**Medicines and Medical Gases Storage Protocol**

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| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.4 | 01/04/2024 | Sultan Mohamed | Munira Mohamed |  |
|  | April 2026 |  |  | Next review |
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# Introduction

## Policy statement

The purpose of this document is to outline the mechanisms for the safe storage of medicaments at Sheerwater Health Centre. The policy refers to the procurement, storage and monitoring of medicines and medical gases within Sheerwater Health Centre. The key principles of the policy are:

* To comply with legislation
* To minimise risk to both staff and patients
* To maintain a consistent approach to medicines management

This document provides the necessary guidance to enable staff to effectively manage medicines and medical gases at Sheerwater Health Centre. It is to be read in conjunction with the referenced publications, thereby ensuring compliance with the relevant legislation and regional directives.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce ensuring that none are placed at a disadvantage over others in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Policy

## Responsibilities

At Sheerwater Health Centre, Nine Taylor (Practice Manager) is responsible for medicines management and will seek further direction as required from the local area team or pharmacist. However, whilst retaining this responsibility they have delegated the day-to-day routine tasks of ordering, receipting, storage and monitoring to Wendy Mayne (Practice Nurse).

## Procurement

Orders for medicines and medical gases should be made on an ‘as needed’ basis to minimise wastage and reduce expenditure, but it should also be ensured that stocks are sufficient enough to be able to issue medicines/administer gases to patients without delay.

Nine Taylor (Practice Manager) is responsible for ordering medicines from various suppliers and medical gases from SOS (Speciality Oxygen Service).

All orders must be accompanied by a signed and dated order form. The request for an amendment to a submitted order must be carried out via email for audit purposes. An updated order form should be sent if the requested amendment is approved.

## Receipt of medicines

The responsible person is to sign for receipt of all deliveries but, in their absence, the nominated deputy is Louise Gray (Deputy Practice Manager).

The following actions are to be taken:

* Check that medicines received are in good condition and free from damage
* Expiry dates to be checked to ensure each medicine has an acceptable shelf life
* Quantities checked to make sure the order is free from discrepancy
* All cold chain items are placed in the refrigerator immediately, maintaining fridge protocols and informing the cold chain lead as soon as possible
* Non-cold chain items are placed into the appropriate storage facility
* A record of medicines and gases received is made
* Any discrepancies are reported
* Order forms and receipt notes are retained for a period of two years

For advice on the management of controlled drugs, refer to the **Controlled Drug Policy** and [GP Mythbuster 28: Management of controlled drugs](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-28-management-controlled-drugs).

## Storage

The designated area for non-cold chain medicines is the treatment room. The following principles apply to this area:

* Medicines will be stored in a locked cupboard
* The keys for this room and cupboard will be held by the responsible person
* The room is not accessible to the public
* The storage facility is not in a location that will exceed the upper temperature limit of 25°C
* A thermometer is present to record maximum and minimum temperatures
* Temperatures will be recorded daily
* No other items other than medicines will be stored in this facility
* Effective stock rotation must be enforced to minimise wastage
* Drugs should be stored in alphabetical order

Cold chain items should be stored as detailed in the **Cold Chain Policy**.

## Medical gases

Medical gases are classed as hazardous substances and as a result they are stored in the treatment room with access limited to authorised personnel only. Cylinders are deemed to be in storage when:

* They are not in use
* They are not being transported

## Risks associated with medical gases

Gas cylinders have a number of associated hazards and therefore a risk assessment must be undertaken for the storage area of gas cylinders. This risk assessment must be carried out in accordance with the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR); guidance is provided at the HSE webpage titled [DSEAR Regulations](https://www.hse.gov.uk/fireandexplosion/dsear-regulations.htm).

At Sheerwater Health Centre, cylinder storage adheres to the following precautions:

* Only the required minimum number of cylinders are held
* Cylinders are secured to prevent them falling over, or
* Are stored in a purpose-built rack
* All valves on cylinders are to be in the closed position
* Cylinders are stored away from extreme sources of heat in a well-ventilated area
* The storage area is appropriately identified with the necessary signage – this includes no naked lights, no smoking, no sources of ignition, no mobile phones or other electronic devices, no storage of oil, grease or combustible materials
* Empty and full cylinders are segregated with areas clearly marked
* Faulty equipment is segregated and labelled accordingly
* Actions in the event of emergency signage is displayed

Further guidance should be sought from the HSE guidance document titled [Oxygen use in the workplace - Fire and explosion hazards](https://www.hse.gov.uk/pubns/indg459.pdf).

## Medical gases training

All staff who handle or use medical gases have received the appropriate training and this is annotated in the training log.

Training includes:

* How to handle cylinders safely
* The correct storage of cylinders
* The hazards associated with gas cylinders
* How to identify a cylinder and its content
* Actions in the event of an emergency
* How to report defects and what to do with defective equipment

## Transporting of cylinders by clinical staff

N/A

## Cylinder return

At Sheerwater Health Centre, Nine Taylor (Practice Manager) is responsible for cylinder management. They will coordinate the ordering, return and disposal process. The supplier for this organisation is SOS (Speciality Oxygen Service); they can be contacted on email [office@specialityoxygen.co.uk](mailto:office@specialityoxygen.co.uk) or tel:01257 254525.

## Monitoring processes

In order to maintain an effective medicines management process, regular monitoring should be undertaken:

* – stock and expiry date check
* – audit of medicines management

The template at [Annex A](#_Annex_A_–) may be used as a guide for a medicines management audit.

## Risk assessment

The CQC will seek assurances that medical gases are stored safely and securely in line with extent legislation and guidance. The risk assessment template at [Annex B](#_Annex_B_–) can be used as a guide.

**N.B.** This must be adapted to individual organisations.

# Summary

Adherence to the information detailed in this policy will ensure that the organisation remains fully compliant, risk is minimised and there is a safe, consistent approach to medicines management at all times.

# Annex A – Medicines storage audit

|  |  |  |
| --- | --- | --- |
| **Medicines policy** |  |  |
|  | **Yes** | **No** |
| Is there an up-to-date medicines policy within the organisation? |  |  |
| Is relevant legislative guidance referred to (where appropriate)? |  |  |
| Are staff who are responsible for medicines management within the organisation aware of their responsibilities? |  |  |
| Comments: | | |
| **Storage of medicines** | | |
|  | **Yes** | **No** |
| Is the room secured at all times? |  |  |
| Are medicines stored in locked cupboards? |  |  |
| Within the cupboard, are medicines stored practically, i.e., in alphabetical order? |  |  |
| Is access to the medicines restricted? |  |  |
| Are temperature conditions in the storage area appropriate? |  |  |
| Are medicines requiring refrigeration stored in a separate refrigerator? |  |  |
| Is the temperature of refrigerators monitored using max/min thermometers? |  |  |
| Are refrigerated medicines properly labelled to indicate storage requirements? |  |  |
| Are stock levels appropriate? |  |  |
| Is there evidence of effective stock rotation? |  |  |
| How often are expiry dates checked? |  |  |
| Are arrangements for the security of keys satisfactory?  (Check keyholders/handover of keys procedure/duplicate keys, etc.) |  |  |
| Comments | | |
| **Storage of medical gases** | | |
|  | **Yes** | **No** |
| Are medical gases stored in a designated area? |  |  |
| Is access to the medical gas storage area restricted? |  |  |
| Is the area locked at all times? |  |  |
| Is there signage externally to the storage area depicting:  No naked lights  No smoking  No sources of ignition  No mobile phones or other electronic devices  No storage of oil, grease or combustible materials |  |  |
| Are actions in the event of an emergency signs displayed? |  |  |
| Are stock levels appropriate? |  |  |
| Are gases stored by product? |  |  |
| Are full and empty cylinders stored separately and in clearly identifiable areas? |  |  |
| Are valves in the closed position (even on empty cylinders)? |  |  |
| How often are expiry dates checked? |  |  |
| Have appropriate risk assessments been carried out? |  |  |
| Have all staff involved in the use of gases had the correct training? |  |  |
| Does the training log reflect this? |  |  |
| Comments | | |

|  |  |  |
| --- | --- | --- |
| **Record keeping** | | |
|  | **Yes** | **No** |
| Are orders and receipts retained for a minimum of two years? |  |  |
| Are amendments requested appropriately? |  |  |
| Are temperature records retained for a minimum of two years? |  |  |
| Are keys signed out/in using a suitable key log? |  |  |
| Are there suitable procedures in place for recording medicines disposal? |  |  |
| Comments | | |

# Annex B – Medical gases risk assessment template

**Risk Assessment and Control Form**

Brief task description: **Medical gases storage, transport and use**

Organisation name: **Sheerwater Health Centre** Risk assessment reference: [Insert local reference number]

Date completed: [Insert Date Completed] Relevant documents reference: [Insert supporting document name/reference numbers]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General risk description**  (Hazard/ consequence) | **Hazard rating** | **Likelihood**  **(including relevant people, environmental and data factors as well as existing control measures)** | **Likelihood rating** | Risk rating | Additional control measures required | **To be implemented By who?**  **By when?** | **Residual Risk**  **(*Risk after all additional controls are implemented)*** |
| Storage of oxygen cylinders (including full and empty cylinders of varying size)  Should the cylinders not be stored appropriately, there is a risk of injury and explosion which could be fatal. | 3 | All oxygen cylinders are stored within secure facilities, with access restricted to trained staff.  Signage denoting oxygen is stored within is clearly displayed on the door.  There is fire detection within the storage area.  Signage shows where full and empty cylinders are stored.  Storage area is free from clutter enabling easy access and egress  The floor surface is flat, level and in sound condition.  Signage is displayed showing actions to be taken in the event of an incident/emergency.  There is a fire extinguisher within close proximity to the storage area.  There is a fire call point nearby.  Observation suggests only trained staff have access to this secure area.  Staff wear suitable clothing and footwear to ensure reasonable purchase/footing and to achieve balance. | 2 | 6 | Implement a routine monitoring process for this area to ensure compliance at all times  Provide refresher training to staff on the safe storage of medical gases | Practice manager by end May 2023  Practice manager by end June 2023 | 6  6 |
| Movement of oxygen cylinders (including full and empty cylinders of varying size)  Should this not be done safely there is a risk of injury to hands and feet to the user and others in close proximity. | 2 | Only trained users will move cylinders between the storage area and the clinical areas.  All cylinders will be inspected before being moved. If damaged, the manufacturer will be contacted for advice. | 3 | 6 | Provide a reminder safety briefing to staff on the safe use of medical gases | Practice Manager by end May 2023 | 6 |
| Use of oxygen cylinders | 2 | Only trained staff will use oxygen cylinders.  All cylinders are clearly labelled and cylinders will not be used if the label is unclear.  Only in date regulators will be used. After connecting a regulator, the user will check for leaks.  Staff will follow manufacturers’ guidance when using oxygen and associated ancillaries.  Regular checks are made to ensure all equipment is in date and there are no leaks.  Any defects will be reported to the nominated individual and the equipment quarantined until the defects are rectified. | 3 | 6 | Record all staff refresher training on Practice Index HUB | Operations Manager by end April 2023 | 6 |

**General Administration**

|  |  |  |
| --- | --- | --- |
| **Risk assessor name:** | **Contribution to risk assessment by:** | **Manager approval** |
| [Insert name of risk assessor] | [Insert name of any contributors] | [Insert name of manager] |
| **Risk assessor’s job role:** | **Contributor’s job role:** | **Date of approval** |
| [insert job role] | [insert job role] | [insert date] |

|  |  |  |  |
| --- | --- | --- | --- |
| **This document was reviewed/updated by:** | **Job role:** | **On date:** | **Next planned review due:** |
| [Insert name of assessor] | [insert job role] | [insert date] | [insert date] |

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| --- | --- |
| **Risk Review Profile** | **Recommended risk assessment and risk controls review periodicity**  ***Guidance note****: The principle of review is that the more significant the risk level, the more often it must be reviewed.*  **Always review if an incident has occurred:** |
|  | If the risk is 15 – 25 (Very high) Review at least every 1 – 3 months |
|  | If the risk is 8 – 12 (High) Review at least every 6 – 12 months |
|  | If the risk is 4 – 6 (Moderate) Review at least every 12 – 18 months |
|  | If the risk is 1 – 3 (Low) Review at least every 18 – 24 months |