

**CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACY
PROPOSAL IN STP FORMAT**

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2012 Professional Policy Review

PROPOSAL: To reaffirm, modify and reaffirm, or delete CSHP professional policies which are five (5) years or older.

SUBMITTED BY: Board of Directors

DATE: March 1, 2012

DESCRIPTION OF CURRENT SITUATION:

1. CSHP Professional Policies have been catalogued since 1980.
2. One of the duties of Board of Directors is to review any professional policy that is 5 years old or older. For this review, each professional policy that is five years old was reviewed for applicability and current relevance and recommendations to reaffirm, modify and reaffirm, or delete were outlined.
3. While analyzing professional policies, ASHP's professional policy catalogue was checked for any policies that relate to the topic.

DESCRIPTION OF DESIRED SITUATION:

1. A mechanism exists to periodically review CSHP policies for their continued relevance and applicability (CSHP Board of Directors action is generally guided by existing policy.)
2. CSHP's professional policies accurately reflect current practice and professional standards.
3. The annual review process of professional policy is continued as an opportunity for CSHP to reflect the most current and contemporary positions on pharmacy practice and organizational guidelines for our members.

PROPOSED ACTIONS:

1. The following CSHP professional policies be **reaffirmed** as CSHP professional policy.
2. The following CSHP professional policies to be **modified & reaffirm** as CSHP professional policy.
3. The following CSHP professional policies be **deleted** as CSHP professional policy.

CSHP BOARD ACTIONS:

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Policy #: **P- 2007-02**

Assigned to: Teri Miller

Recommended Action: **X** Reaffirm,

Modify & Reaffirm

<p>Current Policy Wording</p>	<p>#2007-02 Sports Pharmacy (#2007-02)</p> <p>Source: HOD 10/21/07</p> <p>The California Society of Health-System Pharmacists:</p> <ol style="list-style-type: none"> 1. Encourages safe and healthy participation in competitive sport and exercising. 2. Supports the pharmacist's role in promoting safe and proper use of medications and nutritional supplements and recognizes the unique medication needs of athletes. 3. Encourages the general public to seek health professional advice related to medications and nutritional supplements promoted for sports performance or used to maintain health. 4. Supports the efforts of organizations to educate and enforce drug testing to discourage the use of banned and/or harmful performance-enhancing substances. 5. Develops collaborative efforts with health and sport organizations in order to educate athletes and others regarding the safe and most effective legitimate use of medications. 6. Supports public and professional education campaigns in discouraging the use of banned and/or harmful performance-enhancing substances. 7. Encourages members to offer consultation to athletes about the potential harm of using banned performance-enhancing substances. 8. Encourage schools of pharmacy to develop education programs for students and pharmacists that address the safe use of medication recognizing the unique needs of athletes.
<p>If Modify & Reaffirm, Recommended Wording</p>	
<p>Rationale for Recommendation</p>	<p>Typo can be corrected without going to HOD. Policy still appropriate</p>

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Policy #: **P- 2007-03** Assigned to: Michelle Lew Recommended Action: Reaffirm, **Modify, & Reaffirm**

<p>Current Policy Wording</p>	<p>#2007-03 Machine Readable Coding and Related Technology (#2007-03)</p> <p>Source: HOD 10/21/07</p> <p>CSHP supports the use of machine-readable coding and related technology that improves the accuracy of the medication use process, which involves the following elements:</p> <ol style="list-style-type: none"> 1. The identity of all medications dispensed should be verified through machine-readable coding technology. 2. All medications should be electronically verified before they are administered to patients in health systems. 3. Health systems should adopt machine-readable coding and point-of care medication administration technology. 4. These systems should be planned, implemented, and managed with pharmacist involvement and should be in all areas of the health system where drugs are used. 5. Urge the California State Board of Pharmacy and Department of Health Services, along with MediCal, to pressure the FDA to mandate that the pharmaceutical manufacturers, place standardized machine readable coding which includes the NDC (NDC is already a mandate by FDA), lot number, expiration date on all manufactured unit dose, unit of use, and injectable drug packaging.
<p>If Modify & Reaffirm, Recommended Wording</p>	<p>#2007-03 Machine Readable Coding and Related Technology (#2007-03)</p> <p>Source: HOD 10/21/07</p> <p>CSHP supports the use of machine-readable coding and related technology that improves the accuracy of the medication use process, and to urge the California, which involves the following elements: <u>CSHP also supports a FDA mandate that pharmaceutical manufacturers place standardized machine readable coding, which includes the NDC, lot number, and expiration date on all manufactured unit dose, unit of use, and injectable drug packaging.</u></p> <ol style="list-style-type: none"> 1. The identity of all medications dispensed should be verified through machine-readable coding technology. 2. All medications should be electronically verified before they are administered to patients in health systems. 3. Health systems should adopt machine-readable coding and point-of care medication administration technology. 4. These systems should be planned, implemented, and managed with pharmacist involvement and should be in all areas of the health system where drugs are used. <p><u>Urge the California State Board of Pharmacy and Department of Health Services, along with MediCal, to</u></p>

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	pressure the FDA to mandate that the pharmaceutical manufacturers, place standardized machine-readable coding which includes the NDC (NDC is already a mandate by FDA), lot number, expiration date on all manufactured unit dose, unit of use, and injectable drug packaging.
<i>Rationale for Recommendation</i>	Policy adjusted to simplify language and allows the policy to remain pertinent as technology evolves. As such, points 1-4 were removed to minimize detail, but to still support FDA mandates.

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Policy #: **P- 2007-04** Assigned to: Michelle Lew Recommended Action: Reaffirm, Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p>#2007-04 Computerized Prescriber Order Entry (CPOE) (#2007-04)</p> <p>Source: HOD 10/21/07</p> <p>Computerized Prescriber Order Entry (CPOE) CSHP advocates for and supports the use of computerized entry of medication orders or prescriptions when:</p> <ol style="list-style-type: none"> 1. It is planned, implemented, and managed with pharmacists' involvement. 2. Such orders are part of a single, shared database that is integrated with the pharmacy information systems and other key information system components such as the patient's medication administration record. 3. Such computerized order entry improves the safety, efficiency, and accuracy of the medication-use process. 4. Such computerized order entry includes clinical decision support systems. 5. It includes provisions for the pharmacist to review and verify the order's appropriateness before medication administration, except in those instances when review would cause a medically unacceptable delay.
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P- 2007-05** Assigned to: Michael Tran Recommended Action: Reaffirm, **Modify, & Reaffirm**

<p align="center"><i>Current Policy Wording</i></p>	<p>#2007-05 Physician Dispensing (#2007-05)</p> <p>Source: HOD 10/19/97 (Note: This is former policy #8501 approved by the BOD 8/1/85; reaffirmed by the HOD in 1992 as policy #9222; reaffirmed by the HOD in 1997 as policy #9704; reaffirmed by the HOD in 2002 as #2002-03; reaffirmed by the HOD in Oct 2007 as #2007-05).</p> <p>To support the passage and enforcement of legislative and regulatory controls establishing the requirements for physician dispensing.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	<p>#2007-05 Non-Pharmacist and Prescriber Dispensing (#2007-05)</p> <p>Source: HOD 10/19/97 (Note: This is former policy #8501 approved by the BOD 8/1/85; reaffirmed by the HOD in 1992 as policy #9222; reaffirmed by the HOD in 1997 as policy #9704; reaffirmed by the HOD in 2002 as #2002-03; reaffirmed by the HOD in Oct 2007 as #2007-05).</p> <p>To support the passage and enforcement of legislative and regulatory controls establishing the requirements for non-pharmacist and prescriber dispensing.</p>
<p align="center"><i>Rationale for Recommendation</i></p>	<p>Covers individual who are non-prescribers that dispense and aligns with ASHP policy.</p>

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Policy #: **P- 2007-06** Assigned to: Teri Miller Recommended Action: Reaffirm, **Modify, & Reaffirm**

<p align="center">Current Policy Wording</p>	<p>#2007-06 Recovering Pharmacists (#2007-06)</p> <p>Source: HOD 10/19/97 (Note: This is former policy #8304 approved by the HOD in 1984; modified and reaffirmed by the HOD in 1992 as policy #9219; modified and reaffirmed in 1997 as policy #9711; modified and reaffirmed by the HOD in 2002 as 2002-06; reaffirmed by the HOD 10/21/07 as #2007-06).</p> <p>To encourage CSHP members to support and participate in the State of California's Pharmacist Recovery Program which identifies and rehabilitates pharmacists with impairment due to the misuse and abuse of dangerous drugs and substances.</p>
<p align="center">If Modify & Reaffirm, Recommended Wording</p>	<p>#2007-06 Recovering Pharmacists <u>Pharmacy Professionals</u> (#2007-06)</p> <p>Source: HOD 10/19/97 (Note: This is former policy #8304 approved by the HOD in 1984; modified and reaffirmed by the HOD in 1992 as policy #9219; modified and reaffirmed in 1997 as policy #9711; modified and reaffirmed by the HOD in 2002 as 2002-06; reaffirmed by the HOD 10/21/07 as #2007-06).</p> <p>To CSHP encourages CSHP members to support and participate in the State of California's Pharmacist Recovery Program, which identifies and rehabilitates pharmacists <u>and pharmacy interns</u> with impairment due to the misuse and abuse of dangerous drugs and substances <u>or due to mental illness</u>.</p> <p><u>CSHP encourages the California State Board of Pharmacy to also include pharmacy technicians in the State of California's Pharmacist Recovery Program.</u></p>
<p align="center">Rationale for Recommendation</p>	<p>The recommended changes update the policy to:</p> <ol style="list-style-type: none"> 1. Reflect the fact that the Pharmacist Recovery Program is for pharmacy interns, as well as pharmacists, and covers recovery related to mental illness, as well as substance abuse. 2. Encourage the Board of Pharmacy to include pharmacy technicians in the pharmacist recovery program.

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<i>Rationale for Recommendation</i>	The following changes aligns policy 2007-07 with the current format of professional policies.

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Policy #: **P- 2007-08** Assigned to: Paulin Heng Recommended Action: Delete, Modify & Reaffirm

<p>Current Policy Wording</p>	<p>#2007-08 Productivity Measurement Systems (#2007-08)</p> <p>Source: HOD 10/18/92 (Note: This is former policy #8302 approved by the BOD 7/15/83; reaffirmed by the HOD in 1992 as policy #9217; modified and reaffirmed by the HOD in 1997 as policy #9714; modified and reaffirmed by the HOD in 2002 as 2002-09; modified and reaffirmed by the HOD 10/21/07 as #2007-08).</p> <p>Productivity monitoring in health-system pharmacies is difficult due to the broad number of services provided by a given pharmacy department. The included services that are not easily captured in productivity measurements, such as patient care activities, or are not provided by all institutions. Therefore, not: CSHP opposes the development of a standardized format and definitions for creating a productivity measurement system for health-system pharmacies in California.</p>
<p>If Modify & Reaffirm, Recommended Wording</p>	
<p>Rationale for Recommendation</p>	<p>CSHP has policy that adopts ASHP policy where there are no conflicting issues. As ASHP's policy is more robust than CSHP's policy on productivity measurement systems, the group moved to delete this policy. CSHP's Policy 2007-08 policy is already covered by ASHP Policy 0901:</p> <p>WORKLOAD MONITORING AND REPORTING <i>Source: House of Delegates Resolution</i></p> <p>To strongly discourage the use of pharmacy workload and productivity measurement systems ("pharmacy benchmarking systems") that are based solely upon dispensing functions (e.g., doses dispensed or billed) or a variant of patient days, because such measures do not accurately assess pharmacy workload, staffing effectiveness, clinical practice contributions to patient care, or impacts on costs of care, and therefore these measurement systems are not valid and should not be used; further,</p> <p>To advocate the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care; further,</p> <p>To define pharmacy workload as all activities related to providing pharmacy patient care services; further,</p> <p>To continue communications with health-system administrators, consulting firms, and professional associations regarding the value of pharmacists' services and the importance of using valid, comprehensive, and evidence-based measures of pharmacy workload and productivity; further,</p>

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	<p>To encourage practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes; further, To advocate to health-system administrators, consulting firms, and vendors of performance-measurement services firms the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.</p>
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Policy #: **P- 2007-09**

Assigned to: Michael Tran

Recommended Action:

~~Modify & Reaffirm~~, ~~Reaffirm~~, ~~Amend~~, ~~Withdraw~~

<p align="center"><i>Current Policy Wording</i></p>	<p># 2007-09 Technician Regulations (#2007-09)</p> <p>Source: HOD 10/29/95 (Note: This is former policy #8901 approved by the BOD 1-26-89; reaffirmed by the HOD in 1995 as 9501; modified and reaffirmed by the HOD in 2000 as #2000-01; modified and reaffirmed by the HOD in 2005 as 2005-04; modified and reaffirmed by the HOD 10/21/07 as #2007-09).</p> <ol style="list-style-type: none"> 1. CSHP supports efforts by the pharmacy profession through regulatory and/or legislative changes that broaden the scope of practice for pharmacy technicians. 2. CSHP advocates that the profession of pharmacy move toward the following model with respect to pharmacy technicians as an approach to protecting public health and safety: <ol style="list-style-type: none"> a) Development and adoption of uniform state laws and regulations regarding pharmacy technicians; b) Mandatory completion of an accredited standardized program of education and training as a prerequisite to pharmacy technician certification; and c) Mandatory certification by a single nationally validated, psychometrically sound examination approved by the state board of pharmacy as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state. 3. To continue to advocate licensure of pharmacy technicians by the state board of pharmacy. 4. To advocate as an interim measure (until the optimal model is fully implemented) that individuals be required either (1) to have completed a nationally accredited standardized program of education and training or (2) to have at least one year of equivalent experience as pharmacy technicians before they are eligible to become licensed .
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	<p># 2007-09 Technician Regulations (#2007-09)</p> <p>Source: HOD 10/29/95 (Note: This is former policy #8901 approved by the BOD 1-26-89; reaffirmed by the HOD in 1995 as 9501; modified and reaffirmed by the HOD in 2000 as #2000-01; modified and reaffirmed by the HOD in 2005 as 2005-04; modified and reaffirmed by the HOD 10/21/07 as #2007-09).</p>

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	<ol style="list-style-type: none"> 1. CSHP supports efforts by the pharmacy profession through regulatory and/or legislative changes that broaden the scope of practice for pharmacy technicians. 2. CSHP advocates that the profession of pharmacy move toward the following model with respect to pharmacy technicians as an approach to protecting public health and safety: <ol style="list-style-type: none"> a) Development and adoption of uniform state laws and regulations regarding pharmacy technicians; b) Mandatory completion of an <u>ASHP</u> accredited standardized program of education and pharmacy technician training program as a prerequisite to pharmacy technician certification; and c) Mandatory certification by a single nationally validated, psychometrically sound examination approved by the state board of pharmacy as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state. 3. To continue to advocate licensure of pharmacy technicians by the state board of pharmacy. 4. To advocate as an interim measure (until the optimal model is fully implemented) that individuals be required either (1) to have completed an <u>nationally-ASHP</u> accredited <u>pharmacy technician training standardized program of education and training</u> or (2) to have at least one year of equivalent experience as pharmacy technicians before they are eligible to become licensed.
<p align="center"><i>Rationale for Recommendation</i></p>	<p>ASHP is the only accrediting body for pharmacy technician training programs and as such was inserted into the policy.</p>

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Policy #: **P- 2007-10**

Assigned to: Steve Gray

Recommended Action:

~~Modify & Reaffirm~~, ~~Reaffirm~~

<p align="center"><i>Current Policy Wording</i></p>	<p># 2007-10 Pharmacist Licensure (#2007-10)</p> <p>Source: HOD 10/29/95 (Note: This is former policy #8903 approved by the HOD 1989; modified and reaffirmed by the HOD in 1995 as #9504; again modified and reaffirmed by the HOD in 2000 as #2000-03; modified and reaffirmed by the HOD in 2001 as # ; modified by the BOD at 04/26-27/02 BOD mtg as #2002-01; reaffirmed by the HOD in 2007 as #2007-10).</p> <p>The California State Board of Pharmacy should remain the sole agency with authority to grant pharmacist licensure in California;</p> <p>All applicants for pharmacist licensure in California should meet the same minimum competency standards;</p> <p>The California State Board of Pharmacy should maintain its competency standards for licensure;</p> <p>The North American Pharmacist Licensure Examination™ (NAPLEX™), combined with a California-specific Multi-state Pharmacy Jurisprudence Examination™ (MPJE™), is appropriate to test for basic competencies essential for entry-level pharmacist practice if the examinations include testing for the following:</p> <ul style="list-style-type: none"> a) Proficiency in patient consultation skills; and b) Application of clinical knowledge in a variety of patient care settings.
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	<p># 2007-10 Pharmacist Licensure (#2007-10)</p> <p>Source: HOD 10/29/95 (Note: This is former policy #8903 approved by the HOD 1989; modified and reaffirmed by the HOD in 1995 as #9504; again modified and reaffirmed by the HOD in 2000 as #2000-03; modified and reaffirmed by the HOD in 2001 as # ; modified by the BOD at 04/26-27/02 BOD mtg as #2002-01; reaffirmed by the HOD in 2007 as #2007-10).</p> <p>The California State Board of Pharmacy should remain the sole agency with authority to grant pharmacist licensure in California;</p>

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	<p>All applicants for pharmacist licensure in California should meet the same minimum competency standards <u>per category of licensure</u>.</p> <p>The California State Board of Pharmacy should maintain its competency standards for licensure;</p> <p>The North American Pharmacist Licensure Examination™ (NAPLEX™), combined with a California <u>Practice Standard and Jurisprudence Examination</u>, is appropriate to test for basic competencies essential for entry-level pharmacist practice if the examinations include testing for <u>pharmacy principles and standards in: the following:</u></p> <ul style="list-style-type: none"> a) Proficiency in patient consultation skills; and b) Application of clinical knowledge in a variety of patient care settings; c) Sterile and non-sterile compounding; and e)d) Medication safety
<p align="center"><i>Rationale for Recommendation</i></p>	<ol style="list-style-type: none"> 1. CSHP should be open to additional categories of pharmacist licensure if it will serve patients and the public better and further the attainment of PPMI goals. 2. Updating to the statutory name for the California pharmacy jurisprudence examination. 3. The historical lack of Board of Pharmacy testing of <u>at least</u> pharmacy compounding principles and standards has resulted in death and injuries to California patients.

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Policy #: **P- 2007-12** Assigned to: Steve Gray Recommended Action: Reaffirm, Delete, **Modify & Reaffirm**

<p align="center">Current Policy Wording</p>	<p>#2007-12 Repackaging of Pharmaceuticals for Distribution and Sale (#2007-12)</p> <p>Source: HOD 10/18/92 (Note: This is former policy #8609 approved by the HOD in 1986; it was reaffirmed by the HOD in 1992 as policy #9227 and again in 1997 as policy #9709; reaffirmed by the HOD in 2002 as 2002-05; modified and reaffirmed by the HOD in 2007 as #2007-12).</p> <p>To oppose the practice of pharmacies performing bulk repackaging of pharmaceuticals for distribution and sale outside the facility in which that pharmacy is located or licensed to operate without having the proper repackaging license, which mandates conformance with Good Manufacturing Practice (GMP).</p>
<p align="center">If Modify & Reaffirm, Recommended Wording</p>	<p>#2007-12 Repackaging of Pharmaceuticals for Distribution and Sale (#2007-12)</p> <p>Source: HOD 10/18/92 (Note: This is former policy #8609 approved by the HOD in 1986; it was reaffirmed by the HOD in 1992 as policy #9227 and again in 1997 as policy #9709; reaffirmed by the HOD in 2002 as 2002-05; modified and reaffirmed by the HOD in 2007 as #2007-12).</p> <p><u>CSHP To oppose supports the practice of pharmacies performing bulk repackaging of pharmaceuticals for distribution and sale outside the facility in which that pharmacy is located or licensed in accordance with California Board of Pharmacy regulations, to operate without having the proper repackaging license, which mandates conformance with Good Manufacturing Practice (GMP) if approved by the California State Board of Pharmacy and it will improve the safety, quality and affordability of patient care.</u></p>
<p align="center">Rationale for Recommendation</p>	<p>CSHP's Bill, AB 377, is inconsistent with this current policy. The modified policy would not require a FDA repackaging license nor compliance with federal "current Good Manufacturing Practices (cGMP).</p>

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Policy #: **P- 2007-13** Assigned to: Steve Gray Recommended Action: ~~Modify & Reaffirm~~ ,

<p>Current Policy Wording</p>	<p>#2007-13 Safe Handling of Cytotoxic and Hazardous Drugs (#2007-13)</p> <p>Source: HOD 10/19/97 (Note: this is former policy #8408 approved by the HOD 1984; modified and reaffirmed by the HOD in 1992 as policy #9220; modified and reaffirmed in 1997 as policy #9712; reaffirmed by the HOD in 2002 as 2002-07; modified and reaffirmed by the HOD in 2007 as #2007-13).</p> <p>To recommend that each hospital, health-system or other patient care facility where cytotoxic or hazardous drugs are handled, stored or administered establish a set of guidelines on the safe handling of chemotherapeutic cytotoxic and hazardous drugs based upon the ASHP "Technical Assistance Bulletin on Handling Cytotoxic and Hazardous Drugs" (AJHP 1990; 47:1033).</p>
<p>If Modify & Reaffirm, Recommended Wording</p>	<p>#2007-13 Safe Handling of Cytotoxic and Hazardous Drugs (#2007-13)</p> <p>Source: HOD 10/19/97 (Note: this is former policy #8408 approved by the HOD 1984; modified and reaffirmed by the HOD in 1992 as policy #9220; modified and reaffirmed in 1997 as policy #9712; reaffirmed by the HOD in 2002 as 2002-07; modified and reaffirmed by the HOD in 2007 as #2007-13).</p> <p>To recommend that each hospital, health-system or, other patient care facility <u>or environment</u> where cytotoxic or hazardous drugs are handled, stored or administered establish a set of guidelines on the safe handling of chemotherapeutic cytotoxic and hazardous drugs based upon the ASHP "Technical Assistance Bulletin on Handling Cytotoxic and Hazardous Drugs" (AJHP 1990; 47:1033) <u>the best practices of State, federal and ASHP guidelines.</u></p>
<p>Rationale for Recommendation</p>	<p>This current CSHP policy is too specific in referencing only the ASHP document, which is 12 years old. The reality is that there are requirements in both State (California) and federal law as well as standards of professional pharmacy organizations that should be the basis of the guidelines.</p>