

Controlled Drugs – Ward Closures in Acute and Community Hospitals	
Standard Operating Procedure (SOP)	
Ref No: 2148 Version: 1	
Prepared by: Clinical Governance Pharmacist & Medication Safety Officer	
Presented to: Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director	Date: 19 April 2017 20 April 2017 3 May 2017 3 May 2017
Ratified by: Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director	Date: 19 April 2017 20 April 2017 3 May 2017 3 May 2017
	Review date: 5 May 2020
Relating to policies:	

Purpose of this Procedure

To ensure that controlled drugs (CD) are held securely in wards and departments, and to ensure the safe and effective implementation of the Trust Medicines Policy for Controlled Drugs (Ref 1763); to define the procedure to be followed when wards are closed on a temporary or permanent basis.

Responsibilities

The ward/department manager has responsibility for ensuring the safe and appropriate management of CDs in their area. The manager is responsible for ensuring that all staff are aware of, and understand, this procedure. The ward/department manager is responsible for informing Pharmacy about any impending ward/department closure.

All staff authorised to access CD stocks, and to administer or check CDs have responsibility to follow this procedure.

The registered nurse, midwife or Operating Department Practitioner (ODP) in charge of a ward or department at a particular time is responsible for the safe and appropriate management of CDs in that area. While control of access (i.e. key-holding) to the CD cupboard can be delegated to another, such as a registered nurse or ODP, responsibility remains with the registered nurse, midwife or ODP in charge.

Notification

The ward/department manager must notify Pharmacy as soon as they are aware of a temporary or permanent closure to facilitate the safe removal of CDs.

Ward Closures

Permanent Ward Closure or Re-Designation

If a ward is to close or be re-designated on a permanent basis such that ward stocks of CDs are no longer required, a pharmacist or pharmacy technician must remove stocks from the ward and return them to the pharmacy. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

The pharmacist or pharmacy technician will go to the ward with an appropriate number of Envopak containers and uniquely numbered seals, and will undertake a full stock check with the registered nurse, midwife or ODP in charge.

If stock levels are correct, a suitable entry will be made on the next available line on the relevant page of the Ward CD Record Book to confirm the stock level and to state 'stock returned to Pharmacy'. Each entry for each drug will be dated and countersigned by both members of staff, and will also include the serial number of the seal used to secure the Envopak used for storage.

The Ward CD Record Book will also be secured in the Envopak with the CDs.

When the stock check is complete, the pharmacist or pharmacy technician will arrange for the Envopak(s) to be returned to the Pharmacy department. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

If suitable for re-use the CDs must be "returned" on the pharmacy computer system and placed within pharmacy stock. If the drugs are unlikely to be used before their expiry date they must be written off as expired stock and not credited to the ward. CDs must be returned by the pharmacist or pharmacy technician to pharmacy if they are unsuitable for re-use following the relevant procedure.

Temporary Ward Closure

In the case of a temporary closure, stocks will be returned to, and retained in, the Pharmacy department. The pharmacist or pharmacy technician will go to the ward with an appropriate number of Envopak containers and uniquely numbered seals, and will undertake a full stock check with the registered nurse, midwife or ODP in charge. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

If stock levels are correct, a suitable entry will be made on the next available line on the relevant page of the Ward CD Record Book to confirm the stock level and to state 'stock returned to Pharmacy'. Each entry for each drug will be dated and countersigned by both members of staff, and will also include the serial number of the seal used to secure the Envopak used for storage.

The Ward CD Record Book will also be secured in the Envopak with the CDs.

When the stock check is complete, the pharmacist or pharmacy technician will arrange for the Envopak(s) to be held securely in the Pharmacy department until such time as the stocks are required again.

When the ward reopens the pharmacist or pharmacy technician must deliver the medicines to the ward in the original secured Envopak(s), which must be opened in the presence of the registered nurse, midwife or ODP in charge. After checking the serial number(s) of the broken

seals against the entries made in the CD Record Book, the quantities of each drug will be compared against the quantities last recorded. If correct, a suitable entry will be made on the next available line to confirm the stock level and to state 'stock returned to re-opened ward'. Each entry for each drug will be dated and countersigned by both members of staff.

Ward Relocation

For relocation of a ward, the pharmacist or pharmacy technician and the registered nurse, midwife or ODP in charge may choose to remove the stock themselves from one CD cupboard, check the stock and move to the new CD cupboard. Alternatively, if there is likely to be a delay in the move, or there is a possibility that security could be compromised e.g. by the presence of contractors, stock must be removed from the ward CD cupboard and returned to the pharmacy for secure storage, following the procedure above. The items may then be returned to the relocated ward when the move is complete, and security is ensured.

References

- Misuse of Drugs Act (1971)
- Medicines Act (1968)
- Misuse of Drugs Regulation (2001)
- Safer Management of Controlled Drugs: A guide to Good Practice in Secondary Care (England). October 2007

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	5 May 2017	New	Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director
1		2 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

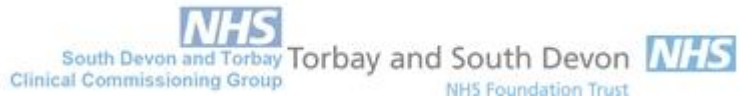
“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.



Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy