CGP211
Medication Management Manual

LINK TO MANUAL

LINK TO PROCEDURES & FORMS

Contents

1. MEDICATION MANAGEMENT INTRODUCTION 4
2. SCOPE 4
3. ROLES AND RESPONSIBILITIES 4
4. POLICY STATEMENT 6
5. GENERAL PHARMACY OPERATIONS 9
5.1. PHARMACY INFORMAPTION 9
5.2. STAFF INFORMATION 10
5.3. CONTRACT INFORMATION 10
5.4. SECURITY AND ACCESS 11
6. NON-CONTROLLED DRUGS 11
6.1 SYSTEMS AND SOFTWARE 11
6.2 STOCK STORAGE AND LAYOUT 11
6.3 PROCUREMENT 13
6.4 DISPENSING 13
6.5 PRESCRIBING AND ADMINISTRATION 14
6.6 DISPOSAL 15
6.7 RECALLED DRUGS 15
6.8 SUPPLY AND TRANSPORTATION 15
7. NARCOTICS AND CONTROLLED DRUGS 16
7.1 SYSTEMS AND SOFTWARE 16
7.2 STOCK STORAGE AND LAYOUT 16
7.3 FORECASTING 17
7.4 PROCUREMENT 17
7.5 RECORD KEEPING 17
7.6 PRESCRIBING AND ADMINISTRATION 21
7.7 DISPENSING 22
7.8 DISPOSAL 22
7.9 RECALLED DRUGS 22
7.10 PHARMACY COUNTS 23
8. MEDICATION SAFETY AND AUDIT 23
8.1 HIGH ALERT MEDICATIONS 23
8.2 LOOK-ALIKE SOUND-ALIKE MEDICATIONS 24
8.3 MEDICATION ERRORS/INCIDENTS 24
8.4 AUDITS AND INSPECTIONS 25
9. EDUCATION AND TRAINING 26
10. FORMULARY MANAGEMENT 26
11. RELEVANT LEGISLATION 27
12. PROCEDURES FOR PHARMACY 28
12.1. NON CONTROLLED DRUGS 28
11.1.1 ACCESS TO PHARMACY 28
11.1.2 USER SECURITY 28

11.1.3 PROCUREMENT 29
11.1.4 RECEIPT NON-CONTROLLED DRUGS IN 31
11.1.5 LOAD AND SET UP DRUG BAG ON OPIQ 34
11.1.6 ISSUE A BLS, ALS, OR HEMS DRUG BAG 34
11.1.7 TEMPERATURE MONITORING 36
11.1.8 REPLENISH A DRUG BAG 37
11.1.9 EXPIRED OR DAMAGED MEDICATION 38
11.1.10 REPORT INCIDENT 40
11.1.11 RECALLED MEDICATION 40
11.1.12 HIGH ALERT MEDICATIONS 43
12.0 NARCOTICS AND CONTROLLED DRUGS 43
12.1 INITIAL PURCHASE OF NARCOTICS 43
11.1.13 FOLLOW UP PURCHASING OF NARCOTICS 44
11.1.14 CONTROLLED DRUG PURCHASE 45
11.1.15 RECEIPT NARCOTICS IN 46
11.1.16 RECEIPT CONTROLLED DRUGS IN 48
11.1.17 LOAD A DRUG BAG ON OPIQ 50
11.1.18 ISSUE A DRUG BAG TO CREW 50
11.1.19 REPLENISH A DRUG BAG 51
11.1.20 EXPIRED OR DAMAGED NARCOTICS 54
11.2 EXPIRED OR DAMAGED CONTROLLED DRUGS 56
11.2.1 DISPOSE OF NARCOTICS 56
11.2.2 DISPOSE OF CONTROLLED DRUGS 57
11.2.3 REPORTING AND INSPECTIONS OF NARCOTICS 58
11.2.4 REPORTING AND INSPECTIONS OF CONTROLLED DRUGS 59
12. PROCEDURES FOR CLINICAL STAFF 60
12.1 USER SECURITY 60
12.2 SECURITY AND STORAGE 60
12.3 ORDERING DRUG BAGS 61
12.4 ADMINSTERING MEDICATIONS 61
12.5 NON CONTROLLED DRUGS 61
12.5.1 ADD THE DRUG BAG TO YOUR VEHICLE 61
12.5.2 COMPLETE AN INVENTORY CHECK OF THE DRUG BAG 62
12.5.3 LOG USAGE OF DRUGS 63
12.5.4 TRANSFER DRUG BAG BETWEEN UNITS OR SHIFTS 64
12.5.5 RETURN A DRUG BAG TO THE SAFE 66
12.5.6 REPORT INCIDENT 66
12.5.7 DISPOSAL 67
12.6 NARCOTICS AND CONTROLLED DRUGS 68
12.6.1 AUDIT ELS BAG 68
12.6.2 TRANSFER AND COLLECTION OF ELS BAG 69
12.6.3 ADMINISTER NARCOTICS AND CONTROLLED DRUGS 70
12.6.4 REPORT INCIDENT 71
13. RELATED POLICIES AND FORMS 73
14. DOCUMENT CONFIGURATIONS CONTROL DATE 74
15.CHANGE BRIEF 74

1. MEDICATION MANAGEMENT INTRODUCTION

The purpose of this manual is to ensure safe control and management of drugs, including narcotics and controlled drugs, at National Ambulance (NA). The manual will ensure compliance with the Department of Health Abu Dhabi (DOH) and Ministry of Health (MOH) regulations, while meeting the needs of the organization. This manual is not intended to provide clinical education. This information will be found within the related CGP134 Patient Care Protocols. This manual covers Narcotics, Controlled drugs, and Non-Controlled drugs categories only.
The Medication Management Department is required to be aware of all licensing requirements issued by DOH with relation to the Pharmacists and medication rooms. The department will liaise with Clinical Governance to ensure assessing, streamlining and maintaining licenses for professionals and medication rooms currently part of NA. As the organization expands, the will concentrate on ensuring all new staff on boarded to the department are licensed appropriately and that all new medication rooms abide by up-to-date regulations issued by the appropriate authorities. Recruitment will keep up-to-date with government documents such as Professional Qualification Requirements to ensure new staff on boarded to NA fulfill the necessary requirements.

2. SCOPE

This manual applies to the Medical Director (MD), all DOH licensed Pharmacists and all Clinical Staff. It covers all aspects of medication handling from procurement to disposal. The manual should be read and adhered to by all appropriate NA staff. Staff should be aware that failure to adhere to the manual will lead to disciplinary action and/or federal prosecution.

3. ROLES AND RESPONSIBILITIES

The following employees are responsible for ensuring correct adherence and implementation of this manual and all applicable laws and regulations.
The **Chief Executive Officer (CEO)** has overall responsibility for ensuring adherence with the manual to ensure the safe control and management of all drugs to prevent adverse effects on the organization.
The **Medical Director (MD)** licensed physician, will be the named individuals with overall clinical responsibility for all drugs held by NA, including Narcotics and controlled drugs. The MD is also responsible for the following:

1. Ensuring all policies and procedures are safe and adhere to current legislation.
2. Ensures manual reviews and revisions are conducted every two years or as required.
3. Reporting any incidents or adverse events and any concerns around drugs to DOH/MOH and other relevant agencies.

The licensed **Pharmacist In-Charge,** as registered and identified electronically in the TAMM portal, is responsible for personally supervising and controlling all activities related to Narcotics and Controlled Drugs. Documentation required by regulatory bodies is completed to indicate that the Narcotics in-charge pharmacist is the named responsible person for all aspects of Narcotics and controlled drugs. This starts from forecasting and procurement all the way through to administration of the medication and returning vials and other appropriate paperwork to Pharmacy and regulatory bodies approved Medical Store. The **Pharmacist in-charge** is also responsible for:

- Managing daily activities in relation to N & CD
- Regulate the security of N &CD

- The life cycle of N & CD drugs from procurement to dispensing, distribution, and disposal
- Reporting Narcotic consumption on a quarterly basis and controlled drugs on a monthly basis to the DOH Narcotic Officer
- Reporting any adverse events or errors and any concerns around Narcotics and Controlled Drugs to DOH.
- Compliance to policies and procedures in accordance with current legislation
- Responding efficiently to emergency circumstances i.e. major incidents
- Reviewing and updating Pharmacy related policies every two years or as required
- Reviewing and updating the Medication Formulary
- Ensuring all clinicians involved in handling drugs are oriented and well-trained on relevant policies and guidelines
- Pharmaceutical waste management
- Complete all the required CMEs and training as per position requirements

A **Licensed Pharmacist** shall be assigned to manage all daily activities in relation to non-controlled drugs. The pharmacist will work directly with the MD to ensure responsibility for the correct management of these medications. The **Pharmacist** will be responsible for:

- Managing daily activities in relation to non-controlled drugs
- The life cycle of drugs from procurement to dispensing, distribution, and disposal
- Compliance to policies and procedures in accordance with current legislation
- Responding efficiently to emergency circumstances i.e. major incidents
- Complete all the required CMEs and training as per position requirements

Licensed **Physicians** are responsible for prescribing and administering Narcotics, controlled and non-controlled drugs and authorizing other DOH licensed paramedics to administer these medications under their direct supervision.
Operational **Managers** are responsible for:

- Implementing and managing policies and procedures.
- Performing regular audit checks for compliance with the policy.
- Investigating any adverse incidents and escalating to the MD or Delegate and CEO where necessary.

All **Clinical Staff (Doctors, Paramedics and Emergency Medical Technicians)** will be licensed to administer medications, including but not limited to narcotics and/or controlled drugs, in accordance with their role. All licensed staff will only administer drugs within their scope of practice. They will comply with the requirements and standards set out within this manual including supply, storage, administration, disposal and documentation of drugs. All licensed staff will ensure they are trained and familiar with all drugs within their scope of practice and have completed any relevant education relating to the drugs or associated subjects. Staff are personally responsible for any Drugs whilst they are in their custody.

Logistics and **Stores Staff** must be familiar with and adhere to this manual at all times. They will comply with the requirements and standards set out within this manual including supply, storage, administration, disposal and documentation of any Drugs they are in contact with.

4. POLICY STATEMENT

4.1. DEFINITIONS

Drug
A substance that is administered to treat, prevent, or diagnose diseases that is used in the form of a medication. UAE Federal Law 14 (1995) and Pharmacy Law 4 (1983) outline the classification of drugs. These are outlined below:

Narcotic (N)
A medicine with an active ingredient listed in schedule 1 to 6 of UAE Federal Law 1995. These have significant potential for abuse and/or could be diverted for illegal use. The current drug carried by NA under the Narcotic category is:

- Morphine
- Fentanyl
- Controlled Drug (CD)

A medicine with an active ingredient listed in Schedules 7 and 8 of UAE Federal Law 1995 or a medicine that has been assessed as having a significant potential for abuse and/or could be diverted for illegal use. The current drugs carried by NA under the controlled drug category are:

- Midazolam
- Haloperidol
- Ketamine
- Propofol
- Thiopental

Semi-Controlled Drug (SCD)

A medicine used for Psychiatric conditions or a Schedule 3 medicine that does not require Narcotic control due to its formulation or any other medicine that requires stricter control than that of “prescription only” category. NA does not carry any drugs which fall under the semi-controlled category.

Non-Controlled Drug (NCD)

This include all other drugs in the Medication Formulary that do not fit into the other mentioned groups. They can be administered by clinicians within their scope of practice and under the general supervision of MD or his delegate.

Registered or Approved drug

A registered medicine by MOH permitted to be marketed in the UAE.

Non Registered or Non Approved drug

A medicine which is not registered through MOH and where it's marketing is prohibited. These medications are procured via MOH approved import permits.

Drug bag

A secure kit that contains a specific list of medications. There are 5 bags used at NA:

1. Basic Life Support (BLS)Drug bag
    a. Contains a BLS tag
    b. All non-controlled drugs
2. Advanced Life Support (ALS) Drug bag
    a. Contains an ALS tag
    b. All non-controlled drugs
    c. More drugs than in the BLS Drug bag
3. Helicopter Emergency Medical Services (HEMS) Drug bag
    a. Contains a HEMS tag
    b. All non-controlled drugs
    c. More drugs than in the BLS & ALS Drug bags
4. Extended Life Support (ELS) Drug Bag
    a. Contains an ELS tag
    b. Controlled drugs and Narcotics
5.
6. Adrenaline Drug Bag
    a. Contains ADB tag
    b. Contains 1:10,000 Adrenaline PFS

Authorized Suppliers

Suppliers registered with MOH as the agent for medicine/medicinal products or registered as a wholesaler with MOH.

Deficient Product

A deficient product is any product that does not comply with quality specification (as per UAE adopted pharmacopeias or manufacturer's approved specifications) or is contaminated, counterfeit, fake, mislabeled, and presents efficacy, quality or safety issues that may harm patients.

Drug Shortages

Any disruption of drug product supply that has the potential to compromise patient care. It includes all situations in which the total supply of all clinically interchangeable versions of DOH-

regulated drug products is inadequate to meet the current or projected demand at user level.

Adverse drug Reaction (ADR)

Is any noxious, unintended, undesirable, or unexpected response to a drug that occurs at doses used in humans for prophylaxis, diagnosis or therapy of disease. This definition is understood to exclude predictable, dose-related side effects due to drugs which result in little or no change in patient management.

High-Alert Medications

Medications that bear a heightened risk of causing significant patient harm when used in error as defined by the Institute for Safe Medication Practices (ISMP). High alert medications include:

- Medications that are involved in a high percentage of errors and/or sentinel events, such as Amiodarone and Metoprolol
- Medications whose names, packaging and labeling, or clinical use, look alike and/or sound-a-like, such as adrenaline 1:1000 and adrenaline 1:10,000.

Institute for Safe Medication Practices (ISMP)

A nonprofit organization educating the healthcare community and consumers about safe medication practices and medication error prevention.

Joint Commission International (JCI)

An organization that identifies, measures and shares best practices in quality and patient safety with the world. JCI helps healthcare organizations all over the world to earn JCI accreditation and certification.

International Standards for Organisation (ISO)

An international standard-setting body composed of representatives from various national standards organizations. Once international standards are achieved ISO accreditation and certifications may be granted.

Medication Error (ME)

Is any preventable event that may cause or lead to inappropriate medication use while the medication is in the control of the health care professional, patient, or consumer. It can be either due to a human or system error. It can occur in and outside of pharmacy. Medication errors may include but not limited to:

- A patient failing to receive a medicine without good reason
- Wrong medicine given to a patient

- Incorrect dose of a medicine given to a patient
- Wrong route of administration used for a medicine
- Failure to correctly record the administration of a medicine"

Medication Recall (MR)

Is the process by which medication declared deficient, contaminated, mislabeled, or dangerous by the manufacturers, national or international drug control bodies, is retrieved from various storage and pharmacy areas and stored in an isolated environment before returning to the supplier/ manufacturer.

Major Casualty Incident (MCI)

Any incident which requires a level of resource which would affect the company's ability to deliver routine business

Near miss

Is an unplanned event that did not result in injury, illness, or damage - but had the potential to do so. Although human error is commonly an initiating event, a faulty process or system invariably permits or compounds the harm, and should be the focus of improvement. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Incident:

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug procedures, and systems, and include prescribing, order communication, product labelling/ packaging/ nomenclature, dispensing, distribution, administration, education, monitoring, and use.

OperativeIQ

OpertiveIQ (OpIQ) is a web-based operations management software solution specific to Emergency Medical Service (EMS) Providers. It provides real time inventory control for several aspects of operational services from consumables, assets, fleet, and medications.

5. GENERAL PHARMACY OPERATIONS

5.1. PHARMACY INFORMAPTION

The NA Central Medication Room is currently located at National Ambulance Warehouse/branch. The pharmacy follows HQ office opening hours and is closed during weekends and public holidays. Any exceptional extra duties outside the official pharmacy operational hours will require prior approval by

MD.

All Pharmacists are required to have access to the department's email address via the IT department: pharmacy@nationalambulance.ae. All communication to pharmacy must be conducted through this email address.

5.2. STAFF INFORMATION

A responsible Pharmacist will be available at all times during opening hours. In the event of the responsible Pharmacist being unavailable, e.g. annual leave, daily activities for medication management will be delegated to another licensed Pharmacist or MD or Delegate. In the event of all Pharmacists and MD or Delegate being absent, the responsibility for drugs will be transferred to another licensed Physician or appropriately delegated Pharmacist. Regulatory bodies' prior approval is required before transfer of responsibilities. The following steps are to be followed:

- A transfer request will be made to regulatory bodies in writing.
- At the time of handover a full stock check of all drugs, including Narcotics and controlled drugs, must be completed and signed by both parties
- A key to the NA Central Medication Room must be provided to the supervising Physician or appropriately delegated Pharmacist and kept on their person at all times. He/she should also be provided temporary biometric access to the NA Central Medication Room.

Should the MD or Delegate and Pharmacists be unavailable and a replacement Physician or appropriately delegated Pharmacist cannot be found, then the drugs must remain locked and inaccessible until the MD/Pharmacist returns.

- If this occurs then the DOH Inspectors must be contacted.
- A full stock check of all drugs, including Narcotics and controlled drugs, must be completed and signed by both parties
- The key to the NA Central Medication Room must be placed in a sealed envelope with the date and time clearly written on the envelope.
- When the MD/Pharmacist returns the Inspector will visit to witness the opening of the envelope.
- A full stock check will be completed and signed by both parties.

Should the Pharmacist/ MD be absent for more than 6 months without a suitable replacement then NA should contact DOH and seek advice on permanently removing the drugs and surrendering their license.

5.3. CONTRACT INFORMATION

Each clinical area/contract associated with NA is assigned a maximum and a minimum number of drug bags (ELS, HEMS, ALS, ADB and/or BLS) dependent on their individual requirements. Events is the only exception to this rule because the number of bags required is dependent on the events being held.

These requirements are reviewed every 6 months and levels are increased or decreased according to the workload of that area.

5.4. SECURITY AND ACCESS

Access to NA Central Medication Room is granted to authorized individuals only. Each authorized personnel has access to the room using Biometric fingerprinting.

The medication room shall be locked when the above authorized personnel are not in attendance.

6. NON-CONTROLLED DRUGS

6.1 SYSTEMS AND SOFTWARE

Healthcare facilities are required to establish and manage medication inventory in a systematic manner assigning responsibility for inventory control to identified healthcare professionals. OpIQ is utilized at NA to facilitate all processes in relation to non-controlled drugs. This includes procurement, inventory control, dispensing, and supply of medication to clinical staff or drug safes. All Pharmacists are responsible for managing this system on a day-to-day basis.

In the event of electronic downtime, a back-up system of paper-based procedures will be initiated by the Medication Management Department. The department is also responsible for contacting all clinical staff to activate the back-up system as quickly as possible.

During electronic downtime, the following records must be completed by a Pharmacist:

- **NA Pharmacy Drug Register** will be used immediately to take a full inventory of pharmacy stock as well as dispense medications into drug bags
- **NA Drug Bag Stock Check Sheet** will be completed to document all stock within individual drug bags, including quantities and expiry dates
- **NA Drug Bag Transfer Log** will be completed and issued within all drug bags in order to document transfer between pharmacy and a clinical area/contract or between one clinician to another
- **NA Drug Issue Register** will be issued within all drug bags for signing out individual drugs for patient use after administration. It also reports drug wastage, damage or disposal.

6.2 STOCK STORAGE AND LAYOUT

All medication stock will be stored at the DOH licensed NA Central Medication Room. Failure to ensure reasonable security for Drugs could be considered by DOH/MOH as professional neglect and in breach of laws and regulations. Any concerns for security will be discussed with DOH/MOH.

Specifications for the NA Central Medication Room are outlined by DOH/MOH to ensure all medications are safe and secure. NA must provide adequate storage area of medicines and must ensure such products are stored and transported in a clean and safe environment under conditions suitable for product stability and safety, including but not limited to:

- Proper cleanliness and hygiene
- Dry (relative humidity not more than 60%)
- Room temperature should be within acceptable limits (<25°C)
- Refrigerator temperature should be within acceptable limits (2-8°C)
- Stored goods and medications should be stored off the floor
- Suitably spaced to permit cleaning and inspection
- Sufficient number of pallets/shelving units that are kept in good state of cleanliness and repair
- Storing area should have sufficient light to perform tasks in a correct, safe and accurate manner (MOH Good Storage Practices 2006)

Medical gas cylinders such as Entonox and Oxygen kept by NA have the following extra storage requirements:

- Cylinders to be stored under cover, preferably enclosed and not subjected to extremes of temperature
- Be kept dry, clean and well ventilated (both top and bottom)
- Have good access for delivery vehicles and reasonably level floor areas
- Be large enough to allow for segregation of full and empty cylinders and permit separation of different medical gases within the store
- Be totally separate from any non-medical cylinder storage areas
- Be sited away from storage areas containing highly flammable liquids and other combustible materials and any sources of heat or ignition
- Have warning notices posted prohibiting smoking within the vicinity of the store
- Be secure enough to prevent theft and misuse

Each non-controlled medication will be stored on an individual shelving unit or bin that is labelled for that medication alone. The medications will be arranged alphabetically by generic name only to ensure safety and efficiency when dispensing drug bags.

All Drugs will be issued in drug bags for clinical use and distributed from the NA Central Medication Room. There will be four types of Drugs Bags: BLS, ALS, ADB and HEMS. It is the responsibility of all clinical staff to ensure the security of drugs whilst in their custody. In a clinical area, access should be restricted to the person in charge or the clinician holding the drug bag. The responsible person(s) will ensure the drugs remain secure at all times. When a drug bag is not being used, it should be secured in an assigned locker within the designated secure clinical area.

6.3 PROCUREMENT

As per UAE Pharmacy Law (No 4, 1983), a drug must be registered by MOH before entering the UAE market. It is essential that medicines are procured from appropriately registered suppliers or distributors to avoid substandard or counterfeit drugs. DOH does not encourage healthcare facilities to procure non-registered medicines where alternative registered medicines are available. Healthcare facilities are however authorized to apply for MOH non-registered medicines through issuance of an import permit.

The MD and Pharmacist are responsible for medication procurement from all categories. The Pharmacist send purchase orders to appropriate suppliers as per the process outlined below.

Although forecasting is not a legal requirement it is recommended to identify the need for purchasing a medicinal product depending on inventory, par levels, usage, storage, expiry date, delivery time, upcoming events, Major Incident preparation, and/or expansion of contracts. Purchase orders should be submitted in good time to prevent shortages or delays in supply.

Managing drug shortages is of critical importance to ensuring patient care is not compromised. DOH mandates the requirement to manage and maintain appropriate stock of all drugs appropriate for scope of service provided. DOH also recommends that all healthcare facilities must have in place a process to manage drug shortages in accordance with government standards. This process is outlined below. It is a requirement for the NA Central Medication Room to stock a minimum of 3 months' supply of all medications to comply with NA Disaster Recovery Plan.

6.4 DISPENSING

In order to comply with DOH requirements for dispensing medications and medicinal products, the following is required:

- The pharmacist must be licensed by DOH, and must personally dispense medication required;
- All records for non-controlled medications Patient Care Record (PCR)/ Electronic Patient Care Record (e-PCR) must be maintained in a readily retrievable format in a secure area for a certain period of time as per COP204 Document Retention Policy and Procedures ; and
- Data, if in computerized storage format must facilitate backup and can be retrieved in case of need.

There are allocated critical levels for each drug within the ALS, BLS, and HEMS drug bags. If anyone drug reaches its critical level, the bag must be returned to pharmacy to be re-filled. A one-for-one exchange will be carried out for all drug bags returned to pharmacy i.e. If 6 bags are returned for refill, 6 bags will be re-allocated to the area. If the Pharmacist is not present when the bags are

returned, the clinician can drop them off through the chute located inside the paramedics entrance of pharmacy.

Pharmacy has an emergency store located in Manama that contains 20 BLS drug bags. Access to these bags is only allowed with permission from pharmacy/area managers for urgent and genuine reasons.

6.5 PRESCRIBING AND ADMINISTRATION

Medications are prescribed only by Healthcare Professionals given prescribing authority by law and DOH licensure, scopes of practice, certification, and applicable DOH policies and standards. Healthcare professionals authorized to prescribe medication must comply with the DOH approved prescribing process, including specified by DOH the mechanism/process of transmission of prescription, its format and specified forms, the coding and data entry specifications, and the number of repeats and/or refills allowed for a particular medication. Verbal medications orders, where allowed, must be supported by facility policies and standard operating procedures. The process must be regularly monitored and evaluated to ensure adequate recording of verbal orders as well as assuring quality and safety.

Non-controlled prescription pads are issued to NA DOH Licensed Physicians for out-patient use when required. These prescription pads are stored within the NA Central Medication Room at all times until issued to Physicians.

Medications supplied by NA will strictly be used for NA patients only. NA clinicians are authorized to administer medications under the supervision of the MD. All clinical staff will be provided appropriate education and training, and have the appropriate credentials and experience to administer medications to patients. Documentation of non-controlled medication administration by clinical staff is completed on OpIQ and the PCR/ e-PCR. All drug administration, refusal, wastage and disposal will be recorded.

Sufficient information about each drug should be made available to enable correct identification and use of the product. This policy does not give a detailed administration guide for each individual drug. Staff should learn and use their drug books and NA Medication Formulary to cross check before administering any drug. Each drug is designated to a “tier” which is outlined in the NA Medication Formulary. Approval or authorization for administration depends on the tier. Please refer to the NA Medication Formulary for more information.

Multi Dose Medications Administration: To prevent communicable diseases and optimize infection control measures, when using Multi Dose medications such as inhalers, oral liquids and sprays, appropriate devices and supporting aseptic techniques must be used. This may include the use of spacers, disposable oral syringes and/or use of alcohol wipes as required. Please refer to CGP129 Infection Control Program.

6.6 DISPOSAL

All non-controlled medication that are either expired or damaged should not be used for the treatment of patients. Expired drugs will be disposed of as per procedure recommended by DOH/MOH. Effective measures should be in place to ensure that damaged or expired stock cannot be used. This stock should be stored separately from the active one and labelled appropriately while awaiting their disposal by Destruction Company or return to the supplier. All medication disposal will be recorded by a pharmacist and third party carrying out the destruction.

6.7 RECALLED DRUGS

Medications identified or suspected to have deficiencies must immediately be withdrawn and withheld from use by healthcare facilities until DOH commissioned investigation is completed. Once DOH investigation of the suspected medication is completed and a recall is issued (Class I, II or III), compliance by all healthcare facilities is mandatory and the process of recall must be completed within the timeframe provided by the recall.

As with expired and damaged medication, recalled medications must be physically segregated from active stock and clearly labelled while awaiting a final decision on their destruction or return to DOH.

Set procedures and arrangements should guarantee prompt and effective actions in case a suspected deficient product is identified. All records that document the followed procedures, taken actions, and recalled quantities with the required data must be readily available. These records should contain sufficient information on the medicinal product recalled and signed by the Pharmacist.

6.8 SUPPLY AND TRANSPORTATION

Medications or drug bags containing medications should be supplied to authorized personnel only. Transportation of medications or drug bags should comply with the following requirements:

- Any entity transporting medications should have documented written procedures please refer to PUP302 Warehouse Management Policy, section 10.8. In-transit.
- Transport of medication is through the approved supply chain unless deemed impossible or urgent with prior authorization from pharmacist.
- Transport process should prevent damage and maintain integrity and quality of medications
- The necessary controls must be in place where controlled storage conditions are required during transit i.e. temperature and relative humidity
- Temperature should be strictly controlled and monitored with recording probes or individual monitoring devices
- Any product falling out temperature control ranges should be segregated and product sheet or manufacturer consulted.

7. NARCOTICS AND CONTROLLED DRUGS

7.1 SYSTEMS AND SOFTWARE

As with non-controlled drugs, OpIQ is utilized at NA to facilitate all processes in relation to Narcotics and controlled drugs. This includes procurement, inventory control, dispensing, and supply of medication to clinical staff or drug safes. All Pharmacists are responsible for managing this system on a day-to-day basis.

UAE Law and DOH require all transactions relating to Narcotics and controlled drugs to also be recorded manually. The specific requirements and documents are outlined in below.

In the event of electronic downtime, the manual records required will act as the backup system.

7.2 STOCK STORAGE AND LAYOUT

To ensure that storage of narcotics and controlled drugs at NA is secure and complies with regulations, the following standards of storage should be considered:

1. Access to Narcotics and controlled drugs should be restricted to the in-charge or delegate ONLY at all times
2. All Narcotics and controlled drugs will be stored in a DOH approved room with the following criteria:
    a. The room must have solid walls and no windows
    b. The ceiling of the room is secure with no possible access from above or from adjoining rooms via the ceiling
    c. The room has restricted access to authorized personnel only using an appropriate security system (CCTV and alarm system required)
    d. A secure cabinet with the following features must be used to store narcotics, controlled drugs, their respective registers and prescription pads:
        i. Be steel with internal hinges
        ii. Be securely fixed to the wall or floor
        iii. Have a double locking mechanism
        iv. Not be visible or accessible to the public
        v. Lockable by keys or digital locking system

If the cabinet is lockable with keys, the keys must be kept in the custody of the assigned Pharmacist at all times. The Pharmacist must hold these keys on their person at all times. After working hours, the keys must be stored in a secure locked area. Spare keys must be available, stored in a secure manner, and a procedure should be in place to access them if required. If the keys are misplaced or lost, all locks must be replaced and incident form “DOH Narcotic/Controlled Drug Incident Report Form” must be completed and sent to DOH personally.

All storage facilities will have prior approval from DOH/MOH following an official visit and inspection by their Audit Team and Narcotic Officer. Failure to ensure reasonable security for narcotics and controlled drugs could be considered by DOH/MOH as professional neglect and in breach of laws and regulations.

7.3 FORECASTING

DOH requires a bi-annual forecast of NA's narcotic drug monthly consumption. NA submits their bi-annual forecasts, completed, approved and signed by the Narcotics in-charge or delegate to DOH, by January 1st and June 1st of the preceding year to cdreport@DoH.ae.

Forecast quantities should be based on:

1. Consumption over the previous 18 months
2. Projected trends for the forthcoming year
3. Residual stocks
4. Services opening or closing down
5. Expired items pending replenishment

Amendments to forecasts may be required as a result of:

1. Addition or removal of medication from the formulary
2. Unpredicted increases in consumption
3. Formulation changes or unavailability of certain stock by the vendor

Alterations to the forecast must be communicated to DOH by the Pharmacist at the earliest opportunity to prevent any shortfall in supplies. NA recognizes the importance of this process to reduce the risk of shortages and delays in license renewal.

7.4 PROCUREMENT

The Narcotic Pharmacist-in-Charge is the only named individual who can procure Narcotics and controlled drugs for use within NA. Narcotics can only be purchased from regulatory bodies authorized stores. A detailed procedure for procuring Narcotics is outlined below.

The Narcotics and controlled drugs purchased by the Pharmacist must be taken the same day to the NA Central Medication Room and details recorded appropriately.

Controlled drugs and semi-controlled drugs can be procured from appropriate DOH approved suppliers, the same as any other non-controlled drug. The Pharmacist must follow the procedure outlined below.

7.5 RECORD KEEPING

The Narcotic Pharmacist-in-Charge or delegate is responsible for all record keeping in relation to

Narcotics and controlled drugs for use within NA. All healthcare facilities permitted to prescribe, dispense, and/or administer and handle narcotics and controlled drugs are required to record all transactions in separate DOH approved drug registers. All transactions will be completed by the assigned Pharmacist or delegate. Each entry into the respective registers must:

1. be legible, clear and hand-written
2. be entered into the register in chronological order
3. not include any erasing or crossing out of entries

Registers, invoices and prescriptions for all narcotics and controlled drugs need to be kept on site for a minimum of 5 years after the date of last entry. Specimen signatures for all prescribers and clinicians administering medications must be kept on file within pharmacy.

The following table lists all controlled stationary required for the management of narcotics and controlled drugs along with important information relating to their usage:

No.	Name of stationary	Reference number	Responsibility	Reason for use	Storage during daily use	Archive (from date of last entry)
1	DOH Narcotic Drug Prescription	PH11	Physician	Document individual prescriptions for Narcotics	Pharmacy locked cabinet	5 years
2	DOH Controlled Drug Prescription	PH10	Physician	Document individual prescriptions for Controlled Drugs	Pharmacy locked cabinet	5 years
3	Narcotic Register for Stores/Pharmacy	PH20	In-Charge Pharmacist	Documents Narcotic purchase and supply to individual ELS bags	Pharmacy locked cabinet	5 years
4	National Ambulance Controlled Drug Register	-	In-Charge Pharmacist	Documents Controlled Drugs purchase and supply to individual ELS bags	Pharmacy locked cabinet	5 years
5	Register for Narcotics for Wards and Clinical Departments	PH18	In-Charge Pharmacist	Documents inventory levels of Narcotics and to retrospectively register Narcotics administered to patients	Pharmacy locked cabinet	5 years

6	Controlled Drug Register for Wards & Pharmacies and Stores	PH17	In-Charge Pharmacist	Documents inventory levels of Controlled Drugs and to register drug administered to patients	Pharmacy locked cabinet	5 years
7	Store Demand-Issue Voucher	-	In-Charge Pharmacist	Documents Narcotics ordered by Clinical Staff for ELS bags	Pharmacy locked cabinet	5 years
8	DOH Demand and Return Voucher	DRV8	In-Charge Pharmacist	Documents all Narcotics purchased from and returned to Darwish Medical Store (new and used vials/ampoules)	Pharmacy locked cabinet	5 years

7.6 PRESCRIBING AND ADMINISTRATION

Narcotics and controlled drugs are prescribed only by Physicians given prescribing authority by law and DOH licensure, scopes of practice, certification, and applicable DOH policies and standards. Healthcare professionals authorized to prescribe narcotics and controlled drugs must comply with the DOH approved prescribing process, including specified by DOH the mechanism/process of transmission of prescription, its format and specified forms, the coding and data entry specifications, and the number of repeats and/or refills allowed for a particular medication. Clinicians who are unauthorized to prescribe narcotics and Controlled drugs, a verbal authorization to administer these medications may be obtained from MD/delegate through ACC recorded calls. The process must be regularly monitored and evaluated to ensure adequate recording of verbal orders as well as assuring quality and safety.

All clinical staff will be provided appropriate education and training, and have the appropriate credentials and experience to administer these medications to patients. Documentation of medication administration by clinical staff is completed on OpIQ, PCR/ePCR and the corresponding prescriptions written by the Physician.

Narcotic prescriptions must be completed with the following information and abide by the following requirements:

- Written in permanent ink
- Patient's details: name, age, gender, PCR number
- Diagnosis
- Medication details: name, strength, form, given dose in words and figures (and amount discarded, if any)
- Date and time
- Physician: name, signature and stamp
- Administered by: name and signature + witness name and signature
- Discarded by: name and signature + witness name and signature

Controlled drug prescriptions must be completed with the following information and abide by the following requirements:

- Written in permanent ink
- Patient's details: name, age, gender, PCR number
- Diagnosis
- Medication details: name, strength, form, given dose in words and figures
- Date and time
- Physician: name, signature and stamp

- Pharmacist: name, signature and stamp

7.7 DISPENSING

In order to comply with DOH requirements for dispensing Narcotics and controlled drugs, the following is required:

- The pharmacist must be licensed by DOH, and must personally dispense medication required;
- All prescription records and PCR/ePCR must be maintained in a readily retrievable format in a secure area for a total of 5 years from the date of last transaction; and
- Data, if in computerized storage format must facilitate backup and can be retrieved in case of need.

7.8 DISPOSAL

In accordance with UAE Law and DOH regulations, all narcotics and controlled drugs that are either expired, damaged, or un-usable (including empty ampoules) will be disposed of as per procedure recommended by regulatory bodies. Effective measures should be in place to ensure that damaged or expired stock cannot be used. This stock should be stored separately from active stock with the secure cabinet and labelled appropriately while awaiting their disposal by:

- Disposal by DOH authorized inspectors for controlled drugs, or
- Return to Medical Store for Narcotics.

All medication disposal will be recorded by a pharmacist and third party carrying out the destruction/disposal.

7.9 RECALLED DRUGS

Narcotics and controlled drugs identified or suspected to have deficiencies must immediately be withdrawn and withheld from use by healthcare facilities until DOH commissioned investigation is completed. Once DOH investigation of the suspected medication is completed and a recall is issued (Class I, II or III), compliance by all healthcare facilities is mandatory and the process of recall must be completed within the timeframe provided by the recall.

As with expired and damaged medication, recalled Narcotics and controlled drugs must be physically segregated from active stock within the controlled drug safe and clearly labelled while awaiting a final decision on their destruction or return to DOH.

Set procedures and arrangements should guarantee prompt and effective actions in case a suspected deficient product is identified. All records that document the followed procedures, taken actions, and

recalled quantities with the required data must be readily available. These records should contain sufficient information on the medicinal product recalled and signed by the Pharmacist.

7.10 PHARMACY COUNTS

The assigned Pharmacist will perform regular counts of all narcotics and controlled drugs to ensure the register is maintained up-to-date and that there is accurate stocks levels at all times. Physical stock count will be compared to the amount recorded in the appropriate drug register. If a discrepancy is identified, incident form "DOH Narcotic/Controlled Drug Incident Report Form" must be completed and sent to DOH personally.

8. MEDICATION SAFETY AND AUDIT

8.1 HIGH ALERT MEDICATIONS

Promotion of patient safety by avoiding preventable injuries associated with high risk or high alert medications is a critical aspect of medication management. Both JCI and ISMP require healthcare organizations to develop and implement processes to improve the safety of high alert medications. This includes having a list of all high alert medications, including look-alike/sound-alike medications and concentrated electrolytes that are available for clinical staff. Strategies to improve the safety of high alert medications can be tailored to the specific risk of each medication and should include consideration of prescribing, preparation, administration, and monitoring processes, in addition to safe storage strategies.

The medications listed have been designated as high alert medications on the NA Medication Formulary. The procedures outlined below must be adhered to when storing, handling or administering these medications.

- Adrenaline
- Amiodarone
- Ketamine
- Metoprolol
- Midazolam
- Morphine
- Propofol
- Fentanyl
- Rocuronium

8.2 LOOK-ALIKE SOUND-ALIKE MEDICATIONS

NA pharmacy does not usually keep any look-alike or sound-alike medications, but there are a few with different strengths of the same medication. However, with each procurements all new vials must be scanned to eliminate the possibility of a look-alike incident. If any look-alike drugs exist, they must be kept in different compartments further away from each other. Also, Generic drug names are always used in official documents and OpIQ to minimise the chances of potential sound-alike when using brand names.

In the likely case of a sound-alike drug been added to the formulary, TALL-man lettering system must be used to differentiate between the two drugs. Pharmacist must regularly check ISMP guidelines to update the list of any potential sound-alike medications.

8.3 MEDICATION ERRORS/INCIDENTS

All adverse medication incidents will be reported and classified as per CGP149 Clinical Incidents and Investigation Policy and the NA QHSE Risk Management Manual QHP201 and relevant DOH protocols. The MD will review all incidents, organize investigation as appropriate and report to DOH/MOH where appropriate.

Abuse of any drug held under NA will not be tolerated. Any individual found to be or suspected to be abusing drugs held by NA will be investigated and will face disciplinary and criminal action. Any abuse found will be reported to DOH/MOH and other relevant authorities. NA will do everything reasonably possible to prevent abuse of its drugs.

Theft of a drug will be dealt with as a criminal matter. NA will work with the Police to take criminal prosecution where appropriate. This will also result in disciplinary action being taken and could lead to termination of contract. The illegal supply, diversion or abuse of drugs is a serious criminal offence in the UAE and prosecution can lead to severe fines and prison sentence under Federal Law 4 of 1983 followed by deportation.

Loss or Misplacement of any drug held by NA will be taken seriously and with high priority. Any reported loss or misplacement will be dealt with as per DOH/MOH requirements and in adherence with Federal Law.

Broken or Damaged Drugs will be reported and investigated by Pharmacy through the Drug Discrepancy Form on OpIQ and may further be reported to QHSE if required.

Medication Errors, including dispensing errors, could have an adverse effect on the patient. All medications errors at NA will be reported through QHSE and Clinical Governance. They require internal audit and root cause analysis. Formal root-cause analysis will be used to ascertain cause and mitigate

against further risk in the setting of a sentinel ME. Where appropriate, non-controlled medication errors and incidents will be reported to DOH when required. All Narcotics and controlled drug errors and incidents will be reported to DOH via incident form "DOH Narcotic/Controlled Drug Incident Report Form" within maximum one working day.

All incidents involving Drugs must be reported immediately through the QHSE Reporting System and DOH/MOH reporting systems when required.

8.4 AUDITS AND INSPECTIONS

NA will ensure an audit schedule is strictly adhered to. The MD will oversee the auditing of all documentation in relation to drugs within NA. NA will openly welcome regular inspections from DOH/MOH Inspection Teams. These inspections will check for compliance with this manual.

The MD and Medication Management Department will be expected to have a good understanding of and be actively practicing to this manual. The inspectors will have access to all documentation relating to all Drugs on their request. Failure of NA to comply with inspection requirements may result in sanctions as defined by the relevant regulatory body.

Document Audits Audits of the manual and procedures will be conducted as required and instructed by the MD or Pharmacist within maximum 2 years or when required. The QHSE Department will conduct an independent audit on this manual.

Pharmacy Stock Checks will be completed by the Pharmacist on a monthly basis. This will be recorded on OperativeIQ and any discrepancies must be reported and investigated. Audit records will be submitted to the QHSE Department for analyzing when required.

Drug Bags Inventory Checks will be carried out once a month on all drug bags in the field, ambulances, drug safes, warehouse and/or pharmacy. At the end of every month, each clinical area/contract is required to send the Pharmacist an email listing the quantity of Drug Bags they have in their possession as well as the Drug Bag numbers at that time. Any discrepancy must immediately be investigated and corrected. Any untrack able bag should be reported to QHSE immediately for further investigation.

Narcotic and Controlled Drug Inventory Checks must be conducted by the Pharmacist and counter signed. This will be recorded on the DOH Narcotic Drug Register for Stores and Pharmacies PH20. Any discrepancies must be reported and investigated as per the Reporting Procedure.

Daily Room Temperature Checks will be completed to ensure the temperature is within the designated range for drug storage. If the temperature falls outside designated ranges then this must be escalated urgently and rectified at the earliest opportunity. Drug manufacturer's recommendations must be followed.

Daily Drugs Fridge Temperature Checks will be conducted to ensure the temperature is within the designated range for refrigerated drugs storage. If the temperature falls outside designated ranges then this must be escalated urgently and rectified at the earliest opportunity. Drug manufacturer's recommendations must be followed.

DOH Ambulance Inspections are conducted as and when new ambulances are purchased by the company. DOH are required to inspect and audit the ambulances as per the registration process. A BLS drug bag is required for these inspections and provided to the fleet department when required.

9. EDUCATION AND TRAINING

A continuous effort will be made to enhance accessibility to medication-related information to clinicians across the organization. The Medication Management Department will work closely with the Education Department to ensure this occurs. Education and training encompasses a variety of areas. The Medication Management will focus on the following topics to optimize quality assurance:

- Promote usage of appropriate medication within the organization and ensure strict adherence by all users
- Optimize current medication safety practices and procedures.
- Promote medication error reporting and assess errors using root-cause analysis
- Establish a blame-free environment for responding to errors
- Evaluate where technology can help reduce medication errors
- Design Quick Reference Cards to help clinicians reduce medication incidents
- Reduce the risk of errors of high alert medications via implementing ISMP recommendations
- Create quarterly drug safety alerts for clinical staff
- Continuous improvement of all course material to include up-to-date information and guidance
- Involve all clinicians in medication safety initiatives and programs
- Continuous assessment and analysis of medication usage across all contracts

10. FORMULARY MANAGEMENT

NA is required to establish, manage and maintain a formulary system to ensure patient's access to an uninterrupted supply of safe, efficacious, and cost-effective medications that are appropriate to their healthcare needs and consistent with the facility's scope of practice.

NA has established a CGP134 Patient Care protocol and Medication Formulary Advisory Committee that is comprised of professionals with the appropriate skill mix and representation from facility professionals. They have delegated authority to maintain a formulary and advise the facility management and clinicians on:

- The safe, evidence-based and cost-effective use of medicines and medicinal products
- Supply and inventory of facility specific medicines and medicinal products to serve the demand; and
- Developing and maintaining policies and guidelines concerning their selection, distribution and use of medicines and safety issues arising from their use

NA must ensure that products are continuously available and adequate stocks are maintained for patients' treatment and medication needs without interruption. In line with this, procedures must be in place to manage drug shortage, and report such shortages to DOH in accordance with relevant standards.

NA will ensure that healthcare professionals, including Pharmacists, Physicians, and Paramedics/EMTs, employed at NA comply:

- with any and all restrictions placed by DOH and UAE Federal LAW on the use of certain medicines and medicinal products, including but not limited to Narcotics and controlled drugs
- with the specified scope of practice permitted by their license
- with the requirements for specialized training and continuing professional development associated with prescribing and medication management, as specified by the DOH healthcare providers' policy manual.

11. RELEVANT LEGISLATION

Code, Name of Legislation	Jurisdiction
Federal Law No. 14 of 1995 On The Counter Measures Against Narcotic Drugs and Psychotropic Substances	UAE
DOH Circular (4) /2007 PPR/ DMP	Abu Dhabi
DOH Standards for The Management of Narcotics, Controlled and SemiControlled Medicinal Products	Abu Dhabi
DOH Standard for Managing The Supply and Safe Use of medications in licensed Healthcare Facilities	Abu Dhabi

12. PROCEDURES FOR PHARMACY

12.1. NON CONTROLLED DRUGS

11.1.1 Access to Pharmacy

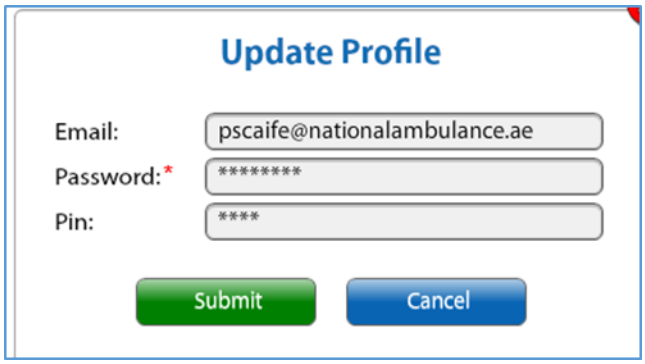
1. Each authorized member of the pharmacy department must access pharmacy using the key provided to them.
2. Once the key lock is opened, the pharmacist must use the biometric security access located on the pharmacy wall to prompt door opening.
3. When biometric security access is accepted, the handle is twisted down and the door should just be pushed opened.
4. Once the pharmacist is inside, the door is locked to enhance maximum security and restricted access to medications.
5. If the pharmacist is evacuating pharmacy, lights and computers are turned off and the doors must be key-locked at all times.

The pharmacy keys should only be kept in the possession of pharmacists and they are not transferable to any third parties.

Any breach to the above procedure by authorised or non-authorised individuals would result in serious consequences.

11.1.2 USER SECURITY

Users are required to have a password and 4-digit pin number for OpIQ. They can change their password and pin number through the OpIQ check sheet menu on the left hand side or via Update Profile in the back office.



11.1.3 PROCUREMENT

The purchasing of non-controlled drugs is the same as other consumable inventory items and is initiated through Operative IQ. To generate a PO in OpIQ, the Pharmacist creates a new Pharmaceutical > Medication part (if it doesn't exist already) prior to raising the order.

Every month, the Pharmacist runs a procurement recommendation report that shows all items that need to be reordered to bring Pharmacy stock up to par. The Pharmacist reviews the report for sensibility and validation before creating an OpIQ PO. Before generating a PO, it is vital that the Pharmacist contacts each vendor individually by email/telephone to confirm the following:

1. The particular medication is available in stock. If it is not available currently, that it can be imported and the lead time for delivery
2. Cost of the product is still equivalent to what is listed on OpIQ
3. Strength, formulation, and brand is equivalent to what we currently stock in pharmacy. If not, a new asset will need to be created on OpIQ.

Raise a Purchase Order

POs are created through OpIQ and Oracle Fusion. The pharmacist is responsible of raising the order to the Medical Supplies and Equipment Working Groups (MSEWG) for discussion and approval by Purchasing and Tendering Committee (PTC). The procurement assistant is responsible for raising the Oracle PO.

Run Pharmacy Order Recommendation Report

1. Log into OpIQ
2. Click on Reports
3. In the Purchasing section, click Pharmacy Order Recommendation with Open PO Calculations
4. Click excel icon to generate excel file
5. Save report

Create an Operative IQ Order if holding of drugs in pharmacy is LESS than the re-order point (ROP) (this has to be done per supplier)

1. Log into OpIQ
2. Click Purchasing > Purchase Orders
3. On the upper right portion, click 'Create New PO'
4. Click 'Select supply room' and select "Pharmacy"
5. Click 'Select supplier' and select the supplier

6. A list of items supplied by that supplier will be shown below
    a. Items that are supplied by that supplier as a Primary AND Alternate supplier will be displayed
        i. Use the Report to help ascertain which supplier you want to order from
7. Select the items required, you may change the Quantity of the required item in the 'Order' field
    a. Default quantity is what the system recommends
8. Click Save Draft
9. Check the items and other details in the 'Purchase Orders Parts'
10. If items are correct and complete, click Approve in the 'Order Status'
11. If you wish to add or reduce the items or quantity, click Edit
12. Edit the quantity in the 'Order' field, then Save
13. To add more items, click 'Add part' then follow from step 6-10 below
14. Check once again the items and the details shown in the 'Purchase Order Parts'
15. If all items are ok to purchase, click Approve in the Order Status
16. Click on the Supplier Name to confirm that the email address supplied is for pharmacy (pharmacy@nationalambulance.ae)
17. Click Send email
18. Fill up the Working Group Request Template and send to admin by latest Thursday midday, attend the Working Group discussion on Sunday for discussion and initial approval of requested items.
19. Item will be forwarded to the PTC for final approval.
20. The Purchasing Assistant then creates a PO in Oracle that should be forwarded to the supplier.

Create an Operative IQ Order If your holding of drugs is NOT less than your ROP but you still need to order more drugs (as above per supplier):

1. Log into OpIQ
2. Click Purchasing > Purchase Orders
3. On the upper right portion, click 'Create New PO'
4. Click 'Select supply room' and select "Pharmacy"
5. Click 'Select supplier' and select the supplier
6. Click Add Part
7. Click Search Catalogue
8. Select the required drugs and click Add Parts
9. Enter in the amount that you want to order
10. Click Save Draft
11. Check the items and other details in the 'Purchase Orders Parts'
12. If items are correct and complete, click Approve in the 'Order Status'
13. If you wish to add or reduce the items or quantity, click Edit
14. Edit the quantity in the 'Order' field, then Save
15. To add more items, click 'Add part' then Save
16. Check once again the items and the details shown in the 'Purchase Order Parts'
17. If all items are ok to purchase, click Approve in the Order Status
18. Click on the Supplier Name to confirm that the email address supplied is for pharmacy (pharmacy@nationalambulance.ae)
19. Click Send email
20. Fill up the Working Group Request Template and send to admin by latest Thursday midday, attend the Working Group discussion on Sunday for discussion and initial approval of requested items.
21. Item will be forwarded to the PTC for final approval.
22. The Purchasing Assistant then creates a PO in Oracle that should be forwarded to the supplier.

Review Open Purchase Orders

1. Log into OpIQ
2. Click on Reports
3. Navigate to the Pharmacy Section
4. Locate and run the report called 'Purchase Orders – Open'

11.1.4 RECEIPT NON-CONTROLLED DRUGS IN

When a medication is delivered, the Pharmacist must physically check the contents received against the PO and the invoice provided by the vendor. The Pharmacist must complete the following processes:

1. Sign and stamp BOTH the invoice and delivery note.
2. Return the signed and stamped copies of the delivery note to the supplier.
3. The original invoice and a copy of the PO is sent to finance for payment.
4. A copy of the invoice is filed in pharmacy.

Please note that all non-controlled drugs received into the pharmacy should be stored correctly in terms of light and temperature and within the allocated compartment. All items should be received in both OpIQ and Oracle Fusion.

Receipt Goods into Operative IQ

1. Log into OpIQ
2. Click Purchasing → Purchase Order
3. Locate the requisite PO, based on the Delivery note received
4. Click on the selected PO
5. Click Receive
6. All items comprising the PO are listed below
7. Select the item/s received and enter the actual quantity received (check UOM entered is the same as the PO)
   Click Receive (upper right)

Receipt Goods into Oracle Fusion

1. Log into Oracle Fusion
2. Go to Home
3. Go to Inventory Management
4. Go to Tasks
5. Select Receipts → Receive Expected Shipments
6. Enter Purchase Order number
7. Click search → select the correct item → enter received quantity → press Done
8. The system will create a receipt number.
9. Go back to Tasks and select Put Away Receipts
10. Enter the Receipt number created previously
11. Confirm item and received location→ select Put Away
12. Select Done to complete Receipt process

Drug Shortage Process:

The pharmacist must notify DOH when the minimum stock threshold for drugs within the pharmacy have been reached. The minimum stock threshold is equivalent to 8-weeks supply of a drug product

in combination with the facility's own consumption pattern. The medications of most importance are included in the DOH Mandatory Drug List. The pharmacist is expected to report the information using the DOH template, which is emailed to *drugshortage@DoH.ae*.

(D) Emergency Procurement Process

NA Pharmacy occasionally run out of stock of certain medications. There are several reasons for this:

1. Significant delays to medication deliveries
2. Import permit issues with Ministry of Health (MOH)
3. Lack of communication between DOH and healthcare facilities when medications are no longer licensed/unavailable to purchase
4. Unexpected events, MCIs, or contracts requiring medication without prior notice

In this case, it is possible to Wholesale Purchase small quantities of medications from Sheikh Khalifa Medical City (SKMC). The following process should be followed in order to purchase the medication:

1. Call SKMC Procurement team, Misbah 050-712-4845, 02-819-2319, or smisbahuddin@skmc.ae, (*this is confirmed true up till the time of updating this manual*) and inform with them that NA would like to purchase some medications. Ask for an appropriate time to come visit the pharmacy department
2. Create a Purchase Request for the medications required and complete the pre-written SKMC procurement letter within the N: drive *N:\Clinical\Pharmacy\General forms and templates\SKMC procurement letter*
3. Ask MD to sign both documents
4. Visit Administration or Finance to collect some petty cash. Sometimes it is difficult to know how much cash is required. An appropriate way to calculate this is to look at previous SKMC receipts within the Pharmacy Invoice Folder for prices of medications procured in the past
5. Visit Dr Sahar A. Fahmy, PhD (Section Head, Drugs and Medical Products Regulation, Health Regulation Division) at DOH to sign and stamp the documents for approval to purchase. She may ask you to provide an appropriate reason for purchasing the medications via this route rather than ordering from a vendor
6. Go to the Pharmacy Stores Department at SKMC and call Misbah (2319) using the phone in the reception and let him know you have arrived
7. He will let you into the pharmacy. He will assess the medication list and provide what he can from the current stock levels at SKMC.
8. He will ask you to visit the Purchasing Department at SKMC to get a signature and stamp from the manager for approval of procurement
9. Once this is completed, go back to Misbah so an invoice can be created

10. Once the invoice is created, Misbah will ask you to visit the Finance Department at SKMC to pay for the medication. Retrieve two receipts; one for NA Finance and one for SKMC Pharmacy Stores. Ensure you keep any change from the purchase safe
11. Go back to Pharmacy Stores with the receipt. Misbah will ask someone within Pharmacy Stores to pick all the medication on the list
12. Once you have received the medication, check the medication is correct according to the list and sign the picking slip provided
13. When back at NA Pharmacy, take a copy of the invoice for Pharmacy and send the original to Finance for processing. Return any change to Finance at this time.

11.1.5 LOAD AND SET UP DRUG BAG ON OPIQ

All drug bags are given a unique bag number. This bag number is attached to the outside of the bag using a red plastic tag. Each tag also has a scannable barcode which can be used by the crew when adding the drug bag to their ambulance as an asset. The Pharmacist will also inscribe the drug bag number on the outside of the bag using permanent marker. This process is completed as a precautionary measure in case the tag falls off the drug bag or breaks by mistake.

Creation of new Drug Bags in OpIQ

To create new drug bags in OpIQ, contact either the Asset Manager or the Procurement Team

11.1.6 ISSUE A BLS, ALS, OR HEMS DRUG BAG

BLS, ALS and HEMS drug bags are issued to either a station safe or a unit (ambulance) and generally transported by logistics (note: Logistics has a safe to assist when transferring empty and full bags).

OpIQ is used to track the drug bags between the Pharmacy, the Warehouse Drug Safe, the Station Drug Safes and ambulances/units. When a bag is used by a unit, the crew check that bag (as an asset) out to the unit. The bag will remain checked out to the unit until it needs to be returned to pharmacy for re-fill/expiring drugs/damaged drugs. At this point the crew check the bag in to their station drug safe. At the beginning of each shift, the new crew member must complete a full inventory of the drug bag issued to that unit.

When the drug bag is returned to the station drug safe, it is ready for collection by Logistics and will be sent back to pharmacy for replenishment and reissue.

Note: For Events, the Events Administration staff email the Pharmacist drug bag requirements for the week, with specific details for each event and their locations. This information is usually sent to the pharmacy email address Monday of each week. These bags are sent to the warehouse with the

Logistics team on Monday and/or Thursday of each week depending on requirements.

Pharmacist transfers BLS Drug Bags to the warehouse on OpIQ

1. In OpIQ click Inventory > Transfer Inventory
2. Type = Supply Room
3. From Supply Room = Pharmacy
4. To Supply Room = <select the room that you are transferring the bags to>
    a. This could be Warehouse Safe
5. Filter for the Drug Bags
    a. In Part Description type in Bag, or
    b. Select subcategory Drug Bag
6. The on hand for the drug bags that are in the Pharmacy should be 1. Enter 1 into the Quantity field against the drug bags to transfer
7. Click Add to List
8. Enter a comment regarding who you are giving the bags to and what station the bag is destined for
9. Click Submit

SCA transfers bags to In Transit and then to a Station Safe

1. In OpIQ click Inventory > Transfer Inventory
2. Type = Supply Room
3. From Supply Room = Warehouse Drug Safe
4. To Supply Room = <select the room that you are transferring the bags to>
5. This should be In Transit
6. Filter for the Drug Bags
7. In Part Description type in Bag, or
8. Select subcategory Drug Bag
9. The on hand for the drug bags that are in the Warehouse Drug Safe should be 1. Enter 1 into the Quantity field against the drug bags to transfer
10. Click Add to List
11. Enter a comment if necessary
12. Click Submit

Upon arriving at the Station

1. In OpIQ click Inventory > Transfer Inventory
2. Type = Supply Room
3. From Supply Room = In Transit

4. To Supply Room = <select the room that you are transferring the bags to>
    a. This should be the Station Drug Safe
5. Filter for the Drug Bags
    a. In Part Description type in Bag, or
    b. Select subcategory Drug Bag
6. The on hand for the drug bags that are in the In Transit should be 1. Enter 1 into the Quantity field against the drug bags to transfer
7. Click Add to List
8. Enter a comment if necessary
9. Click Submit

Check drug bag out to a unit

1. This process is exactly the same as adding any other asset to your vehicle
2. Go to the drug bag safe and remove a full, sealed drug bag (as normal)
3. Go to your ambulance
4. Log onto your ambulance on the MDT check sheet (as normal)
5. Ensure your status and location are correctly set (as normal)
6. Click on Menu > Assets
7. You will see an orange placeholder for your Drug Bag
8. Click on BLS Drug Bag > Click Yes
9. Click into the Search bar
10. Press the Barcode scanner button on the top of the MDT and scan the Drug Bag label
11. Click Go > click Close
12. The Drug bag should now be added as an asset to your vehicle

11.1.7 TEMPERATURE MONITORING

As medications are present all over the organisation, the company have the following agreed governance:

QHSE own temperature monitoring as conformance item
The Following are RESPONSIBLE for:-

- Temperature monitoring compliance reporting and auditing – QHSE
- Provision and procurement of Temperature monitors – logistics
- Calibration of devices – IT with instruction from QHSE
- System for recording temperature – OpIQ system manager
- Taking the readings - Owner of the area or appropriate delegates:-
    Warehouse – Warehouse manager
    Pharmacy – Pharmacist in-charge

Bases – On duty Operational staff

- Remediation of issues - Owners of the area

11.1.8 REPLENISH A DRUG BAG

Once a drug bag has been returned to pharmacy, it must be replenished at the Pharmacist's earliest convenience. Returned drug bags are separated from replenished/full drug bags using designated shelving units labelled "returned."

When dispensing any drug bag, there is flexibility in terms of the order in which selection of a drug on OpIQ and physical picking of a drug occur in the pharmacy. The decision to physically pick a drug from the shelf before requesting what expiry date/batch numbers are available on OpIQ (or vice versa) is at the discretion of the Pharmacist. However, at all times these two stages must precede physically placing medications into the drug bag itself. Ensure a self-check is carried out prior to placing new drugs into the drug bag. The following initial checks are required for complete replenishing procedures:

1. Pharmacist must ensure using the designated dispensing area.
2. All bags should have barcoded tags with a unique number attached and/or the number written on the bag using permanent ink.
3. The external presentation of the bag is physically checked for any wear, tear and/or dirt and replaced if required.
4. The required medications should be assembled, full quantities are accurately checked and the expiration of each item is in date.
5. All High alert drugs should have a HIGH ALERT STICKER attached to their container.
6. Salbutamol nebules have an "Open Date" sticker attached and expiry date is shortened to three month from opening date.
7. Paracetamol liquid have an "Open Date" sticker and expiry date is shortened to six months maximum from opening date.
8. Glucagon injection is shortened to 18 months maximum from date of dispensing.
9. The medication should be kept in the assigned compartment within the bag.
10. All Bags should include List of "critical levels" for each drug which is used as a guide for crew to return the drug bag to pharmacy
11. All bags should contain the required Quick Reference Guide cards.
12. Dispensed bags are protected with security seals.

Once the dispensing process is complete, the drug bag should be sealed and placed onto the "completed" shelf in pharmacy.

Refilling Returned Drug Bags

When bags are being refilled, the stock is transferred to the station that they came from. This information can be gathered using the 'Tracking Drug Bags' Report.

1. When drug bags arrive back from the Warehouse/Contract Drug Safe ensure that they are immediately transferred back into Pharmacy
2. When it comes time to refill drug bags, use the Tracking Drug Bag movement Report to ascertain which station the bag was last at.
3. Click on Inventory > Transfer Inventory
    a. Type Supply Room
    b. From Supply Room = Pharmacy
    c. To Supply Room = <Substation safe> (Must be **safe** store)
4. Take first bag from a station
    a. Establish what is missing
    b. Enter Quantity and click Add to List
    c. Ensure soonest expiring drugs are selected – physically and in OpIQ
5. Repeat process for each bag
6. Repeat for all bags that have been returned from that particular station
7. Once all complete, click Submit
8. Click Print
9. Click OK

11.1.9 EXPIRED OR DAMAGED MEDICATION

For the purposes of this document, a **damaged** medication is defined as a medication that is no longer fit for patient use. An example of this is a drug being kept under incorrect storage conditions as required by the manufacture and/or a drug has passed its expiry date even if the drug was kept within the storage requirements.

Drug **expiry** is the responsibility of the Pharmacists as well as the Crew using the drug bags. If a medication is due to expire, the crew member should return it to pharmacy for replenishment in a timely manner. It is **vital** that there must not be any drug bags in active circulation containing any expired medications. The process is as follows:

13. Physical checking of expiry date shall be done every month in the pharmacy and shall be checked and inventoried against OpIQ records.
14. Drugs with less than 6-9 months expiry shall be identified.
15. Pharmacist will ask the attention of the supplier to return nearly expired and damaged drugs, if there is a prior agreement in place, and organize a replacement with a longer expiry date drugs or otherwise reimbursement.
16. If there is no prior agreement the product should be pulled-out and be prioritized for dispensing.
17. All BLS, ALS and HEMS bags in circulation should be checked upon receiving by clinicians and once being used to ensure they do not contain any expired or damaged medications.

18. In the event of an expired/ damaged medications being found in a bag recently received from pharmacy, the pharmacist should be notified through Drug Discrepancy Form on OpIQ and the bag with all its contents must be sent back to pharmacy for replacement.
19. All the expired medications must be removed on the appropriate dates from the pharmacy shelves and from all bags once returned to pharmacy.
20. The process of removal from bags starts 3 months before expiry dates and continues until all expired items are removed.
21. All expired or damaged medications should be secured by the pharmacy in an area clearly designated as a quarantine area until returned to supplier.
22. When the supplier cannot accept anymore the product. The pharmacy must then dispose the products in an environmental conscious way.
23. This must be done by coordinating with the appropriate chemical disposal companies for proper disposal. The company should have the required licensing and approvals to collect and treat expired medications.
24. It is NA responsibility to ensure the confirmation of an environmentally safe final destruction according to environmental laws.
25. Currently the pharmacy deals with Oasis Company for disposing of expired and damaged medications. Updates on the companies and their requirements must be obtained regularly.

OpIQ Process for identifying expired drugs

1. The 'Expiration Status of Drugs by Unit' report is sent to Pharmacy once a month
2. Pharmacy contact the relevant units/locations and request that the specified drug bags are returned asap
3. Expired/Imminently expiring drugs
    a. Removed from Drug Bags and placed in Expired Drugs container
    b. Transfer the drugs to Pharmacy: Expired Drugs in OpIQ
    c. Transfer replacement drugs to Drug Bags
4. Drugs expiring in the near future
    a. Swap with drugs in bags on low turnover contracts

Transfer Expired Drugs in OpIQ

1. In OpIQ click Inventory > Transfer Inventory
2. Select the 'From Supply Room' as the Station Drug Safe that the drugs have been returned from
3. Select the 'To Supply Room' as Pharmacy: Remove from Pharmacy
4. Enter the quantity of drugs being transferred
5. Click Add to List

6. Ensure the correct Lot Number and Expiration date are selected
7. Click Submit
8. Enter a comment if necessary
9. Click Submit
10. Click OK

Transfer Replacement Drugs in OpIQ

1. Click on Inventory > Transfer Inventory
    a. Type Supply Room
    b. From Supply Room = Pharmacy
    c. To Supply Room = <Substation safe> (Must be safe store)
2. Take first bag from a station
    a. Establish what is missing
    b. Enter Quantity and click Add to List
    c. Ensure soonest expiring drugs are selected – physically and in OpIQ
3. Repeat process for each bag
4. Repeat for all bags that have been returned from that particular station
5. Once all complete, click Submit
6. Click Print
7. Click OK

11.1.10 REPORT INCIDENT

If the drug bag or medication incident/error is identified **within pharmacy**, a QHSE report must be completed and sent to qhse@nationalambulance.ae. The Pharmacist identifying this incident will complete the necessary root-cause analysis reports and risk assessments as needed.

11.1.11 RECALLED MEDICATION

Drug recalls are identified via DOH Circular Reports sent to the Pharmacist-in-Charge email address via Clinical Governance department. NA Pharmacy staff should take urgent action for all drug recalls issued by DOH. Removal of recalled drugs from active inventory should not exceed 24 hours and all returns to pharmacy must be completed as soon as possible.

The following process should be followed:

1. Pharmacists get notified of DOH recall alert via email from Clinical Governance.
2. The Pharmacist on duty should immediately check if the medication or specific batch of medication being recalled is stocked by NA Pharmacy.
    a. There are 2 reports to run that identify a drug by its Lot number

i. Identifying Lot numbers of drugs in Pharmacy
ii. Identifying Drugs by Lot Number

3. If kept as stock, identify and locate all pharmacy stock and drug bags within pharmacy containing the recalled medication.
4. Pharmacy stock of the recalled drug is physically segregated immediately and stored in a clearly labeled "Recalled Medications Container".
5. All stations keeping the medications which could potentially include the recalled batch of medication should be contacted via email immediately.
6. A generic "Pharmacy Recall Alert Email" is sent to area managers, supervisors and duty managers emphasizing the importance of checking **ALL** drug bags at the station safes and units.
    a. The "Pharmacy Recall Alert Email" should include the following information

Recalled drug generic name and/or specific brand name	
Recalled drug presentation	
Recalled drug batch number	
Risks/consequences of administering the drug to a patient	
Action to be taken	All bags containing the recalled medication to be segregated and/or confiscated by the area/duty manager and clearly labeled as "Bags with Recalled Medication"
When/how to return the drug bag to pharmacy	
Other	

7. After checking **ALL** bags at the station safes and units, the station must notify pharmacy by **Replying** to the original "Pharmacy Recall Alert Email" including the following information:

Name and ID number of staff that carried out the check	
Bag numbers containing the recalled medication	

Confirm that drug bags been segregated out by the duty manager on a clearly labeled "Bags with Recalled Medication"	Yes/ No
Any issues encountered	
Other comments	

8. After locating all drug bags containing the recalled drugs, Pharmacy organizes the recollection and replacement of all drug bags
9. Pharmacy collects all the data from the emails and compares with actual drug bags received.
10. Pharmacy physically removes the recalled medication from the bags to "Recalled Medications Container" in the pharmacy.
11. Pharmacy removes the recalled medication returned from stations via OpIQ using the following steps:
    a. In OpIQ click Inventory > Transfer Inventory
    b. Select the 'From Supply Room' as the Station Drug Safe/Pharmacy that the drugs have been recalled from
    c. Select the 'To Supply Room' as Pharmacy: Recalled Medication
    d. Enter the quantity of drugs being transferred
    e. Click Add to List
    f. Ensure the correct Lot Number and Expiration date are selected
    g. Click Submit
    h. Enter a comment about the recall notice
    i. Click Submit
    j. Click OK
12. Run an OpIQ report showing the following information:
    a. Date of DOH recall alert
    b. Name of recalled medication
    c. Batch number of recalled medication
    d. Quantity of recalled medication in the pharmacy stock
    e. Quantity returned from contracts
    f. Total quantity
    g. Date action completed
    h. Other relevant information
13. Follow up with the actions requested by DOH on the Recall Alert e.g. return to supplier, and email action and requested paperwork to the email address provided on the DOH Alert.
14. All paperwork for the recall including DOH alerts, OpIQ Recall forms and copies of forms sent to DOH should be archived in Pharmacy N: Drive Recall Folder for DOH and/or JCIA checks.

15. DOH Circulars status Sheet found in *N:\Clinical Services\CORPORATE CLINICAL\01 Reports, RIB, Minutes\07 DOH Circulars status* should be updated.

11.1.12 HIGH ALERT MEDICATIONS

The procedures outlined below must be adhered to when storing or handling high alert medications within pharmacy.

1. All locations where high alert medications are stored should be clearly labelled and separated from other stock.
2. A high alert medication warning label should be affixed to the storage bins containing these medications.
3. All high alert medications in the drug bags will be labelled as high alert.
4. High Alert Quick Reference Card should be included in all drug bags.
5. Medications that look-a-like or sound-a-like will be stored in separate areas with specific labelling, TALLman lettering, to alert staff of the potential for errors as per ISMP guidelines.
6. When dispensing a High Alert, the definition of the name on OpIQ should prompt the pharmacist to affix the required label on the dispensed drug.

12.0 NARCOTICS AND CONTROLLED DRUGS

In order to provide safeguarding requirements by DOH narcotics and controlled-drugs are locked in safes inside the pharmacy. Only DOH authorized individuals are allowed to access the safe. The safes are pin-locked at all times when not in use. Security codes are to be provided to the authorized individual only.

12.1 INITIAL PURCHASE OF NARCOTICS

Monthly Narcotics quota is the DOH approved maximum quantity of Narcotics that can be carried out by the company per month. To increase this quota, justification is required and approval needs to be gained from DOH.

Twice a year, the assigned Pharmacist must send a quota to DOH to either maintain current or to increase or decrease Narcotic levels.

Once approved, the pharmaceuticals are purchased from Darwish Medical Store (DMS). Only the named person responsible can physically order and collect the Narcotics. Darwish Medical Store is located in Zayed Military Hospital and is open Sunday to Wednesday from 7am-2pm. An appointment is required prior to a visit. An email can be sent to the Senior Pharmacy Officer or they can be contacted directly by phone.

The below documentation is required for initial purchasing.

Documents needed

1. Approval letter from DOH regarding quantity of Narcotics permitted
2. Evidence of named person responsible
3. DRV8 DOH Demand and Return Voucher

11.1.13 FOLLOW UP PURCHASING OF NARCOTICS

To effect a follow up purchase of Narcotics, the above process is required in terms of booking an appointment with Darwish Medical Store. The below documentation is required for follow up purchasing. In addition, all empty or expired vials/ampoules with respective prescriptions must be returned as Narcotics are replenished on a one-empty-to-one-full basis or one-expired-to-one-full basis.

All Narcotics have been set up in the OpIQ catalogue so that the standard PO procurement process can be followed.

Documents needed

1. DRV8 DOH Demand and Return Voucher –separate pages of the voucher are used for returning and demanding
2. Evidence of named person responsible.
    a. Once Darwish are given a copy of this for the first purchase, it is not required again
3. Completed Prescriptions where Narcotics were administered as part of the Narcotic Prescription Pad (PH 11) along with corresponding empty vials
4. Incident forms for any Narcotics for broken or missing vials

Raise Purchase Order

1. PO raised in OpIQ
    a. Log into OpIQ
    b. Click Purchasing > Purchase Orders
    c. Click Create New PO
    d. Select Pharmacy as the Supply Room
    e. Select the relevant Supplier (DMS)
    f. The relevant Narcotics should automatically populate in the lower pane
        i. If the Narcotics do not automatically populate in the lower pane then click Add Part > Search Catalog
        ii. Select the Narcotic > Click Add Parts

iii. Enter the required order
iv. Click Save Draft

g. Enter the required amount
h. Click Save Draft
i. Click Approve
j. Click Send Email
i. This will automatically send the PO to the Pharmacy email address

2. PO emailed to MD for approval
3. Pharmacy receives notification of approval to purchase Narcotics
4. Collect appropriate amount of petty cash from Finance to purchase
5. The Narcotics are purchased from DMS
6. A copy of the receipt is given to Finance
7. The original receipt is kept by Pharmacy

11.1.14 CONTROLLED DRUG PURCHASE

Unlike Narcotics, the maximum level held does not need to be approved by DOH, and purchases do not need to be made through Darwish Medical Store.

Vendors are the same for controlled drugs and non-controlled drugs, therefore, the process for procurement is also the same.

Documents needed

None

Raise Purchase Order

1. PO raised in OpIQ
   a. Log into OpIQ
   b. Click Purchasing > Purchase Orders
   c. Click Create New PO
   d. Select Pharmacy as the Supply Room
   e. Select the relevant Supplier
   f. The relevant controlled drugs should automatically populate in the lower pane
      i. If they do not automatically populate in the lower pane then click Add Part > Search Catalog
      ii. Select the controlled drug > Click Add Parts
      iii. Enter the required order
      iv. Click Save Draft

g. Enter the required amount
h. Click Save Draft
i. Click Approve
j. Click Send Email
    i. This will automatically send the OpIQ PO to the Pharmacy email address

2. Fill up the Working Group Request Template and send to admin by latest Thursday midday, attend the Working Group discussion on Sunday for discussion and initial approval of requested items.
3. Item will be forwarded to the PTC for final approval.
4. The Purchasing Assistant then creates a PO in Oracle that should be forwarded to the supplier.

11.1.15 RECEIPT NARCOTICS IN

1. Complete DOH *Register for Narcotics (PH20)* for documentation of receipt of vials
2. Place vials into the Pharmacy safe
3. Perform stock take on all vials to ensure the total quantity is correct
4. Upload a copy of the Invoice to the associated Safe - Receive Narcotics form upon receipt onto OpIQ
5. Keep original delivery note and send a copy to finance

Documents needed

1. Narcotic Drug Register for Stores and Pharmacy (PH20)
2. DRV8 DOH Demand and Return Voucher

Verification: Single

Receipting Narcotics into OpIQ – Inventory Module

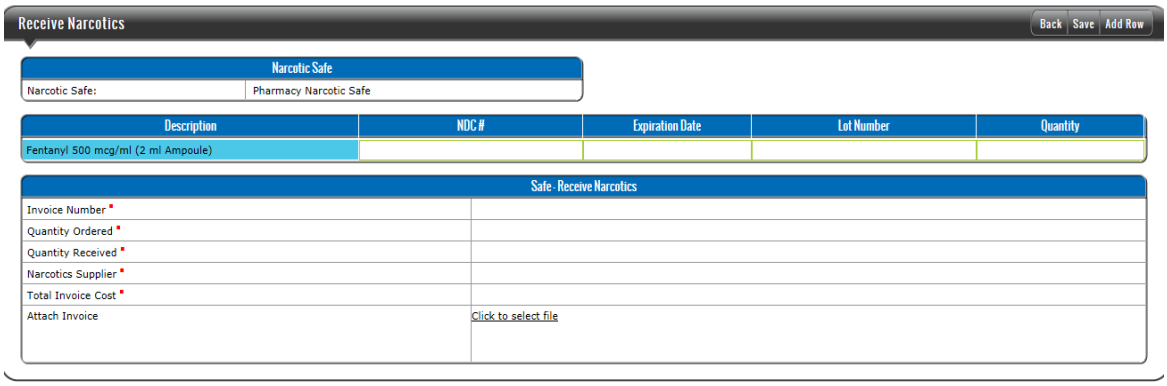
1. Log into OpIQ
2. Click Purchasing → Purchase Order
3. Locate the requisite PO, based on the Delivery note received
4. Click on the selected PO
5. Click Receive
6. All items comprising the PO are listed below
7. Select the item/s received and enter the actual quantity received (check UOM entered is the same as the PO)
8. Click Receive (upper right)
9. Enter in Expiration Date, Lot Number and Quantity Received
10. Click Submit

11. Click OK
    a. If all Narcotics have been received then the PO should prompt you about being automatically closed
12. Adjust the Quantities in Parts & Assets
    a. Click Inventory → Cycle counting
    b. Select supply room: Pharmacy
    c. Search for the drug just received and click on it
    d. Alter the On Hand quantity to zero
    e. Add a relevant Comment
    f. Click Save
    g. Then receipt the Narcotics into the Narcotics Module

Verification: Single

Receipting Narcotics into OpIQ – Narcotics Module

1. Log into OpIQ
2. Click Narcotics > Narcotic Safe > Receive
3. Ensure that the correct safe is selected
4. Click on the Narcotic that you are receipting in
5. Enter the Batch (Lot) Expiry Date
6. Enter the Lot Number
7. Enter the Quantity received
8. Complete the Safe – Receive Narcotics form fields
9. Click Save
10. Enter password and pin
11. Click Submit
12. Print Record and Tracking labels
13. Click OK



11.1.16 RECEIPT CONTROLLED DRUGS IN

1. Complete the NA Pharmacy Drug Register and the Controlled Drug Register for Wards and Pharmacies and Stores (PH17)
2. Place vials into the Pharmacy safe
3. Perform stock take on all vials to ensure the total quantity is correct
4. Upload a copy of the Invoice to the associated form upon receipt onto OpIQ
5. Keep original delivery note and send a copy to finance

Documents needed

1. CGF134 National Ambulance Pharmacy Drug Register
2. Controlled drug invoice
3. Controlled Drug Register for Wards & Pharmacies and Stores (PH17)
    a. Used to document both controlled drugs received with invoice number from vendor and the controlled drugs administered to patients by a licensed clinician (this register will be an accurate representation of the number of vials/ampoules available at NA)

Verification: Single

Receipting Controlled Drugs into OpIQ – Inventory Module

1. Log into OpIQ
2. Click Purchasing → Purchase Order
3. Locate the requisite PO, based on the Delivery note received
4. Click on the selected PO
5. Click Receive
6. All items comprising the PO are listed below
7. Select the item/s received and enter the actual quantity received (check UOM entered is the same as the PO)
8. Click Receive (upper right)
9. Enter in Expiration Date, Lot Number and Quantity Received
10. Click Submit
11. Click OK
    a. If all Narcotics have been received then the PO should prompt you about being automatically closed
12. Adjust the Quantities in Parts & Assets
    a. Click Inventory → Cycle counting
    b. Select supply room: Pharmacy
    c. Search for the drug just received and click on it

d. Alter the On Hand quantity to zero
e. Add a relevant Comment
f. Click Save
g. Then receipt the Controlled Drugs into the Narcotics Module

Verification: Single

Receipting Controlled Drugs into OpIQ – Narcotics Module

1. Log into OpIQ
2. Click Narcotics > Narcotic Safe > Receive
3. Ensure that the correct safe is selected
4. Click on the Narcotic that you are receipting in
5. Enter the Batch (Lot) Expiry Date
6. Enter the Lot Number
7. Enter the Quantity received
8. Complete the Safe – Receive Narcotics form fields
9. Click Save
10. Enter password and pin
11. Click Submit
12. Print Record and Tracking labels
13. Click OK

Receipt Controlled Drugs into Oracle Fusion

1. Log into Oracle Fusion
2. Go to Home
3. Go to Inventory Management
4. Go to Tasks
5. Select Receipts → Receive Expected Shipments
6. Enter Purchase Order number
7. Click search → select the correct item → enter received quantity → press Done
8. The system will create a receipt number.
9. Go back to Tasks and select Put Away Receipts
10. Enter the Receipt number created previously
11. Confirm item and received location→ select Put Away
12. Select Done to complete Receipt process

11.1.17 LOAD A DRUG BAG ON OPIQ

A list exists of the bags and required contents, this includes Narcotics and other controlled drugs.

Load Drug Bag in OpIQ

Narcotics Boxes (Bags) are collections of medications that can be loaded and issued to Crew Members.

1. Log into OpIQ
2. Click Narcotics > Narcotic Safe
3. Click Load Box
4. Click on the Drug Bag you want to load
5. Step 1: Return Narcotics to Safe
    a. If this is the first time a bag is being loaded there are no Narcotics to return
    b. Click Next
6. In the Add Control Number to Narcotics Box, click Select
7. Select the control numbers (drugs) to add > Click Save
8. Add in the required number of seals and seal numbers (of seals that are being included in the Drug Bag)
9. Click Finish
10. Enter password and pin > Click Submit > Click OK
11. Print the 'Load Confirmation'
12. Place this print off with the Narcotics bag for the checker – second Pharmacist to double check bag against print out, sign the document, and file appropriately
13. The bag is **NOT** to be sealed at this time

Verification: Single

11.1.18 ISSUE A DRUG BAG TO CREW

Drug bags are issued individually to crew that are qualified to carry them. They become the responsibility of the staff only, they can only be transferred to another qualified clinician at the end of a shift or during an event provided pharmacists approval is obtained.

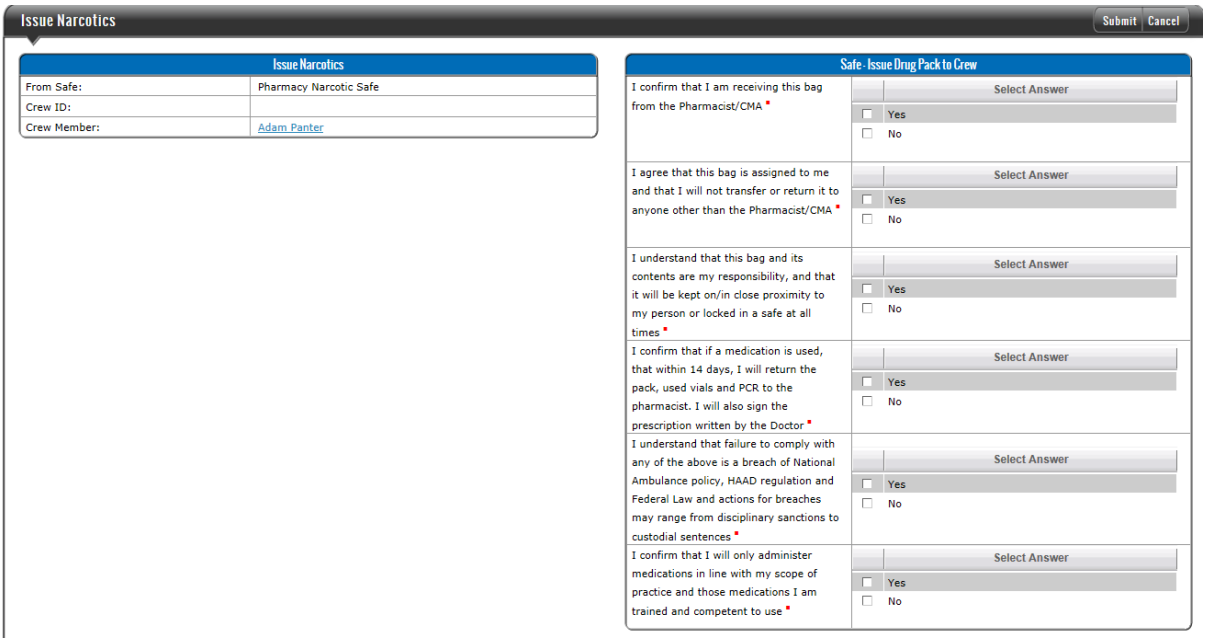
1. Crew must be DOH licensed and have passed the Narcotics and Controlled Drug Course Pharmacist may receive email from crew member that they need a new bag
2. Crew member comes to pharmacy to receive the bag.
3. Pharmacist takes bag from safe and issues to the crew

Control: You cannot issue drugs to yourself

Verification: Dual + Sealed

Issue Drug Bag to Crew in OpIQ

1. Log into OpIQ
2. Click Narcotics > Narcotic Safe
3. Click Issue to Crew
4. Complete Safe – Issue Drug Bag to Crew form
5. Click Select
6. Select 1 drug from the drug bag that is going to be issued
    a. All of the other drugs in this drug bag will be auto-selected
7. Click Save
8. Click Submit
9. Enter a seal number > Save
    a. Whichever seal is used to seal the bag and the corresponding number entered into OpIQ, **MUST** have been entered into OpIQ when the bag was originally loaded
10. The Pharmacist/MD needs to enter their password and pin > Submit
11. The Crew to whom the bag is being issued then needs to enter their password and pin > Submit



11.1.19 REPLENISH A DRUG BAG

Internal replenishment of Narcotic Bags generally take place following the use of a Narcotic.

Pharmacist completes the necessary paperwork with the clinicians, checks and replenishes the Drug Bag up to the correct holding. Pharmacist may then deliver a fresh bag to the required location.

Documents needed after administration

1. Used vials and PCRs
2. Prescribing Physician writes the appropriate prescription for the Narcotic or controlled drug at the time of usage. The clinician and witness to the administration of the Narcotic sign the prescription at the earliest opportunity.
3. Register for Narcotics for Wards and Clinical Departments (PH18)
    a. This entry is linked to Store Demand-Issue Voucher and Narcotic Prescription Pad (PH11)
    b. Patient details and clinician administering medication are included here
4. Controlled Drug Register for Wards and Pharmacies and Stores (PH17)
    a. Patient details and Pharmacist signature are included here

Documents needed for replenishment

1. Store Demand-Issue Voucher for new Narcotics being re-filled into drug bag
2. Narcotic Drug Register for Stores and Pharmacy (PH20)
    a. Records what medications are re-filled to what drug bag, and their quantities
3. CGF134 National Ambulance Pharmacy Drug Register for Controlled Drugs
    a. Records what medications are re-filled to what drug bag, and their quantities

Replenish Drug Bag in OpIQ (Same bag replenished and re-issued)

1. Return Drug Bag to Safe **(Dual Authentication)**
    a. Log into OpIQ > click on Narcotics > Narcotic Safe
    b. Click on Return to Safe
    c. Select the name of the Crew Member who's Drug Bag is being replenished
    d. Select any Narcotic in the bag (all of them will auto select)
    e. Click Submit
    f. Enter a seal number
    g. Pharmacist enters password > Submit
    h. Crew member enters password and pin > Submit > OK
2. Load the Drug Bag (Single Authentication)
    a. Click Load Box
    b. Click on the requisite Drug Bag
    c. Select any empty vials > Click Next
    d. Pharmacist enters password > Submit > OK

e. Click Select
f. Select Narcotics to add to the Drug Bag
g. Click Save
h. Put in some new seals and update the seal numbers
i. Click Finish
j. Pharmacist enters password > Submit > OK
k. Print the verification sheet
l. Checker to use this and sign once bag has been verified

3. Issue Drug Bag to Crew **(Dual Authentication)**
    a. Click Issue to Crew
    b. Select Crew Member
    c. Complete Safe – Issue Drug Bag to Crew form
    d. Click Select
    e. Select 1 of the drugs from his/her bag (the rest issued to that bag will auto select)
    f. Click Save
    g. Click Submit
    h. Enter the seal number > Save
    i. Pharmacist enters password > Submit
    j. Crew receiving drug bag enters password and pin > Click Submit
    k. Click Print > Ok

Issue Replacement Drug Bag in OpIQ (1-1 bag swapped and issued)

1. Return Drug Bag to Safe **(Dual Authentication)**
    a. Log into OpIQ > click on Narcotics > Narcotic Safe
    b. Click on Return to Safe
    c. Select the name of the Crew Member who's Drug Bag is being replenished
    d. Select any Narcotic in the bag (all of them will auto select)
    e. Click Submit
    f. Enter a seal number
    g. Pharmacist enters password > Submit
    h. Crew member enters password and pin > Submit > OK
2. Issue replacement Drug Bag to Crew **(Dual Authentication)**
    a. Click Issue to Crew
    b. Select Crew Member
    c. Complete Safe – Issue to Crew form
    d. Click Select
    e. Select 1 of the drugs from his/her bag (the rest issued to that bag will auto select)
    f. Click Save

g. Click Submit
h. Enter the seal number > Save
i. Pharmacist enters password > Submit
j. Crew receiving drug bag enters password and pin > Click Submit
k. Click Print > Ok

Replenish Drug Bag (at a later stage)

1. Load the Drug Bag (Single Authentication)
    a. Click Load Box
    b. Click on the requisite Drug Bag
    c. Select any empty vials > Click Next
    d. Pharmacist enters password > Submit > OK
    e. Click Select
    f. Select Narcotics to add to the Drug Bag
    g. Click Save
    h. Put in some new seals and update the seal numbers
    i. Click Finish
    j. Pharmacist enters password > Submit > OK

11.1.20 EXPIRED OR DAMAGED NARCOTICS

Narcotics which have **expired** must be physically separated from the active stock within the safe immediately. The drugs must be placed in a secure container/area clearly designated 'EXPIRED'

Narcotics which have been **damaged** must be physically separated from the active stock immediately. The drugs must be placed in a secure container/area clearly designated 'DAMAGED'.

The Pharmacist will return the expired/damaged drugs to Darwish Medical Store at the earliest opportunity.

Control: Expired Narcotics cannot be issued to a drug bag or crew member

Documents Needed

1. Narcotic Drug Register for Stores and Pharmacy (PH20)
2. DRV8 DOH Demand and Return Voucher (when a return to Darwish is required)
3. DOH Narcotic and Controlled Drug Incident Form

Returning an expired drug to the safe in OpIQ (Pharmacist) (*Dual authentication)*

1. Log into OpIQ
2. Click on Narcotics > Narcotic Safe > Click Return to Safe
3. Select From Crew Member (This should be the clinician that reported the incident with one of their drugs)
4. Select the Incident Drug (all of the drugs within that same dug bag will auto-select)
5. Complete the reason for return
6. Click Submit
7. Enter password and pin > Submit
8. Enter password and pin > Submit
9. Click OK

Replace the Incident Drug *(Single Authentication)*

1. Click Load Box
2. Click on the requisite Drug Bag
3. Select any empty and/or incident vials > Click Next
4. Pharmacist enters password > Submit > OK
5. Click Select
6. Select Narcotics to add to the Drug Bag
7. Click Save
8. Put in some new seals and update the seal numbers
9. Click Finish
10. Pharmacist enters password > Submit > OK
11. Print the verification sheet
12. Checker to use this and sign once bag has been verified

Issue the drugs back to the Crew Member (*Dual Authentication)*

1. From within OpIQ click on Narcotics > Narcotics Safe > Issue to Crew
2. Select the Crew Member
3. Complete the safe-issue to crew form
4. Click Select
5. Select one of the drugs from his/her bag (the rest issued to that bag will auto-select)
6. Click Save
7. Click Submit
8. Seal the Bag and enter the seal number > Save
9. Pharmacist enter password and pin > Submit
10. Crew receiving enter password and pin > Submit
11. Click OK

Load the Drug into the Destruction Box *(Single Authentication)*

1. From within OpIQ click on Narcotics > Narcotics Safe > Destruction Box
2. Click Add to Destruction Box
3. Enter the Control Number of the drug to be added
4. Click Submit
5. Enter password and pin > Submit
6. Click OK

11.2 EXPIRED OR DAMAGED CONTROLLED DRUGS

Controlled drugs which have **expired** must be physically separated from the active stock within the safe immediately. The drugs must be placed in a secure container/area clearly designated 'EXPIRED'.

Controlled drugs which have been **damaged** must be physically separated from the active stock immediately. The drugs must be placed in a secure container/area clearly designated 'DAMAGED'.

The Pharmacist will return the expired/damaged drugs to the corresponding vendor of purchase at the earliest opportunity.

Control: Expired Controlled drugs cannot be issued to a drug bag or crew member

Documents Needed

1. Controlled Drug Register for Wards & Pharmacies and Stores (PH17)
    a. Record the medication(s) that are expired and/or damaged; record that no prescription was written for these vials
2. DOH Narcotic and Controlled Drug Incident Form (if needed)

Process for OpIQ same as for Narcotics above

11.2.1 DISPOSE OF NARCOTICS

All Narcotics must be disposed of/replenished via Darwish Medical Store.

If a Narcotic has been **administered** to a patient, the ampoule/vial must be returned to pharmacy by the clinician and physically segregated from active stock within the safe. Once the drugs have been physically returned, they must be moved within OpIQ to the Destruction Box.

Narcotics that have **expired** or are **damaged** must also be returned to Darwish Medical Store for exchange. Only once the ampoules/vials have been returned to Darwish Medical Store can they be Finally Destroyed on OpIQ.

Documents needed

1. DOH Narcotic and Controlled Drug Incident Form (if required)
2. DRV8 DOH Demand and Return Voucher
3. Narcotic Prescription Pad (PH11)

Return Drug Bag to Safe

1. Log into OpIQ > click on Narcotics > Narcotic Safe
2. Click on Return to Safe
3. Select the name of the Crew Member who's Drug Bag is being returned
4. Select any Narcotic in the bag (all of them will auto select)
5. Click Submit
6. Enter a seal number
7. Pharmacist enters password > Submit
8. Crew member enters password and pin > Submit > OK

Add the Drug(s) to the Destruction Box *(Single Authentication)*

1. From within OpIQ click on Narcotics > Narcotics Safe > Destruction Box
2. Click Add to Destruction Box
3. Enter the Control Number of the drug to be added
4. Click Submit
5. Enter password and pin > Submit
6. Click OK

Final Destruction (Dual Authentication)

1. From within OpIQ click on Narcotics > Narcotics Safe > Destruction Box
2. Click Final Destruction
3. Click Final Destruction
4. Complete the form
5. Enter password and pin > Submit
6. Second Pharmacist or MD witnesses
7. Ok

11.2.2 DISPOSE OF CONTROLLED DRUGS

If a Controlled drug has been **administered** to a patient, the ampoule/vial must be returned to pharmacy by the clinician and physically segregated from active stock within the safe. Once the drugs have been physically returned, they must be moved within OpIQ to the Destruction Box. The physical

vials can be discarded by Pharmacy.

Controlled drugs that have **expired** or are **damaged** must be returned to the corresponding vendor of purchase at the earliest opportunity.

Documents needed

1. Controlled Drug Register for Wards & Pharmacies and Stores (PH17)
2. DOH Narcotic and Controlled Drug Incident Form (if required)

Process for OpIQ same as for Narcotics above

11.2.3 REPORTING AND INSPECTIONS OF NARCOTICS

Reports for DOH

1. Annual consumption forecast by January 1st and June 1st
2. Quarterly reports of the receipts and consumption of Narcotics
3. Incident reports to be presented to DOH within 24 hours

Documents needed

1. Identification of Pharmacist In Charge.
2. Narcotic Prescription Pad (PH11)
    a. For prescribing Narcotics
3. Narcotic Drug Register for Stores and Pharmacy (PH20)
    a. Used to document purchase and supply of Narcotics to drug bags (this register will be an accurate representation of the number of vials/ampoules left within the pharmacy safe)
    b. Must be kept for a minimum of 5 years after the date of last entry
4. Register for Narcotics for Wards and Clinical Departments (PH18)
    a. Used to document Narcotics administered to patients by a licensed clinician (this register will be an accurate representation of the number of vials/ampoules available at NA)
5. Store Demand-Issue Voucher
    a. Documents all Narcotics all Narcotics requested and issued to drug bags
6. DRV8 DOH Demand and Return Voucher
    a. Documents all Narcotics requested from and returned to Darwish Medical Store
7. DOH Narcotic and Controlled Drug Incident Form

Inspections

Daily stock counts of Narcotics are required by DOH. Stock counts should be completed by the Pharmacist In-Charge and recorded in the Narcotic Drug Register.

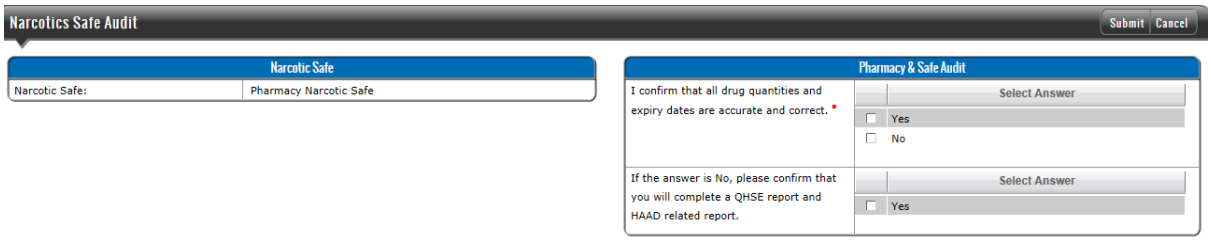
Pharmacies storing and using Narcotics should expect regular inspections from DOH by the Narcotics and Controlled Drugs inspection team. A routine part of these inspections will be checking for compliance with procedures required by DOH. The named responsible person are expected to have a good understanding of these regulations and be able to demonstration secure storages and clear procedures for handling Narcotics and Controlled Drugs in their establishment. All aspects of Narcotics processes will be inspected (checking the balance within the safe, drug registers are up-to-date, invoices and delivery notes are filed etc.). Failure to comply with regulations can result in fines and suspension/cancellation of license.

Documents needed

1. Narcotic Drug Register for Stores and Pharmacy (PH20)

Narcotic Safe Audit

2. Log into OpIQ
3. Click on Narcotics > Narcotic Safe
4. Click Audit on the right hand side
5. Confirm that boxed and loose Narcotics are correct
6. Complete form
7. Submit



11.2.4 REPORTING AND INSPECTIONS OF CONTROLLED DRUGS

Reports for DOH

1. Monthly reports of the receipts and consumption of controlled drugs
2. Incident reports to be presented to DOH within 24 hours

Documents needed

1. Controlled Drug Register for Wards & Pharmacies and Stores (PH17)
    a. Used to document controlled drugs administered to patients by a licensed clinician (this register will be an accurate representation of the number of vials/ampoules available at NA)
2. Psychotropic/Controlled Drug Prescription Book
    a. For prescribing controlled drugs (schedule A)

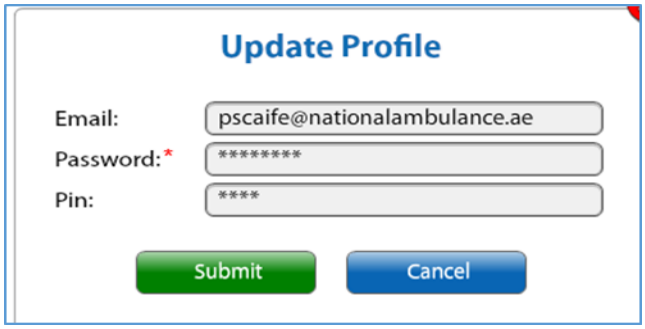
Inspections

Process for Pharmacy and OpIQ same as for Narcotics above

12. PROCEDURES FOR CLINICAL STAFF

12.1 USER SECURITY

Users are required to have a password and 4-digit pin number for OpIQ. They can change their password and pin number through the OpIQ check sheet menu on the left hand side or via Update Profile in the back office.



12.2 SECURITY AND STORAGE

For drug bags held at ambulance stations or clinics**,** NA will follow the recommendations below to ensure the safety of Drugs in clinical areas/ambulances.

- During each shift only the designated number of drug bags will be carried per ambulance.
- Drug bags will only be assigned to licensed clinical staff who are appropriately qualified, trained and authorized in the use of drugs assigned to them.
- Drug bags should not be left unattended outside the drug safe.
- The drug bag will be secured with a security break seal with a unique serial number.
- Wherever possible, drug bags will be stowed in an appropriate locked cupboard on the ambulance vehicle.
- If no locked cupboard is available, they should be kept with the licensed clinician.

- At the end of shift, the drug bag(s) will be returned to the ambulance/clinical area store room locker or in some circumstances where the ambulance vehicle will not return to stores, the drug bags can be transferred to another licensed clinician.
- Drug bags must be kept within the temperature ranges recommended by the manufacturers at all times.
- Where electronic temperature devices are not present, staff are required to manually check the temperature twice daily and enter in OpIQ.
- The crew should, whenever possible, inventory the drug bags before leaving the scene to avoid any potential misplacement or loss of medication.
- If full inventory is not possible during an emergency, a general scan is recommended to ensure that no drug is left behind to avoid the possibility of any potential hazard.

12.3 ORDERING DRUG BAGS

There are allocated critical levels for each drug within the ALS, BLS, and HEMS drug bags. If these levels are reached, the bag must be returned to pharmacy to be re-filled. A one-for-one exchange will be carried out for all drug bags returned to pharmacy i.e. If 6 bags are returned for refill, 6 bags will be re-allocated to the area. If the pharmacist is not present when the bags are returned, the clinician or supply chain staff can drop them off through the chute located on the outside wall of pharmacy.

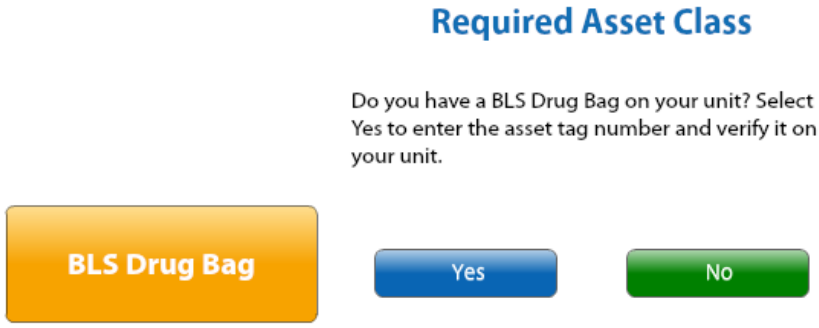
12.4 ADMINSTERING MEDICATIONS

All clinicians before prescribing and/or administering a drug including Controlled and Narcotics, are able to give this drug if within the scope of practice offered by their DOH license and within the “tier” recommendation for that particular drug.

12.5 NON CONTROLLED DRUGS

12.5.1 ADD THE DRUG BAG TO YOUR VEHICLE

1. This process is exactly the same as adding any other asset to your vehicle
2. Go to the drug bag safe and remove a full, sealed drug bag (as normal)
3. Sign that you have removed the drug bag – as you normally do
4. Go to your ambulance
5. Log onto your ambulance on the MDT check sheet (as normal)
6. Ensure your status and location are correctly set (as normal)
7. Click on Menu > Assets
8. You will see an orange placeholder for your Drug Bag



a. Click on BLS Drug Bag > Click Yes
b. Click into the Search bar
c. Press the Barcode scanner button on the top of the MDT and **scan** the Drug Bag label
d. Click Go > click Close
e. The Drug bag should now be added as an asset to your vehicle

Description	Asset Tag #	Serial #	Supply Room	Status
BLS Drug Bag 4	BLS4	BLS4	Ajman Drug Safe	Verified

12.5.2 Complete an Inventory Check of the Drug Bag

Inventory checks on drug bags attached to units must be completed by crew at the beginning of each shift:

1. Within the Drug Bag you will find a laminated card showing the minimum holding for each drug
2. When any of your drugs reach this minimum holding, please seal the bag back up and place it back in the correct drug bag safe.
3. This process is exactly the same as completing an inventory check of any other locker or bag
4. On the MDT, click on Inventory > Drug Bag > BLS Drug Bag
5. Open your drug bag and confirm the contents
    a. On hand and expiry date
    b. The expiry date you enter should be the soonest expiry date
6. Please note that the Unit of Measure (UOM) is the amount/form in which the drug is delivered
7. **Note**: Do not press Set to Par as you need to ensure drug quantities by counting correctly.
    a. If the Pharmacist is sending up partially full bottles, they will be marked with the partial doses left.
8. Once On Hands and Expiry Dates are set, click Save

9. The Drug Bag icon should now be green

BLS DRUG BAG Last Checked: 14/06/2015 10:45:36 AM GST , Patricia Sca

Description	PAR	Last Qty	UOM	On Hand	Expire Date / Kit ID
Adrenaline 1mg/ml (1:1000)	5	5	Ampoule	+ 5 −	09/07/2015
Aspirin 300mg	30	30	Tablet	+ 30 −	09/07/2015
Glucagon 1mg	2	2	Syringe	+ 2 −	14/07/2015
Glucose Gel 40%	2	2	TUBE	+ 2 −	09/07/2015
Glyceryl Trinitrate 0.4mg	400	400	Dose	+ 400 −	09/07/2015

12.5.3 Log usage of drugs

Clinical staff can independently assess the need to administer the drug in accordance with their scope of practice. After use this is noted on the PCR and logged in Operative IQ.

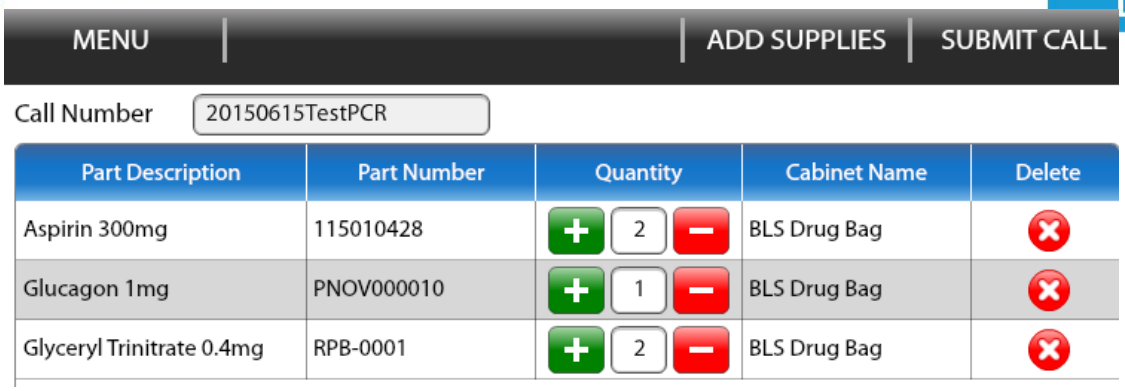
1. On the MDT, click on Log Supply Usage
2. Enter the PCR number in the Call Number field like you normally do
3. Click Add Supplies
4. You can add the items that you have used by selecting BLS Drug Bag – as shown below

All | AB | CD | EF | GH | IJ | KL | Search
0-9 | MN | OP | QR | ST | UV | W-Z | BLS Drug Bag

Call: 20150615TestPCR

Part Description	Cabinet	Quantity	Part Number
Adrenaline 1mg/ml (1:1000)	BLS Drug Bag	+ 0 −	4300901
Aspirin 300mg	BLS Drug Bag	+ 2 −	115010428
Glucagon 1mg	BLS Drug Bag	+ 0 −	PNOV000010

5. Against each drug that you have used, specify how many tablets/ventilator puffs/tubes/injections/mg's you used
6. Click Add to Call
7. Click Submit Call



8. The drugs used will be added to the PCR log along with all other consumables used – such as you normally log

9. Submit all the Supply Requests as you normally do when you end your shift.
10. For Consumable items, collect them from the supply room and restock your ambulance as normal
11. For Drug items, you do not need to and cannot replenish your drug bag, so once you have submitted the request, **go back to Inventory and Save**
    a. The current drug holding should be shown correctly → Press Save

12.5.4 Transfer Drug Bag between units or shifts

1. Log into the unit that currently has the drug bag checked out to it
2. Remove the drug bag by checking it in
3. Log on to the new unit on the front end check sheet
4. Check the drug bag out (as an asset)

Drug bags can be transferred from one shift to another on the same unit

1. Once the finishing shift is complete, ensure that the on hand levels on OpIQ are the same as are in the actual Drug Bag
2. Have the minimum levels for any drugs been reached?
    a. No > Hand the bag over to the next shift
    b. Yes > follow 13.4.5
3. Log off the MDT

As the oncoming shift, confirm the Drug Bag on your Truck

1. Click on Menu > Assets
2. You will see a red placeholder for your Drug Bag
    a. Confirm that the Drug Bag ID listed below the red placeholder is the same as the ID on the physical Drug Bag
    b. If it is, click the green tick
3. The placeholder will turn green

Confirm the contents of the Drug Bag

1. This process is exactly the same as completing an inventory check of any other locker or bag
2. On the MDT, click on Inventory > Drug Bag > BLS Drug Bag
3. Open the drug bag
4. Expiry dates should already be set
5. Set the on hand amounts
    a. For items which cannot be individually counted, you will need to rely upon the Last Quantity count
    b. For items that can be individually counted such as ampoules, tablets and tubes, ensure that the On Hand that you enter EQUALS the Last Qty entered
        i. If **NOT** then complete the Medication Discrepancy Form immediately

BLS DRUG BAG

Last Checked: 14/06/2015 11:54:03 AM GST , Anisha Pate

Description	PAR	Last Qty	UOM	On Hand	Expire Date / Kit ID
Adrenaline 1mg/ ml (1:1000)	5	5	Ampoule	0	09/07/2015
Aspirin 300mg	30	28	Tablet	0	09/07/2015
Glucagon 1mg	2	1	Syringe	0	14/07/2015
Glucose Gel 40%	2	2	TUBE	0	09/07/2015
Glyceryl Trinitrate 0.4mg	400	398	Dose	0	09/07/2015
Ibuprofen 400mg	10	10	Tablet	0	09/07/2015

12.5.5 Return a Drug Bag to the safe

When your drug bag has reached a minimum holding or contains an expiring drug and needs to be returned to the safe

1. On the MDT, click on Assets > Remove Asset
2. Locate the Drug bag in the list of items
3. Click Check In
4. Seal the bag and physically place it in the Empty Drug Bag safe
5. If you require another drug bag, follow 13.4.1

12.5.6 Report Incident

As soon as an incident is discovered, whether in pharmacy or with a particular crew member or station, it should be reported as soon as possible. Unlike Narcotics and Controlled Drugs, these incidents do not need to be reported to DOH.

If the drug bag or medication incident is identified by a **crew** member, a 'Drug Bag Discrepancy Form' should be completed using the MDT. This form will automatically be emailed to pharmacy@nationalambulance.ae. A member of the pharmacy department will deal with the issue accordingly. If the issue is deemed high risk or a near miss event, the manager of that contract will be notified accordingly by pharmacy. The Pharmacist may request for the drug bag to be returned to pharmacy and these instructions will be provided via email.

Incidents or discrepancies involving non-controlled drugs must be reported within 24 hours of the incident occurring, to Pharmacy through the completion of the Drug Discrepancy Form in OpIQ.

Examples of incidents or discrepancies that would require the completion of an Incident Report include:

- Drug missing
- Broken/Damaged medication
- Missing High Alert Label
- Incorrect patient
- Incorrect dose
- Incorrect drug
- Incorrect route
- Incorrect time
- Expired medication used on a patient
- No patient consent
- Adverse Drug Reactions

Submitting a Drug Discrepancy Form on OpIQ

1. Log on to OpIQ on the MDT
2. Click on Inspections > Drug Bag Discrepancy Form
    a. Complete the form
    b. Click Submit
3. The form is automatically emailed to Pharmacy@nationalambulance.ae

12.5.7 DISPOSAL

All drugs must be disposed of only by following the procedures below.

Part Used Drugs

- If a drug requires only part of an ampoule/vial, the excess must be discarded in the presence of a witness.
- The discarding of the excess must be recorded on the PCR/e-PCR and countersigned by a witness

Unused Drugs

- If a drug is prepared but then not administered it must be discarded in the presence of a witness.
- Complete the PCR/e-PCR but indicate that the medication was not administered to the patient and countersign by a witness

Recalled Drugs

- All stock which is identified as subject to the recall must be returned to the pharmacy following the process provided by pharmacy via email. For more information please refer to 11.1.10.

Expired or Damaged Drugs

- If drugs are found to be expired or damaged within the drug bag, the entire drug bag must be returned to the pharmacist when possible so they can be disposed of appropriately.

12.6 NARCOTICS AND CONTROLLED DRUGS

12.6.1 AUDIT ELS BAG

If a member of staff carries their own ELS bag they must perform a drug bag audit every week, confirming that the contents of the physical bag match that stated in OpIQ. This audit must be conducted with either a Supervisor, Manager or Clinician witnessing and verifying the audit The results of the audit are captured in OpIQ and emailed to the Pharmacist.

COLLECTION OF ELS BAGS

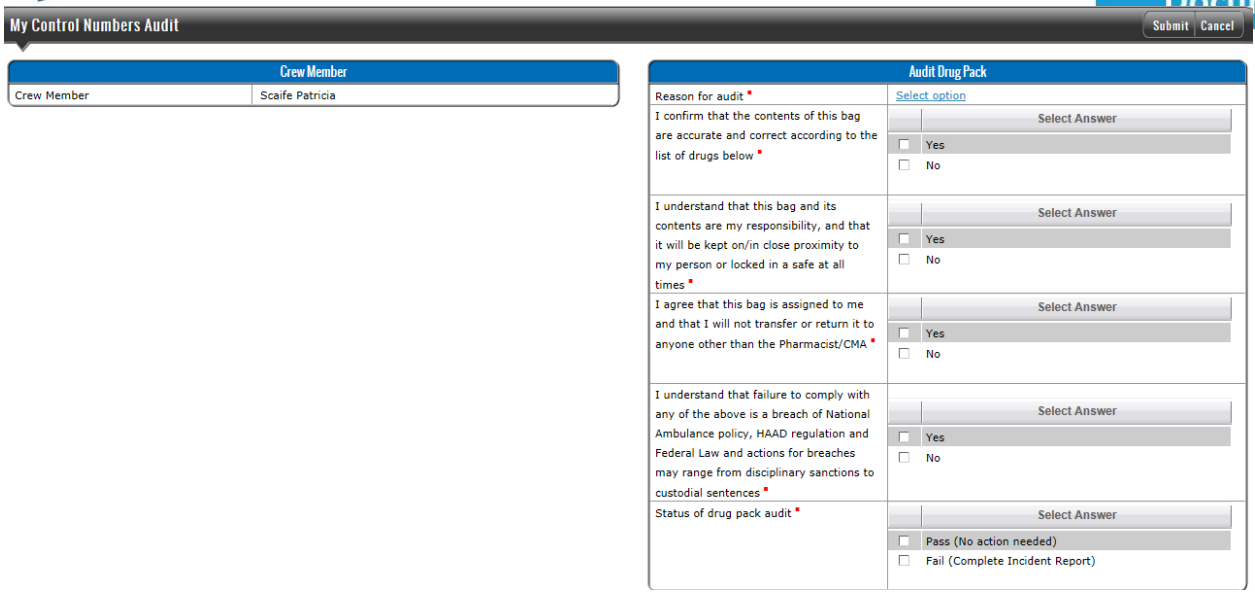
In case of an Events, during working hours staff collect and return the ELS bag directly to and from pharmacy. After hour, the bag must be returned to the assigned Narcotic safe and secured with a key and PIN code. The bag will remain under the custody of the clinician until OpIQ transfer is complete.

Verification: Dual

Notification: Automatic – email sent to Pharmacy@nationalambulance.ae

Audit Drug Bag in OpIQ

1. From the OpIQ check sheet, click on Narcotics > My Control Numbers > Audit
2. The drugs currently assigned to that crew member will appear in the lower pane – showing control number, description, expiry date, whether the drug has been used or not etc.
3. Complete the Audit Drug Bag form
4. Click Submit
5. Crew conducting audit enters password and pin > Click Submit
6. Supervisor on duty enters Witness details > Clicks submit
7. Click OK



12.6.2 TRANSFER AND COLLECTION OF ELS BAG

A certain number of ELS bags are given to authorized clinicians in specific contracts. Responsibility of the drug bag is given to each authorized clinician carrying the drug bag on their shift. At the end of each shift, the drug bag is then transferred to oncoming authorized clinician.

Verification: Dual + Sealed

Transfer Drug Bag in OpIQ

1. The person who currently has 'ownership' of the bag must log into OpIQ (Transferring Crew)
2. From the OpIQ check sheet, click on Narcotics > My Control Numbers
3. Select the drugs to transfer
4. Click Transfer
5. Select the Transfer To Crew member
6. Transferring Crew completes the first section of the transfer form
7. Receiving Crew completes the first section of the transfer form
    a. If the confirmation numbers don't match then an Incident Form should be completed
8. Click Submit
9. Seal the bag and enter the seal number
    a. Seal number has to be registered for that bag
10. The Crew who is handing over the bag needs to enter their password and pin (or use the finger print scanner) > Submit
11. The Crew who is receiving the bag then needs to enter their password and pin (or use the finger print scanner) > Submit

12. Click OK

Employee ID of Transferring Crew *	
I confirm that I am HAAD registered, and my Registration Number is *	
I confirm that I am transferring the inventory listed below, and that all levels as depicted are present and correct *	Select Answer ☐ Confirmed ☐ Not Confirmed
Employee ID of Receiving Crew *	
I confirm that I am HAAD registered, and my Registration Number is *	
I confirm that I am receiving the inventory listed below, and that all levels as depicted are present and correct *	Select Answer ☐ Confirmed ☐ Not Confirmed

12.6.3 Administer Narcotics and Controlled Drugs

All Narcotics and Controlled Drugs require a prescription by a DOH licensed physician prior to administration. In case there is no DOH authorized physician on the seen an authorization must be obtained from MD/delegate via phone through the ACC recorded line to administer a narcotic or controlled drug. Prescribing physician writes the prescription subsequently.

1. The full amount is drawn into a syringe.
2. The unused amount is discarded and this is witnessed.
3. The required dose is given to patient, and the empty vial is placed in the sharps shuttle in the bag.
4. A PCR is completed to acknowledge use
5. OpIQ drug administration is completed and form is emailed to Pharmacist
6. Within 7 days of administration, the bag, empty vial and all DOH necessary paperwork must be completed including signing the back of prescription to acknowledge administration and discarding of excess. A new drug bag must be delivered to required station to replace the used

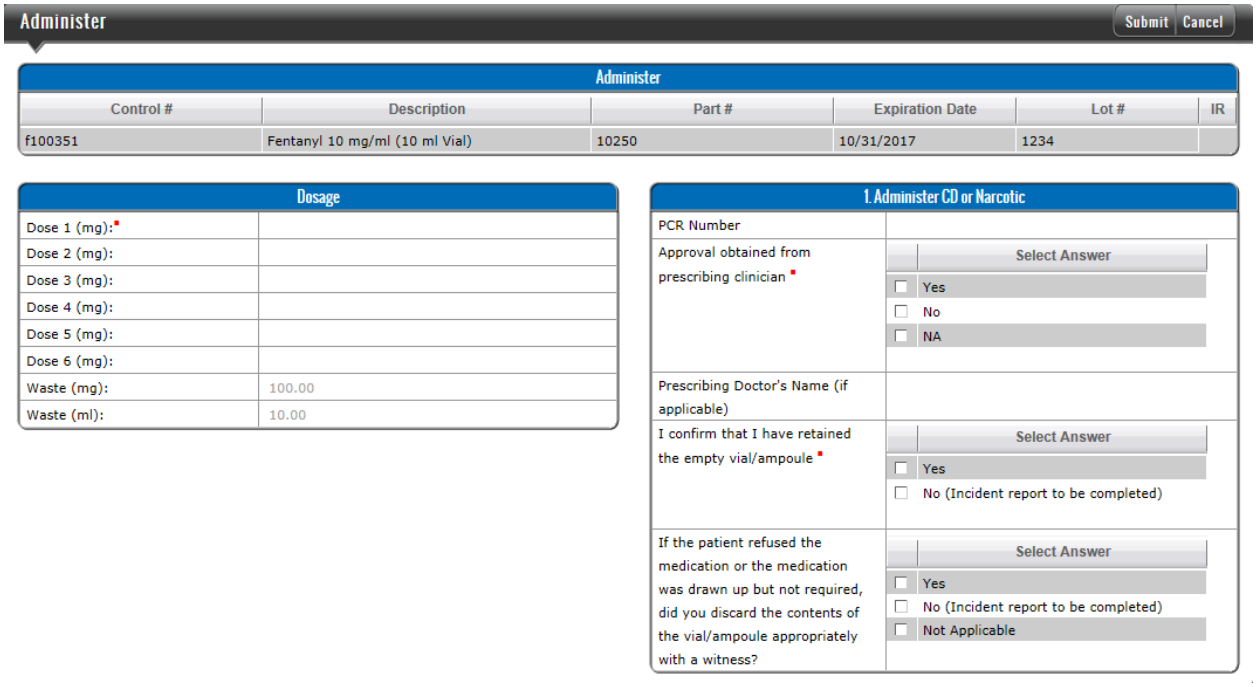
one.

Verification: Dual

Notification: Automatic – email sent to pharmacy@nationalambulance.ae

Log Narcotic Administration in OpIQ

1. From the OpIQ check sheet, click on Narcotics > My Control Numbers
2. Select the drug to administer
3. Click Administer
4. Enter dose
5. Complete form
6. Click Submit
7. Crew administering drug enters password and pin > Click Submit
8. Witness enters details > Clicks submit
9. Click OK



12.6.4 Report Incident

Incidents or discrepancies involving Narcotics and Controlled Drugs must be reported within 24 hours of the incident occurring, to:

1. Pharmacy - through the completion of the Incident Report functionality in OpIQ which includes

QHSE form QHF202, and/or

2. DOH – using the DOH Narcotics Incident Report Form

Examples of incidents or discrepancies that would require the completion of an Incident Report include:

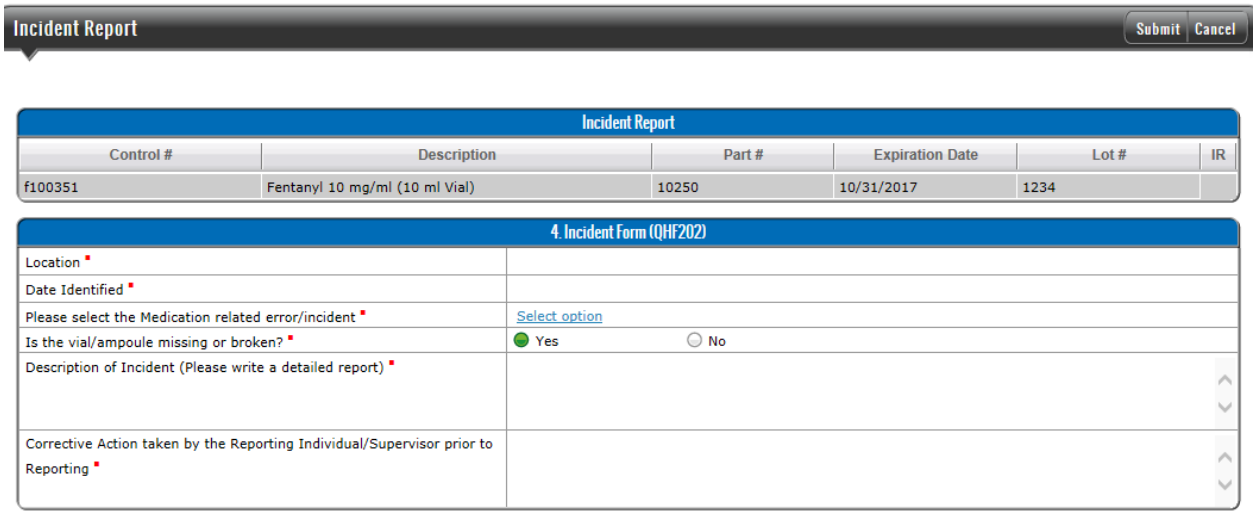
- Drug missing
- Broken vial/ampoule
- Incorrect patient
- Incorrect dose
- Incorrect drug
- Incorrect route
- Incorrect time
- Expired medication used on a patient
- No patient consent
- Adverse Drug Reactions
- Missing High Alert Label

These incidents may occur within pharmacy itself, or within a drug bag that a clinician has possession of. If a Clinician reports an incident to Pharmacy, the drug bag must be returned to pharmacy within 24 hours so it can be followed up with DOH.

The Pharmacist must physically place the broken/damaged/empty/misused vial/ampoule to the safe and then return it to the safe in OpIQ, before transferring it to the Destruction Box. Once DOH have been notified of the incident, an audit will be organized by DOH to visit and inspect the Pharmacy. Only until this audit is completed and DOH certify the incident is complete can the ampoule/vial be returned to Darwish Medical Store for replenishment. Darwish Medical Store will require you to bring stamped and signed document that verifies completion of incident from DOH.

Completing an Incident Report in OpIQ

1. Log into OpIQ
2. Click on Narcotics > My Control Numbers
3. Select the Control Number of the drug in question
4. Click Incident Report
5. Complete the Incident Form (QHF202)
6. Click Submit
7. Enter password and pin > Submit
8. Witness to enter details > Submit
9. Click OK
10. Incident Report is automatically emailed to Pharmacy



13. RELATED POLICIES AND FORMS

12 Policy & Procedure /Form
COP204 Document Retention Policy and Procedure
PUP302 Warehouse Management Policy
CGP149 Clinical Incidents and Investigation Policy
QHP201 Risk Management Manual
CGF131 Drug Issue Register
CGF132 Drug Pack Stock Check
CGF134 Pharmacy Drug Register
QHF202 Incident Reporting Form

14. DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Manual such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new manual area.

This document ownership for editing is identified as:

- Medical Director

15.CHANGE BRIEF

Version No.	Date	Changes
2	16/07/2017	Implemented new DOH standard requirements "DOH Standard for Managing Supply and Safe Use of Medications Version 1" Physicians responsibilities changed to fit their scope of practice
2	16/07/2017	Removed references to JRCALC and PHECC guidelines and replaced with CGP134
2	16/07/2017	Updated list of Narcotics, controlled and High Alert drugs to fit the recent CEO approved updates.
2	16/07/2017	Definition of Medication Error updated to fit JCI requirements
2	16/07/2017	MD's responsibilities have been included
2	16/07/2017	Responsibilities of Narcotics and controlled drugs moved from MD to Pharmacist in charge as per DOH guidelines
2	16/07/2017	Added procedure for High Alert and Look alike sound alike drugs safety and managements
2	16/07/2017	Added procedures for recalled, expired, procurements, opening and closing pharmacy.
2	16/07/2017	Added Temperature monitoring responsibilities
2	16/07/2017	Major changes in handling of narcotics and controlled drugs in general
2	16/07/2017	All MCI section removed as all is covered in CGP205
2	16/07/2017	Storage requirements for medical gas cylinders included
2	16/07/2017	General improvements/updates to apply all DOH policies and guidelines.

3	04/09/2019	Updated Pharmacy information and removed any reference to Mussafah Warehouse Changed SMO to MD, HAAD to DoH and deleted any reference to CMA Added Adrenaline Drug Bags to the type of drug bags currently present Mentioned the introduction of CGP134 Patient Care Protocol Advisory Committee Updated procurement process to include MSEWG and Oracle Fusion process Updated Expired Medication Process Amended the ownership of the policy to MD Added the relevant legislations Added related policies and forms section Changes WG to Working Group
4	19/07/2021	Deleted any reference to the Pharmacist In-Charge forms and replaced it with electronic registration in the TAMM portal. Updated administration of Narcotics requirements to sign on the back of the prescription as well.

Review & Approval:

_____

(Enter final approver title here)