

Control of Medicines in Clinical Areas	Policy Register No: 09075 Status: Public
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Developed in response to:	Dept. of Health Medicines Regulations, NHSLA Risk Management standards and Local Needs
Contributes to CQC Regulation number:	9 & 12

Consulted With	Post/Committee/Group	Date
	Pharmacy Senior Management team	April 2016
Professionally Approved By	Jane Giles Chief Pharmacist	June 2016

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Author/Contact for Information	Lesley Stuart/Sarah Ferguson
Policy to be followed by (target staff)	All Clinical Staff
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Trust policies for Management of Medicines and Guidelines for the Management of Medication Errors, Investigating & Learning from Incidents policy, Near Misses and Adverse Drug Reactions, Administration of IV Medication, Administration of Chemotherapy Agents and Mandatory Training Policy (training needs analysis), Controlled Drugs Policy Waste Management Policy

Document Review History

Version No	Authored/Reviewed by	Issue Date
1,0	Saiqa Mughal	September 2009
2.0	Jane Giles	24 th May 2013
3.0	Lesley Stuart	7 th June 2016
3.1	Sarah Ferguson – key holder responsibilities updated to include duplicate keys should not be made.	25 October 2016
3.2	Lesley Stuart – 6 month extension request due MSB standardisation	17 th May 2019

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1. Purpose

- 1.1 This policy describes the requirements for maintaining control of medicines in all clinical areas in the Trust

2. Scope

- 2.1 This policy applies to all nursing staff (which include operating department practitioner [ODP] and anaesthetics) and pharmacy staff.

3. Training

- 3.1 Training is delivered in accordance with the training needs analysis (Mandatory Training Policy).

4. Equality and Diversity

- 4.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

5. Responsibilities

5.1 Nursing staff

- 5.1.1 It is the responsibility of the Authorised Nurse in charge of a clinical area to take receipt of any medicines supplied by pharmacy and to assume responsibility for the safe custody of these medicines.
- 5.1.2 The Appointed Nurse in Charge shall have the responsibility for ensuring that the system is followed and that the security of medicines in a clinical area is maintained. These keys should be kept on his/her person at all times or in a digital key safe with limited named staff access.
- 5.1.3 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring a system is in place for the safekeeping of, and for controlling access to, all medicines stored in his or her area of control. In order to fulfil this responsibility, the Assigned Nurse / Midwife in Charge must normally hold the keys that allow access to any medicines (e.g. keys for drug cupboards, POD lockers, refrigerators etc.). Any keys that allow access to CDs (e.g. CD cupboard keys) should be kept separate from other keys and only given to other approved staff when access to CDs is required.
- 5.1.4 In circumstances where holding the keys personally would cause delays or difficulties in making medicines available, the Assigned Nurse / Midwife in Charge may delegate key holding and control of access to another designated staff member. In operating theatres, control of access to medicines may be delegated to a suitably qualified and competent operating department practitioner (ODP). Other than the above and designated pharmacy staff should only have access to the cupboards unless authorised by the Appointed Nurse in Charge.

- 5.1.5 All medicine cupboards, fridges, lockers and rooms used for the storage of medicines must be kept locked when not in use. In theatres, cupboards can be kept unlocked whilst the theatre is in use. Between operating sessions or when the theatre is not in use the medicines should be returned to the medicine cupboards and the cupboards then locked (CDs should not be left out of cupboards unattended at any time).

Any incident of tampering with or breach of, secure cupboards shall be reported immediately to, and investigated by, the Appointed Nurse in Charge, together with the Pharmacist in Charge or On-Call Pharmacist. An incident report form (DATIX) should be completed.

- 5.1.6 Where medicines are stored in rooms accessed using a digital keypad lock the code for the lock must not be displayed on the ward in any way as to make it obvious that this is the access code. It is permissible for the code to be unobtrusively written on a board behind the nurses' station to enable Bank, Agency and temporary staff to gain access to the storage area as required in the course of their duties.
- 5.1.7 At shift changeover, the Nurse in Charge must hand the keys to the Nurse in Charge of the next shift, who then assumes responsibility for the custody of medicines on the ward.
- 5.1.8 If keys are lost or found to be faulty every effort must be made to find the keys or retrieve them from off duty staff as a matter of urgency.

Arrangements must be made for preserving the security of the medication until the key is found or new locks fitted. The date and time of issue of the new keys must be recorded together with the names of the persons handing over and receiving them. If the original keys are found, they are to be returned to estates for destruction and a record of the date and time of return made.

If the lost keys are not found:

- the Manager must arrange for new locks to be fitted and make appropriate interim arrangements for drug storage as a matter of urgency.
- An incident report form (DATIX) should be completed.

- 5.1.9 No other substance shall be stored in the medicine cupboards or fridges apart from those issued by Pharmacy. On no account are patients' valuables or money to be stored in the medicine cupboards. On rare occasions it is permissible to store patients' own medicines in the medicine cupboard, when secure storage is required, but these must be in a clearly marked sealed bag to prevent accidental use for another patient.
- 5.1.9 The loss of any medicines from the ward must be reported to the Nurse in Charge, as well as the appropriate Directorate Manager and to the Pharmacist in Charge as soon as practicable. An Incident report form must also be completed.

- 5.1.10 Containers of partly used medicines must be brought to the attention of the Pharmacy as soon as possible after the discharge or death of the patient for whom they were prescribed. All out-of-date stock medicines and any stock medicines no longer required must be brought to the attention of pharmacy so that they can be returned to the pharmacy department.
- 5.1.11 If medicines subject to rigid stock control (including Controlled Drugs Schedule 2) are no longer required the pharmacy must be contacted. A member of the Pharmacy staff will then visit the ward to sign them out of the register and arrange for them to be returned to Pharmacy. Please refer to the relevant CD policy for clarification on the handling and storage of controlled drugs.
- 5.1.12 Medicines must not be transferred from their original container to another. Nursing staff must also not remove labels from previously dispensed medicines and return these to ward stock cupboards. Dispensing labels must also not be changed.
- 5.1.13 Medicines prepared for use, or administration, and subsequently not used, or not given in the treatment of the patient concerned, must be disposed of in accordance with the Waste Management Policy. They must not be returned to the container from which they were taken or stored in any other container in the ward.
- 5.1.14 All medicines must be transferred between Pharmacy and wards and departments by secure means. Transfers between hospitals must be accompanied by appropriate documentation and signatures obtained. Out of normal hours, transfers between hospitals must be authorised by a Service Coordinator, the designated nurse in Charge of the hospital or a pharmacist.

5.2 Pharmacy staff

- 5.2.1 The responsibility for establishing and maintaining a system for the security of medicines shall be that of the Chief Pharmacist in consultation with the appropriate medical and senior nursing staff.

6. Audit and Monitoring

- 6.1 The Pharmacy department has a responsibility for monitoring all prescribing and administration of medicines. This is done daily by the intervention reporting scheme and a full report is presented to the Medicines Management Safety Group (MMSG) bimonthly.
- 6.2 Prescribing errors identified will also be reported using the Risk Event Form following the Trust's Investigating & Learning from Incidents policy and fed back to the MMSG.
- 6.3 The MMSG is a group made up of wide representation of stakeholders who meet bimonthly within MEHT and any action plans will be allocated as appropriate.
- 6.4 Any administration errors will be referred to the relevant Nursing Directorate who will investigate the matter.
- 6.5 Key learning points will be disseminated by a Drug Safety Bulletin every 2 months which shall be attached to the Trust's weekly newsletter "Focus".

7. Communication

- 7.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's internet and highlighted via the Trust's weekly newsletter "Focus".
- 7.2 Areas of this policy relevant to Nursing Staff will be addressed at the mandatory Medicines Management training for nurses delivered by the Pharmacy Department.

8.0 References

Dept. of Health Medicines Regulations,
NHSLA Risk Management standards