HOSPITAL PHARMACY TECHNICAL WORKFORCE AND OCCUPATIONAL RISK SURVEY 2024

Lord Carter's review of aseptic services Transforming NHS pharmacy aseptic services in England (https://www.gov.uk/government/publications/transforming-nhs-pharmacy-aseptic-services-in-england) acknowledged the lack of evidence on the potential risks for staff of exposure to potentially hazardous products and of work-related upper limb disorders in the preparation of certain medicines, and the need to review the potential for new roles and skill mix in the aseptic services workforce.

This survey is intended to:
1) Identify current practice within aseptic services in relation to occupational risk/exposure and in relation to work-related upper limb disorders.
2) Understand current access and barriers to education & training qualifications/resources/study days/courses.
3) Understand reasons for a career choice in technical services and enablers/barriers in career pathways.

The survey will facilitate a gap analysis and enable recommendations for improvement, standards and guidance.

By completing this survey, you agree to the information being shared with the National Infusions and Special Medicine Programme team for the purposes of review and analysis. If shared more widely, the results will be anonymised and aggregated.

This survey will take approximately 45 - 60 minutes for Unit Mangers, and 25-35 minutes for Staff Members.

Please complete the survey by Friday, the 7th of June.

* Required

Contact Details

1. Trust / Health Board (Please write Trust in full; No abbreviation) *

2. Please select which region you work in *

- ◯ South West
- ◯ South East
- ◯ London
- ◯ East of England
- ◯ Midlands
- ◯ North East & Yorkshire
- ◯ North West

3. Role *

4. AfC Band *

- ◯ Band 2
- ◯ Band 3
- ◯ Band 4
- ◯ Band 5
- ◯ Band 6
- ◯ Band 7
- ◯ Band 8
- ◯ Band 9

5. Department *

6. Staff Group *

- ◯ Pharmacist
- ◯ Pharmacy Technician
- ◯ Pharmacy Support Worker
- ◯ Pharmaceutical Scientist
- ◯ Science Manufacturing Technician
- ◯ Other

7. What area do you work in? *

- ◯ Section 10
- ◯ Licensed Manufacturing Unit
- ◯ Both

8. Are you a Unit Manager or Staff Member? *

- ◯ Unit Manager
- ◯ Staff Member

Risk Assessment

9. Does the department undertake risk assessments in relation to the following? (select all that apply)

- [ ] Handling and aseptic preparation of hazardous medicinal products (HMPs)
- [ ] Handling and use of hazardous disinfection products within the aseptic unit

10. How often are the above risk assessments reviewed?

- [ ] Annually
- [ ] Every two years
- [ ] Never reviewed
- [ ] When there is evidence that they are no longer valid
- [ ] Other

11. What do the risk assessments include? (select all that apply) *

- [ ] Identification of hazardous substances/HMPs
- [ ] Physico-chemical properties of identified hazardous substances
- [ ] Precautions for use and guidance on safe handling
- [ ] Locations and activities where hazardous substances are used
- [ ] Potential exposure routes and points of exposure
- [ ] Duration and frequency of exposure to the identified hazardous substances
- [ ] Potential adverse health effects and/or toxicity
- [ ] Likelihood of risk of ill health and severity
- [ ] Effects of combined/sequential exposure to more than one agent
- [ ] Workers exposed to hazardous substances and workers at increased risk
- [ ] Effectiveness of existing control measures
- [ ] Options for improving control measures
- [ ] Exposure monitoring
- [ ] Exposure limits
- [ ] Health surveillance guidance
- [ ] Incident management
- [ ] Accidental exposure
- [ ] Other

12. Does the department undertake risk assessments in relation to upper limb disorder associated with the aseptic preparation of HMPs? *

- ◯ Yes
- ◯ No

13. What tool is used to conduct upper limb disorder risk assessments? *

- ◯ Health and Safety Executive Risk filter/assessment (ART tool)
- ◯ Local risk assessment tool
- ◯ Other

14. What do the upper limb disorder risk assessments include? (select all that apply) *

- [ ] Amount of time spent in awkward posture positions
- [ ] Amount of time repetitive task performed in a typical day/shift
- [ ] Control measures
- [ ] Frequency and repetition of movements
- [ ] Level of hand force exerted and duration
- [ ] Maximum amount of time repetitive task performed without a break
- [ ] Workers affected or at increased risk
- [ ] Other

Risk Reduction: Personal Protective Equipment (PPE)

15. In-line with your COSHH policy, what PPE are staff required to wear when handling HMPs? (select all that apply) *

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

16. Whenever handling HMPs (including receipt of product into the aseptic unit), is PPE worn in-line with the COSHH policy? *

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ COSHH policy does not state PPE requirement
- ◯ Other

17. If PPE is not worn in-line with the COSHH policy when handling HMPs, please provide further details below.

18. The following questions relate to the use of hazardous disinfection products within aseptic units. Please list each product used on a separate question, followed by the surfaces that they are used on.

    Hazardous Disinfection Product 1 and Form (e.g concentrate/spray/impregnated wipe): *

19. Which surfaces are product 1 used on (select all that apply) *

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

20. In-line with your COSHH policy, what PPE are staff required to wear when handling product 1 (select all that apply) *

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

21. Hazardous Disinfection Product 2 and Form (e.g concentrate/spray/impregnated wipe): *

22. Which surfaces are product 2 used on (select all that apply) *

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

23. In-line with your COSHH policy, what PPE are staff required to wear when handling product 2 (select all that apply) *

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

24. Hazardous Disinfection Product 3 and Form (e.g concentrate/spray/impregnated wipe): *

25. Which surfaces are product 3 used on (select all that apply) *

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

26. In-line with your COSHH policy, what PPE are staff required to wear when handling product 3 (select all that apply) *

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

27. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

28. Hazardous Disinfection Product 4 and Form (e.g concentrate/spray/impregnated wipe):

29. Which surfaces are disinfection product 4 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

30. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 4 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

31. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

32. Hazardous Disinfection Product 5 and Form (e.g concentrate/spray/impregnated wipe):

33. Which surfaces are disinfection product 5 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

34. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 5 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

35. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

36. Hazardous Disinfection Product 6 and Form (e.g concentrate/spray/impregnated wipe):

37. Which surfaces are disinfection product 6 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

38. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 6 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

39. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

40. Hazardous Disinfection Product 7 and Form (e.g concentrate/spray/impregnated wipe):

41. Which surfaces are disinfection product 7 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

42. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 7 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

43. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

44. Hazardous Disinfection Product 8 and Form (e.g concentrate/spray/impregnated wipe):

45. Which surfaces are disinfection product 8 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

46. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 8 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

47. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

48. Hazardous Disinfection Product 9 and Form (e.g concentrate/spray/impregnated wipe):

49. Which surfaces are disinfection product 9 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

50. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 9 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

51. Would you like to add another hazardous disinfection product? *

- ◯ Yes
- ◯ No

52. Hazardous Disinfection Product 10 and Form (e.g concentrate/spray/impregnated wipe):

53. Which surfaces are disinfection product 10 used on (select all that apply)

- [ ] Horizontals
- [ ] Fixtures/Fittings
- [ ] Floors/Walls/Ceiling
- [ ] Other

54. In-line with your COSHH policy, what PPE are staff required to wear when handling disinfection product 10 (select all that apply)

- [ ] Coverall/hood
- [ ] Face mask
- [ ] Face shield/goggles
- [ ] Gloves
- [ ] Hair cover/beard mask
- [ ] Overcoat/Scrubs
- [ ] Respiratory mask
- [ ] Shoe cover/overboots
- [ ] No PPE
- [ ] COSHH policy does not state PPE requirement
- [ ] Other

55. Please provide details of any other control measures in place for the handling and use of hazardous disinfection products within the aseptic unit.

Risk Reduction: Equipment

56. Which of the following equipment/systems are used during the manufacture of HMPs? (select all that apply) *

- [ ] Air-venting devices
- [ ] Blunt fill needles
- [ ] Closed system transfer devices
- [ ] Cytotoxic drug safety cabinets
- [ ] External ventilation of preparation room to outside of building
- [ ] Isolators - gassing
- [ ] Isolators - negative pressure
- [ ] Isolators - positive pressure
- [ ] Laminar air flow cabinets
- [ ] Needle-free systems
- [ ] Non-slip absorbent mats
- [ ] Semi- or fully- automated dispensing systems
- [ ] Other

57. List any drugs that the above equipment/systems cannot be used for (if applicable)

58. How often are isolator leak tests performed? *

- [ ] Daily
- [ ] Weekly
- [ ] Fortnightly
- [ ] Monthly
- [ ] Not performed
- [ ] Not applicable - isolators not used
- [ ] Other

59. What is the frequency of isolator glove replacement? *

- [ ] Sessional
- [ ] Daily
- [ ] Weekly
- [ ] Fortnightly
- [ ] Monthly
- [ ] Not performed
- [ ] Not applicable - isolators not used
- [ ] Other

60. What is the frequency of performing visual isolator glove checks? *

- [ ] Pre- and post- every manufacturing session
- [ ] Sessional
- [ ] Daily
- [ ] Weekly
- [ ] Fortnightly
- [ ] Monthly
- [ ] Not performed
- [ ] Not applicable - isolators not used
- [ ] Other

61. If there are any HMPs that require/have a more frequent visual isolator glove check than stated above, please list:

62. Please provide details of any other equipment-related control measures in place in your unit (if applicable).

Cytotoxic Spillage, Accidental Exposure and Waste Disposal

63. Do you have a cytotoxic spill policy? *

- ◯ Yes
- ◯ No

64. Would you be happy to share a copy of your cytotoxic spill policy?
If yes, please send via email to Nisha Thakrar at nisha.thakrar@nhs.net *

- ◯ Yes - copy sent by email
- ◯ No

65. Where are used syringes disposed of from? *

- ◯ Directly from isolator area
- ◯ From final checking area
- ◯ Other

66. How many needlestick incidents are you aware of in the last 12 months within the unit? (please approximate if needed) *

- ◯ None
- ◯ 1-2
- ◯ 3-5
- ◯ 6-8
- ◯ 9-11
- ◯ 12-15
- ◯ 16-19
- ◯ 20 or more

67. Please describe any emergent themes and subsequent actions/risk mitigations from these incidents (if applicable)

Staff Exposure Monitoring: Surface Wipe Sampling

68. Do your local policies/risk assessments state surface wipe sampling for cytotoxic residue monitoring should be conducted? *

- ◯ Yes
- ◯ No

69. How frequently do the policies/risk assessments state surface wipe sampling should be done? *

- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

70. Has your organisation carried out surface wipe sampling for cytotoxic residue monitoring? *

- ◯ Yes
- ◯ No
- ◯ Don't know

71. Why has surface wipe sampling not been carried out? (select all that apply) *

- ☐ Unsure how to access service
- ☐ Unsure how to action results
- ☐ Not considered
- ☐ Not deemed necessary
- ☐ Cost of accessing service
- ☐ Unknown
- ☐ Other

72. How often is surface wipe sampling carried out? *

- ◯ Was done as a one-off only
- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

73. For what purpose is surface wipe sampling carried out? (select all that apply) *

- ☐ Cleaning process validation
- ☐ Post leakages and spills
- ☐ Staff exposure monitoring
- ☐ Other

74. Which products are tested for during surface wipe sampling? (select all that apply) *

- ☐ Carboplatin
- ☐ Cisplatin
- ☐ Cyclophosphamide
- ☐ Cytarabine
- ☐ Doxorubicin
- ☐ Epirubicin
- ☐ Etoposide
- ☐ Fluorouracil
- ☐ Gemcitabine
- ☐ Ifosfamide
- ☐ Methotrexate
- ☐ Mitomycin
- ☐ Oxaliplatin
- ☐ Vinblastine
- ☐ Vincristine
- ☐ Other

75. Which areas are tested during surface wipe sampling? (select all that apply) *

- [ ] Other floors (e.g. preparation room, corridors)
- [ ] Outside packaging of prepared infusion bags
- [ ] Safety cabinet/isolator surfaces (inside)
- [ ] Transport boxes
- [ ] Fittings/other surfaces (doors, handles, telephones, office desks)
- [ ] Outside packaging of raw materials
- [ ] Floor in front of safety cabinet/isolator
- [ ] Safety cabinet/isolator surfaces (outside)
- [ ] Workbenches (pre-/post-preparation areas)
- [ ] Storage areas (storage shelves, boxes, refrigerator)
- [ ] Other

76. Where are samples from surface wipe sampling sent for analysis? *

- [ ] Analysed locally/in-house
- [ ] Bristol Regional Quality Control Laboratory
- [ ] Health and Safety Executive
- [ ] Quality Control Northwest Stockport
- [ ] Stockton Quality Control Laboratory
- [ ] Other

77. How are results from surface wipe sampling analysed? *

- [ ] Using in-house data of target and action levels
- [ ] Using external company data target and action levels
- [ ] Using 'marker' HMP target and action values
- [ ] Other

78. Please provide any relevant additional information, or examples of how results have been actioned and resultant process changes.

Staff Exposure Monitoring: Air Sampling

79. Do your local policies/risk assessments state air sampling for HMP or alcohol particles should be conducted? *

- ◯ Yes
- ◯ No

80. How frequently do the policies/risk assessments state air sampling should be done? *

- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

81. Has your organisation carried out air sampling for HMP or alcohol particles? *

- ◯ Yes
- ◯ No
- ◯ Don't know

82. Why has air sampling not been carried out? (select all that apply) *

- ☐ Unsure how to access service
- ☐ Not deemed necessary
- ☐ Unknown
- ☐ Unsure how to action results
- ☐ Cost of accessing service
- ☐ Not considered
- ☐ Other

83. How often is air sampling carried out? *

- ◯ Done as a one-off only
- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

84. Which products are tested for during air sampling? (select all that apply) *

- ☐ Alcohol
- ☐ Carboplatin
- ☐ Cisplatin
- ☐ Cyclophosphamide
- ☐ Cytarabine
- ☐ Doxorubicin
- ☐ Epirubicin
- ☐ Etoposide
- ☐ Fluorouracil
- ☐ Gemcitabine
- ☐ Ifosfamide
- ☐ Methotrexate
- ☐ Mitomycin
- ☐ Oxaliplatin
- ☐ Vinblastine
- ☐ Vincristine
- ☐ Other

85. Where are samples from air sampling sent for analysis? *

86. How are results from air sampling analysed? *

- [ ] Using in-house data of occupational exposure levels
- [ ] Using external company data of occupational exposure levels
- [ ] Using 'marker' HMP occupational exposure levels
- [ ] Other

87. Please provide any relevant additional information, or examples of how results have been actioned and resultant process changes.

Staff Exposure Monitoring: Biomonitoring (Blood or Urine Monitoring)

88. Do your local policies/risk assessments recommend carrying out biomonitoring for HMPs or their metabolites? *

- ◯ Yes
- ◯ No

89. How frequently do the policies/risk assessments state biomonitoring should be done? *

- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

90. Has your organisation carried out biomonitoring for the purpose of exposure monitoring? *

- ◯ Yes
- ◯ No
- ◯ Don't know

91. Why has biomonitoring not been carried out? (select all that apply) *

- ☐ Unsure how to action results
- ☐ Unsure how to access service
- ☐ Unknown
- ☐ Staff unacceptability/consent
- ☐ Not considered
- ☐ Not deemed necessary
- ☐ Cost of accessing service
- ☐ Other

92. How often is biomonitoring carried out? *

- ◯ Done as a one-off only
- ◯ 6-monthly
- ◯ 12-monthly
- ◯ 2-yearly
- ◯ Other

93. Which staff groups are tested during biomonitoring? (select all that apply) *

- ☐ Staff involved in dispensing HMPs
- ☐ Porters
- ☐ Staff involved in assembly or final checking of HMPs
- ☐ Staff involved in the receipt of raw materials
- ☐ Cleaning staff
- ☐ Other

94. Which products are tested for during biomonitoring? (select all that apply) *

- [ ] Carboplatin
- [ ] Cisplatin
- [ ] Cyclophosphamide
- [ ] Cytarabine
- [ ] Doxorubicin
- [ ] Epirubicin
- [ ] Etoposide
- [ ] Fluorouracil
- [ ] Gemcitabine
- [ ] Ifosfamide
- [ ] Methotrexate
- [ ] Mitomycin
- [ ] Oxaliplatin
- [ ] Vinblastine
- [ ] Vincristine
- [ ] Other

95. Where are samples from biomonitoring sent for analysis? *

96. How are results from biomonitoring analysed? *

- [ ] Using in-house data of target and action levels
- [ ] Using external company data of target and action levels
- [ ] Using 'marker' HMP target and action levels
- [ ] Other

97. Please provide any relevant additional information, or examples of how results have been actioned and resultant process changes.

98. What is the maximum number of compounding sessions carried out by a cleanroom operator in one day? *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ Other

99. On average, what is the length of each compounding session? (please round up to the nearest 30 minutes) *

- ◯ 0.5 hours
- ◯ 1 hour
- ◯ 1.5 hours
- ◯ 2 hours
- ◯ 2.5 hours
- ◯ 3 hours
- ◯ 3.5 hours
- ◯ 4 hours
- ◯ 4.5 hours
- ◯ Other

100. Are there any additional limits on the time spent performing specific tasks or the maximum number of doses/drug types to be compounded in one session? *

- ◯ Yes
- ◯ No

101. Please provide details of any limits imposed on time spent performing tasks or compounding specific drugs (other than overall length of compounding session)

102. What length of break(s) are taken between each compounding session? (select multiple options if breaks of different lengths are taken during the day). *

- [ ] Less than 10 minutes
- [ ] 10 minutes
- [ ] 15 minutes
- [ ] 20 minutes
- [ ] 25 minutes
- [ ] 30 minutes
- [ ] 35 minutes
- [ ] 40 minutes
- [ ] 45 minutes
- [ ] 50 minutes
- [ ] 55 minutes
- [ ] 60 minutes
- [ ] Other

103. Are staff provided with any training about the early recognition and reporting of WRULD signs, or on techniques to reduce risk within the area of aseptic services? *

- ◯ Yes
- ◯ No

104. Please provide details of training provided in relation to WRULD recognition, reporting or risk management. *

105. Are workstation assessments conducted for aseptics staff? *

- ◯ Yes - for all staff
- ◯ No
- ◯ Yes - for specific staff (provide details below)
- ◯ Other

106. Please provide details of aseptic staff groups that receive workstation assessments. *

107. What equipment, consumables or processes are in place for cleanroom operators to minimise the risk of WRULD? (select all that apply) *

- ☐ Automated/semi-automated compounding systems/repeater pumps
- ☐ Footrests
- ☐ Revised aseptic techniques
- ☐ Pre-needled syringes
- ☐ Chemospikes
- ☐ Wide bore needles
- ☐ None
- ☐ Ampoule breakers
- ☐ Adjustable chairs/stools
- ☐ Height-adjustable isolators
- ☐ Task rotation
- ☐ Other

108. Please provide details of any further equipment/process or initiatives in place to minimise the risk of WRULD that are not stated above (if applicable)

109. How many WRULD incidents are you aware of in the last 12 months within the department? *

- ◯ None
- ◯ 1-2
- ◯ 3-5
- ◯ 6-8
- ◯ 9-11
- ◯ 12-15
- ◯ 16-19
- ◯ 20 or more

110. Please describe any emergent themes and subsequent actions/risk mitigations from these incidents (if applicable)

Guidance and Areas of Good Practice

111. On a scale of 1-5, how useful do you find the following guidance in relation to the safe handling of HMPs? (1, not useful, 5, very useful) *

	1	2	3	4	5	Don't know
European Guidance	◯	◯	◯	◯	◯	◯
Health and Safety Executive	◯	◯	◯	◯	◯	◯
ISOPP Standards	◯	◯	◯	◯	◯	◯

112. Are there any areas in which you feel guidance is lacking and would like to see developed, or areas or that would benefit from standardisation?

(Please note a separate piece of work is being undertaken around risk assessment for monoclonal antibody preparation)

113. Are there any relevant local risk management projects, evaluations, or areas of good practice that you would like to share details of? Please provide a summary below.
Further details can be emailed to nisha.thakrar@nhs.net if applicable.

114. Have you had to make any workplace adjustments, occupational health referrals or have your staff been off sick in relation to occupational hazards in technical services in the last 12 months? *

◯ Yes

◯ No

115. I confirm that the Trust Chief Pharmacist is aware the response to this survey is being submitted and has agreed to the content.

*

◯ Yes

PARC European Study Expression of Interest

The Partnership for Assessment of Risk of Chemicals (PARC) is a large European project, bringing together partners from the EU as well as other European countries. One of their sub-studies is looking at potential exposure to cytotoxic drugs, inhalation anaesthetics and cleaning products (specifically isopropanol (IPA)-based in the UK).

Biomonitoring, using urine samples, will be carried out for all exposures, and exposure to cytotoxics will also be monitored using surface wipes. Air sampling will be used for anaesthetics

We are currently looking for expressions of interest for sites to take part. All analysis costs will be met as part of the project.

If you are interested in taking part and would like to receive further information about the study please email Nisha Thakrar at nisha.thakrar@nhs.net

External Provision of Education & Training

This section seeks to understand what external Education & Training resources are being accessed in Pharmacy Technical Services, the barriers to access and what other resources are available

116. Have your staff accessed any of the following (Study Days/Courses) *

- [ ] Leeds CPD Courses: Aseptic Preparation & Dispensing of Medicines (APDM)
- [ ] Leeds CPD Courses: Aseptic Services for Managers (ASfM)
- [ ] Leeds CPD Courses: Understanding Microbiology for Aseptic Services
- [ ] Leeds CPD Courses: Cleanroom Behaviour and Comportment
- [ ] Leeds CPD Courses: Supervisory Skills for Technical Services
- [ ] Leeds CPD: Clinical Trials
- [ ] Leeds CPD: Pharmaceutical Medical Gas Testing
- [ ] Leeds CPD: Medical Gases for Service Managers
- [ ] North West Pharmaceutical Quality Assurance

117. Have your staff accessed any of the following (Courses) *

- [ ] North School of Pharmacy and Medicines Optimisation: Pre- and In-Process Checking (PIPC)
- [ ] University Hospital Southampton NHS Foundation Trust: Pre- and In-Process Checking (PIPC)
- [ ] Pharmacy Workforce Development South: Pre- and In-Process Checking (PIPC)
- [ ] Pharmacy Workforce Development South: Aseptic Product Approval Accreditation Programme (PAAP)
- [ ] Pharmacy Workforce Development South: Cleanroom Supervision in Pharmacy Technical Services (CSPTS)
- [ ] Buttercups Training: Pharmacy Manufacturing Course (Level 2 equivalent)
- [ ] Buttercups Training: Other level 2 equivalent course
- [ ] NHSE (formerly HEE): Educational supervisor training
- [ ] NHSE (formerly HEE): Mentor skills training programme
- [ ] Pharmacy Workforce Development South: Principles of Safe Preparation and Manufacturing of Medicines and
- [ ] Medicinal Products (Pearson level 2 equivalent)
- [ ] National Leadership Academy: Edward Jenner Programme
- [ ] National Leadership Academy: Mary Seacole Programme
- [ ] Other Level 2 Equivalent Course - please state the provider
- [ ] Other

118. Have your staff accessed any of the following (Qualifications / Apprenticeships / Programmes) *

- [ ] The University of Manchester: Pharmaceutical Technology and Quality Assurance (PTQA), level 6-7
- [ ] Pharmacy Aseptic Checking Technician (PACT) Scottish Credit and Qualifications Framework (SCQF), level 7
- [ ] Science Manufacturing Operative (SMPO), level 2
- [ ] National School of Healthcare Science: Scientist Training Programme - Pharmaceutical Science, level 7
- [ ] Pearson Qualifications: BTEC Certificate in the Principles and Practice for Pharmacy Support Staff, level 2
- [ ] The University of Manchester: MSc Pharmaceutical Industry Advanced Training (PIAT)
- [ ] The University of Manchester: MSc Pharmaceutical Microbiology (PMAT)
- [ ] Other

119. Have your staff accessed any of the following (Other) *

- [ ] Technical Services Education & Training Group - Aseptic Processing Programme
- [ ] North West Pharmaceutical Quality Assurance | Webinars / drop in sessions

120. Have your staff attended or utilised any other courses, qualifications, study days or resources not listed above? This can be regional, local or nationally available *

- [ ] Yes
- [ ] No

121. If your staff have attended or utilised any other courses, qualifications, study days or resources not listed above , please provide details. *

122. Please select the reasons your staff access externally provided Education & Training resources? Select top 3 reasons. *

- ◯ Good geographical location / accessibility
- ◯ Value for money / free to attend
- ◯ Provides knowledge needed for staff role(s)
- ◯ Provides skills needed for staff role(s)
- ◯ Specialist / expert presenters
- ◯ Needed to meet national educational standards
- ◯ Career progression
- ◯ Good frequency
- ◯ Aligned with Personal Development Plan

123. Have you encountered any barriers to booking staff on externally provided Education & Training Resources? *

- ◯ Yes
- ◯ No
- ◯ Other

124. If yes to above question, please select top 3 barriers encountered *

- ◯ Availability of funding
- ◯ Application process
- ◯ Procurement process
- ◯ Accessibility e.g. virtual versus face-to-face delivery
- ◯ Unable to attend the scheduled date / time
- ◯ Entry criteria requirements
- ◯ Capacity of workplace to support learners
- ◯ Availability of local educational supervisors and assessors
- ◯ Course/Qualification/SD capacity
- ◯ Other

125. How could the current National training provision be improved (Select top 5) *

- ◯ More online resources
- ◯ Access to funding for external courses
- ◯ More efficient processing of funding for external courses
- ◯ Improved access to training for accredited trainers / assessors
- ◯ Improved access to nationally approved resources
- ◯ Infrastructure to provide remote peripatetic trainers / mentors
- ◯ Regional training hubs
- ◯ Access to mock cleanroom / equipment
- ◯ Templates for competency assessment e.g. following attendance at a course
- ◯ Leadership training / programmes
- ◯ Other

CAREER CHOICE IN TECHNICAL SERVICES

This section aims to gather evidence in order to understand reasons behind career choice in technical services, why people choose to stay or leave and what can be done to retain employees.

126. What attracted you to your current role? (select all that apply) *

- [ ] Career progression
- [ ] Development opportunities
- [ ] Education and training
- [ ] Employee Benefits: Pay/Pension/Annual Leave
- [ ] Flexible working
- [ ] Interest in Technical Services
- [ ] Job security
- [ ] Location
- [ ] Non patient facing
- [ ] Patient impact
- [ ] Working in the NHS
- [ ] Other

127. What activities in your day-to-day work do you enjoy the most? (select all that apply) *

- [ ] Aseptic Preparation of Products
- [ ] Accuracy checking and releasing
- [ ] Data analysis
- [ ] Education and training
- [ ] Laboratory work
- [ ] Logistics and Inventory Management
- [ ] Manufacture of Products
- [ ] Planning and organisation
- [ ] People management
- [ ] Project work
- [ ] Problem solving
- [ ] Report writing
- [ ] Reconciliation
- [ ] Supervision
- [ ] Teamwork
- [ ] Working in the cleanroom
- [ ] Other

128. On a Scale of 1- 5 (1 being Uninspired, 5 being Highly Inspired), how inspired and motivated do you feel by your work. *

1	2	3	4	5

129. Are you satisfied with the development opportunities provided in your current role? Please give reasons to your answer *

- ◯ Yes
- ◯ No
- ◯ Other

130. Does the state of facility or staffing capacity influence your motivation to stay or leave? Please give reasons. *

- ◯ Yes
- ◯ No
- ◯ Other

131. Which aspects do you consider the most attractive in your job and why? *

132. What do you find least attractive in your role and why? *

133. On a Scale of 1- 5 (1 being Unhappy, 5 being Very Happy), how happy do you feel coming to work. *

1	2	3	4	5

134. What would make you stay in your current role? *

- ☐ Good Leadership / Team Working
- ☐ Change of Leadership and Team Dynamic
- ☐ Development opportunities
- ☐ More Flexibility
- ☐ Safer Work Space (Occupational Risk)
- ☐ More Training
- ☐ Opportunities for Career Progression
- ☐ Other

135. Describe your team culture in THREE words *

136. What enablers have you found with your career pathway? *

137. What barriers have you encountered in your career pathway? *