

## Standard Operating Procedure for Medicines Storage Keys Management

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The latest approved version of this document is online.  
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board  
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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**Engagement & Consultation**

**Key Individuals/Groups Involved in Developing this Document**

<b>Role / Designation</b>
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**Circulated to the following for Consultation**

<b>Date</b>	<b>Role / Designation</b>
August 2024	Community services Pharmacy Team
September 2024	Area prescribing Group (APG)
August 2024	Senior Nurses, PTHB Wards
October 2024	Controlled Drugs Local Intelligence Group

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## **1. Introduction**

All cupboards, trolleys, closed storage units, automated dispensing systems, medicines storage rooms with doors, and medicines refrigerators must be lockable and should be locked at all times when not actively being used. Medicines storage cupboards (including CD cupboards) must have locks that comply with British Standard 3621.

## **2. Objective**

To provide the Standard Operating Procedure for the management of medicines storage keys (including CD storage), spare keys and to outline the action required for missing keys.

## **3. Definitions**

PTHB- Powys Teaching Health Board

CDs- Controlled Drugs

RODP- Registered Operating Department Practitioner

MMT- Medicines Management Team

## **4. Role / Responsibilities**

### **Head of Department**

The Registered Nurse, Midwife or RODP in charge is responsible for the Medicines Storage (including CDs) keys. Key holding may be delegated to other suitably trained, registered healthcare professionals, but the legal responsibility rests with the Registered Nurse, Midwife or RODP in charge.

### **Nursing staff/ RODPs/ Midwives**

To work to the principles set out in this SOP. Maintain security of any medicines storage keys in their possession. Follow correct handover procedures. Report any missing keys immediately to the responsible person(s)

### **Pharmacy Medicines Management Team**

To work to the principles of this SOP. To maintain security of any keys in their possession and ensure they are returned when not in use to the person responsible or delegated responsible for their management.

### **Estates Department**

Respond to any reports of missing keys requiring replacement and/ or medicines storage that needs forced entry in a timely manner. Assist in the replacement of locks where possible and the installation of new cupboards where necessary.

## **5. General Principles**

- Locks/ keys for metal cupboards, other than patients' bedside medication cabinets and within automated dispensing systems must comply with BS 3621.
- Medicines cupboards used to store stock medicines (other than controlled drug cupboards) in a clinical area, ward or department should have **locks that use identical keys** or the same type of keys. Multiple keys may be made available to reduce the time needed for authorised staff to unlock cupboards and administer medicines providing there is a robust audit trail for the storage and quantity of keys in place.
- The number of keys available for medication cupboards in clinical areas should be determined following risk assessment.
- Multiple keys should not be available for controlled drug cupboards.
- For Medicines storage cupboards the use of standard keypads, where the number is shared with a number of users, are not considered secure and are not recommended.

## 6. Processes

### Missing Keys

If Medicines storage keys go missing, this must be reported immediately to the Registered Nurse/Midwife/RODP in Charge, who must ensure that the following steps are taken as a matter of urgency:

- Ask all staff on duty to check if they have the keys on their person.
- Contact staff who have left the premises. If one of them has the key, they must return it immediately.
- Conduct a thorough search of the environment.
- If the keys remain missing (either assumed lost or with a member of staff unable to return it):

If medication is required the Estates department must be contacted to enter the cupboard – under supervision of a registrant authorised to access the cupboard.

If the keys still cannot be found then the ward manager must arrange for the locks on the drug cupboard to be changed urgently. Medicines must be moved to alternate secure storage whilst this process is being carried out.

### Missing CD cupboard keys-

Complete checks above as for missing medicines storage keys. If CDs are required the Estates department must be contacted to enter the cupboard – under supervision of a registrant authorised to access the cupboard. Carry out a full controlled drug stock check with two registrants. Any stock discrepancies must be reported and investigated immediately in line with health board policy. If the keys cannot be found, then the controlled drug cupboard area must be kept secured and the cupboard must not be left unsupervised. It may be necessary for controlled drugs to be temporarily transferred, following a stock check, by two authorised professionals, to another secure CD cupboard. The Estates Department and Pharmacy Team may need to be contacted for assistance.

Replacement locks for a controlled drugs cupboard must conform to BS3621. In some cases a new CD cupboard may be required, if locks cannot be retrofitted.

All Incident Reports involving a CD must be tagged as a CD Incident on the Datix Incident Reporting System to ensure that the report is automatically forwarded to the CDAO.

### **Handover Process**

Transfer of responsibility for Keys management should happen during ward handover or shift handover for departments. The current responsible person must identify the member of staff taking over that responsibility for the next shift and physically hand over the medicines keys to them. It is good practice to document this handover on the ward daily duties notes.

### **CD Keys**

The Registered Nurse, Midwife or RODP in charge is responsible for the CD keys. Key holding may be delegated to other suitably trained, registered healthcare professionals, but the legal responsibility rests with the Registered Nurse, Midwife or RODP in charge. The CD keys should be returned to the nurse, midwife or RODP in charge immediately after use by another registered member of staff.

Where key holding is delegated by the nurse, midwife or RODP in charge, a clear audit trail of the movement of the CD keys must be maintained.

The CD keys should be kept on a separate key ring from other keys and only given access to staff when access to CDs is required. This ensures that only staff that are authorized to access the CD cupboard have access to the keys.

For the purpose of stock checking, the CD keys may be handed to a registered member of pharmacy staff.

No more than one set of CD keys should be in use on the ward.

### **Spare Keys**

Each PTHB site that houses medication storage must have a system in place for the secure storage of spare keys and keys that are not in use (if the ward/ department is closed).

These keys may be securely stored in a stand- alone key cabinet or a reciprocal system for keys storage may be used. Reciprocal spare keys storage is the storage of one ward or departments keys in secure medicines storage (preferably CD cupboards) on another ward/ department onsite.

Medicines management team will hold a spreadsheet listing the location of all spare keys for each site. It is the ward/ departments responsibility to provide information to complete this list initially and to update the MMT of any changes by emailing [Info.MedicinesManagement.Powys@wales.nhs.uk](mailto:Info.MedicinesManagement.Powys@wales.nhs.uk) for general medicines storage and [Powys.CDAO@wales.nhs.uk](mailto:Powys.CDAO@wales.nhs.uk) for Controlled Drugs storage.

A spare set can be kept and arrangements for their secure storage must be in place e.g CD cupboard of another ward or department on site and is the responsibility of the ward or department manager in agreement with Pharmacy.

**Ward Closures**

For any ward or department that is closed either temporarily or permanently, the medicines cupboard keys must be stored securely with restricted access (once all medicines stocks, including CDs have been relocated if appropriate).

**Automated Medicines storage Systems (Omnicell units)**

All PTHB Omnicell units are routinely accessed via biometric scanning and/ or password. However, there are keys available for when manual access is required (during a power cut for example). Override keys for automated dispensing systems must be securely stored (as per spare keys process) and access restricted to specified individuals.

**7. Monitoring Compliance / Audit**

The secure storage of medication including keys management will be checked annually as part of the Medicines Management Teams PSN 55 (Safe and Secure Storage of Medicines) audit process.

**8. Review and Change Control**

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

**Summary of Changes**

N/A

**9. References / Bibliography**

[PtHB Medicines Policy MMP001](#)