



London Ambulance Service **NHS**  
NHS Trust

**Tamper Evident Drugs (T.E.D) Bag Usage Procedure – For Transport of  
Controlled Drugs**

## DOCUMENT PROFILE and CONTROL.

**Purpose of the document:** To ensure any staff responsible for the transport of Controlled Drugs (CD) are aware of their responsibilities regarding the procedures for transportation of CD stock between Group main stations and their satellites

**Sponsor Department:** Fleet & Logistics Directorate & Medical Directorate

**Author/Reviewer:** Paramedic, Medicines Management and Trust Pharmacist

**To be reviewed by:** September 2019.

**Document Status:** Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
06/07/2018	1.5	IG Manager	Document Profile and Control update
19/04/2018	1.4	IG Manager	Document Profile and Control update
08/01/2018	1.3	Paramedic, Medicines Management	V1.1 of EOC CSU CD Transport Checklist replaced V1.0
26/10/2017	1.2	Paramedic Medicines Management	Change of wording: "Group" to replace "Complex"
10/10/2017	1.1	Paramedic, Medicines Management	Removal of 6.2.3 and updating of section 6.2 numbering. Update of Section 7 and section 8.2 numbering Clarity on employees in section 6.3.6 Update to Section 4
25/09/2017	0.11	IG Manager	Formatting and Document Profile and Control update
21/09/2017	0.10	Paramedic, Medicines Management	Transfer of V1.0 into the Trust policy and procedure template document and new section numbers applied as per the template.
01/08/2017	0.9	Paramedic, Medicines Management	Final version & update to publish dates
19/07/2017	0.8	Paramedic, Medicines Management	Update to CDTR form number allocation – LA484
12/06/2017	0.7	Paramedic, Medicines Management	Amendments following QGAM Review: <ul style="list-style-type: none"><li>• Wording of 3.1.3</li><li>• 3.3.2 – footnote 4 amended</li><li>• Wording of 4.2.2</li><li>• Updated references to CDTR columns</li><li>• Clarity in 5.3.1 &amp; 5.4.3</li><li>• Addition of 3.2.6</li><li>• Addition of T.E.D. Bag distribution Log in Appendices with reference added to 3.1.1</li><li>• Amendment to 3.1.2 for TED Bag ordering</li></ul>
5/6/2017	0.6	Paramedic, Medicines	Addition of

		Management	<ul style="list-style-type: none"> <li>• 4.4.6 &amp; 4.4.7</li> <li>• EOC-CSU CD Transport Checklist</li> </ul>
15/5/2017	0.5	Paramedic, Medicines Management	Addition of <ul style="list-style-type: none"> <li>• EOC instruction for when Staff request OOS</li> <li>• Table of contents, V0.3 CDTR, Scope of document, Definitions table, Implementation plan, Links to related documents, Update to numbering and addition of Sec. 2, 5, 6 and 3.3.6,</li> <li>• Updates to wording and appendices</li> <li>• Insertion of a quantity limit in Sec. 3.2.1.</li> </ul>
27/4/2017	0.4	Paramedic, Medicines Management / Consultant Paramedic	Addition of IRO's to section 2.3. Additional guidance for running calls. Rewording and amalgamation of 3.1.1 and 3.1.2. Amendment of section 3.2
21/4/2017	0.3	Paramedic, Medicines Management / Trust Pharmacist / Deputy Medical Director	Amalgamation of review comments from Dep. Medical Director and Trust Pharmacist
18/4/2017	0.2	Paramedic, Medicines Management	Change of Transport Register to show version including "Destination"
14/4/2017	0.1	Paramedic, Medicines Management	Drafting of the procedure for first review

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The Pulse (v1.5)	09/07/18	Internal Comms team	Comms
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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
TP/008	Policy and Procedure for the Use of Medicines by LAS Staff	5.2
TP/029	Records Management & Information Lifecycle Policy	3.5
OP/022	Operation Radio Procedure and Radio Call Signs	13.2
HR/021	Disciplinary Policy and Procedure	3.3
Legislation	<ul style="list-style-type: none"> <li>• Misuse of Drugs Act 1971</li> <li>• The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment (England, Wales and Scotland) Regulations 2014</li> <li>• The Controlled Drugs (Supervision of Management and Use) Regulations 2013</li> <li>• The Carriage of Dangerous Goods (Classification, Packaging &amp; Labelling) and Use of Transportable Pressure Receptacles Regulations 1996 (CDGCPL2)</li> </ul>	
Guidelines	<ul style="list-style-type: none"> <li>• Security standards and guidance for the management and control of controlled drugs in the Ambulance sector 2013</li> <li>• Records Management, NHS Code of Practice (Part 1), Department of Health, May 2006</li> <li>• Records Management, NHS Code of Practice (Part 2), Department of Health, January 2009</li> <li>• Guidance for the safe custody of controlled drugs and drug precursors in transit – Home Office 2016</li> </ul>	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## 1. Introduction

The introduction of Tamper-Evident Drug (T.E.D) Bag sealed units provides risk mitigation for diversion of the Trusts' Schedule 2, Controlled Drugs (CD) and drugs which are treated by the Trust as CDs<sup>1</sup>. T.E.D bags provide a means to show if any tampering occurred to the bag while in use; evident through integrity of the seal applied. This procedure is guidance for the transportation of Controlled Drugs from a Main Station to a satellite station.

T.E.D Bags are secure containers which may be used for the transportation of CDs as per the Department of Health's Guidelines available at [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074511.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074511.pdf)

## 2. Scope

This procedure covers the transport of Controlled Drugs between Group Main Stations and their Satellite stations.

## 3. Objectives

To set out to provide safe, traceable and assured transport of stock quantities of controlled drugs across Trust sites

## 4. Responsibilities

It is the responsibility of Sector Assistant Directors of Operations (ADO) Quality Governance and Assurance Managers (QGAM) [as Medicines Management leads for their Sector], Group Station Managers and Clinical Team Leaders to implement this procedure in line with TP008. Any deviation from this procedure will be the responsibility of the sector ADO and can result in the Trust's Disciplinary procedures being invoked.

Paramedics and / or those with defined authority to access CD safes are responsible for implementing the procedures outlined herein where applicable.

Monitoring and governance of this procedure is the ultimate responsibility of the CDAO. Reporting to the CDAO on this procedure will take place via the Medicines Management Group.

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<sup>1</sup> Refers to any Medicines managed within Schedule 2 (MDA 1973) restrictions. Currently applies within the Trust to Morphine Sulphate, Ketamine, Midazolam. This is likely to change in the future

## 5. Definitions

<b>Term</b>	<b>Meaning</b>
ADO	Assistant Director of Operations
APP	Advanced Paramedic Practitioners
B/N	Batch Number
CD	Controlled Drugs as specified within the Misuse of Drugs Act 1971.
CDAO	Controlled Drugs Accountable Officer
CDLO	Controlled Drugs Liaison Officer
CDTR	Controlled Drugs Transport Register(LA484)
CFR	Community First Responder
CMT	Group Management Team
CRU	Cycle Response Unit
CSU	Central Support Unit
DDO	Deputy Director of Operations
EOC	Emergency Operations Centre
EPRR	Emergency Planning & Resilience
HQ	Headquarters of London Ambulance Service NHS Trust
IDM	Incident Delivery Manager
IRO	Incident Response Officer
LAS	London Ambulance Service NHS Trust
LSU	Logistics Support Unit
MSDS	Material Safety Data Sheet
OOS	Out of Service
PD33	Airwave Talk Group allocated to CSU
PIL	Patient Information Leaflet
PMAG	Policy Monitoring and Advisory Group
POM	Prescription Only Medication
QGAM	Quality Governance and Assurance Manager
RTS	Request to Speak
SPC	Summary of Product Characteristics
T.E.D.	Tamper Evident Drug Bag
T/EAC	Trainee / Emergency Ambulance Crew
The Trust	London Ambulance Service NHS Trust
Unit	Any vehicle with a call sign that is booked onto the Command Point system in EOC

## 6. Using the T.E.D Bag

### 6.1 Provision of T.E.D Bags

6.1.1 A stock of 3 T.E.D bags per Group / group will be provided. Replenishment of approved seals will be carried out through the Logistics Support Unit (LSU). An electronic log of which bags and seals are assigned to which station will be kept by LSU. This record will be updated by the LSU Supervisor and held by the Logistics Manager. A copy of this log is included in the Appendices

6.1.2 Replacement or additional stock of packs may be requested via LSU via email. The email should detail what bag no. is being replaced if it's a replacement order being made

6.1.3 When not in use, T.E.D bags and their seals must be stored securely in the CTL or GSM office. The office must be locked when unattended.

### 6.2 Stocking the bag

6.2.1 A maximum quantity of **40** vials of any Controlled Drug may be transported. This applies to the quantity being one single drug type or a combination of drug types. Staff are advised to make themselves aware of: *The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment (England, Wales and Scotland) Regulations 2014* as outlined by the Home Office here:

[http://www.legislation.gov.uk/ukxi/2014/1275/pdfs/ukxi\\_20141275\\_en.pdf](http://www.legislation.gov.uk/ukxi/2014/1275/pdfs/ukxi_20141275_en.pdf)

6.2.2 Stock must only be transported in packaging provided. No splitting of boxes of Morphine Sulphate ampoules or any controlled drug may take place. Thus, only sealed boxes of controlled drugs may be transported.

6.2.3 Using a seal provided, close the bag and place the seal in the zip lock shown in the photos. Usage diagrams are on the bag also

6.2.4 Record the seal and bag number in the CD Transport Register (LA484) located in the safe and ensure this is witnessed. Where no witness is available follow normal CD documentation procedure. Indelible black ink must be used

6.2.5 Only blue seals provided may be used to close the T.E.D Bag

### 6.3 Transporting the bag

6.3.1 It is recommended that transportation is only undertaken by Managers who are on Office duties, i.e. CTL's who may be used as operational response should not undertake transportation of CDs). Where a CTL is on office duties it is expected they will book on as the relevant '98 call sign. In the case that CTL's are 100% operational arrangements may be made via EOC to allow the transport of CDs e.g. Red 1 only. See Sec. 7.4 for further instruction

6.3.2 Transportation of the T.E.D bag when in use<sup>2</sup> may only be carried out by Group Management Teams (GSM. CTL or designated staff <sup>3</sup>on Restricted Duties) and Incident Response Officers. If a staff member is on Office Duties (e.g. a '98 Call sign) then this staff member must book on with EOC as per normal procedures using their station code pre-fix e.g. C398. It may be a requirement that the operation Manager transports the CD. In this case they should book on with their normal call sign e.g. C397

6.3.3 T.E.D bags may only be carried in Trust approved vehicles. At no point may T.E.D bags be transported by other means (e.g. walking from one station to another, using public transport, using personal vehicles)

6.3.4 While in transit no unnecessary stopping may take place (e.g. stopping at a shop for food). It is appropriate to stop if a running call is encountered. If an emergency response is required and the staff member transporting the CD stock needs to travel with a patient to hospital, the CD stock must remain with the staff member

6.3.5 The bag must be stored out of sight in the vehicle being used. Where vehicles are left unattended doors must be shut and locked

6.3.6 No unauthorised staff may be in the vehicle while CD transport is being undertaken. This refers to non LAS employees and members of the public

## 7. Delivering CD-Stocked T.E.D Bags

### 7.1 Staffing

7.1.1 Receipt and discrepancy checks of the T.E.D Bag at the destination station must be witnessed by another staff member. In the absence of another manager or approved witness the sealed T.E.D Bag must be left in the CD safe and recorded as per step 7.1.2

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<sup>2</sup> T.E.D bags are considered in use when content is placed in the bag and sealed

<sup>3</sup> Staff on restricted duties must be authorised to access CD safes as part of their normal operational role. Thus they must be a registered clinician. It is preferable that Managers under take the transport of CD's but in the case where this option is not available and stock requirement is urgent, staff on restricted duties may transport CDs



7.1.2 If leaving the T.E.D bag stocked and sealed in the safe, the manager must record the seal number in the CD Transport Register (LA484) as shown in the appendix in the column “Seal no. of sealed bag in-situ”. This can only occur if there is no witness available. To account for this, the manager leaving the bag in situ should note “Alone on station” in the witness signature box

## 7.2 Receipt / Recording the Delivery into a CD Safe

7.2.1 When placing stock from a T.E.D bag into a CD safe the seal and bag number must be recorded in the CD Transport Register (LA484) in the column “Seal no. when broken”

7.2.2 Where a sealed T.E.D Bag is left in the safe, the first Paramedic (or any other staff member authorised to access the CD safe) to open the safe must break the seal and record the seal number in the CD transport Register (LA484) in the column “seal no. when broken”

7.2.3 When T.E.D bag has been opened, the staff member receipting the stock into the safe must record this in the normal CD register as per TP008 procedure

7.2.4 Completion of the CD Transport register (LA484) must be carried out. The method of completing the CD Transport Register (LA484) is shown in the appendices

7.2.5 Once the T.E.D bag has been emptied and stock signed into the CD safe, the T.E.D bag must be left in the safe

## 7.3 Routing for Delivery

7.3.1 It is recommended that times of undertaking the delivery are not set and randomly distributed across a time period (e.g. 12hr shift or weekly planned management tasks)- this is for security reasons

7.3.2 If there is regular supply being sent to a particular station it is recommended that the route taken to the satellite station is altered and not repeated. While quantities for transport are perhaps considered small, the security measures taken should not be proportionate to the stock level in this case

## 7.4 Notifying EOC – CSU of the CD Transport

7.4.1 Prior to commencing the journey CSU must be notified via talk group PD33 of the intention to transport CDs and the destination

7.4.2 CSU must be notified of the **name** and **quantity** of the drug(s) being transported

7.4.3 If any other staff member is present for the journey, EOC must be notified

7.4.4 CSU must be notified upon arriving at the destination station

7.4.5 It is the responsibility of the CSU staff member to log this journey and all pertinent details on the Unit History

7.4.6 The staff member on CSU must ensure that the questions listed in the CSU-CD Transport Checklist are answered and logged in the Unit History

7.4.7 During the journey, the vehicle or portable airwave radio must be left on Talk Group PD33

## 8. Emergency Procedures

### 8.1 Theft / Losses

8.1.1 In the event that a CD / T.E.D Bag is stolen or lost during transit staff must follow the steps outlined in Appendix 6 of TP008 – Immediate and Subsequent Actions

8.1.2 EOC must be immediately informed via PD33 who must then inform the duty Incident Delivery Manager (IDM)

### 8.2 Robbery and Threats to Staff

8.2.1 Where a member of staff is approached while in transit and it appears to be the case that a theft or robbery is in progress staff are to ensure that their safety is priority

8.2.2 The staff member should, where possible, press the emergency button on the top of their airwave radio as per procedures outlined in OP022 and state:

- Location and request urgent Police assistance

8.2.3 It is the responsibility of the staff member in EOC to arrange for urgent Police assistance and provide information on the staff member's location and the understood nature of the incident at that time

8.2.4 If any threats to the staff member are made, they must not put themselves in danger and aim to remove themselves to a place of safety as soon as is practical

8.2.5 Where there is a risk to the staff member, they must allow the CD stock / T.E.D. bag to be taken

8.2.6 If EOC has not been notified, the staff member should call EOC as a priority call on the airwave radio via PD33 and notify EOC of the incident

8.2.7 The duty IDM must be informed and the Trust's normal procedures for such an event involving staff must be implemented

### 8.3 Identity Checks

8.3.1 Where a staff member is approached by a person on LAS premises who's unknown to them, the staff member must request to see a valid LAS ID or respective ID

8.3.2 If no ID can be produced or the staff member believes there is reason to be suspicious of someone, the staff member must inform the duty IDM via EOC on talk group PD40

### 8.4 Vehicle Breakdown

8.4.1 Where a vehicle involved in the transport of CDs breaks down or becomes unserviceable, the staff member must inform EOC via PD33

8.4.2 CSU must follow normal procedures for the replacement of the vehicle as soon as is possible

8.4.3 Where a vehicle must be towed or low-loaded, the priority remains for the T.E.D bag to be delivered to its destination. Arrangements must be made for this to happen which may involve the vehicle recovery company being directed to the destination station first, an IRO being sent to the staff member or another Manager where practicable who is able to transport the staff member in possession of the T.E.D Bag

## 9 Record Keeping

### 9.1 Record Storage

9.1.1 Records and CDTR's will be stored and maintained in line with the Trust's policy TP029

<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	This procedure applies to all Group management teams, Operational Paramedics and those authorised by the Medical Director to have access to CD Safes, Medical Directorate, Front Line Staff and pertinent stake holders to the processes outlined herein			
<b>Dissemination</b>	This document will be made available on The Pulse, hard copies available to reference from Station Administrators, Master copy held with the Trust Pharmacist and CD Accountable Officer,			
<b>Communications</b>	Notice of this document will be made on Staff Notice boards at Stations. A notice will be placed in the RIB by the Head of Information Governance.			
<b>Training</b>	Training on new procedures outlined in this document will be undertaken by local Group management teams on the process herein			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Auditing Records CSU reports for OOS – Monthly	As per auditing policy As and when staff sign the policy	CMT, Medical Directorate, Trust Pharmacist, CDAO  Reported, Medicines Management Group, CD Accountable Officer, Trust Pharmacist & Medicines Safety Officer	Medicines Management Group	Learning will take place via any medium deemed reasonable by the groups listed as responsible for outcomes and recommendations.  Examples of how this might occur are: formal training, CPD, or placements

[Appendix 1 – T.E.D Bag Image and Seal Image]



## [Appendix 2 – Controlled Drug Transport Register (LA484) Sample Completion]

### London Ambulance Service NHS Trust – Controlled Drug TRANSPORT REGISTER

Name, Form of Presentation and Strength Morphine Sulphate 10mg/ml Ampoules / Unit/ Box (Delete as necessary)

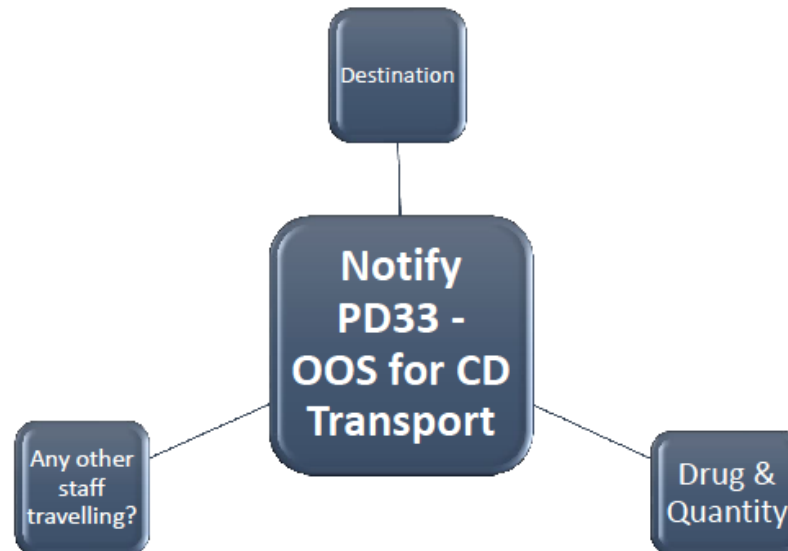
Station: Brent (03)

Date / Time	Total Stock (Ampoules) - IN	Total Stock (Ampoules) - OUT	OUT					IN					
			Packed by	Packing Witnessed by	Seal No.	ENVOPAK No.	Station Destination	Entered by	Witnessed by	Seal No. of sealed bag left in situ	Seal No. when broken	Entered in CD Register? Y/N	
22/04/17 13:30	---	140	P. J. Bloggs	P. C. More	0117041	E-189	C6	P.	---	---	---	---	Y
			S. JB	S. CM				S.					
22/04/17 14:28	140	----	P.	P.	---	---		P. D. Motic	P. G. Force	N/A	0117041	Y	
			S.	S.				S. DM	S. Gforce				
10/05/17 12:08	---	70	P. J. Bloggs	P. G. Force	0117045	E-160	B6	P.	P.	---	---	Y	
			S. JB	S. GF				S.	S.				
12/5/2017 14:00	70	---	P.	P.				P. J. Bloggs	P. Alone	0117045	---	N	
			S.	S.				S. JB	S. on station				
12/5/2017 18:10	70	---	P.	P.				P. P. Hawk	P. L. Alpha	---	0117045	Y	
			S.	S.				S. P. Hawk	S. L. alpha				

## [Appendix 3 – Process Flowcharts for the use of T.E.D Bags]

### T.E.D Bag Usage Flow Chart - Managers

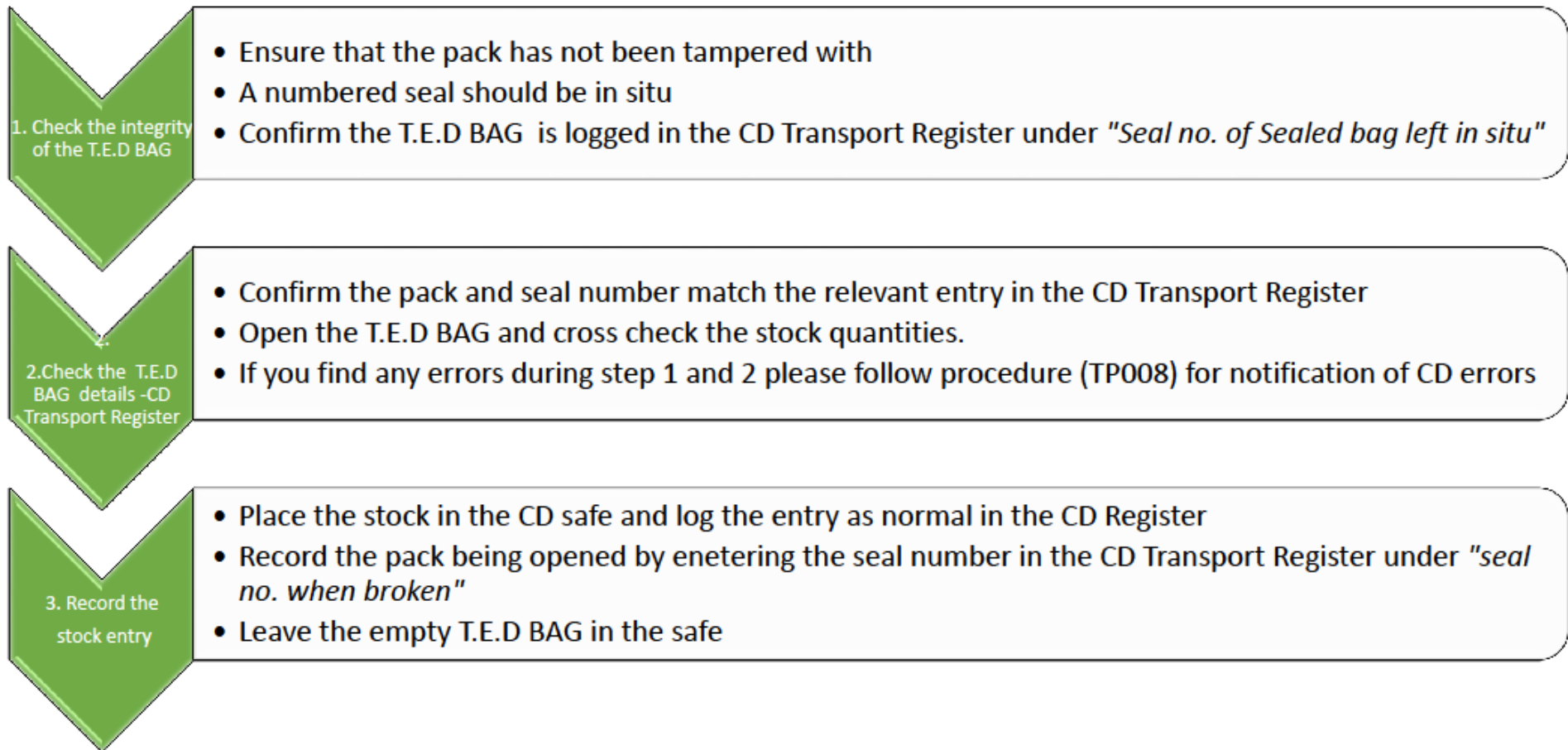
This chart outlines the process for Station Managers transporting Controlled Drugs between Main and Satellite Stations only. This must be applied in conjunction with the procedure outlined in the T.E.D Bag usage policy.



## T.E.D Bag Usage Flow Chart – First Clinician at a CD Safe

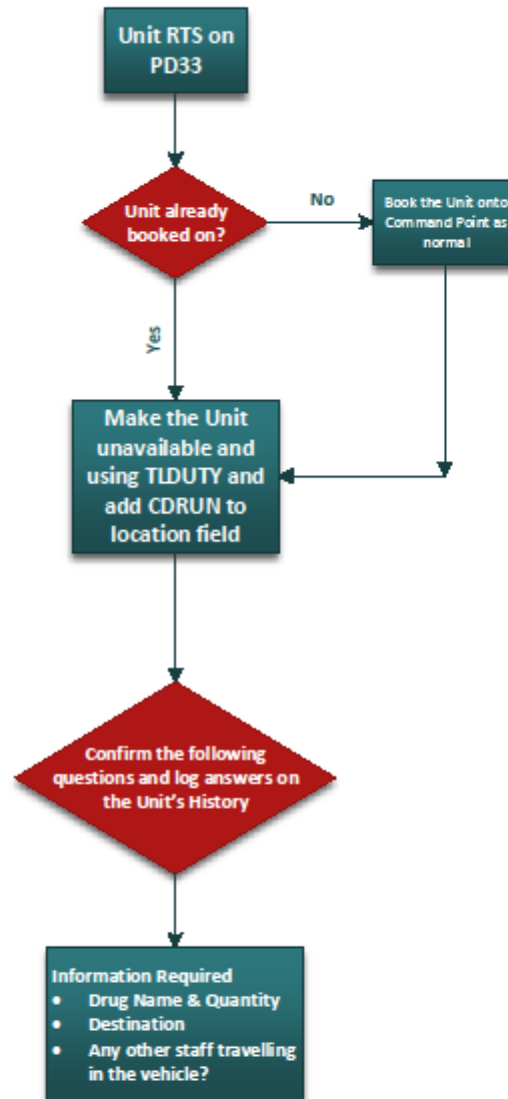
This chart outlines the process for the entry of CD stock from an T.E.D BAG by the first clinician who finds a sealed pack in the CD safe. This must be applied in conjunction with the procedure outlined in the T.E.D BAG usage policy.

If you find a sealed T.E.D Bag in the CD Safe and no Manager is present please follow this guide





[Appendix 4 – EOC-CSU CD Transport Checklist]



**Emergency Procedure:**

- Follow normal EOC Procedures
- Arrange for MPS assistance if required
- Inform the Duty IDM and CSU Manager immediately

Inform the Duty IDM, MPS and other pertinent staff of the answers to the checklist questions above

[Appendix 5 – T.E.D Bag and Seal Distribution Record]

**TED Bag Distribution Record**

For use with TED Bag Usage Procedure

Complex / Group	Bag No. Allocated	Delivery Date	Replaced by bag No.	Date Replaced	Ordered by
Brent					
Bromley					
Camden					
Croydon					
Deptford					
Edmonton					
Friern Barnet					
Fulham					
Greenwich					
Hanwell					
Hillingdon					
Homerton					
New Malden					
Romford					
St. Helier					
Westminster					
Wimbledon					
APP - Brent					
APP - Croydon					
APP - Ilford					
APP - Westminster					
EPRR- Cody Road					
HART - Clock Tower					
HART - Cody Road					
Medical Directorate					
TRU - Clock Tower					
TRU - Cody Road					



**TED Bag Seal Distribution Record**

For use with TED Bag Usage Procedure

Complex / Group	Seal No. Range	Delivery Date	Ordered by
Brent			
Bromley			
Camden			
Croydon			
Deptford			
Edmonton			
Friern Barnet			
Fulham			
Greenwich			
Hanwell			
Hillingdon			
Homerton			
New Malden			
Romford			
St. Helier			
Westminster			
Wimbledon			
APP - Brent			
APP - Croydon			
APP - Ilford			
APP - Westminster			
EPRR- Cody Road			
HART - Clock Tower			
HART - Cody Road			
Medical Directorate			
TRU - Clock Tower			
TRU - Cody Road			