The Medicines Policy

Chapter 4: Standards of Practice

CUSTODY AND STORAGE

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CHAPTER 4

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6.3 Custody and Storage

6.3.1 Custody, Security and Use of Medicines
- All staff are responsible for creating and maintaining a safe environment in respect of medicines and informing more senior staff of any relevant issues.

- The Trust follows the good practice set out by NHS Protect and the ‘Duthie report’- The Safe and Secure Handling of Medicines.

- Medicines must always be stored out of direct sunlight and away from sources of heat (radiators etc).

- The design and location of all ward or department medicine storage facilities must be approved by the Chief Pharmacist.

6.3.2 Receiving Medicines

- Medicines will be supplied in locked or tamper-evident containers.

- Deliveries should be opened immediately by a designated Registered Healthcare Practitioner, and checked against the computer issues note and the original order.

- The medicines should then be immediately locked in the appropriate medicine cupboard or refrigerator.

- The computer issues note should be signed as correct, dated and filed as a record of receipt.

- Any discrepancy should be reported to pharmacy as soon as possible.

- Should a delivery not arrive when expected, local enquiries should be made of the porters and delivery drivers and then reported to pharmacy if necessary.

- Issues notes should be retained for two years.

6.3.3 Storage of Medicines on the Ward, Operating Departments, Outpatient and Emergency Departments.

- On the ward/department the responsibility for the safekeeping of the medicines rests with the Ward or Department Manager.

- The ward/department manager is responsible for controlling access (by keys or other means) to the medicine cupboards and trolleys. This responsibility remains even if he/she decides to delegate the duty of controlling access.

- The ward or department manager is responsible for ensuring their clinical area has the appropriate equipment and facilities to ensure safe and secure storage or medicines.

- Wards should comply with the NHS Protect ward guidance available on the NHS Protect website/medicines security.

- The basic premise is that all medicines should be stored securely in a lockable cupboard or storage unit.

- Where these lockable cupboards are within a treatment room, the treatment room must have restricted access, ideally with a swipe-card but alternatively a keypad lock.

- Ward sisters should regularly review the list of staff members that have access via the swipe-card. This list can be obtained from security and should be as restrictive as practically possible.

- Where keypads are used, the combination should be changed on a regular basis as deemed necessary to reduce the risk of inappropriate access.
- There should be separate lockable ward cupboards as follows:
  a) Controlled Drugs Cabinet (that complies with the Misuse of Drugs (Safe Custody) Regulations 1973)
  b) Internal Medicines Cupboard
  c) External Medicines Cupboard (note: this may be the same cupboard as internal medicines, providing they are appropriately segregated).
  d) Refrigerator/freezer for medicines
  e) Cupboard for diagnostic reagents, including urine testing
  f) Separate lockable storage should be provided as follows:
     - Area for intravenous fluids and sterile topical fluids
     - Areas (separate) for flammable fluids and gases. Advice is obtainable from your local fire and safety officer on storage of these items.

- Drug cupboards to be used for internal and external medicines should comply with the current British Standard(s) (The current British Standard is BS2881 (1989) – NHS Estates Building Note No 29).

- Where there is perceived to be an extra risk, the advice of security specialists or Crime Prevention Officers, in consultation with the Chief Pharmacist, should be sought.

- IV fluids must be stored in a locked cupboard or on an open shelf in a locked room. In specific circumstances it may be acceptable to maintain a ‘working stock’ of IV fluids that are not locked away. This must be subject to a local risk assessment and signed off by pharmacy. Working stock must be securely stored at the end of a work session.

- In theatres, when the theatre is not in use, or between operating sessions, all medicines should be returned to lockable medicine cupboards.

- Medicine trolleys should be lockable and immobilised when not in use. The trolley must not be left unattended during the medicine round. If a practitioner using a trolley for a round has to leave it, it must be locked immediately.

- When schemes for self-administration of medicines and/or ‘one-stop dispensing’ are in operation on the ward each patient involved in the scheme should have a lockable receptacle for medicines (e.g. drawer, individual cupboard), which is not readily portable.

- All medicines with the exception of sublingual GTN, inhalers and topical creams/lotions, must be stored in a locked cupboard, in an environment that meets the manufacturer’s or pharmacy requirements. This includes the use of bedside lockers for medicines currently being taken by patients.

- For clinical emergencies, e.g. cardiac arrest, all wards should have a source of urgent medicinal products. These should be held in boxes clearly marked “for emergency use”. These boxes should be tamper-evident and should not be held in a locked cupboard, but at strategic and accessible sites.

- Once a box has been opened, a replacement should be provided by the pharmacy and the opened box returned to the pharmacy.

- Where emergency bags or kits are held (e.g. for emergency teams working outside hospitals, or for major incidents), and it is impractical for these to be locked away they should be placed in an area that is most likely to have a constant staff presence. Neither the emergency kits themselves nor their contents should be obvious to the general public.
- These kits should be tamper-evident, and once a kit has been opened a replacement should be provided by the pharmacy and the opened kit returned to the pharmacy.
- All medical gas cylinders should be securely stored in an approved holder or in a trolley chained to the wall. Ward/ departments should keep minimal stock of medical gas cylinders. Patients must only be transferred with medical gas cylinders with the appropriate holders, the cylinder should never be placed on the bed next to the patient. For full details on the safe storage of medical gas cylinders please refer to the medical gas cylinder policy on the documents library.

6.3.4 Storage of patients' own medicines
- Patients may bring their current and/or old medicines with them on admission. Refer to the 'patient own drug' section of this policy for further details of how these medicines should be dealt with.

6.3.5 Custody of Medicine Locker and Medicine Cupboard Keys
- The keys to cupboards containing medicines must be kept separately from all other keys. They must be kept on the person of a registered nurse/midwife.
- There should be local processes in place to ensure the custody of medicine cupboard keys is safe and appropriate throughout the nursing shift and at handover.
- There is no maximum number of sets of drug keys that may be available to each nursing team. Much will depend on the type of ward/ clinical area. However, the number of keys should be closely controlled and kept to a minimum to reduce risk of loss and theft. As a guide, each nursing team should have no more than 2 sets of drug keys.
- A spare set of keys may be kept in an appropriate, secure location.
- At no point should medicine cupboard keys be left unattended. A Trust incident form should be completed in such instances.
- Where keys go missing every effort must be made to find and retrieve them as a matter of urgency. The Appointed Nurse in Charge must be informed and a Trust incident form completed. Where the medicine keys cannot be located, the locks must be changed as a matter of urgency. The Chief Pharmacist and site manager must be informed.
- In theatres, to ensure that medicines are readily available, the Appointed Nurse in Charge may delegate control of access to a qualified deputy or medical practitioner (e.g. anaesthetist) or to an Operating Department Practitioner (ODP) or, exceptionally, to an Operating Department Assistant (ODA).
- No other member of staff should have access to the keys, except the ward/ department Pharmacist or Pharmacy Technician, who needs access to the keys to regularly check the medicines' cupboards. Pharmacy staff must wear their Trust ‘ID’ badge to identify themselves, before keys can be handed over.

6.3.6 Temperature Control and Storage of Medicines

Custody of Medication Requiring Refrigeration/ Freezing
- Medicine fridges should be maintained in good working order and kept locked.
- The temperature of the fridge should be checked daily (or on the days when the clinical area is open) using a maximum/ minimum thermometer or data logger to
ensure that medicines are being stored at the correct temperature and faulty fridges are detected. Please see Appendix 5 for further information and a copy of the recording form.

- If the recorded temperature is out of range, the thermometer should be reset and a second reading taken within 2 hours. If the reading remains out of range call pharmacy who will advise on the medications and call Estates to service the fridge/freezer.

- The fridge or freezer must be kept in a serviceable condition and defrosted regularly.

- The fridge or freezer must not be used to store anything other than medicines.

**Ambient Temperature Control**

- Medicines that do not need fridge or freezer storage still require storage within a particular range. This can vary depending on the product e.g. less than 25°C, between 15-15°C etc. Pharmacy monitor all treatment rooms during peaks of temperature in winter and summer to validate the ambient storage temperatures are within range. Where they are not within range (and this is usually where temperatures exceed 25°C), pharmacy will advise on what steps need to be taken to remedy the problem.

**6.3.7 Custody of Medicines after Death**

- All patient own medicines remain the personal effects of the patient. Although consent should be obtained from the patient’s relatives to dispose of the medicines (following the Trust's disposal policy), it is illegal for members of the public to be in possession of prescription only medicines that have not been prescribed for them.

- Where consent is not given, the healthcare professional must satisfy themselves that there are legitimate reasons for not consenting and that the medicines will not be used. Where the healthcare professional is not satisfied with the reasons, advice should be sought from the Chief Pharmacist.

- All medicines provided for the patient by the hospital during their hospital stay remain the property of the hospital and can be destroyed or recycled as outlined in the pharmacy recycling and disposal procedures.

- Patient-own medicines – that is to say medicines which are labelled with the name of the patient – should be retained for 7 days following the death of the patient.

- In the case of an inquest medicines may need to be retained for longer. Advice should be obtained from the Coroner’s Officer.

- Controlled drugs must never be returned to the patient’s relatives. Contact the Trust’s Controlled Drug Accountable Officer for further advice.

**6.3.8 Drugs for Patient Escorts**

- Medical staff escorting a patient may obtain drugs by borrowing drugs from the patient’s ward or directly from the pharmacy as appropriate. The minimum number of ampoules or other dose-forms should be issued to the doctor by the patient’s ward or department. Drugs remain the responsibility of the doctor until either administered to the patient or returned to the point of issue. Doctors wishing to obtain escort drugs from pharmacy must present a signed order listing the drugs required and giving the patient’s name and ward.
- Any drug administered to the patient must be recorded on the inpatient prescription sheet or the case notes accompanying the patient.

6. 3.9 Order Books & Stationery
All pharmacy requisition books and orders are controlled stationery to which only designated Registered Healthcare Practitioners should have access. Pads of prescriptions (for outpatients, discharge, or FP10 variants) are also controlled stationery to which only doctors (or independent or supplementary prescribers in accordance with separate Trust policy) should have access. The loss of any controlled stationery must be reported immediately to the appropriate manager and to the Chief Pharmacist. Such loss is an ‘incident’ and shall be reported through Datix.