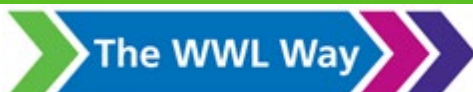


STANDARD OPERATING PROCEDURE:	STORAGE OF MEDICINES AT WARD AND DEPARTMENTAL LEVEL
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AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY

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1 INTRODUCTION.

- 1.1 This Standard Operating Procedure (SOP) should be used in conjunction with the overarching Medicines Management Policy.
- 1.2 This SOP details how medicines are to be stored at Ward and Department level.

2 STORAGE OF MEDICINES

2.1 Responsibility

The registered nurse, midwife or ODP-in-charge is responsible at all times for all medicine stored on the Ward/Department. The pharmacy department will advise on storage issues and may be required to implement new procedures, according to current legislation.

2.2 Custody and Safe Keeping of Medicine Keys

2.2.1 Keys should be kept on the person of the registered nurse, midwife or ODP-in-Charge. If the registered nurse, midwife or ODP-in-Charge decides to delegate this responsibility, they remain accountable.

2.2.2 The presence of all keys must be verified at the end of each shift and recorded on a handover log maintained by the ward/department manager see appendix 1.

2.3 Custody and Safe Keeping of Controlled Drugs keys

2.3.1 Must be kept separate from the medicine trolley/cupboard keys and must be held by the qualified practitioner in charge.

2.3.2 The presence of all keys must be verified at the end of each shift and recorded on a handover log maintained by the ward/department manager see appendix 1.

2.4 Loss of keys

2.4.1 The loss of any keys must be reported immediately to the relevant Ward/department Manager or Matron. The Ward Pharmacist or Divisional Principal Pharmacist must be informed as soon as practically possible.

2.4.2 Details of procedures to be followed if the Controlled Drugs keys are lost are detailed in the 'Dealing with Controlled Drugs Incidents SOP (TW10-037 SOP 14.)

2.4.3 Pharmacy does not hold duplicate keys for any ward storage cupboard. It is the responsibility of the reporter to ensure that a DatixWeb entry is completed of any loss of keys as soon as practical and to contact Estates to open the cupboard and replace the lock thereby ensuring that patients don't miss any doses of medication that are due and safe storage is maintained.

2.5 Ward and Department Storage Locations

2.5.1 Intravenous fluids and sterile topical fluids must ideally be kept in the original box in a designated secure clean area. Where it is necessary to decant them, each type of fluid must be stored in a distinct area and stock rotation carried out to prevent items expiring.

2.5.2 All other pharmaceuticals must be stored in locked cupboards which should comply with the current standard for medicines storage. (Professional guidance on the safe and secure handling of medicines, RPS 2018.

2.5.3 All cupboards containing medicines, lotions and reagents should be locked when not in use.

2.6 Controlled Drug Cupboard

2.6.1 This is reserved solely for the storage of controlled drugs, and those medicines treated as controlled drugs, in accordance with local procedures.

2.6.2 This cupboard should take the form of a locked cupboard within a locked cupboard or a double locked metal cupboard. Controlled Drugs cupboards must meet with the

requirements stipulated in the Misuse of Drugs (Safe Custody) Regulations 1973 as amended in Human Medicines Regulations 2012.

2.7 External Medicines Cupboard

External medicines, disinfectants and antiseptics should be kept in a secure location preferably a locked cupboard within a clinical room.

2.8 Refrigerator

2.8.1 Medicines requiring storage in the refrigerator will be marked 'Store in a refrigerator' or state the exact temperature range suitable for storage – food, pathological specimens or reagents must never be stored in the medicine refrigerator. The refrigerator must be kept locked when not in use.

2.8.2 Sip Feeds and other prescribable nutritional supplements must be kept in the ward kitchen fridge.

2.8.3 Fridge temperature must be checked and recorded on a daily basis. It should be reset each time that the temperature is recorded. If there is any query on temperature of the medicines, please contact the Pharmacy Department for further advice and guidance on whether the medicine is suitable for use.

2.9 Medicines Trolley

For storage of medicines in frequent use for the medicine round. The trolley must not be left unattended during the medicine round and when not in use should be locked and immobilised (usually chained to a wall) or locked in the clinical room. Medicines no longer in use should be returned to the medicines cupboard or to the Medicines Management Technician for recycling. The responsibility for date checking and cleaning the medicines trolley is the responsibility of ward staff.

2.10 Cardiac Arrest Medicines

2.10.1 For clinical emergencies wards and departments should keep a limited range of medicines for life threatening emergencies in a coloured bag within a resus trolley.

2.10.2 Areas that don't have resus trollies must have an emergency procedure in place to contact resuscitation teams or external ambulances as local policy dictates.

2.11 Patient Medication Lockers

Most wards have patient medication lockers. These should be used for the storage of patients' own drugs and medicines issued labelled for individual patient use only. Unlabelled stock or temporary stock items should not be stored in patient bedside lockers. It is the responsibility of the transferring nurse to ensure bedside lockers are checked when patients' are discharged/ transferred.

2.12 Containers

All medicines must be stored in their original containers. They should not be transferred from one container to another or left loose. Once a dose of any medicine has been removed from its original container it must never be returned. If the patient does not take/receive it, it must be discarded as per Trust Waste Management Policy (TW10-022.)

2.13 Controlled Drug Cupboards

Pharmacists/technicians will check stock levels and audit practice with respect to controlled drugs on a monthly basis. The ward pharmacist must complete the audit with a witness that should ideally be the nurse in charge of that area. Where this isn't possible the witness can be a nurse, medicines management technician or pre-registration pharmacist.

2.14 Receipt of medicines on wards/departments

2.14.1 Medication orders should be checked against delivery note on receipt on the ward/ department. Any noted discrepancies should be reported to pharmacy immediately.

2.14.2 All medicines should be securely stored on receipt on ward/department in the appropriate location by an authorised member of staff as soon as possible. This is particularly important for medicines which require being stored in a refrigerator or Controlled Drugs.

2.15 Sample Medicines, Dressings, Equipment, etc

These must not be accepted on the ward/department unless by prior arrangement with the relevant pharmacy, supplies or medical equipment department.

3 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

4 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio CD.

For more details, please contact the HR Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk.

Appendix 1:

Key exchange signature sheet

DATE	SHIFT/TIME	KEYS FROM	KEYS TO