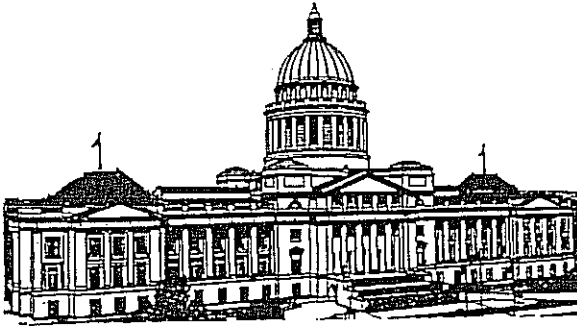


# ARKANSAS REGISTER

## Transmittal Sheet FILED



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas

SEP 19 1996  
SHARON PRIEST  
SECRETARY OF STATE  
BY 72201-1094

For Office Use Only: Effective Date 10/1/96 Code Number 070.00.96--006

Name of Agency Arkansas State Board of Pharmacy

Department \_\_\_\_\_

Contact Person John T. Douglas, P.D. Phone 682-0190

Statutory Authority for Promulgating Rules 17-92-205 (A)

	<u>Reg 60</u>	<u>Date</u>
Intended Effective Date	Legal Notice Published	<u>7/24, 7/31, 8/7, 8/14/96</u>
<input type="checkbox"/> Emergency	Final Date for Public Comment . . . . .	<u>8/23/96</u>
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<input type="checkbox"/> Other	Reviewed by Legislative Council . . . . .	<u>9/12/96</u>
	Adopted by State Agency . . . . .	<u>8/23/96</u>

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

John T Douglas P.D.  
Signature

682-0190

Phone Number

Executive Director

Title

September 17, 1996

Date

SEP 19 1996

## REGULATION 60 – PHARMACY TECHNICIANS

SHARON PRIEST  
SECRETARY OF STATE  
BY \_\_\_\_\_

## I. DEFINITIONS:

- A. **PHARMACY TECHNICIAN:** This term refers to those individuals identified as Pharmacist Assistants in Arkansas Code §17-92-801. Pharmacy Technicians are those pharmacy personnel, exclusive of pharmacy interns, who are regular paid employees of the pharmacy or hospital and assist the pharmacist in pharmaceutical services.
- B. **SUPERVISION:** Supervision means that the responsible pharmacist must be physically present to observe, direct, and supervise the pharmacy technician at all times when the pharmacy technician performs acts specified in this regulation. The supervising pharmacist is totally and absolutely responsible for the actions of the pharmacy technician.

## II. REGISTRATION REQUIRED

- A. A pharmacy technician shall register annually with the Board of Pharmacy on a form approved by the Board; and said registration shall expire on December 31 of each year.
- B. The registration fee for a pharmacy technician shall be defined in regulation 59.
- C. The Board will issue a permit for the pharmacy technician applicable to a specified pharmacy location; said permit cannot be transferred to any other pharmacy location. The permit shall be prominently displayed for public perusal in said pharmacy.
- D. Prior to a person beginning work as a pharmacy technician the pharmacy technician shall submit an application to the Board office which shall issue a certificate of registration to the pharmacy technician and a permit for the pharmacy technician to work at the pharmacy designated on the application.
- E. When a pharmacy technician leaves the employment of a pharmacy, the pharmacist-in-charge shall notify the Board, in writing, within fourteen (14) days thereof.
- F. Any concurrent or subsequent employment at a pharmacy other than the pharmacy identified on the current permit, issued by the Board of Pharmacy, the pharmacist in charge of the pharmacy where the pharmacy technician will be working must notify the Board of pharmacy, in writing, of the exact date when the pharmacy technician will begin working. The pharmacy technician shall not work at that location until a permit has been received from the Board of Pharmacy for that pharmacy location.
- G. A pharmacy technician shall identify himself as such in any telephone conversation regarding the functions of a pharmacy technician while on duty in the pharmacy.
- H. If the pharmacy technician is suspected to have or evidence exists that a pharmacy technician may have violated any law or regulation regarding the practice of pharmacy, legend drugs or controlled substances, the pharmacist-in-charge shall notify the Board, in writing, within ten days or immediately if any danger to the

public health or safety may exist. Any other pharmacist, whether or not practicing in the same pharmacy, who has such knowledge or suspicion, shall notify the Board in a like manner.

- I. (1) The Board may, after notice and hearing, suspend or revoke the permit of a pharmacy technician upon a finding of the following:
  - (a) Violation of this regulation.
  - (b) Violation of any law or regulation regarding the practice of pharmacy.
  - (c) Violation of any law or regulation related to legend drugs or controlled substances.
- (2) The Board shall follow the same procedures for hearings for pharmacy technicians as applicable to hearings for pharmacists as set forth in A.C.A. §17-92-101 et seq. and Board Regulations.
- J. A Pharmacy technician shall:
  - (1) Conduct himself professionally in conformity with all applicable federal, state, and municipal laws and regulations in his relationship with the public, health care professions, and pharmacists.
  - (2) Hold to the strictest confidences all knowledge concerning patrons, their prescriptions, and other confidence entrusted or acquired by him; divulging in the interest of the patron, only by proper release forms, or where required for proper compliance with legal authority.
  - (3) Provide valid and sufficient checks in payment for licenses or renewals.

### **III. QUALIFICATIONS**

- A. A high school graduate or a recognized graduate equivalency degree (G.E.D.).
- B. Of good moral character and temperate habits.
- C. If the pharmacy technician has a past record of alcohol or drug addiction or past record of violation of any law related to controlled substances, employment must be prior approved by the Board of Pharmacy.
- D. Be a paid employee of a pharmacy.

### **IV. TASKS, RESPONSIBILITIES, AND DUTIES OF THE PHARMACY TECHNICIAN**

A pharmacy technician may assist the pharmacist in performing the following specific tasks in accordance with specified Policy and Procedures covering the areas described in this section. If the pharmacy technician performs any other task that is defined as the practice of pharmacy, it will be considered a violation.

#### **A. Approved tasks:**

- (1) Placing, packing, pouring, or putting in a container for dispensing, sale, distribution, transfer possession of, vending, or barter any drug, medicine, poison, or chemical which, under the laws of the United States or the State of Arkansas, may be sold or dispensed only on the prescription of a practitioner authorized by law to prescribe drugs, medicines, poisons, or chemicals. This shall also include the adding of water for reconstitution of oral antibiotic liquids.

- (2) Placing in or affixing upon any container described in Section III (A) (1) of this Regulation a label required to be placed upon drugs, medicines, poisons, or chemicals sold or dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines, poisons, or chemicals.
- (3) Selecting, taking from, and replacing upon shelves in the prescription department of a pharmacy or apothecary drugs, medicines, chemicals, or poisons which are required by the law of the United States or the State of Arkansas to be sold or dispensed only on prescription of a practitioner authorized by law to prescribe them.
- (4) In a manual system -- preparing, typing, or writing labels to be placed or affixed on any container described in ACA §17-92-101 (14) (A), which a label is required to be placed upon drugs, medicines, poisons, or chemicals sold or dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines, poisons, or chemicals.

In a computer system -- a pharmacy technician may enter information into the pharmacy computer. The pharmacy technician shall not make any judgement decisions which could affect patient care. The final verification of prescription information, entered into the computer, shall be made by the supervising pharmacist who is then totally responsible for all aspects of the data and data entry.

- (5) A pharmacy technician may obtain prescriber authorization for prescription refills provided that nothing about the prescription is changed.
- (6) Prepackaging and labeling of multi-dose and unit-dose packages of medication. The pharmacist must establish the procedures, including selection of containers, labels and lot numbers, and must check the finished task.
- (7) Dose picking for unit dose cart fill for a hospital or for a nursing home patient.
- (8) Nursing unit checks in a hospital or nursing home: Pharmacy technicians may check nursing units for proper medication storage and other related floor stock medication issues. Any related medication storage problems or concerns shall be documented and initialed by a pharmacist.
- (9) Patient and medication records.  
The recording of patient or medication information in manual or electronic system for later validation by the pharmacist may be performed by pharmacy technicians.
- (10) The pharmacy technician shall not make any judgement decisions which could effect patient care.

**B. Additional tasks which can be performed in a Hospital setting:**

- (1) Bulk reconstitution of prefabricated non-injectable medication
- (2) Bulk compounding. This category may include such items as sterile bulk solutions for small-volume injectables, sterile irrigating solutions, products prepared in relatively large volume for internal or external use by patients, and reagents or other products for the pharmacy or other departments of a hospital.

- (3) Preparation of parenteral products.
  - a. The pharmacy technician must follow guidelines established by the pharmacist as directed in Section V of this regulation.
  - b. Pharmacy technicians may (1) perform functions involving reconstitution of single or multiple dosage units that are to be administered to a given patient as a unit and (2) perform functions involving the addition of one manufacturer's single dose or multiple unit doses of the same product to another manufacturer's prepared unit to be administered to a patient. Pharmacy technicians shall not add multiple ingredients in preparing parenteral products but may draw up or prepare the ingredients. The pharmacist must check the preparations and make the final addition.

## **V. DUTIES OF THE PHARMACIST IN THE USE OF PHARMACY TECHNICIANS**

- A. A pharmacy which utilizes a pharmacy technician to enter information into the pharmacy computer must develop and keep, on file at the pharmacy, written policy and procedures which describe the procedures by which the supervising pharmacist verifies the accuracy, validity, and appropriateness of the filled prescription or medication order. Written procedures for training and utilization of pharmacy technicians in the use of parenteral products and the check required of the pharmacy technicians must be included in the procedures if the pharmacy technician is performing these tasks.
- B. The pharmacist shall include, in the Policy and Procedure Manual, the specific scope of responsibilities for pharmacy technicians or procedures delegated to pharmacy technicians.
- C. The duties of pharmacy technicians in the preparation or processing of medication shall be accomplished under the immediate and direct supervision of the pharmacist who assumes the responsibility. The final check and verification of the medication dispensed shall be the responsibility of the pharmacist. The pharmacist is totally responsible for all aspects of the data and data entry.
- D. The supervising pharmacist shall assure that the pharmacy technician maintains confidentiality of all patient records.

## **VI. PHARMACIST TO PHARMACY TECHNICIAN RATIO:**

### **A. RETAIL PHARMACY SETTING:**

- (1) A pharmacy, with one pharmacist on duty, may utilize two pharmacy technicians to assist the pharmacist. Beyond two pharmacists, the maximum number of technicians at any given time is limited to a number equal to the number of pharmacists on duty in the pharmacy at that specific time with a limit of four (4) pharmacy technicians.
- (2) While supervising one or two technician(s) the pharmacist shall not also supervise more than one student intern. A Graduate intern will not affect the ratio.

**B. HOSPITAL SETTING:**

**(1) Pharmacy technicians used in assisting the pharmacist in pharmaceutical services for inpatients of the hospital shall be permitted to perform under direct supervision of a licensed pharmacist within the following conditions:**

- a. The number of supportive personnel employed by the Pharmacy Department shall not exceed a ratio of one pharmacy technician directly involved in medication distribution to each pharmacist on staff. The one to one ratio is governed by the number of employees and is not shift dependent. If the pharmacist in charge desires to use more than a one to one ratio on a certain shift, the hospital pharmacist in charge shall notify the Board of Pharmacy that the ratio on that shift exceeds one to one and include a brief summary of the duties now performed by the pharmacist with emphasis on counseling, quality assurance, drug utilization evaluation, education, and MD/RN interactions, etc.**

**The ratio shall not exceed two pharmacy technicians to one pharmacist on any one shift. This ratio shall not include pharmacy interns counted as either supportive personnel or pharmacists. Also excluded from the count of supportive personnel are those persons whose functions are not related to the preparation or distribution of medication. Such persons include clerks, secretaries, messengers, and delivery personnel.**

9.

**A. HOSPITAL PHARMACEUTICAL SERVICES PERMIT**

(83 Revised)

1. Any pharmacist practicing in an Arkansas Hospital, must so notify the Board of Pharmacy and ascertain that a Hospital Pharmaceutical Services Permit has been issued. The Hospital Pharmaceutical Services Permit shall be issued in the name of the Hospital, showing a pharmacist in charge.
2. Any hospital holding a retail pharmacy permit as of February 15, 1975, upon application for renewal must separate the facilities, stocks, records, etc., in compliance with A.C.A. 17-91-403 -- 17-91-405.

All hospitals shall have adequate provisions for pharmaceutical services regarding the procurement, storage, distribution, and control of all medications. All federal and state regulations shall be complied with.

**A. DEFINITIONS:**

1. "Hospital Pharmacy" means the place or places in which drugs, chemicals, medicines, prescriptions, or poisons are prepared for distribution and administration for the use and/or benefit of patients in a hospital licensed by the Arkansas Department of Health.  
The Hospital Pharmacy shall also mean the place or places in which drugs, chemicals, medicines, prescriptions or poisons are compounded for the dispensing to hospital employees, members of the immediate families of hospital employees, patients being discharged, and other persons in emergency situations.  
Hospital Pharmacy shall also mean the provision of pharmaceutical services as defined in the Pharmacy Practice Act by a pharmacist to a patient of the hospital.
2. "Hospital Employee" means any individual employed by the hospital whose compensation for services or labor actually performed for a hospital is reflected on the payroll records of a hospital.
3. "Qualified Hospital Personnel" means persons other than Licensed Pharmacists who perform duties in conjunction with the overall hospital pharmaceutical services for inpatients.
4. "Licensed Pharmacist" means any person licensed to practice pharmacy by the Arkansas State Board of Pharmacy who provides pharmaceutical services as defined in the Pharmacy Practice Act to patients of the hospital.
5. "Unit Dose Distribution System" is a pharmacy-coordinated method of dispensing and controlling medications in hospitals in which medication are dispensed in single unit packages for a specific patient on orders of a physician where not more than 24-hour supply of said medications is dispensed, delivered, or available to the patient.
6. "Modified Unit Dose Distribution System" is a system that meets the requirement of a "Unit Dose Distribution System," provided that up to a 72-hour supply may be sent to the floor once a week if the system has been reviewed and approved administratively by the Board of Pharmacy.

**B. COMPOUNDING, DISPENSING, AND DISTRIBUTING**

1. **Compounding**--The act of selecting, mixing, combining, measuring, counting, or otherwise preparing a drug or medication.
2. **Dispensing**--A function restricted to licensed pharmacists which involves the issuance of: (a) one or more doses of a medication in containers other than the original, with such new containers being properly labeled by the dispenser as to content and/or directions for use as directed by the prescriber; (b) medication in its original container with a pharmacy prepared label that carries to the patient the directions of the prescriber as well as other vital information; (c) a package carrying a label prepared for nursing station use. The contents of the container may be for one patient (individual prescription) or for several patients (such as a nursing station medication container).
3. **Distributing**--Distributing, in the context of this regulation, refers to the movement of a medication from a central point to a nursing station medication center. The medication must be in the original labeled manufacturer's container or in a prepackaged container labeled according to Federal and State statutes and regulations, by a pharmacist or under his direct and immediate supervision.

**C. ADMINISTERING**

An act, restricted to nursing personnel as defined in Nurses Practice Act 43 of 1971, in which a single dose of a prescribed drug or biological is given a patient. This activity includes the removal of the dose from a previously dispensed, properly labeled container, verifying it with the prescriber's orders, giving the individual dose to the proper patient and recording the time and dose given.

**D. PHARMACY AND THERAPEUTICS COMMITTEE**

There is a committee of the medical staff to confer with the pharmacist in the formulation of policies, explained as follows:

1. A pharmacy and therapeutics committee (P & T Committee), composed of a least one physician, the administrator or representative, the director of nursing service or representative, and the pharmacist is established in the hospital. It represents the organizational line of communication and the liaison between the medical staff and the pharmacist.

2. The committee assists in the formation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.
3. The committee performs the following specific functions:
  - a. Serves as an advisory group to the hospital medical staff and the pharmacist on matters pertaining to the choice drugs.
  - b. Develops and reviews periodically a formulary or drug list for use in the hospital;
  - c. Establishes standards concerning the use and control of investigational drugs and research in the use of recognized drugs;
  - d. Evaluates clinical data concerning new drugs or preparations requested for use in the hospital;
  - e. Makes recommendations concerning drugs to be stocked on the nursing unit floors and emergency drug stocks;
  - f. Prevents unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.
4. The committee meets at least quarterly and reports to the medical staff by written report.

#### E. PHARMACY OPERATIONS

The hospital has a pharmacy directed by a licensed pharmacist. The pharmacy is administered in accordance with accepted professional principles.

1. Pharmacy Supervision
 

There is a pharmacy directed by a licensed pharmacist, defined as follows:

  - a. The Director of Pharmacy is trained in the specialized functions of hospital pharmacy.
  - b. The Director of Pharmacy is responsible to the administration of the hospital and the Board of Pharmacy for developing, supervising, and coordinating all the activities of the pharmacy department and all pharmacists providing professional services in the Hospital.
  - c. All licensed pharmacists who provide pharmaceutical services as defined by the Pharmacy Practice Act shall practice under policies, procedures, and protocols approved by the Director of Pharmacy. These policies, procedures, and protocols shall be subject to review and approval by the Board of Pharmacy.

#### F. PHYSICAL FACILITIES

Facilities are provided for the storage, safeguarding, preparation, and dispensing of drugs, defined as follows:

1. Drugs are issued to floor units in accordance with approved policies and procedures.
2. Drug cabinets on the nursing units are routinely checked by the pharmacist. All floor stocks are properly controlled.
3. A careful determination of the functions of a department will regulate the space to be allocated, the equipment necessary to carry out the functions, and the number of personnel required to utilize the equipment and to render a given volume of service, as these functions relate to the frequency or intensity of each function or activity. Adequate equipment should specifically relate to services rendered and functions performed by the hospital pharmacy. Equipment lists will relate to the following services and functions:
  - a. Medication preparation;
  - b. Library reference facilities;
  - c. Record and office procedures;
  - d. Sterile product manufacturing;
  - e. Bulk compounding (manufacturing);
  - f. Product control (assay, sterility testing, etc.);
  - g. Product development and special formulations for medical staff.
4. Equipment and supplies necessary to the hospital pharmacy's safe, efficient and economical operation shall include but not be limited to:
  - a. Graduates capable of measuring from 0.1 ml. up to at least 500ml.
  - b. Mortars and pestles.
  - c. Hot and cold running water.
  - d. Spatulas (steel and non-metallic).
  - e. Funnels.
  - f. Stirring rods.
  - g. Class A balance and appropriate weights.
  - h. Typewriter, or other label printer.
  - i. Suitable apparatus for production of small-volume sterile solutions.
  - j. Suitable containers and labels.
  - k. Adequate reference library to include at least the following:
    - 1) American Hospital Formulary Service.
    - 2) Pharmacology text.
    - 3) Each hospital pharmacy shall have available for personal and patient use a current copy of the U.S.P. DI 3 book set including "Drug Information for the Healthcare Professional" (2 volumes) and "Advice



- for the Patient" (1 volume), or the two volume set "Facts and Comparisons" (1 volume) and "Patient Drug Facts" (1 volume).
- 4) Text on compatibility of parenteral products.
  - 5) Current professional journals, such as:
    - (a) Drug Intelligence and Clinical Pharmacy
    - (b) Hospital Pharmacy.
    - (c) Journal of ASHP.
  5. Special locked storage space is provided to meet the legal requirements for storage of controlled drugs, alcohol, and other prescribed drugs.
- G. PERSONNEL**  
Personnel competent in their respective duties are provided in keeping with size and activity of the department, explained as follows:
1. The Director of Pharmacy is assisted by an adequate number of additional licensed pharmacists and such other personnel as the activities of the pharmacy may require to insure quality pharmaceutical services.
  2. The pharmacy, depending upon the size and scope of its operations, is staffed by the following categories of personnel:
    - a. Chief Pharmacist (Director of Pharmacy).
    - b. One or more assistant chief pharmacists (Assistant Director of Pharmacy).
    - c. Staff pharmacists.
    - d. Pharmacy residents (where program has been activated).
    - e. Trained non-professional pharmacy helpers (qualified hospital personnel).
    - f. Clerical help.
- H. EMERGENCY PHARMACEUTICAL SERVICES**  
Through the administrator of the hospital, the P & T Committee shall establish policies and procedures that include, but are not limited to the following:
1. Upon admission to the Emergency Room on an outpatient basis and when examined by the physician where medications are prescribed to be administered, a record must be kept on file in the Emergency Room admission book or a copy of the Emergency Room medication order must be kept by the pharmacist to be readily accessible, for control and other purposes, as required by these regulations.
  2. If the physician wishes the patient to have medication to be taken with them from the Emergency Room Supplies, the amounts to be taken shall be sufficient to last until medication may be obtained by local pharmacies, in any case not to exceed a 48-hour supply. All State and Federal laws must be observed concerning all records, labeling, and outpatient dispensing requirement.
  3. Take home prescriptions for anti-infectives issued to patients at the time of discharge from the emergency room, filled by a pharmacist, shall be quantities consistent with the medical needs of the patient.
- I. PHARMACY RECORDS AND LABELING**  
Records are kept of the transactions of the pharmacy and correlated with other hospital records where indicated. All medication shall be properly labeled. Such record and labeling requirements are as follows:
1. The pharmacy establishes and maintains, in cooperation with the accounting department, a satisfactory system of records and bookkeeping in accordance with the policies of the hospital for:
    - a. Maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies, and
    - b. Charging patients for drugs and pharmaceutical supplies.
  2. A record of procurement and dispersment of all controlled drugs is maintained in such a manner that the disposition of any particular item may be readily traced.
  3. The pharmacist shall receive and provide service pursuant to the perusal of the physician's original order or a direct copy thereof, except in emergency situations wherein the pharmacist may provide service pursuant to a verbal order or to an oral or written transcription of the physician's order provided that the pharmacist shall receive and review the original or direct copy within twenty-four (24) hours of the time the service is provided.
  4. A record shall be maintained by the pharmacy and stored separately from other hospital records for each patient (inpatient or outpatient) containing the name of the patient, the prescribing physician, the name and strength of drugs prescribed, the name and manufacturer (or trademark) of medication dispensed.
  5. The label of each medication container prepared for administration to inpatients, shall bear the name and strength of the medication, the expiration date, and the lot and control number. The label on the medication, or the container into which the labeled medication is placed must bear the name of the patient.
  6. The label of each outpatient's individual prescription medication container bears the name of the patient, prescribing physician, directions for use, the name and strength of the medication dispensed (unless directed otherwise by the physician).
- J. CONTROL OF TOXIC OR DANGEROUS DRUGS**  
Policies are established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage, explained as

follows:

1. The medical staff has established a written policy that all toxic or dangerous medications not specifically prescribed as to time or number of doses, will be automatically stopped after a reasonable time limit set by the staff.
2. The classifications ordinarily thought of as toxic or dangerous drugs are controlled sub-stances, anticoagulants, antibiotics, oxytocics, and cortisone products.
3. All deteriorated non-sterile, non-labeled or damaged medication shall be destroyed by the pharmacist, except on controlled drugs, as defined below.
  - a. All controlled drugs (Schedule II, III, IV, and V) should be listed and a copy sent, along with drugs to the Arkansas Department of Health by registered mail or delivered in person for disposition.

**K. DRUGS TO BE DISPENSED**

Therapeutic ingredients of medications dispensed are included (or approved for inclusion) in the United States Pharmacopoeia, N.F. and U.S. Homeopathic Pharmacopoeia, or Accepted Dental Remedies (except for any drugs unfavorably evaluated therein) and drugs approved by provisions of the Arkansas Act 436 of 1975, or are approved for use by the P & T Committee of the hospital staff, explained as follows:

1. The pharmacist, with the advice and guidance of the P & T Committee, is responsible for specifications as to quality, quantity, and source of supply of all drugs.
2. There is available a formulary or list of drugs accepted for use in the hospital which is developed and amended at regular intervals by the P & T Committee with the cooperation of the pharmacist and the administration.

**L. POLICY AND PROCEDURE MANUAL**

1. A Policy and Procedure Manual pertaining to the operations of the Hospital Pharmacy with updated revisions adopted by the P & T Committee of each hospital shall be prepared and maintained at the hospital.
2. The Policy and Procedure Manual should include at a minimum the following:
  - a. Provisions for procurement, storage, distribution and drug control for all aspects of pharmaceutical services in the hospital.
  - b. Specialized areas such as surgery, delivery, ICU and CCU units and emergency room stock and usage of medication shall be specifically outlined.
  - c. A system of requisitioning supplies and medications for nurses' stations stock shall be in written procedural form as to limits of medications to be stocked in each nursing unit.
  - d. Detailed job descriptions and duties of each employee by job title working in the Pharmacy Department must be developed and made a part of these policies and procedures.
  - e. The Pharmacy Policy and Procedure Manual shall be subject to review and approval by the Board of Pharmacy on request from the Board.

**M. EMPLOYEE PRESCRIPTION MEDICATION**

1. There will be a prescription on file for all prescription drugs dispensed to Hospital employees and their immediate families. These records will be kept separate from all inpatient records.
2. The only person(s) entitled to have employee prescriptions filled will be the employee listed on the hospital payroll and members of their immediate family.

**N. PATIENT DISCHARGE MEDICATION**

Any take-home prescription dispensed to patients at time of discharge from the hospital shall be for drugs and quantities consistent with the immediate medical needs of the patient.

**O. LICENSED PHARMACIST PERSONNEL REQUIREMENTS**

1. The minimum requirements for licensed pharmacists in hospitals is:
  - a. A general hospital, surgery and general medical care maternal and general medical care hospital, chronic disease hospitals, psychiatric hospitals, and rehabilitative facilities with average annual occupied beds greater than 75, as determined by institution's patient occupancy record, shall require the services of one (1) pharmacist on the basis of 40 hours per week, with such additional pharmacists as are necessary, in the opinion of the Arkansas State Board of Pharmacy, to perform required pharmacy duties as are necessary in keeping with the size and scope of the services of the hospital pharmacy's safe, efficient, and economical operation.
  - b. The above classified hospitals, with average annual occupied beds less than 75, as determined by institution's patient occupancy records, shall require the services of a pharmacist such hours as, in the opinion of the Arkansas State Board of Pharmacy and the Arkansas State Board of Health, are necessary to perform required pharmacy duties in keeping with the size and scope of the services of the hospital pharmacy's safe, efficient, and economical operation.
  - c. Recuperative Centers, Outpatient Surgery Centers, and Infirmeries
    - 1) If the infirmary, recuperative center or outpatient surgery center has a pharmacy department, a licensed pharmacist must be employed to

administer the pharmacy in accordance with all state and federal laws regarding drugs and drug control.

- 2) If the infirmary, recuperative center, or outpatient surgery center does not have a pharmacy department, it has provisions for promptly and conveniently obtaining prescribed drugs and biologicals from a community or institutional pharmacy.
- 3) If the infirmary, recuperative center, or outpatient surgery center does not have a pharmacy department, but does maintain a supply of drugs, a licensed pharmacist shall be responsible for the control of all bulk drugs and maintain records of their receipt and disposition. The pharmacist shall dispense drugs from the drug supply, properly labeled, and make them available to appropriate nursing personnel.
- 4) All medication for patients shall be on individual prescription basis.

**P. RESPONSIBILITY OF A PHARMACIST IN HOSPITAL PHARMACY**

1. The pharmacist is responsible for the control of all medications distributed in the hospital where he practices, and for the proper provision of all pharmaceutical services.
2. The following aspects of medication distribution and pharmaceutical service are functions involving professional evaluations of judgements and may not be performed by supportive personnel:
  - a. Selection of the brand and supplier of medication.
  - b. Interpretation and certification of the medication order. This involves a number of professional responsibilities such as the determination of:
    - 1) Accuracy and appropriateness of dose and dosage schedule.
    - 2) Such items as possible drug interactions, medication sensitivities of the patient and chemical and therapeutic incompatibilities.
    - 3) Accuracy of entry of medication order to patient's medication profile.
  - c. Final certification of the prepared medication.

**Q. OPERATION OF PHARMACY DEPARTMENT WITHOUT A PHARMACIST**

At no time will the hospital pharmacy be open and in operation unless a licensed pharmacist is physically present except:

- a. Entrance may be obtained for emergency medication as set forth in the Pharmacy Policy and Procedure Manual when the pharmacy is closed outside its normal operation hours.
- b. When the pharmacist is summoned away from the pharmacy and there are other qualified personnel left in the pharmacy, the personnel left in the pharmacy could perform only those functions authorized within this regulation.

**R. THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS' GUIDELINES**

The American Society of Health-System Pharmacists' most recent statement on hospital drug control systems and Guidelines for Institutional Use of Controlled Substances shall be required reading by hospital pharmacists. (Revised 6/25/83, 4/7/89, 6/15/95)

**51. QUALIFIED PHARMACY EMPLOYEES (Q.P.E.)**

**A. Qualifications:**

- (1) A high school graduate or a recognized graduate equivalency degree (G.E.D.).
- (2) Of good moral character and temperate habits.
- (3) If the Q.P.E. has a past record of alcohol or drug addiction or past record of violation of any law related to controlled substances, employment must be prior approved by the Board of Pharmacy.

**B. Supervision:**

Supervision means that the responsible pharmacist must be physically present to observe, direct, and supervise the Q.P.E. at all times when the Q.P.E. performs acts specified in this regulations.

The supervising pharmacist is totally and absolutely responsible for the actions of the Q.P.E.

The supervising pharmacist shall assure that the Q.P.E. maintains confidentiality of all patient records.

**C. Q.P.E. may assist the pharmacist in performing the following specific tasks. If the Q.P.E. performs any other task that is defined as the practice of pharmacy, it will be considered a violation.**

**Approved Q.P.E. tasks:**

- (1) Placing, packing, pouring, or putting in a container for dispensing, sale, distribution, transfer possession of, vending, or barter any drug, medicine, poison, or chemical which, under the laws of the United States or the State of Arkansas, may be sold or dispensed only on the prescription of a practitioner authorized by law to prescribe drugs, medicines, poisons, or chemicals. This shall also include the adding of water for reconstitution of oral antibiotic liquids.
- (2) Placing in or affixing upon any container described in Section C-1 of this Regulation a label required to be placed upon drugs, medicines, poisons, or chemicals sold or dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines, poisons, or chemicals.
- (3) Selecting, taking from, and replacing upon shelves in the prescription department of a pharmacy or apothecary drugs, medicines, chemicals, or poisons which are required by the law of the United States or the State of Arkansas to be sold or dispensed only on prescription of a practitioner authorized by law to prescribe them.

- (4) In a manual system -- preparing, typing, or affixing labels to be placed or affixed on any container described in ACA §17-91-101(14)(A), which a label is required to be placed upon drugs, medicines, poisons, or chemicals sold or dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines, poisons, or chemicals.

In a computer system -- a Q.P.E. may enter information into the pharmacy computer. The Q.P.E. shall not make any judgement decisions which could affect patient care. The final verification of prescription information, entered into the computer, shall be made by the supervising pharmacist who is then totally responsible for all aspects of the data and data entry.

- (5) A Q.P.E. may obtain prescriber authorization for prescription refills provided that nothing about the prescription is changed.

D. A pharmacy which utilizes a Q.P.E. to enter information into the pharmacy computer must develop and keep, on file at the pharmacy, written policy and procedures which describe the procedures by which the supervising pharmacist verifies the accuracy, validity, and appropriateness of the filled prescription or medication order.

E. Pharmacist to Q.P.E. ratio:

- (1) A pharmacy, with one pharmacist on duty, may utilize two Q.P.E.'s to assist the pharmacist. Beyond two, the maximum number of assistants at any given time is limited to a number equal to the number of pharmacists on duty in the pharmacy at that specific time with a limit of four (4) Q.P.E.'s.
- (2) While supervising one or two Q.P.E.'s the pharmacist shall not also supervise more than one student intern. A Graduate intern will not affect the ratio. (10/07/91 and 10/13/95)

R E P E A L E D

54. Pharmacist Assistants

1. A pharmacist assistant shall register with the Board of Pharmacy on a form approved by the Board and shall renew such registration on January 1, each year.
2. The registration fee shall be \$15.00 per annum.
3. The Board will issue a permit for the pharmacist assistant applicable to a specified pharmacy location; said permit cannot be transferred to any other pharmacy location. The permit shall be prominently displayed for public perusal in said pharmacy.
4. Prior to a person beginning work as a pharmacist assistant, whether original employment or a change in employers or locations, he shall submit a registration form to the Board and receive a permit for the specific pharmacy location. The Board may grant a temporary authorization for a pharmacist assistant by telephone or facsimile communication when an immediate need exists which precludes the submission of a registration form in conventional form.
5. A pharmacist assistant shall identify himself as such in any telephone conversation regarding the functions of a pharmacist assistant while on duty in the pharmacy.
6. When a pharmacist assistant leaves the employment of a pharmacy, the pharmacist-in-charge shall notify the Board, in writing, within ten days thereof.
7. If the pharmacist assistant is suspected to have or evidence exists that a pharmacy assistant may have violated any law or regulation regarding the practice of pharmacy, legend drugs or controlled substances, the pharmacist-in-charge shall notify the Board, in writing, within ten days or immediately if any danger to the public health or safety may exist. Any other pharmacist, whether or not practicing in the same pharmacy, who has such knowledge or suspicion, shall notify the Board in a like manner.
8. (a) The Board may, after notice and hearing, suspend or revoke the permit or a pharmacist assistant upon a finding of the following:
  - (1) Violation of this regulation.
  - (2) Violation of any law or regulation regarding the practice of pharmacy
  - (3) Violation of any law or regulation related to legend drugs or controlled substances.
  - (4) Failure to conduct himself professionally in conformity with all applicable federal, state, and municipal laws and regulations in his relationship with the public, health care professions, and pharmacists.
  - (5) Failure to hold to the strictest confidences all knowledge concerning patrons, their prescriptions, and other confidence entrusted or acquired by him; divulging in the interest of the patron, only by proper release forms, or where required for proper compliance with legal authority.
  - (6) Providing invalid or insufficient checks in payment for licenses or renewals.
- (b) The Board shall follow the same procedures for hearings for pharmacist assistants as applicable to hearings for pharmacists as set forth in A.C.A. §17-91-101 et seq. and Board Regulations. (04/30/93)

(amended)

9. **A. HOSPITAL PHARMACEUTICAL SERVICES PERMIT**  
(83 Revised)

1. Any pharmacist practicing in an Arkansas Hospital, must so notify the Board of Pharmacy and ascertain that a Hospital Pharmaceutical Services Permit has been issued. The Hospital Pharmaceutical Services Permit shall be issued in the name of the Hospital, showing a pharmacist in charge.
2. Any hospital holding a retail pharmacy permit as of February 15, 1975, upon application for renewal must separate the facilities, stocks, records, etc., in compliance with A.C.A. 17-91-403 -- 17-91-405.

All hospitals shall have adequate provisions for pharmaceutical services regarding the procurement, storage, distribution, and control of all medications. All federal and state regulations shall be complied with.

**A. DEFINITIONS:**

1. **"Hospital Pharmacy"** means the place or places in which drugs, chemicals, medicines, prescriptions, or poisons are prepared for distribution and administration for the use and/or benefit of patients in a hospital licensed by the Arkansas Department of Health.  
The Hospital Pharmacy shall also mean the place or places in which drugs, chemicals, medicines, prescriptions or poisons are compounded for the dispensing to hospital employees, members of the immediate families of hospital employees, patients being discharged, and other persons in emergency situations.  
Hospital Pharmacy shall also mean the provision of pharmaceutical services as defined in the Pharmacy Practice Act by a pharmacist to a patient of the hospital.
2. **"Hospital Employee"** means any individual employed by the hospital whose compensation for services or labor actually performed for a hospital is reflected on the payroll records of a hospital.
3. **"Qualified Hospital Personnel"** means persons other than Licensed Pharmacists who perform duties in conjunction with the overall hospital pharmaceutical services for inpatients..
4. **"Licensed Pharmacist"** means any person licensed to practice pharmacy by the Arkansas State Board of Pharmacy who provides pharmaceutical services as defined in the Pharmacy Practice Act to patients of the hospital.
5. **"Unit Dose Distribution System"** is a pharmacy-coordinated method of dispensing and controlling medications in hospitals in which medication are dispensed in single unit packages for a specific patient on orders of a physician where not more than 24-hour supply of said medications is dispensed, delivered, or available to the patient.
6. **"Modified Unit Dose Distribution System"** is a system that meets the requirement of a "Unit Dose Distribution System," provided that up to a 72-hour supply may be sent to the floor once a week if the system has been reviewed and approved administratively by the Board of Pharmacy.

**B. COMPOUNDING, DISPENSING, AND DISTRIBUTING**

1. **Compounding**--The act of selecting, mixing, combining, measuring, counting, or otherwise preparing a drug or medication.
2. **Dispensing**--A function restricted to licensed pharmacists which involves the issuance of: (a) one or more doses of a medication in containers other than the original, with such new containers being properly labeled by the dispenser as to content and/or directions for use as directed by the prescriber; (b) medication in its original container with a pharmacy prepared label that carries to the patient the directions of the prescriber as well as other vital information; (c) a package carrying a label prepared for nursing station use. The contents of the container may be for one patient (individual prescription) or for several patients (such as a nursing station medication container).
3. **Distributing**--Distributing, in the context of this regulation, refers to the movement of a medication from a central point to a nursing station medication center. The medication must be in the original labeled manufacturer's container or in a prepackaged container labeled according to Federal and State statutes and regulations, by a pharmacist or under his direct and immediate supervision.

**C. ADMINISTERING**

An act, restricted to nursing personnel as defined in Nurses Practice Act 43 of 1971, in which a single dose of a prescribed drug or biological is given a patient. This activity includes the removal of the dose from a previously dispensed, properly labeled container, verifying it with the prescriber's orders, giving the individual dose to the proper patient and recording the time and dose given.

**D. PHARMACY AND THERAPEUTICS COMMITTEE**

There is a committee of the medical staff to confer with the pharmacist in the formulation of policies, explained as follows:

1. A pharmacy and therapeutics committee (P & T Committee), composed of a least one physician, the administrator or representative, the director of nursing service or representative, and the pharmacist is established in the hospital. It represents the organizational line of communication and the liaison between the medical staff and the pharmacist.

2. The committee assists in the formation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.
3. The committee performs the following specific functions:
  - a. Serves as an advisory group to the hospital medical staff and the pharmacist on matters pertaining to the choice drugs.
  - b. Develops and reviews periodically a formulary or drug list for use in the hospital;
  - c. Establishes standards concerning the use and control of investigational drugs and research in the use of recognized drugs;
  - d. Evaluates clinical data concerning new drugs or preparations requested for use in the hospital;
  - e. Makes recommendations concerning drugs to be stocked on the nursing unit floors and emergency drug stocks;
  - f. Prevents unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.
4. The committee meets at least quarterly and reports to the medical staff by written report.

**E. PHARMACY OPERATIONS**

The hospital has a pharmacy directed by a licensed pharmacist. The pharmacy is administered in accordance with accepted professional principles.

**1. Pharmacy Supervision**

There is a pharmacy directed by a licensed pharmacist, defined as follows:

- a. The Director of Pharmacy is trained in the specialized functions of hospital pharmacy.
- b. The Director of Pharmacy is responsible to the administration of the hospital and the Board of Pharmacy for developing, supervising, and coordinating all the activities of the pharmacy department and all pharmacists providing professional services in the Hospital.
- c. All licensed pharmacists who provide pharmaceutical services as defined by the Pharmacy Practice Act shall practice under policies, procedures, and protocols approved by the Director of Pharmacy. These policies, procedures, and protocols shall be subject to review and approval by the Board of Pharmacy.

**F. PHYSICAL FACILITIES**

Facilities are provided for the storage, safeguarding, preparation, and dispensing of drugs, defined as follows:

1. Drugs are issued to floor units in accordance with approved policies and procedures.
2. Drug cabinets on the nursing units are routinely checked by the pharmacist. All floor stocks are properly controlled.
3. A careful determination of the functions of a department will regulate the space to be allocated, the equipment necessary to carry out the functions, and the number of personnel required to utilize the equipment and to render a given volume of service, as these functions relate to the frequency or intensity of each function or activity. Adequate equipment should specifically relate to services rendered and functions performed by the hospital pharmacy. Equipment lists will relate to the following services and functions:
  - a. Medication preparation;
  - b. Library reference facilities;
  - c. Record and office procedures;
  - d. Sterile product manufacturing;
  - e. Bulk compounding (manufacturing);
  - f. Product control (assay, sterility testing, etc.);
  - g. Product development and special formulations for medical staff.
4. Equipment and supplies necessary to the hospital pharmacy's safe, efficient and economical operation shall include but not be limited to:
  - a. Graduates capable of measuring from 0.1 ml. up to at least 500ml.
  - b. Mortars and pestles.
  - c. Hot and cold running water.
  - d. Spatulas (steel and non-metallic).
  - e. Funnels.
  - f. Stirring rods.
  - g. Class A balance and appropriate weights.
  - h. Typewriter, or other label printer.
  - i. Suitable apparatus for production of small-volume sterile solutions.
  - j. Suitable containers and labels.
  - k. Adequate reference library to include at least the following:
    - 1) American Hospital Formulary Service.
    - 2) Pharmacology text.
    - 3) Each hospital pharmacy shall have available for personal and patient use a current copy of the U.S.P. DI 3 book set including "Drug Information for the Healthcare Professional" (2 volumes) and "Advice



for the Patient" (1 volume), or the two volume set "Facts and Comparisons" (1 volume) and "Patient Drug Facts" (1 volume).

- 4) Text on compatibility of parenteral products.
- 5) Current professional journals, such as:
  - (a) Drug Intelligence and Clinical Pharmacy
  - (b) Hospital Pharmacy.
  - (c) Journal of ASHP.

5. Special locked storage space is provided to meet the legal requirements for storage of controlled drugs, alcohol, and other prescribed drugs.

**G. PERSONNEL**

Personnel competent in their respective duties are provided in keeping with size and activity of the department, explained as follows:

1. The Director of Pharmacy is assisted by an adequate number of additional licensed pharmacists and such other personnel as the activities of the pharmacy may require to insure quality pharmaceutical services.
2. The pharmacy, depending upon the size and scope of its operations, is staffed by the following categories of personnel:
  - a. Chief Pharmacist (Director of Pharmacy).
  - b. One or more assistant chief pharmacists (Assistant Director of Pharmacy).
  - c. Staff pharmacists.
  - d. Pharmacy residents (where program has been activated).
  - e. Trained non-professional pharmacy helpers (qualified hospital personnel).
  - f. Clerical help.

**H. EMERGENCY PHARMACEUTICAL SERVICES**

Through the administrator of the hospital, the P & T Committee shall establish policies and procedures that include, but are not limited to the following:

1. Upon admission to the Emergency Room on an outpatient basis and when examined by the physician where medications are prescribed to be administered, a record must be kept on file in the Emergency Room admission book or a copy of the Emergency Room medication order must be kept by the pharmacist to be readily accessible, for control and other purposes, as required by these regulations.
2. If the physician wishes the patient to have medication to be taken with them from the Emergency Room Supplies, the amounts to be taken shall be sufficient to last until medication may be obtained by local pharmacies, in any case not to exceed a 48-hour supply. All State and Federal laws must be observed concerning all records, labeling, and outpatient dispensing requirement.
3. Take home prescriptions for anti-infectives issued to patients at the time of discharge from the emergency room, filled by a pharmacist, shall be quantities consistent with the medical needs of the patient.

**I. PHARMACY RECORDS AND LABELING**

Records are kept of the transactions of the pharmacy and correlated with other hospital records where indicated. All medication shall be properly labeled. Such record and labeling requirements are as follows:

1. The pharmacy establishes and maintains, in cooperation with the accounting department, a satisfactory system of records and bookkeeping in accordance with the policies of the hospital for:
  - a. Maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies, and
  - b. Charging patients for drugs and pharmaceutical supplies.
2. A record of procurement and disbursement of all controlled drugs is maintained in such a manner that the disposition of any particular item may be readily traced.
3. The pharmacist shall receive and provide service pursuant to the perusal of the physician's original order or a direct copy thereof, except in emergency situations wherein the pharmacist may provide service pursuant to a verbal order or to an oral or written transcription of the physician's order provided that the pharmacist shall receive and review the original or direct copy within twenty-four (24) hours of the time the service is provided.
4. A record shall be maintained by the pharmacy and stored separately from other hospital records for each patient (inpatient or outpatient) containing the name of the patient, the prescribing physician, the name and strength of drugs prescribed, the name and manufacturer (or trademark) of medication dispensed.
5. The label of each medication container prepared for administration to inpatients, shall bear the name and strength of the medication, the expiration date, and the lot and control number. The label on the medication, or the container into which the labeled medication is placed must bear the name of the patient.
6. The label of each outpatient's individual prescription medication container bears the name of the patient, prescribing physician, directions for use, the name and strength of the medication dispensed (unless directed otherwise by the physician).

**J. CONTROL OF TOXIC OR DANGEROUS DRUGS**

Policies are established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage, explained as

follows:

1. The medical staff has established a written policy that all toxic or dangerous medications not specifically prescribed as to time or number of doses, will be automatically stopped after a reasonable time limit set by the staff.
2. The classifications ordinarily thought of as toxic or dangerous drugs are controlled substances, anticoagulants, antibiotics, oxytocics, and cortisone products.
3. All deteriorated non-sterile, non-labeled or damaged medication shall be destroyed by the pharmacist, except on controlled drugs, as defined below.
  - a. All controlled drugs (Schedule II, III, IV, and V) should be listed and a copy sent, along with drugs to the Arkansas Department of Health by registered mail or delivered in person for disposition.

**K. DRUGS TO BE DISPENSED**

Therapeutic ingredients of medications dispensed are included (or approved for inclusion) in the United States Pharmacopoeia, N.F. and U.S. Homeopathic Pharmacopoeia, or Accepted Dental Remedies (except for any drugs unfavorably evaluated therein) and drugs approved by provisions of the Arkansas Act 436 of 1975, or are approved for use by the P & T Committee of the hospital staff, explained as follows:

1. The pharmacist, with the advice and guidance of the P & T Committee, is responsible for specifications as to quality, quantity, and source of supply of all drugs.
2. There is available a formulary or list of drugs accepted for use in the hospital which is developed and amended at regular intervals by the P & T Committee with the cooperation of the pharmacist and the administration.

**L. POLICY AND PROCEDURE MANUAL**

1. A Policy and Procedure Manual pertaining to the operations of the Hospital Pharmacy with updated revisions adopted by the P & T Committee of each hospital shall be prepared and maintained at the hospital.
2. The Policy and Procedure Manual should include at a minimum the following:
  - a. Provisions for procurement, storage, distribution and drug control for all aspects of pharmaceutical services in the hospital.
  - b. Specialized areas such as surgery, delivery, ICU and CCU units and emergency room stock and usage of medication shall be specifically outlined.
  - c. A system of requisitioning supplies and medications for nurses' stations stock shall be in written procedural form as to limits of medications to be stocked in each nursing unit.
  - d. Detailed job descriptions and duties of each employee by job title working in the Pharmacy Department must be developed and made a part of these policies and procedures.
  - e. The Pharmacy Policy and Procedure Manual shall be subject to review and approval by the Board of Pharmacy on request from the Board.

**M. EMPLOYEE PRESCRIPTION MEDICATION**

1. There will be a prescription on file for all prescription drugs dispensed to Hospital employees and their immediate families. These records will be kept separate from all inpatient records.
2. The only person(s) entitled to have employee prescriptions filled will be the employee listed on the hospital payroll and members of their immediate family.

**N. PATIENT DISCHARGE MEDICATION**

Any take-home prescription dispensed to patients at time of discharge from the hospital shall be for drugs and quantities consistent with the immediate medical needs of the patient.

**O. LICENSED PHARMACIST PERSONNEL REQUIREMENTS**

1. The minimum requirements for licensed pharmacists in hospitals is:
  - a. A general hospital, surgery and general medical care maternal and general medical care hospital, chronic disease hospitals, psychiatric hospitals, and rehabilitative facilities with average annual occupied beds greater than 75, as determined by institution's patient occupancy record, shall require the services of one (1) pharmacist on the basis of 40 hours per week, with such additional pharmacists as are necessary, in the opinion of the Arkansas State Board of Pharmacy, to perform required pharmacy duties as are necessary in keeping with the size and scope of the services of the hospital pharmacy's safe, efficient, and economical operation.
  - b. The above classified hospitals, with average annual occupied beds less than 75, as determined by institution's patient occupancy records, shall require the services of a pharmacist such hours as, in the opinion of the Arkansas State Board of Pharmacy and the Arkansas State Board of Health, are necessary to perform required pharmacy duties in keeping with the size and scope of the services of the hospital pharmacy's safe, efficient, and economical operation.
  - c. Recuperative Centers, Outpatient Surgery Centers, and Infirmaries
    - 1) If the infirmary, recuperative center or outpatient surgery center has a pharmacy department, a licensed pharmacist must be employed to

administer the pharmacy in accordance with all state and federal laws regarding drugs and drug control.

- 2) If the infirmary, recuperative center, or outpatient surgery center does not have a pharmacy department, it has provisions for promptly and conveniently obtaining prescribed drugs and biologicals from a community or institutional pharmacy.
- 3) If the infirmary, recuperative center, or outpatient surgery center does not have a pharmacy department, but does maintain a supply of drugs, a licensed pharmacist shall be responsible for the control of all bulk drugs and maintain records of their receipt and disposition. The pharmacist shall dispense drugs from the drug supply, properly labeled, and make them available to appropriate nursing personnel.
- 4) All medication for patients shall be on individual prescription basis.

P. RESPONSIBILITY OF A PHARMACIST IN HOSPITAL PHARMACY

1. The pharmacist is responsible for the control of all medications distributed in the hospital where he practices, and for the proper provision of all pharmaceutical services.
2. The following aspects of medication distribution and pharmaceutical service are functions involving professional evaluations of judgments and may not be performed by supportive personnel:
  - a. Selection of the brand and supplier of medication.
  - b. Interpretation and certification of the medication order. This involves a number of professional responsibilities such as the determination of:
    - 1) Accuracy and appropriateness of dose and dosage schedule.
    - 2) Such items as possible drug interactions, medication sensitivities of the patient and chemical and therapeutic incompatibilities.
    - 3) Accuracy of entry of medication order to patient's medication profile.
  - c. Final certification of the prepared medication.

~~Q. SUPPORTIVE PERSONNEL~~

- ~~1. Supportive personnel are defined as those qualified hospital personnel, exclusive of pharmacy interns, who are regular paid employees of the hospital, and assist the pharmacist in pharmaceutical services to inpatients.~~
- ~~2. The pharmacist shall include in the Policy and Procedure Manual the specific scope of responsibilities for supportive personnel or procedures delegated to supportive personnel. In any procedure involving supportive personnel, the pharmacist is totally responsible for the supervision of the supportive personnel, and all pharmaceutical judgments and tasks performed are strictly the responsibility of the pharmacist.~~
- ~~3. All duties of supportive personnel in the preparation or processing of medication shall be accomplished under the immediate and direct supervision of the pharmacist who assumes the responsibility. The final check and verification of the medication dispensed shall be the responsibility of the pharmacist. Supportive personnel assist the pharmacist by performing certain technical functions in accordance with specified Policy and Procedures covering the following areas:~~
  - ~~a. Bulk reconstitution of prefabricated non-injectable medication.~~
  - ~~b. Repackaging and labeling of multi-dose and unit-dose packages of medication. The pharmacist must establish the procedures, including selection of containers, labels and lot numbers, and must check the finished task.~~
  - ~~c. Bulk compounding. This category may include such items as sterile bulk solutions for small volume injectables, sterile irrigating solutions, products prepared in relatively large volume for internal or external use by patients, and reagents or other products for other departments of the hospital.~~
  - ~~d. Dose picking for unit-dose cart fill.~~
  - ~~e. Nursing unit checks. Supportive personnel may check nursing units for proper medication storage and other related floorstock medication issues. Any related medication storage problems or concerns shall be documented and initiated by a pharmacist.~~
- ~~4. Preparation of parenteral products.~~
  - ~~a. The pharmacist must establish written procedures for training and utilization of technicians and establish written procedures for the preparation of parenteral products and checks required of supportive personnel.~~
  - ~~b. Supportive personnel may (1) perform functions involving reconstitution of single or multiple dosage units that are to be administered to a given patient as a unit and (2) perform functions involving the addition of one manufacturer's single-dose or multiple unit doses of the same product to another manufacturer's prepared unit to be administered to a patient. Supportive personnel shall not add multiple ingredients in preparing parenteral products but may draw up or prepare the ingredients. The pharmacist must check the preparations and make the final addition.~~
- ~~5. Patient and medication records.~~

- a. ~~The recording of patient or medication information in manual or electronic system for later validation by the pharmacist may be performed by supportive personnel.~~
- b. ~~The supportive personnel shall not make any judgement decisions which could effect patient care. The final entry of prescription information, into the computer, shall be made by the supervising pharmacist who is then totally responsible for all aspects of the data and data entry.~~
- 6. ~~Any supportive personnel must have completed a high school education or G.E.D. equivalence, be a regular paid employee of the hospital, and have completed in-service training as outlined in the Policy and Procedure Manual.~~
- 7. ~~Supportive personnel used in assisting the pharmacist in pharmaceutical services for inpatients of the hospital shall be permitted to perform under direct supervision of a licensed pharmacist within the following conditions:~~
  - a. ~~The number of supportive personnel employed by the Pharmacy Department shall not exceed a ratio of one supportive personnel directly involved in medication distribution to each pharmacist on staff. The one to one ratio is governed by the number of employees and is not shift dependent. If the pharmacist in charge desires to use more than a one to one ratio on a certain shift, the hospital pharmacist in charge shall notify the Board of Pharmacy that the ratio on that shift exceeds one to one and include a brief summary of the duties now performed by the pharmacist with emphasis on counseling, QA, DUE, education and MD/RN interactions, etc.~~  
~~The ratio shall not exceed two supportive personnel to one pharmacist on any one shift. This ratio shall not include pharmacy interns counted as either supportive personnel or pharmacists. Also excluded from the count of supportive personnel are those persons whose functions are not related to the preparation or distribution of medication. Such persons include clerks, secretaries, messengers, and delivery personnel.~~
  - b. ~~Supportive personnel performing any act relating to the preparation or dispensing of an outpatient prescription for employees and immediate families or patients being discharged shall practice under conditions as established in Board of Pharmacy Regulation #51, Qualified Pharmacy Employees.~~

Q.R.

#### OPERATION OF PHARMACY DEPARTMENT WITHOUT A PHARMACIST

At no time will the hospital pharmacy be open and in operation unless a licensed pharmacist is physically present except:

- a. Entrance may be obtained for emergency medication as set forth in the Pharmacy Policy and Procedure Manual when the pharmacy is closed outside its normal operation hours.
- b. When the pharmacist is summoned away from the pharmacy and there are other qualified personnel left in the pharmacy, the personnel left in the pharmacy could perform only those functions authorized within this regulation.

R.S.

#### THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS' GUIDELINES

The American Society of Health-System Pharmacists' most recent statement on hospital drug control systems and Guidelines for Institutional Use of Controlled Substances shall be required reading by hospital pharmacists. (Revised 6/25/83, 4/7/89, 6/15/95)