

## POLICY FOR THE SAFE AND SECURE HANDLING OF MEDICINES

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<b>VERSION NUMBER:</b>	1
<b>REPLACES SEPT DOCUMENT</b>	CLP13 v7
<b>REPLACES NEP DOCUMENT</b>	Not applicable
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	Not applicable
<b>AUTHOR:</b>	Chief Pharmacist
<b>CONSULTATION:</b>	Medicines Management Group (MH & LD) Medicines Management Group (CHS)
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<b>APPROVAL BY CLINICAL GOVERNANCE AND QUALITY COMMITTEE:</b>	26 May 2017
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<b>POLICY SUMMARY</b>	
<p>This policy aims to ensure that all risks associated with the management and use of medicines are minimised by defining the systems that are to be in place within the Trust for the control, storage, prescribing and administration of medicines. It should be used in conjunction with the Procedural Guidelines for the Safe and Secure Handling of Medicines in the relevant part of the services.</p>	
<p>The Trust monitors the implementation of and compliance with this policy in the following ways:</p>	
<p>This policy and procedural guidelines will be monitored by the Medicines Management Team according to a three yearly rolling, medicines management audit programme.</p>	

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is  
The Executive Medical Director**

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**POLICY FOR THE SAFE AND SECURE HANDLING OF MEDICINES**

**1.0 SCOPE**

1.1 This policy should be used in conjunction with the following:

- Procedural Guidelines for the Safe and Secure Handling of Medicines in Mental Health & Health & Justice Services (CLPG13-MHJS)
- Procedural Guidelines for the Safe and Secure Handling of Medicines in Community Health Services (CLPG13-CHS)
- Procedural Guidelines for the Safe and Secure Handling of Medicines in Mental Health Services (CLPG13-NH)

1.2 The policy of the Trust is that all staff directly employed by the Trust and through contracts with partner organisations, are required to comply with systems defined in these documents.

1.3 The Procedural Guidelines contain key guidance on:

- prescribing
- dispensing and supply of medicines
- administration including self-administration
- The storage and security in clinical areas
- transport and disposal of medicines
- safe management of controlled drugs

**2.0 IMPLEMENTATION**

2.1 Senior managers of all clinical areas within the Trust should ensure that this policy and its associated procedural guideline are implemented.

**3.0 RESPONSIBILITY**

3.1 It is the responsibility of the Chief Pharmacist and ward/unit/team managers to ensure that this policy is complied with.

**4.0 MONITORING AND REVIEW**

4.1 This policy and procedural guidelines will be monitored by the Medicines Management Team according to a three yearly rolling medicines management audit programme that will include, but is not restricted to, auditing of:

- Prescribing Processes
- Accuracy of Prescription Charts
- Administration Processes, including patient identification
- Disposal
- Controlled Drugs Processes

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- 4.2 Audits will be presented to the Medicines Management Groups for review and action where necessary. The Medicines Management Groups will agree wider dissemination where necessary.
- 4.3 Staff Training requirements will be monitored by the Workforce and Development Department as outlined in the accompanying procedures.

**END**