



Controlled Drugs

Standard Operating Procedure (SOP)

The Misuse of Drugs Act 1971 controls 'dangerous or otherwise harmful drugs' which are designated as controlled drugs. The primary purpose of The Misuse of Drugs Act is to prevent the misuse of controlled drugs. The use of controlled drugs in medicine is permitted by the Misuse of Drugs Regulations 2001, as amended.

In the Misuse of Drugs regulations there are five schedules. These five schedules correspond to their therapeutic usefulness and misuse potential. Each schedule is outlined below:

- **Schedule 1 (Controlled Drug Licence):**

The drugs listed in this schedule have no recognised medicinal use and include hallucinogenic drugs (e.g. LSD) and cannabis. Production, possession and supply of drugs in this schedule are limited, in the public interest, to research or other special purposes. Only certain persons can be licensed by the Home Office to possess them for research purposes. Practitioners (e.g. doctors, dentists and veterinary surgeons) and pharmacists may not lawfully possess Schedule 1 drugs under a licence from the Home Office.

The only other reason for possession of Schedule 1 drugs is where these substances are taken into possession for either:

- destruction
- or
- to hand over to the police

- **Schedule 2 (Controlled Drug):**

This schedule includes the opiates (e.g. Diamorphine, morphine, and methadone), major stimulants (e.g. amphetamines) and quinalbarbitone.

All Schedule 2 CDs, except quinalbarbitone are subject to safe custody requirements (under the Misuse of Drugs Safe Custody Regulations 1973). They must be stored in a lockable receptacle, such as an appropriate CD cabinet or approved safe, which complies with the regulations, and which can only be opened by the person in lawful possession of the CD or a person authorised by them.

The requirement for safe custody also applies to Schedule 2 CDs which have been returned from patients for destruction.

- **Schedule 3 (Controlled Drug- No Register):**

This schedule includes a small number of drugs which are either not so likely to be misused as those in Schedule 2 or not so harmful if they are misused (e.g. Temazepam, Flunitrazepam, Midazolam, Buprenorphine, Phenobarbitone, Gabapentin and Pregabalin)

Safe custody requirements for Schedule 3 CDs only apply to Temazepam, Diethylpropion, Buprenorphine and Flunitrazepam. Phenobarbitone, Midazolam, Pregabalin and Gabapentin do not require safe custody.

There is no legal requirement to record transactions involving Schedule 3 CDs in a CD Register. The requirements for destruction do not apply unless the CDs are manufactured by the individual.

- **Schedule 4:**

Schedule 4 is split into two parts:

Part 1 (CD Benzodiazepines) contains most of the Benzodiazepines, plus eight other substances.

Part 2 (CD Anabolic steroids) contains most of the anabolic and androgeicsteroids such as testosterone, together with Clenbuterol and growth hormones.

There is no restriction on the possession of a Schedule 4 Part 2 drug which is Part of the medicinal product. However possession of a drug from Schedule 4 Part 1 is an offence without the authority of a prescription in the required Form.

As there is no restriction on the possession, record of supply, destruction or safe custody of these substances when in the form of a medicinal product, These drugs are not regarded as 'controlled drugs' under the Hospice policy.

- **Schedule 5:**

This schedule contains preparations of certain controlled drugs, such as codeine and pholcodine. Morphine when present in medicinal products of low strength (less than 0.2% calculated as anhydrous morphine base), is exempt from full control as their risk of misuse is reduced.

Underlying Principles

This policy is intended to provide guidance on good practice for the management of controlled drugs (CDs) within Lindsey Lodge Hospice. It aims to set out systems for procuring, storing, supplying, prescribing, administering, recording and disposing safely of CDs, whilst at the same time helping to ensure appropriate and convenient access for those patients that require them.

Legislation and Governance:

- The management of CDs is governed by the Misuse of Drugs Act 1971 and its associated Regulations (in England, Scotland and Wales).
- Additional statutory measures for the management of CDs are laid down in the Health act 2006 and its associated Regulations.

Accountability and Responsibility

All healthcare organisations are accountable through the Accountable Officer, for ensuring the safe management of controlled drugs (Controlled Drugs Supervision of Management and Use) Regulations 2006.

The appointed registered nurse in charge of the Inpatient Unit or Well-being is responsible for the safe and appropriate management of CDs in that area.

Accountable Officer

The Accountable Officer for Lindsey Lodge Hospice is the Director of Nursing and Patient Services (DNPS) who is responsible for ensuring safe systems are in place for the management and use of CDs, monitoring and auditing the management systems and investigation of concerns and incidents related to CDs.

The Accountable Officer is able to authorise a person to witness the destruction of CDs within the Hospice. They are not authorised to witness personally the destruction of CDs, as they must be independent from the day to day management of CDs.

The Authorised Witness for Lindsey Lodge Hospice is the Chairman of the Board of Trustees.

Authorised Witnesses must only witness the destruction of CDs if the following criteria are satisfied:

- It is over 3 years since being a regular employee of the organisation where the destruction is taking place
- It is over 2 years since being employed as a locum or being involved in prescribing where the destruction is taking place
- If they or their relative or partner were directly involved in any discrepancies or incidents involving that specific CD then they must not witness its destruction (this excludes the provision of appropriate advice).

Key Holding and Access to CDs:

- Inpatient Unit has 1 set of keys
- Well-being centre do not hold any CD keys. When CDs are required for Wellbeing patients the keys must be requested from the Inpatient nurse in charge.
- Controlled Drug cupboard keys are the responsibility of the Senior Nurse of the unit. On a day to day basis they are the responsibility of the nurse in charge of the shift.
- CD keys are not to be left unattended at any time and must not be given to any member of staff who is not a registered nurse or medical staff.
- CD keys should be separate to other keys. They should be connected via a detachable link to the main set of keys.

Missing CD keys

- If the CD keys cannot be found then every effort should be made to find the keys or retrieve the keys as speedily as possible by contacting nursing staff who have just gone off duty. If the key still cannot be located the Senior Nurse and the DNPS Executive must be informed and an incident form completed. If this is out of hours then the Senior Manager on call must be contacted.
- Should access to the medicines be required before the keys are retrieved the nurse in charge must be informed and a duplicate set obtained. As a last resort the nurse in charge will, after discussion with the Senior Nurse and the DNPS arrange for the cupboard to be broken open and a new lock fitted.

Controlled Drug stocks

Both Inpatient Unit and Well-being should have a list of CDs that they hold as stock items. The contents of the list should reflect current patterns of usage of CDs on the Units. The list should be modified if practices change and should be reviewed at agreed intervals by the Inpatient Unit Senior Nurse and the pharmacist.

Requisitioning and Receipt of Controlled Drugs

- Nominated staff, with appropriate qualifications and competencies (RNs & Doctors) may order medicines from the Pharmacy provider.
- All stock should be kept to a safe minimum.
- The range and levels of commonly used medicines to be held in stock will be agreed by the Senior Nurse, Medical Director and DNPS and the Pharmacy provider.

Orders for stock CDs should be made in the official controlled drugs order book with duplicate pages. The drug should be clearly written and the strength, form and quantity written in figures and words. The reason for the CD order must be written on the requisition, i.e.: 'for stock'. **This is a legal requirement.** The requisition must then be signed and dated by an RN and a doctor. Both the RN and the doctor must also print their name alongside their signature.

The requisition should then be collected as soon as possible by the Pharmacy provider. The requisition must be photocopied and the copy put in the green file in the nurses' office. The original requisition is placed back in the CD order book which is then placed in the Pharmacy provider green plastic envopak. A security tag is then attached to the envopak. This is kept in the Nurses' office ready to be collected by the Pharmacy provider the same day.

If the Pharmacy provider have already done their collection from us the green envopak should be locked in the CD cupboard until the following day. This will ensure the CD order book is not left unattended.

Stock CDs will now come from Grimsby. Staff need to be aware that stock CDs will not arrive at the hospice until the following day. It is the responsibility of each RN to ensure we have sufficient CD stock at all times, particularly weekends and Bank Holidays.

- **Orders for patient named CDs** should be made on the official yellow requisition form. This must be completed by the doctor on duty at the hospice. Once completed the requisition should be collected as soon as possible by the Pharmacy provider. The requisition must be photocopied and the photocopy put in the green file in the nurses' office. The original requisition is then placed in the Pharmacy providers green plastic envopak and a security seal attached. The envopak is kept in the Nurses office ready for collection by them.

If the Pharmacy provider have already done their collection from us the green envopak should be locked in the CD cupboard until the following day. This will ensure the CD requisition is not left unattended.

On receipt of stock CDs from the Pharmacy provider two RNs must check the delivery is correct against both of the Pharmacy provider delivery notes. Both nurses should sign and date both of the Pharmacy provider delivery notes. One of which is returned to the Pharmacy provider. The name of the drug received and amount of drugs should also be written on the delivery notes.

Tamper proof sealed boxes should not be opened when doing this check.

Once the requisition is checked and correct both RNs should sign the CD request book to say they have received the delivery. The CDs should then be put straight into the CD cupboard and recorded in the CD Register. This process must be completed by the same two nurses. The Pharmacy provider delivery note for the CD order should then be attached to the photocopy of the order in the green file in the nurses' office.

On receipt of patient named CDs from the Pharmacy provider two RNs must check the delivery is correct against the Pharmacy delivery notes. . Both nurses should sign and date both of the Pharmacy delivery notes. One of which is returned to the Pharmacy. The name of the drug received and amount of drugs should also be written on the delivery notes.

Tamper proof sealed boxes should not be opened.

Once the requisition is checked and correct the CDs should be put straight into the CD cupboard and recorded in the Patients' Own CD Register. This process must be completed by the same two nurses. The Pharmacy provider delivery note for the CD order should then be attached to the photocopy of the order in the green file in the nurses' office.

When a patient is referred for admission to the Inpatient unit the referrer or patient/relative must be informed not to bring their Controlled Drugs with them into the Hospice. They should bring in all other medication they are currently taking. Any CDs that the patient requires will be prescribed by a Hospice doctor and ordered from the Pharmacy provider. If the patient does bring in their own CDs they should be given to the next of kin to take home. Whenever possible this should take place in the patient's room. If it is not possible to return the CDs to the next of kin at the time of admission the CDs should be checked into the Patient Own CD Register and put into the Patient Own CD cupboard. They must be returned to the next of kin at the earliest opportunity.

If a member of staff has any concerns regarding returning CDs to a family member this must be discussed with the Senior Nurse and Medical Director or their deputies. If after discussion it is decided that a patient's CDs are to be kept on the premises these must be stored in the Patients CD cupboard in the Treatment Room. Two RNs should count the CDs and enter the details in the Patient Own CD Register.

Each different CD should be written on a new page. The patient's name and NHS number should be written in red at the top of the page. The name of the CD is also written in red at the top of the page. The patient's name and NHS number should be written at the front of the Register alongside the page number/s the CDs are recorded on. A record of these CDs is documented on the 'medication brought in' chart which is kept with the patient's prescription chart.

- If the patient is admitted via the Community and brings Anticipatory medications in these should again be sent home with the next of kin wherever possible.

The patient's District Nurse or Macmillan Nurse should be informed if CDs or Anticipatory drugs are returned to the next of kin. This should be documented on SystemOne and on the GP letter.

If patients are attending appointments elsewhere or going on weekend leave and may require medication a small amount to cover this should be ordered from the Pharmacy provider a few days prior to the appointment/weekend leave. The yellow patient TTO prescription pad must be completed by the doctor to ensure this medication contains the patient's details. On receipt from the Pharmacy the normal process should be followed for recording and storing Patient Own CDs.

Any discrepancy at the time of receipt should be reported to the Pharmacy provider immediately. Any CD discrepancies should be reported to the Senior Nurse and DNPS and an investigation commenced.

The incident should be reported as a drug incident through the normal channels. The DNPS who is the Accountable Officer will then inform the Local Intelligence Network (LIN).

Products such as vaccines should have additional quality check to ensure, for example, that the storage requirements through the "cold chain" have been maintained. Reference should be made to the 'Green Book' through the following link:

<http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH4097254>

Medicines must be presented in a container of a size that can be stored in the drug cupboards and labelled with the approved name, strength, quantity, date of dispensing and expiry. N.B the expiry date may be written with the month first.

Storage of Controlled Drugs

The Misuse of Drugs (Safe Custody) Regulations 1973 cover the safe custody of controlled drugs in certain specified premises. The Regulations also set out certain standards for cupboards used to store controlled drugs.

Ward CD cupboards must meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973.

All CDs must be stored in a locked CD cupboard which can only be opened by a person who can lawfully be in possession of them.

General measures for the storage of CDs include the following:

- Cupboards must be kept locked when not in use
- The lock must not be common to any other lock in the Hospice
- Keys must only be available to authorised members of staff
- The cupboard should be dedicated to the storage of CDs
- No other medicines or items should normally be stored in the CD cupboard, e.g. valuables
- CDs must be locked away when not in use
- There must be arrangements for keeping the keys secure. This is particularly important for the Well-being Unit which is not operational 24 hours a day.

- The Well-being non CD drug keys to be locked in the key cupboard in the Inpatient Doctors' office when Well-being is closed.

CD Stock Level Checks

- The stock balance of all CDs entered in the CD Register should be checked and reconciled with the amounts in the cupboard weekly.
- The Senior Nurse is responsible for ensuring that the weekly CD stock check is carried out.
 - Two RNs should undertake this check. The check should take account of the following:
 - Checking of CDs involves checking of balance in the CD Register against the contents of the CD cupboard, not the reverse, to ensure all balances are checked.
 - It is not necessary to open packs with intact tamper-evident seals for stock checking purposes.
 - During regular stock checks balances of liquid medicines should be estimated by visual inspection. The balance of liquid CDs should be checked and corrected each time a new bottle is opened. A record of this check must be recorded in the CD Register and witnessed. This is to prevent losses and contamination which may occur if the contents of bottles are regularly decanted for measuring.
- A record that this reconciliation check has been carried out and confirming the stock is correct should be made in the CD Register on the same page as the drug being checked and on the next available line in the CD Register after the last recorded balance was made. **This record should as a minimum state the date and time of the check and include the wording 'check of stock level and expiry date' and be signed by the two RNs.**

Discrepancies

- The balances in the Controlled Drug register should always tally with the amounts of CDs in the cupboard. If they do not, the discrepancy must be reported, documented, investigated and resolved. It is important to remember that a discrepancy could indicate misuse.
- In the first instance the following should be carefully checked:
 - All requisitions received have been entered into the correct page of the register.
 - All CDs administered have been entered into the CD Register.
 - Check prescription charts for administrations that have not been recorded in the CD Register.
 - Items have not accidentally been put in the wrong place in the cupboard.
 - Arithmetic to ensure that balances have been calculated correctly.

If an error or omission is traced the registered nurse in charge should make an entry in the CD Register, clearly stating the reason for the entry and the corrected balance. The entry should be witnessed by a second nurse, pharmacist or doctor. Both persons must sign the CD Register.

If no errors or omissions are detected then the investigation of unresolved discrepancy process must be followed.

Investigation of Unresolved Discrepancies

The Senior Nurse responsible for the area the unresolved discrepancy occurred is responsible for its investigation.

- The investigation needs to consider:
 - Who had access to the CDs and could provide information about the discrepancy? It will be appropriate to interview all staff who had access to the CD cupboard since the last documented stock check.
 - Could the CD have been administered and not recorded? All prescription charts should be examined to check each administration recorded on the prescription chart has been recorded in the CD Register.
 - Has there been an error in the receipt process? It may be necessary to check CD order book to ensure the quantity ordered/supplied has been correctly entered in the CD Register. It may be necessary to verify with the Pharmacy provider the quantity recorded as supplied by them.
 - Has the ward stock checking contributed to the incident? It may be necessary to look at the frequency of ward checking of CDs to determine if that has contributed to the discrepancy or has led to delayed discovery of the discrepancy.
 - The Senior Nurse must submit a report of the discrepancy to the Quality Assurance group. In all instances a record should be made in the CD Register to correct the actual balance. This entry must be witnessed by a second nurse, pharmacist or doctor who has assisted with the investigation. Both persons must sign the CD Register.

Controlled Drug Stationery

Definition:

- All stationery which is used to order or distribute controlled drugs should be stored securely in the CD cupboards and access to it restricted. These measures are important to guard against unauthorised use of the stationery to obtain CDs for inappropriate purposes.
- CD stationery includes:
 - Controlled drug requisition books
 - Controlled drug record books
 - Patients own controlled drug record books

Loss or theft of any controlled drug stationery which may be used to order CDs must be reported immediately to the Senior Nurse and DNPS.

Signature list:

- It is the responsibility of the Senior Nurse to ensure that a sample signature of any nurse/doctor undertaking this duty is given to the Pharmacy provider and they are promptly notified of any name changes or leavers.

Record Keeping

- Controlled drugs record books are maintained with sequentially numbered pages with a separate page for each drug and drug strength. Each CD Register is sequentially numbered also. The generic name of the drug, form and strength must be written at the top of each page.
- If the CD has a 'prolonged' or 'immediate' release action this should also be written at the top of the page. Medical staff should also write the above when prescribing the CD.
- All Controlled Drugs must be signed for by 2 RNs or RN and a doctor.
- Oramorph 10mg in 5mls can be administered by one nurse and does not require records to be kept in the CD Register.
- Midazolam, Phenobarbitone, Pregabalin and Gabapentin do not require 'safe custody' and there is no requirement for records to be kept in the CD Register. They must still be ordered as a CD using the CD requisition book but are stored in the stock injection cupboard.
- Buprenorphine is now ordered as a CD, stored in the CD cupboard and records kept in the CD Register.
- If entries have been corrected in the CD Register due to mistakes they should not be crossed out. The original entry must remain legible. The entry should be bracketed () and initialled by the two RNs who made the mistake. The corrected entry should then be signed by the same two RNs.
- When there are no more blank pages available in the CD Register a new book must be started with existing CD stocks transferred to the new CD Register. Any stock transferred to the new book must be recorded as a 'transfer to new' and a 'transfer from' in both the old and new books accordingly. This transfer should be witnessed by an RN.
- Any unused or part-used pages must be struck through with a diagonal line to prevent further use.
- The CD order book should show for each drug ordered:
 - Signature of supplier
 - Signature of person accepting the CD for delivery
 - Signatures of staff receiving drugs on the Unit
 - Printed name next to signatures on the order of the staff ordering the drug

All entries must be in ink.

Prescribing and Administering

Prescription Charts must have on the front sheet:

- Patients full name
- NHS number
- Date of Birth
- Allergies(in red)

Prescriptions:

- Controlled drugs can only be prescribed by a medical practitioner.
- Must use generic names.
- Must be clearly written in capital letters.
- Must include the dose, frequency, route of administration and date prescribed.
- All prescribers must complete the signature sheet in the patient's notes.
- Anticipatory prescribing is used routinely and allows nursing staff to use their discretion when increased doses are required, providing the stated parameters are followed.
- Regular Prescription chart audits will be undertaken.
- If patients are attending appointments elsewhere and may require medication a small amount to cover this should be ordered from pharmacy a few days prior to the appointment. The yellow patient TTO prescription pad must be completed by the doctor to ensure this medication contains the patient's details.
- Specific Community Prescription charts must be used for patients who are being transferred home on medication which the community team may need to administer. For example: Syringe driver, as required medication and anticipatory medication. This chart must be sent home with the patient. The Community Team must be informed that the patient has this chart.
- Both clinical and medical staff to check every patients prescription chart on a daily basis to ensure sufficient medication is prescribed. This especially applies for overnight and weekends/bank holidays.

Verbal orders.

- Verbal orders are not acceptable on their own. The verbal order must still be taken by two RNs but the prescriber must send a confirmation email to the nurse who requested the medication change.
- The change in medication must not be given until the confirmation email has been received, printed off and signed by both RNs who requested the change. This should be filed with the current prescription chart in use.
- The email must contain the patient's name, NHS number, details of medication change. Any dosages must be written in numbers and words. The prescriber's GMC number must also be on the email.
- The prescriber needs to sign the prescription chart within 24 hours or 72 hours over a Bank Holiday or weekend.
- Nursing and Medical staff to check every patient's prescription chart to ensure appropriate anticipatory medication is prescribed, especially prior to the weekend and Bank Holidays.
- The prescriber should be encouraged to come to the Hospice and prescribe the change in medication instead of giving a verbal order whenever possible. If a change in medication involves Controlled Drugs the prescriber must sign the prescription chart before the medication is administered by Nursing staff.
- If the spaces for PRN medication are completed, but the prescription (drug/dose/route) remains unchanged it is acceptable for a registered nurse to

continue on a new line but this must be signed by a medical practitioner within 24 hours or 72 hours if over the weekend or a Bank Holiday.

- Written confirmation of the dosage adjustment must be provided within 24 hours by a medical practitioner.
- In exceptional circumstances a medical practitioner may need to prescribe remotely for a previously unprescribed medicine. Instruction by telephone to administer a previously unprescribed medicine is only acceptable at the discretion of **both** the RN and the doctor after discussion of the patient and condition- the receipt of an email must confirm the prescription before it is administered. The confirmation of the prescription change must be signed by a medical practitioner within 24 hours or 72 hours if over the weekend or a Bank Holiday.

Administration

- The process of checking, administration and recording of Controlled Drugs must be carried out by the same two nurses. They must also both record any wastage.
- To ensure that there are no interruptions whilst the process of checking CDs is being undertaken the '**Do not Disturb**' sign should be put on the outside of the door. The mobile phone should be given to another member of staff wherever possible to avoid distractions.
- The patient's Prescription chart should be taken into the Treatment Room and the drug to be administered checked by both nurses on the chart to ensure it is written correctly.
- The CD is then checked out by the two nurses. This involves counting the CD to ensure no discrepancies. The date, patient's name and the drug amount required is recorded on the appropriate page. The balance of the CDs is recorded also.
- Both nurses must go to the patient and both must check the patient's details. The CD Register and Prescription chart should be taken to the patient and details checked against the Prescription chart.
- An identity bracelet should be worn by every patient on the Inpatient Unit. Name, NHS number and date of birth should be clearly written on the identity bracelet. In well-being unit the patient should be asked their name and date of birth which should be checked against their prescription chart.
- When the patient has taken their medication both nurses must sign the CD Register and Prescription chart at the bedside or if in well-being unit at the patient's side. If the patient is unable/refuses to take the medication both nurses must witness the disposal of the CD and sign the CD Register and Prescription chart.
- Oramorph 10mgs/5mls may be administered by one nurse. Not required to be stored in the CD cupboard. No requirement to enter in CD Register.
- Midazolam and Phenobarbitone do not require 'safe custody'. They are not required to be stored in the CD cupboard. Stored in the stock injection cupboard. No requirement to enter in CD Register. May be administered by one nurse.
- Buprenorphine is stored in the CD cupboard and requires 'safe custody'. Must be ordered as a CD and recorded in the CD Register.
- **Fentanyl Patch** charts must be signed by the same two nurses who checked them out of the CD cupboard and administered them to the patient. The same two nurses should also sign for the removal and destruction of the previous patch/es on the Fentanyl Patch chart. In the well-being Unit the two RNs should document this in the patient's notes and both sign the entry. The fentanyl patch should be checked 12 hourly on the Inpatient Unit to ensure it is still in place and the RN should sign the fentanyl patch chart to record this.

- For patients attending well-being unit who are unable to administer their Fentanyl patch independently the Fentanyl patch must then be prescribed by a Hospice doctor. The Fentanyl Patch must then be taken out of the Hospice CD cupboard and administered as per the policy. The patient should be encouraged to not bring their own Fentanyl patches in with them in future. Hospice stock will be administered.
- **Syringe Driver** contents should be checked and administered by two RNs. The label which is attached to the syringe should contain the following information:
 - Name of patient
 - NHS number
 - Name of drug/s to be administered
 - Drug dose
 - Diluent used
 - Time and date syringe driver renewed
 - Initials of both RNs
- Both nurses should go to the patient and check patient details prior to renewing/setting up the syringe driver. The syringe driver chart should be taken to the patient so it can be completed with all the relevant information. Both nurses should sign the CD Register, Prescription chart and Syringe driver chart.

Destruction of Schedule 2 and 3 CDs.

The named individuals authorised to witness the safe destruction and disposal of stock controlled drugs do so in accordance with current legislation which states that:-

- the destruction of Schedule 2 and 3 CDs from stock is witnessed by a person with authority to do so.
- the destruction of those stock CDs complies with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001, as amended.

1. Scope

This Standard Operating Procedure (SOP) defines the process for witnessing the destruction and disposal of stock schedule 2 and 3 CDs legally held by Lindsey Lodge Hospice.

2. Process

2.1 Arrangements for the Destruction of Stock CDs

2.1.1 A CD Destruction Request Form should have been completed prior to the destruction of unwanted or date expired CDs.

2.1.2 The completed request form is to be sent via email to the Senior Nurse who will arrange for the Authorised Witness to make an appointment with the relevant Unit (Inpatient or Well-being). The Authorised Witness will take a copy of the completed form with them to the destruction location.

2.2. Witnessing the destruction of Stock Schedule 2 and 3 CDs

2.2.1 Under this SOP the destruction must be witnessed by named individuals who have current authorisation to witness and record the destruction by the CD-AO.

2.2.2 Any stock CDs for disposal must have been stored in the CD cupboard clearly marked 'CD STOCK FOR DESTRUCTION' and kept separate from CDs in use. Staff

must ensure that prior to the arrival of the Authorised Witness sufficient and relevant equipment is available to facilitate the destruction.

2.2.3 Before any destruction takes place the Authorised Witness must verify the CD record for each item being destroyed. Subject to professional discretion, if that person discovers anything amiss, they should not proceed with the destruction of the CDs but should ask that an investigation into the discrepancy be initiated and completed. If the discrepancy can be immediately resolved then the destruction may proceed. If not, the discrepancy must be investigated further and reported appropriately. Once resolved another date for destruction should be made if required.

2.2.4 The following equipment must be made available by the staff to facilitate safe destruction:-

- A suitable receptacle for dissolving tablets in boiling water
- Disposable gloves
- Masks if required
- Goggles if required
- Appropriate clinical waste container with lid
- Denaturing Kits
- Controlled Drugs Record Book (CDRB)

2.2.5 Appropriate records of the CD destruction must be made in the CDRB including:-

- Date of destruction
- Reason for destruction e.g. 'out of date'
- Quantity destroyed
- Name, signature and professional registration number of person disposing of the drugs
- Name, signature and professional registration number of the Authorised Witness
- The resulting running balance.

2.2.6 The CD Destruction Request form must be completed, signed and dated by both parties. The form is then to be kept by the Senior Nurse on the appropriate unit.

2.2.7 All entries in the CDRB must be in indelible ink and any errors clearly denoted at the bottom of the page or in the margins.

2.2.8 Stock level records of all out of date stock must be included in the running balance until it has been destroyed .

2.2.9 The destruction audit trail must be traceable and complete.

2.3 Methods of Destruction and Disposal.

2.3.1 Health and safety regulations to be followed during this process, e.g. gloves, well ventilated area

2.3.2 Tablets, oral lozenges, wax coated tablets and methylphenidate tablets should be removed from any packaging and dissolved in boiling water. The resultant liquid should be managed as per liquid formulations and placed in the CD de-naturing kit at the end.

2.3.3 Capsules/sachets should be removed from any outer and inner packaging and then the capsules/sachet opened and contents and empty shell/packet placed in the CD de-naturing kit.

2.3.4 Liquid dose formulations (including liquid ampoules) can be opened and poured from their container and added to the normal CD de-naturing kit. For ampoules containing powder forms, a little tap water should be added before pouring the contents into the CD denaturing kit.

2.3.5 Syringe driver contents to be disposed of in the 'CD liquids only' Sharps bin which contains gel sachets to soak up the liquid. This should be recorded in the blue Syringe Driver book by the two RNs who dispose of it.
If other dosage forms are to be destroyed, liquids should be added last.

2.3.6 Patches containing CDs (E.g. Fentanyl, Buprenorphine) should be managed by removing the outer packaging and the protective film backing removed. Fold the patch in half so that the adhesive sides bond together and then place in the CD denaturing kit. This makes the ingredients irretrievable.

2.3.7 Aerosol formulations should be expelled into water (avoiding droplets entering the air) and the resultant liquid managed as liquid formulations. A mask must be worn when dealing with these.

2.3.8 Ointment/drops should have their contents squeezed into the CD denaturing kit and the containers also added to the kit.

2.3.9 Disposal of CDs during preparation.

- Where the dose required is part of an ampoule or vial the person administering the dose shall record both the amount given and the amount wasted, e.g. '**x mg given y mg wasted**'. The liquid medication not used must be poured into the CD Liquids Only Sharps Bin which contains the gel sachet.
- Where a dose is prepared but not given it must be destroyed (using the correct process) and an entry made in the CD Register which is signed by the person preparing the dose and the second RN.

2.4 Destruction and Disposal of Patient's Own CDs.

There is currently no requirement for an Authorised Witness to witness the destruction of Patient's own CDs. However the destruction of these CDs must be witnessed by two RNs and a record kept in the Patient Own CD Register.

3. Training.

3.1 All members of staff who are required to witness the destruction of CDs have the responsibility to ensure that they have read the SOP for the destruction of CDs and are aware of the processes involved.

3.2 Training for this SOP will be the responsibility of the DNPS in conjunction with the Senior Nurse and Clinical Trainer.

3.3 All new members of registered staff must attend mandatory Medicines Management training within three months of employment.

3.4 All new members of Registered staff must complete mandatory Medicines Management and Controlled Drugs workbooks within three months of employment.

4. Audit and Monitoring.

- 4.1 Compliance with this SOP will be subject to quarterly audit and report to the Quality Assurance committee
- 4.2 Monitoring the adherence to this SOP will be the responsibility of the DNPS.
- 4.3 Completed CD Destruction Request forms will be checked regularly.

5. Responsibility.

- 5.1 Each authorised witness has the responsibility for ensuring that this SOP is performed as detailed above and their status as an authorised witness remains valid.
- 5.2 The Accountable Officer has overall responsibility for any CD destruction witnessed by the Authorised Witnesses.
- 5.3 It is the responsibility of each Authorised Witness to advise the staff on the appropriate disposal of CDs.

6. Storage

- 6.1 The de-naturing kit is to be stored in the CD cupboard for a minimum of 24 hours to allow the contents to denature.
- 6.2 Following this the kit is placed in the clinical waste container which is kept locked at all times. Keys are locked in the Inpatient Unit Senior Nurse's office and main Reception.

The Waste Management Provider SRCL is responsible for removing denaturing kits and Sharps bins.

Training and Supervision.

All new staff will receive training from their preceptor/Senior Nurse during the first month of their employment and will be monitored as required.

The Senior Nurse will keep records of any supervision undertaken of RNs with regard to Controlled Drugs. Supervision of Medicine Management including CDs should be an ongoing process.

Review.

Following implementation, this SOP shall be subject to review, in accordance with any change in the law or in working practices. It may also be reviewed following audit or the reporting of incidents that have identified any risk with the existing procedure. Staff operating under this SOP are encouraged to consider and comment on the content if potential improvements are identified.

REFERENCES: Authors Maureen Georgiou, Karen Andrew and Dr Lucy Adcock				
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Feb 2019	MG/KA	Feb 2022	Yes	QA