and for monitoring compliance with this procedure, providing advice on pharmacy standards and health and safety.

##### **4.4 Other Staff**

- All staff working within the pharmacy stores must comply with the requirements of this SOP and have a professional responsibility to raise concerns if they believe that pharmacy/legal standards are not being met.

#### **5. General Maintenance**

It is essential that the PS is a safe, clean, properly maintained environment, that remains suitable for the pharmacy services provided and is secure and safeguarded from unauthorised access to ensure adherence to recognised pharmacy/legal standards.

##### **5.1 Cleaning**

Pharmacy store staff must ensure that all work surfaces are wiped clean with Clenil wipes before beginning any preparation of medicinal stock and must wipe down all surfaces when work is completed.

Other high touch areas such as door/fridge handles, must be wiped clean with Clenil wipes when the pharmacy store is operational (i.e. at the beginning, end and at appropriate intervals during the operational session).

The PS must be cleaned by facilities at least once a week. Facilities must sign the PS cleaning log displayed on the wall in the PS, to confirm this activity has been completed (Appendix A).

All medicines/vaccines must be securely stored (i.e. in a locked fridge or locked medicines cupboard, as appropriate) before anyone outside of the Medicines management Team is allowed access to the PS.

Medicines Management staff may grant facilities staff access to the pharmacy store for cleaning purposes only. On completion of cleaning, facilities staff must use the PS telephone to call the MMT office to request that a member of staff lock the PS before they leave.

Pharmacy refrigerators must be cleaned monthly, see [SOP 0152 Cleaning Defrosting vaccine fridges v1.1.docx](#) for procedure.

For cleaning vaccine porters see section 8

## **5.2 Tidiness**

The PS must be maintained to a high standard. All equipment and supplies must be managed and stored correctly, and space used efficiently i.e. vaccine porters rotated, stacked, and stored in the dedicated storeroom or under benches, boxes of PILs stored off the floor and the content label clearly visible for easy identification. Other consumables such as syringes/cartons/needles/infusion bags must be stacked neatly on the storeroom shelving.

**NB.** The area around the heating pipe which runs through the PS back room must be kept clear (i.e. consumables e.g. infusion bags, swabs etc., must not be stored near the heating pipe).

## **5.3 Pharmacy Store Keys, Door and alarm**

Keys to the PS and fridges are kept in a key safe in the MMT office. Only MMT staff have access to the key safe. Keys to the PS must be kept on the person working in the store and must be returned to the

key safe when work is completed. The door to the PS must be locked every time the room is vacated. NB. PS keys must not be taken off site.

The PS door must be locked when the room is empty, however **the door must not be locked when the store is operational** as it is not possible to unlock the door from the outside should there be an emergency inside.

The PS door opens outwards onto Hafren ward corridor. The pharmacy store door is heavy and solid with no means of seeing into the corridor. Therefore, to avoid accidents, it is important to check the PS visual display monitor before exiting the room to ensure that there is no-one in the corridor obstructing the door, or passing by the PS.

The PS alarm is only operational during a pandemic; therefore, the alarm must be tested once weekly (every Friday) to ensure that it remains functional. A log must be kept in the pharmacy store and alarm checks must be documented, access here: [Pharmacy Store Alarm Check and Running Taps.docx](#) (Appendix B)

## **5.4 Taps**

The sink in the PS is rarely used and is a potential risk for water stagnation and microbial growth of legionella. Therefore, the taps must be run for 5 minutes once weekly (every Friday) to flush the system. A log must be kept in the pharmacy store and flushing of the taps must be documented, access here: [Pharmacy Store Alarm Check and Running Taps.docx](#) (Appendix B).

## **6 Risk Assessments**

Identified risks within the pharmacy store must be risk assessed and mitigating actions put in place to reduce the risk. Risk assessments can be accessed via the PS Action Log (see section 10).

### **6.1 Working in Cold Temperatures**

Pharmacy Store staff can be exposed to colder temperatures within the stores area due to the air conditioning unit maintaining a lower room temperature. This can be particularly problematic when working in the PS for extended periods. PS staff should wear warm clothing when working in the PS and take regular breaks away from the room if extended working periods are necessary. Work such as inputting data onto the stock management system can be completed in the MMT office to reduce the time exposed to colder temperatures.

## **6.2 DSE**

All PS staff must complete a workstation self-assessment checklist annually, this is available to download from the health and safety web-site: Display Screen Assessment [Display Screen Assessment Checklist \(2020\)1.docx \(sharepoint.com\)](#). All assessments must be forwarded to the MMT admin team: [Info.MedicinesManagement.Powys@wales.nhs.uk](mailto:Info.MedicinesManagement.Powys@wales.nhs.uk) .

## **6.3 Manual Handling**

All new PS staff must complete their manual handling local induction list as per requirement by "The All-Wales Manual Handling Training Passport and Information Scheme."

All staff are responsible for ensuring that their mandatory manual handling training is kept up to date.

PTHB Manual Handling Policy can be accessed here: [Policies & Written Control Documents - HSP 003 Manual Handling Policy.pdf - All Documents \(sharepoint.com\)](#)

## **6.4 Lone Working**

Occasionally PS staff will work alone in the store particularly early mornings outside of normal office hours. They may be the first to arrive in the department i.e. at 7am or earlier to prepare vaccine orders for collection by transport. PS staff may also find themselves working alone in the PS throughout the day.

It is therefore important that PS staff sign the MMT daily attendance log located in the MMT office as soon as they arrive at work. This will alert MMT office staff to the fact that you are in the building. It is also important to log out when you leave.

Transport will arrive at the PS at 7.30am to collect deliveries scheduled for that day. If no-one is available in the PS, then the transport driver will contact the senior pharmacy technician for Imms/vacc & pharmacy stores to alert them that staff are not on the premises.

PTHB Lone Working Policy can be accessed here: [HSP 006 Lone Working Policy & Procedures.pdf](#)

## **6.5 Vaccine Spillages**



- If spillage of vaccine occurs, gloves must be worn, and the spillage soaked up with paper towels immediately. These should all be put into a yellow clinical waste bag which are readily available in the PS.
- Sharps should be put into a sharps bin for disposal.
- The area should then be cleaned according to the local Disinfection Policy or Control of Substances Hazardous to Health (COSHH) safety sheet: [Control of Substances Hazardous to Health \(COSHH\) - HSE](#)
- Spillage on the skin should be washed off thoroughly using soap and water.
- Splashes in the eyes should be irrigated with sterile 0.9% sodium chloride solution and medical advice sought immediately. Report via Datix and escalate to the senior pharmacy technician.

## 7. Temperature Monitoring

All refrigerator temperatures must be monitored and recorded whenever the PS is operational, ideally daily \* (see section 7.1).

The ambient temperature of the PS must be monitored and recorded whenever the PS is operational, ideally daily \* [Medicines Management - Paperwork MASTERS - All Documents \(sharepoint.com\)](#)  
(Appendix C).

\*NB. There will be occasions when the PS is not operational e.g. due workforce challenges weekends/bank holidays. During these times it will not be possible to monitor/record fridge/ambient room temperature. It is essential that the temperatures are recorded at the earliest available opportunity after a period of closure.

### 7.1 Refrigerator Temperature Monitoring

Refrigerator temperature monitoring must be completed daily, where possible, and **recorded on WIS**. The temperature of each refrigerator present in the PS must be monitored and recorded, even if they are empty (including refrigerators storing cool packs).

Temperatures must be recorded, and the refrigerator reset before accessing any of the contents i.e. at the start of the day before order preparation commences. Fridge temperatures must be checked and reset before putting new stock away.

Record the minimum, maximum and actual temperature of the refrigerator, then reset. Ensure that this information is recorded for every refrigerator located in the PS.

Data loggers must be present in all fridges and the data downloaded weekly and saved in the relevant pharmacy store digital folder. Link here for training materials and SOPs: [Data Loggers](#)

For further information and the procedure for fridge monitoring and temperature excursions refer to: [MMP 427 - Safe and Secure Management of Refrigerated Medicines and Vaccines v1.1. .docx](#) Immediately contact the senior pharmacy technician for imms/vacc & pharmacy stores for advice if a temperature excursion occurs. If the senior technician is unavailable, then contact the Chief Pharmacist.

## **8. Vaccine Porters/Cool Packs**

Any vaccine porters/cool packs in use i.e., being used in vaccine porters to distribute vaccines, must be booked out of the PS using the local vaccine porter/cool packs management spreadsheet. This will ensure that the PS team is aware of the location of every vaccine porter that has left the PS and support a process to recall in the event that vaccine porters/cool packs are not returned to the PS. Access log here: [Vaccine Porter Log.xlsx](#)

When vaccine porters/cool packs are returned to the PS, they must be booked back into stock using the vaccine porter/cool pack management spreadsheet.

All vaccine porters and cool packs returned to the store must be cleaned before rotating back into stock. For further information see: [MMP 432 - Use and Management of Helapet Vaccine Carrier Systems FINAL.docx](#)

## **9. Transport**

Transport is available for vaccine deliveries 5 days a week Mon – Fri and is provided by Health Courier Services Wales. Transport collects orders from the PS at 07:45am.

Transport must be requested every Friday for deliveries scheduled for the following week. Requests must be emailed to: [Morgan.Vaughan@wales.nhs.uk](mailto:Morgan.Vaughan@wales.nhs.uk) and copied to: [James.Millett@wales.nhs.uk](mailto:James.Millett@wales.nhs.uk)

Delivery notes must accompany all orders leaving the PR and the driver must sign these on collection. See [MMP 447 - Vaccination Team Stock Management System.docx](#) for further information. Signed delivery notes must be scanned and saved in the relevant PS folder, access here: [Medicines Management - Scanned docs - All Documents \(sharepoint.com\)](#). Original copies can be discarded in confidential waste once scanned.

## **10. Action Log/Daily Diary**

The PS/VC action log can be accessed here: [Action Log VP & Pharmacy Stores.xlsx](#)

The action log keeps a record of all actions/longer-term projects that have been identified in the PS and VCs and timescales for completion. It also contains links to SOPs, risk registers, waste log etc.

The 'daily diary' is a spreadsheet which records the activities scheduled for completion in the PS on a day-to-day basis. Access here: [Daily Diary Pharmacy Vaccine Store.xlsx](#). All vaccine requests and vaccine orders must be added to the daily diary. See [MMP 447 - Vaccination Team Stock Management System.docx](#) for detailed information.

## **11. SOPs**

All PS SOPs must be read by PS staff and the training log updated by staff members to indicate that individual procedures have been read and understood. The SOP log sits within the action log under the 'Current SOPs' tab and can be accessed here: [Action Log VP & Pharmacy Stores.xlsx](#)

## **12. Training**

All pharmacy store staff must undertake the following training on ESR:

[070 Cold Chain Training -The safe and secure management of refrigerated medicine](#)

[000 Vaccine Storage](#)

All PS staff must be trained to undertake all duties required of them within their competencies, this must be evidenced by completion of a competency checklist, which should be signed off by a suitably

trained and competent pharmacy professional. The pharmacy technician competency checklist can be accessed here: [UPDATED Technician training worksheet 2024.docx](#)

All PS staff involved with transportation of medicines/vaccines must be familiar with Good Distribution Practice (GDP). GDP training is undertaken individually in the form of a PowerPoint presentation and is certificated 'in-house'. For information on how to access this training contact Nikki Mathers via [info.medicinesmanagement.powys@wales.nhs.uk](mailto:info.medicinesmanagement.powys@wales.nhs.uk)

### **13. Monitoring Compliance / Audit / Review**

Compliance with this SOP will be audited during annual pharmacy audits.

This SOP will be reviewed every three years or earlier should changes to legislation or to practice indicate otherwise.

### **14. References**

Standards for Registered Pharmacies. Revised Jun 2018  
[standards for registered pharmacies june 2018 0.pdf](#)  
([pharmacyregulation.org](http://pharmacyregulation.org))

PTHB MMP 427 Safe and Secure Management of Refrigerated Medicines and Vaccines [Medicines Management - SOPs - All Documents \(sharepoint.com\)](#)

**Appendix A**

**Pharmacy Stores Cleaning Log v1**

| <b>Date</b> | <b>Time</b> | <b>Cleaned by</b> | <b>Signature</b> |
|-------------|-------------|-------------------|------------------|
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**Facilities Staff**

**Please call a member of the Medicines Management Team on 01874 71 ext. 2641 to lock the pharmacy store before leaving.**

**Pharmacy Store Staff**

High touch areas such as door handles, worktops must be wiped clean daily with Clenil wipes when the pharmacy store is operational.





| Date | Morning |      | Midday |      | Afternoon |      | Additional Monitoring When Temperature Rises Above 22°C |      |      |      |      |      |      |      | Comments |
|------|---------|------|--------|------|-----------|------|---|------|------|------|------|------|------|------|----------|
|      | Time    | Temp | Time   | Temp | Time      | Temp | Time  | Temp | Time | Temp | Time | Temp | Time | Temp |          |
| 25   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 26   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 27   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 28   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 29   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 30   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |
| 31   |         |      |        |      |           |      |   |      |      |      |      |      |      |      |          |