

## CoMET Medicines Management Procedure- Medicines Storage and Management on Transfer

This guideline is for use by healthcare staff, at CoMET undertaking critical care retrieval, transport and stabilization of children, and young adults.

CoMET is a Paediatric Critical Care Transport service and is hosted by the University Hospitals of Leicester NHS trust working in partnership with the Nottingham University Hospitals NHS Trust.

The guidance supports decision making by individual healthcare professionals and to make decisions in the best interest of the individual patient.

This guideline represents the view of CoMET, and is produced to be used mainly by healthcare staff working for CoMET, although, professionals, working in similar field will find it useful for easy reference at the bedside.

We are grateful to the many existing paediatric critical care transport services, whose advice and current guidelines have been referred to for preparing this document. Thank You.

Executive Lead/ Medical Director:	Andrew Furlong (LRI, UHL – <a href="mailto:andrew.furlong@uhl-tr.nhs.uk">andrew.furlong@uhl-tr.nhs.uk</a> )
Author:	Abigail Hill- CoMET Matron <a href="mailto:abi.hill@uhl-tr.nhs.uk">abi.hill@uhl-tr.nhs.uk</a> Helen Knight- Deputy Chief Pharmacists <a href="mailto:helen.knight@uhl-tr.nhs.uk">helen.knight@uhl-tr.nhs.uk</a>
Current Guideline Lead:	Gemma Harris – CoMET Educator, UHL <a href="mailto:Gemma.Harris@uhl-tr.nhs.uk">Gemma.Harris@uhl-tr.nhs.uk</a> Rebecca Etherington – CoMET Nurse, UHL <a href="mailto:Rebecca.Etherington@uhl-tr.nhs.uk">Rebecca.Etherington@uhl-tr.nhs.uk</a>
Current Clinical Lead:-	Georgina Harlow – CoMET Clinical Lead <a href="mailto:Georgina.harlow@nuh.nhs.uk">Georgina.harlow@nuh.nhs.uk</a>
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### Education and Training

1. Annual Transport team update training days
2. Workshops delivered in Regional Transport Study days/ Outreach

### Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incident reporting	Review related Datix	Abi Hill – Lead Transport Nurse <a href="mailto:abi.hill@uhl-tr.nhs.uk">abi.hill@uhl-tr.nhs.uk</a>	Monthly	CoMET Lead Governance Meeting
Documentation Compliance	Documentation Audit	Abi Hill – Lead Transport Nurse <a href="mailto:abi.hill@uhl-tr.nhs.uk">abi.hill@uhl-tr.nhs.uk</a>	3 Monthly	CoMET Lead Governance Meeting

# Medicine Management Procedures: Medicines Storage and Management on Transfer

## Introduction

The purpose of this document is to provide guidance for the safe storage of medicines used by the CoMET transport teams.

## Section 1: Medicines Storage- non CD's

All stock must be stored in their containers, whether the manufacturers original packaging or the container dispensed from pharmacy. Medicines should not be transferred from one container to another or left loose in the stock cupboard. If a single dose unit (e.g. ampoule) is removed from an original container and transferred to the *CoMET* Drug bag, it should not be returned to the stock box unless the batch number, expiry date and drug match the outer box. No unsecured medicines are ever to be left unattended.

The grab store where the medicines are kept will have daily temperature readings which must be documented. Room temp should be held between 15-25 degrees Centigrade, if above this or below this temperature range, please contact Medicine Information (Tel: 0116 2586491) and pharmacy for advice. Where temperatures are consistently high, the medicines must be immediately quarantined and advice on whether they can be used in the future, can be sought from Medicine Information.

It is the responsibility of the service lead to ensure that there is a system in place to ensure the monitoring of expiry dates of stock medicines, appropriate stock rotation and removal of expired medicines from use. Each drug bag will be opened monthly to check integrity of vials and expiry dates will be checked and inputted via the my kit check app and stock with an expiry date less than 6 months will be rotated back to the main pharmacy department at UHL after discussion with Stores Team Leader at Glenfield (see MCCTS Medicines Management Procedure- Medicine Ordering and Supply).

The CoMET nurse on duty will check that all drug boxes and fridge bags are present and in the correct location as part of the twice daily checks and that the tag number corresponds with that recorded on 'my kit check'. If this is not the case the bag will need opening and all stock check for expiry dates.

### 1.1 Storage of drugs on Transport

The drugs bag, CD bag (see also section 2) and fridge bag should be stored in the access bag and the bag tagged to ensure that this is not tampered with. The tag on all the bags must have a registered number on and will be checked twice daily via 'my kit check' for the drug bag and fridge bag and the CD tag must correlate with the tag number recorded in the CD book and checklist that has been signed and dated which accompanies them (see Appendix 1). This is to ensure that the content is correct and that the drugs are in date.

The drugs must not be left unattended during transit and the access bag should remain with the clinical team at all times.

## 1.2 Fridge storage

A lockable, dedicated pharmacy refrigerator in which the minimum and maximum temperature is monitored and recorded on a daily basis on the 'My kit check' app is used for storage of all temperature sensitive medicines. All fridges have a thermometer with a maximum and minimum recording and ideally an audible alarm. Refrigerators must maintain temperature between 2 and 8 degrees centigrade. (NB. ONLY medicinal products are to be kept in this fridge).

If the temperature deviates from these limits then you must call facilities on extension 17888. Please also follow the action plan as set out in the front of the medicines fridge record book. Replacement books can be obtained from the print room.

Where the temperature has deviated outside the recommended range for a period of time, medicines must be quarantined and advice sought from the Pharmacy Department and / or Medicines Information.

## 1.3 Fridge stock maintenance

The fridge drugs will ideally be stored in a portable coolmeds case which will maintain the temperature between 2-8 degrees. However where this is not possible and if the readings from the coolmeds bag fall outside of this limit when on transfer the stability of the drugs may be affected. As a result the following management will be undertaken. Please ensure the correct brands are stocked as indicated below.

- **Lorazepam 4mg/ml (Macure Pharma):** Lorazepam can be exposed to a maximum temperature of up to 25 degrees for 3 repeated excursions no longer than 24 hours duration each time. After the third excursion where the vial deviated from the temperature range 2-8 degrees it will need replacing. The date of each excursion where the temperature was not maintained will be documented on the fridge bag label and after the third trip the seal will be broken and vial discarded and replaced (see appendix 1).
- **Rocuronium 10mg/ml (Esmeron only stocked):** If the fridge bag goes outside of range then the seal will be broken and an expiry date of 3 months must be written on the vial and date updated on 'my kit check'. This must be checked each month and must be replaced at the 3 month mark (NB. The maximum temperature that rocuronium can exceed is 30 degrees)
- **Dinoprostone 1mg/ml:** this must be discarded after every transfer where the pouch exceeds the temperature range 2-8 degrees.
- **Argipressin 20iu/ml (AOP Orphan Ltd only to be stocked):** This drug will need to be electively changed at every monthly check.

## Section 2: Controlled Drugs (CD's)- please also refer to the UHL Policy and Procedure for the Use of Controlled Drugs (CDs) on wards, Departments and Theatres

Critically ill children are referred to CoMET from District General Hospital for transport to their nearest Critical Care Unit. It can sometimes be difficult to obtain drugs required for the stabilisation

of these patients in a timely fashion and therefore the team are required to carry limited stock of controlled drugs when out on transport. This list will be reviewed at regular intervals.

#### CoMET CD's

Quantity	Drug
1	Fentanyl 100 microgram/1ml
2	Phenobarbitone 200mg/1ml
1	Potassium Chloride 1.5g in 10ml (2mmol in 1 ml)
2	Ketamine 500mg/10ml
5	Midazolam 50mg in 10ml

The Chief pharmacist is the CD accountable officer for all UHL activity as the host trust and, as such is responsible for all aspects of supply, storage, use and destruction within the trust. The storage of CD's at Castle Donington has been signed off by the Controlled Drugs Liaison officer for Leicestershire Police. It has been agreed that CDs for CoMET and ACCOTS can be stored in the Grab store subject to meeting the recommendations set out following the visit by the Controlled Drugs Liaison Officer (see appendix 2).

### 2.1 Storage of Controlled Drugs

Controlled drugs for CoMET and ACCOTS must be stored in the designated CD storage cupboard in the grab store. This cupboard will be reserved solely for the storage of Transport CDs and additional stock to replenish the box. The CD cupboard in use must be secured to the wall and comply with the Misuse of Drugs (Safe Custody) regulations 1973.

CD Storage should be sited in a locked room or in a position to allow surveillance and maximum security arrangements against unauthorised entry. It should not be near major sources of heat (such as radiators) or humidity (such as sinks) and should be locked when not in use. CCTV coverage of the CD cupboard at Castle Donington will be in use at all times.

The registered nurse on duty for CoMET and ACCOTs are responsible at all times for all medicines stored in the department. It is recognised that it is not practical for an individual to hold CD keys as there will be many team members facilitating the services. As a result the CD key will be secured in a key safe with biometric access only. This will be located in the transport office. This has been agreed by the Chief Pharmacist and Controlled Drugs Liaison Officer for Leicestershire Police (appendix 2). A spare key to each cupboard will be held at Glenfield pharmacy. In the event that there is a complete loss of the CD key, the CoMET or ACCOTs nurse on duty needs to contact the pharmacy department to discuss the next course of action. Out of hours, the team need to contact the oncall pharmacist.

When CDs required checking or signing out for transfer the registered nurse/ACP/consultant will remove the key from the safe in the office using the biometric system. This key should be returned immediately following the safe removal of the CDs from the cupboard by the member of staff who had removed the key.

It is the responsibility of the service leads to ensure that there is a system in place to ensure the monitoring of expired stock and removal of expired medicines from use. Expiry dates will be checked monthly and replacement arranged (please also refer to MCCTS Medicines Management Procedure- Medicines Ordering and Supply).

## 2.2 Record keeping

Each service (CoMET & ACCOTS) must keep a record of all schedule 3 controlled drugs received into stock in their own controlled drug record book, which should be kept up to date and in good order. There will be dedicated stock for CoMET & ACCOTS on a dedicated shelf to that service.

All entries must be signed by an authorised signatory and witnessed by a second authorised signatory. All staff authorised to sign the controlled drug record book must be listed in the front of the book.

On reaching the end of the page in the controlled drug record book, the balance must be transferred to another page. The new page number must be added to the bottom of the finished page and the index updated. Completed controlled record books must be retained for a minimum of 2 years at each operational base from the date of the last entry in the CD record book.

Each page of the CD book must have the name, form and strength of the preparation. For CoMET we will record the top up stock on a separate page of the CD register e.g.

- Fentanyl 100 microgram in 2ml
- Ketamine 500mg in 10ml
- Midazolam 50mg in 10 ml
- Phenobarbitone 200mg in 1ml
- Potassium Chloride 1.5 g in 10ml

There will then be one page per each CD pouch which will be labelled CD pouch 1, CD pouch 2, CD pouch 3, CD pouch 4 recorded in the CD Book. The name, form and preparation will be recorded as the entire contents of what is recorded in that pouch e.g.

**Name, Form of Preparation and Strength:** *CD Pouch 1 (fentanyl 100microgram/2ml x1 vial, Ketamine 500mg in 10ml x 2vials, Midazolam 50mg in 10ml x 5vials, Phenobarbitone 200mg in 1ml x 2 vials, Potassium Chloride 1.5g in 10mol x 1 vial)*

### Image 1:

CD Box 1: fentanyl 100 microgram / 2ml x 1 vials  
Ketamine 500 mg in 10ml x 2 vials  
Midazolam 50mg in 10ml x 5 vials  
Phenobarbitone 200mg in 1ml x 2 vials  
Potassium Chloride 1.5g in 10ml x 1 vial

**NAME, FORM OF PREPARATION AND STRENGTH** ..... 1

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						STOCK BALANCE Incl. Tag No. Balance on transfer
Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount given	Given by (Signature)	Witnessed by (Signature)	
Carried forward from page number .....									

If a mistake is made it must be amended in such a way that the original entry is still clearly legible i.e. put brackets round the incorrect entry, do not cross it out. This must be signed, dated and witnessed by a second authorised signatory. The witness must also sign the correction.

For controlled drugs received, the following details must be recorded on the appropriate page in the controlled drug book;

- Date of entry
- Serial number of requisition
- Quantity received

- Form (name, formulation and strength) in which received
- Name/ signature of nurse/authorised person making entry
- Name/signature of witness
- Balance in stock

### 2.3 Checking of CDs

The CoMET/ACCOTS nurse on duty will ensure the CDs have been checked at the beginning of each shift. This may have already been done by a member of the other team but if not they should be completed. The daily audit checks should be completed between 08:30-09:00 and 20:30-21:00. During this time the volex system will prevent entry to the grab store to all staff other than UHL employees (this includes those working under honorary contracts with UHL). If the audit is unable to be completed during these restricted times, then the staff undertaking the checks must ensure the door to the grab store is locked whilst this procedure is being undertaken. A notice will be placed on the outside of the door advising that UHL staff are auditing (Appendix 3).

Balance checks must be done as part of the morning and evening checks. The ward stock being independent to the CD pouches so that a pouch being out on transport will not restrict the CD audit being completed.

All CDs must be counted and checked against the register. If the team have a pouch that is out on transport this will be recorded as 'OUT' on the line corresponding with that CD pouch number, and will be confirmed on the page corresponding with that CD pouch with patient name (See Image 2)

The following information should be recorded as part of the daily CD audit (See Image 4):

- Date
- correct amount
- signature of two staff checking:

At the time of checking the balances check expiry dates and order any drugs required (Refer to MCCTS Medicines Ordering and Supply Procedure).



Image 2:

CD Box 1: Fentanyl 100 microgram / 2ml x 1 vials  
Ketamine 500 mg in 10ml x 2 vials  
Midazolam 50mg in 10ml x 5 vials  
Phenobarbitone 200mg in 1ml x 2 vials  
Potassium Chloride 1.5g in 10ml x 1 vial

NAME, FORM OF PREPARATION AND STRENGTH ..... 1

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						STOCK BALANCE Incl. Tag No. Balance on transfer
Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount given	Given by (Signature)	Witnessed by (Signature)	
Carried forward from page number .....									
			9/11/23	16:00	Bag re-stocked Tag no: 12345.		Butts		In: 12345.
			10/11/23	14:00	Joe Bloggs	Box out	Butts		OUT: 12345
			10/11/23	18:30	Joe Bloggs (Bag restocked)	Box in	Butts		In: 12543.

Image 3:

NAME, FORM OF PREPARATION AND STRENGTH ..... fentanyl 100 microgram in 2ml ..... 1

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED						STOCK BALANCE Balance on transfer
Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount given	Given by (Signature)	Witnessed by (Signature)	
Carried forward from page number .....									
10 ampoules	08/11/23	01	9/11/23	13:00	Received from pharmacy	10 vials	Butts		10
			10/11/23	18:30	Joe Bloggs	20 microgram given 20 microgram wasted	Butts		9 transferred CD Box 1.

Image 4:



**Day check of Controlled Drugs**

Record Month: ..... Year: .....

Stock Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fentanyl 100 microgram/2ml INJECTION	10	10	10	10	10	10	10	10	10	10	9																				
Ketamine 500mg/10ml INJECTION	10	10	10	10	10	10	10	10	10	10	10																				
Midazolam 50mg/10ml INJECTION	10	10	10	10	10	10	10	10	10	10	10																				
<del>Phenobarbital</del> 200mg/1ml INJECTION	10	10	10	10	10	10	10	10	10	10	10																				
Potassium Chloride 1.5g/10ml (20mmol K+) INJECTION	10	10	10	10	10	10	10	10	10	10	10																				
CD Box 1 (IN/OUT) Fentanyl 100mcg/2ml x 1 vial Ketamine 500mg/10ml x 2 vial Midazolam 50mg in 10ml x 5 vial <del>Phenobarbital</del> 200mg/ml x 2 Potassium Chloride 1.5g/10ml x 1	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN																				
CD Box 2 (IN/OUT) Fentanyl 100mcg/2ml x 1 vial Ketamine 500mg/10ml x 2 vial Midazolam 50mg in 10ml x 5 vial <del>Phenobarbital</del> 200mg/ml x 2 Potassium Chloride 1.5g/10ml x 1	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN																				
CD Box 3 (IN/OUT) Fentanyl 100mcg/2ml x 1 vial Ketamine 500mg/10ml x 2 vial Midazolam 50mg in 10ml x 5 vial <del>Phenobarbital</del> 200mg/ml x 2 Potassium Chloride 1.5g/10ml x 1	Out	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN																				
CD Box 4 (IN/OUT) Fentanyl 100mcg/2ml x 1 vial Ketamine 500mg/10ml x 2 vial Midazolam 50mg in 10ml x 5 vial <del>Phenobarbital</del> 200mg/ml x 2 Potassium Chloride 1.5g/10ml x 1	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN																				
Signature 1	AH																														
Signature 2	GH																														

NB. When signing for the CD Box you are signing to say that the box is either Present (IN) or signed out for transfer on that day (OUT). Please ensure that the tag



As long as the CD box is tagged then this does not need opening on a daily basis. To maintain a clear audit trail for controlled drugs:

- During daily checks, for each CD pouch, the security tag needs to be checked and the security tag number must be recorded in the stock balance column in the associated drug bag record book. You must check that the security tag number matches the associated checklist and insert which accompanies the pouch (see appendix 1)
- A full check on the CD box will need completing at the end of each month and whenever the seal is broken. Staff will record the expiry and batch number of each drug as part of the CoMET monthly checklists on the my kit check app and insert a card recording this information in the slot on the bag (see Appendix 1). Staff will also ensure that the earliest expiry date is recorded and visible on the CD drug box and tagged to ensure that the box has not been tampered with.
- During the daily check, if the current security tags do not match the previous documented security tags or security tags are missing, a full recheck of the bag must take place and a DATIX completed.

A quarterly CD audit will be performed by a member of the UHL pharmacy staff (or nominated individual at the operational base) according to 'UHL Policy and Procedure for the Use of Controlled drugs on wards, departments and Theatres'. Please refer to this for the procedure around 'investigating controlled drug losses'

## **2.4 Transportation of Controlled Drugs**

### **2.4.1 Storage of CDs on Transport**

Controlled drugs must be transported in a sealed pouch which is tagged to identify if the contents has been tampered with. The tag must have a registered number on and correlate with the checklist that has been signed and dated which accompanies the CD box (See Appendix 1). This ensures that the content is correct and that the drugs are in date.

When on transport the CoMET CD box must be located in the grey drug pouch along with the yellow drug bag and blue fridge pouch, and the pouch sealed with a numbered pouch. The drugs must not be left unattended during transit and the grey drug pouch should remain with the clinical team at all times. If needed, the pouch can be made into a rucksack using the straps provided so it can be easily carried by the team.

### **2.4.2 Signing out the CD Box for Transport**

Once a Transport has been confirmed the nurse will need to sign out the relevant CD box in the CD register with the Date, Time and name of the patient being transported. This will need to be countersigned by either the transport registrar/ ACP/ Consultant or another registered nurse on

duty at Castle Donington. The date, time, name of patient and whether you are signing the pouch in or out of the cupboard will need recording. The tag number will also need recording in the balance stock- see image 1.

When undertaking the signing out or in of the CD drugs the team will need to restrict access to SJA staff- in the event that this is outside of the hours whereby the fob security system already prevents this the team will need to put up a notice outside the door advising that UHL staff are accessing the CD drugs and ensure that the grab store is locked during this period (See appendix 3).

If a CD is used out on transport then this drug will need to be prescribed and recorded on the Medsman (for CoMET). On return to base the CD vial used from the pouch will need replenishing from the base stock. The amount of drug used and wasted will need recording on the CD register. This should be recorded and countersigned by the nurse and registrar/ACP/Consultant who were out on transport (see image 3)

The CD pouch that the ward stock has been transferred to, will need to be recorded in the stock balance column e.g. see above Fentanyl ward stock reduced from 10 vials to 9 and transferred into CD Box 1.

The CD box will also need signing back in recording date, time and name of patient. If the seal has been broken due to a vial being used and then replenished then this will also need recording alongside the new tag number which is applied (See Image 2)

## 2.5 Storage of CD's if team are required to offer help on a base PCCU

There may be instances when the transport team are required to offer assistance at a base PCCU and not specifically for the transport of a patient. If this is the case to ensure safety of the Controlled drugs during this period they will need signing back into the ward CD cupboard. There will be a page on the unit CD book specifically for the CoMET CD box. This will be signed in by a member of the CoMET team and by a unit nurse who holds the CD keys. Fridge drugs and non CD drugs can also be safely locked away in the respective areas.

## 2.6 Disposal of controlled drugs

Part ampoules of controlled drugs used during transfer must be destroyed. The amount destroyed must be recorded in the CoMET CD register on returning to the operational base. Part used or surplus CD's may be destroyed at the DGH as shown in the table below:

Quantity/type of CD	Method of disposal
Small amount of CD e.g. <ul style="list-style-type: none"> <li>The surplus when a dose smaller than the total quantity in a vial is drawn up</li> <li>When a dose is drawn up but not used</li> </ul>	Empty remaining contents into a yellow sharps bin. The empty vial or ampule should then also be put in the sharps bin

<p>Larger quantities of CD e.g.</p> <ul style="list-style-type: none"> <li>Part used syringe</li> </ul>	<p>Empty contents into a DOOP/DOOM container. The empty syringe/bag should then be put in the sharps bin.</p>
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Expired controlled drugs at operational bases should be separated from the remaining stock by sealing in a clearly labelled transparent plastic bag. They should remain on the stock balance recorded on the CD register until the point that they are removed from the CD cupboard. Please refer to the MCCTS Medicine Management Policy: Medicines ordering and Supply policy for return of CD drugs.

### Section 3: Patient collection from referring hospital

Wherever possible, infusions should be in place to last the entire transfer. Referring hospitals are encouraged to adopt and use the CoMET approved standard infusions (See CoMET standardised infusion procedure). Where the transfer is time critical it is accepted that it may sometimes be necessary for the teams to inherit non-standard infusions. Additional care should be taken when titrating these agents.

All syringes, including flushes, must be appropriately labelled according to the Leicestershire Medicines Code including as a minimum:

- Name of medicine
- Dose
- Volume
- Diluent
- Patient name
- Date and time of preparation
- Prepared by and checked signature

Any unlabelled syringes must be discarded and re-made. Syringes should be transferred to the transport teams pumps, selecting the appropriate drug from the pump library if applicable. Where infusions combine at Y-sites the infusion compatibility must be confirmed by the transport teams using the Medusa IV guide which is available on the ipads or the Pharmacopeia.

The transport prescriber should ensure any allergies are documented on the drug card and weight confirmed and signed for on the medsmen by the team transferring the patient. Any infusions that are already insitu must be checked against the prescription and additional programming double checked and signed for on the medsmen or appropriate prescription.

A copy of the referring hospital drug chart should be available for transfer to check the time that a medicine was last administered to ensure that the maximum frequency or daily dose is not exceeded.

Any medication supplied for by the patient by the referring hospital should be transferred with the patient with the transport team. This applies particularly to specialist medicines which may not be immediately available on arrival leading to a delayed dose. These should be kept securely with the transport drugs and transferred to the receiving team on arrival.

### 3.1 Medicines security in transit

All medicines in transit are the responsibility of the team members signing out the drug bags. The practitioners are accountable for the security of the medicines until they are signed back into the operational base storage. All drugs should never be left unattended and should remain with the clinical team at all times.

### 3.2 Prescribing and Administration

- Prescribing and administering of medicines and controlled drugs are governed by the Leicestershire Medicines Code Policy (<https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Leicestershire%20Medicines%20Code%20UHL%20Policy.pdf>) and the University Hospitals of Leicester Policy and Procedure for the Use of Controlled Drugs (CDs) on Wards, Departments and Theatres, <http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Controlled%20Drugs%20UHL%20Policy.pdf>

The prescribing role for both medicines and controlled drugs will be undertaken by the transport doctor or ACP who is qualified in prescribing, according to the Trust non-medical prescribing policy.

CoMET routinely uses the medsmen on transfer for documenting the prescribing and administration for all infusions and fluids and emergency drugs.

### 3.3 Patient delivery to receiving hospital

During the clinical handover of care following arrival in the receiving hospital, all medicines administered en route will be communicated with the responsible team.

All patient's own medicines transferred with the patient should be handed over to the receiving clinician as soon as is practical so that these may be stored safely.

The transport team should work with the receiving staff to transfer infusions from the transport pumps to the receiving organisation in such a way as to minimise patient risk. Care must be taken with the handover of short acting infusions (e.g. noradrenaline) to ensure that inadvertent boluses are avoided and physiological targets maintained.

It is the responsibility of the receiving organisation to prescribe all medicines and infusions using the relevant local prescribing policy and assess the suitability of the infusions with respect to their own local policy.

## Section 4: Clinical incidents involving medicines

Clinical incidents, including near misses, must be reported as soon as possible using Datix. Any incidents involving medication will be flagged to the relevant pharmacists via Datix reporting for investigation and follow up. The pharmacist will work with the transport team to understand the issues and adopt a systems approach for improving any medicines procedures.


Any drug errors made by staff will be reported to their prospective trust base datix system.

## Section 5: Useful contacts

Team	Pharmacy Contacts
ACCOTS	Julia Trinder Oxley (CMG Lead Pharmacist) / Helen Knight (Deputy Chief Pharmacist)
CoMET	Stuart Punnett (CMG Lead Pharmacist)/ Sarah Wheeler (Advanced Specialist Pharmacist PICU)
CenTre	Stuart Punnett (CMG Lead Pharmacist)/ Lucy Stachow (Advanced Specialist Pharmacist NNU)

## Appendix 1: Transport Drug bag labels


### Section 1: CoMET Drug labels



#### CoMET CD Box 1

Quantity	Drug	Expiry	Batch No
1	Fentanyl (100mcg/ml)		
5	Midazolam 50mg/10ml		
2	Phenobarbitone 200 mg/ml		
1	Potassium Chloride 1.5g/ 10 ml		
2	Ketamine 500mg/10ml		


Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



#### CoMET CD Box 2

Quantity	Drug	Expiry	Batch No
1	Fentanyl (100mcg/ml)		
5	Midazolam 50mg/10ml		
2	Phenobarbitone 200 mg/ml		
1	Potassium Chloride 1.5g/ 10 ml		
2	Ketamine 500mg/10ml		


Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



#### CoMET CD Box 3

Quantity	Drug	Expiry	Batch No
1	Fentanyl (100mcg/ml)		
5	Midazolam 50mg/10ml		
2	Phenobarbitone 200 mg/ml		
1	Potassium Chloride 1.5g/ 10 ml		
2	Ketamine 500mg/10ml		


Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



#### CoMET CD Box 4

Quantity	Drug	Expiry	Batch No
1	Fentanyl (100mcg/ml)		
5	Midazolam 50mg/10ml		
2	Phenobarbitone 200 mg/ml		
1	Potassium Chloride 1.5g/ 10 ml		
2	Ketamine 500mg/10ml		

Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_




#### CoMET Fridge Box 1

Quantity	Drug	Expiry	Batch No
5	Rocuronium 10mg/ml		
2	Lorazepam 4mg/ml		
1	Dinoprostone 1mg/ml		
2	Vasopressin 20units/ml		
1	Insulin giving set		

Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Excursion 1: \_\_\_\_\_ Excursion 2: \_\_\_\_\_ Excursion 3: \_\_\_\_\_




#### CoMET Fridge Box 2

Quantity	Drug	Expiry	Batch No
5	Rocuronium 10mg/ml		
2	Lorazepam 4mg/ml		
1	Dinoprostone 1mg/ml		
2	Vasopressin 20units/ml		
1	Insulin giving set		

Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Excursion 1: \_\_\_\_\_ Excursion 2: \_\_\_\_\_ Excursion 3: \_\_\_\_\_




#### CoMET Fridge Box 3

Quantity	Drug	Expiry	Batch No
5	Rocuronium 10mg/ml		
2	Lorazepam 4mg/ml		
1	Dinoprostone 1mg/ml		
2	Vasopressin 20units/ml		
1	Insulin giving set		

Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Excursion 1: \_\_\_\_\_ Excursion 2: \_\_\_\_\_ Excursion 3: \_\_\_\_\_



#### CoMET Fridge Box 4

Quantity	Drug	Expiry	Batch No
5	Rocuronium 10mg/ml		
2	Lorazepam 4mg/ml		
1	Dinoprostone 1mg/ml		
2	Vasopressin 20units/ml		
1	Insulin giving set		

Tag No: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Excursion 1: \_\_\_\_\_ Excursion 2: \_\_\_\_\_ Excursion 3: \_\_\_\_\_



## Appendix 2:

### St Johns Ambulance Premises Visit

I am PC4364 Sharon Roscoe of Leicestershire Police and my role is Controlled Drugs Liaison Officer for Leicestershire Police. I am employed full time into this role. My remit is to work as a conduit between Leicestershire Police and NHS England and its partner agencies, along with all other agencies that have control of Controlled Drugs. This is to prevent the diversion of controlled drugs into the illicit drugs market. I will do this by conducting targeted inspections, investigations and witnessing destructions of controlled drugs. In line with my role, I have visited St Johns Ambulance Hub, 10 Willow Road, Castle Donnington, Derby DE74 2NP on Thursday 7<sup>th</sup> September 2023 with my supervisor, Mr Marcus Lee.

Throughout this report I will refer to Controlled Drugs as CD's.

The purpose of the visit was for a multi-agency discussion surrounding the moving of the COMET paediatric outreach team's Controlled Drug storage from UHL to the SJA premises. The SJA building is leased solely to SJA who are unable to sub-let. The site is very secure using key fob access, keypad codes and there is CCTV throughout. UHL require a designated space to store their CD's, carry out audits of the CD's and allow access to their staff to collect and return the CD's as and when required, 24/7.

We viewed all the possible rooms to house the CD Cabinet and allow a designated space for UHL staff to access the CD's required to carry out their role. These rooms included the SIM suite, the Trolley Store, Meeting Room 3 and the Grab Store.

It is my opinion that the Grab Store meets the requirements of UHL for the following reasons:

- 1 The store is accessed by a fob system that can control who has entry and when they have entry (both times and days).
- 2 The store is constructed out of the correct materials.
- 3 The store is monitored by CCTV both outside and inside.
- 4 Within the store is a suitable CD cabinet that already complies with The Misuse of Drugs (Safe Custody) Regulations 1973.
- 5 The store is large enough to conduct safe CD Audits.

### RECOMMENDATIONS

- 1 House the COMET and ACCOTS team CD's in the Grab Store. The cabinet will be the designated space to comply with the requirements of UHL.
- 2 Sole use of the CD Cabinet that is not used by SJA (the one recessed into the wall) and install your own secondary level of security (for access to the key to open the cabinet). Install a biometrics access system, a separate fob, a key pad or other suitable security measure that only UHL staff can access.

- 3 SJA and UHL to write up a SOP for necessary staff to have access to the Grab Store via the fob system.
- 4 SJA and UHL to write up a SOP for the Grab Store to have restricted access to any staff other than UHL staff twice a day to ensure they can carry out CD Audits. The times of this restriction to be agreed between SJA and UHL and programmed into the fob security system.
- 5 SJA and UHL to write up a SOP in the event that UHL staff are unable to carry out the audits during the restricted times, they can manually override the system by turning the twist lock. Be aware that if there is a fire alarm having manually overridden the system, the door will not automatically be released and will have to be manually opened. A notice should be put on the outside of the door advising that UHL staff are auditing if outside the restricted times and written into SJA fire regulations that this door is to be checked in the event of a fire.

If there is anything further we can assist with, please do get in touch.

Kind regards

PC4364 Sharon Roscoe

## Appendix 3: Audit Notice



