



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)
Ambulance Operations (Equipment) Procedure
Requisition of Medications

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Approval date	4th January 2011	Responsibility for implementation	Each Area's CAO/AOM
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1.0 POLICY

- 1.1 The NAS is committed to the safe management of medicines to protect patients, staff and effective use of financial resources.

2.0 PURPOSE

- 2.1 To describe the safe and secure system for the requisition of medicinal products in the NAS.
- 2.2 To outline the conditions for the requisition of medications from the Pharmacy Departments of the various Hospital Groups to the National Ambulance Service, i.e. United Drug

3.0 SCOPE

- 3.1 This Procedure applies to persons authorized to requisition medications on behalf of the National Ambulance Service

4.0 LEGISLATION/OTHER RELATED POLICIES

- National Ambulance Service Parent Safety Statement
- Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2008 (SI 512 of SI 300 2014)
- Policy - NASCG005 - Medicines Management
- Medicinal Products (Prescription and control of Supply) (Amendment) Regulations (SI 300 of 2014).

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 Supervisor Leading EMT (Emergency Medical Technician/Paramedic/Advanced Paramedic)
- 5.2 Manager - Ambulance Officer
- 5.3 Practitioner- the term practitioner identifies healthcare professionals who are registered with the Pre-Hospital Emergency Care Council (PHECC).
- 5.4 Operationally, this refers to NAS employees who hold registration as Emergency Medical Technicians, Paramedic sand Advanced Paramedics.

6.0 ROLES AND RESPONSIBILITIES

- 6.1 It is the responsibility of each Practitioner to ensure personal familiarity with this procedure and for the Education and Competency Team to facilitate that familiarity.
- 6.2 It is the responsibility of each Practitioner to adhere to this Procedure.
- 6.3 The implementation of this Procedure from a Control of Dispensing perspective will be supervised by the designated Pharmacist in charge or deputy.
- 6.4 The relevant Area Operations Manager, or designate, will be responsible for designating Officers to monitor the correct application of requisition procedures and the safe storage of received medications.

7.0 PROCEDURE

7.1 Requisitions

- 7.1.1 Drugs may only be ordered on an official Requisition Form.
- 7.1.2 All requisitions must be written clearly, and should be printed in block capitals, if necessary.
- 7.1.3 Information required on the requisition includes:
 - Ambulance Station
 - Signature of designated person in charge ordering the drug(s)
 - Date
 - Name of the Drug(s)
 - Strength of the Drug(s) (e.g. 10mg)
 - The total quantity required
- 7.1.4 Only medications that are approved for use by the PHECC, and authorised by the National Ambulance Service can be requisitioned.
- 7.1.5 Quantities ordered should be appropriate for the packaging of the drug and the expected use by the NAS.
- 7.1.6 Requisitions should be brought to the relevant Pharmacy by the authorised person.
- 7.1.7 The authorised person must sign for accepting the drugs for delivery having checked that the contents of the order are correct.

7.2 Out of hours

- 7.2.1 Routine Pharmacy services may not be available out of hours. NAS staff must ensure that appropriate supplies of drugs are available for immediate use.
- 7.2.2 Where adequate supplies are unavailable; an authorised person must complete/submit a requisition in time to secure new stock.

7.3 Returning Drugs to the Pharmacy Dept.

- 7.3.1 Medications may be returned to the relevant Pharmacy if not required, or out of date, for appropriate destruction, or maybe retained by the service for training purposes.
- 7.3.2 An authorised person should sign to acknowledge this transaction.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Procedure will be circulated electronically to all Pharmacy Managers in each NAS Area
- 8.3 This Procedure may also be placed in hardcopy in the Operations Equipment Procedure Manual in each Ambulance Station and Ambulance Control for ease of retrieval/reference
- 8.4 Each Supervisor responsible for updating Procedure Manuals will return the Confirmation Form to each Area Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will be reviewed whenever circumstances, and/or operational practices or a relevant event dictate.
- 9.2 The Pharmacist in Charge at each Pharmacy will monitor compliance in relation to the requisition process.
- 9.3 A designated Supervisor or Manager will audit compliance with this procedure on a monthly basis at minimum in relation to the requisition of medications within the National Ambulance Service and any deviation will be reported to the appropriate Manager for remedial action

Revision History: (This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	5	03/01/17	Document amended according to changes within the NAS	NAS Leadership Team

10.0 REFERENCES

- 10.1 National Ambulance Service Parent Safety Statement
- 10.2 PHECC Advanced Clinical Practice Guidelines, (Current Version) incorporating
- 10.3 Medications Formulary (copy supplied to each Pharmacy Dept.) National Ambulance Equipment List

11.0 APPENDICES

Appendix I - Procedure Acknowledgement Form

12.0 Signatures of Approval

Signed by:



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date: 3rd January 2017

Document Control No. 1 (to be attached to Master Copy)

NASOE014 Requisition of Medications

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASOE014 Requisition of Medications

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
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Taillight Cross
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Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

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I acknowledge the following:

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- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

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