NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 4	
Receipt, storage and security of medicines in clinical areas	
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4.1 Receipt of medicines in clinical areas

4.1.1 A registered nurse / midwife (or other nominated responsible person in areas where no nurse / midwife is present) must check that medicine orders delivered by the messenger or porter is intended for that area, that it is sealed and has not been tampered with, before signing the consignment note. The number of the security seal should match the number on the consignment note (where these are in use).

4.1.2 If the order cannot be checked immediately, the registered nurse / midwife (or other nominated responsible person in areas where no nurse / midwife is present) is responsible for ensuring that the package is stored in the conditions necessary to maintain security and quality (e.g. a secure lockable medicine cupboard, CD cupboard or lockable medicine refrigerator as appropriate). The medicines should then be checked as soon as practical and before changeover of shift.

4.1.3 The medicines should be checked by a designated staff member against the original order and the delivery note as follows:

- The package is sealed and has not been tampered with.
- The items listed on the delivery note detailing what has been supplied match the items that have been received.
- The items listed on the delivery note detailing what has been supplied match the items that were ordered.

4.1.4 The Appointed Registered Nurse / Midwife or Manager in Charge should identify any routinely used high-risk medicines (e.g. chemotherapy) and ensure SOPs are in place that facilitate prompt and safe receipt of these medicines in the ward / clinical area e.g. check that all of a patient's required chemotherapy has been delivered and that any items requiring refrigeration have been identified and stored appropriately.

4.1.5 The delivery note must be signed to confirm that it matches what has been supplied. It must be retained in the ward / clinical area for 6 months.

4.1.6 Any discrepancy must be reported as soon as practicable to the pharmacy department, during working hours, and the delivery note left unsigned until the discrepancy is resolved. Outwith pharmacy working hours the on call pharmacist should be informed by the Hospital Co-ordinator of any

discrepancies involving CDs, chemotherapy or aseptically prepared products. All discrepancies will be investigated, documented, and appropriate corrective action taken to prevent a recurrence.

Controlled Drugs : Additional Requirements

4.1.7 The Ward Controlled Drugs Order Book should be signed by a registered nurse / midwife on the line “Received by” to confirm the CDs received on the ward are those that were ordered.

4.1.8 A designated staff member (e.g. registered nurse/midwife) must record receipt of all controlled drugs, including those supplied as part of a discharge prescription, in the Ward Controlled Drugs Register. Details of CDs received from Pharmacy on a discharge prescription must be entered into the Ward Controlled Drugs Register, even if the patient is to be discharged immediately. One page of the register should be headed “Controlled Drugs on Discharge Prescription In”. The opposite page should be headed “Controlled Drugs on Discharge Prescription Out”. All records of receipt must be recorded on the page “Controlled Drugs on Discharge Prescription In”. The entry must include the signature of the person making the entry and the signature of a witness, date, time, quantity received, the strength and form of the drugs. (Some areas may use a dedicated “Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions” - guidance on use of this is located at the front of each register).

4.1.9 A separate page of the Ward Controlled Drugs Register must be dedicated to each individual product. All records of receipt and administration must be recorded on that page. The entry must include the signature of the person making the entry and the signature of a witness, date, time, quantity received the strength and form of the drug, the requisition page number of the Ward Controlled Drugs Order Book and the new balance. Patients’ own CDs brought into hospital must also be entered into the Ward Controlled Drugs Register. One page of the register should be headed “Patient’s Own Controlled Drugs In”. The opposite page should be headed “Patient’s Own Controlled Drugs Out”. The patient’s name and CHI number, and name, form, strength and quantity of the CDs should be recorded at receipt and on return to the patient or on destruction of the CD, if no longer clinically indicated, by suitably trained pharmacy staff at ward level. (Some areas may use a dedicated “Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions” - guidance on use of this is located at the front of each register).

4.1.10 When the page is full, required information must be carried over to a new page. The page that is full should indicate at the bottom “Balance transferred to page xx” and the new page should indicate at the top, “Balance transferred from page yy”. The index at the front of the register must be used to indicate the current page in use for each product.

4.1.11 The entry must be witnessed and signed by a second registered nurse / midwife or a suitably competent student learner (nurse / midwife or Operating

Department Practitioner (ODP)). Both are responsible for checking that the correct drug has been received in the correct quantity and is within its expiry date. They must also ensure that each required detail is entered correctly and the CDs are stored securely in the ward controlled drug cupboard (or separate lockable refrigerator, if appropriate).

4.1.12 Replacement Ward Controlled Drugs Registers / Controlled Drug Registers for Patients Own Drugs and Discharge Prescriptions may be obtained from pharmacy. All entries must be transferred to the new register. Each entry on the old register should be annotated “Transferred to new register” and the entry short-ruled and dated. The new register should be annotated “Balance transferred from old register” and dated. Both registers (old and new) should have each entry signed by 2 designated members of staff. Pharmacy will keep a record of all CD registers issued and will check the transfer of records has been carried out correctly.

4.1.13 Completed Ward Controlled Drugs Order Books must be retained on the ward for 2 years after the date of last entry and then destroyed in line with confidential waste procedures. Ward Controlled Drugs Registers, including Controlled Drug Registers for Patients Own Drugs and Discharge Prescriptions, must be retained on the ward for 2 years (if no CD destruction is documented in the register) or 7 years if details of any CD destructions are documented. After this point they should be destroyed in line with confidential waste procedures.

4.2 Storage and security of medicines

4.2.1 Medicines should at all times be stored at a level of security appropriate to their proposed use and at a level appropriate to the staff present at any time. There is a potential cascade of security levels, with Pharmacy departments being the most secure, followed by ward / department medicine cupboards, medication trolleys, bedside Patients Own Drugs (POD) lockers and emergency trolleys. The security level may be different in locations that are staffed continuously compared with those that are staffed only intermittently, even when the use of the medicine is the same in each location.

4.2.2 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring all medicines in their clinical area are stored appropriately in secure cupboards, medicine trolleys or lockable refrigerators, approved by pharmacy.

4.2.3 Drug cupboards, including CD cupboards, must not be marked to indicate their contents.

4.2.4 Medicines shall be kept locked in separate cupboards e.g.

- Internal medicine cupboard.
- External medicines cupboard.
- Patient medication lockers.

- Medicine trolleys.
- Medicine refrigerator / freezer.
- Flammables cupboard.
- Controlled drugs cupboard.
- Cupboard for non-cytotoxic intrathecal agents, if applicable. (Prior authorisation must be obtained to maintain stocks of these agents. Cytotoxic intrathecal injections cannot be stored in ward areas under any circumstances.)
- Cupboard for intraventricular agents, if applicable. (Prior authorisation must be obtained to maintain stocks of these agents.)
- Cupboard for epidural agents, if applicable.

4.2.5 Each cupboard must have a unique lock and key (although master keys are allowed for POD lockers).

4.2.6 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring that medicines are stored appropriately to minimise the risk of error of selecting the wrong preparation and to ensure that their quality is maintained, e.g. stored in a refrigerator if required. Medicines must be stored so that labels remain legible.

4.2.7 Medicine cupboards, trolleys and refrigerators etc. must meet any current required equipment standards (e.g. in relation to lock-type). They must be of an adequate size to allow medicines to be segregated and arranged for ease of selection, access, and stock control, and allow an adequate range and stock level to be held to meet patients' needs.

4.2.8 When medicines require storage in locked refrigerators or freezers, security must be in accordance with perceived risk. A temperature record must be maintained by the ward / department. It is recommended that at least daily recording of the current, maximum and minimum temperature (since the last reading) is carried out. If possible, twice daily records should be kept.

4.2.9 Temperature monitoring records should document all situations when temperatures are outwith the recommended range of 2 - 8^0C for refrigerated products. Action must be taken (and documented) in any situation where temperatures have been out with the recommend range e.g. inform appointed nurse / midwife or manager in charge; inform pharmacy department; seek advice on the need to quarantine stock etc.

4.2.10 In the event of equipment failure the Estates Department (or equivalent) should be contacted and arrangements made to move medicines to a suitable alternative storage facility. Pharmacy must also be contacted for advice regarding any medicines that may need to be destroyed and replaced due to the effects of temperature changes. (Administering medicines that have been stored out with recommended temperature limits could potentially cause clinical harm – specialist advice must always be sought).

4.2.11 Internal medicines should be separated into solid oral dose preparations and liquid formulations as much as possible to minimise the risk of selecting the

wrong preparation, and to facilitate efficient stock control and ordering. Other medicines given by non-oral routes, e.g. intravenous medicines / nebulisers / suppositories, should be kept clearly segregated to avoid inadvertent wrong route administration.

4.2.12 All concentrated potassium chloride parenteral products are subject to restricted access and special ordering and storage requirements. Please refer to current local policy and SOPs for further information.

4.2.13 Medicines intended for intrathecal, intraventricular or epidural use should be kept in separate locked cupboards from injections intended for administration by different routes. They should never be kept as ward or theatre stock unless documented and approved by pharmacy.

4.2.14 Medicines must be stored alphabetically by approved name as far as practically possible. They should be stored in their original packaging. Ampoules, vials, or blister packed tablets must not be removed from the original box during storage.

4.2.15 Ward and department cupboards used for storage 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).

4.2.16 Medicine trolleys must be kept locked and immobilised when not in use. They should contain medicines currently in use and commonly prescribed drugs for the clinical area. They should be kept clean and tidy and items intended for different routes of administration kept clearly segregated (e.g. nebules / capsules / oral liquids).

4.2.17 Patients Own Drugs (PODs) must be stored in a separate area of the locked medicine cupboard or a POD locker that is not readily portable. PODs must be clearly distinguishable from ward stock.

4.2.18 Regular expiry dates checks should be carried out for all medicines. Stock must be rotated according to the expiry date so that oldest stock is used first.

4.2.19 Any medicine which may be required for urgent self-administration by a patient (e.g. salbutamol inhaler / GTN spray) should be stored in a safe place that is easily accessed by the patient (e.g. unlocked drawer of bedside locker).

4.2.20 All incidents involving a breach of security that cause actual or potential loss or theft of medicines are investigated and the appropriate corrective and preventative action is taken in accordance with local SOPs. This may involve contacting the police.

Controlled Drugs : Additional Requirements

4.2.21 All CDs for ward /department stock and discharge / pass medication and patients own CDs should be stored in areas that comply with current regulations. The provisions within The Misuse of Drugs (Safe Custody) Regulations 1973 are not applicable to the storage of CDs in NHS hospitals but are deemed good practice.

4.2.22 CDs should be stored in a separate locked cupboard from all other medicines, ideally inside another locked cupboard. The CD cupboard must have its own dedicated key. The key for the CD cupboard should be kept on the person of the assigned nurse / midwife in charge (or other nominated responsible person in areas where no nurse / midwife is present) when not in use. This key should be kept separate from other medicine keys.

4.2.23 Self-administration of individual patient supplies of CDs must follow locally approved SOPs and ensure all record keeping requirements / safe custody requirements are met.

4.2.24 Clinical trial controlled drugs will normally be stored in the pharmacy, or in an alternative location, jointly approved by pharmacy and the clinical trial monitors. Storage requirements are as for stock CDs.

4.2.25 Parenteral CDs should be stored in a separate area of the CD cupboard, wherever possible.

4.2.26 CDs intended for intrathecal, intraventricular or epidural use should be stored in separate, clearly identified storage areas, preferably in a separate CD cupboard but, if this is not practical, then in a separate area within the locked CD cupboard(s).

4.2.27 Unwanted / expired CDs must not be returned to pharmacy by ward / department staff. The local pharmacy team must be alerted to unwanted / expired CDs and appropriate action will be taken at ward / department level (e.g. witnessed destruction). In some instances an appropriately authorised member of pharmacy staff will return CDs to pharmacy (e.g. if the CD is in short supply). The CD must be accompanied by a Medicines Returned to Pharmacy form and all appropriate entries in the CD register maintained. Some wards / departments return all CDs to pharmacy when they close (e.g. at weekends). These CDs must be returned to pharmacy in a tamper evident envopak by a designated ward / department staff member.

4.2.28 CDs requiring refrigeration should be stored in a separate lockable refrigerator in a secure area.

4.3 Control of access to medicines

4.3.1 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 or Manager 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.

4.3.2 In circumstances where holding the keys personally would cause delays or difficulties in making medicines available, the Assigned Nurse / Midwife or Manager in Charge may delegate keyholding 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). Special arrangements apply where control of access is delegated to an ODP.

4.3.3 The Appointed Registered Nurse / Midwife or Manager in Charge retains responsibility for the safe custody of medicines and controlled stationery, even if he / she decides to delegate control of access. The Appointed Registered Nurse / Midwife or Manager in Charge must make necessary arrangements to be sure that only authorised persons are given access in appropriate circumstances.

4.3.4 Sector Chief Technicians and / or Chiefs of Nursing and/or other departmental managers (or their nominated deputies) must ensure appropriate action is taken and the outcome documented in the event of loss or potential theft of keys for any cupboards / refrigerators / freezers containing medicines (including bedside locked cabinets used to store patients own drugs).

Controlled Drugs : Additional Requirements

4.3.5 A written record is made at each step where a CD changes hands, and when it is administered or destroyed.

4.3.6 Some devices used to administer CDs are locked to avoid tampering with the device and not to control access to the CD e.g. PCA pumps. The nurse / midwife who is caring for the patient may hold a copy of the key to the device.

4.3.7 The appropriate ward or department manager and the Sector Chief Technicians and / or Lead Clinical Pharmacists are responsible for ensuring that CD stocks in wards, theatres, departments and clinical areas that are to be left unmanned either routinely, e.g. overnight, at weekends, or due to closure for a limited period of time, are secure. When agreeing the procedure to be followed or the course of action to be taken, a risk assessment must be undertaken, taking consideration of the following factors:

- The likelihood of immediate detection of an intruder.
- The deterrents in place.

- The particular medicines being stored.

4.3.8 Certain clinical areas may have special arrangements in place to allow return of a number of CDs to pharmacy for safe storage, e.g. clinics closed at weekend. Local SOPs will apply.

4.4 Delegating control of access to medicines and Controlled Drugs to a registered Operating Department Practitioner (ODP)

4.4.1 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for the safekeeping of, and for controlling access to, all medicines stored in his or her area of control. The keys should normally be held by the Assigned Nurse / Midwife in Charge of the ward / department.

4.4.2 In circumstances where holding the keys personally would cause delays or difficulties in making medicines available, the Assigned Nurse / Midwife in Charge may delegate keyholding and control of access to medicines to another registered nurse / midwife. In operating theatres, control of access to medicines may be delegated to a suitably qualified and competent registered operating department practitioner (ODP), in specific circumstances for defined periods of time.

4.4.3 A local written protocol defining the circumstances in which the control of access to medicines will be delegated must be agreed.

4.4.4 The ODP must have achieved appropriate recognised qualifications and be appropriately registered (with the Health and Care Professions Council). The Appointed Registered Nurse / Midwife or Manager in Charge must be satisfied that the ODP understands and will adhere to the protocol.

4.4.5 The protocol must include the following information:

- Situations in which authority to control access may be delegated.
- Persons to whom the medicines may be conveyed.
- Specific medicines and maximum quantities that may be conveyed.
- Records that must be kept when a CD changes hands or any medicines are administered to a patient.
- Circumstances and situations where further advice or authority must be obtained from the Appointed Registered Nurse / Midwife or Manager in Charge.
- Monitoring arrangements for the protocol.
- Qualifications and registration details of the ODP.

4.4.6 The protocol must be signed by the ODP to confirm that he / she has read and understood the protocol and by the Appointed Registered Nurse / Midwife or Manager in Charge to confirm that the ODP is authorised to practice within the protocol.

4.4.7 The protocol must be regularly reviewed (at least annually).

4.5 Record keeping and stock check requirements for medicines by wards, theatres, departments and clinical areas

4.5.1 A complete audit trail for all medicines must be available from the point of receipt at ward / department level to administration to patients or return to pharmacy.

4.5.2 A record must be made of all medicines administered to patients in clinical areas / wards / theatres / departments / clinics.

4.5.3 The Appointed Registered Nurse / Midwife or Manager in Charge should liaise with pharmacy to ensure they can account for all medicines liable to misuse. Local SOPs will apply.

4.5.4 It is the responsibility of the Appointed Registered Nurse / Midwife or Manager in Charge to notify pharmacy of any changes in personnel authorised to requisition medicines and CDs.

Controlled Drugs : Additional Requirements

4.5.5 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring that records of all CD transactions are properly maintained, and that stocks are reconciled. In their absence the responsibility can be delegated to the most senior registered nurse / midwife on duty (the Assigned Nurse / Midwife in Charge).

4.5.6 A record of all CD transactions must be made in the Ward Controlled Drugs Register belonging to the ward, theatre or department:

- On receipt at ward level, theatre or department, including patients own CDs, brought into hospital and returned on discharge or pass.
- On administration to patients.
- When part of a dose is destroyed (surplus to requirements).
- On return to pharmacy.
- On internal transfer of CDs between wards / departments when pharmacy is closed following authorisation from the hospital co-ordinator.
- When out of date or no longer required CDs are destroyed at ward level.

(Destruction or return of CDs to pharmacy must be arranged with the pharmacy department).

4.5.7 A separate page must be dedicated to each individual product, and all transactions recorded on that page in chronological order with a running balance. When the page is full, required information must be carried over to a new page. The page that is full should indicate at the bottom “Balance transferred to page xx” and the new page should indicate at the top, “Balance transferred from page yy”. The index at the front of the register must be used to indicate the current page in use for each product.

4.5.8 In hospital, patients own controlled drugs, which are being used or stored, must be entered in the Ward Controlled Drugs Register on a dedicated page, and each transaction must be documented. Some areas may use a dedicated “Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions” - guidance on use of this is located at the front of each register” to applicable sections

4.5.9 Two registered nurses / midwives, or one registered nurse / midwife and one suitably competent student learner (nurse / midwife) must record the receipt of CDs in the Ward Controlled Drugs Register and check the balance is correct. Both are responsible for checking that the correct drug has been received and that it is within its expiry date. They must ensure all required details are entered correctly in the Ward Controlled Drugs Register and that the CDs are stored securely in the ward controlled drug cupboard (or lockable refrigerator, if appropriate). In theatre environments, one member of staff may be a suitably competent registered ODP.

4.5.10 In a hospital ward or department two registered nurses/midwives, or one registered nurse / midwife and a registered medical practitioner or suitably competent student learner (nurse / midwife), must always participate in the administration of CDs, one witnessing the procedure and one administering the medicine. Responsibility ultimately rests with the person administering the CD (unless this is a student learner, where responsibility lies with the nurse / midwife supervising and witnessing the administration). In theatre environments, the member of staff witnessing the administration may be a suitably competent registered ODP.

4.5.11 A record of all CD administrations must be made in the relevant Ward Controlled Drugs Register (or Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions if in use). The person administering the CD should sign in the “Administered by” box and the person witnessing the administration should sign in the “Witnessed by” box. A record must also be made in the patient’s Medicine Kardex or electronic equivalent. Other records should be made according to local procedures, e.g. record in nursing notes.

4.5.12 If part of a dose is not administered to the patient, two registered nurses / midwives, or one registered nurse /midwife and a registered medical practitioner or suitably competent student learner (nurse / midwife), must check the amount discarded and record it in the register if only part of a dose unit is administered. In theatre environments, one member of staff may be a suitably competent registered ODP.

4.5.13 Two registered nurses / midwives, or one registered nurse / midwife and a registered medical practitioner or suitably competent student learner (nurse / midwife), must reconcile the stock balance at each transaction by counting or measuring the physical stock when checking it against the register. In theatre environments, one member of staff may be a suitably competent registered ODP.

4.5.14 Liquid medicines should be issued from pharmacy in individual dose units, where possible. The pharmacist / pharmacy staff member must check liquid medicines supplied in multi-dose bottles and amend the register to correct for small discrepancies that are accounted for by overage and loss on measurement, when necessary. The Sector Chief Technicians and / or Lead Clinical Pharmacists / Designated Deputy must be contacted where there are discrepancies which cannot be accounted for by overage and loss on measurement.

4.5.15 The stock of every CD must be checked at each shift changeover or, as a minimum, a least once every 24 hours, by two registered nurses / midwives, as follows:

- Systematically look at each page of the register and then count or measure the corresponding physical stock. Items should not be selected first, counted and then checked with the corresponding page in the register, as this method does not ensure that all stock recorded in the register is checked.
- Refer to the Ward Controlled Drugs Order Book. Check that each order received since the last daily check has been entered in the Ward Controlled Drugs Register.
- Record in writing at the back of the Ward Controlled Drugs Register (or CD check book if this is in use locally) that the daily check has been carried out. Both members of staff carrying out the stock check must sign this entry.
- Inform the Appointed Registered Nurse / Midwife or Manager in Charge of any discrepancies found and document and investigate appropriately.

4.5.16 CDs supplied in sealed, tamper evident boxes / packets do not need to be opened and their contents removed for counting on each occasion the CD stock balance is checked (provided the tamper evident seal remains intact). In some areas (e.g. theatres), local procedures will stipulate that all boxes / packets must be opened and the stock checked (on receipt and at each CD stock check).

4.5.17 If any discrepancies that cannot be resolved are found in the routine stock check of CDs by wards / departments the Assigned Nurse / Midwife or Manager in Charge must act immediately by informing the appropriate senior nurse (e.g. Clinical Co-ordinator), Sector Chief Technicians and / or Lead Clinical Pharmacists / Designated Deputy. Following a thorough investigation, if criminal activity is suspected, the Police will be informed.

4.5.18 Pharmacy staff should check the Ward Controlled Drugs Register and reconcile stock at least once every 3-6 months. The person undertaking the check must provide a report of the outcome of the check to the Appointed Registered Nurse / Midwife or Manager in Charge. The person undertaking the check must record any discrepancies found as a medication incident and inform the Appointed Registered Nurse / Midwife or Manager in Charge, Lead Nurse and Sector Chief Technicians and / or Lead Clinical Pharmacists. Details of the CD checks will be shared with the CD governance team.

4.5.19 Pharmacy will provide quarterly reports to each Directorate, detailing the CD stock checks carried out, any discrepancies found and actions needed to resolve discrepancies.

4.5.20 Ward Controlled Drugs Registers (including Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions if in use) and Ward Controlled Drugs Order Books must be retained by the Appointed Registered Nurse / Midwife or Manager in Charge for two years after the date of the last entry if no CD destruction is documented in the register(s) or 7 years if details of any CD destructions are documented. After this point they should be destroyed in line with confidential waste procedures.

4.6 Storage of drugs required for emergency use

4.6.1 Every ward / clinical area must have access to medicines stored in strategic and accessible sites that can be used in emergencies such as cardiac arrest, respiratory arrest or anaphylaxis. Many wards keep the range of medicines required in their ward stock and do not require to keep a separate emergency tray / box.

4.6.2 Emergency kits (e.g. for emergency teams working outside the hospital and GPs out of hours service):

- Must be tamper evident.
- If it is impractical for them to be locked up, they must be stored in an area with constant staff presence.
- Kits, or their contents, must not be obvious to the general public.

4.6.3 Following a review by the resuscitation team, clinical areas / wards / departments which stock only a limited range of medicines will have access to an emergency medicine tray / box, which will be situated in an agreed location.

4.6.4 Once an emergency medicine tray / box has been opened it should be returned to the pharmacy department for replacement as soon as possible, during pharmacy opening hours, even if no medicines or equipment have been removed. (Other locally agreed and approved processes may be in place for restocking / replenishment of emergency trays / boxes and must be followed).

4.6.5 There must be a system of checks in place for emergency trays / boxes that are assembled and stored ready for use, to ensure that any medicine included is correct and within its expiry date.

4.6.6 On some sites, emergency cupboards are utilised for out-of-hours supply of medicines. These are maintained and stocked by pharmacy. Access to them is restricted to pharmacy staff and the hospital co-ordinator. Local SOPs must be followed

Controlled Drugs : Additional Requirements

4.6.7 Any areas that hold emergency trays / boxes containing CDs must check the contents of the tray / box daily to ensure the CDs have not been tampered with. The Appointed Registered Nurse / Midwife or Manager in Charge must liaise with pharmacy to ensure storage arrangements are appropriate.

4.7 Action in the event of a breach of security

4.7.1 A breach of security includes any deviation from the procedures that results in actual or potential loss or theft of medicines. Examples of such incidents include:

- CDs are found to be missing.
- Controlled stationery is found to be missing.
- A key for medicine storage areas is found to be missing.
- Medicines belonging to a ward / department are found to be missing.
- Patients Own Drugs are found to be missing.
- An unauthorised person has access to controlled stationery or electronic systems that facilitate access to medicines.

4.7.2 Any person who discovers a breach of security is responsible for reporting it immediately to the Assigned Nurse / Midwife or Manager in Charge, and to the Sector Chief Technicians and / or Lead Clinical Pharmacists / Designated Deputy. Out of hours, the on-call pharmacist should be informed.

4.7.3 The Appointed Registered Nurse / Midwife or Manager in Charge of the department concerned is responsible for investigating the breach of security and for taking the necessary action according to relevant NHSGGC policies. This includes informing appropriate personnel within appropriate timescales, and ensuring that the relevant incident form is completed e.g. Datix. If medicines have been misappropriated police charges may be brought against staff members.