4.1 RESPONSIBILITY

4.1.1 Overall Responsibility
The responsibility for establishing and maintaining a system for the safe and secure handling of medicines lies with the Head of Pharmacy, in consultation with appropriate medical and senior nursing staff.

4.1.2 Accountability for Wards and Departments
The ward manager, through the registered nurse/midwife in charge, has the responsibility for ensuring that the system is followed and that the security of medicines on the ward is maintained. Although he or she may decide to delegate some of the duties, the accountability always remains with this person.
4.2 PHYSICAL SECURITY - GENERAL POINTS
Arrangements must be in place, (by means of induction programmes, training courses and the carrying out of regular checks) to ensure a high degree of security awareness exists within the Trust in respect of medicines, prescription pads, prescription charts and medicines requisition books.

Where there is theft or suspected theft of medicines the Ward Manager, the Local Security Management Specialist (LSMS) and the Head of Pharmacy Services must be informed.

4.2.1 Pharmacy departments
Pharmacy Departments must be fitted with intruder alarms installed to BS4737. Alarms, including fridge alarms, must be in good order and tested at least every 6 months.

Pharmacy Staff must be made aware of the internal pharmacy procedure to follow in the event of a breach of security. (See internal pharmacy procedures)

Pharmacy staff working in areas where there is direct contact with the general public are vulnerable to physical threat. Panic buttons, which operate the alarm system, must be available and operational and staff working in these circumstances must undergo personal safety training. Pharmacy on-call staff working alone must be provided with personal alarms and be briefed at induction about the need for vigilance when working alone out of normal pharmacy working hours

Access to all pharmacy departments must be secure and all entrances must have solid doors fitted with security locks requiring keys, digital lock or swipe-card access. Access must be restricted to authorised individuals or persons accompanied by authorised individuals. Authorised Individuals are Pharmacists or Pharmacy Technicians.

The security of all pharmacy computer systems used in relation to medicines must be maintained. Access to pass codes and terminals must be restricted to appropriate designated individuals as authorised by the Head of Pharmacy in conjunction with the computer system manager.
4.2.2 **Controlled Stationary**

Controlled stationary is any of the following

- Controlled Drug (CD) requisition books
- stock requisition books
- out-patient prescription pads (hospital and FP10NCs)
- CD registers

All controlled stationery must be stored securely out of sight in a designated area, and be readily accounted for. Controlled stationary must be requisitioned by a registered nurse or midwife using a requisition form kept by pharmacy, and signed for on receipt. The serial numbers of the issued stationary (if available) must be recorded by pharmacy.

4.2.2.1 **Missing Stock requisition Books**

Pharmacy must be made aware of the missing book. Efforts must be made to find the missing stock requisition book as soon as possible.

If after 24 hours, the stock requisition book has not been found, then pharmacy will issue the ward or department with a new book.

If stock items are required in the interim period between the stock requisition book going missing and a new book being issued, then a band 5 nurse or above should go to the pharmacy store to order the stock items required. The order should be written in the pharmacy stores requisition book and must state:

- the ward or department
- the items required and quantity
- the signature of the member of staff making the order, their name in block capitals and their grade
- the date

If the ward are unable to release a nurse to visit the pharmacy store then a band 5 nurse or above should send a signed order to the pharmacy store including all the details listed above.

If the ward reports a lost book more frequently than every 2-3 months, an incident form will be completed and must be investigated by the ward manager.
4.3 CONTAINERS

All medicines must be stored in their labelled containers. They must not be transferred from one container to another or left loose. All medicines must be stored safely and in such a way that the risk of medicine selection errors are minimised.

4.4 STORAGE LOCATIONS OUTSIDE PHARMACY

All medicinal products must be stored in locked cupboards that comply with the British Standard for Medicines Storage (BS2881) (except emergency drugs – see 4.4.6). If new cupboards or storage facilities are required, they must be ordered from a company approved by the Head of Pharmacy. Locked cupboards for the storage of medicinal products must not contain other items.

The following items may be stored at the indicated locations, provided they are kept out of sight and there are procedures in place to document any self-medication (see procedure 10 of this Medicines Code of Practice).

- Inhalers – relievers only – out of sight in bedside locker
- Creams – emollients only – out of sight in bedside locker
- GTN – out of sight in bedside locker
- Mouthwashes – out of sight in bedside locker
- Patients Own Supply of medicines – locked in POD locker (Patient’s own CDs must be stored in a CD cupboard. See 4.4.1)
- Diluents (Sodium Chloride 0.9% & water for injection) – unlocked location in clinic room or appropriate clinical area provided they are kept in original containers
- Bulky infusions (i.e. metronidazole) may be kept alongside fluid bags, see 4.5
- Sterile topical fluids do not need to be in a locked cupboard in the clinic room, but see 4.5

Epidural infusion bags containing local anaesthetic must be kept in a designated locked cupboard, separate from bags for intravenous use.
4.4.1 Controlled Drug Cupboards
These are reserved solely for the storage of CDs, epidural infusions containing CDs, concentrated potassium, temazepam, and any other drug identified by the Head of Pharmacy or the Medicines Management Committee to be permanently or temporarily designated as a CD within this Trust. Epidural infusions containing CDs must be kept in a separate cupboard from CDs intended for administration by any other route.

CD cupboards must comply with the current British Standard recommendations in the Medicines Act and Accommodation for Pharmaceutical Services. There are two types of cupboard currently available, which comply with these recommendations.

- high security CD cupboard which is a single cupboard
- economy CD cupboard designed to be located within an outer cupboard

Any decision to purchase a new CD cupboard must be discussed with a member of the Medicines Management Committee to ensure the Ward/department order the correct type of cupboard for their needs & purchase from a company whose cupboards comply with these specifications.

Red lights and alarms to warn staff when the cupboard is open are not required either on the CD cupboard or at nurse stations. However, when designing wards, refurbishments, change of ward occupancy etc it is good practice to seek advice from pharmacy about the most suitable systems to implement.”

If the CD cupboard is situated away from the nursing station (e.g. in a clean utility room), it is good practice to install a red warning light close to the nursing station to act as a visual alert when the CD cupboard is open.

4.4.2 Medicines Cupboard
This may take the form of one large or several small cupboards for tablets, liquids, etc. and if several cupboards are used, these should be in the same room or location. The medicines cupboard must only contain medicines as defined under the Medicines Act, 1968 and must be kept locked when not in use.
4.4.3 Cupboard for External Medicines, Disinfectants and Antiseptics
This may be a large cupboard used to store external medicines, which must be locked when not in use. Such items should be stored tidily, securely and with due consideration to safety etc when they are not locked in the cupboard.

4.4.4 Refrigerator
Medicines that need to be stored in a refrigerator are marked 'store in refrigerator' or state the exact temperature range suitable for storage. Such items must be stored in a refrigerator. Intravenous cytotoxic drugs must be stored in a separate designated drug refrigerator. Food and pathological specimens must never be stored in the drug refrigerator. The medicines refrigerator must only contain medicines. The refrigerator must be kept locked when not in use. The temperature of refrigerators must be monitored as per Trust policy (see local procedure).

4.4.5 Patient’s Own Drug (POD) Cupboard
In most areas of the hospital, cupboards are provided for the storage of an individual patient's medicines, particularly where self-administration schemes are in place. (See Procedure 5 of this Medicines Code of Practice). Patients own CDs must be stored in the CD cupboard unless patient is self-administrating.

POD cupboards are installed either on the wall near the bed, or attached to bedside lockers. In some areas, the POD cupboard is integrated with the bedside locker. These POD lockers must not be removed from any area without authorisation from the Head of Pharmacy and the Ward Manager. The POD lockers must be checked and cleared after the patient is discharged or transferred to another ward. (See procedure 24 of this Medicines Code of Practice).

4.4.6 Medicines Trolley
This is for storage of ward stock items. The trolley must not be left unlocked or unattended to during the medicine round. When not in use it must be locked and secured to the wall. Medicines no longer in use must be returned to the medicines cupboard or pharmacy. (See Procedure 11 of this Medicines Code of Practice)
4.4.7 Cardiac Arrest and Emergency Drugs
Wards and departments must keep a designated supply of drugs on the cardiac arrest trolley for cardiac arrest and other clinical emergencies. These drugs are supplied in the form of a pre-packed kit in line with NUH guidelines. These medicines must be checked daily following nursing procedures.

4.5 SITING OF STORAGE ACCOMMODATION (WITH THE EXCEPTION OF PATIENT’S OWN DRUG (POD) CUPBOARDS)

Medicines storage accommodation must be sited in either a locked room or in a position to allow surveillance and maximum security against unauthorised entry. This includes storage of bulky infusions and sterile topical fluids. Medicines must not be stored near major sources of heat (such as radiators) or humidity (such as sinks). Storage facilities must be locked when not in use.
EMPLOYEE RECORD OF HAVING READ THE POLICY

Title of Policy/Procedure:

MEDICINES CODE OF PRACTICE - STORAGE AND SECURITY OF MEDICINES & CONTROLLED DOCUMENTATION

I have read and understand the principles contained in the named policy.

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