



Standard Operating Procedure for Expiry Date Checking and Rotation of Medicines

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1 Scope

- 1.1. South East Coast Ambulance NHS Foundation Trust (SECAMB) is committed to providing high quality patient care and the safe and secure management of medicines.
- 1.2. This procedure is applicable to all clinicians in the Trust and sets out the scope of clinical practice to which clinicians must adhere.
- 1.3. All drugs administered to patients must be in date; it is the responsibility of ALL staff to ensure this check takes place prior to the administration of any drug.
- 1.4. Strict governance on the audit of drugs stocks is paramount to ensure that out of date drugs are removed from the medicines system to provide assurance of patient safety. Appropriate records of out of date medicines for disposal must be kept.
- 1.5. Expiry dates of medicines are to be kept under constant review, with short-dated medicines being used before long-dated in order to minimise wastage. It is financially prudent to routinely manage stock rotation to reduce wastage to the lowest possible level.
- 1.6. Expiry dates of the pouches will be expressed as the first of the month, followed by the month then the year e.g.01 August 2017. For medicines out of the pouches if the expiry is expressed as expiry August 2017 that is the end the month i.e.31st August 2017. If it is expressed as use before August 2017 it is the first of the month i.e.1st August 2017
- 1.7. Medicines that are no longer required or no longer suitable for their intended use are to be removed and disposed of safely.

2 Procedure

- 2.1. **All staff with access to medicines**
- 2.2. At the start and end of shift clinicians must ensure that the medicines in their charge are correct and in date. A systematic check needs to be performed at each end of shift whereby each pouch or medicine that is in their medicine bag is checked for expiry date, suitability of use and tagged correctly.
- 2.3. **Make Ready Centres (MRC) and Vehicle Preparation Sites (VPP)**
- 2.4. It is the responsibility of the Operating Unit Manager (OUM) to delegate the daily/weekly 'expiry date' checks of drug pouches and individual medicines stored within an Omnicell, ALL medicine cupboards or drugs bags (including Community First Responder (CFR) medicines and



pouches), to the MRC Manager, VPP manager, Operational Team Leader (OTL) or operating unit Medicines Lead (ML).

2.5. This should either be recorded on the electronic medicine governance audit tool or, if not available, appendix A. As part of this process, all stock should be rotated to ensure the shortest dated product is at the front.

2.6. **Stores**

2.7. The stores may have a high turnover of medicines and pouches. Upon receipt of a supply they should be placed in date order with the shortest date at the front to assist with stock rotation. Once a week the stores officer will undertake an expiry date check of medicines and pouches to ensure all drugs are in date.

2.8. Any pouches found to be out of date should be placed in the pouch return locker located within the station and returned to Paddock Wood via logistics. Any medicines found to be out of date should be removed, placed in a blue lidded sharps bin, sealed with a form attached stating the contents of the bin, see (appendix B). This should be securely stored for collection by logistics.

2.9. **Controlled Drugs (CDs)**

2.10. **Make Ready Centres**

2.11. It will be the responsibility of the MRCM, OTL or ML to check the expiry of CDs and to rotate stock with the shortest expiry date to the front when performing the weekly cycle count This should either be recorded on the electronic medicine governance audit tool or, if not available, appendix A.

2.12. **VPP Sites**

2.13. It will be the responsibility of the VPP manager OTL or operating unit ML to check the expiry of CDs and to check that stock with the shortest expiry date is to the front when performing the weekly cycle count / stock check. This should either be recorded on the electronic medicine governance audit tool or, if not available, appendix A.

2.14. **Stores**

2.15. The stores have a high turnover of these medicines. Upon receipt of a supply the new boxes are to be placed at the back of the stores CD cabinet to assist with stock rotation. Once a week the stores officer will undertake an expiry date check to ensure all drugs are in date.



- 2.16. Any controlled drug medicines found to be out of date; for an Omnicell site, stock should be transferred to the expired drawer for medicine out of date; for a non-Omnicell site stock should be isolated within the controlled drug cupboard and marked out of date. In both cases a controlled drug returns form (appendix C) should be completed and logistics contacted to pick up the medicines for delivery to Paddock Wood.

3 Definitions

- 3.1. Datix is the Trust's incident management system.
- 3.2. DIF1 is the report process used by Datix
- 3.3. CD - Controlled Drugs (Schedule 2 & 3)

4 Responsibilities

- 4.1. The **Chief Executive Officer** is accountable for medicines use and governance in SECAMB.
- 4.2. The **Executive Director of Operations**, through delegation by the CEO, has overall responsibility for the implementation, operation and local assurance of this procedure. The Executive Director of Operations also has overall responsibility for holding their staff to account for any deviation from this procedure.
- 4.3. The Executive Director of Operations delegates local responsibility and accountability for this procedure to the **Regional Operation Managers, Operational Unit Managers, Operational Managers, Specialist Managers** and where relevant the **Head of Fleet and Logistics**.
- 4.4. The Regional Operation 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.
- 4.5. The **Executive Medical Director** has responsibility for Medicines Governance System design and overall assurance.
- 4.6. The Executive Medical Director is the CD Accountable Officer and is responsible for all aspects of the safe and secure management of CDs at SECAMB.



- 4.7. The **Chief Pharmacist** supports the Executive Medical Director and Director of Operations providing professional advice with regards all medicines related procedures and practices.
- 4.8. The Chief Pharmacist delegates local responsibility for Medicines Management practice to her/his staff.
- 4.9. The Executive Director of Operations, Executive Medical Director and Chief Pharmacist escalate unresolved concerns to the Medicines Governance Group.
- 4.10. The **Executive Finance Director** through delegation by the CEO, has overall responsibility for Security and Estates. Their security and estates staff provide professional advice to the Chief Pharmacist, Medical Director and Director of Operations for the safe and secure handling of medicines in the Trust.
- 4.11. **All staff** who handle medicines are personally accountable for complying with this SOP, for reporting any concerns and for the safe and secure handling of all medicines.
- 4.12. The **Medicines Governance Group** is responsible for the ongoing effectiveness of this procedure.
- 4.13. All employees are responsible for adhering to this procedure.

5 Audit and Review (evaluating effectiveness)

- 5.1. Operational Team Leaders (or other delegated local managers) must complete Weekly, Monthly Medicines Security and Storage Audits on the central database to ensure compliance with this SOP.
- 5.2. Deviations from this SOP must be investigated within 24 hours and corrective action taken to obtain full compliance by the next audit.
- 5.3. Concerns arising from any audit that cannot be local resolved and full compliance assured by next audit must be escalated to the Director of Operations, Medical Director and Chief Pharmacist via a DIF1 (Datix) report.
- 5.4. Any unexplained loss of medicines or repeated deviation from SOP must also be reported via a DIF1 (Datix).
- 5.5. The Chief Pharmacist and staff will complete Quarterly Medicines Security and Storage Audit and report any repeated deviations or other concerns to the Medicines Governance Group.



- 5.6. Ad hoc inspection of medicines security and storage will take also place as part of the Crime Reduction Surveys and Quality Assurance Visits.
- 5.7. Deviations arising from these inspections must be escalated to the Director of Operations, Medical Director and Chief Pharmacist via an DIF1 report.
- 5.8. In relation to CDs deviations from this SOP must be investigated immediately. Any deviations that cannot immediately be resolved must be immediately escalated to the CDAO (Medical Director) via a DIF1 report.
- 5.9. The CDAO (MD) with support from the Director of Operations and Chief Pharmacist must report outstanding concerns to the Medicines Governance Group and the CD LO (local liaison officer).
- 5.10. The CDAO with support from the Chief Pharmacist must report outstanding concerns to the CD LIN (local intelligence network) on a quarterly basis.
- 5.11. 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.
- 5.12. 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).
- 5.13. 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.
- 5.14. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

6 Equality Analysis

- 6.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.



- 6.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



Appendix A: Weekly/Monthly Manager Medicines Security and Storage Audit Sheet matting

Checks to be undertaken once a week and monthly by the manager/team leader or a nominated deputy. Days & times should vary. Each sheet lasts one month. Initial the boxes as checked, sign at the bottom of the list when the week is complete. Please note the **monthly** checks need only to be entered on one of the week's columns enter N/A for all other weeks.

Location

Month /Year.....

Weekly Checks	Date:			Date:			Date:			Date:			Date:		
	Time:			Time:			Time:			Time:			Time:		
Controlled Drugs	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
The controlled drug cupboard is locked?															
The controlled cupboard keys are kept in a secure place?															
The weekly stock check has been completed and all stock reconciled?															
Administration of all controlled drugs are recorded against an incident number?															
Have all discrepancies been investigated?															
All controlled drugs have been tracked and traced i.e. either returned to stock, disposed of or administered to patients?															
Medicine pouches															
Have the yellow tagged pouches been tagged correctly? (Check the contents of one of each type of yellow tagged pouch stocked at the location to ensure they have been tagged correctly, reseal with a yellow tag if correct.*)															



Are all pouches in date?																
Medicines Outside of Pouches																
Are all medicines in date?																
Storage / Security																
Are doors leading to security sensitive areas where medicines are stored, access controlled and locked?																
Are keys including medicines cabinet keys locked away securely?																
Are medicines left out in unlocked or unmanned areas?																
Weekly Checks Continued	Date:				Date:				Date:				Date:			
	Time:				Time:				Time:				Time:			
Are oxygen cylinders stored securely?																
Is the drug fridge is locked?																
Are keys for double crew ambulances all present or signed out for use?																
Environmental monitoring																
Are room temperatures being taken and recorded daily?																
Are all room temperatures within range The room temperature should be between 15-25°C																
Are all drug fridge(s) temperatures checked daily and recorded? <i>The fridge temperature should be between 2-8°C</i>																
	Signature:				Signature:				Signature:				Signature:			



Monthly Checklist	Date:			Date:			Date:			Date:			Date:		
	Time:			Time:			Time:			Time:			Time:		
Storage / Security	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Are codes changed regularly, note date of last code change.															
Is the code for medicines access on public view? Must not be on door frame etc.															
Omnicell sites emergency access report, are all occasions followed up and reported back to the medicine governance team?															
Are all gas cylinders belonging to BOC.															
Management of stocks															
Does the stock present match the stock list for the site? (check the levels for 10 items) refer to stock list.															
For Omnicell sites is stock in the correct location / drawer / shelf?															
Environmental monitoring															
Is there a thermometer in all areas medicines are stored?															
Are all room temperatures within range The room temperature should be between 15-25°C															
Medicine waste and disposal															
Labels on the outside of the sharps bins completed correctly? i.e. date. Contents etc															
Waste waiting for disposal stored securely?															



	Date:			Date:			Date:			Date:			Date:		
	Time:			Time:			Time:			Time:			Time:		
Medication used for training purpose															
All medication used for training purposes is stored securely away from working stock? (Ashford only)															
	Signature:			Signature:			Signature:			Signature:			Signature:		

*When weekly sheet is complete please send to medicines@secamb.nhs.uk, (scan if possible, if not take picture on iPad and send)
Any discrepancies should be investigated and escalated to the medicines governance team for notification and advice.
*Any pouches found tagged incorrectly should be brought to the attention of the medicines governance team and the bag should be returned to Paddock Ward for the attention of the pre-packing unit.
All weekly / monthly check sheets to be filed, kept at the location and made available for the quarterly medicines and storage checks.*



Appendix B: Drug Waste Transfer Request Document



South East Coast
Ambulance
Service
NHS Foundation Trust

Drug Waste Transfer Request Document			
Station:		Doc No:	D 3650
Date of First Entry:	/ /		

	Product Name	Code No	Batch No	Qty	Entered by
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
Date Container Sealed:		/ /	Sealed by:		
			Rank/Grade:		

Remember: Write the document number on the outside of the container.
Attach the top copy of this form to the container SECAM512/Nov2009



Appendix C: Controlled Drug Destruction Form



Controlled Drug Destruction Form

To be completed for out of date Controlled Drugs or Controlled Stationery

Controlled Drug(s):

DRUG NAME	DRUG FORM	STRENGTH	EXPIRY DATE	QUANTITY FOR DISPOSAL

LOCATION OF OUT OF DATE DRUGS	BOOK NUMBER

Controlled Stationery:

LOCATION OF COMPLETED BOOK	BOOK NUMBER

REPORTING NAME:	PRINT NAME BELOW	SIGN BELOW	DATE REPORTED
			/ /

TRUST NAME:	PRINT NAME BELOW	SIGN BELOW	DATE OF COLLECTION
			/ /

RECEIVING NAME:	PRINT NAME BELOW	SIGN BELOW	DATE RECEIVED
			/ /

Two copies of this form should be printed:

First copy should be signed by both reporter and logistics staff and be retained on station.

Second copy should be signed by both reporter and logistics staff and remain with out of date product, this will then be signed by the receiving store and retained by stores.