
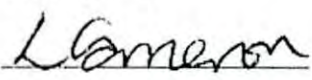
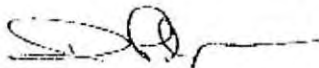


## NHS Grampian Storage Of Medicines Within Clinical Areas Policy

This policy aims to specify the storage requirements of medicines held within clinical areas and reduce the incidence of inadequately and inappropriately stored medicines within NHS Grampian.

<b>Co-ordinators:</b> Principal Pharmacist Supply	<b>Reviewer::</b> Medication Safety Advisor	<b>Approver:</b> Grampian Area Drugs and Therapeutics Committee (GADTC)
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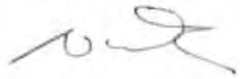
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<b>Identifier:</b> NHSG/Pol/StorageCA/ GADTC1400	<b>Review Date:</b> June 2026	<b>Date Approved:</b> June 2023
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**Version 2**

**Executive Sign-Off**

**This document has been endorsed by the Medical Director of NHS Grampian**

**Signature:** 

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**Unique Identifier:** NHSG/Pol/StorageCA/GADTC1400

**Replaces:** NHSG/Pol/StorageCA/GADTC1075, Version 1

Across NHS Boards	Organisation Wide	Directorate	Clinical Service	Sub Department Area

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**Departmental:** Heads of Service/Clinical Leads  
**Area:** Line Managers  
**Hospital/Interface services:** Assistant General Managers and Group Clinical Directors  
**Operational Management Unit:** Unit Operational Managers

**Policy statement:** It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols, procedures and pathways.

**Review:** This policy will be reviewed in three years or sooner if current treatment recommendations change

**This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.**

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		Minor grammatical changes	Throughout document
		Additional information on use of keypad locks	Page 5 Section 3.04 Locks on Medication Cupboards and Refrigerators
		Added guidance on use of HEPMA SV40 trolleys	Page 6 Section 3.06 General Storage Page 8 Section 3.09 Storage of Patients Own Drugs
		Clarity on Emergency medicines added	Page 6 Section 3.06 General Storage
		Added in section on medication missing from POD lockers	Page 10 3.16 Missing Medication
		Checklist updated to reflect changes/additions throughout main document	Page 12 Appendix 1 Checklist

\* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

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## Storage of Medicines within Clinical Areas Policy

### 1. Introduction

This policy aims to specify the storage requirements of medicines held within clinical areas and reduce the incidence of inadequately and inappropriately stored medicines within NHS Grampian. Medicines play an important part in successful disease management and as such thousands of medicines are required for use in clinical areas across NHS Grampian every day.

For the purpose of this policy clinical areas include in-patient wards and departments, out-patient departments, emergency departments, operating departments (including anaesthetic and recovery rooms), investigation suites and departments e.g. endoscopy suite, out of hours GP services and any area that stores medicines outside pharmacy for distribution/administration to patients e.g. areas that store medicines to issue to patients as part of pre-procedure preparations. For governance and financial purposes pharmacy must be aware and agree to all areas where medicines are stored.

Medicines and medicinal preparations come under the provisions of the Medicines Act (1968)<sup>1</sup> and the Human Medicines Regulations (2012).<sup>2</sup> They include medicines used in clinical trials, unlicensed medicines and medicated dressings.

In December 2013 the Scottish Government issued CEL 28 (2013)<sup>3</sup> concerning medicines storage on hospital in-patient wards. The scope of the guidance was to highlight relevant legislative standards, best practice and patient safety recommendations that apply to the safe and secure storage of medicines in hospital wards particularly around new hospital builds and refurbishment work.

In December 2018 the Royal Pharmaceutical Society updated its Professional Guidance on the Safe and Secure Handling of Medicines<sup>4</sup>, the guidance “considers the processes associated with the handling of medicines. These include obtaining medicines, their transport, receipt, manufacture or manipulation, storage, issuing of medicines, and their removal or disposal”.

NHS Grampian recognises the risk inadequately and inappropriately stored medicines, including accidental access and unauthorised intentional access, pose such as:

- Incorrect medicines selection (patient risk)
- Missed doses of medicines (patient risk)
- Over-ordering (financial risk)
- Waste (financial risk)
- Tampering with medicines (patient risk)
- Theft (financial risk)

This policy aims to reduce that risk by setting guidance for staff who are responsible for the safe storage of medicines in clinical areas.

This policy requires that all storage facilities must meet the minimum standard outlined in the British Standard 2881:1989, however, every opportunity should be taken to upgrade storage to meet the 2013 standards CEL 28 (2013)<sup>3</sup>

## 1.1 Objectives

- To ensure medicines are stored appropriately and under the correct conditions.
- To specify storage requirements for medicines in clinical areas.
- To detail staff responsibilities around storage of medicines in clinical areas.

## 1.2 Definitions

**Clinical area:** an area in which patient clinical care takes place or directly supports patient care.

**Medicines:** substances that are introduced into the body, or externally applied to the body, for the purpose of:

- Treating disease
- Preventing disease
- Diagnosing disease
- Ascertaining the existence, degree or extent of a physiological condition
- Contraception
- Inducing anaesthesia
- Otherwise preventing or interfering with the normal operation of a physiological function.

**POD:** Patient's Own Drugs

**POD Lockers:** Patient's Own Drug Lockers - medication cabinets beside the patients' beds.

**Appointed Registrant:** a healthcare professional registered with a professional body who has organisationally been made responsible for medicines ordering, storage and use in a clinical area. This is typically the Senior Charge Nurse of a clinical area.

**Assigned Registrant:** the registered healthcare professional on duty for the ward or department who has been identified as in charge for that shift. This is typically the nurse in charge of the shift and may be the appointed registrant.

## 1.3 Clinical Situations

This policy applies to all NHS Grampian Staff who have a responsibility for handling medicines as part of their role.

## 1.4 Areas/Medicines to Which This Document Applies

This applies to all NHS Grampian managed service clinical areas. But may be accepted as good practice for contracted services where medicines are stored. Clinical areas include but are not limited to:

- In-patient wards and departments (including day case units)
- Out-patient departments
- Emergency departments
- Operating departments (including anaesthetic and recovery rooms)
- Cardiac catheter laboratory suites
- Investigation suites and departments e.g. endoscopy suite
- Chemotherapy units
- Dialysis units
- Out of hours General Practitioner Services
- Any area that stores medicines outside pharmacy for distribution to patients e.g. areas that store medicines to issue to patients as part of pre-procedure preparations.

This policy applies to all medicines including topical medicines and intravenous fluids but excluding Controlled Drugs (CD) which are subject to more stringent storage arrangements (refer to current NHS Grampian CD policies).

## 1.5 Areas/Medicines to Which This Document Does Not Apply

Areas not included in this document:

- Pharmacy departments/dispensaries:
  - Pharmacy departments must be secured and access limited to designated personnel. Access will be under the control of a Senior Pharmacist for the department. Medicines storage will be managed through pharmacy procedures.

Medicines not included within this policy:

- Controlled Drugs - refer to the following policies:
  - NHS Grampian (2022) Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals<sup>5</sup>
  - NHS Grampian (2022) Controlled Drugs Supplementary Guidance for NHS Grampian Staff Working in Operating Theatres<sup>6</sup>
  - NHS Grampian (2017) Guidance for Hospital Pharmacy Staff in NHS Grampian on the Safe Destruction of Controlled Drugs<sup>7</sup>
- Medical Gases – refer to the following guidance
  - NHS Grampian (2019) Guidance On The Use Of Medical Gases In Cylinders<sup>8</sup>



## 2. Evidence Base

The Scottish Government CEL 28 (2013) Medicines Storage on Hospital In-patient Wards<sup>3</sup> outlines standards for the safe and secure storage of medicines during new build and refurbishment work and states that “well-designed storage can minimise overcrowding leading to reduced ordering and waste, incorrect medicine selection and missed doses of medicines”. The Royal Pharmaceutical Society has also produced Safe and Secure Handling of Medicines (2018)<sup>4</sup> to underpin good governance process in Great Britain.

## 3. Main Components and Recommendations

### 3.1 Roles and Responsibilities

- Director of Pharmacy is responsible for policies around safe storage of medicines in consultation with appropriate senior medical and nursing staff.
- The Appointed Registrant is responsible for implementing the policies within their ward or department.
- The Assigned Registrant is responsible for the safe custody of medicines on a day to day operational level.
- All staff with access to medication must ensure that all cupboards, fridges and rooms storing medication are locked at all times.
- All staff with access to medication must only do so for the purpose of treating NHS Grampian patients. It is not appropriate for staff to access or request medication from ward/department stock for their personal treatment.<sup>9</sup>
- Facilities and Estates (Maintenance and Project Teams) are responsible for ensuring that consultation with relevant pharmacy staff takes place when new build or refurbishment work is planned to ensure appropriate specifications are met e.g. cupboard size, lighting, etc.
- Facilities and Estates (Maintenance Teams) are responsible for the timely repair to broken cupboards/locks to avoid compromising the security of medicines and ensuring timely access to medicines for patients care.

### 3.2 Location of Medication Cupboards

The lead or nominated pharmacist/pharmacy technician and Chief Nurse must be involved at an early stage in any plans to upgrade or build new medication storage facilities in clinical areas and must approve final plans prior to placing orders for storage systems. Failure to do this may result in the provision of unsafe, inefficient and potentially illegal storage solutions, which may result in costly retro-fits.

For increased security, when siting medication cupboards it is important to consider that they should:

- be in a clean utility room with no free access by patients and wherever possible have an access control system. Where access control systems are in use (e.g. magnetic swipe access locks) these are not sufficiently secure to allow storage cupboards to be left open. In addition, swipe access controls must not be temporarily disabled by the use of magnets as this presents a security risk.

- be in a room that is lockable in areas which do not have a 24 hour presence in the room.
- not be visible from an outside window at ground level.
- be fixed to a wall. Cupboards should be fixed to solid walls but where this is not possible it should be ensured that access cannot be made through the back of the cupboard.
- have running water and a sink nearby.
- the height of the top shelf of the cupboard should be safely accessible by staff.

The room or space where medication is stored should be provided with internet and intranet access (physical or Wi-Fi) and power where activities may require this, for example, electronic recording of medication administration, access to electronic references on medication preparation, barcode scanning and electronic CD register entry.

### **3.3 Construction of Medication Cupboards**

All current medicines storage must be sound and secure meeting BS 2881<sup>3</sup> as a minimum (assistance should be sought from Pharmacy if required). Metal cupboards must be used for all new installations.

Trays, baskets and drawers are considered unsuitable for storing medication (except IV fluids and dressings) because they do not allow medication to be adequately segregated and clearly displayed and hence may increase the risk of incorrect medication selection.

It should be possible to adjust the position of shelves within medication cupboards to allow for the wide range of product sizes.

### **3.4 Locks on Medication Cupboards & Refrigerators**

All cupboards, closed storage units (i.e. with doors) and refrigerators in which medication is stored must be lockable and should be locked when not being accessed. Locks for metal cupboards (except POD lockers) must be robust and secure (complying with BS 3621<sup>3</sup> as a minimum).

All stock medication cupboards (except CD cupboards) on a single in-patient ward should have locks that use identical keys.

Electronic locking key systems are now commercially available and may be considered for medication cupboards. Such systems can be designed to allow keys to be allocated to each authorised person and hence allow access to medication cupboards to be monitored. Further advice should be sought regarding CD cupboards.

Use of standard keypads or other lock systems not compliant with BS3621 are not considered secure and must not be used for stock medication cupboards and trolleys.

Individual staff are responsible for ensuring secure areas that require swipe access to enter are secured on exit and no unauthorised personnel are admitted.

### **3.5 Keys**

Keys for the CD cupboard should be kept separately from all other keys, i.e. not on the same key ring.

Keys for all medication storage facilities must be in the possession of the Assigned Registrant who is responsible for the safe handover and return of keys to and from appropriate personnel who have a legitimate and professional requirement to access medication storage facilities within that clinical area. Examples of appropriate personnel include but are not limited to:

- Nursing colleagues
- Pharmacy staff
- Allied Health Professional colleagues (where medicines are administered as part of AHP led clinics)

Supervision must be given to student nurses when accessing medication storage facilities.

Keys can be stored in a locked key cabinet when not in use to which there must be restricted access.

Multiple key copies may be available, to reduce the time authorised staff need to find keys from colleagues and to unlock the cupboards. This is a decision for the appointed registrant who should risk assess and decide the numbers of key copies which should be available in each ward and should recognise that the more copies which are available, the greater the risk of loss. Where multiple key copies are in use the Assigned Registrant retains oversight of all the keys in use and remains the escalation route for any medicines storage concerns (e.g broken locks, suspected theft). An exemplar risk assessment is available in [Appendix 1](#).

If a storage facility for all medicine keys can be purchased which provides specific key rights for access via a password/number and provides an audit trail of access, this would be preferable. Not only would this deter theft due to the audit trail but also would provide a central key storage system enabling quick access without the need to search for a key held by staff.

A second set of keys should be kept in an appropriate secure location agreed with the Appointed Registrant's line manager according to local policy and agreed with pharmacy.

Areas which are not open 24 hours must have a local procedure for storing keys agreed with the Appointed Registrant's line manager following risk assessment.

Where clinical areas are not in use for a prolonged period, medicines must be removed from the cupboards and returned to Pharmacy. Keys for these cupboards must be retained securely for future use.

### 3.6 General Storage

Within each clinical area medication must be stored appropriately in any of the following lockable cupboards:

- CDs: Please refer to the controlled drug policies named above in [section 1.5](#) for further information.
- Internal medication cupboard.
- External medication cupboard.
- Refrigerator/freezer for medication.
- Medication trolley, immobilised when not in use.
- POD Lockers.

Separate storage should be provided as follows:

- Cupboards or segregated areas within cupboards for:
  - Discharge medicines
  - Over labelled stock
  - Patient's own medicine which is not in use or is for destruction.
- Areas for intravenous fluids and sterile topical fluids.
- Areas for flammable liquids and gases, if necessary.
- Cupboard for diagnostic reagents.

In specialist areas space requirements are likely to be significantly different from in-patient wards. Clear dialogue with NHS staff, including the local pharmacy team, is essential for specialised areas.

Where medication trolleys are used in clinical areas, anchor points (i.e. to secure the trolleys to the floor or wall) should be provided for these trolleys when not in use, or they should be secured in a locked room. Anchor points should be strong enough to resist the trolley being pulled off the wall/floor.

HEPMA SV40 trolleys should not be used to store medicines as the electronic devices on them are for multi purpose use e.g. may be used for purposes other than HEPMA. The NHS Grampian Procedure for Medicines Administration Rounds using Hospital Electronic Prescribing and Medicines Administration (HEPMA) System and Equipment in in-patient areas<sup>10</sup> describes how to use the HEPMA SV40 trolley for medicines administration rounds.

Registrants removing medicines from the cupboards must ensure the medicines are under their direct supervision until administered or returned to the storage cupboard.

For clinical emergencies, e.g. resuscitation, anaphylaxis, obstetrical emergency medication, all clinical departments shall have a source of urgent medicinal products.

Emergency medicines should be stored in container which is preferably tamper evident and the purpose of these medicines should be clearly marked on the outside of the container. They should be held at strategic and accessible sites, for example not locked away but out of sight of patients and visitors.

Some hospitals have 'emergency cupboards' that contain a limited supply of medication that may be accessed outwith normal pharmacy opening hours. Most of the smaller locations do not have these facilities. Please see local guidelines and protocols. When siting new emergency cupboards discuss suitable locations and security requirements with pharmacy.

All medication must be locked away at all times, with the exception of rescue medicines required for individual patient's, e.g. Glyceryl trinitrate (GTN) spray/tablets and inhalers, which may be kept in the patient's possession, though out of sight.

All medication must be kept in their original container. Medication must not be decanted or transferred from one container to another unless it is about to be administered immediately. Storing medicines as single foil strips of tablets or capsules, single vials, etc is not acceptable.

Sensitive medication (e.g. to light, temperature or humidity) must be stored according to the manufacturer's recommendation, further information on storage can be found on the products Summary of Product Characteristics (SPC) which are accessible online via the Electronic Medicines Compendium. Further advice is available from pharmacy.

### 3.7 Other considerations

**Temperature:** most medication requires storage below 25 degrees centigrade and medication storage areas must be mechanically temperature controlled to ensure this is provided. Medication storage must not be located near to sources of direct heat e.g. radiators. Pharmacy advice should be sought where medicines are being stored outwith the recommended storage temperatures.

**Lighting:** good lighting has been shown to reduce the incidence of errors when selecting and preparing medication. Appropriate switching should be provided to allow this to be operated "standalone" e.g. at night.

**Working space:** medication may be prepared in wards. Sufficient space to allow safe working is required especially for the safe preparation of injectable medication. Work surfaces must be easily cleaned and not cluttered. Nominally 2 metres of worktop is required for medication preparation for every 24-beds in a clinical area.

**Electronic medication storage and issuing systems:** automated electronic medication storage and issuing systems are now available for all types of medication, including CDs. Local discussions are essential regarding such requirements. Note: power and data connectivity will be required for these systems.

**Keep cupboards tidy:** all medicines storage cupboards should not be overstocked (staff should be able to clearly see the medicines within the cupboard) and only appropriate stock is held.

**Repairs/urgent access:** if the integrity of medication storage cupboards, rooms, refrigerators and locks become compromised through general wear and tear or an intentional security breach stock should be secured in an alternative cupboard wherever possible. The assigned registrant should contact estates as per local policy for calling out estates in and out of hours. This also applies where keys are missing and locks require replacing.

### 3.8 Medication Requiring Refrigerated Storage

Refer to the Policy for Handling Vaccines and Refrigerated Pharmaceutical Products for all staff working in NHS Grampian (2021).<sup>11</sup>

### 3.9 Storage of Patient's Own Drugs

Lockers for the storage of patients own drugs should be constructed in metal, secured to a wall and be lockable by key. If alternative locking systems are used (e.g. key pads) a risk assessment is required and the appointed registrant must ensure there is a written SOP in place for resetting the default code before initial use, regularly resetting the master code and resetting patient codes between patients. Master codes should be reset every 3 months as a minimum and must only be shared with registered staff on a need to know basis.

Patient's Own Drug Lockers can be used to store stock medication currently prescribed for that patient as well as patients own labelled medicines.

Discharge medicines which are labelled for the patient but not currently prescribed can be stored within the POD locker providing they are segregated in a green bag.

Where a self administration of medicines scheme is in place POD lockers must only be used to store currently prescribed labelled medicines.

There should be individual keys for each POD locker and master key for staff. Medicines for self administration should only be stored in the POD locker and patients should only be given keys to their POD locker as part of a formal self administration of medicines scheme under NHS Grampian policy.

POD lockers should not be used to store other patients/visitors medicines.

POD lockers may be permanently attached to a wall, or to a detachable wall plate to allow them to be transferred with patients. It is not deemed secure for POD lockers to be attached to bedside lockers, however, following local risk assessment, medication may be stored in locked bedside cabinets to facilitate access by patients who are part of a formal self administration of medicines scheme and unable to reach wall-mounted cabinets. **Note:** Care is needed if medication cabinets are integrated into bedside lockers to ensure transposition of lockers between patients doesn't occur.

### **3.10 Intravenous fluids**

Intravenous fluids must be stored in a secure area.

Trays, baskets or open shelving can be used for bulk storage of intravenous fluids within the secure area.

### **3.11 Medication Specific Requirements (epidurals, intrathecal, potassium, flammable medicines, intravenous fluids)**

Epidural and intrathecal infusions:

- Follow guidance detailed in the “Guidance on the Safe Handling of Intrathecal and Interventricular Injections” HDL (2006) 11<sup>12</sup>
- NHS Grampian Policy for the Safe Handling of Non-Cytotoxic Intrathecal and Intraventricular Injections Other Than Spinal Anaesthesia and Analgesia (2020)<sup>13</sup>

Areas authorised to stock potassium chloride 15% injection must ensure that all stock is stored in a CD cupboard and ordered from pharmacy using a CD order book.

Flammable medicines should be segregated into a lockable metal cupboard.

### **3.12 Areas not open all the time (e.g. day case units)**

Local Standard Operating Procedures should be developed for the safe storage of medicines cupboards keys out of hours based on a local risk assessment involving pharmacy.

### **3.13 Operating Theatres (including anaesthetic and recovery rooms) and Investigation Suites**

The specifications outlined already in this policy must be adhered to. When theatres/investigation suites are in operation and cases are running the following may be applied when immediate access to a variety of medicines is essential following local risk assessment as outlined in the Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain & Ireland Storage of Drugs in Anaesthetic Rooms (2016):<sup>14</sup>

- An unoccupied anaesthetic room remains clearly visible at all times to those in the operating theatre (e.g. through a window in the door).
- Anaesthetic room cupboards must be locked when the operating theatre is unoccupied and keys held by the Appointed Registrant.
- Central storage locations serving the entire theatre suite may be identified for rarely used emergency medicines.
- Access control systems for all routes are in place limiting access to only those with legitimate reasons for access.

When a theatre/investigation suite is not in use all storage cupboards must be locked with the keys held by the Appointed or Assigned Registrant. If there is no staff on

duty to hold the keys local Standard Operating Procedures should be developed for the safe storage of medicines cupboards keys out of hours based on a local risk assessment involving pharmacy.

### **3.14 Receipt of Medication**

3.14.1 When medication is delivered to the clinical area they should be checked as soon as possible by a registrant against the requisition and/or the delivery note and signed accordingly. Controlled Drugs and refrigerated medicines must be stored appropriately immediately. For other medication, if this is not immediately possible then the stock must be locked away until time allows for the check to take place. Any discrepancies should be raised with pharmacy as soon as they are identified. Signed delivery notes should be retained for a period of 3 months in line with Specialist Pharmacy Service guidance.<sup>15</sup>

Medication prescribed for patients to take home on discharge shall be stored securely immediately upon delivery to the clinical areas in a way that allows them to be easily identified and separated from the stock medicines until the patient is discharged.

### **3.15 Loss of Medication Cupboard Keys/Swipes**

A thorough search of the immediate environment and questioning of all staff on duty at the time of the loss of keys/swipe should be undertaken.

In some settings the Assigned Registrant may access a duplicate key/swipe as per local arrangements.

The loss of any medication cupboard keys/swipes should be immediately reported to the Appointed Registrant or, in their absence, the Appointed Registrant's line manager and the clinical pharmacist. A Datix report must also be submitted.

If lost keys/swipe have not been located the Appointed Registrant's line manager should be contacted to authorise fitment of replacement lock(s) and key(s). Estates should be contacted and asked to fit replacement locks as a priority.

### **3.16 Missing Medication**

If medication is missing within a clinical area, an immediate thorough check should be made, if the medication cannot be located the Appointed Registrant should undertake an investigation. Any emerging patterns should be escalated to the Appointed Registrant's line manager or an equivalent staff member who does not have access to the medication to investigate the matter further. This ensures that it has been reported to a senior member of staff who has no involvement with medication. Pharmacy should also be notified where medication is or suspected to be going missing.

The Appointed Registrant should work alongside pharmacy colleagues to identify medication usage trends. It may be appropriate to carry out audits on specific medications as a result of these trends.



If medication is missing from a POD locker staff should ascertain the location of the keys and if keys are missing any remaining medication in the POD locker must be removed and stored securely in another appropriate medication cupboard. If the POD locker had a keypad lock the keypad code must be changed immediately.

### **3.17 Illicit, or Possible Illicit or Unknown Substances**

Refer to NHS Grampian Procedure for Dealing with Suspicious Substances Found In The Possession Of Patients, Visitors Or In NHS Grampian Premises (2021).<sup>16</sup>

### **3.18 Audit**

[Appendix 2](#) is a checklist to enable staff to audit their own areas in relation to the principles stated in this policy. It is the responsibility of the Appointed Registrant to ensure ongoing compliance with the policy. The audit tool must be completed annually and more frequently in the event of an adverse event involving security of medication or a suspicion of diversion of medication.

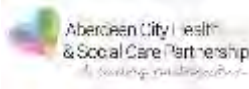
#### 4. References

- (1) **The Medicines Act** (1968) <https://www.legislation.gov.uk/ukpga/1968/67> [Accessed 17/04/23]
- (2) **The Human Medicines Regulations** (2012) <http://www.legislation.gov.uk/uksi/2012/1916/contents/made> [Accessed 17/04/23]
- (3) **The Scottish Government** CEL 28 (2013) [Medicines Storage on Hospital In-patient Wards](#) [Accessed 17/04/23]
- (4) **Royal Pharmaceutical Society and Royal College of Nursing** (2018) [Safe and Secure Handling of Medicines](#) [Accessed 17/04/23]
- (5) **NHS Grampian** (2022) [Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals](#) [Accessed 17/04/23]
- (6) **NHS Grampian** (2022) [Controlled Drugs Supplementary Guidance for NHS Grampian Staff Working in Operating Theatres](#) [Accessed 17/04/23]
- (7) **NHS Grampian** (2017) [Guidance for Hospital Pharmacy Staff in NHS Grampian on the Safe Destruction of Controlled Drugs](#) [Accessed 17/04/23]
- (8) **NHS Grampian** (2019) [Guidance On The Use Of Medical Gases In Cylinders](#)
- (9) **NHS Grampian** (2012) Letter sent to Healthcare Professionals – Inappropriate personal use of medication, D Pflieger (Director of Pharmacy) and Elinor Smith (Director of Nursing)
- (10) **NHS Grampian** (2023) [Procedure for Medicines Administration Rounds using Hospital Electronic Prescribing and Medicines Administration \(HEPMA\) System and Equipment in in-patient areas](#) [Accessed 05/07/23]
- (11) **NHS Grampian (2021)** [Policy for Handling Vaccines and Refrigerated Pharmaceutical Products for all staff working in NHS Grampian](#) [Accessed 17/04/23]
- (12) **The Scottish Executive HDL 11** (2006) [Guidance on the Safe Handling of Intrathecal and Interventricular Injections](#) [Accessed 17/04/23]
- (13) **NHS Grampian** (2020) [Policy for the Safe Handling of Non-Cytotoxic Intrathecal and Intraventricular Injection Other Than Spinal Anaesthesia and Analgesia](#) [Accessed 17/04/23]
- (14) **Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain & Ireland** (2016) [Storage of Drugs in Anaesthetic Rooms, guidance on best practice from the RCoA and AAGBI](#) [Accessed 17/04/19]
- (15) **Specialist Pharmacy Service** (2021) [Guidance on Retention and Secure Storage of Pharmacy Records \(England\)](#) [Accessed 17/04/23]
- (16) **NHS Grampian** (2021) [Procedure for Dealing with Suspicious Substances Found In The Possession Of Patients, Visitors Or In NHS Grampian Premises](#) [Accessed 17/04/23]

#### 5. Consultation Group

Gayle Anderson	Clinical Pharmacist
Lindsay Cameron	Medication Safety Advisor
Sue Danby	Nurse Manager
Frances Ferguson	Clinical Pharmacist
Fiona Robertson	Chief Nurse
Heather Smith	Principal Pharmacy Technician

# HEALTH AND SAFETY RISK ASSESSMENT



## 6. Appendix 1 Exemplar Risk Assessment Multiple Key Copies in Use

<b>Risk Assessment Title:</b> Drug Cupboard Keys							<b>Date of Risk Assessment:</b> 08/05/23					
							<b>Date of next Review:</b> 08/11/23					
<b>Department / Ward / Area controlling the activity:</b> Ward A				<b>Location of Activity:</b> Ward A								
<b>Responsible Manager Job Title:</b> Senior Charge Nurse				<b>Print Name and Sign:</b> A NURSE A Nurse <b>(Assessment Completed Actions Outstanding)</b>								
<b>Risk Assessor Job Title:</b> Senior Charge Nurse				<b>Print Name and Sign:</b> A NURSE A Nurse								
<b>Responsible Manager Job Title:</b>				<b>Print Name and Sign:</b> <b>(Assessment and All Actions Completed)</b>			<b>Date:</b>					
<b>Task / Activity/ies Being Risk Assessed:</b> Ward A is a 20 bedded general medical ward which is divided into three areas. Staff from all three areas require prompt access to medicines storage (cupboards, trolleys, Patient's Own Drug (POD) lockers, etc.) to ensure timely administration of medicines to patients. Cupboards are located in the clean utility room as are trolleys when not in use. POD lockers are situated at the patient's bed space.												
Hazard	Who Might be Harmed & How might they be harmed (type of injury / ill-health)	Existing Control Measures	Initial Risk			Additional Control Measures <i>(if action required add within the control measure)</i>	Residual Risk			Any Actions Required		
			Likelihood	Consequence	Risk Rating		Likelihood	Consequence	Risk Rating	Owner	Target Date	Completed Date and Initials
Read through the following and think what may or may not be relevant to your area. Remove anything that is not and add in any hazards which are relevant, ensuring that each hazard is individually numbered.	Consider all who may be affected directly by the hazards Make sure that you only have what is relevant for your area in here.	Existing control measures are stated in the present tense - what you are doing right now or what is in place right now.				If it has been determined that further controls are required, the <b>Principles of Prevention</b> should be applied when determining what those controls should be.						
<b>Examples could be:</b>	<b>Examples could be:</b>	<b>Examples could be:</b>				<b>Examples could be:</b>						

Likelihood: Rare (R); Unlikely (U); Possible (P); Likely (L), Almost Certain (AC) Consequence: Negligible (N); Minor (Mi); Moderate (Mo); Major (Ma), Extreme (E)

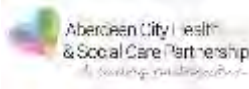
Risk Rating: Low (L); Medium (M); High (H); Very High (VH)

Residual Risk min review period – L (2 years), M (12 months), H (6 months), VH (1 month)

August 2021 Version

Use all the tables on the [NHS Scotland Risk Control Matrix](#)

# HEALTH AND SAFETY RISK ASSESSMENT



Hazard	Who Might be Harmed & How might they be harmed (type of injury / ill-health)	Existing Control Measures	Initial Risk			Additional Control Measures <i>(if action required add within the control measure)</i>	Residual Risk			Any Actions Required		
			Likelihood	Consequence	Risk Rating		Likelihood	Consequence	Risk Rating	Owner	Target Date	Completed Date and Initials
<p>Multiple (three) sets of drug keys are held by multiple members of staff each shift in ward A:</p> <ul style="list-style-type: none"> <li>Increased risk of drug keys going missing (including taking drug keys off site at end of shift).</li> <li>More opportunities for drug keys to be given to someone without legitimate reason to have them resulting in increased risk of medicines going missing/theft.</li> </ul>	<p><b>Patients/Visitors</b> May take medicines that are not intended for them resulting in harm from minor to major side effects.</p> <ul style="list-style-type: none"> <li>Major side effects may result in rapid deterioration in condition due to toxicity/contraindication (own condition or current medicines schedule) resulting in prolonged hospital stay (patients) or hospitalisation (visitors).</li> </ul> <p><b>Staff</b> Increased workload and stress due to:</p> <ul style="list-style-type: none"> <li>Spending more time looking for missing drug keys.</li> <li>Dealing with patients/visitors who have taken medicines not intended for them and/or responding to clinical condition/side effects as a result.</li> </ul>	<ul style="list-style-type: none"> <li>Storage of medicines policy in place and is adhered to.</li> <li>Number of sets of drug keys is limited to the number of teams in the ward (one set per team).</li> <li>Each nurse allocated drug keys at the start of each shift is responsible for those drug keys for the duration of the shift.</li> <li>As part of team handover at end of shift, drug keys are given to incoming nurse.</li> <li>All staff aware of the need to keep medicines storage (cupboards, trolleys, POD lockers) locked at all times and to ensure the clean utility room door is kept secure.</li> </ul>	P	Mi	M	<ul style="list-style-type: none"> <li>Process is implemented where Assigned Registrant is briefed at shift changeover as to who holds drug keys (recorded on safety brief that all sets of drug keys are accounted for).</li> <li>Process is implemented whereby drug keys not in use are given to Assigned Registrant and are secured in a key safe.</li> </ul>	P	Mi	M	A Nurse		

Likelihood: Rare (R); Unlikely (U); Possible (P); Likely (L), Almost Certain (AC) Consequence: Negligible (N); Minor (Mi); Moderate (Mo); Major (Ma), Extreme (E)

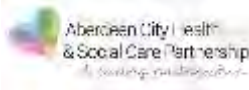
Risk Rating: Low (L); Medium (M); High (H); Very High (VH)

Residual Risk min review period – L (2 years), M (12 months), H (6 months), VH (1 month)

August 2021 Version

Use all the tables on the [NHS Scotland Risk Control Matrix](#)

# HEALTH AND SAFETY RISK ASSESSMENT



Hazard	Who Might be Harmed & How might they be harmed (type of injury / ill-health)	Existing Control Measures	Initial Risk			Additional Control Measures <i>(if action required add within the control measure)</i>	Residual Risk			Any Actions Required		
			Likelihood	Consequence	Risk Rating		Likelihood	Consequence	Risk Rating	Owner	Target Date	Completed Date and Initials
<ul style="list-style-type: none"> <li>More opportunities for patients/visitors to find missing/lost drug keys and have access to medicine storage (cupboards, trolleys, POD lockers).</li> <li>Potential for patients/visitors to access another patient's own drugs.</li> <li>Medicines storage issues are not escalated appropriately (e.g. broken locks).</li> <li>The Assigned Registrant is unable to maintain oversight of all drug keys in use.</li> </ul>	<ul style="list-style-type: none"> <li>Missing medication/theft.</li> <li>Potential need for Police involvement.</li> </ul> <p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Financial loss due to missing medicines/theft.</li> <li>Increased cost of replacement drug keys if/when broken locks are replaced.</li> <li>Reputational damage if reported in local media/news outlets.</li> </ul>	<ul style="list-style-type: none"> <li>A process is in place to ensure medicines storage problems are escalated to the Nurse in Charge (e.g. broken cupboards or locks).</li> <li>A process is in place to ensure in Nurse in Charge reallocates drug keys should a change in drug key holder be required during a shift (e.g. staff member goes home sick).</li> </ul>										

Likelihood: Rare (R); Unlikely (U); Possible (P); Likely (L), Almost Certain (AC) Consequence: Negligible (N); Minor (Mi); Moderate (Mo); Major (Ma), Extreme (E)

Risk Rating: Low (L); Medium (M); High (H); Very High (VH)

Residual Risk min review period – L (2 years), M (12 months), H (6 months), VH (1 month)

August 2021 Version

Use all the tables on the [NHS Scotland Risk Control Matrix](#)

## 7. Appendix 2 – NHS Grampian Storage of Medicines within Clinical Areas Checklist

**Please Note:** The Appointed Registrant must ensure this audit tool is completed annually and more frequently in the event of an adverse event involving security of medication or a suspicion of diversion of medication.

Location & Construction of Medicines Cupboards:	Yes	No	Comments/Action Plan
1. In a clean utility room with no free access by patients			
2. Have an access control system (where possible)			
3. In a room that is lockable in areas which do not have a 24 hour presence			
4. Not be visible from an outside window at ground level			
5. Fixed to a solid wall where possible. Where this is not possible it should be ensured that access cannot be made through the back of the cupboard			
6. Near to a sink with running water			
7. Safely accessible by staff; staff can easily and safely access the top shelf			
8. In a room or space where there is Internet and intranet access (physical or Wi-Fi)			
9. Be sound and secure meeting BS 2881 as a minimum (new installations should also use metal cupboards)			

<b>Locks on Stock Medication Cupboards &amp; Refrigerators:</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Action Plan</b>
1. All cupboards are lockable and locked when not being accessed			
2. Locks are robust and secure (complying with BS 3621 as a minimum)			
3. Should use identical keys for all stock medication cupboards on a single in-patient ward (excluding CDs and fridges)			
4. Where electronic locking systems are in use – access is restricted to appropriate personnel which is updated regularly and cupboard use is monitored regularly for unusual patterns			
5. Keypads that use shared PIN numbers are not used on stock cupboards.			
6. There is evidence that staff secure locked areas on exit (e.g. clean utility rooms are locked)			

Keys:	Yes	No	Comments/Action Plan
1. Keys for CD cupboards are kept separately from all other keys (i.e. not on the same key ring)			
2. Keys are the possession of the Assigned Registrant (the registered healthcare professional on duty for the ward or department who has been identified as in charge for that shift) or the Assigned Registrant has handed them over to a delegated professional with appropriate requirement to access medication storage <ul style="list-style-type: none"> <li data-bbox="225 725 667 837">• For electronic keys staff will keep their own key on their possession</li> </ul>			
3. Keys are only given to appropriate personnel who have legitimate and professional requirement to access medication storage (ask the Assigned Registrant)			
4. Supervision is given to student nurses when accessing medication storage facilities (ask staff)			
5. There is a key cabinet for keys to be locked in when not in use			
6. A risk assessment is in place if multiple key copies are in use			
7. A second set of keys are kept in an appropriate secure location			
8. A local procedure exists for the storage of keys in areas not open 24 hours			
9. Staff know the procedure for missing keys (ask Assigned Registrant)			



General storage:	Yes	No	Comments/Action Plan
1. All medication is locked away securely and kept in their original containers			
2. Controlled Drugs Cupboards are used to store only CDs (refer to CD Policy)			
3. Internal medication (the following are stored in separate cupboards and are clearly segregated) <ul style="list-style-type: none"> <li>• Oral liquids</li> <li>• Oral solids</li> <li>• Injectable medicines</li> <li>• Rectal medicines</li> </ul>			
4. External medication (the following are stored in separate cupboards and are clearly segregated) <ul style="list-style-type: none"> <li>• Topical medication</li> <li>• Dressings</li> </ul>			
5. Refrigerator/freezer (Refer to Policy for Handling Vaccines and Refrigerated Pharmaceutical Products for all Staff working in NHS Grampian) <ul style="list-style-type: none"> <li>• Used to store only medication that requires refrigeration/freezing</li> </ul>			
6. Medication trolley <ul style="list-style-type: none"> <li>• Medicine trolleys are lockable and secured at an anchor point or stored in a locked room</li> <li>• SV40 HEPMA trolleys are not used to store medicines</li> </ul>			
7. Discharge Medicines are in a separate cupboard or segregated within a cupboard			
8. Over Labelled Stock is in a separate cupboard or segregated within a cupboard			

9. IV fluids & sterile topical fluids are stored in a secure area separately from other medicines			
10. Flammable medicines are stored in lockable metal cupboards			
11. Diagnostic Reagents are stored in a cupboard separate from medication			
12. Medication for Clinical Emergencies <ul style="list-style-type: none"> <li>• In clearly marked containers</li> <li>• Held at strategic and accessible sites</li> </ul>			
13. Staff know the procedure for missing medication			

Other Considerations:	Yes	No	Comments/Action Plan
1. Temperature <ul style="list-style-type: none"> <li>• Storage facilities are below 25°C</li> <li>• Cupboards are not located near sources of direct heat (e.g. radiators)</li> </ul>			
2. Lighting <ul style="list-style-type: none"> <li>• Is of good quality to allow safe selection of medicines</li> </ul>			
3. Working Space <ul style="list-style-type: none"> <li>• Clean &amp; clutter free</li> <li>• Approximately 2 metres of space is available for every 24 bed area</li> </ul>			
4. Tidiness <ul style="list-style-type: none"> <li>• Cupboards are not overstocked</li> </ul>			
5. Repairs/urgent access <ul style="list-style-type: none"> <li>• Staff know the procedure for contacting estates in and out of hours to gain access or repair cupboards or locks that are damaged</li> </ul>			

Storage of Patient's Own Drugs:	Yes	No	Comments/Action Plan
1. POD lockers contain medicines labelled for the patient or unlabelled stock medicines currently prescribed (if a self administration scheme is in place then only labelled medicines should be stored)			
2. Discharge medicines labelled but not currently prescribed segregated in a green bag			
3. Individual keys are available for each POD locker			
4. Master key is available for staff			
5. Where keypads are in use <ul style="list-style-type: none"> <li>• A risk assessment has been undertaken</li> <li>• The default code has been changed on installation</li> <li>• The patient code is changed between patients</li> <li>• The master code is regularly updated (minimum 3 every months)</li> </ul>			

<b>Medications Specific Requirements:</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Action Plan</b>
<p>1. Epidural and intrathecal infusions – refer to and state if compliant if relevant:</p> <ul style="list-style-type: none"> <li>• HDL (2006) 11 “Guidance on the safe handling of intrathecal &amp; intraventricular injections”</li> <li>• CEL 21 (2009) “Safe Administration of Intrathecal Cytotoxic Chemotherapy”</li> <li>• CEL 30 (2012) “Cytotoxic Systemic Anti-Cancer Therapy (SACT)”</li> </ul>			
<p>2. Potassium Chloride 15% Injection</p> <ul style="list-style-type: none"> <li>• No stock is held unless authorised by Pharmacy</li> <li>• Ordered using a CD order book</li> <li>• Stored in the CD cupboard only</li> </ul>			

<b>Receipt of Medicines:</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Action Plan</b>
<p>1. Process in place for checking against prescription/requisition and immediate storage on delivery</p>			