CONTROLLED DRUGS (CD) POLICY

Version: 3

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## CONTENTS

<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>1</td>
</tr>
<tr>
<td>Scope</td>
<td>1</td>
</tr>
<tr>
<td>Duties</td>
<td>1</td>
</tr>
<tr>
<td>4.1 Accountable Officer</td>
<td>1</td>
</tr>
<tr>
<td>4.2 Divisions</td>
<td>2</td>
</tr>
<tr>
<td>4.3 Ward / Department Managers</td>
<td>2</td>
</tr>
<tr>
<td>4.4 Nurse / Midwife / ODP</td>
<td>3</td>
</tr>
<tr>
<td>4.5 Pharmacy Staff</td>
<td>3</td>
</tr>
<tr>
<td>4.6 Prescribers</td>
<td>3</td>
</tr>
<tr>
<td>Definitions</td>
<td>3</td>
</tr>
<tr>
<td>5.1 Accountable Officer</td>
<td>3</td>
</tr>
<tr>
<td>5.2 Controlled Drugs</td>
<td>4</td>
</tr>
<tr>
<td>5.3 CD Stationery</td>
<td>4</td>
</tr>
<tr>
<td>5.3.1 CD record book</td>
<td>4</td>
</tr>
<tr>
<td>5.3.2 CD order book</td>
<td>4</td>
</tr>
<tr>
<td>5.3.3 CD return book</td>
<td>4</td>
</tr>
<tr>
<td>5.4 Discrepancy</td>
<td>4</td>
</tr>
<tr>
<td>5.5 High-strength opiates</td>
<td>4</td>
</tr>
<tr>
<td>5.6 Intelligence networks</td>
<td>4</td>
</tr>
<tr>
<td>5.7 Requisition</td>
<td>4</td>
</tr>
<tr>
<td>Prescribing Controlled Drugs</td>
<td>5</td>
</tr>
<tr>
<td>6.1 Inpatients</td>
<td>5</td>
</tr>
<tr>
<td>6.2 Outpatient and discharge prescriptions</td>
<td>5</td>
</tr>
<tr>
<td>6.3 Private prescriptions</td>
<td>6</td>
</tr>
<tr>
<td>6.4 Prescribing for drug dependent patients</td>
<td>6</td>
</tr>
<tr>
<td>6.4.1 Diamorphine, dipipanone or cocaine</td>
<td>6</td>
</tr>
<tr>
<td>6.4.2 All prescriptions for drug dependent patients</td>
<td>7</td>
</tr>
<tr>
<td>6.5 Non-medical prescribers</td>
<td>7</td>
</tr>
<tr>
<td>6.6 Midwives</td>
<td>7</td>
</tr>
<tr>
<td>Requisitioning of Controlled Drugs for Ward / Department Stock</td>
<td>7</td>
</tr>
<tr>
<td>7.1 General</td>
<td>7</td>
</tr>
<tr>
<td>7.2 Requisitioning drugs for inpatient use</td>
<td>8</td>
</tr>
<tr>
<td>7.3 Pharmacy led ordering of CDs for wards / departments</td>
<td>9</td>
</tr>
<tr>
<td>7.4 Obtaining CDs out of hours</td>
<td>9</td>
</tr>
<tr>
<td>7.5 Obtaining patient controlled analgesia (PCAs)</td>
<td>9</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Dispensing of Controlled Drugs</td>
</tr>
<tr>
<td>9</td>
<td>Collection, transport and delivery of CDs</td>
</tr>
<tr>
<td>9.1</td>
<td>Delivery by pharmacy staff or pharmacy porter</td>
</tr>
<tr>
<td>9.2</td>
<td>Collection directly from pharmacy</td>
</tr>
<tr>
<td>10</td>
<td>Receipt of Controlled Drugs</td>
</tr>
<tr>
<td>10.1</td>
<td>Ward stocks</td>
</tr>
<tr>
<td>10.2</td>
<td>TTHs (‘To Take Home prescriptions’ i.e. Discharge Prescriptions)</td>
</tr>
<tr>
<td>11</td>
<td>Storage and Secure Handling of Controlled Drugs</td>
</tr>
<tr>
<td>11.1</td>
<td>CD cupboards</td>
</tr>
<tr>
<td>11.2</td>
<td>CD keys, key holding and access to CDs</td>
</tr>
<tr>
<td>11.3</td>
<td>Missing CD keys</td>
</tr>
<tr>
<td>11.4</td>
<td>Controlled Drug Order, Record and Return Books</td>
</tr>
<tr>
<td>11.5</td>
<td>Missing CD stationery</td>
</tr>
<tr>
<td>11.6</td>
<td>Patient’s Own CDs</td>
</tr>
<tr>
<td>11.7</td>
<td>CDs belonging to parents of a child who is a patient</td>
</tr>
<tr>
<td>11.8</td>
<td>High-strength opiates (as defined in section 5.5)</td>
</tr>
<tr>
<td>11.9</td>
<td>High-strength midazolam</td>
</tr>
<tr>
<td>11.10</td>
<td>Ordering of test standards</td>
</tr>
<tr>
<td>12</td>
<td>Administration of Controlled Drugs</td>
</tr>
<tr>
<td>13</td>
<td>Disposal of Controlled Drugs</td>
</tr>
<tr>
<td>13.1</td>
<td>Disposal of CDs not administered</td>
</tr>
<tr>
<td>13.2</td>
<td>Disposal of CDs no longer required</td>
</tr>
<tr>
<td>13.3</td>
<td>Disposal of CDs in pharmacy</td>
</tr>
<tr>
<td>14</td>
<td>Record Keeping Requirements</td>
</tr>
<tr>
<td>14.1</td>
<td>CD Stationery</td>
</tr>
<tr>
<td>14.2</td>
<td>CD Record Books</td>
</tr>
<tr>
<td>14.3</td>
<td>CD order books</td>
</tr>
<tr>
<td>14.4</td>
<td>CD returns books</td>
</tr>
<tr>
<td>14.5</td>
<td>Stock Balance Checks</td>
</tr>
<tr>
<td>14.5.1</td>
<td>Ward / department stock checks</td>
</tr>
<tr>
<td>14.5.2</td>
<td>Pharmacy stock checks</td>
</tr>
<tr>
<td>15</td>
<td>Suspected Discrepancies and Incident Reporting</td>
</tr>
<tr>
<td>15.1</td>
<td>Reporting discrepancies</td>
</tr>
<tr>
<td>15.2</td>
<td>Small discrepancies in liquid formulations</td>
</tr>
<tr>
<td>15.3</td>
<td>Investigation of discrepancies</td>
</tr>
<tr>
<td>16</td>
<td>Closure / opening of a ward / department</td>
</tr>
<tr>
<td>16.1</td>
<td>Permanent ward / department closure</td>
</tr>
<tr>
<td>16.2</td>
<td>Temporary ward / department closure</td>
</tr>
<tr>
<td>16.3</td>
<td>Temporary ward moves</td>
</tr>
<tr>
<td>16.4</td>
<td>Opening a new ward / department .................................................................21</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>17</td>
<td>Unidentified/illicit substances ........................................................................21</td>
</tr>
<tr>
<td>18</td>
<td>References ..................................................................................................22</td>
</tr>
</tbody>
</table>

**Appendices**

Appendix 1   Controlled Drugs at WUTH ........................................................................23
Appendix 2   Signature List of Nurses / Midwives / Operating Department Practitioners Authorised to Order Controlled Drugs for a Ward/Department ...............................................................24
Appendix 3   Signed order request for CD stationery for a new ward / department ........26
1 Introduction

This policy forms part of the Trust's overall medicines management policy.

Controlled drugs (CDs) have always been subject to strict legislative controls which have been increased even further following the Shipman enquiry. In accordance with the Government’s response to the Shipman enquiry, NHS bodies must have arrangements in place for the management of CDs by all healthcare professionals who they employ or with whom they contract.

NHS bodies are required to appoint an Accountable Officer to monitor the use of CDs within their organisation and take appropriate action where necessary.

2 Purpose

The purpose of the policy is to provide guidance to all Trust staff on the procedures relating to the safe and secure handling and storage of CDs to ensure that:

- Staff are clear on the standards that are expected of them in relation to the handling and storage of CDs and CD keys
- Patients, staff and visitors are not put at risk as a result of the incorrect handling of CDs
- All legislation and guidance is adhered to with respect to CDs
- Risks associated with the incorrect handling and storage of CDs are reduced to a minimum

3 Scope

This policy applies to all Doctors, Dentists, Registered Nurses, Midwives, Pharmacists, Operating Department Practitioners (ODPs), Radiographers (and any other professional groups that the legislation permits to prescribe, administer or supply CDs) employed within the Trust where the Trust supports their role.

4 Duties

4.1 Accountable Officer

The Chief Executive Officer of Wirral University Teaching Hospital (WUTH) has nominated the Director of Medicines Management, Clinical Director Pharmacy Services to be the Accountable Officer for WUTH.

The Accountable Officer is registered with the Care Quality Commission.

The Accountable Officer is not routinely involved in the supply / administration or disposal of CDs as part of his or her duties.
The regulatory requirements for Accountable Officers are set out in full in the Controlled Drugs (Supervision of Management and Use) Regulations 2006; (SI2006 No.3148). Their responsibilities include:

- Ensuring that appropriate systems for the safe management of CDs are in place and reviewed periodically.
- Ensuring that arrangements are in place for routinely monitoring the safe use and management of CDs in their Trust.
- Ensuring that adequate destruction and disposal arrangements are in place.
- Ensuring that arrangements are in place for responding to untoward incidents involving the management or use of CDs.
- Ensuring that individuals involved in prescribing, supplying or administering CDs receive appropriate training.
- Establishing arrangements for sharing information by participating in intelligence networks.

The Accountable Officer is responsible for producing an annual report on the management of CDs across the Trust. This is to assure the Trust that adequate measures are in place for the safe management of CDs.

4.2 Divisions

It is the responsibility of Divisions to ensure that all staff are trained to carry out the tasks required of them for prescribing, dispensing, administering and managing CDs in line with this policy.

4.3 Ward / Department Managers

The ward / department managers are responsible for ensuring that:

- All CDs and CD stationery are stored, administered, recorded and handled in accordance with Trust policy
- All staff involved in CDs have been trained on CD handling and storage
- Pharmacy have an up-to-date list of signatures of members of ward / department staff authorised to order CDs
- Action is taken in response to deficiencies reported following audit reviews / incidents / areas of concern expressed by their own staff, the directorate matron or the pharmacy department
- Any incidents or near misses are reported using the Trust incident reporting system

The registered nurse / midwife / ODP in charge of a ward / department can delegate control of access (i.e. key holding) to the CD cupboard (i.e. key holding) to another, such as a registered nurse / midwife / ODP, however legal responsibility remains with the registered nurse / midwife / ODP in charge.
4.4 Nurse / Midwife / ODP

Registered nurses / midwives / ODPs have a responsibility to:

- Adhere to (and keep up-to-date with) this policy and the Trust Medicines Management Policy – General (045)
- Support the ward / department manager in maintaining security of CDs, CD stationery and CD keys
- Report all incidents involving CDs, CD stationery or CD keys in accordance with this policy

4.5 Pharmacy Staff

Pharmacy staff are responsible for:

- Providing information and advice to Trust personnel on the handling and storage of CDs used within the Trust
- Assisting where appropriate in formulating local procedures at ward / department and divisional level
- Undertaking checks on wards / departments and audits on the safe handling of CDs every 3 months, or more frequently when requested by the Accountable Officer
- Ensuring that laws relating to the safe and secure handling and storage of CDs, CD stationery and CD keys are complied with
- Removing unwanted CDs from wards / departments
- Assisting with training of Trust personnel
- Reporting all incidents involving CDs, CD stationery or CD keys in accordance with this policy

4.6 Prescribers

Prescribers have a responsibility to follow this policy to ensure compliance with the law.

It is illegal for a prescriber to issue, and for a pharmacist to dispense, an incomplete or incorrectly written CD prescription. Prescribers must supply a copy of their signature to pharmacy. Any prescriptions written by a prescriber who pharmacy have no copy of a signature for will not be dispensed.

Prescribers are not allowed to prescribe or administer CDs for themselves, family or friends.

For information on non-medical prescribers see Trust Non-Medical Prescribing Policy (045a).

5 Definitions

5.1 Accountable Officer

The person designated as being responsible for all aspects of the safe and secure management of CDs within an organisation. The appointment is required by the Controlled Drugs (Supervision and Management of Use) Regulations 2006.
5.2 Controlled Drugs

The drugs listed in schedules 1-5 of the Misuse of Drugs Regulations 2001 (as amended). Different schedules are subject to differing levels of control (see Appendix 1 for full details).

WUTH, however, has extended the term ‘CD’ to include other substances that are open to abuse, are high-risk medicines or ‘controlled’ for other reasons. These substances include mifepristone, heparin (5000 units/ml), tramadol injection and strong potassium chloride injection / solutions.

Appendix 1 contains full details about the requirements for schedule 2 and 3 CDs and other medicines classed as CDs by WUTH.

5.3 CD Stationery

5.3.1 CD record book
A bound book in which records are made of CDs received and administered in wards / departments. Each ward should have a CD record book used to record inpatient stock and a separate CD record book used to record ‘Patient’s own CDs’. Theatres should have a specific Theatre CD record book.

5.3.2 CD order book
A bound book in which each page has a serial number and a duplicate copy with which wards / departments can request CDs from pharmacy. Each ward / department should only have one CD order book in use at anytime.

5.3.3 CD return book
A bound duplicate book in which records are made of CDs removed from the ward / department and returned either into pharmacy stock or to pharmacy for destruction. Each ward / department should only have one CD return book in use at anytime.

5.4 Discrepancy
Difference between the amount shown in the record as being present (e.g. the CD record book or on a TTH dispensed by Pharmacy) and the amount that is physically present.

5.5 High-strength opiates
Diamorphine, morphine or oxycodone injections at strengths of 30mg or more (as defined by the National Patient Safety Agency). WUTH also treats alfentanil injection 5mg/mL as a high-strength opiate.

5.6 Intelligence networks
A network established by the Accountable Officer of a Primary Care Trust for sharing information regarding the management and use of CDs and which WUTH Accountable Officer will feed into.

5.7 Requisition
A requisition for CDs is a formal, written request for a supply of a CD for use in a ward / department. The requisition must be signed by an authorised signatory. Requisitions are usually made using ‘Controlled Drug order books’.
6 Prescribing Controlled Drugs

CDs must be prescribed in accordance with the Trust Medicines Management Policy – General (045), British National Formulary (current edition) and Misuse of Drugs Regulations 2001.

Prescribers (including doctors, dentists and Trust approved non-medical prescribers working within their approved formulary) must ensure that:

- any CDs they prescribe are appropriate for the patient
- they avoid creating dependence in the patient
- they do not inadvertently supply drug misusers.

6.1 Inpatients

CD prescription orders for inpatients must comply with general trust prescribing requirements for all types of inpatient drug charts but are not subject to the prescription requirements that apply to CD outpatient and discharge prescriptions.

Electronic prescribing of CDs for inpatients follows the same process as that for other medicines. Particular care must be taken when selecting these medicines from the electronic list due to the variations in presentation and the implication in relation to their bioavailability / release characteristics.

6.2 Outpatient and discharge prescriptions

Prescriptions must be written so as to be indelible. All CD prescriptions require the prescriber’s signature to be written in their own handwriting. Although prescriptions for CDs may now legally be computer generated PCIS cannot currently meet all the requirements.

For WUTH patients, discharge prescriptions must be completed on PCIS and a handwritten section completed on paperwork which prints out. WUTH outpatient prescriptions must be written on approved outpatient prescription forms. CD prescriptions from external organisations must be written on the approved forms for that organisation.

Prescriptions for outpatients and discharge prescriptions must contain all the required information in accordance with the Misuse of Drugs Regulations (as specified in the current BNF). The following information must be on a prescription:

- Patient name and address and hospital number
- Name of the drug
- Form of the drug (e.g. tablets, capsules, MR capsules, liquid, injection). This is required even if only one form exists
- Strength of the preparation (e.g. 10mg, 10mg in 5mL)
- Dosing instructions of ‘as directed’ or ‘when required’ are not acceptable. A specific dose must be specified e.g. 10mL when required
- Total quantity (in words and figures) of the preparation OR the number (in words and figures) of dosage units to be supplied
- Signature of prescriber (must be in their own handwriting)
- Prescriber’s name and bleep number (without this delay in dispensing the prescription may occur). NB this is a trust specific requirement
- Date
NB Ketamine, temazepam, tramadol injection, heparin 5000 units/ml and concentrated potassium are exempt from handwriting requirements.

Once a CD has been prescribed on PCIS the prescriber **must** locate the printout of the prescription, check it, complete all the necessary details and sign it.

Prescriptions for CDs are valid for 28 days from either the date of prescribing or a ‘valid from’ date specified by the prescriber on the prescription.

The quantity ordered should not normally exceed 2 weeks for discharge prescriptions and 30 days for outpatients, unless in exceptional circumstances. If a longer period is required the prescriber **must** record the reason on the prescription and in the patient’s medical notes.

Pharmacists are permitted to supply CDs against a prescription for Schedule 2 or 3 CDs where there are minor technical errors as long as the intention is clear. These errors could include minor typographical errors, spelling mistakes or where the number of dosage units is specified in either words OR figures but not both. The pharmacist will need to amend the prescription in ink or otherwise indelibly and initial the prescription so that the amendment is attributable to them. The pharmacist cannot make amendments to the form of the drug.

Specimen signatures of prescribers must be provided to pharmacy so they can cross check validity of prescribers. Signatures will be checked for all prescriptions and therefore delays will occur if:
- a specimen signature has not been supplied
- the prescribers name is not printed on the prescription

Medical doctors who have not achieved full registration with the GMC are permitted to prescribe CDs (and other prescription only medicines) for inpatient use (and hence discharge prescriptions) so far as this is necessary for the purposes of his / her employment as defined in the Medical Act 1983. They are, however, not allowed to prescribe for outpatients.

Further guidance is available from the GMC at:

http://www.gmc-uk.org/education

6.3 Private prescriptions

WUTH does **not** dispense private prescriptions for CDs.

6.4 Prescribing for drug dependent patients

6.4.1 Diamorphine, dipipanone or cocaine

The Misuse of Drugs (Supply to Addicts) Regulation 1997 requires that only medical practitioners who hold a special licence issued by the Home Secretary may prescribe, administer or supply diamorphine, dipipanone or cocaine in the treatment of drug addiction. Doctors do not require a special licence for prescribing diamorphine, dipipanone or cocaine for patients (including addicts) for relieving pain from organic disease or injury.
If a patient is admitted to hospital and is usually prescribed diamorphine, dipipanone or cocaine for drug addiction in order for a hospital prescriber to continue this supply, a letter of authority is required from the medical practitioner who holds the special licence, that is the usual prescriber for the patient. This letter of authority must be filed in the patient’s medical notes as a record and a photocopy kept in pharmacy.

### 6.4.2 All prescriptions for drug dependent patients

If a patient is admitted to hospital taking a drug for the treatment of drug dependency (e.g. methadone or buprenorphine) the local Drug Dependency Unit and the pharmacy who normally supplies the patient (if applicable) must be informed of the patient’s admission to hospital and the following information obtained from an independent source (i.e. not the patient) and documented in the patient’s medical notes:

- Name of drug service or community pharmacy and person with whom the dose was confirmed.
- Dose, formulation and frequency of drug to which patient is dependent upon.
- Other medication prescribed by drug service.
- Collection days.
- Date last collected and quantity.
- Other relevant information (e.g. supervised administration).

If unable to confirm the above information then the doctor should prescribe according to the Trust methadone pathway. If further advice is required (e.g. the drug is something other than methadone), contact pharmacy.

The discharge process must be planned accordingly to ensure that supply is re-instated appropriately.

### 6.5 Non-medical prescribers

Non-medical prescribers may only prescribe CDs in accordance with Non-medical prescribing policy 045a.

### 6.6 Midwives

Midwives can possess, supply and administer diamorphine, morphine, pethidine and pentazocine provided that it is in the course of their professional midwifery practice.

All administration of CDs must be recorded on a patient’s prescription card.

### 7 Requisitioning of Controlled Drugs for Ward / Department Stock

The registered nurse / midwife / ODP in charge of a ward / department has overall responsibility for the requisitioning of CDs for use in that area.

#### 7.1 General

The registered nurse / midwife / ODP in charge can delegate the task of preparing a requisition to another practitioner such as a registered nurse / midwife / ODP. However, legal responsibility remains with the registered nurse / midwife / ODP in charge of that ward / department.
Requisitions must be made in the ward / department CD order book and must be signed by an authorised signatory (this can only be a registered nurse / midwife / ODP working in that specific ward / department).

NB CD orders for X-ray or CT departments may be signed by a radiologist or ODP.

A list of authorised signatures for each ward is available in pharmacy for validation of CD orders. Each sample signature must be approved by the nurse / midwife / ODP in charge of the ward / department and pharmacy should be informed of any staff leaving the ward or department. Each signature list must be updated on a quarterly basis and any new signatures must be countersigned by the registered nurse / midwife / ODP in charge of the ward / department. Pharmacy is only able to dispense CDs ordered by an authorised signatory.

Each ward / department should have an agreed stock list of CDs. The contents of the stock list should reflect current patterns of usage of CDs and be agreed between the pharmacist and the registered nurse / midwife / ODP in charge of the ward/department. The stock list should be reviewed on an annual basis by the registered nurse / midwife / ODP in charge of the ward/department and a pharmacist. Any changes to the ward / department stock lists must be agreed by the Lead Divisional Pharmacist.

### 7.2 Requisitioning drugs for inpatient use

The majority of wards / departments at WUTH have allocated days for ordering stock CDs. The CD order book should be completed against the ward stock list the night before the allocated order day(s). Additional CDs should be ordered if there are any patients on the ward currently prescribed CDs. The order book will be collected the following morning by a pharmacy porter before 9am.

CDs for wards / departments can only be ordered using the pharmacy issued CD order book for each specific ward / department. Each ward / department is only to have one CD order book in circulation at any one time.

Each CD required must be written on a separate page.

Each requisition must contain the following details:

- Name of hospital (i.e. site).
- Ward / department.
- Drug name, form, strength, ampoule size if more than one available.
- Total quantity.
- Signature and printed name of registered nurse / midwife / ODP.
- Date.

It is essential that all the information is clearly legible on the carbon copy. If the order is not clear on the carbon copy, pharmacy will contact the ward / department before the order can be dispensed.

Ward / department staff should ensure that, where possible, all stock CDs are ordered Monday – Friday 9am – 5pm. Outside of the usual pharmacy ordering times only emergency orders for CDs will be processed.
7.3 Pharmacy led ordering of CDs for wards / departments

A member of the pharmacy department can complete orders for CDs for a ward / department as part of a ‘top-up’ process. This routinely occurs in main theatres at Arrowe Park. These orders must be countersigned by an authorised signatory as described in 7.1. The responsibility remains with the registered nurse / midwife / ODP in charge of that ward / department.

7.4 Obtaining CDs out of hours

It is the responsibility of the registered nurse / midwife / ODP in charge to ensure that sufficient stocks of CDs are held to cover periods where pharmacy is closed or running a limited service.

CDs must NEVER be ‘borrowed’ from other wards / departments. For an urgent out-of-hours supply, the on-call pharmacist must be contacted.

7.5 Obtaining patient controlled analgesia (PCAs)

Pharmacy will prioritise the issuing of PCAs when requested by wards / departments. PCAs must be ordered in the CD order book. A requisition for PCAs must state the drugs contained within the PCA e.g. morphine sulphate 120mg, cyclizine 120mg and glucose 5% 60ml and not just be written ‘PCA’.

8 Dispensing of Controlled Drugs

There are internal procedures within pharmacy for the dispensing of CDs that are approved by the Trust Accountable Officer and are in accordance with this policy.

9 Collection, transport and delivery of CDs

9.1 Delivery by pharmacy staff or pharmacy porter

Requisitions will be delivered to the wards in a tamper-evident blue transit bag by a member of the pharmacy staff. The registered nurse / midwife / ODP accepting the delivery must sign the ‘Bag delivery to APH/CGH wards’ which is carried by the member of staff delivering the CD. Receipt is acknowledged as detailed in 10.1.

9.2 Collection directly from pharmacy

If requisitions (i.e. for ward stock or CD stationery) are collected directly from the pharmacy department, staff members must be in possession of a valid hospital photographic ID badge. Staff members authorised to collect are:

- Registered and Student Nurses/Midwives
- Operating Department Practitioners
- Healthcare Assistants
- Pharmacists
- Pharmacy Technicians
- Pharmacy Support Workers
- Doctors
- Volunteers (for CCO and Hospice)
The member of staff taking possession of the CDs for delivery to the clinical area must sign the form ‘Signatures for collection of Controlled Drugs from pharmacy’.

For TTHs and outpatients additional details are required. The ‘CD prescription stamp’ on the TTH / outpatinet prescription must be signed by the person collecting. They must also sign the form ‘Signatures for collection of Controlled Drugs from pharmacy’. Details to be recorded include

- Whether the person who collected the drug was the patient, the patient’s representative or a healthcare professional acting on behalf of the patient
- If the person who collected the drug was a healthcare professional acting on behalf of the patient, the healthcare professionals name and address (ward / department is acceptable)
- If the person who collected the drug was the patient or their representative and whether evidence of identity was requested (annotated in the yes / no columns)
- Whether evidence of identity was provided by the person collecting the drug.

On return to the ward / department, the CDs must be handed to a registered nurse, midwife or ODP who will acknowledge receipt as in 10.1.

CD TTHs must be transported to the ward / department in a blue transit bag sealed with a numbered tag.

10 Receipt of Controlled Drugs

10.1 Ward stocks

CDs and CD stationery are delivered to ward / departments in blue transit bags sealed with a numbered tag that corresponds to the number detailed on the CD order in the ‘accepted for delivery’ section.

When CDs are delivered to a ward / department they must be handed to an appropriate individual (i.e. registered nurse / midwife / ODP). On no account should they be left unattended. As a matter of good practice, the receiving person should not be the same person who ordered the CDs.

As soon as possible after delivery the registered nurse, midwife or ODP should:

- Check the number on the tag seal matches that on each order.
- Check the CDs against the requisition – including the quantity ordered and received. If this is correct then the duplicate sheet in the CD order book should be signed in the ‘received by’ section of the pink copy of the order. Any tamper-evident seals on packs of CDs should be left intact when they are received from pharmacy. This will simplify and speed up routine checks. A seal should only be broken when the pack is required for administration.
- If the tamper evident numbered tag seal is broken OR the contents of the bag do not match the CD orders, the nurse, midwife or ODP in charge should contact the pharmacy department immediately.
- Place the CDs in the CD cupboard.
- Enter the CDs into the CD record book on the appropriate page, completing the following information
  - Date of entry
  - ‘Received from hospital pharmacy’
  - Serial number of requisition
  - Quantity received

Wirral University Teaching Hospital NHS Foundation Trust
Policy 045b – Controlled Drugs
Date Published: 18th April 2012
Review Date: 13th April 2015
- Update the running balance and check that the balance tallies with the quantity that is physically present
- Signature of person making record book entry
- Signature of witness (another registered nurse / midwife / ODP or pharmacist)

- It is good practice to record the number received in words not figures.

N.B. Midazolam 5mg/mL strength requires ordering in a CD order book, storage in a CD cupboard and recording in CD register but midazolam 1mg/mL injection and 10mg/mL buccal liquid only requires ordering in a CD order book and must not be stored in the CD cupboard.

10.2 TTHs (‘To Take Home prescriptions’ i.e. Discharge Prescriptions)

Once received in the ward / department, the CDs should be handed to the patient along with any other discharge medicines by an authorised member of staff, in accordance with the Medicines Management Policy – General 045.

If the patient is not going home immediately the medicines must be stored in the CD cupboard. These medicines should be segregated from the ward CD stock. These need booking into the ‘Patient’s own CDs’ record book under a section labelled ‘TTHs’.

11 Storage and Secure Handling of Controlled Drugs

11.1 CD cupboards

CDs must be in a locked safe, cabinet or room which is constructed to the standards laid out in the Misuse of Drugs (Safe Custody) Regulations 1973 (SI 1973 No 798). The cabinet must be securely fixed to a solid wall or floor and the lock must not be common to any other lock in the hospital. The outside of cupboards must not be labelled so as to identify its contents. There is no requirement for the CD cupboard to be enclosed within another medicine cabinet. For further advice and before purchasing any new CD cupboards contact the Pharmacy Governance Team. Orders for new CD cupboards must be first approved by the Lead Divisional Pharmacist.

Refrigerated CDs require storage in a separate locked refrigerator dedicated for CDs only and the key must be kept with the main CD cupboard key.

CD cupboards must be kept locked when not in use and all CDs must be locked in the cupboard when not in use.

Only CDs are to be stored in the CD cupboard unless, following a risk assessment and approval by the Accountable Officer, it is decided other items need to be stored in the cupboard for security reasons. CDs are not to be stored in individual patient lockers.

11.2 CD keys, key holding and access to CDs

CD keys should be kept on a separate key ring to all other keys and must be held by the dedicated key holder at all times.

The registered nurse / midwife / ODP in charge of the ward/department is responsible for the CD key. Key holding may be delegated to other registered nurses / midwives / ODPS on that department but the legal responsibility rests with the registered nurse/midwife / ODP in charge.
The only other people who can have possession of the CD keys are the ward pharmacist or pharmacy technician. This use is occasional and for the purpose of stock checks and audits.

Doctors requiring access to the CD cupboard must be accompanied by a nurse, midwife or ODP.

11.3 Missing CD keys

If the CD keys cannot be found then urgent efforts should be made to retrieve the keys as speedily as possible (e.g. by contacting staff who have just gone off duty).

The Lead Nurse and Lead Divisional Pharmacist must be informed as soon as possible during normal working hours. Out-of-hours inform the Hospital Co-ordinator and on-call pharmacist.

Consideration must be taken as to the security of CDs and locks changed at the discretion of the nurse / midwife / ODP in charge in discussion with pharmacy. Administration of CDs to patients should also be considered.

If the keys are found a full stock check must be undertaken immediately. The Trust Accountable Officer must be notified in a timely manner of all incidents relating to CD keys by the pharmacist who the incident was reported to. The urgency with which this occurs depends on the nature of the incident. Depending upon the circumstances, it may also be appropriate to contact the police.

All instances of missing CD keys must be reported using the Trust incident reporting system.

11.4 Controlled Drug Order, Record and Return Books

The CD order book must be kept in the CD cupboard when not in use.

CD record and return books must be kept in a locked cupboard or drawer.

11.5 Missing CD stationery

If CD stationery is missing urgent efforts should be made to locate the CD stationery. If an order book is missing pharmacy should be contacted and asked to check if it is in the pharmacy department. If a CD order book has gone missing pharmacy should identify the serial number of the book and inform pharmacy staff that orders from this book should not be processed but escalated immediately to a senior pharmacist.

The Trust Accountable Officer must be notified in a timely manner of all incidents relating to missing CD stationery by the pharmacist who the incident was reported to. The urgency with which this occurs depends on the nature of the incident.

All instances of missing CD stationery must be reported using the Trust incident reporting system.
11.6  Patient's Own CDs

All CDs brought into hospital by patients must be entered into the ward’s Patient’s Own CD record book on a separate page for each drug brought in.

Patient’s own CDs should be assessed for their suitability to be used like any other patient’s own medicine (see Appendix 3 of the Medicines Management Policy 045). All doses administered to patients must be recorded in the record book. If a patient is discharged with CDs an entry should be made in the CD record book at the point of discharge.

If patient’s own CDs are no longer required the ward pharmacist should be asked to remove them for destruction at the earliest opportunity. Patient’s own CDs should never be used to treat another patient.

11.7  CDs belonging to parents of a child who is a patient

Parents of a child who is a patient may sometimes bring their own CDs onto the hospital premises. A parent may request that their CD is stored in the ward CD cupboard. The parent then asks the nurse when they require a dose. The CD should be clearly labelled with the parent’s name and kept separate from other CDs. It should be recorded in the patient’s own CD record book in the same manner described in 11.6 but clearly stating ‘Parent’s medication’.

11.8  High-strength opiates (as defined in section 5.5)

These CDs are to be stored separately from other strengths of alfentanil, morphine, oxycodone and diamorphine. They are supplied from pharmacy in clear pink bags and must be stored either in these bags at ward level or on a separate shelf labelled ‘high-strength opiates’.

Only specific areas (as agreed with pharmacy) routinely stock high-strength opiates.

11.9  High-strength midazolam

As a result of a Rapid Response Report (Reducing risk of overdose with midazolam injection in adults) WUTH has decided to treat midazolam 5mg/mL injection as a full schedule 2 CD. This requires ordering in the ward CD book, storage in the CD cupboard and recording in the CD register. It will not be issued routinely to areas carrying out conscious sedation where 1mg/mL injection (the low strength) will be used.

11.10  Ordering of test standards

The biochemistry laboratory needs test standards to calibrate their equipment. The test standards can contain controlled drug substances, including schedule 1 CDs. WUTH has a licence from the Home Office to enable the ordering, storage and use of schedule 1 CDs in the laboratories. The standards are ordered from the supplier by the pharmacy department and must be ordered in a CD order book and recorded in a CD record book.

12 Administration of Controlled Drugs

Administration must be in accordance with Trust Medicines Management Policy – General 045.
The following persons are authorised to administer CDs:

- Registered nurse / midwife
- Doctor or dentist
- Registered ODP (only in theatre recovery areas)

All administration of CDs must be double-checked. The following staff are authorised to provide the second check and to witness destruction:

- Registered nurse/midwife
- Doctor or dentist
- ODP
- Pharmacist

Both practitioners should be present during the administration procedure. They should both witness:

- The preparation of the CDs to be administered
- The CD being administered to the patient
- The destruction of any surplus drug, e.g. part used ampoule

A record should be made in the ward / department CD record book when a CD is removed from the CD cupboard (N.B. For midazolam only the 5mg/mL strength requires a register entry and storage in the CD cupboard).

On the next available line under the appropriate page for the CD (name, form of preparation and strength) document the following details:

- Date and time dose administered
- Patient’s name
- Amount given
- Name / signature of nurse / authorised person who administered the dose
- Name / signature of witness
- Balance in stock (which must be checked against physical stock in the CD cupboard)

If part of a vial is administered to the patient the amount given and the amount wasted must be recorded and signed by both practitioners. This should be witnessed by a second practitioner who also signs the record book.

When measuring volumes of liquid CDs it is recommended to use an oral purple syringe and bung in the bottle instead of extracting the dose from a measuring pot to minimise measurement discrepancies.

When administering a transdermal patch (eg: fentanyl) to a patient it is a good practice recommendation that the date of administration is recorded on the patch.

Administration must also be recorded on the Trust prescription chart (PCIS or hand-written chart) as per Trust Medicines Management Policy – General 045.

In theatres ‘stock’ should not be issued for general use by an anaesthetist and then any drug unused returned. CDs needed for an individual patient only should be issued and any excess wasted.
13 Disposal of Controlled Drugs

Table 1 below describes how destruction of CDs should occur for wards and departments.

Table 1: Summary for wards/departments of where CDs may be destroyed and who should carry out the destruction

<table>
<thead>
<tr>
<th>Type of CD</th>
<th>Where destruction should take place</th>
<th>Person who should destroy drug + method</th>
<th>Person who should witness destruction</th>
<th>Register entry</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s own</td>
<td>Pharmacy</td>
<td>N/A</td>
<td>N/A</td>
<td>Written out of ‘Patient’s own CDs’ record book</td>
<td>Pharmacist must return to pharmacy.</td>
</tr>
<tr>
<td>Ward / department stock</td>
<td>Pharmacy</td>
<td>N/A</td>
<td>N/A</td>
<td>Written out of ward / department CD record book</td>
<td>Pharmacist must return to pharmacy.</td>
</tr>
<tr>
<td>Wastage from part doses drawn up on ward / department for individual patient e.g. when giving 5mg dose from 10mg ampoule</td>
<td>Ward / department</td>
<td>Registered nurse / midwife / ODP</td>
<td>Registered nurse / midwife / ODP / doctor / pharmacist</td>
<td>Ward / department CD record book</td>
<td>Record book should show name of patient and details of dose/wastage e.g. 5mg given 5mg wasted.</td>
</tr>
<tr>
<td>Dose drawn up for individual patient but not given</td>
<td>Ward / department</td>
<td>Registered nurse / midwife / ODP</td>
<td>Registered nurse / midwife / ODP / doctor / pharmacist</td>
<td>Ward / department CD record book</td>
<td>Record book should show name of patient and reason for non-administration</td>
</tr>
<tr>
<td>PCA, epidural and syringe driver (containing CD) wastage</td>
<td>Ward / department or pharmacy</td>
<td>Registered nurse / midwife / ODP &lt;10ml empty into sharps bin &gt;10ml denature using DOOP kit</td>
<td>Registered nurse / midwife / ODP / doctor / pharmacist</td>
<td>Ward / department CD record book</td>
<td>Record book should show name of patient and details of wastage</td>
</tr>
</tbody>
</table>

13.1 Disposal of CDs not administered

If a CD is prepared for administration (i.e. removed from its original container in a way that it cannot be replaced) but it is not administered, it must be disposed of into a yellow lidded sharps bin in the presence of an authorised witness (see 12.1 and 12.2). The reason for disposal must be recorded in the record book and the witness must only sign the record book once satisfied the CD has been placed in the sharps bin. If only part of an ampoule is required, the nurse / authorised person should record the amount given and the amount wasted. The witness must only sign the record book once the dose has been given and the wastage placed in the yellow lidded sharps bin.
13.2 Disposal of CDs no longer required

This includes
- Ward stocks which are no longer required
- Ward stocks that have expired
- Ward stock no longer suitable for use
- Patients’ own drugs which are no longer required at ward level.

A pharmacist will return stock no longer required to pharmacy. During pharmacy opening hours Monday – Friday if ward staff ask for CDs to be removed from the ward this must be done on the same day that the staff have asked. This will be signed out of the ward CD record book by the pharmacist and a registered nurse / midwife / ODP. The following information must be included in the CD record book on the appropriate page:
- Date
- Reason for return
- Signature of registered nurse, ODP or midwife
- Signature of pharmacist or technician returning the CDs to pharmacy
- Quantity removed
- Balance remaining

The pharmacist will list all items to be returned to pharmacy in the ‘ward CD returns book’. The following information must be included on the CD receipt:
- Date
- Name, form and strength of the CD
- Quantity of the drug returning to pharmacy
- Signature of registered nurse, ODP or midwife
- Signature of pharmacist

The pharmacist will remove the top copy to accompany the drugs back to pharmacy, leaving the book on the ward.

13.3 Disposal of CDs in pharmacy

Arrowe Park and Clatterbridge pharmacy departments have waste exemptions from the Environment Agency to allow for the destruction of CDs to take place.

Ward stocks of CDs for destruction are returned to pharmacy and entered into a pharmacy CD register specifically for destruction of stock. Patients own CDs are entered into a separate pharmacy CD register for destruction.

All destruction of CDs within pharmacy must be witnessed. Patients’ own CDs may be witnessed by two individuals within pharmacy. Persons currently authorised to witness the destruction of stock CDs are those nominated by the Accountable Officer.

14 Record Keeping Requirements

Record keeping requirements will be in accordance with Department of Health guidance and relevant legislation.
14.1 CD Stationery

CD record, order and returns books are controlled stationery only available from pharmacy. If a new ward or department opens, contact pharmacy for details of how to obtain CD stationery.

Stationery must be bound (not loose leaf) with sequentially numbered pages.

The registered nurse, midwife or ODP in charge is responsible for keeping the CD record book up to date and in good order.

14.2 CD Record Books

An index page must be maintained in the record book. There must be a separate CD record book for the recording of patient’s own CDs and TTHs.

Entries are to be made in chronological order, in ink or be otherwise indelible. Under no circumstances must correction fluid or crossing out be used to rectify errors.

If a mistake is made, it should be bracketed in such a way that the original entry is still legible. This should be signed, dated and witnessed by a second registered nurse, midwife or other registered professional. The witness should also sign the correction.

Each individual form and strength of a CD kept on the ward must have a separate page in the CD stock record book to record the following:
- Total amount received or supplied
- Date received/supplied
- Serial number of requisition (for receipts)
- Time of transaction
- Balance
- Full names and signatures of person administering or receiving the CD and the witness

Each individual form and strength of a CD belonging to a patient must have a separate page in the ‘Patient’s own CDs’ record book or enough lines must be left after an entry to allow for the clear recording of the following:
- Total amount received or supplied
- Date received/supplied
- Serial number of requisition (for receipts)
- Time of transaction
- Balance
- Full names and signatures of person administering or receiving the CD and the witness

On reaching the end of a page in the record book, the balance should be transferred to another page. The new page number should be added to the bottom of the finished page and the index updated. This transfer must be witnessed.

New CD record books may be obtained by an authorised signatory by writing a requisition in the CD order book (see 7.1). When a new CD record book is started the balance of CDs in stock should be written into the new book promptly by ward staff. This transfer must be witnessed.
A completed CD record book must be kept for 2 years by the ward / department manager after the date of the last entry. The front of the book should be marked “date of last entry dd/mm/yy” … “destroy dd/mm/yy”.

14.3 CD order books

CD order books may be obtained by an authorised signatory writing a requisition in the current CD order book (see 7.1). Once completed the CD order book must be kept for 2 years by the ward / department manager after the date of the last entry. The front of the book should be marked “date of last entry dd/mm/yy” … “destroy dd/mm/yy”.

14.4 CD returns books

CD return books may be obtained by an authorised signatory writing a requisition in the current CD order book (see 7.1). Once completed the CD return book must be stored for 2 years by the ward / department manager after the date of the last entry. The front of the book should be marked “date of last entry dd/mm/yy” … “destroy dd/mm/yy”.

14.5 Stock Balance Checks

14.5.1 Ward / department stock checks

The stock balance check of CDs entered within the CD record book must be performed at least once every 24 hours by two members of staff who must be registered nurses, midwives or ODPs. Stock balance checks must be performed more frequently in wards / departments if requested to do so by ward / department manager. The CD record book is to be checked against the contents of the CD cupboard (not the other way around).

In theatres the recording of this check is to be documented in the designated space at the back of the Theatre CD record book. In all other clinical areas, whilst there is not a designated space in the back of the CD record book, pages at the back of the CD record book should be used for documenting this daily check as it is a requirement that this is done in a bound book.

If the manufacturer's seal on a container is intact, it is reasonable to assume that the container is full and the seal does not need to be broken to check.

Liquid volumes may be checked by visual inspection but the volume must be reconciled on emptying each bottle.

Any discrepancies must be reported immediately to the ward / department manager (see section 15 for further detail).

The daily CD stock check record must be kept by the ward / department for 2 years.

14.5.2 Pharmacy stock checks

Pharmacy 3 monthly stock checks will take place on all wards / departments that hold stocks of CDs. This check will take place with a registered nurse / midwife / ODP.
Each individual drug entry must be checked signed and dated by the designated staff member following the pharmacy standard operating procedure for 3 monthly controlled drug checks on wards / departments.

15 Suspected Discrepancies and Incident Reporting

15.1 Reporting discrepancies

If a discrepancy of CD drugs or stationery is identified or suspected the following steps must be taken:

- Double check the stock levels and stock records
- Report immediately to the nurse / midwife / ODP in charge of the ward / department at that point in time
- Nurse / midwife / ODP in charge to review and if discrepancy still suspected or confirmed escalate immediately to the Divisional Lead Nurse and Divisional Lead Pharmacist
- The pharmacist will inform the Lead Nurse and nurse / midwife / ODP in charge of the ward / department of the next actions to be taken (dependent on the discrepancy).

All incidents relating to CDs must be reported using the Trust incident reporting system. This includes any record keeping or stock reconciliation discrepancies found within ward / department or pharmacy areas.

The Trust Accountable Officer must be notified in a timely manner of all incidents relating to CDs by the pharmacist who the incident was reported to. The urgency with which this occurs depends on the nature of the incident.

15.2 Small discrepancies in liquid formulations

If there is a small discrepancy (up to 10% of total volume of bottle) between the volume of liquid remaining in a container and the volume recorded in the CD record book, then the balance can be corrected in the presence of an authorised Trust witness (i.e. nurse / midwife / ODP or pharmacist).

If the volume limit is exceeded it must be discussed with the nurse / midwife / ODP in charge and a pharmacist before the balance is adjusted.

15.3 Investigation of discrepancies

If the discrepancies are due to a criminal act (e.g. forced lock or significant amount of missing stock) then the following people must be contacted immediately:

During normal working hours
- Nurse / midwife / ODP in charge
- Lead Nurse / Matron within division
- Director of Medicines Management, Clinical Director of Pharmacy (Accountable Officer for CDs)

The Lead Nurse within the division together with the Accountable Officer may decide to contact the police.
Outside normal working hours

- Nurse / midwife / ODP in charge
- Clinical co-ordinator, who must inform the Lead Nurse on the next working day
- On-call pharmacist, who must notify the Director of Medicines Management, Clinical Director of Pharmacy (Accountable Officer for CDs).

The Clinical co-ordinator together with the Accountable Officer may decide to contact the police.

If criminal activity is not immediately suspected, then follow these steps:

- Complete a full stock check. Ensure all stock is removed from the cupboard and the cupboard thoroughly checked.
- Estimate when the error has occurred – should be within a 24 hour period if daily stock checks have occurred.
- Check for simple mathematical errors.
- Check all drug charts for patients prescribed CDs to see if any errors relating to omission or recording have occurred.
- Check CD requisition book to ensure all orders entered.
- If unable to account for error, all staff who may have administered the CD during the estimated time period must be interviewed by the investigating officer.
- If an error is identified this should be documented in the CD record book and signed by a witness.

A Trust incident form must be completed for all discrepancies.

### 16 Closure / opening of a ward / department

#### 16.1 Permanent ward / department closure

If a ward / department is to close on a permanent basis such that the ward stocks of CDs are no longer required a pharmacist should remove all CDs from the ward and return them to pharmacy.

Unused pages of CD stationery should be scored through and the front of the books marked with ‘book obsolete’ and the date. They should be stored by the Divisional Lead Nurse for 2 years from the date on the front of the book.

Pharmacy should be informed to void the authorised signature list for that ward / department.

CD keys should be signed over to the Divisional Lead Nurse.

#### 16.2 Temporary ward / department closure

During short term ward closures arrangements must be made for the removal and temporary storage of CDs by the pharmacy department. The CDs should be checked against the CD record book and an entry made in the record book against each CD to indicate a check has taken place by a registered nurse / midwife / ODP and pharmacist. The number from the numbered tag should be recorded in the CD returns book against an entry stating:

- Date of CD check
- ‘All CDs checked and correct’
- Serial number of CD order book
• Number of tag to seal the bag with
• Signature and names of members of staff involved.
The CDs should then be placed in a blue bag with the CD order and returns book and the bag sealed with the numbered tag. The white copy of the receipt should be filed in pharmacy.

Pharmacy should be informed to annotate the authorised signature list to indicate that the ward has temporarily closed.

CD keys should be signed over to the Divisional Lead Nurse.

16.3 Temporary ward moves
If a ward is moving temporarily (e.g. for cleaning purposes) then the ward manager is still in charge of the ward and should take the CDs and CD stationery with them. If a ward moves the CDs should be checked by a registered nurse / midwife / ODP and a pharmacist. They should be sealed into a blue bag with a numbered tag and taken to the next ward where they should be unpacked and checked into the new CD cupboard. The pharmacist and registered nurse / midwife / ODP should sign the daily CD stock check paperwork.

Requisitions must contain the current ward and the name of the ward that has moved there (e.g. ward 27 (originally ward 21)). Pharmacy should be informed to annotate the authorised signature list with the temporary ward information.

16.4 Opening a new ward / department
If a new ward / department is opening the Lead Divisional Pharmacist must give authorisation for CDs to be stocked and ask for the cost centre to be authorised for CDs on the pharmacy dispensing system (JAC). An authorised signature list must be completed (see Appendix 2). CD stationery may be obtained by the nurse / midwife in charge of the ward / department by completing a signed copy in appendix 3.

17 Unidentified/illicit substances
If a patient brings in a suspected illicit substance this must be reported to pharmacy immediately. Nursing and department staff are legally not allowed to take possession of illicit substances so they must be removed immediately from the ward by pharmacy staff. Patients must not be allowed to retain the illicit substance or send the substance home. If the quantity is too large to be solely for personal use a decision may be made to involve the police. The decision to call in the police must be discussed with the nurse / midwife in charge of the ward / department or the patient’s Consultant and the ward pharmacist. A record must be made in the patient’s medical notes that an illicit substance (include a description e.g. small brown hard substance) has been removed and taken to pharmacy for destruction. The substance must be booked into the pharmacy stock for destruction CD register.
18 References

- Misuse of Drugs Act 1971
- Safer Management of Controlled Drugs - Changes to Record Keeping Requirements, Department of Health Gateway Reference 7187 October 2006.
Appendix 1

**Controlled Drugs at WUTH**

**Requirements for CDs in clinical areas at WUTH**

**Drugs and Stationery Classified as ‘Controlled’ at WUTH**

1. **All schedule 2 CDs**
   - e.g. diamorphine, methadone, morphine PCAs, oxycodone
2. **All schedule 3 CDs**
   - e.g. buprenorphine, temazepam, phenobarbital, midazolam
3. Ketamine
4. Milfepristone
5. Potassium chloride 15% ampoules
6. Potassium or phosphate solutions for infusion containing potassium >40 mmol/litre
7. Tramadol injection
8. Heparin 5000 units/ml injection
9. CD stationery – CD order, record and returns books.

**Requirements:**

The above are subject to the following in all clinical areas (wards / departments):

- **Safe custody**
  - Locked in a CD cupboard (except midazolam 1mg/ml injection, midazolam 10mg/ml buccal liquid, CD record books and CD return books)
- **CD requisitions**
  - Inpatient stock ordered in CD order book
- **Records in CD record books**
  - (except CD stationery, midazolam 1mg/ml injection, midazolam 10mg/ml buccal liquid and heparin)
- **2 signatures for all administration of doses**
- **Prescription requirements**
  - On discharge (TTH) and outpatient prescriptions (except temazepam and items 3 – 8 above)
  - Prescription valid for 28 days only and a maximum of 30 days supply allowed
  - No repeat prescriptions

**NB:** Handling in pharmacy may be the same but is defined in pharmacy standard operating procedures which are all signed off by the Accountable Officer.

**Additional ‘Controlled’ drugs at WUTH**

From 1st May 2012 the following will be classified as ‘Controlled’ in addition to those listed above:

- Anxiolytic and hypnotic benzodiazepine tablets
- Morphine sulphate 10mg/5ml liquid
- Zaleplon, zolpidem and zopiclone
Appendix 2:
Signature List of Nurses / Midwives / Operating Department Practitioners Authorised to Order Controlled Drugs for a Ward/Department

<table>
<thead>
<tr>
<th>Ward / Dept</th>
<th>Page 1 of …………</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
<td>Ward Manager’s name</td>
</tr>
<tr>
<td>Date</td>
<td>Deputy Wards Manager’s Name</td>
</tr>
</tbody>
</table>

Controlled Drug requisitions must be signed by the nurse / midwife in charge of the ward or department. In the absence of the ward manager or deputy the following nurses / midwives / ODPs are authorised to sign Controlled Drug requisitions on behalf of the ward manager.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name (Block Capitals)</th>
<th>Job role</th>
<th>Signature</th>
<th>Witness (Ward Manager or Deputy)</th>
<th>Re-Authorisation by Manager (every 3 months)</th>
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Wirral University Teaching Hospital
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Policy 045b – Controlled Drugs
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### Signature List of Nurses / Midwives / ODPs Authorised to Order Controlled Drugs for a Ward/Department...

**Ward / Dept:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Ward Manager’s name</th>
<th>Ward Manager’s Signature</th>
<th>Pharmacist’s Name (Witness)</th>
<th>Pharmacists Signature</th>
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</table>
Appendix 3

To Pharmacy Department

Arrowe Park / Clatterbridge (circle relevant site)

Please supply the following items (cross through if one of the items is not required):

Controlled Drug order book x 1
Controlled Drug record book x 1
Theatre Controlled Drug record book x 1
Controlled Drug returns book x 1

For the following ward/department

_________________________________
Nurse/Midwife in charge of the ward  Signature & Date

Dispensed by_______________________

Checked by_______________________
Consultation, Communication and Implementation

<table>
<thead>
<tr>
<th>Consultation Required</th>
<th>Authorised By</th>
<th>Date Authorised</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality Analysis</td>
<td>Amy Walsh</td>
<td>14th December 2011</td>
<td>Screened for relevance – full impact assessment not required.</td>
</tr>
<tr>
<td>Policy Group</td>
<td>Joe Roberts</td>
<td>20th December 2011</td>
<td>Checked for workforce / development, medicines, finance, NHSLA standards or wider corporate implications.</td>
</tr>
<tr>
<td>Other Stakeholders / Groups Consulted as Part of Development</td>
<td>This policy has been developed to meet the requirements for NHSLA risk management standards and Standards for Better Health for a medicines policy with clear lines of accountability for medicines management. It also addresses the additional requirements from the Department of Health following the Shipman enquiry.</td>
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</tbody>
</table>

Trust Staff Consultation via Intranet

21st December 2011 – 9th January 2012

Date notice posted in the Team Information Exchange (TIE) | May 2012 | Date notice posted on the intranet | April 2012

Describe the Implementation Plan for the Policy / Procedure
(Considerations include; launch event, awareness sessions, communication / training via DMBs and other management structures, etc)

By Whom will this be Delivered?

All new staff will be informed via corporate medicines management induction talks.
Existing staff will be made aware at annual medicines management update talks and via TIE brief.

The policy will be implemented by all staff involved in the medicines management process.

Version History

<table>
<thead>
<tr>
<th>Date</th>
<th>Ver</th>
<th>Author Name and Designation</th>
<th>Summary of Main Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2008</td>
<td>1</td>
<td>Julie Orton, Lead Governance Pharmacist</td>
<td>New policy – separated out from Trust Medicines Management Policy – General. Main changes to practice: Authority for Operating Department Practitioners (ODPs) to possess and supply CDs Accountable Officers have authority to appoint witnesses to destroy CDs Ward / department CD order and record books must be locked away Wards / departments to hold ‘ward CD return book’ for pharmacy to complete when removing CDs from wards / departments and the ward to keep as record Storage of high strength opiates in pink bags Midazolam subject to CD requirements but exempt from safe custody and register Daily stock check sheet to be kept for 12 months Storage of TTHs (‘To Take Home’ prescriptions i.e. discharge) at ward level</td>
</tr>
<tr>
<td>April 2009</td>
<td>2</td>
<td>Julie Orton, Lead Governance Pharmacist</td>
<td>Change to midazolam status – 10mg / 2mL to be treated as ful CD i.e. subject to safe custody and register 1mg / 1mL to be ordered as CD but exempt from safe custody and register Change to tramadol injection status – to be treated as ful CD 10.1 Change in colour of delivery bags to blue 10.2 TTHs must be stored in CD cupboard if patient not home immediately 11.3 Additional requirement to perform full CD check if keys are lost / mislaid 12 Advise on measuring volumes of liquids less than 5mL 13.3 Changes in persons authorised to witness destruction of CDs</td>
</tr>
<tr>
<td>January 2012</td>
<td>3</td>
<td>Amy Walsh, Lead Clinical Dispensary Pharmacist</td>
<td>Change to ketamine status at WUTH it is now to be treated as a schedule 2 CD. 5.3 CD return books classed as controlled stationery 6.2 Copy of prescribers signatures to be kept in pharmacy 7.1 Authorised ward / department staff signature lists to be updated on a 3 monthly basis by ward / department manager 7.2 Wards / departments have set order days to order CDs 9.2 Blue bags are used to delivery CDs to wards 11.7 Management of parents of children who are patients bringing CDs for personal use into hospital 12 In theatres ‘stock’ should not be issued to an anaesthetist and then any drug unused returned. CDs needed for an individual patient only should be issued and any excess wasted.</td>
</tr>
</tbody>
</table>
13 Disposal requirements for CD at ward / department level
14.2 Introduction of separate CD record books for Patients Own CDs
14.5.1 Daily CD stock checks to be recorded in the back of the CD record book for all wards / departments
15 Increased information about handling CD discrepancies and incidents
16 Increased information about ward closures
17 Management of illicit substances brought into the trust
Appendix 1 Additional drugs to be classified as ‘Controlled’
## Describe Key Performance Indicators (KPIs)

<table>
<thead>
<tr>
<th>Describe</th>
<th>Target</th>
<th>How will the KPI be Monitored?</th>
<th>Which Committee will Monitor this KPI?</th>
<th>Frequency of Review</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wards &amp; Departments:</strong></td>
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<tr>
<td>Quarterly ward / department CD spot checks are carried out by pharmacy for all areas holding CDs, this will monitor</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Clinical Pharmacist</td>
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<tr>
<td>- keys held by an authorised person</td>
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<td>- CD balances in CD record book match CD stock in cupboard</td>
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<tr>
<td>- CD order book kept in CD cupboard</td>
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<tr>
<td>- CD record book entries are in ink, with no crossing out, without use of correction fluid and mistakes are managed appropriately</td>
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<tr>
<td>- Daily ward / department CD checks of stock are completed by ward / department staff</td>
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<tr>
<td><strong>Pharmacy Department:</strong></td>
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<tr>
<td>Quarterly pharmacy CD spot checks are carried out for all pharmacy areas holding CDs</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
<tr>
<td>CD record book entries are in ink, with no crossing out, without use of correction fluid and mistakes are managed appropriately</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
<tr>
<td>CDs in ward / department CD record book for return to pharmacy will have an entry in one of the pharmacy CD registers</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
<tr>
<td>Destruction of patient’s own CDs returned to pharmacy will be witnessed by 2 members of pharmacy staff or authorised witnesses</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
<tr>
<td>Destruction of CDs (not patient’s own) will be witnessed by a member of the pharmacy staff plus an authorised person</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
<tr>
<td>CDs received from suppliers have a corresponding entry in the relevant CD register and pharmacy stock control system (JAC)</td>
<td>100%</td>
<td>Accountable Officer report</td>
<td>Clinical Governance Programme Board</td>
<td>Annually</td>
<td>Lead Dispensary Clinical Pharmacist</td>
</tr>
</tbody>
</table>

### Performance Management of the Policy

<table>
<thead>
<tr>
<th>Who is Responsible for Producing Action Plans if KPIs are Not Met?</th>
<th>Which Committee Will Monitor These Action Plans?</th>
<th>Frequency of Review (To be agreed by Committee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Officer (Director of Medicines Management, Clinical Director-Pharmacy Services)</td>
<td>Pharmacy Board</td>
<td>Annually</td>
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