

Mental Health Services

# Transportation of Medicines in the Community Policy & Practice Guidance

## **Important Note:**

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Document Number:	<b>MHS 39</b>
Lead Manager:	<b>Aileen Jones, PDN North East Glasgow, Kirsty Wright PDSN, Steven McCulloch CPM.</b>
Responsible Director:	<b>Lead Associate Medical Director MHS</b>
Approved by:	<b>MHS Policy Steering Group</b>
Date approved:	<b>November 2024</b>
Review Due:	<b>November 2027</b>
Replaces previous versions: [if applicable]	<b>Version 2 June 2021</b>

## Contents

1. Introduction
2. Aim of Guidelines
3. Scope
4. General Principles
5. Community Staff Responsibilities for Safe Transportation of Medicines
6. Routine Return of Patients' Medicines
7. Emergency Removal of Patients' Medicines
8. Appendices –
  1. Transport of Community Medicines Risk Assessment
  2. NMC Standards of Medicine Management Controlled Drugs
  3. Recommended Portable Sharps Containers for Community Use
  4. Recommendations for Containers to Transport Medicines and Clinical Supplies in the Community
  5. Removal & Return of Patient's Medicine
  6. [Generic Risk Assessment Document](#)

## **1. Introduction**

The launch of the updated NHS GG&C policy “Safe & Secure Handling of Medicines in Hospital Wards, Theatres and Departments” (SSHM) policy in April 2008 was accompanied by a series of awareness sessions delivered locally to mental health service staff an updated version of this policy was published in 2023. During these sessions, community mental health staff raised concerns regarding the absence of guidance relating to the safe transportation of medication out with hospital sites. As a result, the Chair of the Mental Health Partnership Safer Use of Medicines Group, which leads on SSHM policy issues, agreed with the Nurse Director on the formation of a multi-disciplinary working group tasked with producing guidelines that would meet this area of identified need.

## **2. Aim of Policy**

Within the SSHM policy document Chapters 5.5, 5.6 and 5.7 reference the issues of transport and disposal of medicines; however, they do not adequately cover the range of practices carried out by community practitioners. Community Psychiatric Nurses require policy guidelines to support essential components of their function with regards to the safe transport of medicines within the community. This guidance will apply to both registered and unregistered NHS GG&C staff working within community mental health and partnership services. Differing levels of involvement and responsibility will apply to individual staff members dependent on position and band. Applicability to non-health staff should be determined at a local level by operational managers.

The policy and practice guidance aims to support systems and processes that underpin the safe management of medicines from a community perspective in the following area to ensure:

- Community clinicians involved in obtaining and transporting patients’ medicines, recognise their responsibility for the safe transit of the product(s)
- Medicines are available at the time they are required
- Rigorous and ongoing risk assessment is applied relative to the variety of situations where medicines are transported
- Any changes to the medicines prescribed for each patient are implemented as soon as practical
- The quality and security of medicines is maintained during transportation
- All medicines are transported with due attention to health and safety issues
- Proper disposal of unwanted or unused medicines according to local protocols and current national legislation
- Documentation systems are in place which ensure a robust audit trail whenever medicines are transported
- Adherence to systems which support timeous and accurate incident reporting using, as appropriate e.g. Datix.

At a local level, all community sites must have in place suitable procedures to ensure that the following are in place:

- Up to date prescription and administration documentation
- Robust system for safe storage of medicines and additional clinical supplies e.g. syringes, needles, Sharpsafe® containers
- Efficient system for ordering medicines and additional clinical supplies
- Efficient system of stock control and medicines' reconciliation
- Storage of all medicines in a locked medicine cupboard, approved for the purpose and secured to the wall

### 3. Scope

The policy applies to all mental health community service staff within NHSGG&C including Community Adult, Older People's Mental Health and Crisis Teams, Learning Disability, Forensic, Homeless, Addiction Services, Esteem and Unscheduled Care Services.

### 4. General Principles

- 4.1 There are systems for the transport of medicines which ensure their security, quality and integrity, and maintain the health and safety of patients, staff and the public
- 4.2 All community mental health staff transporting medication must carry official NHSGG&C staff identification
- 4.3 Except for depot medication, Pabrinex, Clozapine and cognitive enhancers (e.g. donepezil), community mental health staff will not routinely transport patients' medicines from hospital, community pharmacies and bases
- 4.4 Patients and / or appropriate carers should be encouraged to collect and dispose of unwanted prescription medicines through their local community pharmacy
- 4.5 There are systems in place to ensure the correct identification of patients to whom medicine is to be delivered
- 4.6 Full, ongoing risk assessment (see **Appendix 1, Transport of Community Medicines Risk Assessment**) should take place regarding all aspects of the transportation of medicines
- 4.7 When a patient is assessed to be at risk of deliberate harm or inadvertent overdose it may be in the patient's best interest to ensure s/he does not have access to medicines within his or her living environment and appropriate action must be taken. Consent should be sought from the person and recorded on Form RRPM (Appendix 5)
- 4.8 To protect community mental health staff from unwarranted allegations of misappropriation of medicines, a complete audit trail for all medicines received must be available from the point of receipt at team level, delivery / administration or return to pharmacy, as appropriate

- 4.9 An audit trail, locally determined and monitored by the NTL or equivalent, should also be in evidence for patients' unused, unwanted and expired medicines returned by community staff to community or hospital pharmacies; this includes particularly Controlled and Desirable Drug returns. See **Appendix 5, Removal & Return of Patient's Medicine Form**
- 4.10 All clinical incidents or significant near misses involving medicines must be documented, recorded in Datix and investigated. Following investigation, the appropriate action should be taken to reduce the risk of recurrence
- 4.11 When transporting a patient's prescribed medicines from a community pharmacy to the patient's place of residence, community mental health staff are deemed to be acting as couriers

## **5. Community Mental Health Staff Responsibilities for Safe Transportation of Medicines**

- 5.1 As indicated above, community staff will not routinely transport patients' prescribed medicines. Where possible, patients themselves and / or appropriate carers should be encouraged to collect prescribed medicines. Alternatively, community pharmacies may be able to deliver medicines. In the absence of a viable alternative, community staff will agree locally on the safe, routine transport of regular medication e.g. to infirm/elderly patients with no appropriate carer
- 5.2 Where appropriate, community mental health staff will accompany patients in the collection of prescribed medication from community pharmacies
- 5.3 Community pharmacies can offer medicines delivery services. Where available, these may be used to deliver prescribed medication to patients
- 5.4 When assessed as appropriate and for the least amount of time possible, community mental health staff may transport prescribed medicines from community / hospital pharmacies to private, residential and supported residencies
- 5.5 Unregistered community mental health staff should only deliver medicine to patients who have previously had an opportunity to discuss with the prescribing doctor or registered nurse the dis/advantages and side effects of taking medicines and this explanation should be fully documented in the multidisciplinary notes. It is, therefore, recommended that only repeat prescriptions are transported by unregistered staff
- 5.6 If the patient has a cognitive deficit, this discussion should have taken place with the patient's carer, nearest relative or other appropriate person who will be responsible for ensuring that medicines are correctly administered and monitored for potential side effects
- 5.7 Registered community mental health staff will risk assess transportation of medicines to off-site depot clinics, private residences including the homes of patients, carers, residential care homes and supported accommodation
- 5.8 In the course of their work, it is considered good practice that community mental health nurse registrants do not routinely transport Controlled Drugs. This should only be undertaken in circumstances where there is no other reasonable mechanism

available (see **Appendix 2, NMC Standards of Medicine Management 2008, Controlled Drugs**)

- 5.9 Where patients or appropriate carers / representatives are unable to collect prescribed Controlled Drugs, community mental health nurse registrants may transport these products **to the patient for whom the medicinal product has been prescribed** applying local guidelines for the safe transport of Controlled Drugs
- 5.10 All medicines and additional equipment, including suitable Sharpsafe® Containers, should be stored securely, out of sight during transportation in an appropriate container provided by the organisation for the purpose (see **Appendix 3, Recommended Portable Sharps Containers for Community Use** and **Appendix 4, Recommendations for Containers to Transport Medicines and Clinical Supplies in the Community**)
- 5.11 Non-pharmaceutical waste e.g. sharps, empty bottles should not be returned to pharmacy. Nurses should follow local procedures for disposal of sharps and collection of sharps containers
- 5.12 Depot medication must be transported with the accompanying prescription and recording sheet which should be completed immediately after administration
- 5.13 The transportation of multiple depot medicines necessitates that community mental health nurse registrants ensure the safe and secure storage of individual ampoules, associated clinical supplies and prescription / recording documentation
- 5.15 Community mental health nurse registrants will return unused depot medication to base and ensure stock control systems are appropriately updated
- 5.16 Individual service areas may require to develop and apply specific protocols for the transportation of certain preparations e.g. Addiction Service staff involved in the transportation of methadone

## **6. Routine Return of Medicines to Community and Hospital Pharmacies**

- 6.1 As stated above, and where assessed as appropriate, patients themselves and / or appropriate carers should be encouraged to return unused, unwanted and out of date medicines to a community pharmacy for destruction.
- 6.2 If the patient or an appropriate carer is unable to return unused, unwanted and out of date medicines, community mental health staff practitioner should promptly make returns to a community pharmacy. A record of the removal should be made using the recommended **Removal & Return of Patient's Medicines Form (RRPM)**, **Appendix 5** and a note made in the patient's clinical record
- 6.3 All parts of the form should be completed at the point of removal. Upon receipt of the medicines the Pharmacist should sign and date stamp\* the **RRPM Form** which is then filed in the patient's multidisciplinary notes. If required, a copy of this form can be returned to the patient. If appropriate, the patient's key worker, Responsible Medical Officer and GP should be informed.
- 6.4 In circumstances where community mental health nurse registrants are unable to identify medicines or it is assessed as unsafe to verify the nature of the items being returned, the **RRPM Form** should be completed to indicate this
- 6.5 If routine returns to a community or hospital pharmacy are not possible, medicines

should be appropriately stored in a suitable, designated locked cupboard, separate from stock items and removed as soon as possible to the appropriate pharmacy. Where individual community teams do not have direct access to suitable storage facilities, a local agreement should be reached regarding suitable alternatives e.g. access to ward / alternative community site's medicine storage facilities

- 6.6** Particular attention should be applied with regards to the return of Controlled and Desirable Drugs (see **Appendix 2 – NMC Standards for Medicines Management: Controlled Drugs**). Controlled Drugs which are expired or no longer required will be disposed of in accordance with current legislation and guidance from Royal Pharmaceutical Society of Great Britain (RPSGB)

## **7. Emergency Removal of Patient's Medicines to Community & Hospital Pharmacies**

- 7.1** Following clinical risk assessment, if the community mental health nurse registrant believes that available medicines within the patient's place of residence pose an ongoing risk to the patient's safety e.g. of overdose or misuse, an appropriate carer should be asked to take charge of available drugs
- 7.2** When there is no appropriate carer, and it is assessed as appropriate, the community mental health staff member should seek and record the patient's consent to remove medicines judged to pose a risk to his / her safety using the **RRPM Form**
- 7.3** If the patient refuses or is unable to give consent to allow the removal of medicines in these circumstances, the community mental health staff member should complete the **RRPM Form** noting this information or, alternatively, obtain the signed consent of an appropriate carer to remove the medication
- 7.5** All parts of the **RRPM Form** should be completed, where possible, at the point of removal or as soon as is practicable afterwards
- 7.6** If emergency returns to a community pharmacy are not possible, medicines should be appropriately stored in a suitable, designated locked cupboard, separate from stock items and returned as soon as possible to the hospital pharmacy. Where individual community services do not have direct access to suitable storage facilities, a local agreement should be reached regarding suitable alternatives e.g. access to acute ward medicine storage facilities
- 7.7** The circumstances and details of the emergency removal of medicines from a patient should be recorded in the multidisciplinary notes together with the completed **RRPM Form**. The patient's key worker (or equivalent), Responsible Medical Officer and GP should be informed. Following clinical risk assessment, arrangements should be made to ensure the patient has ongoing, appropriate access to prescribed medications that may require the issuing of a new or replacement prescription.

## Appendix 1 - Transport of Community Medicines Risk Assessment

The local Health & Safety Management Book Holder (e.g. Head of Service / Service Manager / Team Leader) will be responsible for ensuring that specific risk assessments are undertaken for any group of staff who may be required to transport drugs within community settings. The main purpose of the health and safety risk assessment is the analysis of potential threats to the wellbeing of staff and others from the organisation's activities and to then establish controls required to either remove or reduce these threats to acceptable levels. The risk assessments should focus on significant hazards i.e. those with the potential to cause real harm.

The risk assessment process can be broken down into 5 steps:

1. Identify the hazards.
2. Decide who might be harmed and how.
3. Evaluate the risks and decide on precautions.
4. Record your findings and implement them.
5. Monitor and review.

Risk assessments should be considered for the following:

1. The transportation of medicines, containers and clinical supplies to patients' residencies and community clinics.
2. Transportation of medication, including Controlled Drugs, in a suitable container.
3. Handling and use of clinical sharps within patients' residencies and community clinics.
4. Disposal of clinical sharps, clinical and non-clinical waste.

Current control measures should consider the safe system of work that staff should apply when undertaking these activities. Ongoing staff training and induction plans should include instruction and advice with regards to these activities. As with any task and system, Managers must ensure that frequent checks are in place to demonstrate compliance. This will have the added advantage of helping to identify any further controls and will aid in identifying additional training requirements.

It is important that staff participating in the above tasks is involved in the risk assessment process. Current control measures should consider the safe system of work that staff should apply when undertaking the transportation of medicines. As with any risk assessment, it will be the responsibility of the Service Manager to ensure that current control measures reflect current practice and are adhered to. Staff training and providing staff with information should be noted under current control measures. The above should be incorporated into the current Induction Programme for new employees.



## **Appendix 2 - NMC Standards of Medicine Management - Controlled Drugs**

### **Standard 7 Storage & Transportation**

Registrants may transport medication to patients including Controlled Drugs (CDs), where patients or their carers/representatives are unable to collect them, provided the registrant is conveying the medication to a patient for whom the medicinal product has been prescribed (e.g. from a pharmacy to the patient's home).

### **Standard 26 Returns to pharmacy (all registrants)**

The following details should be recorded when controlled drugs are returned to the pharmacy:

- Date
- Name, form, strength and quantity of drug being returned
- Reason for return
- Name and signature of pharmacist removing the drugs
- Name and signature of nurse witnessing the removal of drugs from the ward

The top copy will be taken from the book and transported with the drugs to pharmacy

In addition, an entry must be made on the relevant page of the Ward Controlled Drug record book, showing:

- Date
- Reason for return
- Names and signatures of both nurse and pharmacist
- Quantity removed
- Balance remaining
- The drugs must be transported to pharmacy in a safe and secure way.

### **Transport of CDs**

- At each point where a Controlled Drug moves from the authorised possession of one person to another, a signature for receipt should be obtained by the person handing over the drug
- Wherever possible, CDs must be transported in a secure, lockable or sealed, tamper evident container
- Registrants working in the community may transport CDs, however, they should present their identity badge to the pharmacist and sign for them on receipt and should ensure they are transported securely to the patient's home. Once in the patient's home, the registrant should sign the Patient Drug Record Card and it should be witnessed that the CD has been received by the patient. Where a second registrant is not available, another competent person may witness receipt (this could be a carer).

### Appendix 3 - Recommended Portable Sharps Containers for Community Use

NHSGG&C Procurement Department in conjunction with the Health & Safety Department, Mental Health and Partnerships have rationalised and standardised the range of sharps containers available throughout the organisation. Within community settings, the **0.6, 2 and 3 litre containers** should be used. No other sharps containers should be used. If any clinical area has receipt of alternative products these must be returned to general stores.

Further advice on this matter can be provided by contacting the Health & Safety Department at the following email address - [health.safety@ggc.scot.nhs.uk](mailto:health.safety@ggc.scot.nhs.uk).

#### Health & Safety Department Offices

- 1) Ward 5A, West Glasgow ACH, Dalnair Street, Yorkhill, G3 8SJ
- 2) 1<sup>st</sup> Floor – Ward 2B, Stobhill Hospital, Balornock Road, G21 3UW

The staff member who assembles a *Sharpsafe*® container is responsible for ensuring that the embossed label is completed with his / her initials and the date the container is commissioned. The container must be closed and sealed after 7 days, even if it is not full.

#### **Product for Individual Use**

It is recommended that individual community practitioners use the **0.6 litre Sharpsafe® container**. This container can be ordered from supplies:

**Code Number 155744 for 0.6 litre single unit issue.**

The container has petals in the aperture that will reduce the probability of used sharps coming out of the container in the unlikely event of the container being left in the open position during transportation.

A plastic yellow holder / stand has been devised for use with the **0.6 litre container** that will help to ensure that the container remains stable during use. This item should be detailed as part of the safe system of work as documented within the risk assessment and can be ordered from the Health & Safety Department, see contact details above.

#### **Products for Clinic Use**

The **2 or 3 litre container** is recommended for use within Community Clinics. The size of the container will depend on the level of use and should be reviewed at regular intervals. These containers can be ordered from supplies:

**Code Number 155477 - 2 litre single unit issue**

**Code Number 155260 - 3 litre single unit issue.**

When using either the 2 or 3 litre containers, staff should be reminded that these containers are designed to be used in conjunction with the “near patient disposal system” (NPDS – white plastic tray) which allows the user to dispose of the used sharps at the point of use and encourages waste segregation. The NPDS forms part of the safe system of work for handling clinical sharps within a healthcare / clinic setting and should be documented under current control measures on the risk assessment. NPDS can be ordered using supplies:

**Code Number 014293.**

## Appendix 4 - Recommendations for Containers to Transport Medicines & Clinical Supplies in the Community

Following consultation with Community, nursing staff in 2008 the identified container for the transportation of medicines and clinical supplies must be fit for purpose and should meet the following requirements:

1. Be durable, hard wearing and shower resistant.
2. Must be secure when closed by the means of a zip. Velcro and snap -buttons are not advised.
3. Should not display any NHS or medical logos as this may place staff at risks from assault/attack.
4. Must be of an adequate size with separate storage areas / compartments to safely and securely accommodate medication, clinical supplies container, prescription and recording documentation.
5. Must be impact proof.
6. Must be able to be decontaminated and cleaned to ensure compliance with Infection Control Standards.
7. Be easy to carry. The Moving & Handling Team can be contacted for further advice and guidance.
8. Clinical staff who are involved in transporting medication should be involved in the selection of products.

The above list is not exhaustive and should be considered when undertaking the risk assessment. Risk Assessment Forms can be downloaded from *NHSGG&C Staffnet*.

[Generic Risk Assessment Template 2023.docx](#)



Appendix 5 – Removal & Return of Patient’s Medicines (RRPM)

**Mental Health Services Removal & Return of Patient’s Medicine**

**A. Medicines returned for / removed from**

Name	CHI	Date

**B. Reason for return / removal of medicines**

---

**C. Details of medicines returned / removed** (insert name, dosage & quantity of drugs)

Medication Identified	Dosage	Quantity

**D. Give brief general description of medicines returned/removed if unable to identify**

---



---

**E. Medicines removed by** (insert staff member & witness names, signatures & title)

1. \_\_\_\_\_
2. \_\_\_\_\_

**F. Patient/Carer’s consent** (obtain signature or note reason if not obtained):

---

**G. Received at Hospital / Community Pharmacy\*** (obtain signature/stamp)

.....  
**Date:** .....

**PLEASE FILE THIS FORM IN MULTIDISCIPLINARY NOTES**

\*Delete as appropriate (local arrangement should be negotiated with Community Pharmacy to stamp / sign this form. In the absence of this, agree an alternative procedure with Team Leader or equivalent)

## Appendix 6 – Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

<b>Name of Assessor:</b>		<b>Post Held:</b>	
<b>Department:</b>		<b>Date:</b>	
<b>Subject of Assessment:</b> E.g.: hazard, task, equipment, location, people			
<b>Hazards</b> (Describe the harmful agent(s) and the adverse consequences they could cause)			
<b>Description of Risk</b> Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			

### Existing Precautions

<b>Summarise current controls in place</b>	<b>Describe how they might fail to prevent adverse outcomes.</b>

### Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

### Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

 Very High

 High

 Medium

 Low

**Current risk level**

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

**High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.**

**Action Plan** (if risk level is High (Orange) or Very High (Red))

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	By Whom	Start date	Action due date

**Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)**

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

**Reply**

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date:

Review date: