Pharmacy dispensing policy

Policy | HOS-POL-002

Document type	Policy
Title	Pharmacy dispensing policy
Document ID	{{facility.code}}-HOS-POL-002
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.15
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every dispensed item is checked against the prescription.
2. A qualified pharmacist is accountable whenever the hospital is open.
3. Record every dispensing error and review it.
4. Use the paper route if the system is down.

Stop and get help straight away if: the pharmacy is open with no accountable pharmacist.

1. Purpose

To make dispensing accurate and accountable at all hours (S1.15).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Dispensing errors reach patients when no one checks against the prescription. A named accountable pharmacist and recorded errors make the service safe.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Chief pharmacist	Owns the policy and the rota	Pharmacist
Dispensing pharmacist	Checks and signs each item	Pharmacist
Dispensing technician	Prepares items under the pharmacist check	Trained

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check.	• Check each item against the prescription, the patient and the dose. • Record the check (HOS-FRM-009).	The check is recorded.
2	Record errors.	• Record every error with the cause. • Review the error log monthly.	Errors are learning.
3	Cover the hours.	• Keep a named accountable pharmacist on the rota for every opening period.	No open period without a pharmacist.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Items with recorded check	100%	Monthly	Chief pharmacist	Escalate to chief executive
Opening periods with an accountable pharmacist	100%	Monthly	Chief pharmacist	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-009	Dispensing check record	Record
HOS-FRM-014	Downtime prescription and dispensing form	Paper route

16. Evidence

ID	Source and status
E-007	WHO Nine patient safety solutions (2007).
E-009	Medication Without Harm (WHO 2017).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval