1.0 Drug Storage, Supply and Administration

Policy

The clinical team ensures that medicines (including samples, vaccines and medical consumables) are acquired, stored, administered, supplied and disposed of in accordance with manufacturers’ directions and Legislative requirements applicable to the state of WA where our practices are located.

WGPN does not hold a Health Services Permit (HSP) therefore all Schedule 8, 4, 2 & 3 medications are stored, prescribed and administered in line with the requirements of the Drugs, Poisons and Controlled Substances Act 1981 and the Drugs, Poisons and Controlled Substances Regulations 2006.

In line with accreditation standards:

- our patients are informed about the purpose, importance, benefits and risks of their medicines and are made aware of their own responsibility to comply with the recommended treatment plan.
- our clinical team can access current information on medicines and review our prescribing patterns in accordance with best available evidence.
- our clinical team works towards maintaining a current and accurate medication list for our patients, especially those on multiple medications.
- our clinical team can demonstrate how we ensure other health providers to whom we refer or hand over our patients can access an accurate medicines list.
- the use by date of all drugs is checked on a systemic basis.
- we observe the principles of correct patient identification

Procedure

To reduce the risk of errors when prescribing or referring, general practitioners ensure the patient’s medication list is up-to-date. Prior to prescribing or changing treatment our doctors and other clinical staff clarify a patient’s current medicines list and known allergies. Single use medications, including antibiotics, should be removed from patients’ records when they are no longer required. Care is taken with sound-alike or look alike medicines, particularly when using ‘drop down’ boxes in electronic prescribing programs.

We also encourage reviewing the medicines list with the patient to provide an opportunity to assess the patient’s compliance with a medication regime and to identify the need for any further education/support.

Where appropriate doctors provide patients with a copy of their medicines list which is updated when their medicines are changed.
It is useful to include all medicines (prescription and non-prescription medicines and complementary healthcare products, if known) on the medication list.

General practitioners need to be aware of the use of complementary medicines and the potential for side effects and drug interactions with conventional medicines. This should be noted on letters of referral including those for hospital admissions.

All clinical staff ensure correct patient and patient record using 3 accepted patient identifiers, name, DOB, address & gender before administering any medications, or writing any prescriptions. When patients ask for a repeat of their medications without attending WGPN we require the request in writing and it must contain the name, address and DOB. We also correctly identify patients when they come to collect their prescriptions by asking the person collecting to sign.

We help our patients to understand the Medication purpose, options, benefits and risks. Where possible we use written material to support this.

Where patients cannot understand written language or where information is not available in the patient’s language, the use of pictorial media or translators may be appropriate. It is particularly important that patients understand the difference between generic drugs and trade named drugs so dosage problems are avoided.

Our clinical staff can access the Therapeutic Guidelines and other references to refer to where appropriate. We also encourage the use of the Home medications reviews for eligible patients.

Consumer information about the practice prescribing policy is available to patients and displayed in the waiting room.

Definitions:

- “Schedule 8 drugs” (Labelled controlled Drug) are drugs with more strict legislative controls. A permit might be required before prescribing Schedule 8 poisons. E.g. morphine(Kapanol, MS-Contin), pethidine, oxycodone(Oxycontin, Endone), methadone(Physenp), hydromorphone(Dilaudid), flunitrazepam(Hypnodorm), fentanyl(Sublimaze),
- “Schedule 4 drugs” (Labelled Prescription only medication) include all other drugs for which prescriptions are required e.g. diuretics, oral Contraceptives, antibiotics, some compound analgesics (Panadeine Forte), vaccines and many others
- The term “Drugs of Dependence” is used to describe all Schedule 8 plus those Schedule 4 poisons that are subject to misuse or trafficking e.g. benzodiazepines, propoxyphene(Digesic, Doloxene), anorectic drugs (Tenuate Dospan, Duromine), and anabolic. Steroids. Doctors should take additional precautions before prescribing S4drugs of dependence.
• **Prostaglandins, Ovulatory Stimulants and Retinoids** (e.g. isotretinoin, acitretin, clomiphene, dinoprost) are Schedule 4 poisons that may only be prescribed by a medical practitioner with the appropriate qualifications and expertise and who holds a warrant to prescribe the drug or by a medical practitioner acting in accordance with the direction of the warrant holder (prescription to be endorsed with the name of the warrant holder).

• **“Schedule 2 & 3 drugs”** are those labelled Pharmacy medication or pharmacist only medicine. These can only be supplied in an open shop by pharmacists. Doctors must use and supply these in a similar manner to S4 drugs.

1.1 **Storage & Access Requirements**

Schedule 4 and Schedule 8 poisons (inc. Doctor’s Bag Emergency Drugs, Professional Samples and vaccines) are obtained on the authorisation of the medical practitioner(s). These drugs are the responsibility of the medical practitioner(s) and subject to regulatory controls.

• in relation to drugs in a general practice, a nurse is not authorised to possess Schedule 4 or Schedule 8 poisons except when required for administration to a specific patient, under the care of that nurse. Unless it is an emergency written authorization by a medical practitioner is required prior.

• registered Nurses can only access locked drug storage facilities to assist the doctor with necessary activities, such as medical treatment, stock checks and reordering, under the direction/supervision of a doctor who is personally present.

**Schedule 8 drugs**

Storage:

• S8 poisons must be stored in a locked facility, fixed to the floor or wall and meeting the minimum security requirements detailed in Regulation 35(1.) Storage facilities for Schedule 8 poisons must remain locked at all times except when it is necessary to open it to carry out an essential operation such as medical treatment, stock checks and reordering. Keys & combinations must not be accessible to or known by unauthorised persons.

• when required to be transported for use in other locations, S8 drugs must be stored in a locked receptacle (e.g. doctors Bag), in the doctors possession. If the receptacle is necessarily out of the doctor’s immediate possession it should be secured, out of sight, in a lockable facility (e.g. locked cupboard or locked vehicle) to prevent unauthorised access.

• up to 6 divided doses (e.g. amps) of a S8 poison, for emergency use, may be stored in a locked facility that does not comply with Regulation 35(1).
Schedule 4 drugs

Schedule 4 poisons including sample packs may be stored in a filing cabinet, cupboard or drawer, usually in the treatment room, (or other area e.g. storeroom). If an authorized person (usually a medical practitioner) is present the storage facility may remain unlocked at their discretion. This option requires the storage facility to be locked when the authorized person/s are not present.

S4 drugs of dependence are either stored in the same manner as other S4 poisons or in the drug cabinet with S8 poisons again at the discretion of the authorised person.

Schedule 4 vaccines that require refrigeration must be stored in either:
- a lockable refrigerator that is locked when an authorized person (usually a medical practitioner) is not present.
- or in a refrigerator secured within a lockable room that is locked when an authorized person is not present.
- nurse Immunisers are authorised to have access to specific vaccines and medications to manage anaphylaxis.

Schedule 2 & 3 drugs

It is recommended these are stored and handled in a similar manner to Schedule 4 drugs to prevent unlawful supply.

Prescription pads and pages for computer generated prescriptions are stored in a similar manner to S4 drugs.

1.2 Administration & Records

Nursing

Depending on professional scope and competencies, Division 1 registered nurses or Medication endorsed Enrolled Nurses (formally Division 2) can only administer S4 or S8 medications when
- there is a recent written instruction from a medical practitioner identifying the patient, medication, dose, time, date and route of administration and date the order was written.
- an oral instruction from a medical practitioner if an emergency exists with written confirmation ASAP by the doctor and nurse.
- on the written transcription of the oral instruction (given by a doctor in an emergency) by the nurse who received those instructions. Must be countersigned ASAP by the doctor
- to the designated patient in accordance with the directions on the label when the medications have been dispensed to the patient by a pharmacist or medical practitioner.
Registered nurses must document any medications administered in the patient’s medical records, and sign the entry or use their individual log in.

Enrolled nurses may have limitations on the routes of drug administration or types of drugs they can administer depending on the endorsements they have attained in their training. (may not be able to administer via the IV route).

Nurse Immunisers, employed or contracted by medical practitioners, may have access to vaccines that are specifically approved by the Secretary (Department of Health) for use in vaccinations and to Schedule 4 poisons necessary for the treatment of anaphylactic reactions to the vaccines. For further information and the list of vaccines, please refer to the DPRG website (www.health.vic.gov.au/dpu/approve.htm).

Nurse Immunisers should familiarise themselves with legislative issues that are applicable to their situation.

1.3 Records

Records of all transactions (administration and/or supply) in S4 and S8 poisons must be true and accurate*, retained in a readily retrievable form for 3 years.

S4 records must contain the patients name and address, the date of the transaction, the identity of the person administering the medication and information that unambiguously identifies the medication (including dose and route of administration if applicable).

Additional records for S8 drugs are kept to personally account for every dose of a S8 drug. Transaction records of all S8 drugs received, transferred to the Doctors Bag, administered or disposed of must be maintained. A separate record (usually a drug register or administration book) is required, in a form that shows the true and accurate balance remaining after each transaction and that cannot be altered without detection. (Loose-leaf books are not acceptable). Each medical practitioner should have their own record book. (these are available from the RACGP). Appropriate documentation includes the date of transaction, the name of the doctor authorizing the administration of the drug, the name and address of the patient to whom the drug was administered, the quantity used a progressive balance of each drug on hand at the conclusion of the transaction, and the initials of the authorized person who administered the drug. It must also record additions to stock levels from the pharmacy and disposal of expired items.

1.4 Vaccine Administration

Division 1 nurses that have completed the accredited nurse immuniser course can administer vaccines (including off site) independently of the medical practitioner.

The nurse will document the handling, administration and destruction of immunising agents and vaccines in accordance with WA regulations, and in a manner consistent with accepted standards of practice.
Division 1 nurses or medication endorsed Enrolled Nurses that are not accredited nurse immunisers must have a written authorisation and the doctor must be physically available to assist with anaphylaxis and/or adverse events (including off site). 
Nurses are responsible and accountable for nursing judgments, actions and competency related to administering immunising agents and vaccines.

All staff administering vaccines has knowledge of the, and access to the emergency medical protocol for management of anaphylactic reactions in children, teens and adults.

The Australian Childhood Immunisation Register (ACIR) records must be updated with information about immunisations given to children under the age of 7 who live in Australia.

Enrolled nurses that have not completed medication endorsement are not authorized to administer vaccines in any circumstances.

1.5 Disposal of expired medications

When S2, S3 & S4 drugs reach their “Use by Dates’ then disposal is into the sharps or infectious waste containers or via the pharmacy.

If a medical practitioner wishes to destroy expired or unwanted S8 poisons, the destruction must be witnessed by a pharmacist, dentist, veterinary practitioner, nurse or another medical practitioner. Their destruction must be recorded in the S8 record book by the medical practitioner and the witness.

1.6 Prescribing/supplying

When a doctor supplies S2, S3, S4 or S8 medications (including professional samples), the medication is labeled and a record of the supply is made.

S4 and S8 labels will require:
- the name of the patient,
- the date of dispensing and if necessary an identifying code,
- the name, address and telephone number of the medical clinic or doctor providing supply including the name of the prescribing doctor
- directions for the correct use of the medicine
- directions for storage and expiry date (may be those on the packet if left uncovered).
- the brand and generic names of the drug including strength and form.
- the words “KEEP OUT OF THE REACH OF CHILDREN”
- ancillary labels as specified in the “Australian Pharmaceutical Formulary”.

S2 and S3 labels will require the name, address and telephone number of the medical clinic or doctor providing supply.
When prescribing or supplying S4 and S8 medications the doctor takes all reasonable steps, given the time and circumstances that exist at the consultation to ensure a therapeutic need exists. Prescribing to maintain an addiction is not a therapeutic need and is illegal.

Doctors do not prescribe to support drug dependence or for the purpose of self administration. (Regardless of whether the treatment was initiated by another medical practitioner).

Doctors check if the patient has any drug allergies or sensitivities prior to prescribing.

In addition, for drugs of dependence, the identity of the patient must be ascertained. For patients that are not regular clinic patients the doctor may need to:
- consult a previous prescriber.
- contact DHS.
- or insist on a further means of identification.

Doctors must notify DHS if they believe a patient is drug dependent. DHS treats such notifications as confidential.

Doctors are reminded that they are not obliged to prescribe the maximum PBS quantity of a drug. A smaller quantity can often address an immediate need whilst minimising the potential risks associated with drug-seeking behaviour.

Doctors should refrain from prescribing medications for family members and drugs of dependence must not be prescribed to family members except in an emergency.

Prescription pads and paper is stored securely in area where patients do not have unrestricted access or in the same manner as S4 poisons. Software for prescribing is secured by passwords that remain strictly confidential to individual prescribers.

Prescriptions contain;
- the full details of the prescriber (including an address and phone number).
- the name and address of the patient.
- the medication (unambiguously).
- the quantity and maximum number of repeats (written in words and figures for S8).
- the prescribers signature (preferably in a manner that prevents a patient adding another item above the signature).
- precise directions. (Scripts for S8 and S4 drugs are not legal without these).

Computer generated prescriptions for drugs of dependence must also contain key elements in the prescribers’ handwriting and include dosage amounts in figures and words

Doctors are to obtain permits from the Department of Human Services (DHS) prior to:  
- treating a drug dependent person with a Schedule 8 drug.
prescribing dexamphetamine, methylphenidate or methadone (exemptions may apply, e.g. pediatricians treating ADHD; patients in oncology or pain clinics at hospital).

• treating a person with any Schedule 8 poison for a period greater than 8 weeks (except where specifically exempt).

These permits should be filed/scanned into the patient’s medical record. The police and DHS will be notified of:

• lost or stolen drugs.
• lost or stolen S8 records.
• when a doctor has reason to believe a person has obtained S8 or S4 poisons (or prescription for same) by false pretences.
• if a doctor suspects a patient is attempting to procure a prescription under false pretences.
• loss or theft of prescription pads or paper.

Patients going overseas or patients who find it difficult to access the pharmacy

The PBS will allow the repeats to be dispensed with the original supply. The Doctor must make endorse the prescription with the words “regulation 24” for this to occur.

Note: It is illegal to supply medications:

• to Australian citizens not within the country at the time the prescription is written.
• for use other than the designated purpose for which it was prescribed.
• for anyone other than the person named on the prescription.

For information on jurisdictional requirements refer to the drugs and poisons branch:

Western Australia
Pharmaceutical Services Branch, Disaster Managements, Regulation and Planning Directorate, Department of Health, Western Australia
Telephone: 08 9222 6883 Fax: 08 9222 2463