

AT A GLANCE – 7.0 RETURN AND DESTRUCTION OF CDS AND UNKNOWN SUBSTANCES ON INPATIENTS (EXCEPT ST. JOHN’S HOSPICE AND DONCASTER CARE GROUP COMMUNITY SERVICES (PHYSICAL HEALTH) [v2.0]

ROLE	TRUST WIDE		[TEAM NAME] TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [Enter Date]
<p>RETURNING of CDs stock supply – INPATIENTS (non - Hospice)</p>	<p>1. RDaSH REQUISITIONED (STOCK CDs (unlabelled supply) and PATIENT DISPENSED (Ward Usage/Leave/discharge)</p> <ul style="list-style-type: none"> • CDs may not be returned to Lloyds Pharmacy. • Only the authorised trained named personnel appointed by the Trust Accountable Officer can undertake the destruction of CDs in presence of a second staff member. • All CDs will be destroyed on the ward or team using a proprietary denaturing kit (DOOP), which can be ordered from the SLA pharmacy. The trust Pharmacy Department will order and store these kits at the pharmacy base. • The destruction of CDs should be done by mixing the drugs with a solution which destroys the medication in the presence of a second staff member. • The resulting solution should be then disposed of after which the authorised trained named personnel appointed by the Accountable Officer and a second person are to complete the CD register, and sign to confirm the disposal. • A second sheet will also be completed and kept by the Trust Pharmacy Department. • The above is applicable to Schedule 2 and 3a CDs. 		<ul style="list-style-type: none"> • Staff authorised to dispose of medicines in the ward/team are (xxxxxxx) • Staff authorise to witness the disposal of medicines are (xxxxxx) • Pharmacy contact number 03000 211307 / 03000 211308

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	<ul style="list-style-type: none"> • Schedule 3b (gabapentin, midazolam, phenobarbital, pregabalin, tramadol) and 4 CDs (benzodiazepines, “Z hypnotics”, androgenic and anabolic steroids) to be quarantined separately in either a sealed envelope or oral syringe with contents details (drug, strength, formulation, quantity and reason for destruction) and placed in a destruction box in the bottom of the drug cupboard to be denatured by the Pharmacy Department and recorded in the ward destruction book. <p>2. POM</p> <ul style="list-style-type: none"> • At the point of discharge or prior to this the AP may ask if an appropriate adult/patient may take the CDs home for storage (the appropriate adult must be approved by the service user and entry to this effect made in the patient’s clinical records). • The CD register should be accessed. • The CDs to be returned should be identified. • The AP should make an entry in the register stating the CDs are being returned to the patient/appropriate adult. This should then be signed by the counter-signatory along with the signature of the patient/appropriate adult (if other service user details are visible these should be covered). • The balance should then be recorded as “nil” in words and not as “0” in the register. 		

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	<ul style="list-style-type: none"> An entry must then be made in the patient's clinical records. If the CDs are not returned to an appropriate adult/patient the CD destruction (Schedule 2, 3 and 4) will be performed as stated above 		
REMOVAL AND DISPOSAL of patient's own CDs – COMMUNITY MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> Ideally the patient's carer or patient should be encouraged to return CDs to the pharmacy that originally dispensed them. Disposal of CDs within patients' returns MUST be done by an authorised member of pharmacy staff and will require a second signatory The destruction will be performed as stated below and should be recorded and signed in the patient's notes; the record should contain the drug name, strength and quantity destroyed and the signature of any second person. 		<ul style="list-style-type: none"> Staff authorised to dispose of medicines are (xxxxxx) Staff authorise to witness the disposal of medicines are (xxxxxx)
RETURNING of CDs – CARE HOMES	<ul style="list-style-type: none"> All medications are to remain at the care home for 7 days. If the care home is a residential home, then the home makes arrangement for them to be collected by or taken to their pharmacy for destruction. If the care home is a nursing home, it is the responsibility of the home to destroy and dispose of them. Arrangements will need to be in place with the pharmacy as soon as possible for CDs to be destroyed. 		<ul style="list-style-type: none"> Staff authorised to dispose of medicines are (xxxxxx) Staff authorise to witness the disposal of medicines are (xxxxxx)
REMOVAL AND DISPOSAL OF UNKNOWN SUBSTANCES - INPATIENTS	<ol style="list-style-type: none"> Action if a visitor is in possession of an unknown substance <ul style="list-style-type: none"> If any visitors are seen to be in a possession of a suspected 		<ul style="list-style-type: none"> Staff authorised to dispose of medicines are (xxxxxx) Staff authorise to witness the disposal of medicines are (xxxxxx)

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	<p>illicit substance, they will be asked to leave the premises.</p> <ul style="list-style-type: none"> • The nurse in charge of the ward will then consult with the Modern Matron/Service Manager about the need to report the matter to the Police, and bar any further visits by the person concerned <p>2. Action if a patient is in possession of an unknown substance</p> <ul style="list-style-type: none"> • If a patient is suspected to have illicit substances on them, the nurse in charge of the ward, in the company of another member of staff, will discuss their suspicions with them and ask that they voluntarily hand over the substance for destruction. • Once handed over the illicit substance will be placed in an envelope which will be labelled with the reference number linking it to the entry in the CD register. • The envelope will be sealed, and both the nurse in charge and the witnessing staff member will sign and date across the sealed flap of the envelope. • The envelope will then be locked in the ward CD cupboard. • An entry will be made in the CD register under the heading of unidentified substance. • The Trust Pharmacy Department is to be notified of the illicit substance as soon as possible and they will make arrangements for the removal 		

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	<p>and safe disposal of the substance.</p> <ul style="list-style-type: none"> • If the quantity of illicit substance is greater than for personal use, advice should be sought from the Service Matron/Manager as to the need for the matter to be reported to the police. • All actions taken are to be recorded in the patient's clinical records or in the event of a visitor on the ward 24-hour report. An incident report will also need to be made on the Trust's Ulysses safeguard IR1 system 		

1. Ward/team managers should update this column with
 - Ward/team name and last review date
 - complete the suggested specific details of the SOP for the team/ward
 - add any further details of clarification to support a member of staff carrying out this particular aspect of managing medicines.
2. Where a task is carried out within the ward/team which is either not covered by the SOP or cannot conform to the guidance within the middle column then the Trust Pharmacy Department should be contacted for guidance

