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Policy Title: Medication Safety		
Department/Unite:	Policy Number:	Replaces No.:
Infection Control Unit.	UOJ-MSA-IC-P/13	
Creation Date: 10/12/2022	Effective Date:	Review Date:

Revision History				
Subject	Changes made	Done by	Revision date	
	13-36-Wh1wYqyR6Z66k9yaEP+ylg	==-6/20/2023 10:0		

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Date: Ref.: UOJ-MSA-IC-P/13 التاريخ: Ref.: UOJ-MSA-IC-P/13 التاريخ: © © @ @uofjeddah • www.uj.edu.sa • +966 12 2334444 • identity@uj.edu.sa

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5497-313-36-Wh1wYgvR6Z66k9vaEP+vlg==-6/20/2023 **54.97/3173-**/%/J-Wh1wYgvR6Z66k9vaEP+vlg==-6/20/2023 10:03:15 AM

1. CONDITIONS: 1.1 Pharmacy, Internal Medicine, Nursing, Psychiatry, Dental department

2.1 To identify how to handle with antibodies. 2. PURPOSE:

2.2 To identify how to handle with vaccines.

3.1 To maintain safety of drug therapy. 3. **DEFINITIONS**:

4. Related Documents: N/A

5. POLICY: 5.1 It is the University of Jeddah Medical Center policy to institute an infection

control policy to monitor and prevent the dispensing and administration of

contaminated medications and to prevent in-house spread of infection and follow the antibiotic policies. EP+ylg==-6/20/2023 10:03:15 AM

6. PROCEDURES: 6.1 Infection Control:

6.1.1 1Personal health standards and cleanliness will be maintained

6.1.2 Hands will be washed prior to handling all medications and on a regular

5497-313-36-Wh1wYgyR6Z66k9ya basis throughout the day.73313-861-Wh1wYgyR6Z66k9yaEP+ylg==-6/20/2023 10:03

6.1.3 Do not handle open medications, if actively infected.

6.1.4 Maintain integrity of sterile pharmaceutical preparations.

6.1.5 Participate in the investigation of infected outbreaks, especially where

medication is involved.

6.1.7 Report all IV reactions to Pharmacy (Adverse Drug Reaction Form).

6.1.8 Do not store foodstuffs in Pharmacy.

6.1.9 Practice aseptic technique when handling sterile preparations.

6.1.10 Maintain reference data on all anti-microbial drugs dispensed (actions,

incompatible, deterioration

6.1.11 Have method for emergency procurement of vaccines and other biological.

6.1.12 Maintain drug records in accordance with Pharmacy and Therapeutics

Committee.

Page 2 of 5 6.1.13 Consult with the Infection Control Committee.

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- 6.1.14 regarding issues involving antimicrobials/antiserum.
- 6.1.15 Alert all personnel handling sterile materials to identify products or preparations that are easily

contaminated.

- 6.1.16 Monitor antibiotic usage as to appropriateness.
- 6.1.17 The antibiotics are not given except by a prescription.
- 6.1.18 Usage is explained and the side effects to the patients.

6.2 Supplies:

- 6.2.1Cracked bottles or bottles with broken seals or syringes with expire date of validity will not be used.
- 6.2.2 Discard all needles and syringes after single use in red plastic containers.

6.3 Admixtures:

- 6.3.1 Sterile technique will be used in the preparation of all IVs.
- 6.3.2 All personnel involved with IV preparation will be in-services on sterile technique. WYGVR6Z66K9yaEP+yIg==-6/20/2023 10:03:15 AM

6.4 Housekeeping:

6.4.1 Pharmacy will be cleaned on a regular basis. Daily upkeep will be the rule.

6.5 Engineering:

- 6.5.1 Proper ventilation and temperatures will be maintained within the Pharmacy.
- 6.5.2 Maintain cleaning & functioning of the refrigerators.

6.6 Non-Intravenous Medications:

- 6.6.1 Unit-dose packaging will be purchased whenever possible. Items not available in unit dose will be
- dispensed by the Pharmacy in a limited supply in a sealed plastic bag used solely for this purpose.
- 6.6.2 Intramuscular medications will be purchased in unit dose packaging. If a multi-dose is used, It will be stored in accordance with Policy and Procedure.
- **7. RESPONSIBILITIES:** 7.1 Accountable to the Infection Prevention Control Practitioner/Committee.

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8. Appendix: N/A

9.1 Ministry of Health Manual for Infection Control

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