

Mountain Rescue Teams - Controlled Drugs Factsheet

Background

This document aims to define best practice associated with the use of controlled drugs by mountain and cave rescue teams covered by a Home Office 'Licence Granting a Group Authority'.

It has been produced in association with the governing organisations for GB Mountain Rescue Teams, the Drug & Firearms Licensing Unit (DFLU) at the Home Office and the Medicines and Healthcare Regulatory products Agency (MHRA).

Definitions and abbreviations:

- CD - a controlled drug as defined by the Home Office under the Misuse of Drugs Act 1971, and the Misuse of Drugs Regulations 2001.
- Mountain / Cave Rescue Team (M/CRT) - a mountain / cave rescue team
- Mountain Rescue Organisation – representative body (eg. Mountain Rescue England and Wales, Scottish Mountain Rescue, Independent Scottish Mountain Rescue Teams).
- Casualty Care exam - the MREW Casualty Care Certificate Examination
- HO – Home Office
- MHRA – Medicines and Healthcare products Regulatory Agency

Legislation

Controlled Drugs and Schedules

Certain drugs are 'controlled' under UK law on account of the potential harm they pose to people consuming them, and the risk of them being diverted for illicit use.

These Controlled Drugs (CDs) are listed in

- Misuse of Drugs Act 1971 (MDA 1971)
- Misuse of Drugs Regulations 2001 (MDR 2001)

Many of these drugs have recognised therapeutic benefits and are available to the public, in the form of a 'medicinal product' and, generally, on prescription only.

CDs are sub-divided into 'Schedules', on account of the 'type' of drug and potential for misuse / harm. A very few drugs have restrictions on who can prescribe them, but these do not affect any controlled drugs used in mountain rescue settings.

Drugs which may be used in mountain rescue settings include:

- **Schedule 2** - Morphine, Diamorphine, Fentanyl, Ketamine
- **Schedule 3** - Midazolam
- **Schedule 4 (Part I)** - Diazepam

The MDA 1971 sets out a number of 'restrictions' in respect of CD use, and it provides for the operation of a licensing regime to enable the lawful use of drugs in certain limited circumstances. This Licensing regime operates under the Misuse of Drugs Regulations 2001 and the Home Office are the Competent Authority for these purposes in Great Britain.

Possession and Supply of Controlled Drugs

Where possession or use of a drug is prohibited by the MDA 1971, it can only be lawfully handled when specifically authorised (under the 2001 Regulations) by an individual or organisation in possession of a valid Home Office licence for that purpose. This licence is schedule and activity specific (e.g. Schedule 2 - to possess and supply), and occasionally may be limited to specific drugs, or restrict the amounts that can be held lawfully.

To be unlawfully in possession of a CD places the individual at risk of prosecution, with the possibility of a custodial sentence.

A handful of situations exist where certain drugs may be possessed in limited circumstances without a licence. (e.g. GMC registered doctors can lawfully possess certain drugs for certain purposes, by virtue of their professional competence - for the purposes of administering (giving) to an individual patient).

This 'authority' does not simply extend to any organisation the Doctor works for, whether that work is remunerated or voluntary. The same principles apply for any other regulated 'Healthcare Professionals' (e.g. pharmacists, paramedics, nurses) who may lawfully handle controlled drugs in the course of their work.

In short, CDs used in a 'day job' should not be dual used in mountain rescue settings. The Home Office Licensing held by Mountain Rescue Organisations exists to enable the teams to obtain their own stocks.

So, for mountain rescue purposes, Mountain Rescue Organisations require Home Office Licensing to lawfully possess small stocks of controlled drugs for the purposes of administration (giving) to casualties 'in the field'. This is irrespective of whether a healthcare professional, or Casualty Care Certificate holder administers them.

Home Office Licensing

Holding a HO Controlled Drug Licence is an earned privilege. **It is not a right** and can only be issued upon satisfactory completion of an application process and payment of the associated fee. All applications are subject to risk-assessed considerations and premises can be visited by a Home Office Compliance Officer.

Ordinarily, licences are issued to individual companies at individual premises (buildings) and valid for a period of 12 months. Before the expiry of that licence an application for a further licence must be made - renewal is not automatic. In a handful of cases, it is appropriate to consider issuing a 'Licence Granting a Group Authority'.

These are issued in exceptional cases only i.e. where licensing on an individual site basis is impractical, the needs of a licensee are very specific, special conditions need to be placed upon the licence or use of drugs infrequent and in emergency situations.

Mountain Rescue Organisations operating in the United Kingdom each hold Home Office Licences Granting a Group Authority to enable Teams affiliated to those organisations to possess and supply drugs in Schedules 2,3 and 4 for administration in rescue situations.

This is a rare privilege, and all team members should understand the significance of this. Their actions as individuals in respect of CD handling could fundamentally affect the whole organisation's ability to retain a licence, not just the team to whom the individual belongs.

Licensing conditions and team's / individual's obligations

Licensees have several obligations which they must comply with as conditions of their licence. These relate to various elements of the CD handling process and every team member should be aware of and understand these obligations.

Failure to comply has consequences e.g. administrative sanctions or contraventions can be applied to a licence which may mean more frequent licence visits, or shorter licence validity. Ultimately, where it is proportionate to do so, **a licence can be revoked, or if there are concerns limited to a specific team, that team removed from the licence annex.** This would severely curtail M/CRTs ability to deliver pain relief to casualties. Furthermore, if a weakness in process or poor execution of a sound process led to a drug being misappropriated the implications could be serious. Potentially the drug may be abused by an individual or, in extreme circumstances, lead to an individual's death within your community. This would have a reputational impact on the organisation concerned and the regulatory authorities.

The Licence Granting a Group Authority for the controlled drugs held for the mountain and cave rescue teams lies with one person and their professional registration – the Medical Director / Officer for that MRO.

Governance and the Medical Director / Officer's Role

The Medical Director / Officer is ultimately responsible for the organisation's Controlled Drug governance. **The significance of this position, and associated responsibility must not be underestimated.** They have assumed this role for the ultimate benefit of the organisation and the public who may depend on the support teams offer them in a critical incident. Their success, or failure, in this role is determined by the conduct and actions of CD Responsible Servants / Medical Officers in each team, and in turn by each team member. They depend on your support and professionalism to deliver first-class and life-saving mountain rescue services.

Please help them fulfil this role by understanding your responsibilities and the context for the licences held, whether you personally handle CDs within the team or not.

The operation of the Group Authorities depends on a significant element of

consistency between teams. There are standards that need to be followed, as conditions of the licence, which have been outlined above. How teams deliver or comply with those standards may vary slightly. Any special conditions applied to the licence have been done so with a full understanding of the work of teams, and on the principle of enabling mountain rescue activities, not seeking to prohibit or constrain beyond what is necessary to ensure regulatory compliance.

Team Obligations

This guide is intended to support teams in ensuring they comply with the law and regulatory expectations set out by the Home Office.

Every team must have the following:

- **Standard Operating Procedure for CDs**
- **An appointed Responsible Servant who maintains CD register and completes Annual Return**
- **Drug Safe(s) compliant with standards below**
- **Clear process around acquisition and destruction of stock**
- **Clear process around the audit trail of CDs**
- **Minimum stock to meet operational requirements**
- **A single central Controlled Drugs Register and any additional records necessary to show who was responsible for the drugs at any one time.**

A checklist is available for teams in Appendix 1 for self / regional audit

Standard Operating Procedure (SOP)

Each team should have an SOP for their CDs for all team members to refer to. It should cover the following:

- Which team member is the Responsible Servant
- What CDs are held by the team
- Where, amounts of each drug and how they are stored*
- Processes around ordering new stock
- Processes around collecting and transporting stock
- Processes around disposal of out of date / unused stock
- Processes around documentation of stock
- Processes around the audit trail of drugs on the hill
- Need for MRO Annual Return and who is responsible for completing
- Processes around theft / loss / discrepancies
- Processes around education

See Appendix 2 for an example SOP.

*(e.g., if the team stock of Morphine 10mg/2ml ampules is 10, it needs to say how the 10 are stored i.e. 2 in each of two drug pouches numbered ABC-CD1 and ABC-CD2 respectively kept in vehicles 1 and 2, one spare made-up drug pouch ABC-CD3 kept

in the base safe in [explain]. This safe also holds the remaining 4 ampoules which are regarded as 'top up' stock).

Responsible Servant

The team must have a Responsible Servant for CDs – this is often the team doctor or medical officer but does not need to be a healthcare professional if the team does not have one as part of their membership. The Responsible Servant should understand these regulations and return the annual audit data. This person must hold a Casualty Care Certificate or be a healthcare professional.

Any changes in Responsible Servant should be informed to the Mountain Rescue Organisation's Licence Holder (Medical Director / Officer) as soon as possible.

Acquisition of CDs

Controlled drugs can be supplied to teams by organisations holding Home Office Licences for possession and supply eg pharmacies.

As the Group Licence is to "Possess and Supply" a simple requisition from the team MO should suffice. However, in practice a lot of pharmacies request a CD prescription form from a doctor with a CD Prescriber Identification Number.

If healthcare professionals are able to requisition limited CDs in the course of their work, they should not use this provision for MRT stocks.

The doctor may be the team's Medical Officer, but this is not necessary. If a team is unable to arrange a local supply, the first port of call is the region's representative on the Medical Subcommittee. Failing this, supplies can be arranged by the National Medical Director / Officer.

In England & Wales where a CD PIN is required:

- The doctor must have a CD Prescriber Identification Number (PIN). To obtain this contact your local NHS England Area Team (England) or Local Health Board (Wales).
- The order for schedule 2 and 3 CDs must be on a form designed for the private (non-NHS) requisition of CDs (FP10PCDF (England) or WP10CDF (Wales)).
- These forms are obtained electronically online.
(https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/6-1387-Form_FP10CDF_v5_final.pdf or <http://www.wales.nhs.uk/sites3/documents/498/CD%20Requisition%20form.pdf>).
- They can be completed electronically but may be required by the pharmacy to have a written signature. The Doctor fills in the form stating the purpose as 'other' – *to supply xx mountain rescue team under Home Office License Number: xxxxxx*.
- Subsequently, the pharmacist will send the form to the Area Team /

Health Board for audit.

- Often other CD schedule 4 part I and non-CD drugs are ordered at the same time and it may be easiest to write out the entire order on official team note paper, as set out below (Appendix 2), and duplicate the schedule 2 & 3 CD component on the FP10PCDF / WP10CDF.
- A GMC registered doctor must sign this requisition order, which also names the responsible servant who shall collect the drugs to convey them to the mountain rescue team's base.
- The responsible servant can be any team member who understands CD obligations and will require photo ID.
- The team CD register should be taken to the pharmacy to ensure stock levels are signed by team member and pharmacist.

As a condition of the Authorities granted to MREW stock holdings should be kept at minimum operating levels. Excessive stock must not build up. Individual teams should discuss 'holdings' with their Medical Officer. The HO do not wish to be prescriptive in this regard.

Storage of Drugs

Drugs in certain Schedules must be stored in accordance with the Misuse of Drugs Safe Custody Regulations 1973. In practice, the requirements set out in the SCRs 1973 are regarded as an absolute minimum standard for all controlled drugs, regardless of quantity or schedule. This determines how drugs should be stored in base safes, and, where storage on a team vehicle is appropriate, in vehicle safes.

In both cases, safes must be bolted in place and keys stored separately. CDs should be securely locked away at all times, unless there is justification for doing otherwise - such as in a rescue deployment.

The storage requirements for controlled drugs are shown below;

Schedule	2	3	4 (part 1)
Examples	Morphine, Diamorphine, Fentanyl, Ketamine	Midazolam	Diazepam
Safe Custody ("double lock")	Yes	Yes	Recommended
Report to the Home office annually and all theft	Yes	Yes	Yes
CD register	Yes	Yes	Recommended
Witnessed Destruction	Yes	Yes	No

Drugs should be behind two locked doors – one is the safe door, the other a locked room or cupboard (i.e., a locked box in a locked box). A garage door is not satisfactory as one of those. The safe should be attached to the wall or floor. There should be no hint on the outside of the cupboard that drugs are stored within.

It is good practice to have single stock safe and then limited operational supplies in vehicles.

The overall principle is to restrict and control access to the CDs in a way that provides a full audit trail.

The Medical Director must be informed of any changes to locations where drugs are being stored immediately, and ideally before the planned change.

Under Misuse of Drugs Act, the base safe should be BS2881:1989 standard:

- This relates to the time to gain entry with knife, hammer, levers, drills – mostly 15 min and resistance to flame (lighter or brazing torch)
- Manufactured from steel (1.2mm)
- Welded constructions
- Concealed hinges
- Theft resistant locks – BS 3621
- Not labelled
- Installed as per recommendations with at least 2 fasteners (rag bolts) to a solid wall / floor

Location of base safe:

- Room without direct access (eg external door / window)



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- Not obvious from prying eyes
- Nothing to identify that drug are stored in there i.e. no labels saying 'Controlled Drug Safe'.
- Room can be secured when unattended
- Away from sources of heat or humidity
- A drug safe in an area open to all team members or public does not comply

Access to safe

- Nothing else other than drugs should be stored in the drug safe – this limits the need for access
- Safe should have limited access – most teams find 4-6 people sufficient
- Digital codes should be changed on a regular basis – minimum yearly, more usually six-monthly or when a Team Member with access to the drugs leaves

If the CD is stored in a team vehicle, it should be in an immovable locked container in the locked vehicle. There should be controlled access to CDs balancing their security with the operational needs to have the drugs readily available. Digital safes allow codes to be changed regularly as above but may have limitations due to power failure. Drug safes with a key can be used with the key kept in a combination key safe elsewhere inside the vehicle (ideally in a separate compartment of the vehicle) and not kept with the vehicle keys.

Only team members that may, for operational reasons, need access should have a key or know the code to open the safe. Keeping a record of key holders or intermittently changing codes would be appropriate.

Drugs should be removed when a vehicle goes for service or is left unattended. Drugs should not be routinely carried in personal vehicles. In no circumstances should a personal vehicle safe be used as a storage location for drugs outside of a deployment.

During transit to the casualty on the hill, whilst in the physical possession of a team member, the drug does not have to be locked in a container.

It is advisable to have storage arrangements inspected by the local Controlled Drug Liaison Officer.

Record of stock and usage

Robust record management is a vital element of providing assurance to the regulatory bodies that a licensee understands and effectively discharges the responsibilities bestowed upon them.

Record Keeping requirements are laid down in the Misuse of Drugs Regulations 2001. A clear and standardised way for keeping records provides the basis for audit of stock holdings, and it is easy to spot if anything is amiss. It can also help with drug management, for example if batch numbers and expiry dates are recorded, and 'running balances' must be used.

The CD register (CDR) is a legal document that has to meet specific standards. It is a paper audit trail to assure the Government that the drugs are not being misused. In addition to the requirements set down by the MDR 2001, there may

be a number of policy requirements expected of licensees regarding record keeping. For example, the register may not record which team member was responsible for any given drug pouch at any one time, but another record should. Similarly, Schedule 4 (Part I) drugs (e.g., Midazolam) may not by law have to be recorded in a CD register, but it is an expectation of the licence that they are.

This book is effectively the 'storybook' for CD handling in your MRT.

The team should be able to refer to one source of the truth to know where all their stock is at any point in time. The Home Office / Police want to be able to turn up and the team be able to accurately state how much and where all their stock is.

Your CDR

- must be kept on the same premises as the drugs, but not in the drug safe with the CDs
- must be a hard-bound book - not loose-leaved
- have a separate page for each different drug or presentation of a drug. (e.g., morphine 10mg ampoules, morphine 15 mg ampoules and fentanyl lozenges 800mcg must all have separate pages).
- legally has to be kept for 2 years
- must record very clearly what you have, where it is, how / when / where it has been obtained / administered, losses / destructions and who has taken what action.
- entries must be made in permanent ink
- have any mistakes crossed through with a single line so the original entry is legible, and the new entry signed and dated
- other vehicle / base books can be used to aid operational function, but the single source hard back book should be updated as soon as practicably possible.
- name of casualty should be recorded – this does not contravene GDPR
- all entries must have a witness

Records of administration must be made – they are an inherent part of the records. It is accepted that the reality of 'in the field' administration cannot immediately be recorded in the CD register. Please ensure you do so as soon as possible, but when in the field, radio in details of administration, if it is possible to do so, and record on the incident log.

Many teams will have two or three places where CDs are stored (e.g. in 2 vehicles and a base reserve supply). If all these are in the same building a single register is OK; if different buildings, individual registers may need to be kept.

Where individual ampoules are in the building and signing them out during a rescue are matters for the team. These details do not need to be in the CDR, indeed they can complicate the CDR so much it becomes hard to understand. If

these details are kept, it is often best to keep them separate.

It is good practice to have a stock check periodically. Annually may be sufficient for quieter teams, or monthly for busier teams. It also gives an opportunity to check expiry dates. Put the date, the persons carrying out the stock check and confirm the running balance is correct.

Though you can keep a computerised CDR, the regulations for audit, access etc. are stringent (see the Royal Pharmaceutical Society web site) and current HO guidance is that it must be a hard-bound book.

When collecting / disposing of drugs at pharmacy – pharmacy should sign the CD book

See example tables in Appendix for a method of documentation using Ward CD Record Book

Audit of drugs on the hill

- A record of the name of individual carrying the CDs onto the hill must be kept on the incident log – if the possession is transferred then this should be documented
- The drugs can be carried by any team member (not just casualty carers) if they are aware of safe custody and security arrangements
- No legal requirement to “sign out” or stock check CDs at each deployment
- It is good practice to document on the incident log when a CD is given and by whom.

Administration of CDs

A Home Office Licence may enable an organisation to lawfully possess certain schedules of drugs for certain purposes, but it provides no authority in itself to administer those drugs.

For MROs, the administration provision for appropriately qualified team members is derived from two sources:

1. Professional Competence

GMC registered Doctors, HCPC Registered Paramedics, Pharmacist and Nurse Independent Prescribers – N.B. administration privileges of CDs may be limited to certain schedules or individual drugs depending on training e.g. paramedics can only administer morphine and diazepam in their daily practice.

2. Casualty Care Certificate holders

As defined in the Human Medicines Regulations 2012 (Regs 9 & 16) which provide for the administration by a ‘personholding a certificate of first aid....from the MREW...’ of any Prescription only Medicine (POM), Pharmacy Medicine (P) of General Sales List (GSL) Medicinal Products can be administered (supplied) ‘only as far as is necessary for the treatment of sick or injured persons in the course of providing mountain rescue services’.

No one else within the team can administer these drugs.

A Casualty Card must be completed with full patient details and drug, dose, route, date, batch number, patients name, casualty carers name and witness when a CD is given. This should be kept as a medical record meeting GDPR requirements for 8 years (or up to 25th birthday for a child)

The ability to possess, supply and administer certain CDs to sick or injured persons whilst providing mountain rescue services exists because of the provisions afforded by two pieces of legislation. These are 'owned' by different government departments, who have worked in partnership to enable MR teams to carry out their vital life-saving work.

For avoidance of doubt, the Home Office and MHRA see their roles as enablers; they do not wish to prevent or prohibit MROs undertaking their work. Licensing is a legal requirement, and it must be delivered in a robust yet proportionate fashion. The HO / MHRA role is not to determine clinical competence; it is to manage the inherent risks associated with CDs, and their potential for abuse, misuse and diversion. In turn, licensees must satisfy the HO and MHRA that they are competent, as individuals and 'corporately' to hold a licence.

Disposal of drugs

Controlled drugs may need to be disposed of by a team for a number of reasons:

- drugs becoming out of date.
- drug ampoules being damaged, or in some cases.
- partial doses of drug that the casualties have not taken/been given.

Controlled drugs cannot be disposed of via normal means. For each of the above scenarios I will suggest best practice for disposal.

Out of Date Drugs

Stock levels should be such that controlled drugs do not go out of date. However, we recognise that this is not always practically possible in the relatively low use environment of MR.

The preferred and best option if a team needs to dispose of out-of-date CDs then they should be returned to the issuing pharmacy. It is legal to return CDs to the issuing pharmacy however some may object due to cost / work of disposing.

Only if this is not possible then on site destruction requires Authorised Witness, a CD destruction (denaturing) pot and an authorisation from your local Environment Agency for destruction on premises.

An Authorised Witness can be:

- The CDAO (CD Accountable Officer) or representative for the team's region / health board
- An active Police Officer who is not a member of the team

This must be documented and signed in the CD register.

Damaged Stock

If stock is damaged this should be recorded in the team's own CD register. The empty ampoule should be disposed of in a standard sharps bin. If any drug remains this should be disposed of in a CD denaturing kit.

Partial Doses

If a CD has been drawn up or prepared for administration to a patient, but is no longer required for that patient's care, it should be disposed of in a CD denaturing pot. These can then be disposed of by the issuing pharmacy. This should be recorded in the team's own CD register.

Thefts and Losses

All thefts, losses or near misses should be reported to the Home Office and the Police via your Team Leader and in turn to the MREW Medical Director. We recognise the practical challenges posed by administering CDs in a 'field' environment and a consequential possibility for a loss there, though these are in practice extremely rare.

Adverse incidents with CDs

Detecting and reporting any adverse incidents is important so we can learn as an organisation to protect our casualties and team members.

A no fault review will take place of any adverse incident reported using the online Critical Incident Report form:

<https://docs.google.com/forms/d/e/1FAIpQLSenkpPTm5xLd6jKiSN-ZYDOmRC6V1ixaZRgQoZQ53xYC9IKcw/viewform>

An incident can be reported anonymously. We will work together to determine whether anything more could or should reasonably be done and share any learning through the Medical Subcommittee. Please do not withhold information - a learning point in one team may be a lifesaver for another.

Annual Return

The Group Licence holder is required to submit an annual audit of all CDs held in the organisation by the 31st January each year to the Home Office. This requires each team to submit the:

- stock level of each drug at the start of the year,
- quantity obtained
- quantity used,
- quantity destroyed
- stock level at the end of the year.

Any irregularities in these numbers must be accounted for by the team concerned.

This means the Medical Director / Officer is reliant on the timely submission of the team's returns - please help them by completing accurate and timely returns when you

are requested to do so. **Failure to complete this could compromise the wider organisation's ability to retain their licence so the importance of this task should not be underestimated.**

It is to be completed by Team's CD Responsible Servant using the online form

All storage locations should be declared in the annual return

The Home Office in turn must report Annual Statistics on Drug use to international bodies in Vienna.

References / Resources

Misuse of Drugs (Safe Custody) Regulations (1973):

<https://www.legislation.gov.uk/ukxi/1973/798/schedule/2/made>

Misuse of Drugs Regulations 2001 (MDR 2001)

<https://www.legislation.gov.uk/ukxi/2001/3998/contents/made>

FP10CDF

https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/6-1387-Form_FP10CDF_v5_final.pdf

WP10CDF

<http://www.wales.nhs.uk/sites3/documents/498/CD%20Requisition%20form.pdf>

Critical Incident Report form:

<https://docs.google.com/forms/d/e/1FAIpQLSenkpPTm5xLd6jKiSN-ZYDOmRC6V1ixaZRgQoZQ53xYC9IKcw/viewform>

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Appendix 1: CHECK LIST FOR TEAMS

STANDARD	COMPLIES	DOES NOT COMPLY	NOTES
1. Standard Operating Procedure available and up to date			
2. Stock Drug Safe - type			
3. Stock Drug safe – location			
4. Stock Drug safe – access			
5. Vehicle safes – type / access			
6. Documentation – CD book hardback?			
7. Documentation – Correct completion / regular checks			
8. Documentation – process for documenting possession of drugs on hill			
9. Documentation – Cas Card available for all instances of administration			
10. Disposal – process for disposal of unused / OOD stock			
11. Annual return completed on time			
12. All team members aware of safe custody and security arrangements			
13. Team members with access to drugs are aware of their responsibilities			
14. Access to drugs is limited and codes regularly changed.			

Appendix 2: Example Standard Operating Procedure for management of Controlled Drugs (can be edited to meet your local situation)

Date for review: MM YYYY

XX MRT has a stock of controlled drugs under the MREW Group Authority Licence from Home Office. These are used by Casualty Carers / Healthcare Professionals to provide advanced care to casualties in remote places. As part of this licence we need standard procedures about the handling and storage of these drugs.

Whom does this SOP apply?

All team members with or without Casualty Care certification

Name of Team “Responsible Servant”:

Current CDs held by XX MRT

1.
2.

Storage of CDs

The team currently stores controlled drugs at:

Drug safe

Address:

Drug (type and dose / concentration)	Number kept

Vehicle 1

Address:

Drug (type and dose / concentration)	Number kept

Vehicle 2

Address:

Drug (type and dose / concentration)	Number kept

Drug Safe

- Only drugs should be stored in the drug safe
- The drugs safe should be in a locked room and not labelled in any way
- Only the team leader, deputy team leader, assistant leaders and medical officer should know the code
- The code must be changed at least every year but ideally every 6 months
- If the code is given to team member to allow access to re-stock vehicle / collect new stock the code must be changed as soon as possible

Drugs Kits in Team Vehicles

- Drugs Kit must be locked in safe inside a locked or accompanied team vehicle
- Team vehicle should be stored locked inside locked building / secure compound.
- Drugs Kits must remain in vehicle safe if not in use
- If vehicle taken for servicing / other location where it is left without a team member, the drugs kit must be removed and locked in team safe / moved to safe in another vehicle.
- Team member moving the drugs kit should inform the medical officer of the

date, time and current location of drugs kit by email / text

- Codes for safes should be changed every 6 months or when there is a change in team personnel to restrict access

Ordering of new stock

- Minimal stock to remain operational is held in the drug safe
- Controlled drugs may be supplied to the Team under the provisions of the Medicines Act 2006.
- Any Doctor that is licensed with the General Medical Council with a CD Prescribers Identification Number (PIN) is able to write a requisition order to supply the team (this is NOT the same as a prescription). The order for schedule 2 and 3 CDs are made on a specific form designed for the private (non-NHS) requisition of CDs (FP10CDF).
- These forms are available to those Doctors with PIN. The Doctor fills in the form stating the purpose as 'other' – "to supply xx mountain rescue team under Home Office Licence 887516".
- The document is a "signed order" not a prescription
- The requisition order also names the responsible servant who shall collect the drugs from the Pharmacy and convey them to team base.

Collecting and transporting stock

- A named individual can collect and transport stock to and from the base.
- The person carrying the drugs should have training in safe custody and security arrangements for CDs
- This training should be recorded in training records
- This is documented on the signed order and photo identification needs to be taken (team ID card)
- All new stock collected and out of date stock for destruction must be documented in drugs book and signed for at the pharmacy.

Disposal of out of date / unused CDs

- Out of date / unused CDs should be taken to the issuing pharmacy
- Pharmacy should sign in drugs book as having been handed over.
- If a dose is drawn up and not used or partial dose remaining this should be disposed of in a CD denaturing pot and witnessed. This should be recorded in the CD register

Documentation of CDs

- A single standard "ward" drugs book is used.
- There are separate entries for Drug Safe, Vehicle1 and Vehicle2 etc.



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- The stock must be checked by 2 witnesses on a monthly basis at team maintenance evening
- A drug used should be documented in drugs book as soon as possible with patient name
- A Casualty Card must always be completed if a CD is used including drug, dose, route, date, batch number, patients name, casualty carers name and witness.
- The removal and restocking of drugs kit from drug safe must be clearly documented.
- All entries MUST have a witness

Audit trail of drugs on the hill

- The person carrying the drugs kit to a casualty does not need to be a current holder of casualty care certificate
- The person carrying the drugs kit should have training in safe custody and security arrangements for CDs
- This training should be recorded in training records
- They are responsible for the drugs kit from the point it leaves the vehicle to return
- A record must be kept of their name on the incident log
- If CDs are used on the hill this should be radioed through to control for information and a note made on the incident log.

Annual Return of CDs

The Responsible Servant must submit the Annual CD audit data in a timely fashion

Theft, Loss, Discrepancies

- These must be reported to the Team Medical Officer immediately
- Thefts must be reported to the police immediately
- A statement of events is required for any theft / loss / discrepancy submitted to the Team Medical Officer
- The Team Medical Officer will report any theft / loss / discrepancy immediately to the National Medical Director / Officer

Education of Team Members

It is the responsibility of the medical officer to ensure team members who hold the Casualty Care Certificate are trained in the use of controlled drugs and that this competence is maintained between casualty care assessments.

There should be an annual update / training on safe custody and security arrangements for CDs for all team members. Training on safe custody and security arrangements for each team member will be documented in training records.

Any concern over a member's competence must be reported to the medical officer immediately to enable re-training or withdrawal of ability to give controlled drug until such time that competence is achieved.

Appendix 3: General Requisition Form for Drugs for Mountain / Cave Rescue Teams

XX MRT

Address

Town

Postcode

[Date]

REQUISITION ORDER

Please supply [name] Mountain Rescue Team with the following Controlled Drugs under the Home Office License (Misuse of Drugs Act 1971) number 887516.

4 (Four) ampoules of Morphine Sulphate 10mg (ten milligrams)

Etc. ^{1, 2}

In addition, the team wish to purchase the following drugs under the Statutory Instrument 2006 No. 2807 of The Medicines for Human Use Act

Aspirin 300mg dispersible tablets (20) etc.

The responsible servant who will collect the drugs is: ²

[Name]

[Address]

Signature:

Photographic Proof of Identity will be provided if requested

Please send the invoice to:

[Name]

[Address]

Yours faithfully,

Dr [Name]

[Medical Qualifications]

[GMC Registration Number]

Notes

¹ The quantity and strength of CD must be entered in number and word form.

² For schedule 2 and 3 CDs, an FP10CDF or WP10CDF must accompany this form

Appendix 4: Controlled Drug Register Entries Examples

Page 1 – showing stocking from pharmacy, regular checks, restock of mobile 1, return of stock to pharmacy with restock

PAGE 1: DRUG SAFE – eg Fentanyl 800mcg Lozenges

Amounts Obtained			Amounts Administered						
Amount	Date	Serial No	Date	Time	Details	Amount Given	Sign 1	Sign 2	Stock Balance
3 x 800mcg	1/1/20	xxx					Pharm	AM	3
			20.1.20	2000	CHECKED and CORRECT		RF	AM	3
			19.2.20	2000	CHECKED and CORRECT		AM	RF	3
			26.2.20	1540	Restock Mobile 1	800 mcg	JG	AM	2
			24.3.20	2000	CHECKED and CORRECT		AM	JC	2
			1.4.20	1200	Return out of date stock to pharmacy	2 x 800mcg	Pharm	AM	0
3 x 800mcg	1.4.20	yyy					Pharm	AM	3
			20.4.20	2000	CHECKED and CORRECT		AM	RF	3

Page 2 – separate page for each drug in each location showing regular stock check, use of drug and restock from stock safe

PAGE 2: MOBILE 1 – Fentanyl 800mcg lozenges

Amounts Obtained			Amounts Administered						
Amount	Date	Serial No	Date	Time	Patients Name	Amount Given	Sign 1	Sign 2	Stock Balance
			20.1.20	2000	CHECKED and CORRECT		RF	AM	1
			19.2.20	2000	CHECKED and CORRECT		AM	RF	1
			26.2.20	1200	Rupert Bear	800 mcg	RQ	JW	0
1 x 800 mcg	26.2.20	Xxx From stock					JW	AM	1
			24.3.20	2000	CHECKED and CORRECT		AM	JC	1