

MANAGING DRUGS IN GENERAL PRACTICE

This summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to assist in understanding storage and related requirements in a general practice clinic. Refer to the Drugs, Poisons and Controlled Substances Regulations 2006 (at www.legislation.vic.gov.au) for full details. The DPRG website (www.health.vic.gov.au/dpu) also contains summaries of other key legislative requirements.

Scheduled poisons and storage requirements

Schedule 8 poisons (*labelled Controlled Drug*) are drugs with more strict legislative controls, e.g. morphine, pethidine, hydromorphone (Dilaudid), fentanyl (Sublimaze).

- ❖ When **transported** for use in another location, S8 poisons must be stored in a locked receptacle (e.g. Doctor's Bag) in the doctor's possession. *If the receptacle is necessarily out of the doctor's immediate possession (for a brief period of time) it should be secured, out of sight, in a lockable facility (e.g. lockable vehicle or cupboard) to prevent unauthorised access.*
- ❖ S8 poisons must otherwise be stored in a locked facility, fixed to the floor or wall, and providing not less security than a (10 mm thick) mild steel drug cabinet (see Regulation 35(1) for details of the minimum standards).
- ❖ **Exception:** Up to 6 divided doses (e.g. morphine ampoules), for emergency use, may be stored in a locked facility that does not comply with regulation 35(1).

Schedule 4 poisons (*labelled Prescription Only Medicine*) include other drugs for which prescriptions are required, e.g. cardiovascular drugs, antibiotics, nitrous oxide & many others.

- ❖ S4 poisons (including professional samples) must be stored in a lockable storage facility. (e.g. cupboard, drawer, fridge, filing cabinet, treatment room, storeroom).
- ❖ It is strongly recommended that **prescription pads** and pages for computer-generated prescriptions be similarly secured.

The term "**drugs of dependence**" is used to describe all S8 poisons **plus** S4 poisons that are subject to misuse and trafficking, e.g. benzodiazepines, dextropropoxyphene, anabolic steroids.

- ❖ **Schedule 4 drugs of dependence** may be stored in the same manner as other Schedule 4 poisons **or** in the drug cabinet with Schedule 8 poisons.

Schedule 2 and 3 poisons (*labelled Pharmacy Medicine or Pharmacist Only Medicine respectively*) must only be supplied (in an open shop) by pharmacists. (Section 13(2))

- ❖ Medical practitioners may use or supply Schedule 2 and Schedule 3 poisons in a similar manner to Schedule 4 poisons (i.e. for the treatment of patients under their care).
- ❖ To prevent unlawful supply, it is **recommended** that Schedule 2 and Schedule 3 poisons are stored and handled in a similar manner to Schedule 4 poisons.

Records relating to Schedule 8 poisons

Records of all transactions in Schedule 8 poisons must be retained in a readily retrievable form for 3 years and produced, on demand, in writing to an authorised officer of DPRG (Refer to regulation 40 for details of the information that must be recorded).

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 (Regulation 41). *Loose-leaf books are **not** acceptable.*

Note: One medical practitioner may manage the purchase, storage and record keeping on behalf of all medical practitioners at a clinic but it is recommended that each medical practitioner maintains a separate register to account for Schedule 8 poisons supplied to him/her.

Destruction of Schedule 8 poisons

If a medical practitioner wishes to destroy expired or unwanted Schedule 8 poisons, the destruction must be witnessed by a pharmacist, dentist, veterinary practitioner, nurse or another medical practitioner. Both participants in the destruction must sign the corresponding record book.

Access to Schedule 4 and Schedule 8 poisons

In most clinics Schedule 4 and Schedule 8 poisons (including doctor's bag emergency drugs and professional samples) are obtained on the authorisation of the medical practitioner(s).

These drugs are the responsibility of the medical practitioner(s). Nurses are **not** generally authorised to have unsupervised access to the drugs - **except** when authorised, by a medical practitioner, to administer specific drugs to a specific patient under the care of the nurse.

Access to Schedule 8 poisons

Storage facilities for Schedule 8 poisons must remain locked to prevent access to unauthorised persons **at all times** except when it is necessary to open it to carry out an essential operation. Keys & combinations must **not** be accessible to or known by unauthorised persons.

Access to Schedule 4 poisons

Schedule 4 poisons may be stored in a facility that is locked to prevent unauthorised access **OR** may be stored in a treatment room (or other area), **which does not have to be locked if a medical practitioner is present**, in which case, it is the responsibility of the medical practitioner(s) to determine how unauthorised access is to be prevented or restricted.

Vaccines

Schedule 4 vaccines, which require refrigeration, must be secured in a lockable container or in a lockable refrigerator, unless the refrigerator is secured within a lockable room.

Note: Nurse Immunisers, employed by medical practitioners, may have access to relevant vaccines and should familiarise themselves with specific legislative issues that are applicable to their situation.

Where there is a Health Services Permit (HSP)

In medical clinics that hold a HSP, nurses may be designated as the persons responsible for ensuring compliance with purchase and storage requirements and may be authorised to have access to Schedule 4 and Schedule 8 poisons when a medical practitioner is not present.

However, the vast majority of medical clinics do not need and choose not to have a HSP.

The Drugs Poisons and Controlled Substances Regulations 2006 provide for a special category of HSP, which would be applicable to a medical practice and for which application and annual fees are lower than under previous regulations.

All relevant application forms, details of fees, plus instructions for how to complete them are available on the web at: <http://www.health.vic.gov.au/dpu/health.htm>

Note: A HSP does not remove the responsibility of medical practitioners to be able to personally account for Schedule 8 poisons that are supplied in their names, e.g. Doctors' Bag supplies subsidised by the Pharmaceutical Benefit Scheme.

Compliance with the drugs and poisons legislation does not ensure compliance with other professional standards and the fact that a clinic has been accredited does not ensure compliance with the legislation. However, failure to comply with the legislation renders a person liable to prosecution.

Administration of Schedule 4 and Schedule 8 poisons

Regulation 47 requires a nurse to refer to authoritative instructions before administering Schedule 4 or Schedule 8 poisons, namely:

- Written instruction of a medical practitioner.
- Oral instructions of a medical practitioner if, in the opinion of the medical practitioner, an emergency exists.
- Written transcription (of emergency oral instructions) by the nurse who received those instructions.
- Directions for use on a container supplied by a medical practitioner or pharmacist (*e.g. administration of a person's own lawfully supplied medication*).

Matters to be reported

Victoria Police and the Department of Health (DOH) must be notified:

- When drugs are lost or stolen;
- When Schedule 8 records are lost or stolen;
- When a medical practitioner has reason to believe a person has obtained Schedule 8 or Schedule 4 poisons (or prescription) by false pretences.

DOH should also be notified of the loss or theft of prescription pads.

For further information

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