

Recommendations on the security and custody of Schedule 8 and Schedule 4 drugs within hospitals

**Victorian Therapeutics Advisory Group
(VicTAG)**

Formerly
Melbourne Teaching Hospitals' Drug Usage Group (MTHDUG)

October 2002.
(Revised December 2003)

In August 2002, the Health Services Commissioner, Ms Beth Wilson, provided a report to the Minister for Health; the Hon. John Thwaites entitled “Royal Melbourne Hospital Inquiry Report”. Recommendation 32 asks that the Melbourne Teaching Hospitals’ Drug Usage Group (MTHDUG) “assist hospitals by developing model policies, procedures and guidelines for medication security and control”.

Accordingly the following recommendations by VicTAG (formerly MTHDUG) for the management of security and custody of Restricted Substances and Drugs of Dependence within hospitals has been developed to provide hospital pharmacists, nursing, doctors and hospital administrators with a framework to manage issues arising from the access, storage, distribution and administration of drugs. It has been based on the relevant sections of the Drug Poisons and Controlled Substances Act, Pharmacists Act and their Regulations. In some instances, where there are no detailed regulations or law to cover management of particular issues, guidelines have been recommended – these may vary according to local rules established by local hospital management.

VicTAG strongly recommends that within hospitals there is a culture of understanding and acceptance of the responsibilities that accompany the authority to possess, prescribe, store, distribute and administer Schedule 8 drugs and Schedule 4 drugs. This should be supported by education of medical, nursing and pharmacy staff – the primary responsibility for this education should be the pharmacy staff.

Definitions:

Schedule 4 drugs – those drugs which are listed under Schedule 4 of the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) which is incorporated within the Drugs and Poisons and Controlled Substances (DPCS) Act.

Schedule 8 drugs – those drugs which are listed under Schedule 8 of the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) which is incorporated within the Drugs and Poisons and Controlled Substances (DPCS) Act and are also known as Drugs of Addiction.

Schedule 11 drugs – these are drugs defined under Schedule 11 of the Drugs and Poisons Act and are also known as Drugs of Dependence

Written Authorisation – a prescription or administration order constitutes written authorisation.

The document is presented in the following manner:

Schedule 8 Drugs

- Requirements of doctors, nurses and pharmacists as defined by the relevant Acts and Regulations – the specific legal references are presented as superscript references – with the reference being provided in detail at the end of this section.
- VicTAG recommendations relating to Schedule 8 drugs.
- References to the Act and Regulations.

Schedule 4 Drugs

- Requirements of doctors, nurses and pharmacists as defined by the relevant Acts and Regulations – the specific legal references are presented as superscript references – with the reference being provided in detail at the end of this section.
- VicTAG recommendations relating to Schedule 4 drugs.
- References to the Act and Regulations.

Drugs of Dependence - drugs considered as having abuse potential

Other MTHDUG Recommendations

Schedule 8 drugs

Requirements for doctors, nurses and pharmacists under the Acts and Regulations.

- A nurse is authorised to be in possession of Schedule 8 drugs in accordance with a written prescription, and for administration to a patient under their care for whom that prescription is written¹ or as designated by a Health Services Permit¹ Reg 5(3)(b).
- A nurse or pharmacist cannot write prescriptions².
- Self-administration of a Schedule 8 drug in the absence of a prescription is illegal³.
- Schedule 8 medications can only be administered to patient if there is a written authorisation. In the absence of a written authorisation, it is illegal for unauthorised persons to be in possession of, or administer, Schedule 8 drugs. Conspiring individuals are held equally accountable. Administration of drugs from an unsigned standing order is illegal. In the case of an emergency, an oral or telephone order can be taken for drug administration and reduced to writing by the authorising doctor⁴. (*Note - although not required by regulation - in the case of phone orders it is strongly recommended, where staffing permits, that these are verified by TWO registered nurses.*)
- Supply of a Schedule 8 drug to support drug dependency is illegal⁵.
- Schedule 8 drugs must be stored in a drug safe⁶.
- The drug safe must be used for the storage of Schedule 8 and 11 drugs only⁷.
- The safe must be secured at all times.⁸
- Detailed records of transactions for Schedule 8 drugs are to be completed promptly and with appropriate patient information, either in a Schedule 8 drugs register (pharmacy), or a Schedule 8 drug administration book (nursing)⁹.
- The remaining balance of the Schedule 8 drug in question must be accurately recorded after each transaction (signed legibly by the persons involved)¹⁰.
- Any entry in the Schedule 8 drugs records must not be altered. Any entry made in error must be ruled out and a new, correct entry written in its place¹¹. (*Note – although not required by regulation – it is strongly recommended that multiple, repeated errors must be reported to pharmacy*)
- All entries into Schedule 8 drugs records must be true and correct¹².
- Discrepancies in Schedule 8 drugs must be immediately and thoroughly investigated by those involved¹³.

Additional VicTAG recommendations relating to discrepancies

- refer any unresolved discrepancy to pharmacy.
- complete a “Schedule 8 drug discrepancy report” form and forward to pharmacy.
- pharmacy will further investigate (in conjunction with the relevant functional head of the unit reporting the discrepancy), and report any unresolved discrepancies to the appropriate authorities (hospital management, police, Drugs and Poisons Unit).
- pharmacy will enter the discrepancy details onto a master file database or equivalent to permit an overview and assist in identifying any trends.
- pharmacy will provide nurse unit managers each month with a Schedule 8 drugs discrepancy report.
- pharmacy will place the master file on the pharmacy homepage for access where Intranet services are available.

VicTAG recommends the following hospital policies to augment the legal requirements in relation to Schedule 8 Drugs.

- The keys to the drugs safe are to be kept on the person of the Nurse in Charge of the ward, or another registered nurse acting under the direction of the Nurse in Charge.
- With areas that are vacated overnight it is recommended that arrangements are made with an adjoining area for the keys to be held by the Nurse in Charge of the adjoining area and that Schedule 8 balances are checked and documented at the end and start of shifts in the vacated area. It is recommended that a documented record is maintained of each key transfer between such areas.
- Administration of Schedule 8 drugs, and transaction records, are to be checked and signed by two registered nurses. Pharmacists or medical officers may co-sign transactions as appropriate. Each

signature is to be accompanied by the printed name of the nurse, pharmacist or medical officer (to permit identification of the individuals at a later time).

- In addition to recording the patient's name in the administration book the UR number of the patient should be documented. This will facilitate differentiation between patients with similar or identical names.
- At the end of each nurse shift, the balance of all Schedule 8 drugs are to be checked by the incoming and out-going Nurse in Charge or a registered nurse acting under the direction of the Nurse in Charge, the balance documented and the record signed by both nurses.
- When checking Schedule 8 stock physically count opened containers of drugs which are able to be counted, do not open sealed packs but rather check that the seals are intact and, if they are sealed record the quantity as labelled. Measure the volume of drugs in liquid form only when removing the last of the contents, if there is a reasonable discrepancy (eg up to 3%), make a note of that fact against the entry. Up to that point estimate the volume by observation and note the entry as "estimated".
- Balance recorded in the Schedule 8 register should always coincide with the actual stock on hand. When an error is discovered, make an amending entry. If the cause of the discrepancy is identified and found to involve a recent minor error (eg arithmetic) or departure from procedures (eg omission of recent administration) include a comment to that effect against the amending entry. When the cause of the discrepancy has not been identified, has been identified as a minor error that has been perpetuated or is other than a minor departure from procedures submit an incident report in relation to it.
- It is recommended that pharmacy staff audit and document the end-of-shift checks at least every month.
- It is recommended that the pharmacy develop and maintain a system for ensuring that Schedule 8 drug administration books are identified prior to being issued to and returned from wards.
- Opening and closing balances should be verified and signed for when drugs of dependence administration books are changed from the completed book to the next new book. In addition balances should be checked and verified from page to page. Whenever possible have balances carried forward to a new page or book verified by a second authorised person.
- Regular training sessions with in-house nursing staff are to be conducted to review drugs of dependence storage and access responsibilities on ward .
- Similar training sessions must be routinely included in graduate nursing orientation programs and under-graduate courses.

Disposal of Schedule 8 medications

Pharmacists are authorised to dispose of Schedule 8 medications that are no longer required and in general such medications should be returned to the pharmacy department for disposal.¹⁴ However it is impractical for partially used infusion solutions and part contents of ampoules to be retained and returned to the pharmacy department for disposal. Under the current DPCS Act and Regulations there is no provision for nursing staff to undertake disposal in this situation however it is accepted practice that nursing staff may discard partially used infusion solutions and part contents of ampoules. Disposal should be undertaken by two registered nurses and should be documented and signed for in the Schedule 8 drug administration book. If the dose required for a patient is less than the total contents of an ampoule the two registered nurses signing for administration of the medication should discard the excess contents and a note should be made adjacent to the entry in the drug administration register. This note should indicate the quantity being discarded and the method of disposal. When a partially used infusion solution is to be discarded, this should be documented in the drug administration register and the two registered nurses undertaking disposal should sign the entry. The entry should include the approximate volume of the solution discarded, the method of disposal, the patient's name and UR number and the nurses' signatures accompanied by their printed names.

Relevant Act and Regulations

1. Drugs Poisons and Controlled Substances (DPCS) Reg 5 (3) – a nurse is authorised to possess and administer those Schedule 8 poisons that are necessary for administration to a patient under the care of that nurse in accordance with (a) the instructions and upon the authorisation of a medical practitioner or dentist for that specific patient (b) the conditions of a permit to purchase or obtain and use a poison or controlled substance for the provision of health services.
DPCS Act 36B(2) – a person shall not have in his possession a Schedule 8 poison unless he is authorised by or licensed under this Act or Regulations to do so.
DPCS Reg 44 – A person must not administer or use a Schedule 8 poison obtained or supplied on a prescription other than for the treatment of the person named on that prescription.
DPCS Act 73 (1) – A person who without being authorised by or licensed under this Act or the Regulations to do so has or attempts to have in his possession a drug of dependence is guilty of an indictable offence.
2. DPCS Reg 22 (1) – A person other than a medical practitioner, veterinary surgeon or dentist must not write a prescription for a Schedule 8 poison.
3. DPCS Reg 47 – A person must not use, prescribe, sell or supply, a Schedule 8 poison for the purpose of self-administration unless that person (a) is a patient for whom a medical practitioner or dentist has prescribed that drug, poison or controlled substance, and (b) uses that drug, poison or controlled substance to the extent and for the purpose for which it was prescribed, sold or supplied.
DPCS Act 75 – A person who, without being authorised by or licensed under this Act or the Regulations to do so uses or attempts to use a drug of dependence is guilty of an offence against this Act.
4. DPCS Reg 46 (1) – A medical practitioner or dentist who orders the administration of a Schedule 4 or Schedule 8 poison to a person must provide that instruction legibly and durably in writing and confirm that order with his or her handwritten signature.
DPCS Reg 46 (4) – A nurse must not administer a Schedule 4 or Schedule 8 poison to a person other than (a) in accordance with the directions for use on a container of a schedule 4 or schedule 8 poison supplied by a medical practitioner, pharmacist or dentist, or (b) on the written instruction of a medical practitioner or dentist, or (c) on the oral instructions of a medical practitioner or dentist to the nurse, if in the opinion of the medical practitioner or dentist an emergency exists, or (d) on the written transcription of the oral instructions referred to in paragraph (c) by another nurse who received those instructions.
DPCS Reg 46 (5) - The medical practitioner or dentist must as soon as practicable confirm in writing the oral instructions referred to in sub-regulation (4), and include them or provide then for inclusion in the treatment records for the person concerned.
DPCS Act 79(1) – A person who conspires with another person or other persons to commit an offence against any provision of sections 71-73 is guilty of an indictable offence and liable for the same punishment pecuniary penalties and forfeiture as if he has committed the first-mentioned offence.
5. DPCS Reg 48 – A person must not administer, prescribe, sell or supply a Schedule 8 poison or drug of dependence to any person merely for the purpose of supporting the drug dependence of that person)
6. DPCS Reg 33 (1) (a-f) – A person to whom this regulation applies must store any Schedule 8 poison in his or her possession in a lockable storage facility that provides not less security than a storage facility that is and goes on to describe the minimum requirements of a safe.
7. DPCS Reg 33 (2) – A person to whom this regulation applies must take all reasonable steps to ensure that the storage facility (safe) is used only for the storage of Schedule 8 poisons, and drugs of dependence.
8. DPCS Reg 34 – A person to whom this regulation applies must take all reasonable steps to ensure that the storage facility for Schedule 8 poisons remains locked and secured to prevent access by an unauthorised person at all times, except when it is necessary to open it to carry out an essential operation in connection with poisons stored in it.
9. DPCS Reg 38 – This division applies to (c) a person...who is authorised under these regulations to possess, use or administer a Schedule 8 poison in the provision of Health Services.
DPCS Reg 39 – A person to whom this Division applies must, as soon as practicable after completing a transaction, record (a) date, (b) name, form, strength and quantity of poison, (d) the name and address or location of persons to whom the poison or controlled substance is...administered (g) in the case of a transaction involving supply or administration to a specific person, the name of the person carrying out the transaction.
10. DPCS Reg 40 (1) – A person to whom this Division applies must ensure that the records of all transactions in Schedule 8 poisons kept by him or her (a) are able to be readily sorted by poison, (b) show the true and accurate balance of each Schedule 8 poison remaining in his or her possession after each transaction, (c) show the name of the person carrying out the transaction.
11. DPCS Reg 40 (3) – A person to whom this Division applies must maintain the records made by him or her of transactions in Schedule 8 poisons in a manner that ensures that the records cannot be altered, obliterated, deleted or removed without detection.
12. DPCS Reg 41 – A person to whom this Division applies must not knowingly make or cause to be made an entry that is false or misleading in any records in respect of a Schedule 8 poison.
13. DPCS Reg 42 – A person to whom this Division applies must investigate without delay any discrepancies found in the transaction records kept by him or her and after that investigation he or she must notify the Chief General Manager without delay of any discrepancy that remains.
14. DPCS Reg 50 (1) (e) (i)) it is destroyed by a medical practitioner, pharmacist, veterinary surgeon or dentist in the presence of another person who is a medical practitioner, pharmacist, veterinary surgeon or dentist; and

(ii) the details of the destruction, including the name, strength and quantity of the poisons or controlled substances destroyed, the method and place of destruction and the names of the person carrying out the destruction and the witness are recorded in the records required to be kept under regulation 39 and made available for the inspection of an authorised officer when requested.

Schedule 4 Drugs

Requirements for doctors, nurses and pharmacists under the Acts and Regulations.

- A nurse is authorised to be in possession of a Schedule 4 drug in accordance with a written prescription, and for administration to a patient under their care for whom that prescription is written¹ or as designated by a Health Services Permit¹Reg 5(3)(b).
- A nurse or pharmacist cannot write prescriptions².
- Self-administration of a Schedule 4 drug in the absence of a prescription is illegal³.
- Schedule 4 medications can only be administered to patient if a prescription is written. In the absence of a prescription, it is illegal for unauthorised persons to be in possession, or administer Schedule 4 drugs. Conspiring individuals are held equally accountable. Administration of drugs from an unsigned standing order is illegal. In the case of an emergency, an oral or telephone order can be taken for drug administration and reduced to writing by the authorising doctor⁴. (*Note - although not required by regulation - in the case of phone orders it is strongly recommended, where staffing permits, that these are verified by TWO registered nurses.*)
- Supply of a Schedule 4 drug to support drug dependency is illegal⁵.
- Schedule 4 drugs must be stored in a locked facility, whether that be an imprest cupboard, drug storage room, drug trolley, patient bedside drawer or drug refrigerator⁶. (*Note hospitals will need to give consideration to ensuring a mechanism to permit the secure storage of Schedule 4 drugs held for emergency access eg. crash carts.*)
- The above storage facilities must be secured at all times other than during authorised transactions⁷.
- Detailed records of transactions for Schedule 4 drugs are to be completed promptly and with appropriate patient information. Drug charts must be signed legibly by the nurse completing the administration of the Schedule 4 drug⁸.
- All entries into patient medication records (drug charts) must be true and correct⁹.

VicTAG additional recommendations not covered by the Acts and Regulations

- The keys to the storage facilities for Schedule 4 drugs is to be kept at all times on the person of the Nurse in Charge, or another registered nurse acting under the direction of the Nurse in Charge.
- Schedule 4 storage facilities should be:
 - centrally located on the ward
 - visible by authorised staff at all times
 - not located in a public thoroughfare
 - emergency drugs should be readily accessible in case of an emergency
 - restricted to access by authorised (under legislation) hospital staff only.
- In the case of an imprest room on wards, they should, in addition:
 - have self closing doors with automatic lock
 - have a window in the door to allow visibility
 - ideally have swipe card technology as a means of access (which allows for pre-set authorisation, incorporation in name badges, roster only access, audit trail, non-key security, emergency access).
- Access to Schedule 4 drug storage areas should be restricted to authorised (by legislation) hospital employees only.
- Inpatient dispensed medication should be distinctively labelled so as to make it clear and distinguishable from medication dispensed on discharge or imprest stock. VicTAG recommends the use of a bright sticker (or equivalent) to be attached to all inpatient dispensed medication reading "Inpatient Use Only". If no such sticker is available inpatient dispensed medication should be labelled with words such as: "Not to be issued on discharge." or "Non ward stock. Return to pharmacy". These adhesive labels are currently commercially available upon request. Medications

carrying such warnings are not to be given to patients on discharge, but are to be returned to pharmacy.

- Unused Schedule 4 poisons, or those medications left after patient discharge, must be returned to the secured storage facility on the ward immediately. Imprest items must be returned to the correct place in the imprest cupboard or drug storage room immediately, and inpatient dispensed (non-imprest) medication must be returned to pharmacy.
- Patients bringing into hospital their own medication should have that medication placed in a purpose-made container eg. zip-lock bag accordingly labelled "Patients own medication." and stored separately to hospital or imprest stock, preferably in the patient's bedside drawer. It should be annotated on the medication chart that the patient has with them their own medication.
- Extra care must be exercised when patients are given dispensed medications by nursing staff on discharge. Medication issued must be dispensed medication from pharmacy only, and should be confirmed with another registered nurse. It is illegal for nursing staff to supply non-dispensed medications in all circumstances.
- Additional care must be taken when patient bedside drawers are emptied on patient discharge to ensure
 - only medication for the patient being discharged is supplied
 - only dispensed medication for that patient is supplied
 - imprest medication is returned to the imprest cupboard
 - inpatient dispensed medication is returned to pharmacy
 - medication dispensed for other patients (ie. patients previously in that bed) is not inadvertently given to the wrong patient.
- To ensure movements of medications between wards after normal working hours are fully documented; borrowing books should be instituted in all wards to allow for a formal audit trail for such practices.
- VicTAG recommends that hospitals develop a standard policy for supply of medications to patients after pharmacy has closed. Any such policy should require dispensing doctor to fulfil all legal obligations including appropriate documentation and labelling of the dispensed medication¹⁰.
- Regular training sessions with in-house nursing staff are to be conducted to review Schedule 4 drug storage and access responsibilities on ward areas.
- Similar training sessions must be routinely included in graduate nursing orientation programs and under-graduate courses.

Drugs of Dependence - drugs considered as having abuse potential

A number of hospitals have identified the following Schedule 4 drugs with abuse potential: benzodiazepines (temazepam, diazepam, oxazepam, clonazepam, midazolam, nitrazepam), oral analgesics containing 30mg of codeine (eg. Panadeine Forte®, Codral Forte®, Mersyndol Forte®), tramadol and ketamine. For these drugs, it is further recommended, in addition to the standard regulations pertaining to Schedule 4 drugs, that:

- these drugs be stored in a separate locked cupboard, or separate shelf in the case of an imprest room, specifically for the storage of these drugs. This is particularly important in high demand areas such as Emergency Department, Intensive Care Units, Theatres where access is likely to be more frequent and by a larger number of staff.
- these drugs be stored in the central location only, and not routinely in drug trolleys and patients drawers, or any other secure place in the ward.
- at the change of each shift, at the same time as the Schedule 8 balances are checked by the incoming and out-going Nurse in Charge or a registered Nurse acting under their direction, the remaining balance of these drugs, in whole original packs, are checked, documented and signed for.
- a perpetual inventory list be made available on each ward, where deliveries of these drugs from pharmacy is documented, and removal of drugs from the cupboard for patient

administration, is also documented. Drug movements are therefore formally documented, and end of shift balances should reflect net receipts and issues of these drugs. An S11 drug administration register has been developed by VicTAG for this purpose. The S11 register comes with a blue binding to distinguish it from the S8 registers, which have a red binding. The S11 drug administration registers are commercially available via pharmaceutical wholesalers.

- imprest levels of these drugs, in consultation with the Nurse in Charge, be reduced to a minimum amount required to provide adequate medication to inpatients of each ward.
- where possible, these drugs should be purchased in the smallest available original pack, and in blister or foil packs where commercially available.
- where possible, as for drugs of addiction, administration and documentation of administration of these drugs should be undertaken by two registered nurses.
- usage reports of these drugs be provided routinely by pharmacy for each ward, and be made available on the pharmacy homepage if Intranet services are available.
- that routine, but random by ward, evaluations of drug usage of these agents be undertaken, reconciling drug issues from pharmacy against drug administration to patients. Where Drug Usage and Evaluation (DUE) services are available, the data should be collected and analysed by such staff.
- evidence of suspicious usage or discrepancies should: be brought to the attention of the Nurse in Charge and the appropriate Divisional Director of Nursing, be formally documented; be fully investigated and the details entered on a database in pharmacy. Discrepancy trends must be reported to senior executive. Unexplained discrepancies should be reported to the appropriate authorities.
- these recommendations be employed in all wards and areas of every hospital so as uniform policies and procedures regarding these drugs become routine best practice.

Relevant Act and Regulations

1. Drugs Poisons and Controlled Substances (DPCS) Reg 5 (3) – a nurse is authorised to possess and administer those Schedule 4 poisons that are necessary for administration to a patient under the care of that nurse in accordance with (a) the instructions and upon the authorisation of a medical practitioner or dentist for that specific patient (b) the conditions of a permit to purchase or obtain and use a poison or controlled substance for the provision of health services.

DPCS Act 36B(2) – a person shall not have in his possession a Schedule 4 poison unless he is authorised by or licensed under this Act or Regulations to do so.

DPCS Reg 44 – A person must not administer or use a Schedule 4 poison obtained or supplied on a prescription other than for the treatment of the person named on that prescription.

DPCS Act 73 (1) – A person who without being authorised by or licensed under this Act or the Regulations to do so has or attempts to have in his possession a drug of dependence is guilty of an indictable offence.

2. DPCS Reg 22 (1) – A person other than a medical practitioner, veterinary surgeon or dentist must not write a prescription for a Schedule 4 poison.

3. DPCS Reg 47 – A person must not use, prescribe, sell or supply, a Schedule 4 poison for the purpose of self-administration unless that person (a) is a patient for whom a medical practitioner or dentist has prescribed that drug, poison or controlled substance, and (b) uses that drug, poison or controlled substance to the extent and for the purpose for which it was prescribed, sold or supplied.

DPCS Act 75 – A person who, without being authorised by or licensed under this Act or the Regulations to do so uses or attempts to use a drug of dependence is guilty of an offence against this Act.

4. DPCS Reg 46 (1) – A medical practitioner or dentist who orders the administration of a Schedule 4 poison to a person must provide that instruction legibly and durably in writing and confirm that order with his or her handwritten signature.

DPCS Reg 46 (4) – A nurse must not administer a Schedule 4 poison to a person other than (a) in accordance with the directions for use on a container of a schedule 4 poison supplied by a medical practitioner, pharmacist or dentist, or (b) on the written instruction of a medical practitioner or dentist, or (c) on the oral instructions of a medical practitioner or dentist to the nurse, if in the opinion of the medical practitioner or dentist an emergency exists, or (d) on the written transcription of the oral instructions referred to in paragraph (c) by another nurse who received those instructions.

DPCS Reg 46 (5) - The medical practitioner or dentist must as soon as practicable confirm in writing the oral instructions referred to in sub-regulation (4), and include them or provide then for inclusion in the treatment records for the person concerned.

DPCS Act 79(1) – A person who conspires with another person or other persons to commit an offence against any provision of sections 71-73 is guilty of an indictable offence and liable for the same punishment pecuniary penalties and forfeiture as if he has committed the first-mentioned offence.

5. DPCS Reg 48 – A person must not administer, prescribe, sell or supply a Schedule 4 poison to any person merely for the purpose of supporting the drug dependence of that person.

6. DPCS Reg 32 (1) – A person to whom this regulation applies must store any Schedule 4 poison in his or her possession in a lockable storage facility.

7. DPCS Reg 34 – A person to whom this regulation applies must take all reasonable steps to ensure that the storage facility for Schedule 4 poisons remains locked and secured to prevent access by an unauthorised person at all times, except when it is necessary to open it to carry out an essential operation in connection with the poisons stored in it.

8. DPCS Reg 38 – This division applies to (c) a person...who is authorised under these Regulations to possess, use or administer a Schedule 4 poison in the provision of Health Services.

DPCS Reg 39 – A person to whom this Division applies must, as soon as practicable after completing a transaction, record (a) date, (b) name, form, strength and quantity of poison, (d) the name and address or location of persons to whom the poison or controlled substance is...administered (g) in the case of a transaction involving supply or administration to a specific person, the name of the person carrying out the transaction.

9. DPCS Reg 41 – A person to whom this Division applies must not knowingly make or cause to be made an entry that is false or misleading in any records in respect of a Schedule 4 poison.

10. DPCS Reg 26 (1) A person authorised under section 13(1) of the Act who supplies a Schedule 4 poison, Schedule 8 poison for the medical or dental treatment of a specific person must affix firmly to the container a label that includes the following information – (a) the name of the patient; (b) the date of recording as required by Division 5; and (c) the name, address and telephone number of the place of supply; and (d) the name of the poison or controlled substance or a trade name which unambiguously identifies the poison or controlled substance and its strength, form and quantity; and (e) subject to sub-regulation (2) the directions for use.

Other VicTAG recommendations

Ketamine

Ketamine has been identified by a number of hospitals as having considerable abuse potential. Under the current DPCS Act and Regulations as it is scheduled as a Schedule 4 drug. However hospitals should consider creating similar storage and recording requirements to those of Schedule 8 drugs to limit access of ketamine.

Nitrous Oxide

Nitrous oxide has been identified by a number of hospitals as having considerable abuse potential. Under the current DPCS Act and Regulations as it is scheduled as a Schedule 4 drug. However hospitals should consider creating similar storage and recording requirements to those of Schedule 8 drugs to limit access of nitrous oxide

Schedule 2 and 3 medications

It is apparent in feedback from hospitals that in many clinical areas there is staff expectation that ward stocked medicines which fall into Schedules 2 and 3 should be available to staff in treating minor ailments. To reverse the culture that it is acceptable practice for staff to use imprest drugs for self medication it is recommended that consideration be given: to the provision of a “first aid medication kit”, containing Schedule 2 and 3 medications for treatment of common ailments, be made available on all wards. This provides:

- an environment where the employer is seen to provide assistance to staff who come to work despite being sick
- the ability to monitor the use of such medication
- discourages the use of imprest drug use for self medication
- reinforces a zero tolerance policy for illegal drug use by hospital staff.

Audit processes

In many instances pharmacy technicians order, pick and deliver imprest supplies to ward areas. Ward pharmacists oversee these functions. VicTAG recommends that the ward pharmacist and technician jointly undertake routine audit (monthly or bimonthly) review of the drug storage areas verifying that hospital policies are being complied with - the outcome being documented. Any identified problems being reported and addressed with the appropriate staff in a timely manner.

Incident reporting

Incidents involving any medications that should be reported include:

1. Theft/pilferage/misappropriation of any medication by staff or others.
2. Any mistakes in administration, eg wrong dose or wrong drug given to a patient.
3. Unexplained discrepancies between records and actual stock on hand. This will facilitate early detection of errors and/or misappropriation.
4. A minor discrepancy that can be explained but has been perpetuated and not been detected by usual procedures eg when checking procedures in the administration register have not identified a discrepancy. This will facilitate a review of the procedures that are in place in order to detect error and/or misappropriation.

Policy for Drug Security in Clinical Areas

It is recommended that there should be an overall hospital policy to manage the planning, implementation and maintenance of keyed mechanisms for drug storage in clinical areas.

October 2002.

(revised December 2003)

This document has been developed by VicTAG (formerly MTHDUG) and the Victorian Drug Usage Advisory Committee (VDUAC) in conjunction with the Pharmacy Department, Royal Melbourne Hospital and the Drugs and Poisons Unit of the Department of Human Services.