Clinical

Safe Handling, Storage and Transport of Medicines within Community Teams SOP

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1. Introduction

This standard operating procedure aims at ensuring staff who work in all the SSSFT Community Teams, and who engage with community service users and who visit service users at home are clear on their and others responsibilities with regards to:

- Safe storage of all medications at the community team base.
- Safe transport and carriage of medications between sites and to the service user’s home.
- Safe storage and custody of medication in the home.
- Removal of excess medication in service users home
- Safe handling of clozapine medication (if applicable to the Team).

2. Purpose

All Service Users must be given an appropriate level of information regarding medication.

All Carers of service users should have access to appropriate level of information in relation to medicines.

All staff must have an appropriate level of personal development and engage in supervision structures and clarity regarding roles and responsibilities.

3. Scope

Summary of Responsibilities:

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<td>Clinical Staff</td>
<td>Ensuring robust joint working with service user Carers and General Practice with regards to medicines</td>
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<td>Ensure all activity is informed by appropriate robust risk assessment and robust and clear risk management plans</td>
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<td>Escalation of significant concern to line manager and to relevant prescriber</td>
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<td>Care Co-ordinators</td>
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<td>Community teams</td>
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<td>Clinical leads</td>
<td>Ensure clinical supervision is available to all clinical staff and health records audits occur</td>
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<td>Team Leaders</td>
<td>Ensuring robust management supervision structures in place within teams. Ensure SOP dissemination and local adherence</td>
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<td>Locality Managers and</td>
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4. Operating Procedure

Storage of medicines at the Community Mental health Team base:
There must be a robust system for ordering and checking of medicines kept at the Team Base. This involves
• Having staff responsible for checking medicines, with a clear arrangement for cover during leave
• Regular weekly check to ensure medicines required for the following week are ordered in advance
• Checking of expiry dates
• Returning excess stock to the supplying Pharmacy
• Informing the supplying pharmacy of changes to prescriptions, to minimize wastage
• Where Paliperidone and Risperidone depots are obtained via Polar speed, Community staff involved with administering to be vigilant for any dose changes or plans to discontinue. Polar Speed will continue to supply (and charged for) the depots unless informed otherwise. These medicines require prior authorization from pharmacy. Submit a referral form for the appropriate depot to the nearest SSSFT pharmacy.

Medicines are to be kept in a secure, lockable medicines cupboard (below 25°C) or refrigerator (4°C to 8°C) within the premises.

Controlled Drugs cannot be stored by Community Teams.

A record book or file will be kept within the medication cupboard accurately detailing the medications in the cupboard, updated each time medicines are received or removed from base.

Wherever possible, two members of staff should check medicines in and out of storage.

The keys to the medicines cupboard should be kept in a secure manner such as stored in a key safe lock, with access code known only to registered nursing staff

Removal of Patient's Own Medicines to be held at the Team Base (see also section below on removal of unwanted medicines)
In certain circumstances (e.g. service user being supported by Crisis and Home Treatment Teams) the medicines kept in a patient's own home may be considered a risk to them. In the first instance, check if family members or carers are able to take responsibility for the service users medicines.

If this is not possible medicines may be removed (with the service user's permission) and kept at the Team Base. These medicines should be fully documented on the appropriate form (see Appendix 1 of SOP: Use of Medicines in the Community) and also in the Patients own medicine log (see Appendix 1 of SOP: Handling and Storage of Patient’s Own Medicines on In-patient Wards)

Patient's own medicines should be stored separately to Community Team stock medicines and depots.
These medicines should be handed back to the service user or taken to a community pharmacy for destruction if no longer required.

This should be documented in the Patient's Own Medicine log and scanned onto their RIO notes.

**Transport of Medicines to the Service Users Home**
Medicines must be kept in a lockable bag when visiting a service user.

The locked bag must be out of sight within the locked boot of a car when travelling between visits.

When delivering medications to patients, there should be a clear audit trail on date and time of delivery, who delivered the medication, and a record of the person receiving medication (i.e. the service user or a nominated responsible adult) in the patient's progress notes.

The patient’s name and address should be checked before handing over medication.

Medications are not to be posted through the letterbox.

If there is no person to accept the medication, these should be returned to the team base or community workers home for safe storage.

**Arrangements for Storage of Medications Should be Recorded in the Patient's Care Plan**
The general principle is that medication in the home remains the property of the service user.

Safe custody is therefore the responsibility of the service user.

The role of the community worker is to remind service users on visits that:

1. Safe custody of medication is important
2. Ensure that medication is kept away from vulnerable adults and children, or pets that may live in or visit the home
3. That medicines are kept according to manufacturer’s instructions.
4. Spot checks as part of care plan will occur to identify any risks and to support adherence. Any concerns about adherence should be referred to the prescriber.

**Information Relating to Medicines**
The community worker should ensure at clinic and home visits that information about prescriptions is discussed and documented as having been undertaken with the service user.

Information relating to medicines should also be discussed with carers with the service users consent if relevant.

The community worker should ensure that primary care is engaged with regards to medicines prescribed by secondary care.

The Team should have robust procedures for informing the GP of medicines prescribed by Community Teams and updating with details of medicines added or stopped (including reasons for stopping) and any adverse reactions.

Information about medicines is available at [http://www.choiceandmedication.org/south-staffs/](http://www.choiceandmedication.org/south-staffs/)
Head meds available at: http://www.headmeds.org.uk/

Medicines in pregnancy available at: http://www.medicinesinpregnancy.org/

Patient Information Leaflet: Advice About Your Medicines (See Appendix 1)

**Removal of Unwanted Medicines for Disposal (see SOP: Use of Medicines in the Community)**

Community workers should make checks of excess medicines when visiting a service user’s home, where this forms part of a care plan.

If current medicines are present in large quantities (greater than two months’ supply) this indicates poor adherence and should be referred to the prescriber.

Where medicines which are no longer required are located, or excess medicines located, the service user or carer should be asked to take them to the local community pharmacy. This should be documented.

If the community worker is asked to dispose of the medicines a disclaimer should be signed. Once this is agreed, safe disposal becomes the community workers role (Appendix 1 SOP: Use of Medicines in the Community).

A copy will be retained in the RIO health records.

**Clozapine**

This forms part of the wider SOP for Safe Handling, Storage and Transport of Medicines within Community Teams, and should be read in conjunction with the SSSFT Medicines Code and the SSSFT Clozapine Policy.

**Procedure for receiving the regular Clozapine delivery**

- Clozapine order arrives each week, via Courier. In some circumstances, the delivery may be fortnightly or monthly.
- Reception staff at Team Base to immediately inform the Registered Nurse of the delivery.
- Registered Nurse to check Clozapine order, record the amount for individual clients in the Clozapine log and sign to confirm the amount received.
- Registered Nurse to check through the delivery to ensure there are no “Quarantined” supplies. These are Clozapine packages which have a red label attached stating “quarantined supply- do not issue without a valid blood result”. Quarantined supplies will routinely be kept at the supplying Pharmacy until the blood result is confirmed. If a “quarantined” supply is inadvertently sent to the Community Team Base, the dispensing Pharmacy should be informed immediately and arrangements made to return the quarantined supply. See section on “Quarantined Supply”
- Registered Nurse to check that each Clozapine package is labelled with the date when the next blood test is due. Record this date on sheet held within Clozapine log.
- Clozapine to be immediately stored and locked within designated medicines cabinet.
- Confirm with the Clozapine log that all expected supplies of Clozapine have been received. If any are missing, contact the dispensing Pharmacy to resolve the matter.

**Quarantined Supply** - Routinely, quarantined supplies of Clozapine will be kept at the supplying Pharmacy, until a valid blood test is confirmed.
If a “Quarantined supply” of Clozapine is inadvertently sent to the Community Team Base;

- Contact the Service User to check
  - if, when and where the blood test was done.
  - how many days' supply of Clozapine the Service User currently has.
- Contact the dispensing Pharmacy and inform them
  - Clozapine has been sent without a confirmed blood result.
  - When and where blood test was done (if a test has been done)
  - Of the number of days' supply of Clozapine which Service User currently has
- Confirm with the supplying Pharmacy when the supply will become prohibited i.e. beyond maximum validity of previous blood test
- Depending on the above, the dispensing Pharmacy will indicate if a local blood test is needed i.e. if the supply is needed within the next 3 days. Inform the supplying Pharmacy of where the local blood test will be sent for processing so they know where to look for the result.
- Contact the Service User confirming the blood test arrangements (i.e. local blood test, or Clozaril blood pack), and emphasising the importance of having the blood test to ensure the Clozapine can be supplied.

**Recording Delayed Blood Results Received from the Supplying Pharmacy**
(This will only be done if the supplying Pharmacy inadvertently sends a Clozapine package without a valid blood test, and should not be done routinely.)

This phone call must be taken by a registered nurse.

- Before taking the phone message; have the patient’s cover sheet (still attached to their Clozapine supply) available when taking the phone message.
- Record directly onto the cover sheet, indicating the date, blood result and the name of the person at pharmacy who phoned the result, and the name of the registered nurse taking the message e.g. “Green result, confirmed by Pharmacist X. call taken by Nurse Y, date.”
- Confirm with the Pharmacy when the next blood test should be taken* and record this on the Clozaril pack. Update the Clozaril folder with the date of next blood test.

*For monthly monitored patients, the next blood test may be after 3 weeks, so that the blood test is done the week before the supply is needed. However if the Service user has excess tablets remaining, it may be advisable to have a test after 4 weeks; follow advice of supplying pharmacy.

**Issuing Clozapine**
Clozapine may be collected by Service Users or their representatives or delivered by Community Team staff. The Clozapine log should indicate the usual collection/delivery arrangement for each Service User.

**Collection by Service User or their Representative**
- Confirm the identity of the Service User or their representative (check name and address on bag label)
- Confirm that the Clozapine has a valid blood test. A valid blood test result can be assumed if there is no red quarantined label attached to the package.
- Confirm that date of next blood test is attached to the package.
- Record collection details in Clozapine log. Ask Service User or their Representative to sign to confirm receipt of medicine.
- If the Service User appears unwell, inform their Care Coordinator or another nurse from the team.
Delivery by Community Team Staff

- Confirm the identity of Service User (check name and address on bag label)
- Confirm that the Clozapine has a valid blood test. A valid blood test result can be assumed if there is no red quarantined label attached to the package.
- Confirm that date of next blood test is attached to the Clozapine package.
- Record in the Clozapine log the delivery to the Service User.

When the Dispensing Pharmacy Contacts the Community Team to Indicate no Valid Blood Results are Available

- Confirm with the dispensing Pharmacy when the Service User’s current supply will become prohibited. (See Clozapine Policy for validity period for blood tests).
- Contact the Service User to check
  - if, when, and where the blood test was done
  - how many days’ supply of Clozapine the Service User currently has.
- If no blood test has been taken and the result is needed quickly i.e. within 2 or 3 days; arrange for a local blood test to be done. Alternatively a blood test can be sent in a Clozaril pack if the tablets are not needed within 4/5 days. It is important to note that blood requests will not be analysed unless all the relevant details have been clearly and accurately completed on the form (see Procedure below for requesting a local blood result).
- Inform the supplying Pharmacy of the blood test arrangements so they know where to look for the result.
- Confirm with the Pharmacy when the next blood test should be taken* and record this on the Clozaril pack. Update the Clozaril folder with the date of next blood test.

*For monthly monitored patients, the next blood test may be after 3 weeks, so that the blood test is done the week before the supply is needed. However if the Service user has excess tablets remaining, it may be advisable to have a test after 4 weeks; follow advice of supplying pharmacy.

Requesting a “Local” Blood Test i.e. if the Test Result is Required Within the Next 2/3 Days

- Routinely blood tests will be done using the Clozaril packs. If blood results are needed urgently (i.e. within the next 2 or 3 days), they should be done on local blood forms, and analysed at the local hospital.
  - Complete blood form accurately. If Pathology staff cannot read any of the details, or if details are missing or illegible the blood will not be processed, and another blood test will be required. This may mean the patient not receiving Clozapine; and if this goes beyond 48 hours, the dose will need to be re-titrated, and the patient may deteriorate.
  - Indicate on the form that the patient takes Clozapine and what the dosage is
- Blood form is collected by or taken to Service User.
- Indicate on the sheet held within Clozapine log that local blood form has been issued.
- Tell the dispensing pharmacy where blood test will be taken so they know where to check for the result

Preparing and Collecting Clozaril Blood Packs for Next Routine Blood Test

- Admin colleagues to complete blood packs
  - Attach patient’s name and address barcode label to blood bottle
  - Place large label on blood sample request form, including date of birth
- Registered nurse to sign to request bloods sample to be taken from service user.
- Service user collects blood sample pack from Team Base and attends local hospital. Blood pack is put in the post by local hospital staff. This is sent by First Class post to CPMS laboratory in London
- Record in Clozapine log that CPMS blood pack form given to Service User.

Service users in some areas may have their blood tested at their local GP Surgery. Surgery staff may obtain Clozaril blood packs via CPMS (Clozaril Patient Monitoring Service).

**Clozapine Logbook**
Each Team Base handling Clozapine will maintain an accurate Clozapine log. The log book will contain the following information for each service user:
- Name and address, NHS number, CPMS number
- Copy of current Clozapine prescription (original goes to dispensing Pharmacy)
- Routine arrangements for collecting the Clozapine supply eg collected by Service User or a named representative
- Routine arrangements for blood tests (GP or specify hospital)
- Details of when next blood test required
- Record of collection of blood packs and Clozapine supply

**Considerations and awareness notes for Community Team staff involved with supporting Service Users who are prescribed Clozapine**
Community Staff should be aware of the following as they support Service Users and be vigilant for these when in contact with Service Users:
- Risk of infection. Does Service User have a temperature or other signs of infection?
- Risk of constipation. Does Service User have a regular diet? Constipation can affect the absorption of Clozapine.
- Smoking status. If the Service User is a smoker and stops smoking, this will lead to a large and dangerous increase in Clozapine levels. Conversely if the Service User starts smoking, this will lead to a reduction in Clozapine levels
- Holidays. If the Service User is planning to go away on holiday; give the supplying Pharmacy advance notice so that blood tests and supply can be tailored around the holiday.
- Hospital admission. If there is a planned hospital admission, give the supplying Pharmacy advance notice so that blood tests and supply can be tailored.
  - If a Service User is admitted to a general hospital, their Clozapine should be taken to the hospital with them, and the importance/relevance of Clozapine explained to the general hospital staff by the Care Coordinator, so that there are no unintended breaks in treatment. The hospital pharmacy can also check for any interactions with Clozapine and any newly prescribed medicines. Hospital inpatients may be at risk of constipation which can affect absorption of Clozapine. The general hospital pharmacy will not be registered to dispense Clozapine, and the patient’s own supply will be needed.
  - If a Service User is admitted to a hospital within SSSFT, ensure the patient’s own supply comes with them. It may be necessary to transfer the patient’s registered pharmacy from the supplying pharmacy to the SSSFT pharmacy. This must be done via CPMS.

**Transfer or Discharge of Service Users who are Prescribed Clozapine**
If a Service User is being referred into the Community Team from another area and they are prescribed Clozapine, find out the following information
- Brand of Clozapine which they currently receive, and the name and contact number of their Clozapine monitoring service. Service Users will be registered with a specific clozapine monitoring service. In SSSFT, clients are registered with the Clozaril Patient Monitoring Service. There are other brands available e.g. Denzapine.
- Frequency of blood testing. This is usually monthly for clients who have been on Clozapine for more than 1 year, but in some cases, monitoring is more frequent.
- Date of last blood test
• Quantity of Clozapine which they have been prescribed, and when the supply will run out
• Name of consultant within SSSFT who will be their supervising consultant
• Name of care coordinator who will be involved with their medications.

If a Service User is being discharged from hospital back to the community teams or transferred to hospital from the community team, contact CPMS to update the details eg Supervising Consultant, Care Coordinator and dispensing pharmacy

**Clozapine Dispensing**
Within SSSFT, Clozaril is the brand of Clozapine which is routinely handled. All Supervising Consultants, Pharmacies and Service Users who prescribe, dispense and receive Clozaril are registered with the Clozaril Patient Monitoring service (CPMS). The Pharmacies are either SSSFT hospital pharmacies or designated Lloyds pharmacies

Clozaril may only be dispensed by the Pharmacy where the Service User is registered. On admission or discharge from hospital, CPMS must be informed of any change in Supervising Consultant or dispensing pharmacy.

The Pharmacy will only be able to supply the full Clozaril prescription once a valid blood test has been confirmed.

Pharmacy will distribute (via Courier) on the allocated delivery day. Pharmacy will pass on any advice from CPMS if any additional blood tests are required e.g. if the result is Amber or if there is a downward trend of blood results and CPMS advise additional testing. The Pharmacy (usually a specified Lloyds Pharmacy) will contact the Team to advise of any delivery changes for Bank Holidays etc.

**Contact Numbers:**
- CMHT link Pharmacists:
  - Kam Ho for Shropshire Telford and Wrekin Tel 07791 096258
  - Becky Lycett for Stafford, Cannock and Seisdon Tel 07791 198630
  - Isobel Timmis for Burton, Lichfield and Tamworth Tel: 07768 552375
- Kerry Harris Lead Pharmacy Technician 07891872270
- Pharmacy and Medicines Optimisation Tel: 01785 783110 (Stafford) and 01743 210007 (Redwoods)
- Clozaril Patient Monitoring Service: Tel: 0845 769 8269. Fax: 0845 769 8379 or 8541

**5. Process for Monitoring Compliance and Effectiveness**
Annual Safe Handling & Storage of Medicines Audit, Community Teams.

Incident reporting and Serious Incident investigations.

**6. References**

Safe Storage of Medicines for Carers and Service Users

If you want further information about your medicines please discuss with a member of staff, leaflets are available on request. The member of staff may refer you for a medication review.

We also have a Choice and Medication website, which covers mainly mental health medicines, it is aimed at helping you to make a decision about treatment, with your prescriber. Search this site for information about mental health conditions, treatments, medicines and side-effects.

www.choiceandmedication.org.uk/south-staffs. Under most medicines there is a link to ‘download a handy PILL’ so that you can view or print medication leaflets.

There is also free support available from community pharmacies (Chemist shops) some of the services they offer are detailed below.

Medicines Advice Services from Community Pharmacies and Chemists

All community pharmacists can advise you and answer questions about your medicines. There are also some more in-depth free services that you may be eligible for.

Collection and Delivery Services for your repeat prescriptions

The pharmacy will order and pick up your repeat prescription from your GP practice, dispense the medicine and some will also then deliver to your home. You need to sign up for this service.

Medicines Use Review

This service is available for all patients recently discharged from hospital with changes to their medicines. It is also available at any time if you are suffering from a range of chronic conditions. It is designed to help you get the best out of your medicines, covering issues such as:

- What your medicines are for
- Side effects from taking your medicines
- If you’re unsure whether to carry on taking your medicines
- Remembering to take your medicines

New Medicines Service

This service is available if you have a newly prescribed medicine or to treat one of the following conditions:

- Thinning your blood
- Asthma
- Chronic obstructive pulmonary disease
- Diabetes (type 2)
- High blood pressure

The service helps you to understand your condition and get the most out of your new medicine. The community pharmacist will ask you questions about how you are getting on with your new medicine, find out if you are having any problems, and give you information and support. This is a confidential conversation and will be provided in a private area within the pharmacy or, if you prefer, you could choose to have the discussion over the telephone.

Produced by Vanessa Scott
Mental Health Division
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Safe Storage of Medicines

From Paracetamol to prescribed medication, it’s important to make sure that the medicines you keep are stored correctly, are in date and are safe to take.

Where should medicines ideally be stored?
Most medicines should be stored in a cool dry place.
Always keep them out of the sight and reach of children and pets, even vitamin supplements and herbal remedies.
Don’t leave medicines on a windowsill in sunlight or keep them in your car. If there are children in the house, remind your guests to keep their medicines safely and not leave them in bags, pockets or other places that kids might explore.
Never take medicines that have changed in colour, consistency or odour.
If a medicine label says that it must be stored in the fridge, then it is important to ensure that you keep the medicine in its original packaging and away from direct contact with food.
The shelves on a fridge door are a good place.

Can I take my medicines out of the original packaging?
Where possible, you should always keep your medicines in the packaging supplied by your pharmacy.
Not only is this a good way of keeping a track of how many you have taken but it also enables a clinician to see exactly what medicines you are taking and what the dosage is, should the need arise.
The packaging is designed to protect your medicine and you should keep all medicines in their original packs until you need to take them. Never mix different medicines in the same container.

What should I do with left over medicines?
Medicines are expensive, so try not to order more medicines than you actually need and do not store excess amounts.
Don’t be tempted to share medicines intended for you with other people as they may not be suitable for them and could cause problems if they take them.
Regularly go through your medicine cabinet and dispose of old medicines that you no longer take, despite the expiry date on them. You should never start taking a prescribed medicine unless it has been prescribed for you at that time.
Unwanted medicines are an increased hazard to young children or to other people to whom they may pose a risk, and should always be stored out of reach and disposed of as soon as they are no longer required.

How can I dispose of medicines safely?
The best way to dispose of medicines that are no longer needed is to return them to your pharmacist.
This service is available at every pharmacy, is free-of-charge, and some pharmacies may even carry out local collections. Try to return unwanted medicines in their original packaging where possible, as some medicines need special handling.
Never dispose of medicines down the toilet or sink. Medicines disposed of in this way can become a hazard to the environment and water supply.
If in doubt, ask your local pharmacist who will be able to give you good advice.

What should I do if I have problems with taking my medicines or understanding what they are for?
Your local pharmacist may be able to help with this as they offer free face to face advice, and also may be able to dispense the medicines in a way that might help. Many often provide support with collecting prescriptions from your doctor’s surgery and delivering your medicines to your home. Please also tell your key worker about any of your concerns.