Supply and Distribution of Medicines (including Oxygen Cylinders) for Community First Responders Standard Operating Procedure (SOP)

Contents

1 Scope

1.1. South East Coast Ambulance Service (SECAmb) NHS Foundation Trust is committed to providing high quality patient care and safe and secure management of medicines.

1.2. This procedure is applicable to all Community First Responders (CFRs), including Emergency Responders (ERs), working on behalf of the Trust and sets out the supply and distribution of medicines pouches and medical gases.

1.3. CFRs and ERs provide a voluntary service for the Trust in which they will attend emergency calls which are passed via the Computer Aided Dispatch (CAD) system as a First Response.

1.4. Within their scope of practice, trained CFRs and ERs may be permitted to possess a single drugs pouch containing specific medicines and a single CD sized oxygen cylinder.

1.5. 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.

1.6. Only medicines procured and supplied by SECAmb medicines team can be used on SECAmb patients, as per the authorised loads list for CFRs and ERs.

1.7. Each CFR and ER is responsible for their own equipment and medicines.

1.8. Before each shift, each CFR and ER must ensure that their medicines pouch is in date and contains stock above the indicated minimum level on the pouch paperwork (in line with the Trust Pouch Tagging SOP). Each CFR and ER must ensure their oxygen cylinder is in date, serviceable and is at least 50% full. If a medicines pouch or oxygen cylinder does not meet these criteria, it must be returned to a SECAmb base and exchanged.

1.9. CFR and ER 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).

1.10. Stations will hold an agreed stock level of CFR pouches. The pouches will only be stored in approved safes (non-Omnicell sites) or Omnicell cabinets.

1.11. At Omnicell sites, the Omnicell will generate orders to the agreed stock level for that base and will be delivered once a week by the logistics team.

1.12. Non-Omnicell sites will have their stock level maintained by the logistics team who will check the pouches weekly and provide a top up service to the agreed stock level.

1.13. For CFR Omnicell access, Community Resilience Leads (CRL) will need to request CFR access via Marvel (Omnicell | MSM Self Service (secamb.nhs.uk). Once a CFR Omnicell account is created, the CFR must enrol their fingerprint under their account. Best practice is to ensure this has been set up before their first day to enable access once induction and training is complete.

1.14. CFRs and ERs will require training on how to access and use the Omnicell. Training will be facilitated by The Community Resilience Team.

1.15. Medicine room access will not be granted to CFRs or ERs and therefore access will always require a staff member at the SECAmb base to facilitate.

1.16. CFRs and ERs are **not** permitted to handle any controlled drugs or witness controlled drug transactions.

1.17. All CFR and ER withdrawals and returns must be recorded via https://forms.office.com/e/nsR8nkYpXT to enable pouch number and expiry date tracking across the volunteer workforce (Appendix A).

1.18. The community resilience team will manage the data collated to monitor medicine pouch use in line with this procedure and the Trust medicines policy. The medicines governance team will have access to enable audit and review.

2 Procedure

2.1. On completion of induction, including medicines specific training and Consolidation of Practice, CFRs and ERs will have a local induction with their designated CRL at the most appropriate base.

2.2. **Medicine Pouches**

2.3. The CRL must ensure the above marvel request is complete (if not done so before) to onboard the CFR or ER to Omnicell. An initial medicines pouch can then be withdrawn.

2.4. A medicine pouch must only be withdrawn by the CFR or ER requiring the pouch.

2.5. A record of the pouch withdrawal must be made by the CFR or ER via https://forms.office.com/e/nsR8nkYpXT. A QR code (Appendix A) will be available at each CFR pouch holding site to enable completion of the form via Trust issued mobile phones.

2.6. The pouch should then be managed in line with the Trust Pouch Tagging Process SOP and Administration of Medicines SOP.

2.7. On return of a medicines pouch, the CFR or ER must record this via ttps://forms.office.com/e/nsR8nkYpXT, repeating step 2.5 for the withdrawal of a new pouch.

2.8. All returned medicines pouch must be red tagged and placed in the medicines return locker on site.

2.9. If a CRL requires additional stock or adjustment in stock levels, they must contact medicines@secamb.nhs.uk or liaise with the local operational team leaders to ensure adequate stocks are available for staff in their locality.

2.10. When a CFR or ER leaves the Trust or is stood down, the stand down procedure must ensure all medicines are returned to the Trust and their personnel record updated. This must include an email to medicines@secamb.nhs.uk, to ensure their Omnicell user profile is removed.

2.11. Any incidents relating to the medicine items contained in the pouches must be reported via DIF1 form on Datix, the Trust's incident management system by the CFR, ER, or operational management team.

2.12. **Oxygen cylinders**

2.13. CFRs and ERs will be issued with one CD oxygen cylinder at their induction base.

2.14. The CD cylinder should then be managed in line with the Trusts Compressed Medical Gas SOP.

2.15. When a cylinder reaches 50%, expires or is faulty or damaged the cylinder must be returned to the local ambulance base and segregated correctly within the designated medical gas storage facility for that site.

2.16. A supply of oxygen must only be undertaken by the CFR or ER requiring it on a 1:1 exchange basis.

2.17. Any incidents relating to the oxygen cylinder, including incidents of damaged or faulty cylinders must be reported via DIF1 form on Datix, by the CFR, ER, or operational management team.

3 Definitions

3.1. Datix is the Trust's incident management system.

3.2. **DIF1** is the Datix incident form which is completed when raising an incident within Datix.

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 Chief Medical Officer 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**, **Head of Operations, Operational Managers, Specialist Managers** and where relevant the **Head of Fleet and Logistics.**

4.7. The **Associate Directors of Operations, Head of Operations, 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 also the **Chief Medical Officer** and 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 role of The **Non-Medical Prescribing (NMP) Group** is to provide overarching multidisciplinary leadership for non-medical prescribing (NMP) within the Trust. In doing so, it manages the process of Trust approval to train as a non-medical prescriber and to prescribe, taking account of service redesigns and improved patient access to medicines. The NMP Group aims to strengthen and monitor the governance issues associated with non-medical prescribing, to determine potential and support existing non-medical prescribers, advise the MGG on matters relating to non-medical prescribing and will report exceptions relating to non-medical prescribing to the MGG.

4.13. The **Medical Gas Subgroup** provides assurance to MGG that medical gases are effectively monitored and managed within the Trust.

4.14. The **Patient Group Direction (PGD) Approval and Working Group** provides assurance to MGG and ensures the development, review, updates and implementation of PGDs are in line with legislation and national good practice.

4.15. 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.

4.16. **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. New CFRs will undertake the *FutureQual* Level 3 qualification which includes the following medication and medical gases learning outcomes:

5.1.1. Understand the principles of medication administration and the role of first responders in relation to administration of medications.

5.1.2. Be able to provide treatment to patients experiencing anaphylaxis, manage a patient experiencing a diabetic emergency. including a hypoglycaemic diabetic emergency, and be able to administer oxygen therapy, including use of appropriate masks and flow rates.

5.2. CFRs and ERs will complete annual e-learning medicines training.

5.3. The Community Resilience Team are responsible for ensuring that the required training has been undertaken and that CFRs and ERs remain compliant and up to date.

6 Audit and Review (evaluating effectiveness)

6.1. Weekly OTL medicine checks include CFR pouches.

6.2. Monthly checks by station Operational Managers and CRLs to ensure pouches within the Trust are tracked and in date.

6.3. Biannual inspection by the Medicines Governance Team to include review of withdrawal and return records of medicine pouches.

6.4. Records of pouch withdrawals and returns will be jointly owned and reviewed by the Community Resilience Managers and Medicines Governance team to ensure traceability of CFR pouches across the trust.

6.5. All Datix reports will be monitored by Medicines Governance Team, Operational Managers and Community Resilience Managers. These will be reported into the Medicines Governance Group (MGG) chaired by the Chief Pharmacist.

6.6. 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.

6.7. 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).

6.8. 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.

6.9. 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 Financial Checkpoint

7.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

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

8 Equality Analysis

8.1. 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.

8.2. 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.