



Policy and Procedure of Medical Supplies
Management

AMRH/PHARM/P&P/001/Vers.02
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Acronyms:

| | |
|-------------|---|
| IV | Intravenous |
| CDs | Controlled Drugs |
| DGMS | Directorate General of Medical Supplies |
| FEFO | First Expiry First Out |
| FIFO | First In First Out |
| HoD | Head of the Department |



Policy and Procedure of Medical Supplies Management

1. Introduction

Ensuring an adequate supply of safe and effective drugs of acceptable quality is an integral part of the MoH healthcare policy. Drugs, surgical and laboratory consumables play a crucial role in diagnostic, preventive and curative healthcare. They are a vital and an expensive component in the provision of health services.

To ensure maximum benefit from such investment, it is essential that the medical supplies requirements should be based on realistic estimates. Rational prescribing and efficient drug management with a sense of cost and quality consciousness are equally important.

The Pharmacy department, Al Masarra Hospital designed this document to provide an overview of the management of medical supplies i.e. indenting, receiving, distribution, inventory management etc. in the Al Masarra Hospital. Compliance with this policy will assist the sections to meet the proper quality health service standards, cost effective treatment, sufficient supply of items and thus by to confirm the patient safety.

2. Scope

This document is applicable to all Pharmacy professionals/Staff Nurses/Laboratory staff/Technicians other sections/linked health care workers directly dealing with the medical supplies in the institution such as indenting, receiving and consuming of medical supplies.

3. Purpose

- 3.1 To describe the general measures considered appropriate for the indenting, receipts, supply to the wards /units, in the institution and to confirm the preferred standards of stockmanagement of all medical supplies.
- 3.2 To ensure adequate stock of all items in the institution, including lifesaving items and finally to confirm the patients are receiving proper treatment appropriate to their clinical needs.
- 3.3 To confirm the medical supplies are reaching to the patients through safe hands in anentire quality, cost effective, zero wastage, revenue saving thus to ensure the proper distribution to the end user areas.



4. Definitions

- 4.1 **Indent:** It is an official order or requisition for supply of medical supplies from the Medical Stores / any stores based on consumption and estimation.
- 4.2 **Non-moving item:** if its stock static for a period exceeding one third of the period of its validity.
- 4.3 **Slow-moving item:** if they are demanded seldom and remain in stock for long or irregular periods and accordingly less than 50% available stock is issued in the last three months and some amounts are anticipated to remain unused at the time of expiry.
- 4.4 **Urgent Indent:** to cover the acute shortage of vital and lifesaving items.
- 4.5 **Under Receiving items:** directly received medical supplies from the supplier and the period its holding on it for the completion of document process from the Directorate General of Medical Supplies.

5. Policy

- 5.1 General Policies: (*Pharmacies/wards/units*).
 - 5.1.1 All medicines must be well stored, separated and promptly labeled upon display on the shelves.
 - 5.1.2 Different formulations of medicines need to be stored appropriately for their use.
 - 5.1.3 All refrigerators, cold rooms, freezers located within the section must be routinely monitored to assure that the corrected temperature is maintained with respect to the items stored and maintaining its storage recommendations as per the manufacturer.
 - 5.1.4 All sections must ensure a proper cold chain documentation system is maintained.
 - 5.1.5 All concerned sections must confirm all medical supplies are stored according to the manufacturer's recommendation regarding temperature, light, humidity, sanitation etc.
 - 5.1.6 No food or drinks shall be allowed inside the refrigerators/cold rooms specified for storing medications.



- 5.1.7 The storage requirements of controlled drugs (CDs) must be managed in accordance with the Hospital/National Controlled Drugs Policy.
- 5.1.8 Pharmacy professionals must perform monthly inspections/audit of patient care areas to ensure compliance with the proper patient safety considerations regarding the storage of medical supplies.
- 5.1.9 The medical supplies (bulk stocks – boxes especially in the stores area) must be kept in the shelves and not on the floors to avoid moisture/flood and for proper cleaning etc.
- 5.1.10 The department must keep temperature records for at least two years.
- 5.1.11 The Pharmacy department in coordination with the nursing section of the wards/units must develop a list of requirements and the medical store must provide necessary items against an indent from the authorized nursing staff.
- 5.1.12 The Medical Stores must issue to the wards and units requirements as per the approved schedule.
- 5.1.13 Floor stocks must be minimized particularly in hospitals implementing Unit/Daily Dose system for 24 hours.
- 5.1.14 It is the responsibility of the individual nursing unit staff technicians in the case of other sections to maintain the specified stock levels to minimize wastage.

6. Procedure

- 6.1 Indenting for Medical Supplies from the Central Stores (DGMS). - *Medical Stores*
 - 6.1.1 The Medical Store section will prepare periodic (normal) indents well in advance so as to reach DGMS at least one week before the fixed (*from DGMS*) delivery schedule.
 - 6.1.2 For the 'normal indent' issue frequency period from DGMS for Al Masarra Hospital will be Quarterly (every three months).
 - 6.1.3 Separate indent shall be prepared for each category as per the following details:
 - 6.1.3.1 Medical (Cold room injectable items and I.V. fluids shall be separated).
 - 6.1.3.2 Surgical and Dressing items.
 - 6.1.3.3 Laboratory Reagents and Consumables.



- 6.1.4 The quantities indented should cover quarterly requirement as per the predetermined delivery frequency taking into consideration the buffer stock required during the lead-time.
- 6.1.5 The DGMS stores shall consider issuing an extra buffer stock quantity to accommodate any increase in consumption based on the indent issue frequency period.
- 6.1.5.1 For Quarter indents: 14 days (15.5%) extra quantities will be issued.
- 6.1.6 Justifications must be submitted along with the indent if the requested quantity exceeds the average consumption. (As a remark in the indent column/a separate letter will be submitted).
- 6.1.7 The DGMS may issue the items as per the availability of the sufficient stock and validity of the reasons provided/criticality of the item needed for the institution. Hence, Medical Store section shall provide strong documents/statistics etc. for obtaining the item.
- 6.1.8 All indents to be sent through Al Shifa 3+ online system and the hard copy of the same also shall be submitted at the earliest to the DGMS reception for distribution process.
- 6.1.9 In the case of supplementary/urgent indent, it shall be sent through online and a copy of the same must be faxed to DGMS and an intimation to be given to the concerned section regarding the same.
- 6.1.10 For the specialized drugs (for new cases), referral forms shall be submitted.
- 6.1.11 For controlled drugs, the indenting and its collection procedures shall be done as per the Controlled Drugs Policy (Refer: National/Hospital Controlled Drug policy).
- 6.1.12 Indents for the Non-approved medicines prescribed for individual cases shall be submitted separately along with the concerned form. (see Appendix 1. Form A).
- 6.1.13 Indent full quantity/full box (round figure) as per the packing probability of the box to avoid loose quantities for the maximum possible items.
- 6.1.14 Supplementary indents shall be submitted prior at least four days and it should be faxed to the concerned section.
- 6.1.15



- 6.1.16 Urgent indents can be forwarded at any time but restricted for the life-saving category items only.
- 6.1.17 In the case of referred admitted cases, indents with proper justification mentioned in the remarks will be submitted at least one day prior.
- 6.1.18 For the pending items (during the supply of normal quarterly indent), a report will be provided by the DGMS stores for the pending items if any. It is not necessary to send any supplementary indent, only send a copy of the pending items report and do follow-up with the concerned section, as it will be issued automatically.
- 6.2 Receiving of Medical Supplies to the inventory: (*Medical Stores*)
- 6.2.1 On arrival of the quarter consignment, the Medical Store staff shall sign the dispatch form confirming the receipt of all cartons and submit the copy to the assigned truck driver at the same time.
- 6.2.2 Detailed receiving procedures may start from the Medical Store's end and shall check all the items carefully against the voucher. In case of missing of vouchers, it can be obtained directly from the Al Shifa 3+ system.
- 6.2.3 To be considered: DGMS stores may issue the items as per the average consumption during the last 12 months, plus the extra buffer quantity as per the policies.
- 6.2.4 If received in full quantity (requested quantity) what was requested to DGMS stores, then the supply will be considered as completed.
- 6.2.5 The issues from the DGMS stores through the computer system can be according to the nearest expiry dates (FEFO) and also it can receive small quantity with short shelf life (in very few circumstances). In this type of juncture, efforts may be taken to consume these items to avoid revenue wastage and at the same time care must be taken not to issue these items for a period beyond the course of the treatment.
- 6.2.6 In the case of Controlled Drugs, an officially designated Pharmacist shall go and collect the items from the CDs section, DGMS. The vouchers will be signed by both parties (the issuer and the recipient) after checking and confirming the stocks at the same time and the items will be collected (Refer to Controlled



- Drugs policy).
- 6.2.7 After the receipts of any items, check and confirm against the issue voucher (DGMS) as per the following:
- 6.2.7.1 Quantity
 - 6.2.7.2 Quality
 - 6.2.7.3 Batch/Lot
 - 6.2.7.4 Expiry
- 6.2.8 Arrange the received items in the shelves in proper places as per the method **First Expiry First Out (FEFO/ FIFO) or First In, First Out.**
- 6.2.9 In the cases of any discrepancies in the supply, document it as a record and inform the authorities (concerned section, DGMS) for necessary dealings and do follow-up.
- 6.2.10 Download online receipt voucher from the Al Shifa 3+ computer system, confirm all details once again and to be sent to the inventory.
- 6.2.11 For the items with discrepancies, receive only the physically received items and in the remarks, mention the reasons.
- 6.2.12 If any changes in the batch or expiry date, it is to be edited and received, as per the physical receipts.
- 6.3 Receiving procedures of direct supply items from private parties: *Medical Stores (e.g. Lab Reagent /consumables etc.)*
- 6.3.1 Supplies from the private parties shall be checked and received by a responsible committee (Medical store staff and Laboratory section staff included) only, instead of individual staff from the store section.
 - 6.3.2 Ensure the items brought by the private parties are as per the Ministry of Health purchase order only and matching completely.
 - 6.3.3 Confirm the items supplied are as per the schedules set by the Ministry.
 - 6.3.4 Confirm the Quantity, Quality, Expiry dates, Batch, Cold chain status etc. are acceptable and corresponding to the voucher.
 - 6.3.5 If all the details are acceptable then sign and stamp, put the date of receipt in the delivery order of the party and submit it to the concerned store of DGMS receiving section.



- 6.3.6 Regarding the mismatched/rejected items, inform DGMS store officials immediately by filling a technical report by the store staff by adding the reasons for the rejection or any others comments of the committee members.
- 6.3.7 The items will be considered as “**Under Receiving**” until the vouchers verification and final receiving procedures are finished from the DGMS store receiving section end.
- 6.4 Temperature Management of Medical Supplies:
- 6.4.1 Ensure the cold room and refrigerator is running in between the temperature range ‘Cold’ (+2°C to +8°C).
- 6.4.2 Maintain room temperature in between (+15°C to +25°C).
- 6.4.3 Record daily temperature by using manual forms.
- 6.4.4 Maintain cold chain reading chart/graph around the clock.
- 6.4.5 Maintain temperature mapping and it will show uniformity of the temperature across the storage facility.
- 6.4.6 For Personnel safety to minimize the risks associated with cold stress and potential hypothermia, ensure the following while entering the cold room:
- 6.4.6.1 Protective clothing and equipment i.e. coats, gloves etc. should be worn.
- 6.4.6.2 Maximum time a staff staying in the cold room should not exceed 30 minutes at a time.
- 6.4.6.3 Cold room doors should be freely opening from inside.
- 6.4.6.4 Before entering and after leaving the cold room, another staff should be informed.
- 6.4.8 Cold room shall be equipped with alarm system connected with maintenance department for around the clock surveillance.
- 6.4.9 Ensure generator back up for cold room in cooperation with the maintenance department.
- 6.4.10 Equipment used for monitoring should be calibrated at defined intervals.
- 6.4.11 Any unusual variations in temperature/electrical/others if noticed, must be informed to the hospital maintenance department immediately.
- 6.4.12 While carrying out issues/arrangements in cold room, power supply should not be switched off.



6.5 Medical Supplies Floor Stock management

(Supply / Distribution of supplies to the Hospital Wards / Units)

- 6.5.1 The Medical Stores/Inpatient Pharmacy sections (*mainly in-patient pharmacy section for medications*) must maintain a master list/template of allowable floor stock medications which shall include maximum quantities to be stocked as floor stock in each ward/unit.
- 6.5.2 All controlled medications related transactions shall be strictly adhered as per the approved National/Hospital CDs policy (distribution, collection, storage, administration etc.).
- 6.5.3 Nursing units will replenish the floor stock medical supplies directly from the Medical Store/In-patient pharmacy, through a computerized (Al Shifa 3+ system) request as per the schedule or directions from the Pharmacy department.
- 6.5.4 Ensure the indenting and its collection is carried out under the supervision of an assigned/authorized staff only. Ensure transferring of item(s) are safely done to the units/wards.
- 6.5.5 The indents shall be approved and issued against the approved maximum level (floor stock) or by considering previous consumption only.
- 6.5.6 Medical Supplies for the emergency management will be considered immediately.
- 6.5.7 The referral patient's specific medications shall be arranged by the stores. For its collection, the patient's details/including referred hospitals shall be provided by the direct patient care area staff.
- 6.5.8 It is the ward/ unit in-charge's responsibility that the discontinued or left over medications are returned after patient goes home, to the in-patient pharmacy and should not remain as floor stock. The Medical Stores section will precede these items for safe disposal procedures.
- 6.5.9 Do not store any medications in the nursing units except those items approved in the "unit's floor stock" list and non-approved floor stocks shall be collected during the periodic wards audits/inspection.
- 6.5.10 Ensure the availability of all the items in the crash trolley in coordination with the Nursing units (Refer to Crash Cart Preparation policy and procedure).



- 6.5.11 Any medical supplies/medications expiry date that falls within three months, it is to be notified and necessary arrangements must be taken for its relocation (Pharmacy – Nursing care teamwork).
- 6.5.12 Drugs requiring refrigeration will be stored in the refrigerator in between the temperature range (+2°C to + 8°C).
- 6.6 Non-moving / Slow-moving items management
- 6.6.1 Provide dedicated services for the maximum level of revenue saving.
- 6.6.2 Furnish the list of Non-moving/Slow-moving items periodically (usually quarterly) and deal with the peripheral institutions for relocating the same.
- 6.6.3 Receive any Non-moving/Slow-moving items if asked for relocation from the peripheral institutions, if it can be consumed within the period (as the part of co-operation and team work).
- 6.6.4 In case of replacement of expired batches if the DGMS received the item with a guarantee letter, inform them to return it and necessary steps to be taken for its returning.
- 6.7 Quality of Medical Supplies and reporting procedures
- 6.7.1 **For Medical Items:** Report if any quality related complaints noticed or received from the end user, to the DGMS officials immediately by using the approved format '*Drug Quality Reporting*' form (See Appendix 2).
- 6.7.2 **For Surgical items:** Report if any quality related complaints noticed or received from the end user, to the DGMS officials immediately by using approved format for '*Quality reporting of surgical consumables/disposables*' (see Appendix 3).
- 6.7.3 **For Lab items:** Report of feedback/reagent complaints to the DGMS officials by submitting duly filled approved format.
- 6.8 Supply of required Medical Gas to the institution.
- 6.8.1 Coordinate for the filling of medical gas cylinders and its distribution to the units and wards.
- 6.8.2 Store filled cylinders in a safe place as per the fire and safety policy standards. (Refer to Pharmacy department – security policy).



6.9 Auditing of Wards/Units

- 6.9.1 Ensure the proper wards/unit auditing system in the patient care areas on a monthly basis and confirm all medical supplies are not over-stocked, well arranged, labeled, storage conditions are as per policy/recommendations, and no expired items are available.
- 6.9.2 Ensure that the crash cart medications availability and arrangements are as per the related policy.
- 6.9.3 Ensure necessary arrangements for the Slow-moving/Non-moving items relocations be coordinated with the unit/ward staff.
- 6.9.4 Confirm no pharmaceutical wastes are dumped/stocked in the patient care area.

6.10 Safe Disposal of Pharmaceutical waste

- 6.10.1 Any expired, discolored, damaged, medications medical supplies are to be collected from the end users for proceeding disposal procedures.
- 6.10.2 Strictly store in a dry brown colored container and kept in a labeled safe area.
- 6.10.3 Sort it into different categories (controlled drugs, cytotoxic drugs, anti-infective drugs etc.) for the safe disposal process.
- 6.10.4 Ensure the safe disposal according to the availability of incineration or as per the local government rules.

6.11 Annual Condemnation process of Medical Supplies

- 6.11.1 Condemnation process of the expired/spoiled items shall be done in yearly basis for Medical/Surgical/Lab categories of items.
- 6.11.2 Furnish all required details in the approved format (Condemnation of items, form no. 12, MoH) from the finance department (See Appendix 3).
- 6.11.3 Inform the concerned committee (MoH auditing section - Hospital) for checking and final approval.
- 6.11.4 Send a copy to the DGMS inventory section for further procedures.
- 6.11.5 For the controlled drugs, the said procedure shall not be applied directly and instead it will be dealt with Directorate General of Pharmaceutical Affairs and Drug Control through the DGMS officials only (as per the National/Hospital CDs policy).



6.12 Recalled Medical Supplies

- 6.12.1 Recall notification shall be circulated/communicated to the end users/concerned areas at the same time of receiving the notification.
- 6.12.2 Take instant steps to withdraw the recalled items totally from all the areas/all the corners including nursing stations, Unit dose packs, floor stocks etc.
- 6.12.3 Contact affected patients if necessary for specific cases.
- 6.12.4 The recalled items shall be labeled as “RECALLED MEDICATIONS” and kept in a safe place to avoid mistakenly use by any health care provider.
- 6.12.5 The involved batches shall be removed from the inventory and returned to DGMS within a week’s time of initiation of recall by the Director of Stores. Mark the reason for the removal in the remarks column of the computer system.

6.13 Inventory Management

6.13.1 Stock Verification:

- 6.13.1.1 The stocks in the pharmacies and the stores shall be verified regularly on random basis.
- 6.13.1.2 Any disparities found shall be informed to the concerned authorities/admin and will be amended in the records with approval.
- 6.13.1.3 Use a prescribed format for stock verification exercise and after the auditing, take signature of the concerned section staff and make a record of it for further clarifications.

6.13.2 Indent Verification:

- 6.13.2.1 The indent prepared by the stores to DGMS, shall be verified on random basis to ensure that the quantities requested are based on the average monthly consumption, stock in hand, and as per the frequency of indenting.
- 6.13.2.2 Any quantities found either high or low should be brought to the notice of the concerned in-charge for appropriate amendment.



- 6.13.3 Verification of Receipts from the DGMS stores:
- 6.13.3.1 A random verification of few items will be undertaken to ensure that the supplies are received as per the demand.
 - 6.13.3.2 Any discrepancies found shall be brought to the notice of authorities'/ admin level/Medical Store in-charge and it is to be cleared in coordination with the DGMS stores.
- 6.13.4 Verification at the end users:
- 6.13.4.1 Manage excessive and unauthorized floor stocks quantities.
 - 6.13.4.2 Verify the stocks in the wards/units regularly on random basis to avoid revenue wastage and to ensure the quality of stock arrangements, storage, labeling, expiry, temperature management etc.
 - 6.13.4.3 Take necessary steps if any surplus stocks dead stocks are found and its return procedure to Medical Stores.
- 6.13.5 Stocks enough for more than six months:
- 6.13.5.1 Evaluate the stocks based on the average monthly consumption to see how many months' stocks are enough in each store.
 - 6.13.5.2 Take necessary steps for the relocation of any item at higher side and take care while doing indenting so they are not indented.
- 6.13.6 Follow-up for Pending Quantities from DGMS:
- 6.13.6.1 Follow up all the pending quantities from the indents those are due from the DGMS Stores (Medical Store – DGMS transaction).
 - 6.13.6.2 Ensure that the supplies are obtained and avoid repeated indenting of the same and shortage of items.
- 6.14 Receiving of New items to the inventory
- 6.14.1 Any items newly received shall be registered in the Al Shifa 3+ computer system.
 - 6.14.2 The DGMS receipt vouchers will be downloaded from the system.
 - 6.14.3 The details of the item shall be entered with full details in first time or use 'Download DGS' option from the Item Master (specifications). The following are the details to be entered:



- 6.14.3.1 The name of the item (in generic for medications).
- 6.14.3.2 Category number/Machine details for specific surgical/Lab items.
- 6.14.3.3 Family Group code
- 6.14.3.4 Indent item type/group
- 6.14.3.5 Unit
- 6.14.3.6 Allocated Store details/item with expiry or without expiry etc.
- 6.14.4 Make it 'Active' and an item ID will be generated automatically after finalizing. As a next step, medicine details link with doctors (for prescribing) will also be entered (Item Master – Medicine).

7. Responsibility

7.1 Medical Store In-charge Shall:

- 7.1.1 Be responsible for handling of keys, opening and closing of stores.
- 7.1.2 Set objectives and targets.
- 7.1.3 Set necessary arrangements for Implementing/Formulating plan of action and policies as per the HoD instructions.
- 7.1.4 Supervise and follow-up of the work of all the sections: Medical/Surgical/Lab.
- 7.1.5 Deploy staffs for daily work.
- 7.1.6 Organize/Lead daily morning section meeting.
- 7.1.7 Assist the HoD for related documentations in staff's administrative related requirements. (e.g. Personal/General/Finance/Administrative sections etc.).
- 7.1.8 Ensure all the medicinal products are stored appropriately and securely to make sure novelty and potency.
- 7.1.9 Randomly verify the work area and confirm the work quality.
- 7.1.10 Perform random stock verification and confirm the stocks are proper.
- 7.1.11 Supervise the cleaning works and maintain it in a neat and hygienic manner.
- 7.1.12 Arrange sections internal CPD activities.
- 7.1.13 Take necessary steps for keeping the section as per Quality Assurance Standards.
- 7.1.14 Check Crash Trolley and coordinate necessarily.
- 7.1.15 Deal with the doctor's request for the Non-approved medications.
- 7.1.16 Evaluate staff performance and notify the HoD.



- 7.1.17 Submit periodical reports to Head of the Department, P&MS.
Such as: Achievement report/Consumption report/Section's requirements etc.
- 7.1.18 Perform any other related job given by the superior.

7.2 Counter Staff: Medical/Surgical/Lab Shall:

- 7.2.1 Manage store from unauthorized person's entry.
- 7.2.2 Prepare all types of Indents.
- 7.2.3 Prepare and collect all additional requirements by submitting proper justificationsto the DGMS stores.
- 7.2.4 Submit clarifications asked by the DGMS if any.
- 7.2.5 Receive items and check details against vouchers.
- 7.2.6 Enter received items to the inventory and its arrangements.
- 7.2.7 Properly follow up with the DGMS stores for the items which are requested andsupplied less, pending or any discrepancies in the supply.
- 7.2.8 Give immediate response to any drugs batch recall due to its quality and returningthe same to DGMS stores.
- 7.2.9 Take essential coordination for the collection of Referral patient's medication.
- 7.2.10 Conduct proper documentation and preserve vouchers of all the transactions performed in the stores.
- 7.2.11 Check stock and maintain proper inventory for all items.
- 7.2.12 Ensure the availability of all the items in the crash trolley.
- 7.2.13 Ensure the monitoring of Cold Chain Policy.
- 7.2.14 Take necessary actions for the Slow-moving/Non-moving/Short Expiry items.
- 7.2.15 Take necessary steps for keeping the store in a neat and hygienic condition.
- 7.2.16 Replace instrument items as per the requirements from the wards/units –
ForSurgical.
- 7.2.17 Perform any related job given by the superiors.



7.3 Controlled Drugs (CDs) Section Staff Shall:

- 7.3.1 Lead the institution for the accurate Implementation of National Controlled Drugspolicies and setting for an audit at any time.
- 7.3.2 Be responsible for handling of keys, opening and closing of CD Stores.
- 7.3.3 Maintain special security storage arrangement for Narcotics and Psychotropicdrugs.
- 7.3.4 Verify daily CDs stocks and maintaining inventory.
- 7.3.5 Prepareindents and its collection from the DGMS Stores.
- 7.3.6 Issue indents as per store work list to all the ward units in the hospital.
- 7.3.7 Perform audits at the end user areas (Pharmacies / units /wards).
- 7.3.8 Maintain enough stock of CDs related stationery.
- 7.3.9 Manage Slow-moving/ Non-moving/ Short Expiry items.
- 7.3.10 Assist counter staff for clearing any extra work.
- 7.3.11 Provide clarification of CDs policies to the associated department staff if required.
- 7.3.12 Perform any related job given by the superior.

7.4 Inventory Control Section Staff Shall:

- 7.4.1 Ensure good storage practice.
- 7.4.2 Perform audits at the user ends areas.
- 7.4.3 Confirm the arrangements of the Medical Supplies.
- 7.4.4 Verify all types of indents prepared to DGMS.
- 7.4.5 Verify receipts.
- 7.4.6 Assist Medical Store In-charge for arranging new items (Biomedical:Instruments/machine consumables etc.).
- 7.4.7 Assist CDs In-charge for all required transactions.
- 7.4.8 Assist counter staff for clearing any extra work.
- 7.4.9 Assist Pharmacy administration/HoD for documentation works.
- 7.4.10 Review all Medical Stores/Pharmacies transactions.
- 7.4.11 Submit Annual reports – Stocks, Consumption etc.
- 7.4.12 Take necessary steps for keeping the Pharmacies in a neat and hygienic condition.
- 7.4.13 Perform any related job given by the superiors.



7.5 General Responsibilities of the Staff Shall:

- 7.5.1 Keep Stores/work area clean and maintain the professional appearance of the Pharmacy Stores.
- 7.5.2 Supervise Good Storage practice.
- 7.5.3 Apply infection control policies in the medicine distribution/pre-packing area.
- 7.5.4 Be responsible in maintaining patient confidentiality.
- 7.5.5 Be respectful to his/her administrative superiors/co-workers/ other connected department staff etc. and must work in a team spirit.
- 7.5.6 Be responsible to keep up professional attire/clothing and it's to be committed to creating positive impressions.
- 7.5.7 Be responsible to do any other related job given by the superiors.

8. Document History and Version Control Table

| Document History and Version Control | | | |
|---|---------------------------------|----------------------------------|--------------------|
| Version | Description of Amendment | Author | Review Date |
| 1 | Initial Release | Policy and Procedure team (P&MS) | March 2021 |
| 2 | Update and Review | Policy and Procedure team (P&MS) | July 2025 |
| Written by | Reviewed by | Approved by | |
| Policy and Procedure team (P&MS) | Najla Al Zadjali | Dr. Bader Al Habsi | |



9. Related Documents

- 9.1 Medical Supplies Storage Policy–Pharmacy Department, Al Masarra Hospital, MoH.
- 9.2 High alert medication policy - Pharmacy Department, Al Masarra Hospital, MoH.
- 9.3 Pharmacy Security Policy - Pharmacy Department, Al Masarra Hospital, MoH.
- 9.4 Hospital Crash Cart Policy - Al Masarra Hospital, MoH.


10. References

| Title of book/Journal/Website | Author | Year of publication | Page |
|------------------------------------|----------------------|---------------------|------|
| Medical Supplies Management Policy | DGMS, MoH, Muscat | MoH/DGMS/ PH-12 | |
| Procurement of Medical Supplies | DGMS, MoH, Muscat | MoH/DGMS/ PH-11 | |



Appendices

Appendix 1. Request for Non-Approved Drug(s) in the MOH.

| Sultanate Of Oman Ministry Of Health Al Masarra Hospital | |  CENTRAL DRUG COMMITTEE | | سلطنة عمان وزارة الصحة مستشفى المسرة |
|--|--|---|---|--|
| Doc Id : 1641 | Request For Non-Approved Drug(s) In The Ministry Of Health | | | Form A |
| <i>This form should be fully filled by Consultants /Sr. Specialist and approved by the Head of Unit only, and forwarded through the Pharmacist Incharge to Purchasing Section (For Royal Hospital) & to the Directorate General of Medical Supplies (DGMS) for other Hospitals.</i> | | | | |
| Important Notes: This form is used to procure a Drug that is not included in the M.O.H formulary and should be restricted to the following conditions: 1- Life saving drugs. 2- Alternative drug not available or available but could not be used for a certain reason. Drug which are intended for long term use must be submitted through form-B to the Pharmacy and Therapeutic Committees in different hospitals. | | | | |
| Patient Name: Salma Mohammed Juma Al Buhairi | | Hosp. No: 11195 | Dept: PSYCHIATRY Ward: Female Rehab-2 | |
| Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | Age: 65 | Nationality: OMANI | | |
| 1-Diagnosis Schizoaffective disorder, manic type | | | | |
| 2-Requested Drug | Generic Name: Risperidone (inj) Inj 50 Mg/2MI | | Trade Name: risperdal consta | |
| | Dossage & Strength: 50 Mg Injection | | Manufacturer: gensin | |
| | Frequency: Once in 2 weeks | | Duration: 28 Days | |
| 3-Alternative Approved Drug | Available: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Used: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Reason For Not Using Or Stopping The Available Alternative Drug & Advantages of the requested drug poor complainece | | | | |
| Printed On: 26-APR-18 11:34:49 Printed By: PHILIP P THOMAS | | <<Med_non_app_drug>> | | Page Numbe. 1 |



Appendix 2. Drug Quality Reporting Form.

SULTANATE OF OMAN
MINISTRY OF HEALTH
DIRECTORATE GENERAL OF MEDICAL SUPPLIES, MUSACT

DRUG QUALITY REPORTING FORM

Institution: AL MASARRA HOSPITAL

Product:
Trade Name: Generic Name:
Strength: Dosage Form: Code No:
Batch No: Mfg. Date : Expiry Date:
Manufacturer & Country of Origin:

Quality Problem(s):

() Not effective : Patient's Complaint Clinical Evaluation
Specify:

() Non-compliance with specifications: Chemical Physical Microbial
Specify:

() Difficulty in use: Taste Odour Size Odour
Closure Storage Others
Specify:

() Packing Materials : Outer Pack Inner Pack Cartons
Poor Quality Detailed inscription not printed
Specify:

() Pack insert: Required information not available Others
Specify:

Tick () in case of quality problem and specify the details and forward the samples of drug/s involved as applicable.

Name of the Reporter:
Designation:
Signature: Date:

Hospital Stamp: _____

Note: This form to be filled in by the Physician, Pharmacist /Asst. Pharmacist and Nursing Staff concerned and forwarded through the Head of Pharmacy & Medical Stores to the Dir. General of DGMS, MoH, P. Box: 393, P.Code:113, Muscat.



Appendix 3. Feed Back Form for Quality of Surgical Consumables/Disposables.

| SULTANATE OF OMAN, MINISTRY OF HEALTH | | |
|---|---|--|
| DIRECTORATE GENERAL OF MEDICAL SUPPLIES | | |
| FEEDBACK FORM FOR QUALITY OF SURGICAL CONSUMABLES / DISPOSABLES | | |
| Hospital: | Region: | Date: |
| Department / Ward: | | |
| 1. Item Code : | Description : | |
| 2. Cat. No: | Lot No. / Batch No: | |
| 3. Manufacturer : | | |
| 4. Detailed description of the problem encountered: | | |
| 5. Is it a batch related problem: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. How frequent? | | |
| a) With every piece <input type="checkbox"/> | b) Most of the time <input type="checkbox"/> | c) Very sporadic <input type="checkbox"/> |
| 7. Your experience with the item: | | |
| a) Long time experience <input type="checkbox"/> | b) Short time <input type="checkbox"/> | c) First time (New arrival) <input type="checkbox"/> |
| Please indicate date of receiving: | | |
| 8. Was the item used for indicated purpose: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you expect the above problem encountered by other users: | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | No idea <input type="checkbox"/> |
| 10. Could the problem be related to: | | |
| a) Availability of New Devices <input type="checkbox"/> | b) Change of Techniques, Procedure <input type="checkbox"/> | |
| c) Change of Equipment, instrument <input type="checkbox"/> | | |
| 11. Do you recommend a suitable alternative? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, give description: | | |
| Name of the Reporter: | Designation: | |
| Signature: | Date: | |
| Comment/s of the Section / Ward In-charge: | | |
| Name: | Signature: | Date: |
| Comment/s of Head of the Department, Pharmacy & Med. Stores: | | |
| Name: | Signature: | Seal: |
| <small>Note: This form to be filled by the Physician, Pharmacist /Asst. Pharmacist / Nursing staff concerned and forward through SP & MS /Pharmacist in charge to the Director of Medical Stores, DGMS, MoH. Fax No: 24601593 /24603236</small> | | |



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Appendix 4. Condemnation of items requisition.

MINISTRY OF HEALTH
Directorate General of Health Services
Governorate of Misrat

وزارة الصحة
الديرة العامة للخدمات الصحية
محافظة ميسقط
مستودع مركزي / فرعي

طلب بيع أو شطب مواد
CONDEMNATION REQUISITION

رقم الطلب:
تاريخ الطلب:

توجه الوثيقة إلى بيع / شطب للمواد التالية:

| ملاحظات Remarks | أسباب البيع / الشطب Reasons for Condemnation | تاريخ الشراء Date of Received | إجمالي القيمة Total Amount | | سعر الوحدة Unit Price | | الكمية Quantity | الوحدة Unit | اسم المادة Item Description | رقم المادة Code No. | م. S.No |
|--------------------|---|----------------------------------|-------------------------------|-------|--------------------------|-------|--------------------|----------------|--------------------------------|------------------------|------------|
| | | | ريال | بوسنة | ريال | بوسنة | | | | | |
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يتمتع ..
الرئيس المباشر

توقيع رئيس المستودع

توقيع أمين الصيد

توقيع أمين المخزن

التصديق: النسخة الأرشيف الملتزمة بالوثائق في عمليات البيع أو الشطب
النسخة المالية أمين المخزن
النسخة المالية أمين الصيد



Appendix 5. Pharmacy Department Medical Store Structure.

- The section is headed by an experienced Pharmacist / Skilled Pharmacy professional, (Medical Store in-charge) who will be reporting to the Head of the Department, Pharmacy and Medical Stores. The three in one store set up of the section is:

Medical : For Medical
items Surgical : For Surgical
items Lab : For Laboratory
items

- The following subsidiary sections are also performing under the Medical Stores:

Narcotic & Psychotropic Stores section (CDs): Headed by an experienced Pharmacist / Skilled Pharmacy professional who will be reporting to the MedicalStores in-charge.

Inventory Control Section: Headed by an experienced Pharmacy professional, who will be reporting to the Medical Store's in- charge.



Appendix 6. Medical Supplies Management - Audit Tool

| S.N. | Audit Process | Standard / Criteria | Yes | Partial | No | N/A | Comment |
|------|---|---|-----|---------|----|-----|---------|
| 1 | Observation Interview Document Review | Are all Medical Supplies indenting procedures are done through proper system, frequency, requirements and needs? (CDs, Urgent / Normal indents, different categories, Considering stock management etc.) | | | | | |
| 2 | Observation Interview Document Review | Are the receiving procedure steps followed exactly and its receipts to the inventory? (For Medical/ Surgical / Lab items, CDs, Direct supply items from the Private Pharmacies etc.). | | | | | |
| 3 | Observation Interview Document Review | Is monitoring conducted over Medical Supplies storage management? (Temperature management of Cold Room, Refrigerator, Room temperature, personnel safety in handling cold room etc.) | | | | | |
| 4 | Observation Interview Document Review | Is a proper system in distribution of supplies to the wards and units being followed? (Schedule, indenting and collection, CDs and Crash cart issues etc.) | | | | | |
| 5 | Observation Interview Document Review | Does the Pharmacy have the necessary protocols in place in the event of a recall? | | | | | |



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| | | | | | | | |
|---|-----------------|---|--|--|--|--|--|
| 6 | Observation | Are non-moving/slow-moving items managed well and there is no excessive stocks in the inventory? | | | | | |
| | Interview | | | | | | |
| | Document Review | | | | | | |
| 7 | Observation | Is the section properly carried out annual condemnation procedures and Pharmaceutical waste management? | | | | | |
| | Interview | | | | | | |
| | Document Review | | | | | | |

Checked by (Name and Signature):

Date:



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Appendix 7. Document Request Form

| Document Request Form | | | |
|--|--|---|-----------|
| Section A: Completed by Document Requester | | | |
| 1. Requester Details | | | |
| Name | Najla Al Zadjaji | Date of Request | July 2022 |
| Institute | Al Masarra Hospital | Mobile | 95885771 |
| Department | QMPSD | Email | — |
| The Purpose of Request | | | |
| <input type="checkbox"/> Develop New Document | <input checked="" type="checkbox"/> Modification of Document | <input type="checkbox"/> Cancelling of Document | |
| 2. Document Information | | | |
| Document Title | Policy and Procedure of Medical Supplies Management | | |
| Document Code | AMRH/PHARM/P&P/001/Vers.02 | | |
| Section B: Completed by Document Controller | | | |
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Forward To:..... | |
| Comment and Recommendation: - | | | |
| Name | Kunooz Al Balushi | Date | July 2022 |
| Signature | | Stamp | |





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Appendix 8. Document Validation Checklist

| Document Validation Checklist | | | | | |
|--|---|--------------------|---|-----|----------|
| Document Title: Policy and Procedure of Medical Supplies Management | | | Document Code: AMRH/PHARM/P&P/001/Vers.02 | | |
| No | Criteria | Meets the Criteria | | | Comments |
| | | Yes | No | N/A | |
| 1. | Approved format used | | | | |
| 1.1 | Clear title – Clear Applicability | ✓ | | | |
| 1.2 | Index number stated | ✓ | | | |
| 1.3 | Header/ Footer complete | ✓ | | | |
| 1.4 | Accurate page numbering | ✓ | | | |
| 1.5 | Involved departments contributed | ✓ | | | |
| 1.6 | Involved personnel signature /approval | ✓ | | | |
| 1.7 | Clear Stamp | ✓ | | | |
| 2. | Document Content | | | | |
| 2.1 | Clear purpose and scope | ✓ | | | |
| 2.2 | Clear definitions | ✓ | | | |
| 2.3 | Clear policy statements (if any) | ✓ | | | |
| 3. | Well defined procedures and steps | | | | |
| 3.1 | Procedures in orderly manner | ✓ | | | |
| 3.2 | Procedure define personnel to carry out step | ✓ | | | |
| 3.3 | Procedures define the use of relevant forms | ✓ | | | |
| 3.4 | Procedures to define flowchart | | ✓ | | |
| 3.5 | Responsibilities are clearly defined | ✓ | | | |
| 3.6 | Necessary forms and equipment are listed | ✓ | | | |
| 3.7 | Forms are numbered | ✓ | | | |
| 3.8 | References are clearly stated | ✓ | | | |
| 4. | General Criteria | | | | |
| 4.1 | Policy is adherent to MOH rules and regulations | ✓ | | | |
| 4.2 | Policy within hospital/department scope | ✓ | | | |
| 4.3 | Relevant policies are reviewed | ✓ | | | |
| 4.4 | Items numbering is well outlined | ✓ | | | |
| 4.5 | Used of approved font type and size | ✓ | | | |
| 4.6 | Language is clear, understood and well structured | ✓ | | | |
| Recommendations For implementation More revision To be cancelled | | | | | |
| Reviewed by: <u>Kunooz Al Balushi</u> | | | Reviewed by: <u>Irwin S. Rio</u> | | |

