



Receipt and Storage of Stock and Patients Own Controlled Drugs (CDs)

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1 Introduction

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 require designated bodies (and any body or person acting on behalf of, or providing services under arrangements made with the designated body) to have adequate and up to date standard operating procedures (SOPs) in place in relation to the management and use of controlled drugs.

Controlled Drug (CD) SOPs are detailed written instructions that aim to achieve uniformity in the way that CDs are managed across the organisation.

Benefits of CD SOPs include:

- Clarity for staff on what is expected of them
- Practical guidance to support the management of CDs
- Improved CD governance by ensuring consistent safe and legal processes are in place

The Health Board is required to have SOPs covering every applicable aspect of the CD journey. The Regulations specify that the SOPs must, in particular, cover the following matters, as appropriate to the organization —

- a) who has access to the controlled drugs;
- b) where the controlled drugs are stored;
- c) security in relation to the storage and transportation of controlled drugs as required by the misuse of drugs legislation;
- d) disposal and destruction of controlled drugs;
- e) who is to be alerted if complications arise; and
- f) record keeping, including—
 - maintaining relevant controlled drugs registers under the misuse of drugs legislation, and
 - maintaining a record of the controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 (specified controlled drugs to which certain provisions of the Regulations apply) that have been returned by patients.

The CD SOPs should be used in conjunction with the [Medicines Policy](#)

This SOP covers the Receipt and Storage of Stock and Patients' Own CDs

2. Objective

This SOP applies to All Powys Teaching Health Board staff who are involved in the receipt and storage of controlled drugs.

To ensure all staff work in accordance with the approved procedure for receipt and storage of CDs and are aware of their individual responsibilities and accountability for this process.

This SOP must be followed when receiving and storing any Schedule 2 or 3 CDs for use on the ward or in the department.

3. Definitions

- PTHB – Powys Teaching Health Board
- SOP- Standard Operating Procedure
- CDAO – Controlled Drugs Accountable Officer
- CD – controlled drug
- Datix - PTHB Incident Reporting System
- MMT – Medicines Management Team (pharmacists, pharmacy technicians, nurses and administrative staff working in Medicines Management Department)
- RODP – Operating Department Practitioner
- Pharmacy Team- Pharmacists, Technicians and Assistants employed by PTHB.
- Supplying Pharmacy – the hospital pharmacies that supply CDs to PTHB – Nevill Hall Hospital and Bronglais Hospital
- PODs- Patients Own Drugs

4. Role / Responsibilities

The receipt and storage of CDs on a ward or in a department is the responsibility of the Nurse in Charge/ or Assigned Nurse in Charge and should be undertaken by them personally wherever possible. This duty may be delegated to an approved nurse, midwife or RODP. However, the Nurse in Charge retains accountability for ensuring the agreed procedures are followed.

Only individuals familiar, competent and approved to work to this SOP should take receipt and ensure appropriate storage of CDs.

5. Receipt of CDs

5.1 Stock

CDs **MUST** be delivered directly to the ward/ department that ordered them. They **MUST NOT** be left in an alternative location e.g. with porters or on reception.

The driver delivering the CDs to the ward or department must inform the Nurse in Charge that the delivery contains CDs. Under no circumstances should the delivery be left unattended. Delivery paperwork must be fully completed and signed by driver and receiving ward/department registered nurse, midwife or RODP.

Once received at their final destination under no circumstances should CDs be transferred to other PTHB sites. Internal transfers within the same hospital site are allowed under the guidance of a pharmacist. The health board does not have the required Home Office License to allow transfers outside the hospital site from which the controlled drug was originally received.

Immediately after delivery a registered professional (nurse, midwife, ODP), must take the following steps in the presence of an authorised counter signatory (registered nurse, Midwife, Pharmacist, Pharmacy Technician, Medical or Dental Officer, Registered Operating Department Practitioner (RODP), Radiographer Senior 1):

- Check the drug name (including brand where appropriate), form, strength and quantity against the order and sign and date the 'receipt' portion of the order book.
- Check that any tamper-evident seals on packs of medication are still intact. Tamper-evident seals should not be broken until there is a requirement to access the contents of the pack to administer a dose to a patient. When performing stock checks, it should be assumed that a pack with an intact tamper-evident seal contains the full contents (as indicated on the pack).
- Lock the CDs in the ward CD cupboard. (Refer to [Medicines Policy](#) Controlled Drugs Schedules for safe custody requirements.
- Inform the supplying pharmacy of any discrepancies immediately and complete a [CD Incident form](#)

Where there is a legal or local requirement to record the receipt of the CD in the CD register, then it must be entered on the appropriate page for the preparation, form and strength (and brand where appropriate). This controlled drug entry must be witnessed by a second appropriate registrant (registered nurse, Midwife, Pharmacist, Pharmacy Technician, Medical or Dental Officer, Registered Operating Department Practitioner (RODP) and a stock balance check of that item undertaken.

The following must be recorded in the CD register: -

- Date supply received (i.e. date of entry in the CD register)
- Serial number of the requisition
- 'received from Pharmacy'
- Quantity received
- Signature and printed name of the registrant making the entry
- Signature and printed name of witness
- Total stock balance

5.2 Patients Own CDs (PODs)

On admission to the ward/ department all medication arriving with the patient must be checked. All CDs must be identified (Schedule 2-5) and those requiring safe custody (i.e. in line with local and/or legal requirements) must be stored in the CD cupboard. If CD requiring safe custody is contained in a monitored dosage system (MDS), the whole MDS should be stored in the CD cabinet.

If the patient has brought any drugs that are subject to record keeping requirements (i.e. in line with local and/or legal requirements) into hospital/the department, these must be entered in the CD register. Entries for POD CDs

should be separate from Stock CD entries. There should be a separate page for each drug, each strength and each formulation for each individual patient.

Please note.

Before being administered POD CDs must be checked to confirm that they are fit for purpose as set out in PTHB Patients Own Drugs SOP. Where necessary, arrangements must be made for any CDs that are not required/not fit for purpose to be appropriately disposed of, following consent to do so from the patient. PTHB's policy states that an 'authorised witness'(AW) must be present when patient's own controlled drugs (Schedule 1,2,3 and 4 (part1)) are denatured. Appointments for an AW to attend may be made by emailing Powys.CDAO@wales.nhs.uk

6. Storage

- CD cupboards must comply with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended; which includes the requirement that cabinets are secured to a wall/floor and fixed with bolts that are not accessible from outside the cupboard (Ref: [PSN 055](#)).
- CD cupboards must conform to British Standard reference BS2881 and BS3621.
- The CD cupboard should be located in a locked clinic room.
- CD cupboards should only be used for the storage of CDs (i.e. those requiring safe custody under legislation and those requiring safe custody under local requirements) and no other medication or valuables should be stored in the cupboard.
- The storage environment should be suitable for the products stored:
 - There should be sufficient space for ease of product selection.
 - Unless refrigeration is required, the temperature should be maintained between 8°C and 25°C.
 - Where refrigeration is required, the CD must be stored in a locked fridge (agreed by Pharmacy), where the temperature is maintained between 2°C and 8°C and access is restricted as for other CDs.
 - There should be ongoing temperature monitoring in place to allow deviations to be detected and appropriately reported.
- Cupboards must be kept locked when not in use and CDs must always be locked away when not in use.
- The lock must not be common to any other lock across the PTHB estate.
- Access to the CD cupboard must only be available to persons who can lawfully be in possession of CDs i.e. the Nurse in Charge (or Designated Nurse), another Registered Nurse or Pharmacy Team
- Authorised Pharmacy Staff are permitted access for the purpose of stock management (e.g. balance checks, CD destruction, ensuring that the CD cupboard is only being used to store appropriate drugs)
- Low dose and high dose (30mg or greater) morphine / diamorphine injections must always be segregated with the CD cupboard.

- Appropriate PODs and discharge CDs should be kept in the CD cupboard prior to discharge or destruction. These medicines must be segregated from ward stock.
- Unwanted or expired CDs must be segregated from ward stock until collected or destroyed. NB: They must not be deducted from the stock balance in the CD register until they have been collected/destroyed.
- For the full list of medication requiring CD storage refer to PTHB [Medicines Policy](#)

7. Key Holding

- The Nurse in Charge is accountable for the CD keys.
- Multiple keys must not be available for controlled drugs cupboards. Spare keys must be kept in a separate agreed key safe or other location agreed with Pharmacy to which only those authorised to possess controlled drugs have access. There must be a clear audit trail of access to spare CD keys.
- The CD key must be kept separate ring from the other medicine cabinet keys if someone other than the nurse in charge will be holding the medicines cupboard keys.
- Key-holding may be delegated to a Designated Nurse or another Registered Nurse, but the legal responsibility rests with the Nurse in Charge. The key holder should be readily identifiable at all times.
- The CD key must be returned to the Nurse in Charge immediately after use by another authorised member of staff.
- For the purpose of stock management, the CD keys may be handed to authorised Pharmacy/ MM team Staff, who must return them immediately after use.
- **There must be a clear process at shift change to ensure handover of controlled drug keys.**

8. Missing CD Keys

- If the CD keys cannot be located an urgent effort must be made to retrieve them including contacting staff whose shift has finished if they may potentially hold the keys.
- The Controlled Drugs Accountable Officer (Powys.cdao@wales.nhs.uk), senior management and senior Nurse or Matron for the directorate on duty, including Silver on call if out of hours should be informed as soon as possible.
- Approval should be obtained to access the spare CD key for temporary use. Contact MM in hours and Silver on call out of hours to access spare keys
- Staff will be required to return CD keys to the ward/department if they have inadvertently taken them home.
- If a spare CD key is not available and CDs are required for patients then arrangements should be made with an adjacent ward where possible.(see Transfer of CDs SOP)
- Or urgent stock supplies may be obtained from NHH Pharmacy, or via prescription to community Pharmacy or Bronglais Hospital Pharmacy

- A DATIX and [CD Incident form](#) must be completed and learning shared to ensure that similar incidents are avoided in the future.

9. Temporary closure or transfer of wards

- The applicable Locality Manager is responsible for the overall management of the project when a ward is closed or transferred.
- The Nurse in charge of each ward affected is responsible for the security of their CD stock and the keeping of the required records.
- In the case of temporary closure of a ward, Pharmacy/Medicines Management must be contacted to agree a plan. Stock must not be transferred out of the ward/department without prior approval from the Chief Pharmacist.
- Refer to Transfer of CDs SOP for details on how to manage transfers within and across sites???? Is this only going to be named patient now?

10. References

[Medicines Policy](#)