



## Medicines Locker Keys on Double Crewed Ambulances (DCAs) Standard Operating Procedure

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## 1. Scope

- 1.1. This procedure sets out the process for signing in and out keys required for the medicines lockers on Double Crewed Ambulances (DCAs). This procedure covers both Make Ready Centres (MRCs) and Vehicle Preparation Programme (VPP) sites although the forms will differ slightly to allow for MRC Operative intervention.
- 1.2. The responsibility for the security of the keys primarily sits with the member of staff signing for the keys, however, there is an element of shared ownership assumed due to the process involved in switching attendant and driver roles throughout the shift.
- 1.3. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.
- 1.4. This procedure is applicable to all clinicians in the Trust and sets out the scope of clinical practice to which clinicians must adhere.

## 2. Procedure

- 2.1. For MRCs the key will be issued in the pouch that contains the vehicle keys, radios and batteries fuel card, mobile phone and charger. This pouch will be signed for at the start of every shift and it will be the individual signatories' responsibility for its security until signed back in at the end of shift. There will be 1 Medicine Locker key issued each shift which will be attached to the main key ring with the vehicle key's, this must not be removed and will remain in the possession and the responsibility of the driver.
- 2.2. For VPP sites the keys shall be used as above and will be signed out at the start of a shift and signed back in at the end of shift using the designated forms, Appendix A (MRC drug key and bag signing in/out sheet) and Appendix B (Non-MRC drug key and bag signing in/out sheet) through self-management.
- 2.3. Keys must never be left in the cabinet lock, nor left in the vehicle and the cupboard must be locked at all times when not in use.
- 2.4. Each drugs locker will have four keys supplied.
- 2.5. One will be in use and attached to the vehicle keys.



- 2.6. Three will be kept in a safe and secure environment, accessible only by an Operating Unit Manager (OUM), Operational Manager (OM), Make Ready Centre Manager (MRCM) and Duty Operational Team Leader (OTL).
- 2.7. All replacement keys will be issued in a controlled way following a reported loss or breakage of a key. Any key lost, broken or stolen must be immediately reported to a Line Manager and DIF1 completed, and a full investigation should take place see Appendix D (Guidance for the Investigation of Missing Double Crew Ambulance (DCA) Keys) for guidance.
- 2.8. Following a loss or breakage the vehicle must return to base at earliest opportunity to begin DIF1 submission, and associated reporting to the OTL or other Operational Manager. This will trigger the replacement of keys ensuring that the principal of ensuring one key is available to the crew as soon as possible is maintained. This will mean that replacements of up to 3 keys will be issued out locally by OTLs with minimum delay.
- 2.9. The receipt confirming the issue of the replacement key must be recorded locally.
- 2.10. To maintain security of the lock, once the four locally held keys are used, the replacement locks will be requested by local operational managers, through the Fleet Workshop Area on Marvel. (see Appendix E) On fitment, Fleet technicians are to affix one new key to the main key ring and pass three spare keys to the MRCM or VPP Manager, who will ensure that they are stored locally tagged with details of vehicle fitment (Fleet, Reg and Call sign).
- 2.11. If a vehicle is required to go to the Vehicle Maintenance Centre (VMC) or an external contractor, the key must remain with the vehicle and secured on the key ring to ensure they are not lost.
- 2.12. Operational staff, Fleet and Make Ready Operatives should also refer to the vehicle keys process for their local Station or Make Ready Centre for any specific requirements for the security and management of keys.
- 2.13. **Station security of Keys**
  - 2.13.1. The station spare keys will need to be locked in a key safe that is only accessible to the OTLs, OM, OUMs and MRCMs. They need to be appropriately tagged and easily accessible to respond to any crews that are returning with a broken key.



### 3. Definitions

- 3.1. **Datix** - is the Trust's incident management system.
- 3.2. **DIF1** - The form completed by staff to notify the Trust of an incident.
- 3.3. **DIF2** - The form completed as part of the investigation.

### 4. Responsibilities

- 4.1. The Chief Executive Officer (CEO) has overall responsibility for medicines use and governance in SECAmb.
- 4.2. The Executive Director of Operations (EDO), through delegation by the CEO, has overall responsibility for the implementation, operation and local assurance of this procedure. The EDO also has overall responsibility for holding their staff to account for any deviation from this procedure.
- 4.3. The EDO delegates local responsibility and accountability for this procedure to the Regional Operation Managers, Operational Unit Managers, Operational Managers, Specialist Managers and where relevant the Head of Fleet and Logistics.
- 4.4. The Regional Operation Managers, Operational Unit Managers, Operational Managers, Specialist Managers and where relevant the Head of Fleet and Logistics delegate local responsibility and accountability for this procedure to their staff including the Operational Team Leaders, Logistics Manager, and others.
- 4.5. The Executive Medical Director (EMD) through delegation by the CEO, has overall responsibility for medicines governance system design and overall assurance.
- 4.6. The EMD is the CD Accountable Officer and is responsible for all aspects of the safe and secure management of CDs at SECAmb.
- 4.7. The Chief Pharmacist supports the EMD and EDO providing professional advice with regards all medicines related procedures and practices.
- 4.8. The Chief Pharmacist delegates' local responsibility for Medicines Management practice to her/his staff.
- 4.9. The EDO, EMD and Chief Pharmacist escalate unresolved concerns to the Medicines Governance Group.



- 4.10. The Executive Finance Director through delegation by the CEO, has overall responsibility for Security and Estates. Their security and estates staff provide professional advice to the Chief Pharmacist, EMD and EDO for the safe and secure handling of medicines in the Trust.
- 4.11. All staff who handle medicines are personally accountable for complying with this SOP, for reporting any concerns and for the safe and secure handling of all medicines.

## **5. Education and Training**

- 5.1. All new, substantive and seconded OTLs will be made aware of this SOP and the process to follow should they be made aware of a lost/broken DCA key.

## **6. Audit and Review (evaluating effectiveness)**

- 6.1. Operational Team Leaders (or other delegated local managers) must complete Weekly, Monthly Medicines Security and Storage Audits on the central database to ensure compliance with this SOP.
- 6.2. Deviations from this SOP must be investigated within 24 hours and corrective action taken to obtain full compliance by the next audit.
- 6.3. Concerns arising from any audit that cannot be local resolved and full compliance assured by next audit must be escalated to the EDO, EMD and Chief Pharmacist via a DIF1 report.
- 6.4. Any unexplained loss of medicines or repeated deviation from SOP must also be reported via a DIF1.
- 6.5. The Chief Pharmacist and staff will periodically review the Weekly, Monthly Medicines Security and Storage Audits to ensure compliance with this SOP.
- 6.6. The Chief Pharmacist and staff will complete Quarterly Medicines Security and Storage Audit and report any repeated deviations or other concerns to the Medicines Governance Group.
- 6.7. Ad hoc inspection of medicines security and storage will take also place as part of the Crime Reduction Surveys and Quality Assurance Visits.



- 6.8. Deviations arising from these inspections must be escalated to the EDO, EMD and Chief Pharmacist via a DIF1 report.
- 6.9. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 6.10. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 6.11. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 6.12. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## **7. Financial Checkpoint**

- 7.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.
- 7.2. This document has been confirmed by Finance to have no unbudgeted financial implications.
- 7.3. OR This document has been confirmed by Finance to have financial implications and the relevant Trust processes have been followed to ensure adequate funds are available.



## 8. Equality Analysis

- 8.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 8.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



**9. Appendix A: MRC Drug key and bag signing in/out sheet**









**10. Appendix B: Non-MRC Drug key and bag signing in/out sheet**





## 11. **Appendix C: Signing in/out information.**

1. To better support the Trust's requirement to monitor the use of medicines all staff will be required to sign for drug bags and vehicle drugs keys at the beginning and end of shift.
2. The member of staff who signs for them takes responsibility of the bag and keys. One drug key will be permanently attached to the vehicle key ring, responsibility for the key will remain with the clinician that has signed them out.
3. All Non-Make Ready station drug rooms will be issued with drug bag and vehicle drug safe keys signing in/out sheets and these must be completed for every shift.
4. For Non-Make Ready sites the form has 6 headings, all colour coded, which represents each of the pouches contained within the drugs bag. At the end of the shift, staff returning their drugs must tick each box relevant to the corresponding pouch and sign the sheet to indicate the complete drugs bag is fit for another member of staff to take out and to sign the DCA drug key back in.
5. Pouches requiring replacement must be tagged red and replaced, and the paperwork for any medicines, administered during the shift, completed.
6. For Make Ready Sites, the MR signing in/out sheet should be used, the bag number is recorded against the fleet number and the DCA drug key number must be recorded in the appropriate box. The crew member should sign to say they have taken responsibility for this bag and the key. They must sign the bag and key back in with the paperwork for any medicines administered completed.
7. The responsibility for the bag and the DCA drug keys remain with the staff member signing it out, and unless there are exceptional circumstances, the same member of staff is required to sign both items in at end of shift.



## 12. **Appendix D: Guidance for the Investigation of Missing Double Crew Ambulance (DCA) Keys**

### 1. **Introduction**

- 1.1. The security of medicines on DCA's is of high importance to South East Coast Ambulance Service (SECAMB) who have a duty to ensure the safe storage of medicines stored with the buildings as well as on the vehicles used by the Trust. The responsibility for controlling access to the medicine cupboards and medicine storage areas lies with the *OTLs for operational locations e.g. ambulance stations, and Stores Managers for medicines stores.*

### 2. **Background**

- 2.1. Following a security review the locks on all DCAs medicines cupboards were changed to ensure each lock had an individual coded key. A robust system was put in place, so two medicine locker keys were signed out by each crew at the start of each shift with the crew member having the responsibility of returning the keys at the end of each shift.
- 2.2. The number of keys missing or broken since the introduction of the new keys has risen dramatically and continues to rise. As a result, the crews are restricted to one key per vehicle which is kept with the vehicle ignition key ring.
- 2.3. When keys are missing there is a potential security risk and whilst new keys are purchased, or the barrels are replaced there is an expense incurred by the purchase and the time the vehicle is off the road which could have an impact on the Trusts ability to provide cover.

### 3. **Guidance for Investigation**

- 3.1. Each member of staff has a duty to report to their Operational Team Leader (OTL) immediately as a key is either missing or broken. *"All staff who handle medicines are personally accountable. For reporting any concerns and for the safe and secure handling of all medicines"* OTLs and Stores.
- 3.2. Managers are *"responsible for ensuring that a process is in place for the reporting of missing keys promptly and that immediate action is taken to prevent unauthorised access to 'medicines'."* Keys' should be checked at each shift change.
- 3.3. When a key is found missing / broken the Procedure for Medicines Lockers Keys on DCAs should be followed and a DIF1 completed, and an investigation carried out immediately. As part of that process the following actions should be taken before report is submitted:
- Determine the last time the key were seen.



- Contact the staff who signed out the key at home if they have already left the base
- If a key has been taken off the premises by a member of staff, they must return the key immediately.
- Undertake a thorough search of the key storage area.
- Check the paramedic medicines bag last signed out to the affected DCA and check that all medicines are accounted for
- Complete a risk assessment on the security risk of keys that give access to medicines being missing and the need for escalation to the Trust security officer.

#### **4. DIF1 Completion**

- 4.1. Once a thorough investigation has been completed all the actions taken and their outcomes including any risk assessment should be documented on the DIF2 report.

#### **5. References**

- Security of keys and Keypad Access 6.5 & 6.6 Medicine Policy March 2018 V6 March 18
- Standard Operating Procedure for Medicines Locker Keys on DCAs. V1 October 2017.



### 13. Appendix E: Requesting new Drug Locker Kits via Marvel (this should only be done once the four locally stored keys have been lost/broken)



#### Service Catalogue

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Audit and Request...	Business Intelligen...	Central Scheduling...	Clinical Drivers...
EOC/111 & ePCR Critical Systems	EIA & QIA	EOC Audit	Fleet
IT	KMS 111 Admin	Medical Equipment	Medicines
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Home > Fleet > Fleet workshop

<b>Fleet Workshop - General Services - Workshop General Services</b>
<input checked="" type="checkbox"/> Create Request
Workshop General Services

Choose Drug Locker kit from the drop down list





Workshop General Services

Where are you based?

What can I help you with?