



Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Pharmacy & Medical Store Handover					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Sharifa Al Ruzaiqi	HOD Pharmacy & Medical Store	Al Masarra Hospital	18/1/2023	
Reviewed by	Saif Al Mandhri	HOD Deputy Pharmacy & Medical Store	Al Masarra Hospital	18/1/2023	
	Athari Al Maskari	Pharmacist	Al Masarra Hospital	18/1/23	
Validated by	Kunooz Al Blushi	Document Manager, QMPSD	Al Masarra Hospital	18/01/23	
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	18/01/23	





Content Table

Acronyms	3
1. Introduction	4
2. Scope	4
3. Definition.....	4
4. Purpose	4
5. Policy	5
6. Procedure	5-6
7. Responsibilities	6
8. Document History and Version Control	7
9. Related Documents	7
10. References	7
11. Appendices	9-16
11.1 Appendix 1. Audit tools	8
11.2 Appendix 2. Handing over of responsibilities during the duty.....	9
11.3 Appendix 3. Handing – taking – over certificate	10
10.4 Appendix 4. Causality Pharmacy Communication Book.....	11
11.3 Appendix 5. CDs handing – taking – over sheet.....	12
11.4 Appendix 6. Opening and closing stock of psychotropic	13-14
11.5 Appendix 7 Document request Form	15
11.6. Appendix 8 Document Validation Checklist	16



Acronyms:

AMRH	Al Masarra Hospital
HOD	Head of Department
P&P	Policy and Procedure
GEN	General
Vers	Version



Policy and Procedure of Pharmacy & Medical Store Handover

1. Introduction

Handover is described as “the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis” (National Patient Safety Agency).

Handover is one of the most important procedures in healthcare, if carried out improperly it can be a major contributory factor to subsequent error and harm to patients. Gaps in information during handover can lead to mistakes being made, including delayed decisions related to care, repeated investigations, incorrect diagnoses or even incorrect treatment.

Pharmacy and medical store department recognize this and aims to ensure that the risks involved in the process of handing over of clinical responsibility are minimized. Trust staff delivers care in a variety of settings, shift patterns, and clinical specialties and the complexity of the provision of care puts extra emphasis on the quality of information shared when one team hands over the responsibility of care to the next. The information within this document contains the minimum standard expected within the scope of the policy.

2. Scope

This document is applicable to all healthcare team of Al Masarra Hospital (AMRH) but will particularly apply to all pharmacy professionals who have a direct role in patient care.

3. Purpose

The aim of this policy is to provide direction and guidance for staff on the delivery of a safe and robust handover that preserves confidentiality and ensures appropriate conveyance of all important information relevant for optimum patient care.

4. Definition

4.1. Pharmacy Handover: A structured exchange of information and awareness of the pharmacy relevant issues including the transfer of key issues, tasks and changes in management plan from one pharmacy professional to another. The handover process can take place in different ways and at different times during the day, not just in scheduled meetings

4.2. Shift – Recurring periods in which different groups of workers do the same jobs in relay

4.3. Key Tasks - Important actions which must be undertaken at the period of a responsibility on a specific role



5. Policy

- 5.1. Ensure that all services have robust arrangements to ensure effective handover
- 5.2. Ensure clinical handover is effective, timely and factual to maximize patient safety across the organization
- 5.3. Ensure all relevant information is transferred at role responsibility handovers
- 5.4. Ensure all verbal handovers are evidenced with written information

6. Procedure

6.1. Handover Process

- 6.1.1. Handover must include information related to the transfer of key issues and concerns, tasks to be completed and changes to management plans.
- 6.1.2. To ensure safe and appropriate handover practice occurs with a minimal interruption and risks, an adequate time must be provided within the schedule for members of the team to meet, to share information, and to clarify responsibility for ongoing care and outstanding tasks
- 6.1.3. Handover should have a clear documentation.

6.2. Designated Time for Handover

- 6.2.1. Handover should occur:
 - 6.2.1.1. At the change of each shift
 - 6.2.1.2. Handing over responsibilities between staff due to unavailability of the concerned staff for a while
 - 6.2.1.3. When in-charge of such a location is changed.
- 6.2.2. The handover time should start as soon as the in-coming staff gets to the working area, in order to ensure that all staffs are fully briefed on the tasks received and the scheme required for safe and effective service delivery.

6.3. Shift hand over :

6.3.1. Between shifts handover and within the shift includes:

- 6.3.1.1. Key of the controlled medication cupboard
- 6.3.1.2. Register and stocks of the controlled medication
- 6.3.1.3. Any issues and concerns, tasks to be followed or completed, and changes to any management plans.
- 6.3.1.4. Documented Records should be readable and written clearly with a permanent ink which cannot be erased. It should also be accurately dated, timed and signed.



6.4. Medical store handover tasks

6.4.1. Keys of medical store

6.4.2. Key of controlled drugs (CD) room

6.4.3. Stocks and Registers related to CD

6.4.4. Any issues and concerns, tasks (indent, issue, etc...) to be followed or completed

6.5. Handover between in-charge and deputy

6.5.1. This occurs during handover of any issues and concerns, tasks to be followed or completed may in verbal or written. In case of planned leave, the responsibilities that are handed over should be recorded in written form.

7. Responsibility

7.1. Pharmacy In-charge Shall:

7.1.1. Ensure the competency of the staff in giving the proper handover of patients' condition.

7.2. Pharmacy professionals shall:

7.2.1. Provide proper, sufficient and updated information of patients' condition.

7.2.2. Identify the critical result, initiate the communication, and document the outcome in a timely fashion.



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Sharifa Al Ruzaiqi	December 2025
02	Update		
Written by	Reviewed by	Approved by	
Sharifa Al Ruzaiqi	Saif Al Mandhri Athari Al Maskari	Dr. Bader Al Habsi	

9. Related Documents

- 9.1. Appendix 1. Audit tool
- 9.2. Appendix 2. Handing over of responsibilities during the duty
- 9.3. Appendix 3. Handing – taking – over sheet
- 9.4. Appendix 4. Causality Pharmacy Communication Book
- 9.5. Appendix 5. CDs handing – taking – over sheet
- 9.6. Appendix 6. Opening and closing stock of Controlled Drugs

10. References

Title of book/journal/articles/Website	Author	Year of Publication	Page
https://www.leicspart.nhs.uk/wp-content/uploads/2022/05/Handover-Policy.pdf	-	2022	-



Appendices

Appendix 1. Audit Tool

Department: _____

Date: _____

S.N	Audit Process	Standard / Criteria	Answer				Comment
			YES	Partial	NO	N/A	
1	Observation Interview	Are staffs aware about the information included in the handover process?					
2	Observation Interview	Are staffs aware about the designated time to handover?					
3	Observation Interview Document	Is Handover taking place on daily basis & between casualty pharmacy shifts? (check communication book)					
4	Observation Interview Document	Is handover of controlled medication on a daily basis & between every casualty pharmacy shifts? (check psychotropic handing over stock book)					
5	Observation Interview Document	Is there a documented handover between in-charges and deputies even for short leave?					



Appendix 2.Handing over of responsibilities during the duty

Handing Over of Responsibilities
During the Duty

Date/Day	Time out	Staff	Handed to	Time inn



Appendix 3. Handing – Taking – Over Sheet

Pharmacy and medical stores Al Masarra hospital, moh
Handing – taking – over sheet

We the undersigned have handed/ taken over the responsibility / charge duty of Main Pharmacy department to On And found that the inventory /document /others are correct according to the records / evidences which are maintaining here.

<u>Handed over by:</u>	<u>Taken over by:</u>
Name:	Name:
.....	
.....	
Staff No:	Staff No:
.....	
.....	
Designation:	Designation:
.....	
.....	
Date:	Date:
.....
.....	
.....	
.....	
.....	



Appendix 4.Causality Pharmacy Communication Book

Causality Pharmacy Communication Book

Morning Shift

Comment:	
Staff Name:	Date:
General shift Comment:	

Afternoon Shift

Comment:	
Staff Name:	Date:
General shift Comment:	

Night Shift

Comment:	
Staff Name:	Date:
General shift Comment:	



Appendix 5.CDs Handing – Taking – Over sheet

Casualty pharmacy, AlMasarra Hospital

CDs handing – taking – over sheet

Date from...../...../.....To/...../.....

SR	Code No	Item Name	Morning		Afternoon		Night	
			Open	Close	Open	Close	Open	Close
1	01PS/37	Inj.Diazepam						
2	03PS/16	Bromazepam 1.5mg						
3	03PS/21	Midazolam 7.5mg						
4	03PS/37	Phenobarbitone 30mg						
5	03PS/42	Clonazepam 0.5mg						
6	03PS/58	Clonazepam 2mg						
7	03PS/79	Diazepam 5mg						
8	03PS/860	Methylphenidate 18mg						
9	03PS/8759	Methylphenidate 10mg						
handing – taking – over by								



Policy and Procedure of Pharmacy &
Medical Store Handover

AMRH/PHARM/P&P/023/Vers.01
Effective Date: December 2022
Review Date: December 2025

Appendix -6. Opening and closing stock of Controlled Drugs

LOCATION:

DATE:

days	Op/Ci STOCK	STOCK	Psychotropic										Narcotic			Staff Name	
			01PS/21 MIDAZOLAM 5MG/ML	01PS/37 DIAZEPAM 5MG/ML	03PS/16 BROMAZEPAM 5 MG	03PS/21 MIDAZOLAM 7.5 MG	03PS/37 PHENO - BARBITONE 30MG	03PS/42 CLONAZEPAM 0.5 MG	03PS/58 CLONAZEPAM 2MG	03PS/79 DIAZEPAM 5 MG	03PS/830 METHYL PHENIDATE 18MG	03PS/8759 METHYL PHENIDATE 10MG	01ND/310 MORPHINE 10MG/ML	01ND/414 PETHIDINE 50MG/ML	03N/409 METHADONE 5MG		
SUN DAY	OPEN	PHY															
		REG															
		COMP															
	CLOSE	PHY															
		REG															
		COMP															
MONDAY	OPEN	PHY															
		REG															
		COMP															
	CLOSE	PHY															
		REG															
		COMP															
TEUSDAY	OPEN	PHY															
		REG															
		COMP															
	CLOSE	PHY															
		REG															
		COMP															



Policy and Procedure of Pharmacy &
Medical Store Handover

AMRH/PHARM/P&P/023/Vers.01
Effective Date: December 2022
Review Date: December 2025

WEDNESDAY	OPEN	PHY																	
		REG																	
		COMP																	
	CLOSE	PHY																	
		REG																	
		COMP																	
THURSDAY	OPEN	PHY																	
		REG																	
		COMP																	
	CLOSE	PHY																	
		REG																	
		COMP																	



Appendix 7.Document Request Form

Document Request Form			
Section A: Completed by Document Request			
1. Requester Details			
Name	Sharifa Al Ruzaiqi	Date of Request	
Institute	Al Masarra Hospital	Mobile	
Department	Pharmacy	Email	
The Purpose of Request: <input checked="" type="checkbox"/> Develop New Document <input type="checkbox"/> Modification of Request <input type="checkbox"/> Canceling of Document			
2. Document Information:			
Document Title	Policy and Procedure of Pharmacy & Medical Store Handover		
Document Code	AMRH/PHARM/P&P/023/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Cancelled <input type="checkbox"/> Forward To:			
Comment and Recommendation: <i>proceed with the document</i>			
Name	Kunooz Balushi	Date	December 2022
Signature	<i>[Handwritten Signature]</i>	Stamp	



Appendix 8.Document Validation Checklist

Document Validation Checklist							
Document Title:		Policy and Procedure of Pharmacy & Medical Store Handover		Document Code		AMRH/PHARM/P&P/023/Vers.01	
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 :... <i>Kunooz Balushi</i> <i>pr Kunooz</i> Reviewed by: Maria Claudia Fajardo-Bala <i>Maria</i>							

