Hart First Response

Medicines Management Policy

Registered Charity 1092333

Title: Medicines Management Policy Filename: Medicines Management Policy.doc Pages: 15 Author: Hester Wain Approved by: HFR Executive Committee Issue 1: 27/01/05; Issue 2: 25/02/08; Issue 3: 24/11/11; Issue 4: 07/03/13; Issue 5 15/01/15 Review Date: 15/01/18

1. Statement

1.1. Hart First Response (HFR) is committed to the safe and secure handling of medicines to protect its patients and volunteers, and its financial resources. This Medicines Policy describes the safe and secure system for the control and handling of medicinal products in HFR within a framework provided by legislation and official guidance.

2. Introduction and Scope

2.1. The Medicines Policy covers the policy and procedures associated with the supply, administering, requisitioning and storing of medicinal products.

2.2. Medicines can only be administered by suitably qualified and trained HFR volunteers who are 18 years or over.

2.3. Medicines administered by first aiders fall into two categories, non-prescription drugs such as aspirin and paracetamol and those that are under the Medicines Act 1968 / Human Medicines Regulations 2012 and are designated prescription only medicines (POM) such as adrenaline. Under normal circumstances POMs can only be prescribed by a qualified doctor and should only be administered by the patient. However, under specified circumstances trained first aiders may administer these drugs (for example see Appendix 3: HSE guidance).

2.4. HFR does not purchase, store or use controlled drugs.

2.5. Healthcare practitioners (paramedics and doctors) working as volunteers on behalf of HFR do not keep controlled drugs in their personal possession at HFR events.

2.6. Medicines used within HFR must be clinically effective and appropriate for the patient and the condition being treated. This will normally be in accordance with JRCALC guidelines, NICE etc. Guidelines will be reviewed and agreed by HFR's Executive Committee with ratification by HFR's Medical Advisor.

2.7. This Policy applies to all HFR volunteers.

2.8. For the purpose of this policy a `medicinal product' (or a `Medicine') is defined as a substance or article, or an ingredient of either of these, (not being an instrument, apparatus or appliance) supplied for administration to human beings for a medicinal purpose. Medicinal purpose means any one or more of the following:

- Treating or preventing disease
- Otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily, and whether by way of terminating, reducing or postponing, or increasing or accelerating, the operation of that function or in any other way.

2.9. Exclusions:

- Disinfectants (being applied to inanimate objects);
- Sterile Non-Injectable Water;
- Un-medicated dressings, ligatures and sutures;
- Antiseptics used as cleansing agents for the skin and wounds.

3. Related Policies, Procedures and Acts

- Misuse of Drugs Act 1971
- Misuse of Drugs Regulations 2001
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Health Act 2006
- Misuse of Drugs (Safe Custody) Regulations 1973
- Safer Management of Controlled Drugs Regulations 2006
- Health Service Circular 2000/06 and 2003/10
- HFR Communication, Consent Being Open Policy
- HFR Risk Management and Incident Reporting policy
- HFR Waste management Policy
- HFR Healthcare records Policy
- HFR Scope of Practice Policy
- HFR Personal Training Record - includes Administration of Medicines Competences

4. Responsibilities

4.1. The **Executive Committee** is responsible for ensuring the provision of appropriate resources to implement this policy, as well as responsible for monitoring the effectiveness of this policy. This will include seeking Pharmacist advice when required.

4.2. The **Medical Advisor** is the Accountable Officer and will:

- Advise the HFR Exec. on issues relating to medicines management and when to seek Pharmacist advice.
- Approve all scopes of practice, drug administration competencies etc prior to implementation and review as required prior to review date.
- Regularly review identified medicines related risks on HFR's Risk Register and advise regarding actions to be taken.

4.3. The **Paramedic Advisor** will:

- Review all scopes of practice, drug administration competencies etc
- Provide training and assessment of relevant drug administration competency for HFR volunteers.

4.4. The **Honorary Secretary** (Hon. Sec.) is the Executive lead responsible for the safe and secure handling of medicines and is responsible for:

- The production of policies and procedures advising on the day-today safe and secure handling of medicines throughout HFR.
- Review the Medicines Management training needs.
- Ensuring that this policy is reviewed.
- Collect, record and store requisitioned medicines from the Pharmacy
- Monitoring and reviewing the decision NOT to provide/administer Controlled Drugs
- Monitoring and review of all medicines as per appendix 4.
- Ensuring that medicines management training requirements are met for all HFR volunteers; to include being made aware of the contents of this policy and related procedures; timely briefing, training and guidance to ensure safe and effective use of medicines.
- Safe procurement of all medicinal products, of a suitable quality, that have been approved by the HFR Exec.

- The Medical Advisor and Honorary Secretary are not responsible for the quality of any medicine obtained elsewhere. Therefore, HFR volunteers are not empowered to use medicinal product acquired by any other means.
- Ensuring that any identified medicines related risks are placed on HFR's Risk Register and reviewed by the HFR Exec.
- The provision of exception reports to the HFR Exec on issues relating to medicines management.
- Ensuring all medicines are stored in compliance with this policy.
- Ensuring that medicines management is implemented, monitored and audited in accordance with this policy and related procedures.
- Ensuring the HFR Exec and Medical Advisor are made aware in a timely fashion of any adverse incidents regarding medicines management.
- Ensuring that the system for requisitioning and returning of medicines is followed.
- Ensuring all medicines issued to any vehicle are stored in compliance with this policy.
- Providing a second set of keys to be available for all medicine cupboards and also a register of those with access to these cupboards.
- Making checks to ensure compliance with the Medicines Management Policy at least every six months.
- Ensuring that medicines management is implemented, monitored and audited in accordance with this policy and related procedures

4.5. The **Chair (Risk Officer)** will:

- Inspect the location of storage at intervals of not more than 6 months. A record will be made and forwarded to the HFR Exec.
- Collect, record and store requisitioned medicines from the Pharmacy

4.6. **All volunteers** have a responsibility to read and understand this policy and will:

- Be responsible and accountable for all medicines that they administer
- Ensure that drugs/ fluids are securely stored on any ambulance vehicle they are responsible for during their event.
- Make themselves familiar with the contents of this policy and related procedures and where required seek further clarification on contents and/or implementation.
- Recording accurately in the patient's healthcare record the amount of drug administered;
- Attend training as instructed by the HFR Exec
- Report concerns they have relating to the safe and effective implementation of the Medicines Management policy.

5. Staff training and support

- Qualified HFR volunteers will receive relevant training on medicines management.
- HFR volunteers will be made aware of this updated policy by members of the HFR Executive as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Exec) to whom they are encouraged to approach as a first point of contact in the event of a concern.

6. Risk Assessment

6.1. Formal written risk assessments will be assessed by the HFR Exec using HFR's Risk Register.

6.2. The results of training needs reviews are used to inform HFR's Training Programme.

7. Administration of Medicines

Who may administer medicines (POMs and GSLs)

7.1. Doctors currently registered with the GMC and who are deemed proficient by HFR. Drugs authorised for use by Doctors are listed in HFR's Scope of Practice Appendix 2.

7.2. Paramedics currently registered with the Health Professionals Council and who are deemed proficient by HFR. Drugs authorised for use by Paramedics are listed in HFR's Scope of Practice Appendix 2.

7.3. HFR Ambulance aiders who have a current Emergency Medical Technician (EMT) certificate approved by HFR and who have current sign off as competent against the relevant HFR Administration of Medicines Competences. Medicines authorised for administration by Ambulance aiders are listed in HFR's Scope of Practice Appendix 2.

7.4. HFR first aiders who have a current HSE First Aid at Work certificate and who have current sign off as competent against the relevant HFR Administration of Medicines Competences. Medicines authorised for administration by First aiders are listed in HFR's Scope of Practice Appendix 2.

8. Administration of Medicines Competences (AMC)

8.1. Administration of Medicines Competences (AMC) relate to the administration of specific medicines by HFR volunteers with first aider and ambulance aider status. In order to provide a robust framework, the AMCs are written in line with the requirements of Patient Group Directives (PGD).

8.2. AMCs will be approved by the HFR Exec. and the Medical Advisor.

8.3. HFR's Administration of Medicines Competences (AMC) are the training and assessing framework which allows specific HFR volunteers, according to their scope of practice, to administer medicines in accordance with the JRCALC Guidelines.

8.4. The AMCs are incorporated as part of the HFR Personal Training Record documentation.

8.5. HFR's AMCs will contain as a minimum the following:

- The name of the medicine to which the direction applies
- A description of the medicine
- Details of knowledge and performance evidence requirements
- The dates that the knowledge and performance evidence were signed off and date of competency currency expiry.
- The level of HFR volunteer who may administer the medicine
- The level of HFR volunteer who may assess the administration of the medicine
- The clinical condition (indications) for which the AMC applies
- A description of any exclusions (contra-indications)
- A description if any further advice is needed from a doctor
- Details of appropriate dosage and maximum cumulative dosage
- Relevant warnings, including any adverse reactions
- The name of the HFR volunteer to whom the AMC relates
- The name and signature of the person who assessed the AMC

8.6. HFR volunteers are competent to assess against the AMCs for the following medicines as listed below:

- Paramedic, or Doctor can assess all AMCs including: Adrenaline 1:1000, Glucagon, Glyceryl Trinitrate spray, Salbutamol.
- Paramedic, or Doctor, or HFR Ambulance aider with Medical Gases trainer certificate can assess: Entonox (Nitrous Oxide), Oxygen.
- HFR Ambulance aider (with current EMT certificate) can assess: Adrenaline auto-injectors eg Epi-pen, Ana-pen, JEXT, Aspirin tablets, Paracetamol tablets/oral solution, Ventolin inhaler, Ibuprofen tablets.

8.7. HFR will keep a list of those volunteers who have valid AMCs for each medicine.

9. Administration of medicines via PGD by paramedics

9.1. Where medicines are not detailed in JRCALC, paramedics will need Patient Group Directive (PGD) in place signed off by their relevant NHS Ambulance Trust and approved by HFR's Medical Advisor via HFR's Scope of Practice Policy.

10. Principles for the Administration of Medicines

10.1. Any authorised person administering a medicine to a patient or checking the administration must be satisfied that they know the therapeutic uses of the medicine, the normal dosage, side effects, precautions and contra-indications.

10.2. Patient allergies must be checked before the administration of any medicines.

10.3. All medicine administration on behalf of HFR must follow the advice detailed in the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) Guidelines.

10.4. HFR has ensured that JRCLAC pocket guides are available with each Drugs bag and these are to be used by all trained HFR volunteers in the pre-hospital treatment of patients.

10.5. Medicines must not be prepared in advance of administration.

10.6. Checks must incorporate the whole administration process including:

- indications for use
- integrity of packaging
- expiry date
- for injections: free of particulates
- product accuracy

10.7. All calculations must be conducted in accordance with JRCALC Guidelines.

10.8. A record must be made, immediately after each administration, on the Healthcare Record (PRF) including the quantity and batch number of each medicine given.

10.9. Medicines refused, wasted or disposed of should be recorded.

11. Doubts

11.1. Doubt about appropriateness: HFR volunteers must check appropriateness of any medicine, including its contra-indications.

11.2. Doubt about a medicine: Any medicine that is found or thought to be defective should not be used and the procedure for Defective Medicines (see Section 27) should be followed.

12. Consent

12.1. Patients have a right to refuse medicines and treatment. Reasons for refusal must be documented.

12.2. Further considerations apply for: an unconscious patient; a patient who is mentally incapable of consent; life-threatening situations. In these situations, consultation with relatives/carers may also be appropriate - if this happens it must be documented.

13. Checking of Medicines Before Administration

13.1. The person administering the medicine should check for accuracy (particularly of drug type and dosage) before administration. For best practice when possible, a second suitable person i.e. another HFR volunteer should check all medicines for accuracy before administration.

13.2. All HFR trainees must have any medicine they wish to administer checked by a HFR volunteer with the relevant full status eg first aider, ambulance aider, paramedic, doctor. Trainee status is clearly specified on each event sheet.

13.3. Volunteers are encouraged to seek additional information about possible medicine interactions prior to administer a medicine (when appropriate), and a copy of the British National Formulary (BNF) is provided in each ambulance for this purpose.

13.4. Volunteers must check the appropriateness of any medicine, including its contra-indications in JRCALC Clinical Practice Guidelines prior to administration.

14. Disposal of Individual Doses of Unused or Discarded Medicines

14.1. No medicinal product may be removed from its container/packaging except for immediate administration.

14.2. Unused or discarded medicines must not be returned to the container but disposed of into the correct (orange lidded) sharps bin.

15. Administration of Oxygen

15.1. Suitably trained ambulance volunteers must check at all times that the patient is receiving the appropriate oxygen flow rate for their condition.

15.2. Oxygen and Entonox must be handled and stored in accordance with relevant statutory guidelines.

16. Volunteer Identification Numbers

16.1. All volunteers are issued with an ID number (also stated on each event sheet) which they must use when documenting medicines administered on the healthcare record (PRF).

16.2. All volunteers are issued with ID numbers on application to HFR and this is included on their individual ID badges, which volunteers are expected to wear at all HFR events. HFR event sheets also include ID numbers.

16.3. When completing the pre-event drugs checklist, volunteers may use their initials.

17. Recording and Handover of Administration of Medicines

17.1. Whenever a medicine is administered to a patient the following information must be recorded on the healthcare record (PRF):

- The patient's name date of birth/age and address
- Time drug was administered
- Drug name / code
- Dosage
- Unit
- Route
- Batch number
- ID of person administering drug
- Other relevant observations, possible side effects

17.2. In addition to the documented administration of drugs on the PRF, it is necessary to provide verbal information to the receiving healthcare providers at handover regarding any drugs administered to the patient.

18. Incidents in Administration of Medicines

18.1. An incident or error is deemed to have been made if one or more of the following circumstances apply:

- Omissions - any dose not given other than in circumstances where professional judgement has been used;
- Wrong dose administered;
- Inappropriate medicine given - the administration to a patient of any medicine not indicated for the condition;
- Wrong administration from that specified administration of a medicine by a different route or in a different form than that specified by the JRCALC.
- Administration of a drug for which a contraindication was known
- An adverse drug reaction (ADR) to the medicine by the patient eg anaphylactic reaction

19. Reporting of incidents in Administration of Medicines

19.1. Whenever an error in the administration of a medicine is found, the following action should be taken, by the person discovering the error:

19.2. When the error is discovered whilst the patient is in the care of HFR:

- Immediately inform the patient (and/or relatives, depending on circumstances); document any discussions and take steps to minimise any possible patient harm
- Immediately inform the HFR Officer in charge, who will notify the HFR Exec
- Immediately report the incident to the receiving healthcare provider
- Ensure that an incident Report Form is completed as soon as practicable in accordance with HFR Policy.

19.3. Where the error is discovered at another time (e.g. during routine checking and auditing of PRFs):

- immediately report the incident to one of the HFR Exec
- ensure that an Incident Report Form is completed as soon as practicable in accordance with HFR Policy.

19.4. All suspected adverse drug reactions will be reported by the HFR Exec to the MHRA (Medicines and Healthcare products Regulatory Agency) via the “Yellow Card” system.

20. Self Administration of Medicines by Patients

20.1. Any medicine prescribed for the patient by a Medical Practitioner, and taken in the presence of HFR volunteers, must be documented on the PRF.

20.2. The only medicine offered by HFR for self-administration by the patient is Entonox for the relief of pain. Self-administration enables the patient to maintain their own level of analgesia.

21. Medicines for HFR volunteers

21.1. Ideally HFR volunteers will bring their own medicines to events if needed, which will be kept in their personal belongings.

21.2. It is usual practice in Ambulance services that Staff must not take medicines from stock for personal use under any circumstances. HFR volunteers must not take medicines from stock for personal use, unless it is signed off by another appropriately trained and qualified HFR volunteer and documented on a PRF.

22. Control of Substances Hazardous to Health (COSHH)

22.1. Some medicines are hazardous to volunteers and patients. For instance, Entonox and oxygen must be handled with care and in accordance with safety regulations.

22.2. Other medicines may present differing risks and may be caustic or toxic. These materials should be managed in accordance with appropriate regulations.

22.3. COSHH assessments should be carried out for hazardous substances used.

23. Supply and Return of Medicines

23.1. Obtaining Medicinal Products

- All medicines covered by this policy, unless patients' own, must be obtained through an appropriately agreed and authorised pharmacist by the HFR Exec.
- Supplies of medicines are requested via a “Private Order” signed by HFR’s Medical Advisor.
- The Chair and Honorary Secretary, have specific responsibility to collect requisitioned medicines from the Pharmacy. Upon arrival at HFR Stores, the medicines will be

secured in the 'drug cupboard' and the quantities received recorded in the HFR database (drugs section) by the relevant person.

23.2. Labels

- Labels on medicine containers must not be altered. If the label is damaged or obliterated the container must be removed from circulation to the HFR store and reported to the Honorary Secretary as soon as possible.

23.3. Unwanted or Out-of-date Medicines

- All unwanted medicines are labelled and returned to the HFR Stores as soon as practicable. The Honorary Secretary / Chair must make appropriate arrangements for the disposal of out-of-date medicines by placing them in a labelled drugs return storage box with the appropriate disposal form and returning them to HFR Stores.
- On occasion, 'time-expired' POMs and other drugs from ambulance stock will be kept to be used for training purposes. This will be documented in the HFR database (drugs section) and POMs stored securely.
- Any out-of-date fluids, drugs etc. booked for training, must clearly be marked 'Training Only'.

24. Storage of Medicines

24.1. Medicines issued must be stored in a locked cupboard or other secure receptacle (eg fridge); 'drugs storage keys' must be labelled, and kept secure. There is also a second set of keys, kept in a separate location.

24.2. Loss of keys must be reported to a member of the HFR Exec as soon as possible who will arrange an investigation and change of locks or authorise temporary use of the second set of keys.

24.3. Items requiring refrigeration must be stored in a locked refrigerator, solely for this purpose. Temperatures of refrigerators must be recorded daily and a log maintained that is reviewed quarterly.

24.4. Medicines stocks on each vehicle will be checked at the beginning of each shift.

24.5. The quantity of each medicine to be carried in each vehicle will be determined from usage patterns and the list of medicines will be found in the "Drugs bag" for each vehicle.

24.6. It is the responsibility of the person administering the medicine to ensure that the medicine is restocked as soon as possible whilst ensuring the vehicle remains available as required.

24.7. Medicines must be restocked to the levels specified in the "Drugs bag checklist".

24.8. The storage of medicines on vehicles for an event will be within the Emergency Grab Bags.

24.9. It is the responsibility of HFR volunteers to maintain adequate security for all medicines. Drug bags must be stored securely in the Emergency Grab Bags on ambulance vehicles.

24.10. Medicines must not be left on any vehicle, once it is returned to the Ambulance station, they must be decanted and secured in the appropriate storage cupboard/fridge.

25. Reporting of Losses/Misuse

25.1. The loss, or suspected loss, or misuse of any medicinal product must be reported using the Incident report form to the HFR Exec as soon as possible, who will then inform the Accountable Officer as soon as possible. Together they will determine what investigation and further actions is required.

26. Assault

26.1. In the event of a HFR volunteer being threatened by an assailant with a view to obtaining any drugs, the volunteer should offer no resistance. The assault and subsequent loss should be reported to the HFR Exec as soon as possible and an incident form completed.

27. Reporting Defects in Medical Products

27.1. Health Service Guideline HSG (93) 13 requires Chief Executives to ensure prompt reporting of adverse incidents and reactions, and defective medicinal products. The principles of this will be used by HFR.

27.2. When a defect in a medicinal product is discovered or suspected, HFR volunteers must, as soon as practicable, report the defect to the Officer in Charge. It must also be reported to a member of the HFR Exec as soon as possible.

27.3. All suspect medicine must be labelled so it can be easily identified and inadvertent use prevented, then retained in a safe place.

27.4. The HFR volunteers who discover or suspect the defect must complete an Incident Report form. The report must fully identify the product, the defect, the incident, the person discovering the defect and any other important information.

27.5. The Officer in charge, if they feel it is appropriate, must ensure that all medicine of the same batch is withdrawn from use immediately from all vehicles and stored securely, separate from other medicines.

27.6. These issues must be raised with the supplying pharmacy as soon as possible by the HFR Exec. The supplying Pharmacy will have procedures in place for investigating and reviewing defective medicines with the regional pharmacy control service, who will in turn report it to the MHRA if appropriate.

28. Medicinal Product Alerts

28.1. Alerts relating to defective medicinal products will be notified to HFR by the Central Alerting System (CAS).

28.2. Warnings about defective products are given categories according to the seriousness of the defect: serious risk to life; serious product defect; minor product defect; for information only.

28.3. Each CAS alert will be reviewed on receipt of the CAS email by the Honorary Secretary who will determine whether the product in question is used by HFR.

28.4. If relevant, appropriate action as determined by the CAS alert for the identified medicine will be taken. The Honorary Secretary is responsible for ensuring all HFR volunteers understand what to do in the event of a relevant CAS alert being received and that the Exec Committee is informed.

29. Policy Consultation

- This policy has been circulated to the HFR Executive and Medical Advisor for consultation.
- The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

30. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

31. Monitoring of Compliance and Effectiveness

- Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive.

- Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

32. Implementation

- The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- All HFR policies are available on the Hart First Response website www.hartfirstresponse.org.uk.

33. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

34. References

- Outcome 9, Essential standards of quality and safety, Care Quality Commission, March 2010.
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971
- Misuse of Drugs Regulations 2001
- Safer Management of Controlled Drugs Regulations 2006
- Health Service Circular 2000/06 and 2003/10
- Safer management of controlled drugs: Guidance on strengthened governance arrangements (DH, 2007)
- Safer management of controlled drugs: Guidance on standard operating procedures for controlled drugs (DH, 2007)
- The handling of medicines in social care (RPSGB, 2007)
- Research governance framework for health and social care: Second edition (DH, 2005)
- JRCALC UK Ambulance Service Clinical Practice Guidelines (2006)
- First Aid Manual. Dorling Kindersley; 9th edition revised edition (21 Mar 2011)
- Health Service Guidelines HSG (93) 13

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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	Y	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	Race –There may problems with people whose first language is not English. This is risk assessed as a low probability occurrence for HFR's current work. This would be mitigated by use of advisory support.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.

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Appendix 2: Medicines Administration Summary

Key	Colour
Able to administer if over18 years of age	Yes
Can assist patient to self administer	Assist only
Not able to administer	No

Name of Drug	**Grade of Responder**				
	Observer	First Aider	Ambulance Aider	Paramedic	Doctor
Adrenaline auto-injector eg Epi-pen, Ana-pen, JEXT	No	Yes	Yes	Yes	Yes
Adrenaline (1:1,000) IM	No	No	Yes	Yes	Yes
Adrenaline (1:10,000) IV, IC or ET	No	No	No	Yes	Yes
Amiodarone Hydrochloride IV	No	No	No	Yes	Yes
Aspirin (dose 300 milligrams) tablet	No	Yes	Yes	Yes	Yes
Atropine Sulphate IV	No	No	No	Yes	Yes
Chlorphenamine Injection	No	No	No	Yes	Yes
Entonox (Nitrous Oxide)	No	No	Yes	Yes	Yes
Furosemide IV	No	No	No	Yes	Yes
Glucagon (GlucaGen® HypoKit) 1ml (dose 1 milligram) IM	No	No	Yes	Yes	Yes
Glucose 10%	No	No	No	Yes	Yes
Glyceryl Trinitrate (dose 400 micrograms) Spray	No	Assist only	Yes	Yes	Yes
Coke (for hypoglycaemia)	No	Yes	Yes	Yes	Yes
Hydrocortisone Sodium Phosphate Injection 100mg/1ml	No	No	No	Yes	Yes
Ibuprofen Tablet 200mg	No	No	Yes	Yes	Yes
Ipratropium Bromide 250ug / 1ml	No	No	No	Yes	Yes
Oral rehydration Salts (Dioralyte)	No	Yes	Yes	Yes	Yes
Oxygen	No	No	Yes	Yes	Yes
Paracetamol Tablet 500mg	No	Yes	Yes	Yes	Yes
Paracetomol Oral Suspension 120mg/5ml	No	Yes	Yes	Yes	Yes
Paracetomol Solution for Infusion 1g in 100mL	No	No	No	Yes	Yes
Ventolin inhaler	No	Assist only	Assist only	Yes	Yes
Salbutamol (Ventolin) 2.5 mL (2.5 milligrams) Nebules	No	No	Yes	Yes	Yes
Sodium Chloride 0.9% topical	No	Yes	Yes	Yes	Yes
Sodium Chloride (Physiological Saline) Steri-Net 2.5ml 0.9% Nebuliser	No	No	Yes	Yes	Yes
Sodium Chloride (Physiological Saline) 1000ml 0.9% IV	No	No	No	Yes	Yes
Sodium Chloride Injection 0.9% w/v 90mg in 10ml ampoule	No	No	No	Yes	Yes
Sodium Lactate Compound	No	No	No	Yes	Yes

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Name of Drug	Grade of Responder				
	Observer	First Aider	Ambulance Aider	Paramedic	Doctor
(Hartmann's) 1,000ml IV					
Water for Injections 2ml	No	No	No	Yes	Yes

Appendix 3 Legal Framework

For the purpose of this policy, medicines are defined as substances included in the 1968 Medicines Act as medicinal products. The MHRA defines a medicinal product under Article 1 of Directive 2001/83/EC as:

a) Any substance or combination of substances presented as having properties for treating or preventing disease in human beings;

b) Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting in modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.

Appendix 3a Medicines Act 1968

The Medicines Act 1968 and associated regulations set out the requirements for and regulates the general sale, supply and administration of medicines. Each medicine is assigned to one of three legal categories:

- General Sales List (GSL)
- Pharmacy (P) or
- Prescription Only Medicines (POM)

The majority of medicines used in the ambulance service are Prescription Only Medicines. Ambulance Paramedics are able to administer certain POMs due to the exemptions SI 2004 No 1189; and SI 1997 No.1830. Ambulance Paramedics may also administer POMs, Pharmacy Medicines and General Sale List medicines under PGDs.

The Prescription Only Medicines (Human Drugs) Order 1997 (Statutory Instrument 1997 number 1830), as amended, empowers a person who is registered via the Health and Care Professions Council, to administer parenterally, on their own initiative certain prescription only medicines for the immediate treatment of the sick or injured. This order is commonly referred to as the **'POMS'** order. The POM's order also provides a means by which medicines may be lawfully administered by others, such as suitably trained HFR volunteers.

The MHRA have stated that: Medicine's legislation does not address the administration of non-prescription medicines (or, for that matter, prescription only medicines unless they are for parenteral administration). The focus of the Medicines Act and secondary legislation is on sale and supply.

Additionally, the Act provides that certain injectable products may be administered by way of parenteral injection for the purpose of saving life in an emergency (see article 7); and these drugs may be administered by persons other than a Paramedic.

Appendix 3b: Extract from the prescription only medicines (human use) order 1997 (as amended): article 7

Exemption for parenteral administration (this is defined as administration by breach of the skin or mucous membrane) in an emergency to human beings of certain prescription only medicines

Article 7. The restriction imposed by section 58(2)(b) (restriction on administration) shall not apply to the administration to human beings of any of the following medicinal products for parenteral administration-

Adrenaline Injection 1 in 1000 (1 mg in 1 ml)
Atropine Sulphate Injection
Atropine sulphate and obidoxime chloride injection
Atropine sulphate and pralidoxime chloride injection
Atropine sulphate, pralidoxime mesilate and avizafone injection
Chlorphenamine Injection
Dicobalt Edetate Injection
Glucagon Injection
Glucose Injection 50%
Hydrocortisone Injection
Naloxone Hydrochloride
Pralidoxime chloride injection
Pralidoxime mesilate injection
Promethazine Hydrochloride Injection
Snake Venom Antiserum
Sodium Nitrite Injection
Sodium Thiosulphate Injection
Sterile Pralidoxime

where the administration is for the purpose of saving life in an emergency.

Therefore, a trained responder can administer intramuscular adrenaline or glucagon for the purpose of saving a life in an emergency [http://www.resus.org.uk/pages/faqana.htm#Q8]

Appendix 3c HSE guidance Tablets and Mediciness

HSE website http://www.hse.gov.uk/firstaid/faqs.htm [accessed 17/02/2013]

- First aid at work does not include giving tablets or medicines to treat illness. The only exception to this is where aspirin is used when giving first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice. It is recommended that tablets and medicines should not be kept in the first-aid box.
- Some workers carry their own medicines that have been prescribed by their doctor (eg an inhaler for asthma). If an individual needs to take their own prescribed medicines, the first-aider's role is generally limited to helping them to do so and contacting the emergency services as appropriate.
- Medicines legislation restricts the administration of injectable medicines. Unless self-administered, they may only be administered by or in accordance with the instructions of a doctor (eg by a nurse). However, in the case of adrenaline there is an exemption to this restriction, which means in an emergency a layperson is permitted to administer it by injection for the purpose of saving life. The use of an Epipen to treat anaphylactic shock falls into this category. Therefore, first-aiders may administer an Epipen if they are dealing with a life-threatening emergency involving a casualty who has been prescribed and is in possession of an Epipen, and where the first-aider is trained to use it.

Registered Charity 1092333

Appendix 4: Monitoring of medicines management
To audit: location, medicines, expiry dates, checklist completion

Date	Storage Location	Contents correct Yes/No	Comments	Name	Signature