INTRODUCTION
The introduction of compounding standards from the National Association of Pharmacy Regulatory Authorities (NAPRA) and enforcement of provincial regulatory standards in Ontario for hospital pharmacy requires a policy and procedure and training program for cleaning sterile compounding facilities in hospital pharmacy. Compounding of sterile preparations is an integral practice to pharmacy. Compliance with the new compounding standards will minimize contamination of sterile preparations and ensure they are safe for patient use.

OBJECTIVE
The purpose of the pilot was to develop policies, procedures and training materials to educate housekeeping staff on cleaning of cleanroom facilities and documentation and training tools to comply with the new provincial legislative changes and NAPRA sterile compounding standards.

DESIGN
A committee consisting of representation from Pharmacy, Environmental Services, Infection Control and Health Safety and Wellness reviewed the new standards and developed a policy and procedure for cleaning pharmacy cleanroom facilities. A detailed monthly Cleaning Documentation Log was developed to assist housekeeping staff in following the correct order of tasks for cleaning and to log completed tasks. Weekly random audits by a cleaning supervisor was incorporated into the log to ensure staff adherence to procedures. Training materials included a presentation highlighting conduct in a cleanroom, hand hygiene and donning/doffing of PPE procedures. A small poster was created to remind staff on procedures as well as assist in training new staff. All housekeeping staff were required to pass a short written test and a competency assessment.

The new cleaning procedures were piloted on housekeeping staff responsible for cleaning pharmacy cleanroom facilities. The pilot began at the Juravinski Cancer Center in August 2016.

RESULTS
Housekeeping personnel participated in the pilot utilizing the new pharmacy cleaning procedures and tools. All trained staff passed the written test and observational competency assessment evaluating their proficiency in adapting to the new procedures. At 5 months post training, cleaning documentation logs were correctly completed on a daily basis and regular biweekly observational checks were conducted as a measure of compliance to the processes.

CONCLUSION
Collaboration with Environmental Services, Infection Control and Health, Safety Wellness and Pharmacy was an important factor in designing a robust cleaning policy and procedure and training program for housekeeping staff. The pilot meets the new standards and will standardize the cleaning process and training of housekeeping staff across all cleanroom facilities across our organization.

REFERENCES

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