

NSW Health Policy Directive PD2013_043: *Medication Handling in NSW Public Health Facilities* - Requirements of Drug and Therapeutics Committees

http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_043.html

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3.3 High-risk Medications Management	6	All medications regarded as high-risk must be the subject of a local protocol, aligned with relevant NSW Health policy and prepared in consultation with relevant specialists and overseen by the Drug and Therapeutics Committee
3.4.3 Adverse Drug Reactions	9	Any suspected adverse drug reaction should be reported in accordance with any local reporting protocols
4.2 Restrictions on Prescribing Certain Schedule 4 Medications	13	Dinoprostone: Prescribing is restricted to ...a registrar in a hospital, provided the registrar prescribes, supplies or administers the substance at all times in accordance with a written protocol for the use of the substance in the hospital that includes relevant warnings, contraindications, precautions and possible adverse reactions and which has been approved and signed by the Director of Obstetrics and Gynaecology.
4.4 Consistent Prescribing Terminology	15	The facility's Drug and Therapeutics Committee should ensure that endorsed standard prescribing terminology and abbreviations are used, consistent with the ACSQHC 'Recommendations for terminology, abbreviations and symbols used in the prescribing and administration of medicines' in all records, other related documents and electronic systems.
4.5 Prescribing of Medications for Off Label Use and the Use of Unregistered Medicines	15-16	In accordance with NSW Health Policy Directive PD2008_037 Medicine - Evaluation of Medicines for use in Public Hospitals, the facility's Drug and Therapeutics Committee must ensure that protocols and procedures are developed and implemented to provide for 'off-label use' of medication, whether this involves a variation in dosage, patient age for treatment, indication, or route of administration to that included in the medication's approved Product Information. The Drug and Therapeutics Committee must also ensure that protocols and procedures are developed and implemented to provide for the use of 'unregistered medicines'.
4.7.1 Prescriptions for Schedule 4 Medications (and Other Non-Schedule 8 Medications)	17	Additionally, pre-printed patient 'addressograph' labels may be used on a prescription for a Schedule 4 medication when: <ul style="list-style-type: none"> In accordance with local protocols, the prescriber confirms the details included on the addressograph label at the time of writing the prescription,
4.8.1 Medication Charts and Medication orders for Administration	20	The facility's Drug and Therapeutics Committee must approve and review (annually or more frequently as deemed appropriate) the use of any specialty medication charts, including the appropriateness of the ongoing use of the chart in the particular patient care area. The Drug and Therapeutics Committee must develop and implement protocols and procedures to ensure that only medication charts that have been approved by the Committee for a particular patient care area can be procured for use in that area.

Promoting the quality use of medicines

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4.8.2 Medication Reconciliation	21	The use of a medication management plan (whether the national 'Medication Management Plan' or otherwise), as part of the patient's health care record, must be in accordance with the facility's local protocols and procedures.
4.8.3 Regular Review of Medication Orders	22	Facilities must establish systems and implement local protocols for the regular review of medication orders, as appropriate in the particular patient circumstances. The Drug and Therapeutics Committee must ensure that procedures are in place to provide for the timely follow up by prescribers and registered pharmacists when medication orders have been highlighted for review.
4.8.4 and 7.7 Verbal, Telephone, Facsimile and Email Medication Orders	23 and 73	In accordance with local protocols, as a further check, the prescriber should repeat the telephone or verbal (face to face) order to a second person. This must be implemented for all Schedule 8 medications, high risk medications and intravenous medications.
5.3.1 Medication Security and Access - General Provisions	26	Access to the Pharmacy Service must be restricted to staff authorised by the director of pharmacy, or the authorised officer of the Pharmacy Service at a facility where no registered pharmacist is employed/contracted. Protocols for authorising and auditing access to the pharmacy by keys or other means must also be implemented by the director of pharmacy/authorised officer of the Pharmacy Service
5.3.2 After-hours Access to the Pharmacy Service	26	Entering the Pharmacy Service after hours should rarely be necessary. When required, access must be in accordance with procedures approved by the Drug and Therapeutics Committee and restricted to delegated senior nursing and/or medical staff.
5.3.3 General Medication Storage Requirements	27	Where additional access controls are deemed appropriate, local protocols approved by the director of pharmacy and the Drug and Therapeutics Committee may direct specific non-Schedule 8 medications to be stored separately in locked cupboards with restricted access by authorised staff members. Medications that could be considered for increased access controls through separate storage include benzodiazepines, propofol, methoxyflurane and the codeine phosphate 30mg compound preparations. Also in accordance with local protocols, the procurement and supply of the medication may be recorded in a register as if it was a Schedule 8 medication.
5.5.6 Child Resistant Packaging	37	In accordance with local protocols and circumstances approved by the Drug and Therapeutics Committee, a registered pharmacist can exercise discretion, in consultation with the authorised prescriber as appropriate, and not dispense the medication in child resistant packaging when the registered pharmacist and/or the authorised prescriber is of the opinion that the patient would suffer undue hardship through difficulty in opening the container.
5.6.1 Requisitions for Imprest Medications	40	The range of medications and respective stock levels on an Imprest List must be set by agreement between the nurse/midwife in charge of the patient care area and the facility's director of pharmacy and regularly reviewed using a risk assessment approach in accordance with protocols approved by the Drug and Therapeutics Committee

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5.7.2 Schedule 8 Medication Balance Checks	42	A check of the balance of all Schedule 8 medications held in the Pharmacy Service must be made during March and September each year as a minimum, and at other times as deemed necessary by the director of pharmacy and approved by the Drug and Therapeutics Committee
5.8.2 Destruction of Expired, Unusable or Unwanted Schedule 8 Medications	43	Schedule 8 medications must be destroyed in such a way that the medications are made unidentifiable (that is, not disposed of intact in the original labelled packaging), unrecoverable and unusable, and are not likely to cause undue damage to the environment or pose a risk to any person. The director of pharmacy and/or the Drug and Therapeutic Committee may determine local protocols to achieve this requirement.
6.2.1 Medication Procurement by Patient Care Areas	48	Patient care areas may obtain medications either from: <ul style="list-style-type: none"> • The Pharmacy Service, either as imprest stock, or labelled for an individual patient in accordance with a medication chart order or prescription issued by an authorised prescriber, or • Directly from a pharmaceutical wholesaler (commonly referred to as 'Vendor Managed Inventory'), in accordance with the protocol approved by the facility's director of pharmacy and Drug and Therapeutics Committee
6.2.1 Medication Procurement by Patient Care Areas	48	The Drug and Therapeutics Committee is responsible for formulary management at the facility's patient care areas, that is the evaluation and approval of medications for use throughout the facility in accordance with NSW Health Policy Directive PD2008_037 Medicine - Evaluation of Medicines for Use in Public Hospitals, including the 'off-label use' ('unapproved use') of medications for general, restricted or individual patient use.
6.2.2 Transferring Schedule 8 Medications Between Patient Care Areas	49	Local protocols should detail the circumstances and procedures under which Schedule 8 medication may be transferred between patient care areas, including the need for this to only occur after-hours when the Pharmacy Service is not available.
6.2.4 Use of Patient's Own Medication and Complementary Medicines	50	The Council of Australian Therapeutics Advisory Group Guiding Principles for the Use of Complementary and Alternative Medicines in Hospitals provides guidance to facilities in the development of local protocols and procedures for the management and use of complementary and alternative medications (CAMs) alongside conventional medical or surgical treatments.
6.2.5 Methadone and Buprenorphine for Opioid Treatment Program Patients	51	Other than at public Opioid Treatment Program clinics or dosing points, due to security and safety issues, methadone syrup/liquid for the management of opioid dependence should be supplied to patient care areas from the Pharmacy Service as separate daily doses either as pre-packed and labelled doses or as individual patient labelled doses. However, local protocols may provide for specific high use patient care areas to obtain the manufacturer's 200ml pack size, including, but not limited to, drug detoxification units.

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6.3.1 Storage of Schedule 8 Medications	52	In accordance with local protocols, when a patient care area is closed for any purpose, any keys to that area's Schedule 8 medication storage units should be either... Patient care areas that are routinely closed over short periods of time (for example on weekends) must be securely locked to prevent unauthorised access. When a patient care area is closed for longer periods, the Schedule 8 medication packs should be sealed with tamper evident tape or in tamper evident packs, and transferred in accordance with local protocols to another appropriate patient care area Schedule 8 medication storage unit or to the Pharmacy Service.
6.3.1 Storage of Schedule 8 Medications	52	A code or combination required to unlock the Schedule 8 medication storage unit must only be provided to a registered nurse/midwife or an authorised prescriber, in accordance with local protocols. Regular changing of this code or combination is required, also in accordance with local protocols.
6.3.1 Storage of Schedule 8 Medications and 6.3.2 Storage of Schedule 4D Medications	52-53	Schedule 8 and Schedule 4D medications must not be transferred to medication trolleys for administration during a medication round, except where provided for in accordance with protocols approved by the facility's Drug and Therapeutics Committee.
6.3.3 Storage of Unscheduled, Schedule 2, Schedule 3 and Non-Appendix D Schedule 4 Medications	54	Schedule 8 medications must not be included in a bedside storage unit for self-administration. Local protocols should determine whether Schedule 4 Appendix D medications are included for patient self-administration and if so, provide for the requirement for these medications to be stored apart from the other medications
6.3.3 Storage of Unscheduled, Schedule 2, Schedule 3 and Non-Appendix D Schedule 4 Medications	54	The key, code or combination used to unlock the room, cabinet, or trolley must only be provided to a registered nurse, registered midwife, an enrolled nurse, or authorised prescriber, as approved by the registered nurse/midwife in charge of the patient care area. In accordance with local protocols approved by the facility's Drug and Therapeutics Committee, the registered nurse/midwife in charge of the patient care area may also approve access to the room, cabinet or trolley by Pharmacy Service staff members.
6.3.3 Separately Stored Non-appendix D Schedule 4 Medications	54	In accordance with local protocols approved by the Drug and Therapeutics Committee specific non-appendix D Schedule 4 medications may be stored in separate (discrete) medication storage areas with similarly separate key, code or combination access to all other medications to minimise the likelihood of misappropriation, e.g. propofol, methoxyflurane and Schedule 4 codeine phosphate compound preparations.
6.3.4 Storage of Medications in Automated Dispensing Cabinets	55	The facility's Drug and Therapeutics Committee may approve the use of (electronic) automated dispensing cabinets at particular patient care areas. Approval by the facility's Drug and Therapeutics Committee is also required for the size and type of the automated dispensing cabinets used in each patient care area.

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6.5 Procedural Units/Operating Theatres Stock Management - Additional Considerations	58	Systems must be established to minimise misadventure associated with medication supply and use in procedural units and operating theatres. Systems should include: <ul style="list-style-type: none"> • Unused patient-labelled medications being returned to the Pharmacy Service in accordance with local protocols • Protocols to notify staff when new medications, or variations to existing medications, are introduced • Protocols to regularly review medication storage units to confirm the suitability (including size and design) for the unit's purposes.
6.7 After-Hours Inpatient Medication Store Supplies	59	The store must only be accessed after hours and only by nursing, midwifery or medical staff in accordance with a protocol approved by the Drug and Therapeutics Committee. The protocol should include the maintenance of a register to track the date and time each staff member accesses the store.
6.9 Medication Kits for Home Visits	60	A patient care area such as a community health centre or clinic may hold a range of medications in a locked bag or box that can be taken for domiciliary care services such as 'Hospital in the Home', then immediately returned to the patient care area. The list of medications and the quantities stored in this medication kit should be approved by the Drug and Therapeutics Committee. Medications administered from the kit must be in accordance with local protocols and procedures and may either be nurse-initiated medications (see section 7.5), or ordered by an authorised prescriber either on a medication chart or as a telephone, facsimile or email order to the staff member (see section 7.3).
6.11 Discharge Medications and Patient's-Own Medications	62	An enrolled nurse (in accordance with local protocols approved by the facility's Drug and Therapeutics Committee)... may provide medications to a patient, or the patient's carer, on the patient's discharge from the patient care area...
6.13.1 Records in the Schedule 8 Drug Register	64	An authorised person must include the following details relevant to each Schedule 8 medication transaction in the drug register: ...For ampoules, as discrete units, (for example 1 or 0.5) OR as the dose (for example 10mg or 5mg) in accordance with local protocols approved by the Drug and Therapeutics Committee.
6.13.1 Records in the Schedule 8 Drug Register	65	Local protocols should detail the circumstances and procedures under which Schedule 8 medication may be transferred between patient care areas, including the need for this to only occur after-hours when the Pharmacy Service is not available.
6.13.3 Balance Checks in the Schedule 8 Drug Register	66-67	In high usage patient care areas a Schedule 8 medication balance check should be done during, or at the change of, each shift, in accordance with local protocols approved by the Drug and Therapeutics Committee.
6.13.4 Schedule 8 Drug Register Audits	67	In addition to balance checks, regular audits of patient care area Schedule 8 drug registers at intervals approved by the Drug and Therapeutics Committee must be conducted to confirm records are meeting legislative and policy requirements and also to detect any possible misappropriation (See also section 6.2.2)

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6.14 Additional Accountable Medication Recording in a Register	68	In order to minimise the risk of misappropriation, in accordance with local protocols approved by the Drug and Therapeutics Committee, the chief executive of the facility may direct certain medications in addition to Schedule 8 medications to be recorded in a register, and also if directed, with a witness to the transaction (as if it was a Schedule 8 medication). This may apply particularly in areas of high usage of medications known to be abused or misused, such as in operating theatres and recovery wards.
6.15.1 Disposal of Medications - General Requirements	68	Each patient care area must have Drug and Therapeutics Committee approved protocols and procedures for the disposal of unwanted medications, which also must be in accordance with NSW Health Policy Directive PD2005_132 Waste Management Guidelines for Health Care Facilities.
7.1 Who May Administer Medication?	72	Other appropriately trained and accredited staff members may be authorised to administer certain medications and/or diagnostics agents within their context of practice at the particular facility in accordance with local protocols.
7.1 Who May Administer Medication?	72	In accordance with local protocols, facilities must ensure all persons authorised to administer medicines have completed training that addresses the necessary competencies and relevant workplace safety and infection control practices in completing specific tasks, and as appropriate be re-assessed and re-accredited for the tasks.
7.4 Standing Orders	74	All standing orders must be approved by the Drug and Therapeutics Committee and be in the form of a written instruction, signed and dated by an appropriate senior medical officer. A standing order must be consistent with the respective medications approved Product Information, evidence-based clinical practice guidelines and other relevant NSW Health policies and directives. Each standing order must be reviewed every 12 months, and re-approved as appropriate.
7.4 Standing Orders for Routine Procedures and Programs	75	Local protocols should determine whether the particular procedure or program requires that an authorised prescriber must confirm the administration/supply by countersigning the record of the administration/supply.
7.5 Nurse/Midwife initiated Medication	75	The list of medications that may be administered without an authorised prescriber's standing order must be approved by the Drug and Therapeutics Committee. The list must not include any Schedule 4 or Schedule 8 medications. Written protocols for the nurse/midwife initiated medication must accompany this list and provide sufficient detail to nursing and midwifery staff to make informed decisions prior to administration.
7.5 Nurse/Midwife initiated Medication	75	An enrolled nurse may administer 'nurse-initiated' medication according to local policy and procedures which have been approved by the Drug and Therapeutics Committee. The enrolled nurse must confirm verbally with their supervising registered nurse prior to the administration that the medication is appropriate and safe for the patient.

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7.7 Second Person Checks Prior to Administration	78	A second person check should be used before certain medications are administered (other than by an authorised prescriber) as determined by relevant NSW Health policies and local protocols and procedures (examples given). Local protocols should include processes to confirm the suitability of individual staff members to act as a second person checking the preparation and administration of the medications specific to the patient care area.
7.8 Administration by Injection - Additional Considerations	79	Facilities must develop additional protocols and procedures for the administration of medications by injection using a multidisciplinary approach including medical, nursing, pharmacy, infection control staff and workplace safety personnel. All protocols and procedures for the administration of medications by injection must be consistent with NSW Health policies, and be approved and regularly reviewed by the Drug and Therapeutics Committee. Local policy should include the requirement for a second person to check the preparation and administration of injectable medication (wherever practicable), in accordance with section 7.7.
7.8 Administration of Epidural Anaesthesia or Analgesia	79	Epidural administration must be governed by protocols and procedures developed by the facility.
7.10 Patient Self-Administration and Time-Critical Medications	82	The Drug and Therapeutics Committee should establish processes for self-administration by patients on medication regimens requiring strict adherence to a schedule where delays in dosing may adversely affect patient care (such as Parkinson's Disease and diabetes).
7.10 Patient Training and Education Programs	82	The Drug and Therapeutics Committee should implement a formal patient education program for patients about whom a treating clinician is concerned may not be able to manage his/her own medications in the community after leaving the facility without being given detailed instruction and training.
7.11 Dose Administration Aids	83	Dose administration aids should not be used for the routine administration of medications, other than as an option to residential aged care patients at a hospital or Multipurpose Service for whom medications are obtained through the Pharmaceutical Benefits Scheme or as 'private' prescriptions in accordance with local protocols approved the Drug and Therapeutics Committee.
7.11 Dose Administration Aids	83	The facility's Drug and Therapeutics Committee is responsible for establishing the circumstances for the use and type of a dose administration aid, and the criteria for assessing patient suitability for use.