



## Use of the Omnicell Emergency Access Barcode Standard Operating Procedure

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## 1 Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.
- 1.2. The Trust secures their controlled drugs (CDs) on some ambulance stations in an Omnicell cabinet which utilises biometrics to gain access.
- 1.3. To access CDs, a second party (physical witness) is required to witness all transactions.
- 1.4. A barcode is available for non-witnessed access and **must** only be used by staff working on a single response vehicle (SRV) where no physical witness is available.
- 1.5. This procedure is applicable to all operational staff working at an Omnicell site, setting out the procedure and practice to be adhered to.

## 2 Procedure

- 2.1. Before using the 'Emergency barcode', staff must make all attempts to locate a witness on site before removing/returning CDs.
- 2.2. To use the 'Emergency barcode', log onto the Omnicell using the fingerprint reader.
- 2.3. Select the 'Patient Care' menu then select either 'remove' or 'return' drugs as appropriate.
- 2.4. Once you have logged the drugs required for your transaction select remove/return drugs now.
- 2.5. Open the drawer.
- 2.6. The screen will now tell you that a witness is required.
- 2.7. The Trust has two 'Emergency Barcode access sets' in use at present. This is site dependent (see Appendix A for which Barcode access set each site must use).
  - Emergency Barcode – Access set 1 (Appendix B)
  - Emergency Barcode – Access set 2 (Appendix C)
- 2.8. Scan the **emergency barcode A** on the emergency access poster. This poster is located in the medicines room at station sites.
- 2.9. Press the enter/return button on the keyboard of the Omnicell
- 2.10. The screen will now prompt you to provide a password.

- 2.11. Scan **emergency barcode C** on the emergency access poster.
- 2.12. Press the enter/return on the keyboard of the Omnicell
- 2.13. The compartment will now open. You can remove/return your drugs to the compartment after counting the current stock balance and typing it into the keypad and pressing return/enter.
- 2.14. Repeat this process for all CD's being remove/returned.
- 2.15. Log out of the Omnicell using the exit button on the touch screen.
- 2.16. A DIF1 (Datix) form must be completed for any occasion where the emergency barcode fails to enable access.
- 2.17. Ensure the station duty OTLs are made aware of the issue, then escalate to the Medicines Governance Team via email [medicines@secamb.nhs.uk](mailto:medicines@secamb.nhs.uk).

### **3 Definitions**

- 3.1. Datix is the Trust's incident management system.
- 3.2. DIF1 is the form staff complete within the Datix system.

### **4 Responsibilities**

- 4.1. The **Chief Executive Officer (CEO)** is accountable for Medicines use and governance in the Trust
- 4.2. The **Chief Medical Officer** through delegation by the CEO, has overall responsibility for medicines governance system design and overall assurance. The Executive Medical Director has responsibility for the implementation, review, and thus revision where required, of this procedure.
- 4.3. The **Chief Pharmacist** is the professional medicines governance lead for the Trust and is responsible for producing robust systems and processes which comply fully with legislation, national guidance, and regulatory requirements to ensure the safe and effective management and use of medicines throughout the Trust. The Chief Pharmacist supports the Chief Medical Officer and Executive Director of Operations providing pharmaceutical professional advice with regards to all medicines related policies, procedures and practices.
- 4.4. The **Executive Director of Operations**, through delegation by the CEO, has overall responsibility for the implementation, operation and local assurance of this policy. The Executive Director of Operations has overall responsibility for holding his/her staff to account for any deviations from this policy and is responsible for the operational compliance of this procedure.

- 4.5. The **Executive Director of Operations, Chief Medical Officer** and **Chief Pharmacist** are responsible for escalating unresolved concerns to the Medicines Governance Group (MGG).
- 4.6. The Executive Director of Operations delegates local responsibilities and accountability for this procedure to the **Associate Directors of Operations, Operational Unit Managers, Operational Managers, Specialist Managers** and where relevant the **Head of Fleet and Logistics**.
- 4.7. The **Associate Directors of Operations, Operational Units Managers, Operational Managers, Specialist Managers** and where relevant the **Head of Fleet and Logistics** delegate their local responsibility and accountability for this policy to their staff including the **Operational Team Leaders (OTLs), Logistics Manager**, and others.
- 4.8. The **Executive Director of Nursing and Quality** has responsibility for matters relating to regulatory compliance, risk management, health and safety relating to this procedure.
- 4.9. **Controlled Drug Accountable Officer** is responsible for the safe management and use of Controlled Drugs within the Trust along with co-operating and sharing information relating to concerns about the Trust's use and management under the Controlled Drug (Supervision of Management and Use) Regulations 2013. These responsibilities include keeping records of the investigation of concerns and acting where appropriate.
- 4.10. The **Medicines Safety Officer (MSO)** supports local medication error reporting and learning. The MSO acts as the main contact for NHS England and Medicines and Healthcare Products Regulatory Agency (MHRA).
- 4.11. The **Medicines Governance Group (MGG)** is responsible, for providing strategic direction for the implementation of medicines management and practice within the Trust. The primary objective of MGG is to ensure appropriate clinical and cost effective use of medicines, promoting the highest standards of medicines management and safe practice throughout the Trust, by ensuring that senior managers are aware of issues relating to the use of medicines within the organisation as part of the overall clinical and corporate governance structure.
- 4.12. The **Medicines Governance Team (MGT)** are responsible for ensuring the safe and efficient procurement of medicines, including controlled drugs to ensure the quality of the product, safe dispensing/packing into medicines pouches through to safe disposal of pharmaceutical waste. The MGT will support the Chief Pharmacists with drug shortages, drug alerts and relevant information relating to medicines is communicated in a timely manner.

- 4.13. **All staff** are responsible for their own professional practice. All staff involved in the prescribing, supply, dispensing, handling, storage, administration and disposal of medicines, including controlled drugs, must receive appropriate training and assessment of competence before commencing their roles. All staff who handle medicines are personally accountable for complying with this policy and relevant standard operation procedures, for reporting any concerns and for the safe handling of all medicines.

## **5 Education and Training**

- 5.1. OTL Peer training should be provided to staff to ensure all are familiar with this SOP.
- 5.2. Ensure all aspects of this SOP are read and understood by the user.

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

- 6.1. The use of the emergency barcode will be audited weekly by the Medicines Governance Administrator.
- 6.2. The usage report will be forwarded by the Medicines Governance Administrator to the Operational Team Leaders (OTLs) for confirmation of SRV with no physical witness available (NWA).
- 6.3. Any uses which were found to be unauthorised (where a physical witness was available) will be investigated by the OTLs and reported via Datix DIF1.
- 6.4. The Chief Pharmacist and CDAO will be sent a monthly report detailing when the emergency barcode has been used more than once, for all Omnicell sites. Whether these were authorised or not.
- 6.5. The CDAO (Chief Medical Officer) with support from the Executive Director of Operations and Chief Pharmacist must report outstanding concerns to the Medicines Governance Group (MGG) and the CDLO (Police Controlled Drugs Liaison Officer).
- 6.6. The CDAO with support from the Chief Pharmacist must report outstanding concerns to the CDLIN (Controlled Drugs Local Intelligence Network) on a quarterly basis.
- 6.7. 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.
- 6.8. 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).

6.9. 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.

6.10. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## 7 Associated Trust Documentation

7.1. Standard Operating Procedure for Record Keeping and Controlled Drug Register Entries.

## 8 Financial Checkpoint

8.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

### Appendix A: Station Barcode Access Set

Station	Barcode Access Set
Ashford MRC	Appendix B / Barcode 1
Brighton MRC	Appendix B / Barcode 1
Chertsey MRC	Appendix B / Barcode 1
Dartford	Appendix B / Barcode 1
Gatwick MRC	Appendix B / Barcode 1
Hastings MRC	Appendix B / Barcode 1
Medway	Appendix C / Barcode 2
Paddock Wood MRC	Appendix B / Barcode 1
Polegate MRC	Appendix B / Barcode 1
Redhill	Appendix B / Barcode 1
Sheppey	Appendix C / Barcode 2
Tangmere MRC	Appendix B / Barcode 1
Thanet MRC	Appendix B / Barcode 1
Tongham MRC	Appendix B / Barcode 1

**Appendix B: Emergency Barcode – Access set 1**

**A**

**Scan this barcode**



**B**

Now press the return key  
on the Omnicell keyboard

**C**

**Scan this barcode**



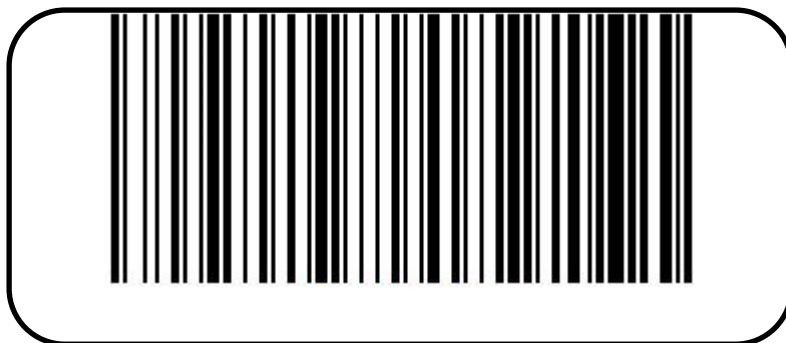
**D**

Now press the return key

**Appendix C: Emergency Barcode – Access set 2**

**SCAN THIS BARCODE**

**A**



**B**

Now Press the Return Key  
on the Omnicell Keyboard

**SCAN THIS BARCODE**



Use of Omnicell Emergency Access Barcode  
Standard Operating Procedure

**C**



**D**

Now Press the Return Key  
on the Omnicell Keyboard