



CONTROLLED DRUGS POLICY

South Central Ambulance Service NHS Foundation Trust

Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

DOCUMENT INFORMATION

Author: Louise Maunick, Lead Pharmacist

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1. Introduction

South Central Ambulance Service NHS Foundation Trust is required to comply with the statutory requirements and guidance with respect to the management of Controlled Drugs (CD).

Paramedics may possess, supply or offer to supply diazepam and/or morphine sulfate injection (to a maximum strength of 20mg) and/or morphine sulfate oral for the purpose of administration for the immediate necessary treatment of sick or injured persons¹. There is no limit to the quantity of morphine that paramedics are allowed to possess.

Registered Paramedics can also carry ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD)².

Registered Nurses can carry morphine sulfate (oral and injection), ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD).

The ambulance service must comply with all storage and recording Regulations for CDs.

2. Scope

The policy applies to all staff involved in the handling of controlled drugs this includes the following groups of staff:

- All medical staff
- All paramedic staff
- All registered nursing staff and midwifery staff
- All pharmacy staff

3. Aim

To ensure that the Trust complies with relevant legislation governing the storage, supply and use of controlled drugs. To ensure that all Trust staff are aware of the procedures regarding controlled drugs.

4. Roles and Responsibilities

4.1 Trust Board

Will receive the annual report from the Medicines Management Group to enable the monitoring of compliance with this policy.

¹ Group Authority issued under Regulations 8(3), 9(3) and 10(3) of the Misuse of Drugs Regulations 2001.

² Misuse of Drugs (Amendment No. 2) Regulations 2012

4.2 Chief Executive Officer (CEO)

Overall statutory responsibility for the safe and secure handling of medicines. The CEO has delegated this responsibility to the Director of Patient Care.

Responsible for notifying the Care Quality Commission of any changes to the appointment of the Controlled Drug Accountable Officer, so that the national register can be updated.

4.3 Director of Patient Care

- The nominated Controlled Drug Accountable Officer for Controlled Drugs and takes organisational responsibility for CDs.
- Accountable for the delegation of CD responsibilities to a member of staff with the appropriate level of skills and knowledge.

4.4 Controlled Drugs Accountable Officer (CDAO)

- Must ensure that the organisation has appropriate arrangements in place for securing safe management and use of controlled drugs
- This includes ensuring there is appropriate monitoring and auditing of the management and use of controlled drugs
- Ensuring appropriate investigation and analysis of controlled drug incidents
- Providing quarterly reports to the CDLIN network regarding incidents within the organization
- Obtaining intelligence from the local CDLINS

4.5 Chief Operating Officer

- Make all operational staff aware of and accountable for compliance with the Controlled Drug Policy and associated Standard Operational Procedures (SOP).

4.6 Area Managers

- Make all registered clinical staff within the Area aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs.
- Accountable for all medicines (including security) held within the Area and for making sure clinical staff adhere to the Controlled Drug Policy and associated SOPs.
- Maintain the list of Registered Practitioners who are authorised to requisition CDs.
- Accountable for the delegation of CD responsibilities to a member of their team with the appropriate level of skills and knowledge.

4.7 Lead Pharmacist

- Oversee the management of medicines in accordance with the Controlled Drug Policy and associated SOPs.
- Ensure all staff within the scope of the policy are aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs.
- Support the CDAO in all matters relating to controlled drugs.
- Oversee completion of Controlled Drug audits on ambulance stations each year actively seek to share learning, identify audit trends and address concerns.

4.8 Medical Staff (Excluding Medical Students)

- Complete all prescription documentation and administer medicines in accordance with the appropriate SOP.
- Comply with the safe storage, custody and disposal of controlled drugs in accordance with the Misuse of Drugs Act and the appropriate SOP.
- Communicate changes in patient treatment plans to patients, carers, allied health professionals and other medical staff as appropriate.
- Provide a specimen signature to the Central Logistics Unit.

4.9 Team Leaders

- Make all registered clinical staff within their team aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs.
- Ensure all clinical staff in their team adhere to the Controlled Drug Policy and associated SOPs.
- Ensure that all Registered Practitioners have read and understood the Trust CD SOPs.
- Undertake checks of CD storage in accordance with audit schedule.

4.10 Registered Paramedics/Nurses

- In the absence of the team leader will be accountable for all CDs (including security) held within the area and for making sure that staff adhere to the Policy and SOPs.
- Accountable for the implementation and the monitoring of CDs in accordance with the Trust SOP

4.11 Central Logistics Unit Medicines Staff

- Support paramedic, medical and nursing staff in the management and supply of CDs and monitor compliance with the policy and associated SOP's.
- Support the management and supply of CDs and monitor compliance with the policy and associated SOP's.

4.12 Non-medical Prescribers

- Complete all prescription documentation and administer medications in accordance with the Medicines Management Policy.
- Comply with the Misuse of Drugs regulations and the appropriate SOPs.
- Provide evidence of their entry onto the non-medical prescribers register to the Medicines Manager.
- Provide evidence of their training, development and compliance.

4.13 Commercial Services Healthcare Logistics Staff

- Transport Controlled Drugs in sealed containers to agreed delivery points.
- Sign for receipt of a sealed container and will obtain a signature on delivery of the sealed container in accordance with an SOP.

5. Definitions

5.1 Controlled Drugs Accountable Officer (CDAO)

An appointee required by the Controlled Drugs (Supervision and management of Use) Regulations 2006 who is accountable for the safe and effective use of and management of controlled drugs within the Trust.

5.2 Controlled Drug

Medicines are defined as Controlled under The Misuse of Drugs Regulations 2001 (and subsequent amendments). The named CDs are divided into five schedules each specifying the requirements governing such activities as import, export, production, supply, possession, prescribing, and record keeping which apply to them.

5.3 Local Intelligence Network

NHS England manages "Local Intelligence Networks" which is part of their legal duty to enable the sharing of information and intelligence about the use of controlled drugs in the health and social care sector within their area.

5.4 Local Security Management Specialist

NHS accredited Security Management Specialist responsible for Security Management Matters within the Trust.

6. Abbreviations

CD	Controlled Drug
CQC	Care Quality Commission
GP	General Practitioner
SOP	Standard Operating Procedure

7. Management of Controlled Drugs

7.1 General principles

CDs will only be supplied as original packs.

CDs will be stored on vehicles which will be fitted with a safe to which only Trust Registered Paramedics, nurses and doctors (registered professionals) have access.

The registered professional on duty and assigned to the vehicle will have overall responsibility to ensure that CDs are stored, administered, recorded and handled securely, in accordance with Trust SOPs.

Morphine will be specific to each vehicle (as recorded in the Controlled Drug Record book) and will be supplied directly to the registered professional assigned to the vehicle.

7.2 Access

The CDAO will ensure SOPs are in place.

Registered Paramedics are permitted to carry and administer the CDs morphine (oral and injection) and diazepam (rectal and injection).

Registered Paramedics can carry ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD).

Registered Nurses can carry morphine, ketamine and midazolam and the Schedule 4 and 5 CDs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD).

The CDAO will authorise named non-registered staff to carry the device to open and read CD safe locks. The CD safe will only open when the device is used with an individually issued coded ID card issued to registered staff.

7.3 Paramedics and nurses using a vehicle with a fitted safe

7.3.1 Controlled Drug Record Book

The CD Record Book will be completed by the registered professional on duty in accordance with the SOP and will be witnessed by a colleague:

Where a registered professional is solo working and there is no opportunity for a handover, a 'stock check' will be completed by a team leader or another identified registered paramedic or nurse once every week.

7.3.2 Supply of morphine

When the stock level is at or below the agreed level the registered paramedic or nurse in possession of the morphine injection will complete an order for a further supply of 10 ampoules.

Morphine injection will be ordered from a contracted pharmacy/ambulance station, using the order portion of the CD register, completed in accordance with the appropriate SOP.

Registered paramedics and nurses may collect the morphine injection on presentation of the Controlled Drugs Register and their ID card at the supplying pharmacy/ambulance station.

A registered paramedic may allow a registered doctor or another registered paramedic to administer morphine from the ambulance stock for the immediate and necessary treatment of sick or injured persons.

7.3.3 Supply of other Controlled Drugs

Schedule 2 and 3 (except midazolam) CDs will be ordered from a contracted pharmacy/ ambulance station, using the order portion of the CD record book, completed in accordance with the appropriate SOP. The CD does not need to be collected at the same time as the order is placed.

Registered paramedics and nurses may collect the CD on presentation of the CD record book and their ID card at the supplying pharmacy/ambulance station.

7.3.4 Storage

Schedule 2 and Schedule 3 (except midazolam) CDs will be issued to a specified vehicle and recorded in the vehicles unique CD Record Book.

Schedule 2 and Schedule 3 (except midazolam) CDs will be stored in a safe which meets the specification at Annex A.

Access to the vehicle safe is via the registered professionals individually issued coded ID card. The ID card stores the time, date and identity of the staff member on the IT system every time the lock is accessed. This provides a robust audit trail of who opened the lock and at what time.

When not occupied, the vehicle will ordinarily be locked (unless operational circumstances such as a road traffic incident scene dictate otherwise).

At the end of a shift the vehicle will be left in the station compound/garage and will be locked with keys placed in the designated place on the station. The CDs will be deemed to be in the possession of the Trust.

CDs will not be transferred from one vehicle to another.

7.3.5 Administration from vehicle stock

CDs may only be administered by Trust employed registered professionals in accordance with Trust policies.

For registered professionals working “solo”, the used CD container should be retained, and a witness signature obtained wherever possible from either:

- The attending ambulance crew
- A GP
- A clinician at the receiving hospital

This witnesses the registered professional’s signature and record book entry only.

7.3.6 The CD Record Book and Patient Clinical Record is completed on each occasion the Schedule 2 and 3 (except midazolam) CDs are administered.

7.3.7 Stock check

The stock will be checked at each change of shift and witnessed as described in the appropriate SOP.

Where a vehicle is off the road for a period of 24 hours or more (and will be in possession of the CD), a delegated registered nurse or paramedic will undertake a daily stock check.

The Schedule 2 and 3 (except midazolam) CDs will be independently stock checked at each ambulance station once a week, and the stock check will be reported to the CDAO.

7.4 Registered professional in possession of a personal ambulance vehicle

Where Schedule 2 and 3 (except midazolam) CDs are supplied to a registered professional who ordinarily occupies a vehicle (e.g. Officer's Car) the following will also apply

7.4.1 CD Record Book

The CD Record Book will be completed by the registered professional and witnessed by a colleague:

- Once a week (stock check)
- With every administration and/or usage of the morphine o At every reordering/restocking
- On the transfer of the vehicle to another registered professional (stock check)

7.4.2 Supply of Morphine

A maximum of 12 ampoules will be held in the car safe with the morphine being replaced at 2 ampoules.

7.4.4 Supply of other Controlled Drugs

The supply and minimum and maximum levels of other Schedule 2 and 3 (except midazolam) CDs will be specified in the SOP.

7.4.5 Storage

Registered professionals who are away from work for any period of time over 72 hours (e.g. sickness and leave) should store the morphine and other Schedule 2 and 3 (except midazolam) CDs together with the CD Record Book in a CD cabinet at a designated Ambulance Station. The stock will be checked by registered nurse or paramedic delegated responsibility by the Area Manager, who will witness the CD record book on handover to and from the ambulance station. This morphine and other Schedule 2 and 3 (except midazolam) CDs will remain in the possession of the Trust. Arrangements will be made for the collection of the CDs from the Officers home address when necessary.

The Trust will issue registered professionals with a fixed vehicle safe for the safe custody of the morphine fitted in accordance with the specification at Annex A. **Access to the vehicle safe is via the registered professionals individually issued ID card.**

7.4.6 Stock Check

The stock will be checked once a week and witnessed by another registered nurse or paramedic as described in the SOP.

On the transfer of the vehicle to another registered professional both staff will sign the "Daily Stock Check" portion of the CD Record Book and the transfer will be witnessed by a third registered health professional.

7.4.7 End of Service

When the registered professional leaves the service and there is no registered professional taking over the vehicle, the remaining stock of morphine and other

Schedule 2 and 3 (except midazolam) CDs must be notify SCAS Medicines team (SCASmedicines@scas.nhs.uk) and either returned to an ambulance station or destroyed in accordance with the SOP (*Destruction of Controlled Drugs*).

7.4.8 Medical and Non-Medical prescribers (NMPs)

Medical and NMPs will obtain their supply of morphine and other Schedule 2 and 3 (except midazolam) CDs from a Trust contracted pharmacy or the Central Logistics Unit.

A registered paramedic may allow a registered doctor and/or non-medical prescriber to administer morphine from the ambulance stock for the immediate necessary treatment of sick or injured persons.

7.5 Controlled Drugs Stored at Trust Premises

CDs must be stored in a Trust approved CD safe (Annex A) with access limited to authorised registered paramedics, nurses and doctors using their SCAS supplied ID card.

CDs must be kept in the container issued by the contracted pharmacy or Central Logistics Unit.

The medicines manager will check station stocks levels are appropriate every twelve months, and at other times at the request of an appropriate manager or the CDAO.

7.6 Vehicle Servicing/repair

Where repair/servicing is undertaken on Trust premises on an operational station, the morphine and other Schedule 2 and 3 (except midazolam) CDs may remain on the vehicle and are in the possession of the Trust.

When a vehicle is to be taken to a third party or off site for repair or servicing, the morphine and other Schedule 2 and 3 CDs will be removed from the vehicle and stored with the CD Record Book in a CD cabinet located at an appropriate Ambulance Station. This morphine and other Schedule 2 and 3 CDs will be in the possession of the Trust.

7.7 Storage of CDs in Transit

CDs will be transported by the Central Logistics Unit staff in accordance with the appropriate Trust SOP.

Where an SOP is in place anyone may transport CDs to a registered professional who may legally be possession of the CD, provided that the collection and receipt of the CDs are witnessed by a member of Trust staff and recorded by both parties in the station CD record book.

The Commercial Healthcare Logistics team may transport Controlled Drugs as part of a contractual arrangement with a healthcare provider. This activity will be supported with a Standard Operating Procedure.

7.8 Out of Date CDs

CDs may only be destroyed in accordance with the appropriate SOP by a person or persons formally nominated by the Accountable Officer. The CDAO and Medicines Manager are not authorised to witness CD destruction.

The destruction or transfer of stocks of CDs must be witnessed by a second person and a record made in the CD Record Book, with both signatures, in accordance with the SOP - Destruction of Controlled Drugs.

CDs awaiting destruction should be stored according to the legal requirements but separated from other CDs in the cupboard.

Records of Controlled Drug destruction will be maintained for seven years.

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7.9 Unused/Wasted CDs

When an injection ampoule is broken or opened and not all the Schedule 2 or 3 CDs is administered, the unused medicine must be soaked up in a paper towel and placed in the clinical waste container.

A record of the unused CDs must be made in the CD Record Book as 'wasted' and witnessed in the usual way.

All broken ampoules must be reported on the Datix® system.

7.10 Audit Trail

Record the administration of all medicines using the electronic Patient Record whenever possible. When not available the paper Patient Record must be completed.

The Trust will review unusual patterns of CD administration.

The Trust will share CD breakages and discrepancies with other ambulance trusts to enable benchmarking of incidents.

7.11 Loss or Variation of CDs and CD Record Books

Any loss or variation between the number of ampoules and the current balance recorded in the CD Record Book must be reported to the appropriate Line Manager, who will make an investigation and complete the form at Annex B. This will be followed by an interim report in accordance with the Adverse Incident Reporting and Investigation Policy.

Any loss of Controlled Drug Record Books or Controlled Drug Registers must be reported to the appropriate Line Manager, who will make an investigation and complete the form at Annex B. This will be followed by an interim report in accordance with the Adverse Incident Reporting and Investigation Policy.

The Line Manager will notify the CDAO and the Lead Pharmacist or in their absence the Local Security Management Specialist, no later than the next working day.

The Lead Pharmacist will report Controlled Drug incidents to the Local Intelligence Networks every three months (on behalf of the CDAO) and copy to the Trust Quality Group for information.

7.12 Ordering and Records

The maintenance of records for morphine and other Schedule 2 and 3 (except midazolam) CDs will be in accordance with the appropriate Trust SOP, which will be consistent with the Misuse of Drugs Regulations 2001.

Morphine and other Schedule 2 and 3 (except midazolam) CDs will be stock checked and reconciled by each department/ambulance station at least once a week, or more frequently when requested by the Accountable Officer.

CD Record Books and registers must be maintained to record the use, restocking and running balance of morphine and other Schedule 2 and 3 (except midazolam) CDs.

Where morphine and other Schedule 2 and 3 (except midazolam) CDs are being stored at the station by another officer, the delegated registered nurse or paramedic will undertake a weekly stock check.

The SOPs for the management of morphine and other Schedule 2 and 3 (except midazolam) CDs must cover the following:

- Who has access.
- Where the CDs are stored.
- Security in relation to the storage and transportation.
- Disposal and destruction.
- Who to alert if complications arise.
- Record keeping.

8. Training

The following compulsory training must be completed by all staff involved in the management of Controlled Drugs:

- All registered clinical staff will receive CD training as part of Trust induction and refresher training annually. All registered clinical staff will sign the relevant SOPs when joining the Trust and when the SOPs are updated.
- All other staff involved in the management of controlled drugs will receive relevant training at induction and refresher training annually.
- Any additional training on Controlled Drugs as agreed annually by the Trust's "Workforce Board".

9. Equality and Diversity

This policy will be applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual

orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other relevant factor. The Trust will therefore take every possible step to ensure that this policy is applied fairly to all employees regardless of these protected characteristics or whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding, e.g., an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

A full 'Equality Impact Assessment' is available on request.

10. Monitoring

The effectiveness of this policy will be monitored regularly by the risk team who will provide data on the use of the policy as and when required.

11. Consultation and Review

A consultation exercise on the policy will be carried out with the relevant stakeholders

This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

12. Implementation (including raising awareness)

The policy will be implemented and communicated to managers and staff via email to senior managers and area managers asking them to bring the policy to the attention of their register clinical staff.

13. References

- Care Quality Commission (2019) Controlled Drugs Governance Self Assessment Tools <https://www.cqc.org.uk/guidance-providers/controlled-drugs/controlled-drugsaccountable-officers> [Date accessed: 12/02/2020]
- Home Office (2020) Security guidance for all existing or prospective Home Office controlled drug licensees and/or precursor chemical licensees or registrants
- Controlled Drugs (Supervision of Management and Use) Regulations 2013

- Health Act 2006
- Human Medicines Regulations 2012
- The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines 2019
- Misuse of Drugs Act 1971
- Misuse of Drugs and Misuse of Drugs (Safe Custody) (amendment) Regulations 2007
- Misuse of Drugs Regulations 2001
- Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012. Statutory Instrument No. 973.
- Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2015 (S.I. 2015/891)
- Misuse of Drugs Regulations 2001: Group Authority for National Health Service
- (NHS) Ambulance Paramedics and Employing NHS Ambulance Trusts
- [Regulations Statutory Instrument 2013 No. 2013/373](#)
- NICE guidelines [MPG2](2017) Patient Group Directions
- Royal Pharmaceutical Society (2018) Professional guidance on the safe and secure handling of medicines Security standards and guidance for the management and control of controlled drugs in the ambulance sector. (April 2013) NHS Protect

14. Associated Documentation

Adverse Incident Reporting and Investigation Policy.

Medicines Policy

Prescription Management & Security Policy

Patient Group Directions: Development and Use Policy and Procedure

Safe and Secure Handling of Medicines Policy

Annex 1 - Controlled Drug Safe Specification

Ambulances

The Salto Lock safes will be fitted in the saloon in an unmarked cupboard. The safe will be bolted to the wall or floor with the minimum of two M8 8.8 bolts, which can only be accessed from within the safe. The use of M8 8 lock nuts will be used if accessible or if not then Versa nuts will be employed (see Annex.1). All fixings will be through the metal structure of the vehicle. Should lock nuts be utilised these will terminate within the safe if possible.

Early (2005-2007) V70 SRV

The Salto lock safe will be fitted in the boot. As this vehicle has a false floor a bracket will be required. this will be a minimum of two thirds the width of the safe. It will be constructed of stainless steel/galvanised steel at least 14 swg (2mm) thick. All seams will be bent or continuously welded. The bracket will be bolted to the vehicle structure with two M8 8.8 bolts. Lock nuts or versa nuts will also be used. Two M8 8.8 bolts with M8 8 lock nuts will fix the safe to the bracket. The lock nuts will be on the inside of the safe. The safe will be fitted as low as possible to hold the strength in the bracket.

Discovery SRV

The Salto lock safe will be fitted in the boot. This vehicle has fold down seats within the boot area, and also has a false floor. The safe will be bolted through the fixing for the lashing eye.

The existing lashing eye will be removed. One M8 12.9 bolt will be employed with a spacer: the bolt will only be accessible when the safe is open.

Mondeo SRV

The Salto lock safe will be fitted in the boot. This vehicle has a foam base to the boot floor, and therefore a bracket will be required. This will be a minimum of two thirds the width of the safe. It will be constructed of stainless steel/galvanised steel at least 14 swg (2mm) thick. All seams will be bent or continuously welded. The bracket will be bolted to the vehicle structure with two M8 8.8 bolts. Lock nuts or versa nuts will also be used. Two M8 8.8 bolts with M8 8 lock nuts will fix the safe to the bracket. The lock nuts will be on the inside of the safe. The safe will be fitted as low as possible to hold the strength in the bracket.

All SRVs have tinted windows which ensures that safes will not be visible from the outside of the vehicle. There is also an interface fitted to the vehicle to allow the vehicles engine to keep running and lock the vehicle, should anyone try to move the vehicle the engine will automatically shut down.

Annex

The property of a bolt is identified by two numbers separated by a decimal point. The first number equals 1/100th of the minimum tensile strength. the second is a number that is 10 times the ratio of the yield point in relation to the tensile strength. Multiplying the two numbers gives 1/10 of the minimum yield point (example: 8.8> Re = Rp0.2 = 640MPa). The property class of a standard nut is identified by one number. This number corresponds to 1/100 of the minimum tensile strength of a bolt of the same property class.

Versa nuts have a pull-out resistance as below:

Versa nut fitted into 0.76mm steel would withhold 5.4KN.

All fixing will have a form of thread locking devise, and a washer to spread the loads.

Appendix 1: Review

This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation.

Appendix 2: Responsibility

The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

A full list of all responsible parties can be made available upon request.

Appendix 3: Equality Impact Assessment

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

A full 'Equality Impact Assessment' is available on request.

Appendix 5: Ratification Checklist

Author's Name and Job Title

Ed England, Medicines and Research Manager

Consultation From – To (dates)

Medicines Group 18th February 2016 Medicines Group 21 July 2016

All Comments Incorporated?

Yes

Equality Impact Assessment completed (date)
Yes

Name of Accountable Group
Patient Safety Group

Template Policy Used (Y/N)
Yes

All Sections Completed (Y/N)
Yes

Monitoring Section Completed Yes (Y/N)
Yes