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

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

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

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

| **Keys:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. Keys for CD cupboards are kept separately from all other keys (i.e. not on the same key ring) |  |  |  |
| 1. Keys are the possession of the Assigned Registrant (the registered healthcare professional on duty for the ward or department who has been identified as in charge for that shift) or the Assigned Registrant has handed them over to a delegated professional with appropriate requirement to access medication storage    * For electronic keys staff will keep their own key on their possession |  |  |  |
| 1. Keys are only given to appropriate personnel who have legitimate and professional requirement to access medication storage (ask the Assigned Registrant) |  |  |  |
| 1. Supervision is given to student nurses when accessing medication storage facilities (ask staff) |  |  |  |
| 1. There is a key cabinet for keys to be locked in when not in use |  |  |  |
| 1. A risk assessment is in place if multiple key copies are in use |  |  |  |
| 1. A second set of keys are kept in an appropriate secure location |  |  |  |
| 1. A local procedure exists for the storage of keys in areas not open 24 hours |  |  |  |
| 1. Staff know the procedure for missing keys (ask Assigned Registrant) |  |  |  |

| **General storage:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. All medication is locked away securely and kept in their original containers |  |  |  |
| 1. Controlled Drugs Cupboards are used to store only CDs (refer to CD Policy) |  |  |  |
| 1. Internal medication (the following are stored in separate cupboards and are clearly segregated)    * Oral liquids    * Oral solids    * Injectable medicines    * Rectal medicines |  |  |  |
| 1. External medication (the following are stored in separate cupboards and are clearly segregated)    * Topical medication    * Dressings |  |  |  |
| 1. Refrigerator/freezer (Refer to Policy for Handling Vaccines and Refrigerated Pharmaceutical Products for all Staff working in NHS Grampian)    * Used to store only medication that requires refrigeration/freezing |  |  |  |
| 1. Medication trolley    * Medicine trolleys are lockable and secured at an anchor point or stored in a locked room    * SV40 HEPMA trolleys are not used to store medicines |  |  |  |
| 1. Discharge Medicines are in a separate cupboard or segregated within a cupboard |  |  |  |
| 1. Over Labelled Stock is in a separate cupboard or segregated within a cupboard |  |  |  |
| 1. IV fluids & sterile topical fluids are stored in a secure area separately from other medicines |  |  |  |
| 1. Flammable medicines are stored in lockable metal cupboards |  |  |  |
| 1. Diagnostic Reagents are stored in a cupboard separate from medication |  |  |  |
| 1. Medication for Clinical Emergencies    * In clearly marked containers    * Held at strategic and accessible sites |  |  |  |
| 1. Staff know the procedure for missing medication |  |  |  |

| **Other Considerations:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. Temperature    * Storage facilities are below 25oC    * Cupboards are not located near sources of direct heat (e.g. radiators) |  |  |  |
| 1. Lighting    * Is of good quality to allow safe selection of medicines |  |  |  |
| 1. Working Space    * Clean & clutter free    * Approximately 2 metres of space is available for every 24 bed area |  |  |  |
| 1. Tidiness    * Cupboards are not overstocked |  |  |  |
| 1. Repairs/urgent access    * Staff know the procedure for contacting estates in and out of hours to gain access or repair cupboards or locks that are damaged |  |  |  |

| **Storage of Patient’s Own Drugs:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. POD lockers contain medicines labelled for the patient or unlabelled stock medicines currently prescribed (if a self administration scheme is in place then only labelled medicines should be stored) |  |  |  |
| 1. Discharge medicines labelled but not currently prescribed segregated in a green bag |  |  |  |
| 1. Individual keys are available for each POD locker |  |  |  |
| 1. Master key is available for staff |  |  |  |
| 1. Where keypads are in use  * A risk assessment has been undertaken * The default code has been changed on installation * The patient code is changed between patients * The master code is regularly updated (minimum 3 every months) |  |  |  |

| **Medications Specific Requirements:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. Epidural and intrathecal infusions – refer to and state if compliant if relevant:    * HDL (2006) 11 “Guidance on the safe handling of intrathecal & intraventricular injections”    * CEL 21 (2009) “Safe Administration of Intrathecal Cytotoxic Chemotherapy”    * CEL 30 (2012) “Cytotoxic Systemic Anti-Cancer Therapy (SACT)” |  |  |  |
| 1. Potassium Chloride 15% Injection    * No stock is held unless authorised by Pharmacy    * Ordered using a CD order book    * Stored in the CD cupboard only |  |  |  |

| **Receipt of Medicines:** | **Yes** | **No** | **Comments/Action Plan** |
| --- | --- | --- | --- |
| 1. Process in place for checking against prescription/requisition and immediate storage on delivery |  |  |  |