

## Pharmacy Compounding / Gloves Supply

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Reference Number: RDF1517-23

Date of Response: 17/05/2023

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

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

Yes – go to question A1)	YES
No – go to question B)	

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

Qualasept & Baxter

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

Bath & various location for Baxter

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

Cytotoxic & monoclonal antibodies

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

2 xGrade C

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

200m square metres

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

25 Whole Time Equivalent

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

Yes	YES
No	

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

This question is not applicable.

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

Yes	
No	NO

D1). If yes, please specify which other hospitals you service:

This question is not applicable.

E). How **many days per week** do you do compounding work? Please circle the relevant.

<b>No of days/week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> X	<b>6</b>	<b>7</b>
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F) Approximately, how many compounding's do you do each day in your facility?

**Number of compounding's per day:** 100

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): 65

Number of **over-gloves** per day (pairs): 4

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

100%

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

Critical Environment Solution, Getinge UK

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

	<b>Chemotherapy</b>	<b>Parenteral nutritional</b>	<b>Other – please specify:</b> _____
<b>Sterile exam gloves</b>			
<b>Non-sterile exam gloves</b>			
<b>Sterile PPE (Personal Protective Equipment) gloves</b>	X	X	
<b>Sterile Surgical gloves (medical device)</b>			

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

<b>Nitrile %</b>	X 97%
<b>Polychloroprene %</b>	

<b>Polyisoprene %</b>	
<b>Natural rubber latex %</b>	
<b>Other, please state: %</b>	Neoprene 3%

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

<b>Plastic</b>	X
<b>Paper</b>	

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

<b>NHS SC</b>	
<b>Directly from supplier</b>	X
<b>3<sup>rd</sup> Party provider / distributor (eg. Bunzl)</b>	
<b>Other</b>	

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

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

NHS standards – QAAPS 5<sup>th</sup> Edition

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

Yes	X
No	

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

QA & Accountable Pharmacist.

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

<b>Maximum liquid particle count level</b>	
<b>Specific outer packaging requirements</b>	X
<b>Plastic inner-wrap</b>	X
<b>Be able to stay on isolator glove port for certain amount of time</b>	X
<b>Withstand certain amount of alcohol disinfections</b>	X
<b>Chemicals / chemotherapy agents breakthrough time results</b>	X
<b>Certified for use for a certain clean room grade</b>	X
<b>We have other requirements (add them....)</b>	

**No requirements are specified**

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

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

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

Over-gloves monthly

Under-gloves per session max 4 hours

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

NHS standards QAAPS 5th Edition