National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Product Preparation PLAR Requirement - Sterile Compounding

## Verification of Competency in Sterile Product Preparation

**Name of PLAR Candidate (please print):**

_____

**Pharmacy Regulatory ID Number:** _____

**Delivery institution where PLAR Challenge Exam will be written:**

_____

**Assignment**: Participants must demonstrate safe and accurate preparation of a sterile parenteral admixture in a Laminar Air Flow Hood (LAFH) with emphasis on aseptic technique and meeting the standards established by the Canadian Society of Hospital Pharmacists (CSHP), USP Chapter 797 and Good Manufacturing Practice (GMP)

| Competency | Competency Demonstrated | Competency Not Demonstrated | Student's Initials | Assessor's Initials |
|---|---|---|---|---|
| **Set Up** | | | | |
| Selected appropriate ingredients | | | | |
| Selected appropriate equipment | | | | |
| Accurately calculated quantities | | | | |
| Prepared labels prior to entering the LAFH | | | | |
| Positioned supplies appropriately in the hood | | | | |
| **Operator Preparation** | | | | |
| Demonstrated appropriate hand washing technique | | | | |
| Selected and put on appropriate personal protective equipment (gloves, gown, mask, head cover, etc.) | | | | |
| **Aseptic Technique** | | | | |
| Performed appropriate disinfection procedures – e.g. gloves, puncture sites | | | | |
| Performed procedures 6 inches within the LAFH and 3 inches above the work surface | | | | |
| Ensured critical sites were in direct airflow | | | | |
| Demonstrated appropriate needle safety techniques | | | | |
| Placed needle caps on alcohol swabs during manipulations | | | | |
| Re-sprayed or wiped gloves when re-entering the hood (after leaving to retrieve additional supplies) | | | | |

| | | | | |
|---|---|---|---|---|
| Wiped spills immediately with either an alcohol swab or with a gauze soaked with 70% alcohol | | | | |
| **Specific Procedures to be Demonstrated** | | | | |
| **Withdrawal from a Multi-Use Vial:** Demonstrated appropriate technique | | | | |
| **Withdrawal of a Solution from an Ampoule:** Demonstrated appropriate technique | | | | |
| **Injection of a Solution into an I.V. bag:** Demonstrated appropriate technique | | | | |
| **Reconstitution of a Powder:** Demonstrated appropriate use of technique with a non-vented vial<br><br>Demonstrated appropriate use of technique with a vented needle | | | | |
| **Final Steps** | | | | |
| Inspected the finished product before performing the verification | | | | |
| Followed protocols for labeling and sealing product | | | | |
| Verified appropriateness of product to prescription | | | | |
| Completed required documentation | | | | |
| Cleaned preparation area and equipment appropriately | | | | |
| Removed and discarded personal protective equipment appropriately | | | | |

**Assessment completed by:**

Assessor's Signature: _____

Please Print Name and Title: _____

Business Phone Number: _____

Pharmacy Regulatory Authority I.D. Number: _____

Date of completion of assessment: _____

Name/Address of Pharmacy (or other site) where assessment was completed:

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