

Medicines management policy

Policy | HOS-POL-001

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Title	Medicines management policy
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criteria S1.5, S1.6, S1.7
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Medicines are stored, controlled, checked and reconciled under this policy.
2. Controlled drugs are locked and counted each shift.
3. High-alert medicines have a second check.
4. Medicines reconciliation happens at admission, transfer and discharge.

Stop and get help straight away if: a medicine is given without a prescription or a controlled drug count does not match.

1. Purpose

To set one set of rules for medicines in the hospital: storage, controlled drugs, high-alert medicines and reconciliation (S1.5 to S1.7). Medicine harm is a priority area of the WHO Medication Without Harm challenge.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

A patient's own medicines are often changed or missed at admission and discharge. A reconciliation at each change is the safest way to catch this.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Chief executive	Approves the policy and receives the annual report	Executive
Chief pharmacist	Owens the policy and the stock rules	Pharmacist
Ward manager	Makes sure the rules are followed on the ward	Nurse manager

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Store.	• Follow HOS-SOP-005 for temperature and locking.	Storage is the first barrier.
2	Control.	• Follow HOS-REG-001 for controlled drugs.	Counts are checked each shift.
3	Protect against high-alert harm.	• Follow HOS-SOP-006 for high-alert medicines.	Two checks for high-risk doses.
4	Reconcile.	• Follow HOS-SOP-007 at each transfer point.	Reconcile before the list is used.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Controlled drug counts matching the register	100%	Each shift	Ward pharmacist	Escalate to chief pharmacist
High-alert doses with second check	100%	Monthly	Chief pharmacist	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-SOP-005	Medicine storage and temperature control	Storage
HOS-SOP-006	High-alert medicines	High-alert rules
HOS-SOP-007	Medicines reconciliation	Reconciliation

16. Evidence

ID	Source and status
E-007	WHO Nine patient safety solutions (2007).
E-009	Medication Without Harm, WHO 2017 (third global patient safety challenge).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval