

Organisation name Site or unit		POLICY Pharmacy dispensing policy	
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Review date		Replaces	
Owner		Approved by	
Signature			

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Policy · HOS-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.15

At a glance

- Every dispensed item is checked against the prescription.
- A qualified pharmacist is accountable whenever the hospital is open.
- Record every dispensing error and review it.
- 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. 1. Purpose

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

2. 2. Scope

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

3. 3. Definitions

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

4. 4. Background

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

5. 5. Responsibilities

Role	Responsibility	Competence
Chief pharmacist	Owens the policy and the rota	Pharmacist
Dispensing pharmacist	Checks and signs each item	Pharmacist
Dispensing technician	Prepares items under the pharmacist check	Trained

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. 7. Safety

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

8. 8. Before you start

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

9. 9. Procedure

Step 1. Check.

- Check each item against the prescription, the patient and the dose.
- Record the check (HOS-FRM-009).

Key point: The check is recorded.

Step 2. Record errors.

- Record every error with the cause.
- Review the error log monthly.

Key point: Errors are learning.

Step 3. Cover the hours.

- Keep a named accountable pharmacist on the rota for every opening period.

Key point: No open period without a pharmacist.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

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

12. 12. Escalation

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

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

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

16. 16. Related documents

ID	Title	Use
<u>HOS-FRM-009</u>	Dispensing check record	Record
<u>HOS-FRM-014</u>	Downtime prescription and dispensing form	Paper route

17. 17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

No e-learning course is linked to this document yet.

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)
- World Health Organization (2007). Nine patient safety solutions, including correct patient identification. Geneva: WHO. [Open source](#) (E-007)

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Related standard

- [Standard 17: Pharmacy](#)