NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 3	
Transport / Posting of Medicines	
Approved by: ADTC Safer Use of Medicines Committee	Oct 21
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3.1 General principles

3.1.1 The Sector Chief Technicians and / or Lead Clinical Pharmacists / Operational Services Manager, Appointed Registered Nurse / Midwife or Manager in Charge and portering lead must negotiate appropriate portering systems to facilitate efficient transport of medicines and orders across the site to meet with service requirements.

3.1.2 A record is kept at each step where a medicine changes hands during its delivery from the pharmacy to destinations within the hospital, or to another hospital or institution, or person outwith the site and also when medicines are returned to pharmacy.

3.1.3 In-patients or their representatives are discouraged from collecting discharge prescriptions directly from pharmacy due to identification and security issues, omission of the safety check against the Kardex and reduced opportunity for education on their discharge medicines. If patients or their representatives collect medicines directly from the hospital pharmacy (e.g. out-patients) they must sign for receipt of medicines.

3.1.4 The person responsible for the medicine at each point of the transportation chain must be identifiable.

3.1.5 Medicine containers and packages are kept securely or under surveillance whilst awaiting collection or in transit.

3.1.6 Medicine containers and packages awaiting collection or in transit are kept in the appropriate secure storage conditions to maintain the quality of their contents. This includes maintaining the cold chain where required.

3.1.7 All medicines must be transported in sealed tamper evident containers or packages, e.g. securely stapled bags.

3.1.8 All containers and packages must be clearly labelled with the final destination.

3.1.9 Responsibility for security and maintenance of appropriate storage conditions remains with those collecting the sealed container until delivery is made, and documentation is signed acknowledging receipt.

3.1.10 Managers of staff groups responsible for transporting medicines within each hospital site are responsible for ensuring staff are trained to ensure an understanding of the need for security and NHSGGC procedures, including action to be taken in the event of physical threat.

3.1.11 All incidents involving a breach of security or incorrect storage are investigated.

3.1.12 Local SOPs will apply for the transport of high-risk medicines including chemotherapy, intrathecal medicines and vaccines.

3.2 Transport of medicines to wards, theatres, departments and clinical areas

3.2.1 Medicines must be issued from pharmacy or the Pharmacy Distribution Centre (PDC) and transported in a sealed, tamper evident package. They must be clearly labelled with the destination and accompanied by a note of what has been supplied. If medicines are collected directly from pharmacy by the patient / their representative then tamper evident packaging and a note of what has been supplied are not required; however, the patient (or their representative) should always sign appropriate documentation and may be asked to verify the name and address of the patient / produce identification.

3.2.2 Suitably qualified members of staff may uplift medicines from the pharmacy department for transport to wards / theatres /departments. Staff members must have their staff identification badge available. A consignment note, completed by pharmacy staff, must be signed by the staff member to take responsibility for transporting the sealed package to its final destination.

3.2.3 Porters delivering medicines to wards / theatres / departments are responsible for the return of the signed consignment note to pharmacy, as soon as practical, where it will be filed appropriately and stored for 3 months.

3.2.4 Porters delivering medicines for ward, theatre or department stock, or discharge / pass medication, must obtain a signature of receipt on the consignment note from a designated staff member, who will check that the package is sealed and has not been tampered with.

3.2.5 Pharmacy must be informed immediately of any suspected breaches in security or inappropriate storage.

3.2.6 Specific procedures must be followed for transportation of systemic anti-cancer therapies (SACT) and intrathecal medicines, which should be transported separately from any other medicine. (Further guidance on SACT available here – document located on Staffnet in Regional services>Specialist Oncology Services section). Other medicine-specific procedures should be followed where these are in use.

Controlled Drugs: Additional Requirements

3.2.7 In-patients cannot collect discharge prescriptions for CDs direct from pharmacy. CDs for discharge or pass medication must be issued from the ward or discharge lounge.

3.2.8 The consignment note for delivery of CDs to clinical areas must state the seal number on the Envopak bag (where these are used) or the relevant page number of the Ward Controlled Drugs Order Book, and the destination point.

3.3 Maintaining the cold chain

3.3.1 Sensitivity to changes in temperature varies depending on the medicine. Pharmacy departments will ensure that medicines sensitive to temperature change are identified and ward / department / theatre staff made aware of these items and any special storage / transport arrangements that must be followed.

3.3.2 If medicines that are sensitive to temperature changes are to be transported on a regular basis, pharmacy will validate the cold chain using a continuous calibrated temperature recording device for the duration of the transport time.

3.3.3 If medicines that are sensitive to temperature changes are to be transported on an occasional basis, the following good practice should be followed:

- The medicines sensitive to temperature change must be clearly labelled with appropriate warnings (e.g. “Store in Fridge” warning sticker applied).
- The medicine must be held outwith the recommended storage temperature for the minimum time possible. Maximum exposure time allowed depends on the sensitivity of the product.
- Cold boxes or expanded polystyrene boxes must be used for medicines identified as being likely to deteriorate with even short-term temperature changes.
- If gel packs are used, they must be evenly distributed. Direct contact with the medicines must be avoided by using bubble-wrap between the medicines and the gel packs. Using partially frozen gel packs further reduces the risk of the medicine freezing.

3.3.4 Medicines must not be removed from pharmacy refrigerators or freezers until the member of staff collecting or delivering the medicine to the site / ward / department is available.

3.4 Taxis and couriers

3.4.1 Approved SOPs must be followed when using couriers or taxis for the delivery of medication.

3.4.2 Only hospital contract taxis and couriers able to produce identification may be used to transport medicines.

3.4.3 Taxis and couriers must always be ordered via the hospital switchboard or hospital transport department in accordance with local SOPs.

3.4.4 Taxis must not transport patients or staff whilst transporting medicines between sites (unless the medicine belongs to the patient or pharmacy staff are transporting medicines between sites, e.g. chemotherapy prepared at another site).

3.4.5 All packages must be sealed and tamper evident and the driver or courier must sign for collection of the medicines to be transported. Taxi drivers must record their unique call number.

3.4.6 Drivers must be advised of procedures to follow in the event of an accident / spillage when transporting high risk medicines. In the case of chemotherapy, it should be transported in containers that are clearly marked with information on the action to be taken in the event of a spillage (local SOPs will apply).

3.5 Posting medicines

3.5.1 Medicines must be posted only when the patient or the patient's representative cannot collect them, and there is no suitable alternative means of delivery / supply.

3.5.2 Patients' medicines may provide confidential information about their condition and treatment, and this must be considered before posting medicines.

3.5.3 Further guidance on restricted / prohibited substances for mail delivery, packaging and labelling requirements etc. is available on the Royal Mail website.

3.5.4 Medicines supplied by pharmacy must always be posted using Recorded Delivery or Registered Mail.

3.5.5 Where medicines are posted, a record must be kept of the date, name and address of the recipient, contents of the package, person responsible for posting and any relevant postal reference number.

3.5.6 All postal packages containing medicines must also be labelled with an appropriate "return address" in the event that the package cannot be delivered to the intended recipient.