



## Supply and Distribution of Medicines for Volunteer Responders Standard Operating Procedure

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## **1 Scope**

- 1.1. South East Coast Ambulance Service (SECAMB) NHS Foundation Trust is committed to providing high quality patient care and the safe and secure management of medicines.
- 1.2. This procedure is applicable to all Community First Responders (CFRs) and Immediate Emergency Care Responders (IECRs) working on behalf of the Trust and sets out the supply and distribution of medicines pouches and medical gases.
- 1.3. CFRs provide a voluntary service for the Trust in which they will attend emergency calls which are passed via the CAD system as a First Response.
- 1.4. IECRs also provide trained responses utilising fire service vehicles. They respond on behalf of the Trust to calls which are passed to via the CAD system as a first response.
- 1.5. Within their scope of practice, trained CFR/IECR responders may be permitted to possess a drugs pouch containing specific medicines and a single CD sized oxygen cylinder.
- 1.6. Restocks of medicine pouches and gas cylinders are available from designated SECAMB sites only on a one for one exchange basis. It is also appropriate for cylinders of Oxygen to be exchanged, like for like, with a crew arriving at the scene of an incident to allow them to remain operational.
- 1.7. Only medicines procured and supplied by SECAMB medicines team can be used on SECAMB patients, as per the authorised loads list for CFRs/IECRs.
- 1.8. Each CFR and IECR is responsible for their own equipment and medicines. They must ensure that they are regularly date checked and returned to a SECAMB base and exchanged prior to expiry or when more stocks are required. Their equipment including medicines are kept in their personal vehicle or in their property. When not "booked on" the medicines should be kept inside their property to provide a steady storage temperature (15-25 degrees).
- 1.9. Stations will hold an agreed stock level of pouches. The pouches will only be stored in approved safes. This stock level is maintained by the logistics teams who will check the pouches weekly during their station visit and provide a top up service to an agreed level.



## 2

### Procedure

- 2.1. On completion of training, CFRs will have a local induction with their designated CFR Lead at their nearest Ambulance Station, when an initial supply of a medicines pouch and oxygen can be obtained. Supplies to IECR staff will be made by the Blue Light Collaboration Manager.
- 2.2. A record of the allocated pouch will be made on the responder medicine transaction form (**Appendix A**) in the CFR medicines cupboard on station sites.
- 2.3. Medicine pouches can be collected and exchanged by the individual CFR, or a volunteer team leader. It is possible to collect on behalf of a team if this is more appropriate provided that each pouch is allocated to a specific volunteer name when collected.
- 2.4. If a volunteer needs to arrange supplies for multiple team members they must make contact via the appropriate email address – [CFRmedicines@secamb.nhs.uk](mailto:CFRmedicines@secamb.nhs.uk) so that extra station stocks can be made available for collection.
- 2.5. This informs the medicines distribution team and the logistics team so that adequate stocks are available in the correct locality.
- 2.6. Once a week the logistics driver will attend each site and ensure that the correct stock level of medicine pouches are made available.
- 2.7. On delivery of new pouches to a CFR cupboard the logistics delivery driver must complete the volunteer responder medicine cupboard transaction form with the date of delivery and the pouch numbers supplied.
- 2.8. When a CFR collects a new medicines pouch they must complete the transaction form found in the cupboard providing all details of the medicine withdrawal.
- 2.9. The collecting CFR must return their old medicines pouch, red tagged, to the medicines return locker on station, ensuring that they complete the returns section on the appropriate form for the old pouch. If the responder does not have access to this area, they must ask a member of operational staff to assist.
- 2.10. On a monthly basis the CFR Lead must add all unlogged transactions onto the centralised database (**Appendix B**) using an approved method for submission.
- 2.11. Any incidents relating to the medicine items contained in the pouches should be reported via DIF1 form on Datix, the Trust's incident management system by the CFR, IECR or OTL.



## Responsibilities

- 3.1. This procedure is aligned to Trust Medicines Policies, which identify the lines of accountability at policy level.
- 3.2. The **Chief Executive Officer** (CEO) is accountable for the overall management of medicines for the Trust within SECAMB. The CEO herein delegates day to day management responsibilities to the Executive Medical Director.
- 3.3. The **Executive Medical Director** has responsibility for all matters relating to medicines management, supported by the Chief Pharmacist.
- 3.4. The **Chief Pharmacist** is responsible for managing the process for safe and secure management of medicines in the trust and reports through the Executive Medical Director and Medicines Governance Group (MGG) for this purpose.
- 3.5. The Chief Pharmacist and **Local Security Manager** work in collaboration to ensure safe and secure storage of medicines comply with external requirements including national regulation and legislation.
- 3.6. The **Medicines Governance Team** is responsible for the supply of pouches to logistics for delivery to site. They are also responsible for setting appropriate levels in discussion with the Voluntary Services Manager, CFR Leads and the Blue Light Collaboration Managers.
- 3.7. The Medicines Governance Team is responsible for checking centralised database during quarterly medicines inspections, also for checking the medicines transactions forms are present in all CFR cupboards and are being appropriately completed.
- 3.8. Alongside the documentation check the medicines governance team will also ensure that the pouches in each CFR cupboard are appropriately tagged and in date during quarterly medicines inspections.
- 3.9. The **Regional Operations Managers, Operational Unit managers, Operational Managers, Specialist Managers**, and where relevant the **Head of Fleet and Logistics** delegate local responsibility and accountability for this procedure to their staff including the **Operational Team Leaders, Logistics Manager** and others.
- 3.10. The logistics team are responsible for safe and secure delivery and stowing of pouches on arrival at ambulance stations and completion of medicines transaction form.
- 3.11. The **CFR Leads** and **Blue Light Collaboration Manager** are responsible for following Trust procedures around starters and leavers and for ensuring that Trust medicines and medical gases are returned to the organisation. They are also responsible for contacting any responders who do not follow procedure.



The **Voluntary Services Manager** and **Blue Light Collaboration Manager** are required to act promptly in response to untoward incidents involving medicines and to report all incidents via DIF1.

- 3.13. The CFR Lead is responsible for uploading the Medicines cupboard transaction form into a centralised database.
- 3.14. The **Community Partnership Leads** are responsible for oversight and audit of the centralised medicines database, ensuring failure to upload information is managed and having oversight of any DIF1 incident report forms completed involving CFR's and medicines.
- 3.15. The Medicines Governance Team and the Medicines Governance Group are responsible for the ongoing effectiveness of this procedure.
- 3.16. **All employees and volunteers** for the Trust are responsible for adhering to this procedure and other associated medicines SOPs.

#### **4 Audit and Review (evaluating effectiveness)**

- 4.1. Weekly OTL medicines checks to include CFR cupboard.
- 4.2. Monthly checks by CFR leads to ensure stock in the system is tracked and in date.
- 4.3. Quarterly Inspection by the Medicines Governance Team to include checking of paperwork completion on station sites and centralised database held.
- 4.4. All Datix reports will be monitored by medicines governance team, operational managers and Voluntary Services Manager. These will be reported into the Medicines Governance Group (MGG) chaired by Chief Pharmacist.
- 4.5. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 4.6. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 4.7. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 4.8. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.



**Appendix A: Responder Medicine Cupboard Transaction Form**

Logistics Deliveries In		Supply to Responders				Tracking (CFR Lead)		Returns		Tracking (CFR Lead)	
Pouch number	Date delivered	Sign out date	Responder name	Responder ID	Expiry date	Date added to database	CFR Lead Name	Return date	Signature of responder	Date added to database	CFR Lead Name
V											
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V											
V											
V											
V											
V											
Once all rows/columns completed, sign, date and return to medicines team			Date				CFR Lead name			CFR Lead signature	



## Appendix B: Monthly Returns Database by Team

CFR pouch centralised database - Excel

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	A	B	C	D	E
	Pouch Number	Responder Staff Number	Team or Area	Date Expiry	Month and Year Last Confirmed
1					
2	V				
3	V				
4	V				
5	V				
6	V				
7	V				
8	V				
9	V				
10	V				
11	V				
12	V				
13	V				
14	V				
15	V				
16	V				
17	V				
18	V				
19	V				
20	V				
21	V				

Central Responder Med's data Team Monthly Returns



CFR pouch database - Excel

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		
1					Month Received													
2	Team Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec					
3	Ashford														Key:			
4															Return Received	√		
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Central Responder Med's data **Team Monthly Returns**