Policy · HOS-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criteria S1.5, S1.6, S1.7

At a glance

- Medicines are stored, controlled, checked and reconciled under this policy.
- Controlled drugs are locked and counted each shift.
- High-alert medicines have a second check.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

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	Responsibility	Competence
Chief executive	Approves the policy and receives the annual report	Executive
Chief pharmacist	Owns the policy and the stock rules	Pharmacist
Ward manager	Makes sure the rules are followed on the ward	Nurse manager

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Store.

- Follow HOS-SOP-005 for temperature and locking.

Key point: Storage is the first barrier.

Step 2. Control.

- Follow HOS-REG-001 for controlled drugs.

Key point: Counts are checked each shift.

Step 3. Protect against high-alert harm.

- Follow HOS-SOP-006 for high-alert medicines.

Key point: Two checks for high-risk doses.

Step 4. Reconcile.

- Follow HOS-SOP-007 at each transfer point.

Key point: Reconcile before the list is used.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)
- World Health Organization (2007). Nine patient safety solutions, including correct patient identification. Geneva: WHO. **Open source** (E-007)

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Related standard

- **Standard 3: Medicines and Pain**

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