


Importance of Aseptic Technique

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Objectives

By the end of this presentation, the participant should be able to:

- Review the definition of pharmacy compounding
- Describe misadventures in pharmacy compounding which have shaped current practice and regulation
- Summarize the risks of preparing drugs in an environment without proper aseptic technique



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What is Pharmacy Compounding?

- The art and science of preparing custom medication orders which are not commercially available, such as:
 - Reconstituting a powder in bottle to prepare an oral suspension
 - Preparing a diluted solution for injection to facilitate
 - Reconstituting a lyophilized powder in vial to a specified concentration and adding to a base solution to create a specific dose and concentration
 - Preparing total parenteral nutrition
- Preparation of a dose by (or under direct supervision of) a pharmacist pursuant to an order from a licensed prescriber for an individual patient




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Definition of Aseptic Technique

- Aseptic= “free of germs”
- USP<797> defines aseptic technique as:
 - “A set of methods used to keep objects and areas **free of microorganisms** and thereby **minimize infection risk to the patient**. It is accomplished through practices that maintain the microbe count at an irreducible minimum.”
- Process which protects the compounder, product, and patient




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Components of Appropriate Aseptic Technique

Protecting patients	Protecting healthcare professionals
<ul style="list-style-type: none"> • Protecting “critical sites” during preparation • Maintaining a clean environment • Wearing personal protective equipment • Washing hands • Following aseptic technique standard operating procedures 	<ul style="list-style-type: none"> • Protecting “critical sites” during preparation • Maintaining a clean environment • Wearing personal protective equipment • Washing hands • Following aseptic technique standard operating procedures

The approaches are generally the same – emphasizing their importance!




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Medication Compounding Misadventures

- 1990**
 - 4 patients died of non-sterile, compounded cardioplegia solution
 - 2 patients became blind from *Paeruginosa* in compounded indomethacin eye drops
- 1998**
 - 11 children became septic from *E. cloacae* bloodstream infections from saline flushes
- 2001**
 - 11 patients contracted *S.marcescens* from compounded betamethasone injection
 - 4 children developed *E. cloacae* bacteremia from compounded IV ranitidine
- 2002**
 - 5 patients were infected (1 died) with *Exophiala* from contaminated methylprednisolone injection
 - Injectable baclofen and methylprednisolone were recalled by a pharmacy who detected *Penicillium*, *Methylobacterium*, and *Mycobacterium chelonae* in the final product
- 2003**
 - 19,000 patients with chronic lung diseases potentially exposed to *B.cepacia* detected in compounded inhalant solution



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Medication Compounding Misadventures

- 2004**
 - 36 patients developed Pseudomonas bacteremia from contaminated saline and heparin flushes
- 2005**
 - 25 patients were infected with S. Marcescens from contaminated magnesium sulfate bags
 - 2 patients became blind from compounded ophthalmic injection which was contaminated with P.aeruginosa and B.cepacia
 - 10 patients died from cardioplegia contaminated with gram negative rods
- 2011**
 - 16 adults developed severe eye infections from contaminated bevacizumab intraocular injections (one patient lost vision, another developed a CNS infection)
 - 19 patients died from contaminated parenteral nutrition, predominantly with S.marcescens
- 2012**
 - 9 patients developed fungal endophthalmitis from compounded steroid and dye solutions
 - >750 patients developed fungal meningitis (Aspergillus and Exserohilum rostratum) from contaminated methylprednisolone acetate injection (about 70 deaths)

And this is only the tip of the iceberg!

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Stability vs. Sterility

- A commonly misunderstood concept in healthcare
- A drug may be physically stable for many hours, days, weeks, or *months*... but its **STERILITY** is much shorter
- Appropriate sterility dating goes hand in hand with proper aseptic technique
- Sterility often trumps stability**

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Beyond-Use Dating (BUD)

- Concept that recognizes the probability that a product may become contaminated even under ideal storage and handling conditions
- Contamination rates from batch preparation published in peer-reviewed literature: 0.3 – 16%
 - Ideally, this would be zero!
 - Optimally, BUD considers a target of <0.1% (1 contaminated dose per 1,000 prepared)
- BUD traditionally classified by the “risk level” of the compounded sterile product (CSP)

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CSP Risk Levels

- Immediate use**
 - True emergencies (e.g. preparing a drip during a code)
 - Must be a simple transfer of a3 commercially available agents, not more than 2 entries into a single container, no compounding for >1 hour, appropriately labeled, using aseptic technique
- Low risk 12 hr**
 - Prep in a hood, but not in a formal cleanroom
 - No hazardous drugs
 - Must have SOPs for cleaning and environmental sampling
- Low risk**
 - No more than 3 sterile drugs (including diluent), compounded in ISO class 3 hood in an ISO class 7 room
 - Limited, basic, closed-system aseptic procedures
 - Annual validation of room and staff
- Medium risk**
 - 4 or more sterile ingredients with complex manipulations
 - No bacteriostatic additive; product given over several days
 - Multiple patient holding or multiple doses holding for a single patient
- High risk**
 - Non-sterile ingredients or containers/equipment
 - Made from sterile ingredients but less than ISO class 5 air
 - Delay of >8 hours from compounding to sterilization
 - Purity of contents is assumed but cannot be validated or verified

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BUDs of CSPs by Risk Level

These shorten based on the type of clean room and implementation of USP<800>


Risk Level	Room Temp (20 to 25°C)	Refrigeration (2 to 8°C)	Frozen Storage (-25 to -10°C)
Immediate	1 hour	N/A	N/A
Modified Low*	12 hours	12 hours	N/A
Low	48 hours	14 days	45 days
Medium	30 hours	9 days	45 days
High	24 hours	3 days	45 days

*Modified Low = a risk level for a setting without ideal environmental controls for aseptic preparation; e.g., a contained segregated compounding area (ventilated hood, but no cleanroom) instead of ideal engineering controls

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Remember!



Beyond use dating requires harmonization of STABILITY, STERILITY, and regulations on the preparation environment!

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Risks of Inappropriate Preparation and Dating

Patient related	Professional	Public
<ul style="list-style-type: none"> • Infectious complications • Meningitis, bacteremia, pneumonia, sepsis, death • Blindness, loss of vision 	<ul style="list-style-type: none"> • Grief • Self-doubt • Exposure to potentially hazardous agents 	<ul style="list-style-type: none"> • Distrust of the healthcare system • Impaired professional reputation

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Aseptic Technique: Implementation Steps

Implement safe handling guidelines and procedures	Establish beyond use dating guidelines for commonly used medications
Ensure appropriate environmental controls are available for pharmaceutical compounding	Design standard operational procedures <i>(e.g., environmental sampling, aseptic technique validation)</i>

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