



Procedure covering the Issue and use of drugs by LAS staff.

- Section 1: Guidance on indemnification and working with Voluntary Aid Societies
- Section 2: Requisition, Issue, Use, Disposal and Auditing of Drugs

Objectives

1. To ensure that Assistant Directors Operations and Ambulance Operations Managers are aware of their responsibilities with policies and procedures regarding procurement, storage, security and handling for all drugs stocked on their stations / vehicles or carried by their staff.
2. That the Corporate Logistics Manager in consultation with the supplying pharmacy will be responsible for maintaining an ongoing review of the supply arrangements to ensure that they meet London Ambulance Service (LAS) needs and comply with current legislation.
3. That the Logistics Department ensures adequate provision and exchange of sealed drug packs and sealed Paediatric Advanced Life Support packs on every LAS ambulance station and maintains the provision of station based drugs.
4. To ensure that all ambulance staff are aware of their responsibilities regarding the storage and security of drugs within their possession or held on the vehicle during their shift period.

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Introduction

This procedure covers all drugs issued by the London Ambulance Service NHS Trust (LAS) for use by its clinical staff. This procedure covers how drugs are to be requisitioned, issued and disposed of. It also covers auditing of these procedures. This procedure **does not** seek to cover the detailed administration of specific drugs that can be administered to a patient. That information is contained in the current LAS pocket book version of the Joint Royal Colleges Ambulance Liaison Committee – UK Ambulance Service Clinical Practice Guidelines (JRCALC Guidelines). Every member of front line clinical staff is issued with this pocket and is required to carry it at all times whilst on duty. This pocket book details the presentation, indications, contra-indications, actions, cautions, side effects, dosage and route of administration for each drug detailed. There is also additional information for some of the drugs. **Any** drug that is administered to a patient must be documented in accordance with the Patient Report Form User Guide and the LAS Handover Procedure - OP 014.

http://thepulse/uploaded_files/Patients/prf_user_guide_final_oct_07_2.pdf

http://thepulse/uploaded_files/Operational%20Procedures/2008-06-05_op014_patient_handover_procedure_v3.1_cgc_amndts_2008-04-28_-06-02.pdf

Legal authority for staff to carrying and administering drugs

The Prescription Only Medicines (Human Drugs) Order 1997 (Statutory Instrument 1997 number 1830), as amended, empowers a person who is registered via the Health Profession Council, to administer parentally, on their own initiative certain prescription only medicines for the immediate treatment of the sick or injured. This order is commonly referred to as the '**POMS**' order.

The POM's order also provides the following:-

- A list of drugs and infusion fluids approved for use by Paramedics

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- A means by which Glucagon, Salbutamol and GTN may be lawfully administered by all Ambulance Staff
- A means by which drugs can be added to the above lists / categories administered by all qualified ambulance staff or registered paramedics only, once they have been approved for use by the Clinical Steering Committee and, in certain instances, by the Medicines & Healthcare Products Regulations Agency.

All staff who are involved in the ordering, storage, carriage, use and administration of drugs held by the LAS are under an explicit obligation to report any discrepancies, no matter how minor, as soon as possible to either an Ambulance Operations Manager / Duty Station Officer / Emergency Operations Centre or other appropriate manager, in order that the matter can be quickly and thoroughly investigated. All discrepancies are to be recorded in the Station Occurrence Book as well.

IN ADDITION:

If ANY drug in the possession of any person by virtue of his/her authority to store, carry or administer that drug is stolen or otherwise lost, the loss shall be reported by that person as soon as possible to Emergency Operations Centre and then to the local police station. As soon as possible thereafter a full L.A.S. Loss / Theft Report (LA154) must be submitted to the Ambulance Operations Manager for full investigation. At the same time the Ambulance Operations Manager must also inform:-

**The Chief Inspector
 Drugs Branch
 Home Office
 6th Floor, Peel Building
 2 Marsham Street
 LONDON SW1P 4DF**

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Disposal or destruction of unused drugs that have been drawn up but not administered

All medicines no longer required must be destroyed or otherwise disposed of in accordance with safety, legal and environmental requirements.

Home Office legal advice is that 'destruction' under the Misuse of Drugs Act 1971, may also be taken to mean denatured or rendered not readily recoverable. Whilst this guidance applies in the main to controlled drugs staff are required to ensure that any drugs drawn up, but not subsequently administered to a patient are not readily recoverable.

Individual doses of drugs, that are prepared but not administered, must be disposed of safely and in accordance with legal requirements. Syringe contents or part used ampoules should also be disposed of in accordance with guidance

Drugs should not where at all possible be flushed down drains.

Reporting Adverse drug reactions

Any adverse reaction to a drug administered by a member of staff, or any untoward event that occurs as a result of drug administration is to be reported as soon as possible as per the LAS Health and Safety Incident Reporting Procedure.

http://thepulse/uploaded_files/Health%20and%20Safety%20manuals/h_s_-_011_incident_reporting_procedure_-_april_2008_2.pdf

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Monitoring adherence to this procedure and the JRCALC Clinical Guidelines (Drugs)

The adherence of staff to this procedure as a whole and to the JRCALC Clinical Guidelines in respect of drugs usage and administration will be primarily carried out via the Clinical Performance Indicator checks (CPIs) system.

It is also the duty of all Operational Managers from Team Leaders upwards to ensure that this procedure is adhered to by staff under their management.

The LAS Clinical Steering Committee.

The London Ambulance Service (LAS) Clinical Steering Committee has a duty to ensure that any drug or fluid used by the LAS is both safe and appropriate for use in pre hospital care. They may wish therefore to either decrease or increase the number and type of drugs / fluids used by the LAS or, the way in which a particular drug / fluid is used.

Misuse of Drugs - Group Authority.

Diazepam is one of the controlled drugs listed in the POMS order. The Home Office have authorised a 'group authority' under the *Misuse of Drugs Regulations 1985*, enabling Registered Paramedics to carry and administer Diazepam "for the immediate and necessary treatment of sick or injured persons".

The 'group authority' applies to Registered Paramedics that are employed by an NHS ambulance service for the purposes of that service or employment. A condition attached to the 'group authority' is that any drug in the possession of any person by virtue of the authority shall be produced by that person for inspection when so required by a constable, an inspector of the Home Office Drugs Branch or any person authorised in writing by the Secretary of State for the purpose of regulation 25(1) of the *Misuse of Drugs Regulations 1985*.

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General Principles - Security of Drugs

The storage of drugs, controlled or otherwise, must be the subject of a clear written policy. This policy must include a specific reporting procedure for the loss or theft of drugs and must take account of the recommendations of the Duthie Report and the requirements of the relevant Home Office regulations.

If ANY drug in the possession of any person by virtue of his/her authority to store, carry or administer that drug is stolen or otherwise lost, the loss shall be reported by that person as soon as possible to Emergency Operations Centre and then to the local police station. As soon as possible thereafter a full L.A.S. Loss / Theft Report (LA154) must be submitted to the Ambulance Operations Manager for full investigation. At the same time the Ambulance Operations Manager must also inform:-

**The Chief Inspector
Drugs Branch
Home Office
6th Floor, Peel Building
2 Marsham Street
LONDON SW1P 4DF**

Sample Audit

Sample audits of packed paramedic and general drugs packs will be carried out at the Logistics Support Units.

A daily sample of 5% of packs will be carried out by the Logistics Manager (Supply & Materials Management), or a designated member of staff. The sample audit must not be carried out by the person who has packed or checked the packs under scrutiny.

The result of the audit should be recorded on the Stores Drug Sampling Form LA283 (see Appendix 1). Any defective bags should be returned to the packing store.

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A further 5% sample audit of packs held at the Logistics Support Unit will be carried out on a quarterly basis, by an outside agency appointed by the LAS. The results of these audits will also be recorded on the Stores Drug Sampling Form (LA283). Any defective packs will be returned to the packing store.

Stations

All drugs and fluids must be stored in a locked cupboard in a room/area to which access is denied by persons not having reasonable cause to enter that room/area. This means that it is acceptable for the drug / fluid store to be in the Station Office or garage area, provided that it is capable of being locked or secured. When formulating individual Station policies the need for staff to have reasonable access to drugs outside office hours must be considered. (see Introduction - General Principles Security of Drugs, also applies)

All A&E Ambulance Staff

It is the responsibility of all Ambulance Staff to ensure that drugs / fluids are securely stored on any ambulance vehicle they are responsible for during their tour of duty.

In reality this means that when the vehicle is unattended the doors are shut and no drugs are left lying about in view. All drugs are to be left in their sealed packs until required for administration to a patient. The theft / loss of any drug must be reported immediately (see Introduction - General Principles Security of Drugs, also applies).

All staff are held personally responsible for all equipment / drugs / fluids issued to them and will ensure that reasonable access is denied to anyone not having reasonable right of access to them.

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Section 1 – Management Scheme and Guidance on indemnification and Working with Voluntary Aid Societies.

1.0 Introduction

- 1.1. This procedure introduces a new management scheme for drugs in the London Ambulance Service (LAS).
- 1.2 Under this scheme sealed drug packs will be prepared at the LAS Logistics Support Unit and delivered on a daily basis to all ambulance stations. One pack will be for the use of Paramedics, and one for general use by Paramedics and Technicians. A small number of commonly used drugs will continue to be stored on stations, and kept on vehicles in the Primary Response Pack (PRP) within a new black fabric bag.
- 1.3 A Paediatric Advanced Life Support Pack (PALS) pack is also available and will be carried on all response vehicles.
- 1.4 Equipment Support Personnel (ESP) will pack and deliver the drug bags to stations. New packs will be exchanged for used packs. Staff will need to sign for the packs at commencement of shift. Packs can be returned to use at the end of shift if they have not been used and are in date. Used packs will be “posted” into a separate locker. The PALS packs will be changed on demand by the ESP or in consultation with the Logistics Support Unit in cases where there are a number to be exchanged at once.
- 1.5 The scheme will be carefully controlled and monitored by a system of checks and audits. The Logistics Support Unit and Station Management will be required to carry out regular audits of drugs and packs.

2.0 Staff Indemnification:

- 2.1 LAS staff will be indemnified in the circumstances stated in sections 3.0 and 4.0 below. For anything which falls outside the circumstances

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stated below, LAS staff must consider themselves to be uncovered by the LAS and arrange suitable liability insurance for themselves.

3.0 Normal Working Duties

3.1 Staff will be fully indemnified by the London Ambulance Service NHS Trust (LAS) whilst carrying out their normal working duties on behalf of the LAS. This assumes that all legal requirements and LAS procedures and protocols have been adhered to.

4.0 Voluntary Aid Societies / Charities / Voluntary Work & Private Services

4.1 As the LAS cannot be held responsible for the standards and equipment of others, or the fact that the LAS cannot take on the responsibilities of other organisations, the LAS will not indemnify staff in any way whilst they are performing:

- duties with a voluntary aid society,
- charity or voluntary work,
- duties with Private Medical/Ambulance Services.

4.2 LAS Staff are forbidden from using any LAS equipment or drugs whilst working for a voluntary aid society, charity or voluntary work.

Section 2 - Procedure for the Requisition, Issue, Use, Disposal and Auditing of Drugs

5.0 Drug Requisition and Stock Control Procedures

5.1 The procedures detailed below are to allow for the legal and safe ordering, packing, delivery, usage and disposal of drugs. The stock control cards and drug usage cards allow for the accurate recording of drugs issued to and used by staff. They also allow for stock rotation to be utilised to its maximum effectiveness.

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- 5.2 All drugs will be ordered by the Logistics Support Unit using the LAS ordering system: **INTEGRA**. Once completed this will be processed by the Purchasing Department. Drugs are not to be procured in any other way. In particular no member of staff is to replenish stocks of drugs / fluids from hospital sources.
- 5.3 Non pre-packed drugs required by stations should be ordered using the LAS Drug Requisition Form LA284/B (see Appendix 2). Once completed the form is to be faxed or emailed to the Logistics Support Unit for processing.
- 5.4 Any difficulties encountered in obtaining specific drugs from the supplier will be dealt with by the Logistics Manager (Supply and Materials Management) and the Head of Education and Development or his deputy who will refer to the Medical Director for appropriate advice and/or action.

6.0 In Date and Out of Date Stock Control Card for Stations

- 6.1 This card LA285 (see Appendix 3) is used to record incoming station drug stock (drugs not provided in sealed packs) and the issue of outgoing stock to individual ambulance staff, or to 'Out of Date Stock'. Each card is to be completed on receipt of incoming stock.
- 6.2 The top of the card is used to record the name of the drug, issuing station, and card number. Incoming stock is recorded on the left hand side and must be completed in full. Outgoing stock is recorded on the right hand side with the person receiving the drugs printing their name in the "to whom" column, signing in the "signature" column and then completing the call sign of the vehicle the drugs are going on to.
- 6.3 Every unit of incoming stock is to be recorded on a separate line. In instances where there are more than two units of incoming stock it is permissible to enter all details on the first and last lines of the relevant entries, with all intermediate entries being dittoed. If the entries go

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across one or more sides of the card then the last entry and the first entry must be completed in full.

6.4 Stock that goes out of date will be removed to the out of date drug stock and recorded on the Out of Date Stock Card LA286 (Appendix 4). On this form the station name and card number should be noted and then the date the 'Out of Date' drugs are being recorded inserted. The Batch number, expiry date and drug description should then also be entered. The quantity of the drugs should also be recorded in the drug description column.

7.0 In Date and Out of Date Stock Control Books for Logistics Support Unit

7.1 Station Based Drugs

7.1.1 The stock control book LA287 (Appendix 5) is used to record incoming drug stock and the issue of outgoing stock to individual ambulance stations, or to 'Out of Date Stock'. Each book is drug specific and numbered sequentially, and is completed on receipt of incoming stock.

7.1.2 The top of each page is used to record the date in stock, batch number, expiry date, amount and the signature of the person updating the record. Outgoing stock is recorded on the left hand side with the issue date, receiving station with the amount that is being sent, updated running total of remaining stock and the signature of the person updating the records. If any of this stock becomes out of date a note should be made on the form. This should include the date and amounts of stock being transferred to the 'Out of Date Stock' storage area. Details of 'Out of Date Stock' should be recorded on form LA289 (Appendix 7) – see 7.2.3 below. All the details on the form must be completed in full.

7.1.3 Drugs with a different batch number or expiry date must be entered onto a new page and a line drawn through the remaining space on the current page to ensure that no further additions can be entered.

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7.2. Sealed Drugs Packs

7.2.1 A similar stock control book to that referred to at 7.1.1 will be used for sealed drugs packs – LA288 (Appendix 6). The book must also be completed as outlined in 7.1.2 and 7.1.3. In this case a drug pack number will be inserted instead of a station name.

7.2.2 All the above drugs are to be stored in the secure drugs store within the Logistics Support Unit. Any drug that requires refrigeration must be stored in a medical fridge and restricted drugs must be kept within the locked cupboards in the drug store.

7.2.3 Drugs that go out of date from the Logistics Support Unit stocks will be isolated in the 'Out of Stock' storage area. Details of this stock should be recorded on form LA289. On this form the card number should be inserted. The date the out of date drugs are being recorded should be inserted. The batch number, expiry date, and drug description should then be added. The quantity of the drugs being recorded should be inserted in the drug description column.

8.0 **Sealed Drug Bag Packing Procedure – Paramedic and General (empty bag)**

8.1 The accurate packing and checking of sealed drugs packs is of primary importance. The Logistics Support Unit Personnel carrying out these duties must take the utmost care when packing and checking the packs, bearing in mind the clinical risks involved in making errors.

8.2 Before commencing to pack the sealed drugs packs the designated packing area must be checked and clean. Each individual bag must be checked for condition, and all expiry dates and batch numbers are to be rechecked. The drug bag is then packed in accordance with the agreed layout. Drugs are signed out of the main drugs store onto each of the active drug packing stations. Batch numbers and quantity of drugs are then recorded in the drug log on each of the respective drug packing

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station. The check lists (see Appendix 8 form LA282 (Paramedic) and Appendix 9 (General) form LA281)) are to be completed with expiry date against each individual drug and placed into the receptacle within the bag. The check lists should be signed by the packer. The contents and expiry dates are then to be checked by another person. If all contents are correct, the check list countersigned by the checker. The pack should then be sealed with a date for return to the Logistics Support Unit if unused, then placed into the appropriate area of the drugs store.

9.0 Sealed Drug Bag Packing Procedure – Paramedic and General (used bag)

9.1 Before commencing to pack the sealed drugs packs the designated packing area must be checked and clean. All drugs that are still in the used bag must be checked for expiry dates and batch numbers. If expiry date is less than seven full days, this drug must be removed and signed into the out of date stock. Each individual bag must be checked for condition, the requisite amount of replacement drugs are replenished from the stock of drugs held at the drug packing station ensuring that the drugs log is amended in such a way that records the quantity issued and the drug pack number. The drug bag is then restocked in accordance with the appropriate layout. The check list is to be completed with expiry date against each individual drug and placed into the receptacle within the bag. The contents and expiry dates are then to be checked by another person. If all contents are correct, the crew drug use sheet should be inserted, the pack should then be sealed with a date for return to the Logistics Support Unit if unused, then placed into the appropriate area of the drugs store.

10.0 Batch Withdrawal Notice

10.1 If the Service receives notice to withdraw a particular drug or batch then the Logistics Manager (Supply and Materials Management) or his designated deputy will be responsible for checking the records to ascertain which packs are affected and their whereabouts and take appropriate action to withdraw and replace as soon as practical.

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10.2 All affected drugs will be collated at the Logistics Support Unit and dealt with on the merits of each individual case.

11.0 Sealed Drug Bag Delivery / Collection

11.1 At the beginning of each shift the ESP will load sealed drug packs onto their vehicle in accordance with the drug management plan. Once the drug packs are on the vehicle it must be secured at all times when unattended.

11.2 At each station visited the ESP will check and empty the used drug bag locker updating the delivery / collection forms for each bag removed (Appendix 10 form LA292 (Paramedic) and Appendix 10+ for LA292(A) MRU / CRU and see Appendix 11 General form LA293.

11.3 The ESP will replace each used or out of date bag by putting a sealed replacement into the drugs storage locker, ensuring that all bags are in date order with the earliest expiry date at the top, keeping the paramedic and general bags separate. Paramedic drug bags are to be kept on the lower shelves, with the general drug bags above. Delivery/collection forms should be updated for each bag supplied.

11.4 At each station the ESP should complete the Vehicle Movement Drug Bag Form (Appendix 12 form LA294) stating which pack numbers have been left and collected.

11.5 On return to the Logistics Support Unit used drug bags are to be placed in the identified area. Any unused drug bags are to be returned to the drug store for further use and must not be left on an unattended vehicle and all paperwork including the vehicle drug bag movement form to be handed in.

11.6 Drugs pack movements are to be recorded at the Logistics Support Unit and updated on a daily basis by the Logistics Manager (Supply and Materials Management) or their designated assistant.

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12.0 Procedure for Use of Sealed Drugs Packs – Paramedic and General

- 12.1 On commencement of duty one of the crew staff should undertake the vehicle check whilst the other draws a general and paramedic sealed drug packs from the drugs locker as appropriate in readiness for the next call.
- 12.2 A check should be carried out to ensure that the seals on the numbered drug packs are intact and that the out of date figure is in date for at least 24 hours (label attached to security tag). If the integrity of the sealed pack is in doubt, or if the pack is out of date, then place the pack into the drug return locker and record the reason on the Drug Pack Issue / Return Form LA295/A (revised) (Paramedic & General / MRU / CRU)- Appendix 13.
- 12.3 Receipt of the sealed drug packs should be acknowledged by signing for them on the appropriate Drug Pack Issue / Return Form and also recording the date of issue and the pack number.
- 12.4 The packs should be stored in the vehicle primary response pack and paramedic pack. The contents of the drug pack should be used as per Training Orders .
- 12.5 Paramedics and Technicians are still responsible for checking drugs prior to administration. This should include a check on dosage. Any packing errors or missing drugs discovered should be reported to Station Management and an LA52 completed. The pack concerned should be isolated, and returned to the Logistics Support Unit with a copy of the LA52.
- 12.6 On return to station with an opened drug pack the used packs should be signed in on the Drugs Pack Issue / Return Form LA295/A (Paramedic / MRU / CRU) and form LA296 (General) - Appendix 14, and placed in the drugs return locker.

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- 12.7 A note of the reason the pack has been returned should be made using one of the following codes. End of Shift (E.O.S.) Drugs used (D.U.), Seal broken (S.B.), batch number problems (B.N.), Integrity of drugs (heat / cooling) (HC).
- 12.8 A new drug pack should be drawn as detailed above even if there is only a short time to go to the end of the shift.
- 12.9 At the end of the shift any unused drug packs should be signed back in using the Drug Pack Issue / Return Form and placed in the drug storage locker ensuring that it is still within date.

13.0 Sealed Paediatric Advanced Life Support Pack (PALS Pack)

- 13.1 The PALS pack will be packed at the Logistics Support Unit in accordance with the appropriate check list form LA304 (Appendix 20).
- 13.2 The PALS pack will be issued to stations and placed on every ambulance. Checking that the pack is in date and sealed will form part of the daily vehicle inspection. On the rare occasion that these packs are used, the used pack handed in to station management, who will make arrangements with the Logistics Support Unit for the exchange of the pack.
- 13.3 The Logistics Support Unit will maintain records of PALS packs and their location and will arrange with station management to exchange them before their expiry date.
- 13.4 A PALS Pack Delivery and Collection Form LA298 will be completed as appropriate by Equipment Exchange Staff. An entry on LA294 the Vehicle Movement Form should also be made.
- 13.5 The Station should keep a record of which vehicle fleet number the PALS pack is issued to, and on what date, on the PALS Pack Issue / Return Form LA299 (Appendix 16). When the pack is returned following use or, if it is out of date, a note should also be made on this form.

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14.0 Loss of Any Drug Pack

- 14.1 Should a sealed drug pack be stolen or lost, this must be reported to EOC and a local Police station at the earliest opportunity. On return to station the drug pack issue form is to be updated and a loss report must be completed and passed to station management. The station management will need to report the loss to the Logistics Support Unit and seek advice from the Head Education and Development or his nominated deputy on any further action.
- 14.2 The Logistics Manager (Supply and Materials Management), or their deputy must update central records to show loss of bag and drugs.

15.0 Drug Usage from – sealed shift based drugs pack documentation – Paramedic and General

- 15.2 Every drug administered must be recorded on the appropriate line of the Drug Usage Form. The dose issued, date of use, batch number and expiry date. The PRF number should be completed at the top of the form. Should the pack be used on more than one patient a second form is on the reverse. *N.B. the name and dose of drug must also be recorded on the Patient Report Form.*
- 15.3 If a unit is broken this must be recorded as such on the Drug Usage Form.

16.0 Drug Usage Card – unsealed drug pack (black material bag)

- 16.1 LA285 is issued to cover the use of drugs drawn from station (currently Hypostop, Aspirin, Salbutamol, Ipratropium Bromide and GTN spray) and should be kept in the Primary Response Pack of each front line ambulance hence the box labeled - "Veh Call Sign" - and if the drug is 'Out of Date' then it is recorded on LA286. It is the responsibility of each member of staff to ensure the cards are fully and accurately completed.

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- 16.2 Every unit of incoming stock is to be recorded on a separate line in the “Drawn” section on the left-hand side of the card. In instances where there are more than two units of incoming stock it is permissible to enter all details on the first and last lines of the relevant entries, with all intermediate entries being dittoed. If the entries go across one or more sides of the card then the last entry and the first entry must be completed in full.
- 16.3 Every drug administered must be recorded on a new line on the Drug Usage Card. The dose issued, date of issue, batch number and expiry date of the drug must be recorded on the Drug Use Card. *N.B. the name and dose of drug should also be recorded on the Patient Report Form.*
- 16.4 If a unit is broken this must be recorded as such on the Drug Usage Card.
- 16.5 Any drug that is removed from circulation must be signed off in the “to whom” column of the appropriate form as: ‘Out of Date Stock’ LA286 (see Appendix 4)

17.0 Out of Date Drug Stock and Out of Date Stock Form Documentation.

- 17.1 All ‘Out of Date’ stock is subject to the same security measures as in date stock. ‘Out of Date’ stock must not be kept where it may inadvertently be mistaken as ‘In Date’ stock.
- 17.2 All ‘Out of Date’ drugs must be placed within the Out of Date stock and recorded as such on the ‘Out of Date Stock’ form LA286. There is to be no more than one ‘Out of Date’ drug stock per complex or within the Logistics Support Unit.
- 17.3 Stations should then make arrangements to return out of date stock to the Logistics Support Unit via the equipment exchange scheme. Stock must not to be placed in the internal mail system under any circumstances.

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17.4 The Logistics Support Unit will arrange for disposal of out of date stock via the clinical waste contract.

18.0 Out of Date Stock Form

18.1 All out of date stock will be recorded on the out of date stock form LA286 (Stations) and LA289 (Stores). The forms are not drug specific, thus units of different drugs can all be recorded on the card. When the drugs are being returned the form is to be copied. The original is to be retained on station / Logistics Support Unit for record keeping, the copy must be placed with the drugs being returned and is for the use of the disposal contractor. All responsibility for the drugs ceases once the courier has signed for the drugs and removed them from LAS premises.

18.2 Every unit of out of date stock is to be recorded on a separate line. In instances where there are more than two units of stock it is permissible to enter all details on the first and last lines of the relevant entries, with all intermediate entries being dittoed. If the entries go across one or more sides of the card then the last entry and the first entry must be completed in full.

18.3 All out of date drug stocks at stations must be returned to the Logistics Support Unit as required. 'Out of Date' drug stocks should not remain on stations longer than one week.

18.4 All 'Out of Date' stock held within the Logistics Support Unit must be disposed of in the appropriate manner within one month.

18.5 In some instances the Training Centre's may require 'Out of Date' stock for training purposes. In this instance the Training Centre's will contact the Logistics Support Unit and arrange collection of the drugs in person. In this instance they will be signed off in the "to whom column" as; "To *Kenton** Training Centre" (* Enter appropriate name of Training Centre).

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19.0 Loss of any Card / Stock Control Book

19.1 Staff must report to their Line Manager any Card / Stock Control Book loss. The Line Manager will issue a new card/stock control book and investigate the loss. The findings of the investigation will be reported in writing to the Assistant Chief Ambulance Officer who will then decide on the most appropriate course of action.

20.0 Retention of Card records / Stock Control Book

20.1 When any card is full it must be kept with the Stations / Logistics Support Unit Drug records. It must be able to be produced on demand for persons having reasonable need to see / check them.

21.0 Checking and Auditing of Drug Stocks

21.1 It is the responsibility of each individual member of staff to check that any drugs or sealed shift based drug packs in their possession are properly accounted for by the relevant paperwork. In general terms this will mean a check being made at the beginning of every shift and/or every vehicle change with the appropriate paperwork being completed. Any discrepancies must be reported to the Ambulance Operations Manager or their deputy for investigation (Introduction - General Principles Security of Drugs also applies)

21.2 Ambulance Operations Managers will conduct a full audit of the drug stocks and sealed shift based drug packs held in the station stores on a weekly basis. This audit will be documented in the following way:

21.3.1 Station Drugs

- Draw a line right across the card on the line underneath the last entry on the In Date Stock Card LA285 (Appendix 3)

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- On the next line write “Drug Audit Completed – *Date* – *Signature* – *Printed Name*”
- Draw a line right across the card on the next line down

21.4.1 Sealed Drug Packs

- The sealed drug pack audit form LA301 (Appendix 17) is to be completed weekly by cross referencing the individual sealed paramedic, general and PALS shift based pack delivery and collection form.

21.4.2 The Ambulance Operations Manager or his / her designated deputy, should make a note in the Occurrence Book to the effect that the Drug Audit has been completed

21.5 Any discrepancies must be investigated thoroughly (see Introduction - General Principles Security of Drugs), with the result of those investigations being noted in the Occurrence Book.

21.6 Drug audits should be kept on station for a period of two years.

21.7.1 Audit in Stores

21.7.2 The Logistics Manager (Supply and Materials Management) or his / her designated deputy will carry out a weekly audit of all drugs held in the main drugs stock and the packing stock, LA302 Equipment Store Audit - Main Drugs Stock and LA302A Emergency Care Practitioners, (Appendix 18) and LA303 Equipment Store Audit -Packing Drugs Stock - (Appendix 19).

21.7.3 The number of sealed bags held should also be audited on a weekly basis using the Sealed Drug Pack Audit Form LA301.

22.0 Form Retention

22.1 Form retention details are listed in Appendix 21.

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References:

HM Government (1997) POMS (Human drugs) Order S.I. 1997 No. 1830
HM Government The safe and secure handling of medicines (Duthie Report)
NHS (1993)
Misuse of Drugs Regulations 1985 Group Authority
IHCD (2000) Ambulance Service Paramedic Training Manual
Joint Royal Colleges Ambulance Services Liaison Committee – UK Ambulance
Service Clinical Practice Guidelines (Current version at date of reading this
procedure)

Cross References – LAS Policies / Procedures:

Patient Report Form User Guide - 2007
OP 014 Patient Handover Procedure

Signature:



**Peter Bradley CBE
Chief Executive Officer.**

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