Standard operating procedures

IMPORTANT: Readers should be aware that the regulations are regularly reviewed by the Royal College of Veterinary Surgeons (RCVS) and the Veterinary Medicines Directorate (VMD). This chapter will be updated as new guidance is released. ➡ Please see **Guidance** for current information.

KEY POINTS

- Standard operating procedures (SOPs) ensure team and patient safety
- SOPs should be written in an appropriate format depending on the task described
- SOPs should be written by someone performing the task regularly and reviewed by someone who does not know the task
- SOPs should be reviewed regularly

An SOP is a written document describing routine procedures carried out in veterinary practice. Well written SOPs provide direction, improve communication, reduce training time and improve work consistency.

SOPs should be:

- Provided for all team members
- Regularly reviewed
- Designed according to practice policy.

Use of SOPs may be taken, along with relevant training and continuing professional development (CPD), as sufficient evidence that the team are regarded as 'competent' under the requirements of the Veterinary Medicines Regulations (VMR).

Benefits of implementing SOPs include:

- Providing assurance of the quality of the service
- Ensuring the achievement of good practice
- Enabling veterinary surgeon (veterinarians) to delegate and so free time up for other duties
- Avoiding confusion over who does what
- Providing advice and guidance to locums and part-time team members
- Providing a useful tool for training new team members
- Contributing to the audit process
- Providing financial benefits
- Most importantly, protecting the team and the clients.

How to write a standard operating procedure

1. Decide on the purpose (e.g. how to receive a medicine from a wholesaler).
2. Decide on the author. This should be someone who performs the task regularly.
3. Draft the content. A model format for SOPs that may be adapted according to the practice and procedure involved would include:
   a. Header – should include title, document number and version
   b. Purpose – one or two sentences to define the purpose of the document
   c. Scope – this defines to whom or what the procedure applies

d.   References and related documents – details of any additional documents needed to understand the contents in the SOP

e.   Roles and responsibilities – define the roles the SOP is relevant to

f.   Procedure – the steps involved in the procedure being defined. The format of this section may differ depending on the procedure (see below)

g.   Appendices – may be a supplementary flow chart to better explain the process

h.   Revision management – details of any amendments to the SOP since it was written

i.   Approval signatories – each SOP should be approved by a senior member of the team who is familiar with the process.

10. Consult others. Ideally, input from someone new to the task should be sought to ensure the information is clear and detailed enough, as well as from someone who knows the task well to point out anything that may have been missed.

11. Once the final draft is complete, put the SOP into circulation. It may be useful to ask team members to sign to say that they have read and understood the document.

12. Once accepted, name and possible number (if the practice has many SOPs) the SOP.

13. Review the SOP regularly and record details of the review and any changes made to the SOP.

If something goes wrong when a novice member of the team performs an activity after reading an SOP, the SOP is not detailed enough or written logically and should be reviewed. The procedure section of an SOP can be written in four different formats: simple steps; hierarchical steps; graphic procedures; or a flowchart. The most appropriate format to use will depend on the number of steps involved in the process and how many decisions the user has to make during the procedure.

Simple steps

Many tasks in a veterinary practice, such as cleaning kennels, are repetitive and require few decisions to be taken. For these tasks, a simple set of steps to be carried out is sufficient detail to enable a member of the team to complete the procedure. The SOPs entitled 'Using ampoules' and 'Date checking the dispensary' (see below) are examples of this type of format. Unfortunately, due to the low level of detail, there is room for the team to misinterpret the procedure. For more detailed procedures, a hierarchical step SOP may be more appropriate.

Hierarchical steps

This format produces very detailed and precise SOPs, which in turn produce consistent work patterns. Simple steps are broken down into more detailed subsections, detailing exactly what the operator is required to do. Experienced team members may only need to look at the subsections occasionally, whilst new team members can use the subsections to help learn the procedure. The SOP entitled 'Receiving a Schedule 2 or 3 Controlled Drug (CD)' (see below) is an example of this type of procedure.

Graphic procedures

If the procedure is a long process, a graphic SOP should be considered. These break down longer tasks into shorter sub-processes that consist of only a few steps. Photographs and diagrams can also be used to illustrate the procedure. These can be supplemented with explanatory text and are useful when a process would require a lengthy description if written in words. The SOP entitled 'Recapping needles' (see below) is an example of this type of procedure.

Flowcharts

Procedures that require many decisions should be written as flowcharts. These are simply a graphical way of presenting the logical steps in a decision-making process. This style of SOP is useful when a team member has to make decisions on how to progress with a procedure. A simple example of this is shown in the SOP entitled 'Medicines returned by customers or not used by in-patients' (see below). There are generally accepted symbols for flowcharts (Figure 8.1), which should be used.
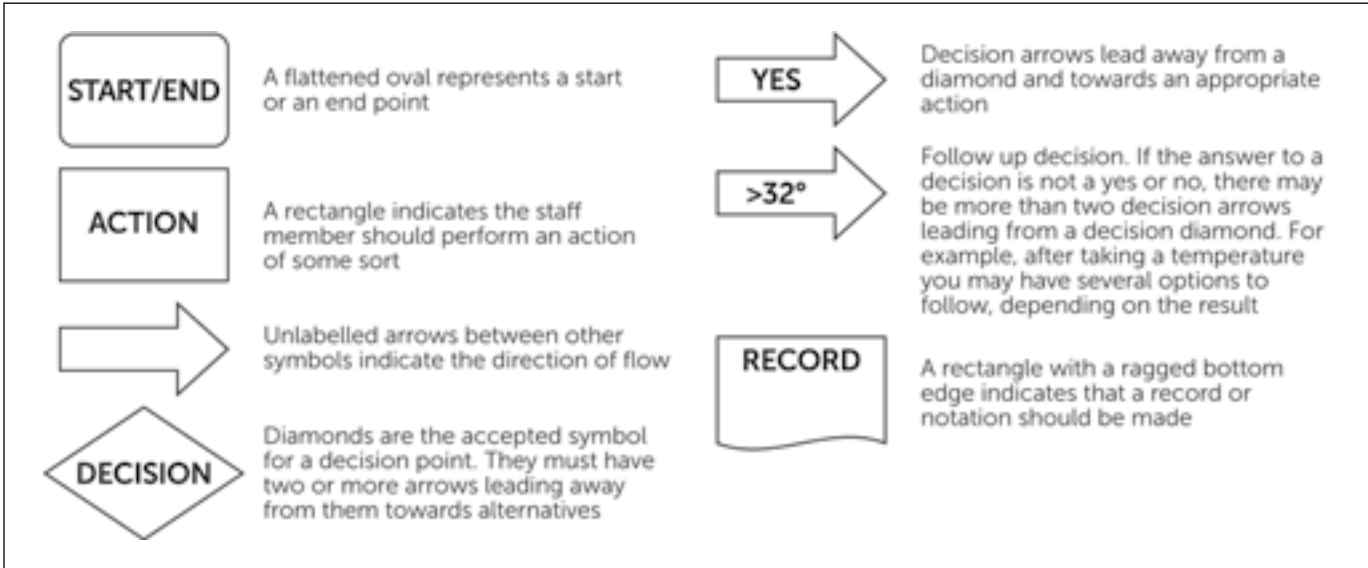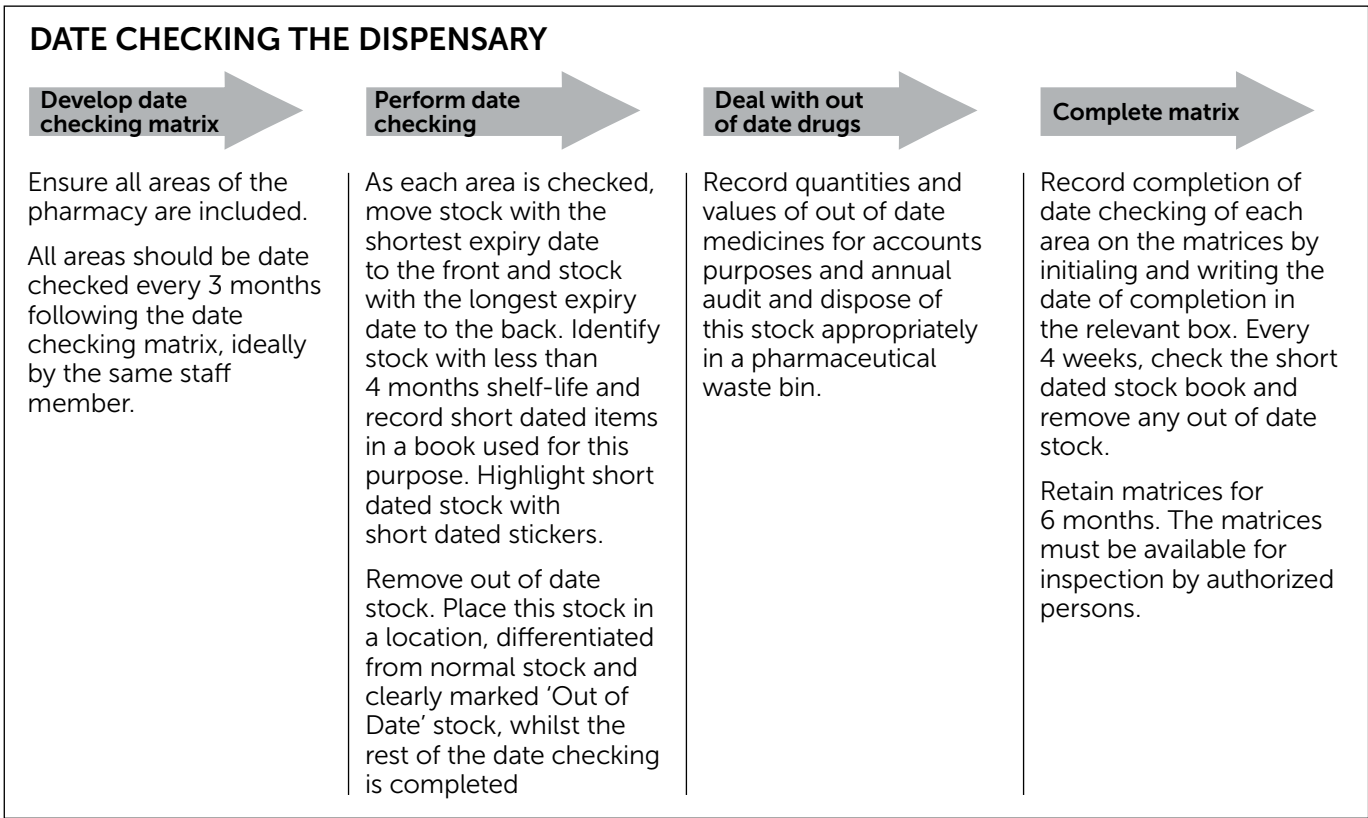
Figure 8.1: Symbols used for flowcharts.

Example standard operating procedures

These examples are illustrative and should be adapted according to practice policy.

DATE CHECKING THE DISPENSARY

Develop date checking matrix

Ensure all areas of the pharmacy are included.

All areas should be date checked every 3 months following the date checking matrix, ideally by the same staff member.

Perform date checking

As each area is checked, move stock with the shortest expiry date to the front and stock with the longest expiry date to the back. Identify stock with less than 4 months shelf-life and record short dated items in a book used for this purpose. Highlight short dated stock with short dated stickers.

Remove out of date stock. Place this stock in a location, differentiated from normal stock and clearly marked 'Out of Date' stock, whilst the rest of the date checking is completed

Deal with out of date drugs

Record quantities and values of out of date medicines for accounts purposes and annual audit and dispose of this stock appropriately in a pharmaceutical waste bin.

Complete matrix

Record completion of date checking of each area on the matrices by initialing and writing the date of completion in the relevant box. Every 4 weeks, check the short dated stock book and remove any out of date stock.

Retain matrices for 6 months. The matrices must be available for inspection by authorized persons.

MEDICINES

DISPENSARY MANAGEMENT AND STAFF TRAINING

RESPONSIBLE USE OF MEDICINES

SUSTAINABILITY

USING AMPOULES

1. Injectables should be treated as intended for single use only unless the label specifically indicates that they are authorized and intended for use on more than one occasion. When a dose is decided upon, the closest volume ampoule should be chosen for dispensing.
2. The correct volume should be drawn up and the remainder of the ampoule drawn into a second syringe for disposal. If it is a CD, the remainder should be added to a denaturing container; this does not need to be witnessed by an independent witness, but it is good practice for it to be witnessed in-house.
   ➡ See also **Controlled Drugs**.
3. The disposed remnant should be recorded as a whole medicine for disposal and placed in the medicines waste bin or 'pharmy bin'.
4. The empty ampoule should be placed in the sharps bin.
5. If the drug is a Schedule 2 CD, a record must be made in the CD Register. The amount used and the amount discarded should be noted; for example, if 0.5 ml from a 1 ml ampoule is used, the Register should read "*0.5 ml given and 0.5 ml wasted*".

RECEIVING A SCHEDULE 2 OR 3 CONTROLLED DRUG

1. Check that any packages received are intact and not damaged.
   – If the stock that has been received is damaged or incorrect, contact the supplier and notify them immediately.
   – Complete a returns form according to the SOP 'How to return medicines to the wholesaler' but continue with steps 2–6.
2. Immediately open the package(s) containing the CD(s) and check the stock received against the invoice and delivery note or the request made to another pharmacy.
   – Check the product name, strength, dosage form, pack size, expiry date and that the manufacturer's tamper-evident seal is intact.
3. If the CD that has been received is a Schedule 2 CD, make a record in the relevant section of the CD Register.
   – Information to record: date of receipt of drug, amount received, name and address of company the drug was received from and the running balance.
   – Make a manual count of the stock received and any stock already held to ensure that the resulting balance is correct. If there is any discrepancy, notify the person in charge.
   – If the CD is damaged or irretrievable, a veterinary surgeon should make a footnote to indicate this and ask a second person to sign the record to confirm that the stock was received in this condition.
4. Store all Schedule 2 and 3 CDs requiring safe custody in the CD cupboard.
   – Damaged stock should be stored in the CD cupboard, in a sealed bag, clearly marked as 'Damaged Stock'.
5. When any damaged/incorrect stock is returned to the supplier, ensure records of the return are made in the CD Register.
   – Information to record: date of return, amount returned, name and address of person or firm returned to and running balance.
6. It is good practice to keep invoices for all CDs for 2 years.

RECAPPING NEEDLES: THE 'ONE-HAND' TECHNIQUE

Many accidental needlestick injuries occur when the team are recapping needles. Recapping is a dangerous practice: if at all possible, dispose of needles immediately without recapping them.

If it does become necessary for you to recap a needle (e.g. to avoid carrying an unprotected sharp when immediate disposal is not possible), do not bend or break the needle and do not remove a hypodermic needle from the syringe by hand.

To safely recap needles, use the 'one-hand' technique:

1. Place the cap on a flat surface, then remove your hand from the cap.

RECAPPING NEEDLES: THE 'ONE-HAND' TECHNIQUE *continued*

2. With one hand, hold the syringe and use the needle to 'scoop up' the cap.

3. When the cap covers the needle completely, use the other hand to secure the cap on the needle hub. Be careful to handle the cap at the bottom only (near the hub).
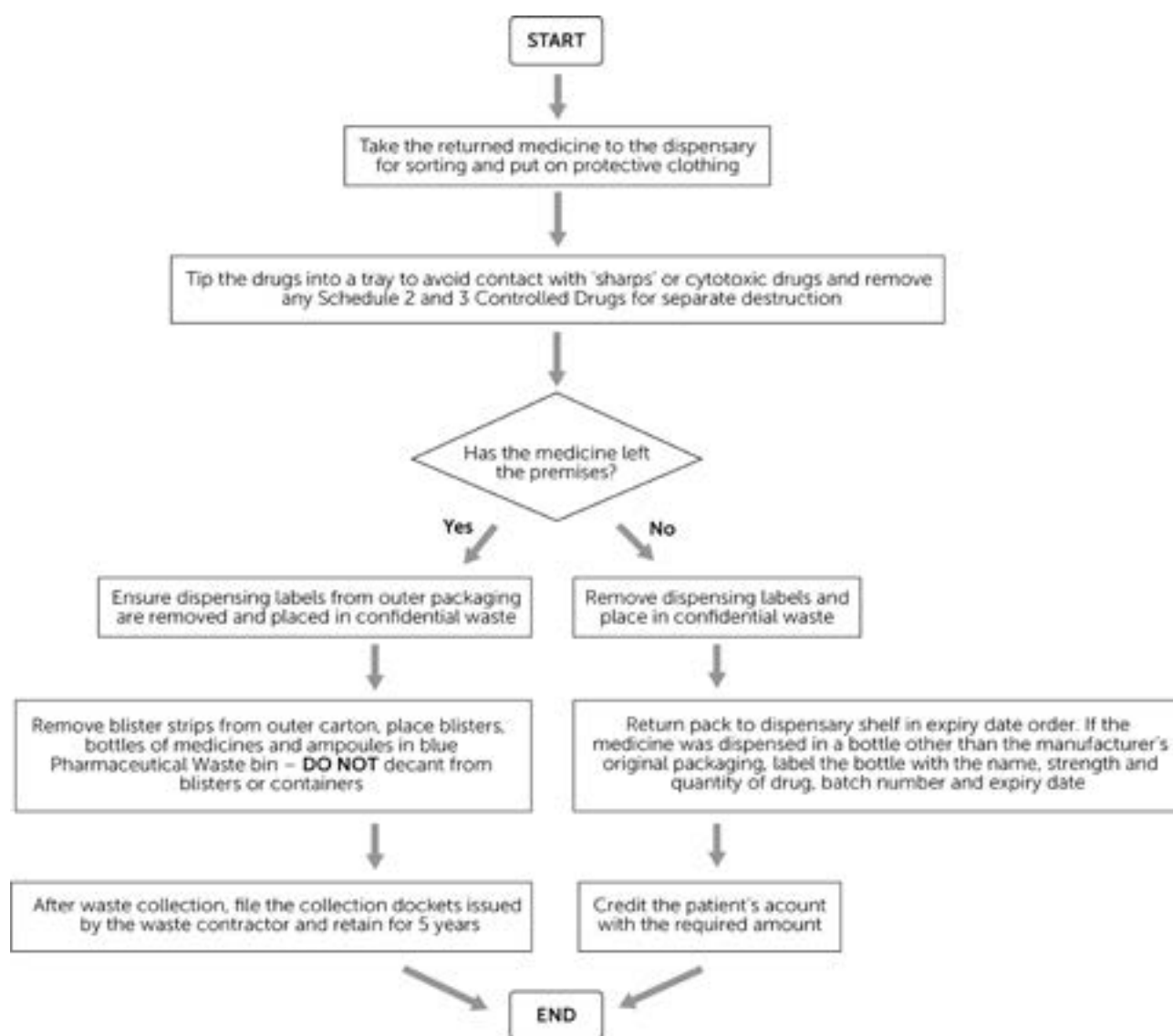

Step 1

Step 2

Step 3

MEDICINES RETURNED BY CUSTOMERS OR NOT USED BY IN-PATIENTS

START

Take the returned medicine to the dispensary for sorting and put on protective clothing

Tip the drugs into a tray to avoid contact with 'sharps' or cytotoxic drugs and remove any Schedule 2 and 3 Controlled Drugs for separate destruction

Has the medicine left the premises?

Yes

Ensure dispensing labels from outer packaging are removed and placed in confidential waste

Remove blister strips from outer carton, place blisters, bottles of medicines and ampoules in blue Pharmaceutical Waste bin – **DO NOT** decant from blisters or containers

After waste collection, file the collection dockets issued by the waste contractor and retain for 5 years

No

Remove dispensing labels and place in confidential waste

Return pack to dispensary shelf in expiry date order. If the medicine was dispensed in a bottle other than the manufacturer's original packaging, label the bottle with the name, strength and quantity of drug, batch number and expiry date

Credit the patient's account with the required amount

END

References and further reading

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QUESTIONS

1. Dispensary SOPs can be used in practice to:
   a. Show evidence that the team are competent to hand over medicines
   b. Ensure consistency
   c. Reduce errors
   d. All of the above
2. SOPs should be written by:
   a. Someone familiar with the task
   b. Someone unfamiliar with the task
   c. The practice manager
   d. The head nurse
3. Which of the four common formats produces the most precise and detailed SOPs?
   a. Flowchart
   b. Hierarchical steps
   c. Simple steps
   d. Graphic procedures

ANSWERS 1 – d; 2 – a; 3 – b.