# Appendix 2- Sample SOP Template For Safe Management Of CDs In Ward/Departments

This document is intended to demonstrate how Controlled Drugs are managed in a ward/department. This must be consistent with the ‘NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals’

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| **DOCUMENT No:** | *(enter Doc No. and Version No.)* |
| **STANDARD OPERATING PROCEDURE FOR: MANAGEMENT OF CDS**  *(enter name of SOP here)* | |

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| --- | --- |
| **Ward/Department:***(enter name)* |  |
| **Prepared By:***(enter name(s)/ designation* |  |
| **Approved By:***(enter name/*  *enter designation)* |  |
| **Issue Date:** |  |
| **Review Date:***(usually 2yrs from issue)* |  |

1. **PURPOSE**

This document ensures that all legal and professional requirements relating to the use of Controlled Drugs are satisfied. There is a legal requirement for all areas of healthcare services that hold stocks of Controlled Drugs to have Standard Operating Procedures in place for their management and use. For full details see HDL (2007):12 and CEL (2007):14 <http://www.sehd.scot.nhs.uk/mels/CEL2007_14.pdf>

Guidance on procedures can be found in NHS Grampian Policy and Procedure For The Safe Management Of Controlled Drugs in Hospitals. This policy document provides guidance on the legislative changes and requirements to the management of Controlled Drugs in secondary care and community hospitals in NHS Grampian

1. **SCOPE**

This Standard Operating Procedure covers all aspects of the management of Controlled Drugs within a ward/department. These procedures apply to all individuals working within this environment who deal with Controlled Drugs as part of their job role within Clinical Areas.

The left hand column describes the area of the SOP being addressed. The right hand column currently largely contains advice or an indication of the type of information (in bold) which should be entered in this section. In the majority of sections this right hand column should be updated with the relevant local information, describing the activity and its procedures applicable in the practice. In some cases this may be as the example but in other cases this may require more detailed local information, i.e. where a cupboard is located, who has the key,etc.

1. **RESPONSIBLE PERSONS**

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| **Accountable Officer (AO)**  A person nominated by the NHS Board to be responsible for a range of measures relating to the monitoring of the safe use and management of Controlled Drugs in accordance with Controlled Drugs Regulations. | **The Accountable Officer (AO)**  Mr David Pfleger  Tel. No:(01224 556348)  **Or Via Controlled Drug Team**  O1224 556601 or 556800  **or by email: gram.cdteam@nhs.scot** |

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| **Responsible Person**  The Charge Nurse/Midwife/Operative Department Practitioner is responsible for Controlled Drugs management within the ward/department. This person is responsible for ensuring the information contained within the Standard Operating Procedure is accurate and complies with the Controlled Drugs Regulations as well as ensuring that the Standard Operating Procedure is implemented. | ***(Enter Designation(s) of Responsible Person(s) within your Clinical Area)*** |

1. **RESPONSIBILITIES**

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| The following staff have been authorised to receive and handle Controlled Drugs and have access to safe storage facilities. | ***(Enter Designation(s) of Authorised Staff)*** |

1. **OBTAINING STOCK SCHEDULE 2 AND 3 CONTROLLED DRUGS**

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| Controlled Drugs are ordered for specific use e.g. Ward Stock, Specific Patient Use (via Prescription). | ***(Specify Use)*** |
| Controlled Drugs are ordered from the Hospital Pharmacy. | ***(Specify Location, e.g. ARI Pharmacy and normal and emergency ordering*** |
| The following Staff may order Controlled Drugs. | ***(Specify Designation(s) of all Staff who may order Controlled Drugs)*** |
| The following process is in place to ensure safe ordering. | ***(Specify process including details of who signs, copies taken, storage of copies, reconciliation of received stock)*** |

* 1. **Stock Controlled Drug Items**

The following minimum stock levels and order quantities are detailed below.

An agreed stock list should be reviewed annually.

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| **Drug** | **Formulation** | **Strength** | **Minimum Stock Level** | **Order Quantity** |
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1. **RECEIPT OF SCHEDULE 2 CONTROLLED DRUGS**

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| Controlled Drugs delivered should be given immediately to: | ***(Specify Designation(s) of Staff).*** |
| Controlled Drugs are immediately stored in a locked Controlled Drug cabinet. | ***(Specify all locations and what process must be followed in the event of being unable to immediately access the correct CD cabinet)*** |
| An entry made in the Controlled Drug Record Book by the recipient/witness on the day of receipt. | ***(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)*** |

1. **SAFE STORAGE OF CONTROLLED DRUGS**

This applies to all Schedule 2 drugs, e.g. diamorphine, morphine, pethidine and certain Schedule 3 drugs, e.g. buprenorphine and temazepam. Within NHS Grampian some local stricter controls are in place for CDs – such controls must be specified in the SOP.

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| All Controlled Drugs are stored in a locked receptacle, e.g. Controlled Drug Cabinet. | ***(Specify all locations)*** |
| The Nominated Key Holder(s) is/are. | ***(Specify Designation(s) of all Person(s) Responsible)*** |
| Keys for Controlled Drug storage facilities must themselves be securely stored, e.g. in a key cupboard with a combination lock or under personal control of an Authorised Staff Member. This must ensure that no Unauthorised Person is able to access them and they are stored securely while the premises are closed. Information on how and where a spare key is located and how access to this is controlled should be included | ***(Detail how ward/department controls keys to storage facilities and reduces access by unauthorised persons including arrangements if clinical area is closed)*** |
| Out of Date Controlled Drug Stock procedure | ***(Detail ward/department process****,* ***i.e. how stock found to be out of date is clearly marked and segregated from in date stock until arrangements can be made to have the out of date stock destroyed.)*** |
| The bound Controlled Drug Record Book should be stored safely and securely. It should be readily available to make an entry at the time of administration or receipt of supply. | ***(Detail location of Controlled Drug Record Book)*** |

1. **SAFE STORAGE OF CONTROLLED STATIONERY**

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| All stationery which can be used to order Controlled Drugs is stored securely and access is controlled.  This includes CD Order Book, Pharmacy Order books, Discharge Prescriptions | **(Specify all locations and how storage is secure)** |
| The Nominated Key Holder(s) is are | ***(Specify Designation(s) of all Person(s) Responsible)*** |
| Completed CD prescription forms/CD orders are delivered safely to pharmacy | ***(Detail process for delivery to pharmacy)*** |
| Lost or stolen prescription/controlled stationery is reported as soon as loss/theft is discovered | ***(Detail ward/department process)*** |

1. **COLLECTION AND DELIVERY OF CDS**

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| The following process is in place when CDs are transported between ward/department and pharmacy | ***(Detail ward/department process including responsibilities, system and record keeping and how routine orders/prescriptions are delivered and arrangements for ad hoc/emergency orders)*** |

1. **STOCK CHECKS**

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| Physical checks of stock CDs are carried out regularly to ensure all stock is accounted for (i.e. reconciled with running balance and CD record book). | ***(Detail ward/department process including frequency of checks and include information on how they are recorded)*** |
| Any discrepancies are investigated fully. | ***(Detail process)*** |
| Unresolved discrepancies are reported to the person responsible for CDs in the clinical area immediately and then to AO/CD team and recorded on Datix system. | ***(Detail process including timescales)*** |

1. **PATIENT OWN CDS**

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| Patient own Controlled Drugs received on a ward should be given immediately to: | ***(Specify Designation(s) of Staff).*** |
| Patients own Controlled Drugs are immediately stored in a locked Controlled Drug cabinet. | ***(Specify all locations and what process must be followed in the event of being unable to immediately access the correct CD cabinet)*** |
| An entry made in the Controlled Drug Record Book by the recipient/witness on the day of receipt. | ***(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)*** |
| Patient own CDs are returned to patient/ send for destruction, as appropriate, at the point of discharge | ***(Detail ward/department process)*** |
| An entry made in the Controlled Drug Record Book by the recipient/witness on the return to the patient | ***(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)*** |
| Physical checks of patient own CDs are carried out regularly (i.e. reconciled with running balance and CD record book. | ***(Detail ward/department process including frequency of checks and include information on how they are recorded)*** |
| Any discrepancies are investigated fully. | ***(Detail process.)*** |
| Unresolved discrepancies are reported to the person responsible for CDs for CDs in the ward/department immediately and then to AO/CD team and recorded on Datix | ***(Detail ward/department process including timescales.)*** |

1. **INCIDENTS AND CONCERNS INVOLVING CONTROLLED DRUGS**

Incidents and concerns involving Controlled Drugs are reported to:

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| **Name of Responsible Person** | **Designation of Responsible Person** | **Timescale for Report all Incidents and Concerns involving Controlled Drugs** |
|  |  | Should immediately be made aware of incident or concern-normally line manager or pharmacy staff(clinical pharmacist) |
|  |  | In the event of the Responsible Person being unavailable the nominated Deputy should immediately be made aware of incident or concern. |
| Mr David Pfleger | Accountable Officer,  NHS Grampian or  *(See Page 2 Item 3 for details)* | Within 2 (two) working days.  *NB: The Accountable Officer will automatically be notified if ‘Controlled Drug(s) is added to the key word list under ‘Coding’ on the DATIX Reporting System.* |

1. **DESTRUCTION AND DISPOSAL OF CONTROLLED DRUGS**

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| Any stock Controlled Drugs past their expiry date of otherwise unsuitable for use must be returned to pharmacy for destruction.  (if local destruction process with Authorised Witness include information). | ***(Detail process of return including paperwork)*** |
| Any patient’s own Controlled Drugs past their expiry date of otherwise unsuitable for use must be returned to pharmacy for destruction – patient consent required  (if local destruction process with Authorised Witness include information). | ***(Detail process)*** |

1. **TRAINING**

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| Induction training is provided for all new members of staff who are involved in management and use of Controlled Drugs or Controlled Drugs stationery. Reading and signing up to SOP is a useful part of training. | ***(Detail ward/department process)*** |
| Regular updates are provided on management and use of Controlled Drugs or Controlled Drug Stationery to all staff who identify a training need or have been involved in a Controlled Drug related incident. | ***(Detail ward/department process and Timescales)*** |

**APPENDIX I**

**Definitions**

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| **Accountable Officer (AO):** | A person nominated by their designated body to be responsible for a range of measures relating to the monitoring of the safe use and management of Controlled Drugs in accordance with the Controlled Drugs Regulations. |
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| **Controlled Drugs (CDs):** | Those drugs in the Schedules of the Misuse of Drugs Act 2001 and subsequent regulations. See below for further information and examples. |
| **Authorised Witness (AW):** | A person who has signed authorisation from the Accountable Officer, to witness the destruction of Schedule 2 Controlled Drugs in certain locations. |
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| **Stock Controlled Drugs (CDs):** | Controlled Drugs which have been ordered from Pharmacy for administration to patients in the Clinical Area. |
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| **Patient Own Controlled Drug (CDS):** | Controlled Drugs which have previously been prescribed for a patient and brought into hospital at the time of admission. Some areas may have policies allowing use of patient own CDs. Clinical areas must have processes for the recording, use and disposal (if applicable) of CDs. |

**STAFF READ BY SHEET AND TRAINING LOG**

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| **Document Title:** | **STANDARD OPERATING PROCEDURE FOR** |
| **Document Reference Number:** |  |
| **Supersedes Document Number:** |  |
| **Document Issue Date:** |  |
| **Document Review Date:** | *(two years from date of Issue)* |

**I have read and understood the Standard Operating Procedure relating to the Management of Controlled Drugs and undertaken any identified training.**

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| **Date** | **Name** | **Designation** | **Signature** |
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**NOTE: This Read By Sheet and Training Log should not be destroyed. In the event of this Document being reviewed and or superseded, this read By Sheet and Training Log must be detached from this document and stored along with the updated document for a period of time as determined by Responsible Person(s) within the ward/department.**