Title	RED EMERGENCY BOX (REB)			Number	CL03
Effective From:	24.05.10	Duration:	No end date	Review:	01.07.24
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Other Ref:					
Contacts:	Medicine Management Team				

Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
09.03.22	Reviewed. Removed Diamorphine Rectal 2.5mg as discontinued in the UK	MM/SB/SMcD
18.08.22	Reviewed, removal of Glucagen Hypokit from REB	CC
18.07.23	Updated pictures & medication dosage chart, removal of Cefotaxime	MMT

Introduction

The emergency drug box (REB) is available to assist in an emergency situation at the Urgent Care Centres (UTC)/Primary Care Centres (PCC). The location of the REB is varied across the PCC's but during operational hours, will be situated alongside the Automated External Defibrillator (AED). These REBs are also available to the mobile teams and are situated with the AED in the BADGER Cars.

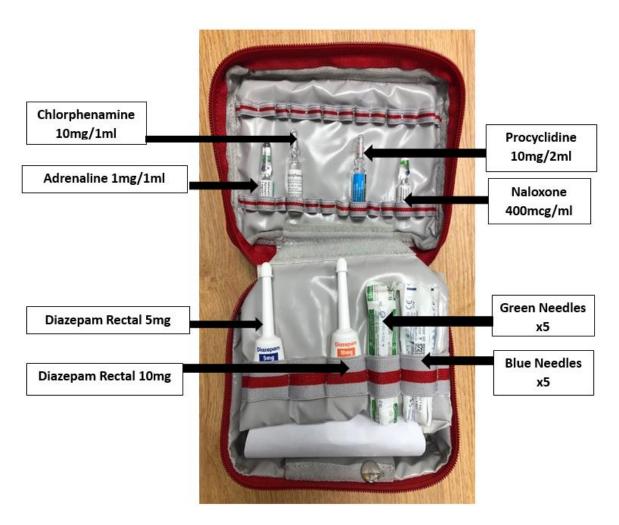
The REB contains drugs which are required quickly in an emergency situation. The content has been reviewed and revised by Dr Wilson and the Associate Medical Directors (AMD). The contents of the REB have been deliberately kept minimalist in quantities to avoid confusion and aid efficiency in an emergency situation (only those drugs required for the emergency situation are available).

- 1. Each UTC/PCC will have two REB's (apart from Glover Street, who has 1) which will be delivered sealed and should remain sealed unless access is required by a clinician in an emergency situation.
- 2. Each car will hold one REB, which will be delivered sealed and should remain sealed unless access is required by a clinician in an emergency situation
- 3. Each box will be numbered and the earliest expiry date displayed on the top cover.
- 4. Dosage instructions for medicines are displayed in the transparent pocket on top of the REB. **See Table 1**

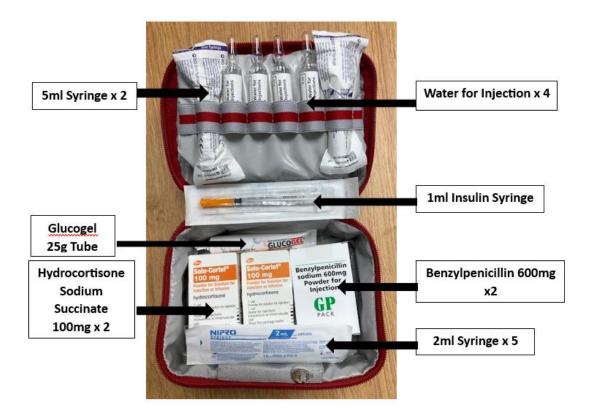
	Adrenaline 1:1000 (1ml)	Chlorphenamine 10mg/1ml	Hydrocortisone 100mg/2mg Dissolve in water provided in box	Benzylpenicillin 600mg Dissolve in 2ml water for injection
Adult / Child more than 12 years	0.5ml	10mg	200mg/4ml	Over 10 years 1.2 g
Child 6 – 12 years	0.3ml	5mg	100mg/2ml	1yr – 9yrs 600mg
6 months to 5 years	0.15ml	2.5mg	50mg=1ml of 100mg/2ml	Less than 1 xr 300mg
Child less than 6 months	0.15ml	250micrograms/kg	25mg=0.5ml of 100mg/2ml	Less than 1 yr 300mg

Table 1: Dosage instructions

5. When the seal is broken, contained inside the REB is a small laminated sheet which displays the location of each drug. Please note there are two internal pockets within the REB. An A4 copy of the drug location sheet is also available to familiarise staff to the contents without breaking the seal.



Internal contents top layer



Internal contents bottom layer

Replenishment Process PCC's

- In the event that a seal is broken this should be reported to the Team Leader immediately by the HCSW or the Receptionist on duty identifying the UTC/PCC and REB Number.
- 2. The Team Leader **MUST** document this in the Team Leader Report to include the UTC/PCC and REB Number for the attention of the medicines management team
- 3. The HCSW **MUST** include this detail into the UTC/PCC Communication book.
- 4. The unsealed REB **MUST** remain in your PCC designated storage area, until Meds Management can arrange collection and repleacement.
- 5. The second REB should now be utilised and made available for use.

In the **unlikely** event that the seal is broken on **both boxes** at the UTC/PCC, this should be reported **urgently** by the Receptionist to the Team Leader.

Replacement REB's are stored in the Medicine Management Drugs Room for this unlikely event. This **MUST** be reported in the Team Leader Report with high importance and the On Call Associate Medical Director consulted to determine the urgency of replenishment required.

Any REB removed from the emergency storage area must be recorded in the Team Leader Report as well as the REB Record Book which is situated alongside the REB emergency stock.

Replenishment Process Mobile Cars

- 1. In the event that a seal is broken this should be reported to the Team Leader **immediately** by the driver identifying the car and REB Number.
- The Team Leader MUST ensure the driver collects a replenishment box, filling in the
 appropriate form which is located with the REB in Meds Management room and
 advises the Team Leader of that REB number, and leaves the unsealed REB in the
 meds room.
- 3. The unsealed REB **MUST** be exchanged prior to the completion of the drivers shift.
- 4. The Team Leader MUST be informed of the car and REB number used
- 5. The Team Leader **MUST** document this detail for the attention of the medicines management team.

Responsibilities

- It is the responsibility of the **clinical receptionist** to ensure that the REB's are managed in accordance with this procedure.
- It is the responsibility of the **Driver** to ensure that the REB's are managed in accordance with this procedure with particular reference to replenishment of a used REB from the Meds Management room and advising the Team Leader of both box numbers.
- It is the responsibility of **the Team Leader** to ensure reported usage is documented on the Team Leader report and are familiar with this procedure.
- It is the responsibility of the **medicines management team** to ensure transportation of the REB's to the UTC/PCC's for replacement.
- It is the responsibility of the medicines management team to monitor and maintain records of REB locations and expiry dates as well as the replenishment of the REB's following usage in an emergency situation.

The On Call AMD may be consulted in the unlikely event of any UTC/PCC reporting both seals broken on both REB's. The AMD may determine that in view of all drugs in the emergency box with the exception of oral glucogel are also available in the drug cassettes that replacement can safely be through the normal process outlined in this procedure. Alternatively, they may instruct emergency supply to PCC to be organised by the Team Leader.