NSW HEALTH DEPARTMENT

CIRCULAR

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GUIDELINES FOR THE HANDLING OF MEDICATION IN COMMUNITY-BASED HEALTH SERVICES AND RESIDENTIAL FACILITIES IN NEW SOUTH WALES

This circular replaces **Section 6 (Guidelines for Management of Medication in Community Health Centres and Residential Facilities)** of NSW Health Department **Circular 90/09, "Drug Usage in Public Hospitals and Public Health Institutions"**. Sections 1 to 5 inclusive of Circular 90/09 were replaced in June 1995 by **Circular 95/37, "Guidelines for the Handling of Medication in New South Wales Public Hospitals"**.

The circular provides guidelines for the handling of medication by persons employed in **community-based health services** and in **residential facilities** such as group homes, boarding houses and hostels **(nursing homes excluded)**. The guidelines reflect **requirements of the NSW Poisons and Therapeutic Goods Act 1966** and **Poisons and Therapeutic Goods Regulation 1994, NSW Health Department directives** and **best practice principles** in regard to medication handling. They were prepared following wide consultation with the various organisations involved in the provision of community-based health services including mental health, palliative care and aged care and services for persons with developmental disabilities.

The guidelines are to be used as the basis for the development of detailed protocols and procedures tailored to the type of service or facility.

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Acting Director-General

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NSW HEALTH
DEPARTMENT

Circular 97/10

Guidelines for the Handling of Medication in Community-Based Health Services and Residential Facilities in New South Wales

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Pharmaceutical Services Branch

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CIRCULAR 97/10

GUIDELINES FOR THE HANDLING OF MEDICATION IN COMMUNITY-BASED HEALTH SERVICES AND RESIDENTIAL FACILITIES IN NEW SOUTH WALES

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1 *INTRODUCTION*

This circular, which replaces **Section 6 (Guidelines for Management of Medication in Community Health Centres and Residential Facilities)** of NSW Health Department **Circular 90/09, "Drug Usage in Public Hospitals and Public Health Institutions"**, provides guidelines for the handling of medication by persons employed in **community-based health services** and in **residential facilities** such as group homes, boarding houses and hostels **(nursing homes excluded)**.

The guidelines reflect **requirements of the NSW Poisons and Therapeutic Goods Act 1966** and **Poisons and Therapeutic Goods Regulation 1994, NSW Health Department directives** and **best practice principles** in regard to medication handling. They were prepared following wide consultation with the various organisations involved in the provision of community-based health services including mental health, palliative care and aged care and services for persons with developmental disabilities.

The guidelines are to be used as the basis for the development of detailed protocols and procedures tailored to the type of service or facility.

The guidelines are divided into **two distinct sections**:

- community-based health services (Section 3), and
- residential facilites (Section 4).

These two sections are **not** interchangeable unless a specific cross reference is made.

The section on community-based health services is further divided into:

- community health centres (i.e. centres administered by Area Health Services within the public health system)
- day centres (may be public or private)
- community/home nursing services (i.e. services not administered by Area Health Services).

An important aspect of patient care in the community setting is the need to provide a service which is **co-ordinated** with hospital in-patient care. When a patient is discharged from hospital and requires further care at home (such as an ‘early discharge program’) or a person needs to make frequent short visits to hospital (such as a renal or palliative care patient), there should be **seamless pharmaceutical care** provided between hospital and home. The quality of care must be maintained when the patient is at home.

For clarification or further advice on this circular contact the Duty Pharmaceutical Adviser, **Pharmaceutical Services Branch,** NSW Health Department.
Phone: (02) 9879 3214. Fax (02) 9859 5165.

2 *DEFINITIONS*

In this document the term:

- **'must'** indicates a mandatory practice required by law or considered by the NSW Health Department to be necessary in the interest of patient safety.

- **'should'** indicates a practice strongly recommended by the NSW Health Department.

- **'community pharmacy'** refers to a pharmacy in the community, often termed a retail pharmacy or a chemist shop.

- **'prescription-only medication'** refers to any medication listed in Schedule 4 or Schedule 8 of the NSW Poisons List and which is only available to the public on the prescription of a medical practitioner or dentist.

- **'Area Health Service(s)'** refers to metropolitan and rural Area Health Services.

3 *COMMUNITY-BASED HEALTH SERVICES*

These guidelines should be used as the basis for the development of detailed protocols and procedures tailored to the type of service or facility.

Each Area Health Service should dedicate at least one pharmacist position for provision of a service to the community-based health services in that area.

3.1 *COMMUNITY HEALTH CENTRES*

The term 'community health centre' refers to a centre which is administered by an Area Health Service within the public health system.

3.1.1 *Drug Committee*

All community health centres must have a committee (or have access to a public hospital committee or Area Health Service committee) which is the responsible body for considering all aspects of medication handling within the service. This committee will be termed the 'Drug Committee' in this document but in some centres the committee may be differently named and may have extended functions.

The Drug Committee should include, as a minimum, **representation** from each of the three following disciplines:- pharmacy, medical and nursing. Management should also be represented.

The **functions** of the Drug Committee should include:

- the development and approval of written medication policies and procedures (including the design of medication charts);
- the rationalisation of drug use in relation to efficacy, safety and cost;
- the analysis of medication incident reports; and
- any recommendations concerning the on-going education of staff.

The Drug Committee must ensure that all its decisions and policies are effectively communicated to management of the centre. The centre's management must ensure that they are put into practice.

3.1.2 *Drug Storage*

3.1.2.1 *Responsibility*

A registered nurse must be nominated to be responsible for the **storage** of **all drugs** at the centre. **In this circular**, this registered nurse will be called the **'designated nurse responsible'**. He/she must ensure that correct storage conditions are met in relation to **security, temperature** and **stock rotation**.

The registered nurse may delegate the responsibility to another registered nurse in his/her absence.

3.1.2.2 *Security*

All medication must be stored in a **locked cupboard(s)** of sturdy construction which is **securely fixed to a part of the premises** and in an area which is **out of public and client access**.

Refer to 3.1.2.6 Separate Storage for Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Drugs.

Drug cupboards must be fitted with **keylocks** rather than padlocks.

The key(s) to a cupboard holding 'stock' medication (as defined in 3.1.3.2 Stock Medication) must be carried by a person who is authorised to access such stock, namely a registered nurse, a medical practitioner or a pharmacist.

With the exception of Schedule 8 medication, **clients' own medication** (dispensed on prescription by a pharmacist) **which is being held at the centre** on behalf of clients must be stored securely but may be accessed by a health care employee who is not a registered nurse, medical practitioner or pharmacist. (Refer 3.1.5.1 Who Can Administer?). Secure storage which is separate from stock medication may therefore need to be considered. Clients' own medication should be stored in separate named spaces or containers to prevent mix-up.

Refrigerators used to store medication which requires refrigeration do not have to be locked unless they are in a public access area.

3.1.2.3 *Temperature Storage*

Temperature storage must be consistent with the specification on the label of the manufacturer's container. In the case of a re-pack (refer 3.1.3.2 Stock Medication) or a dispensed pack, these details may be absent from the label and a pharmacist should be consulted for advice. Most drugs should be stored below 25 C (a few may be stored up to 30 C). Some substances require refrigeration (ie. 2 C to 8 C) such as insulin (long-term storage) and vaccines. Refrigerators storing medication should be regularly monitored for temperature - the use of a simple device such as a minimum-maximum thermometer is sufficient.

3.1.2.4 *Stock Rotation*

A routine procedure of stock rotation and monitoring of expiry dates must be in place to prevent the accumulation of old stock.

Clients' own medication which is no longer in use must be destroyed. It must not be kept and used for other clients. (Refer 3.1.2.5 Disposal of Medication.)

3.1.2.5 *Disposal of Medication*

Medication must be disposed of safely and in a manner which is not harmful to the environment.

Advice on disposal should be sought from the supplying public hospital pharmacy, a community pharmacist or the pharmacist employed by the Area Health Service.

Special care needs to be taken in the handling and disposal of cytotoxic waste. Reference may be made to NSW Health Department Circular 95/49, "Guidelines and Competencies for the Handling of Cytotoxic Drugs and Related Waste in NSW Health Care Establishments", which includes a section on cytotoxic drug handling in the community. (Refer Section 9 Information Sources).

Refer also to Section 3.1.8.5 Destruction of Unusable Schedule 8 Drugs regarding disposal of Schedule 8 drugs held at the centre.

3.1.2.6 *Separate Storage for Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Drugs*

Except in the case of a palliative care service, Schedule 8 drugs should not be held in a community health centre.

When S8 drugs (including clients' own) and pentazocine ("Fortral") are held in a centre, they must be stored apart from all other drugs or goods (other than S4D drugs) in a **secure safe or metal cabinet** which is **fixed to a wall or the floor** and is **out of public and client access**. The safe or cabinet should be fitted with, as a minimum, a five lever key lock (not a combination lock alone). The premises must be fitted with **additional security** such as an alarm.

If an appropriate level of security cannot be provided at the centre, the S8 drugs must be held in the Emergency Department of the nearest public hospital (in a locked cabinet or safe) which is staffed on a 24 hours a day basis and protocols developed for access to this stock by community health personnel.

Advice on security may be obtained

- by referring to the NSW Health Department's manual, "Security and Safety, Minimum Standards for Health Care Facilities, May 1995" (refer Section 9);

- from the Region Co-ordinator, Community Safety and Crime Prevention, NSW Police Service, in your area;

- by phoning the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch on (02) 9879 3214.

Schedule 4 Appendix D drugs also have to be stored apart from other drugs (other than S8 drugs) in a secure cabinet. However, clients' own S4D medication may be stored with their other dispensed medication. (Note: As is the case with S8 drugs, the loss or theft of an S4D drug must be reported. Refer 3.1.8.4 Loss or Theft of a Schedule 8 Drug or a Schedule 4 Appendix D Drug).

No person other than a registered nurse, a medical practitioner or a pharmacist may have access to the S4D and S8 cabinet(s).

The key to the S4D/S8 cabinet must be kept separate from other drug cupboard and general keys and should be kept either on the person of the designated nurse responsible or in a locked cupboard, the key to which is held by the designated nurse responsible.

Current lists of S4D and S8 drugs are provided at Sections 5 and 6 of this circular. These lists are subject to change and may be checked periodically with a pharmacist.

Refer to 3.1.8 Schedule 8 Drugs for advice on the use of drug registers.

3.1.2.7 *Emergency Medication for Home Visits*

A community health centre may hold a **small range** of drugs in a locked 'bag' (or box) that can be taken on home visits for use in an emergency. A set list of the drugs and quantities held in this bag(s) should be determined by the Drug Committee. The drugs from this list may be obtained on requisition from the hospital pharmacy as 'stock' medication, as described in 3.1.3.2 Stock Medication. The list should not include S4D drugs unless considered necessary by the Drug Committee. S8 drugs should **not** be routinely included in an emergency drug bag supply. However, a **palliative care** service may consider that **rare** situations exist in some locations where the necessity to make a round trip to obtain a supply of an S8 drug from the centre or the local hospital will diminish patient care. In these cases the Drug Committee may consider the inclusion of a minimal quantity of S8 drug(s) in the emergency bag supply. A record of this stock and of its use must be made in an S8 drug register. A separate register must be used for each emergency bag. (Refer 3.1.8 Schedule 8 Drugs).

Only personnel who are authorised to administer stock medication to clients may access and carry the emergency drug bag. (Refer 3.1.5.1 Who Can Administer?). Administration must be authorised - refer 3.1.4.1 Medication Authorisation.

While held at the centre, the bag must be stored in a secure locked cupboard. When taken on a home visit, if the bag is to be left in the car, it must be locked in the boot of the car. Following the visit, the bag should be returned to the centre.

The staff member must remain aware of the possible effect of high temperatures on the drugs if the bag is left for prolonged periods in a hot car. An insulated container (such as an esky) could be utilised in which to hold the bag on these occasions.

3.1.3 *Acquisition of Medication*

3.1.3.1 *Individual Client Supply*

Where possible, **medication should be obtained on individual client prescription from a community or hospital pharmacy**.

An individual client's supply **must not be used by, or for, any client other than the client for whom it was dispensed**.

Refer 3.1.2.4 Stock Rotation.

3.1.3.2 *Stock Medication*

The term 'stock medication' refers to medication which has **not** been individually dispensed for a client by a pharmacist on prescription.

Community health centres may hold a **limited** range and quantity of commonly prescribed medication as stock as determined by the Drug Committee.

The items and quantities held should be set by agreement with the **Chief Pharmacist** of the supplying hospital, **in consultation with the Drug Committee** attached to the service.

'Prescription-only' stock items can **only** be obtained on the requisition of the designated nurse responsible (or a community health centre doctor) from the supplying public hospital pharmacy, not from any other source (such as a community pharmacy). Some 'non-prescription' items may be included for use in accordance with the provisions of Section 3.1.5.5 'Non-prescription' Stock Medication.

The hospital pharmacy should supply the medication to the centre either in manufacturers' original containers and/or in small **re-packs** or **pre-packs** which are suitably labelled.

A '**re-pack**' is a pack prepared by the hospital pharmacy which contains a smaller quantity of the drug than the original manufacturer's pack and is labelled with the name and strength of the drug, the manufacturer's Batch No. and Expiry Date (or the batch number and expiry date allocated by the pharmacy) and any other legally required details.

The term '**pre-pack**' is used to indicate a pack prepared as above, which additionally provides space on the label for a pharmacist or medical practitioner to fill in a patient's name and directions for use. A pre-pack should normally contain only 2 to 3 days' quantity of medication and in any case no more than 7 days' quantity.

Where a **small supply** of a **stock medication** needs to be made to a client, a **record** must be made in the client's notes of all details including name of drug, strength, quantity and dosage directions, name of prescribing doctor, name of person who supplied the drug to the client and the date of that supply. The client **must not** be given the supply in an **unlabelled** container. **The supply should be in the form of a**

'pre-pack' as described above. The client's name and directions for use must be filled in by a pharmacist or a medical practitioner.

In addition to the individual client record, a separate record should be kept of medication supplied from the stock cupboard. This record should show drug name, strength and quantity, client's name, staff member's name and signature and the date.

Refer to 3.1.5.4 Re-packing, 3.1.6 After Hours Emergency Situations and 3.1.7 Medication Compliance Aids.

3.1.4 *Prescribing*

3.1.4.1 *Medication Authorisation*

'Prescription-only' medication must not be administered to a client unless it has been prescribed by a medical practitioner or dentist for that client.

Prescribers may refer to the document TG12/16, "Guide to the Poison Regulation for Medical Practitioners and Dentists", for general guidance on their obligations under the Poisons and Therapeutic Goods Regulation 1994. Refer Section 9.

Each medication prescribed for a client from any source (ie. community health centre doctor, general practitioner, other medical practitioner or dentist) should be **detailed in the client's medical record** so that a complete and up-to-date reference record is available to staff. Any changes in dosage should also be included in this record.

(i) Administration from Stock Medication

If a 'prescription-only' medication is to be administered to a client by community health centre staff from stock, it **must** be **authorised in writing by a medical practitioner or dentist** on a medication chart (or by telephone or facsimile as described in 3.1.4.2 Emergency Telephone Orders). The medication chart must bear the name of the community health service or the name of the Area Health Service.

When authorising medication on a medication chart the medical practitioner **must legibly enter in ink the following particulars**:

- the client's identifying particulars
- any drug allergies
- the name and strength of the drug and, where necessary, the form of the drug
- full directions for use including the dose, route and frequency of administration ('as directed' or 'prn' alone are **not** sufficient)
- the date of cessation, or total number of doses, where applicable
- the nominated review period, if applicable

- the medical practitioner's name (printed), signature and date. Each drug order must be signed. It is not sufficient to sign across several orders.

Community health services must ensure that medication orders are regularly reviewed (and re-written if the medication is to continue) by a medical practitioner. A minimum review period must be decided by the Drug Committee.

(ii) Administration from Clients' Own Medication

Where staff are administering medication to a client from the **client's individually dispensed labelled containers,** it is considered to be best practice for the medical practitioner to provide written confirmation of the client's medication, although there is no legal requirement to do so.

Where the medical practitioner has not provided such written confirmation, precautions should be taken to ensure that

(a) the medication is current, and

(b) the dosage as stated on the pharmacy label has not been changed.

If there is any doubt, the prescriber or the dispensing pharmacist must be contacted for clarification.

3.1.4.2 ***Emergency Telephone Orders***

Where a client is in urgent need of medication, a medical practitioner may give a medication order **by telephone or facsimile** if he/she is unable to attend.

The person who receives the order over the phone must be either a registered nurse, a medical practitioner or a pharmacist. The order must be read back to the prescriber. As a further check, where possible, the prescriber should repeat the order to a second person. The person receiving the order must write it in the client's medical notes (including the prescriber's name and number of doses to be given).

When the medication is administered to the client, the person administering must **record the dose given** on the medication chart (or in the notes if no chart currently exists) **in ink** in some section of the chart **other than** the section for ongoing regular, or 'prn', medication. The prescriber must then **confirm by signing** this administration record and **review the client** (or arrange for medical follow-up) **within 24 hours**.

If, on this review, the medication is to be **ongoing**, the medical practitioner must either

- **write a prescription** for dispensing at a community or hospital pharmacy, **or**

- **authorise the medication on the medication chart** to continue to be administered by writing an order in the regular or 'prn' section, as the case may be.

The Drug Committee must develop a procedure for ensuring that telephoned or faxed orders are confirmed within 24 hours by the medical practitioner and vigorously followed up if confirmation is not forthcoming. The Poisons and Therapeutic Goods Regulation 1994 requires that, if, despite vigorous follow-up, the doctor has not confirmed the order within 7 days, the person who administered the medication must report this fact to the Director-General of Health by contacting the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch. Phone: (02) 9879 3214. Fax: (02) 9859 5165.

Note: A facsimile is merely an alternative to, or additional clarification of, a telephone order. It **cannot** be used as the nurse's record of administration nor the medical practitioner's confirmation of the order.

3.1.5 *Medication Administration*

3.1.5.1 *Who Can Administer?*

In considering who may administer medication to a client, the **distinction** is made between

- **stock medication**, as described in 3.1.3.2 Stock Medication, and
- **clients' own medication,** dispensed and labelled by a pharmacist on prescription.

(i) Stock Medication

'Prescription-only' stock medication must not be administered by any person other than a registered nurse, a medical practitioner, a dentist or a pharmacist. Administration by a registered nurse or a pharmacist must be on the prior direction of a medical practitioner or dentist. (Refer 3.1.4.1 Medication Authorisation).

In regard to '**non-prescription' stock medication**, refer to Section 3.1.5.5.

(ii) Clients' Own Medication

In the case of **clients' own medication**, a health care employee who is **not** a registered nurse, medical practitioner, dentist or pharmacist may provide whatever assistance is necessary (other than giving an injection or filling a 'box' medication compliance aid - refer Section 3.1.7), including administration direct from the client's labelled container, to enable a client to take their medication in a community setting. The health care employee and the Health Service must remain aware that when the employee provides such assistance he/she has a 'duty of care' under common law to ensure the client's safety and proper use of medicine.

3.1.5.2 '*Transcribing*'

The medication order **must not be rewritten for subsequent administration to a client by any person other than a medical practitioner.** This is commonly termed 'transcribing.'

Similarly, no attachments should be made to the original medication authorisation in

order to extend therapy.

This does not preclude a client being provided with a list of their medication for their own information.

3.1.5.3 *Procedure for Administering Medication*

Refer also to 3.1.4.1 Medication Authorisation.

(i) Administration of stock medication

A registered nurse or pharmacist administering a stock medication must refer **directly** to the medical practitioner's written instructions (except as in 3.1.4.2 Emergency Telephone Orders and in 3.1.5.5 'Non-prescription' Stock Medication). The **same** person must select and administer the drug. Each time a person administers a stock medication to a client, he/she must make a **record** of that administration on the medication chart, or in the client's notes, as the case may be.

The following particular points should be noted:

- If the medication order is **unclear** or **ambiguous,** the person must contact the prescriber or, if this is not possible, another medical practitioner or a pharmacist for clarification before administering.

- To avoid selecting the wrong medication it is emphasised that the person must carefully **read the label** on the container and check the name and strength against the medication chart order.

- A **new syringe and needle** must be used for each administration of an injected medication. For further advice on infection control matters refer to NSW Health Department Circular 95/13, "Infection Control Policy", listed in Section 9.

- Where only a portion of a tablet or an ampoule is required for a patient, the **unused balance** must be discarded. If it is a Schedule 8 drug refer also to 3.1.8.2 Witness to Administration and Discarding.

(ii) Administration of clients' own medication

When **assisting a client with their own medication**, the staff member must carefully read the directions on the label including any cautionary labels. (Reference should also be made to the medical practitioner's written confirmation, if available). Any uncertainty about the client's medication must be clarified with a medical practitioner or a pharmacist before administering. The medication must be administered **directly** from the client's own dispensed packs. **Each administration** of a client's medication and any other appropriate information regarding the medication must be **documented**, as determined by the Drug Committee.

3.1.5.4 *Re-packing*

Drugs should be left in the container as supplied by the community or hospital pharmacy and administered to a client directly from that container.

Other than as may be provided in 3.1.7 Medication Compliance Aids, **re-packing** into another container **must not** be carried out by any person other than **a pharmacist or medical practitioner**, and each medication must be **packed and fully labelled** in accordance with the requirements of the **Poisons and Therapeutic Goods Regulation 1994**, including cautionary labels and the use of child-resistant containers, where necessary.

3.1.5.5. *'Non-prescription' Stock Medication*

The Drug Committee may approve a list of 'non-prescription' medication which may be administered by a registered nurse without a medical practitioner's authorisation, **provided** appropriate detailed written protocols for their use are also developed. No medication containing a 'prescription-only' (Schedule 4 or Schedule 8) drug may be included.

'Non-prescription' stock medication which is included on this list **should not** be administered by any person other than a registered nurse, a medical practitioner, a dentist or a pharmacist.

It is important to ensure that the client is not taking any medication, including 'over the counter' medicine, which might interact with, or already contain, the medication intended to be administered.

When a dose of a medication from this approved list is administered to a client, a **record** must be made in ink on the medication chart (or in the client's notes if no chart currently exists) including, as a minimum, the following details:

- the date and time given
- the name, strength and dose of the medication
- the reason for administration of the medication
- the signature of administering person

The record should be made in an appropriate section of the chart, such as the 'stat' (once only) section. It **must not** be written in the section for ongoing regular, or 'prn', medication.

Medication from this list should **not** be administered on an **ongoing** basis without a medical practitioner's review. If, on this review, the medication is to continue, it must be authorised by the medical practitioner.

3.1.6 *After Hours Emergency Situations*

Where an after hours service is provided, the Drug Committee of the Area Health Service **must develop procedures,** in accordance with this circular, to deal with after hours emergency situations. Such procedures **must** include provision for **access to appropriately qualified personnel**.

Refer to 3.1.4.2 Emergency Telephone Orders.

3.1.7 *Medication Compliance Aids*

Medication compliance aids are sometimes used to assist clients who need special help in organizing and/or taking their medication. They may consist of either

- 'blister' packaging (or a system of packaging with similar effects with each 'blister' containing medication needed at a specific medication administration time) or

- 'boxes' (e.g. Dosett ®).

The **Drug Committee** should determine which types of clients would benefit from the use of a medication compliance aid and establish a protocol for assessing individual client suitability. The Committee should consider the different features of compliance aids from the viewpoint of providing maximum benefit to the client as well as minimising risk.

In most cases, where a client is in need of such an aid, **it is considered that a 'blister' pack is the preferred option.**

The **main features** of the two types of aids are outlined below, divided into those features considered to be advantageous and those considered to be disadvantageous.

'Blister' packs

(a) Advantages

- are packed by a pharmacist.

- are fully labelled by the pharmacist, including cautionary labels (such as the potential effect of certain drugs on driving ability) in compliance with the provisions of the Poisons and Therapeutic Goods Regulation 1994.

- comply with the statutory requirements for child-resistant containers as are required for certain medication. (Refer Section 8 Medication Requiring Child-Resistant Containers).

- are sealed, providing a moisture-proof container and minimising the possibility of accidental spillage and/or mix-up of medication.

(b) Disadvantages

- require re-dispensing by the pharmacist if the client's medication is altered.
- are difficult for some clients to manage.
- may incur an extra dispensing fee.

'Boxes'

(a) Advantages

- can be loaded by the client for their own use.

(b) Disadvantages

- are difficult to label in compliance with the Poisons and Therapeutic Goods Regulation 1994 (including cautionary labels).
- Dosett® is available with a feature purported to be child-resistant but this is currently not recognised as being in compliance with statutory requirements for child-resistant containers as are required for certain medication.

  (These drugs are listed in Commonwealth Therapeutic Goods Orders 20 and 33 and a current list is provided at the back of this circular at Section 8. **Note**: A pharmacist may pack a medication in an alternative container if he/she assesses that a client cannot use or would experience difficulty in using a child-resistant container.)

- require a certain amount of manual dexterity to operate. The client must be properly assessed to ensure that they possess this dexterity.
- are not sealed containers, resulting in the possibility of mix-up or contamination of the medication and of exposure to moisture.
- may incur an extra dispensing fee.

Use of 'Box' Compliance Aids

Medication compliance aids are designed and intended for the **client's own use** to facilitate self-administration of their medication. 'Boxes' in particular **must not** be utilised for any other purpose, for example:

- to transport doses of a client's medication from the centre to the client's home in order to administer the medication to the client (i.e. when the client's medication is held at the centre). In this case, the client's original labelled packs must be carried to the home from which to administer **directly**.
- the re-packing of a client's medication where a smaller supply is required for the client and where the client has not been assessed as needing a compliance aid.

Health professionals must remain aware that any additional step in the medication administration process (such as the transfer of the medication from its original pack to a medication compliance aid) incurs extra risk to the client. For example, if an error is made whilst filling a 'box' compliance aid with a week's supply, it is likely to be compounded over the whole week.

Who May Fill a 'Box' Compliance Aid?

If a 'box' compliance aid is to be used by a client, it should be filled by the **pharmacist** dispensing the client's prescription (i.e. unless the client is able to safely load the 'box' him/herself).

A **registered nurse** may fill a 'box' compliance aid for a client:

- where a **pharmacist is not available** to fill the 'box' for the client, or
- in the **process of training the client** how to fill the 'box' him/herself.

A registered nurse may **only** fill a 'box' compliance aid from a **client's individually dispensed labelled containers**. The registered nurse **must not** load the 'box' from stock medication.

Appropriate criteria and protocols for the filling of 'boxes' by registered nurses should be established by the Drug Committee.

A 'box' medication compliance aid **must not** be filled for a client by any person other than a pharmacist, a medical practitioner or a registered nurse.

Note: The prescriber should provide written confirmation of any change in dosage to the pharmacist or registered nurse.

3.1.8 *Schedule 8 Drugs*

A list of Schedule 8 drugs is provided at Section 6.

Refer to 3.1.2.6 re storage of S8 drugs.

3.1.8.1 *Drug Register*

The designated nurse responsible is required to keep a drug register at the centre to record the receipt, administration and any other transaction of **all Schedule 8 drugs and pentazocine** ("Fortral") which are stored at the community health centre (including clients' own medication). The record in the register must be made on the day the 'transaction' occurs.

No other drugs are required to be recorded in this way by the Poisons and Therapeutic Goods Regulation 1994, but the health service may, if it wishes, include other drugs on the list of drugs to be recorded and therefore made accountable within that health service e.g. Schedule 4 Appendix D drugs. A list of S4D drugs is provided at Section 5.

Note: Notwithstanding the above, S4D drugs are still required to be stored separately

from the other drugs (other than S8's) as outlined in 3.1.2.6 Separate Storage for Schedule 4 Appendix D (S4D) and Schedule 8 (S8) Drugs.

The drug register must be in the form of a **bound book** (whose pages cannot be removed or replaced without trace) with **consecutively numbered pages**. A **separate page** must be used for each kind of drug and each strength of the drug. The type of register which should be used is the same as that used in a hospital ward, termed a 'Ward Register for Drugs of Addiction' (formerly a 'Form 9 Register'). These registers are available from the NSW Government Printing Service, phone (02) 9743 8777. (Refer NSW Health Information Bulletin 95/7, listed in Section 9).

The record in the register **must** include the following details in ink (as are relevant to the transaction):

- the date
- the time of day
- the client's name, in the case of a drug which is administered to a client
- the amount received, in the case of receipt of drugs from the hospital pharmacy or from a client
- the amount given, in the case of administration of the drug to a client
- the amount discarded, in the case of only part of an ampoule or tablet being administered to a client
- the amount destroyed, in the case of the destruction of a drug which has become unusable (refer Section 3.1.8.5 Destruction of Unusable Schedule 8 Drugs)
- the balance of stock remaining after the transaction is made
- the signature of the person making the entry
- the signature of the person who witnessed its receipt, its administration to a client, or the discarding of the remainder
- the name of the prescriber

Other than as may be provided in Section 3.1.8.2 Witness to Administration and Discarding, **all entries must be countersigned** by the person **witnessing** the receipt, administration or discarding of the drug, as the case may be.

Note: The record of the discarding of any unused portion of the drug must be made on a separate line to the record of the amount administered, preferably on the next line. A person making an entry in a drug register

(i) must not make any false or misleading entry, and

(ii) must not make any alterations, obliterations or cancellations (**including** crossing out or drawing a line through an entry). If a **mistake** is made, **it must be left as**

it is, marked with an asterisk, the entry re-written as appropriate, and a note explaining the error must be made in the margin or at the foot of the page, initialled and dated.

3.1.8.2 *Witness to Administration and Discarding*

When a Schedule 8 drug is administered to a client on the premises of a **community health centre,** another person must be present to witness the procedure. The **witness must be present** during the **entire procedure,** i.e.:

- removal of the drug from the cupboard,
- recording in the drug register,
- transfer to the client,
- administration to the client, and
- discarding of any unused portion of the drug.

The witness to administration and discarding should be a person who is fully familiar with the procedure.

The register entry for the discarding of any unused portion of drug must be made on a separate line to the entry for the administration and each entry countersigned by the witness to the procedure.

Where a registered nurse visits a client **at home** (or other residential setting) and administers a Schedule 8 drug which has been brought from the community health centre (whether client's own or centre stock), a record must be made in the centre's register showing the amount issued for the client. It is acknowledged that it is usually not possible for a second staff member to be present at the client's home to witness the administration and therefore, in this case, the countersignature in the register reflects only that the second person witnessed removal of the drug from the S8 cabinet for that client. The actual amount administered and the amount discarded must be recorded on the client's medication chart or in the client's notes if no chart currently exists.

Where a **client's own S8 medication** is held by the client **at home**, no register record is required of the administration of the medication by community health staff. However, documentation of administration of the medication, as determined by the Drug Committee, must still be made.

3.1.8.3 *Balance Checks*

The balance of Schedule 8 drugs held in a community health centre should be checked at least once a week. This check must be carried out by a registered nurse and a second person and must be confirmed by a signed entry in the drug register on the relevant page for each drug.

3.1.8.4 *Loss or Theft of a Schedule 8 Drug or a Schedule 4 Appendix D Drug*

The loss or theft of an S8 drug or an S4D drug in a community health centre must **immediately** be reported to the Director-General of Health by telephoning the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch on: (02) 9879 3214 or faxing on (02) 9859 5165. A local police officer must also be notified.

3.1.8.5 *Destruction of Unusable Schedule 8 Drugs*

Schedule 8 drugs which are being stored at a community health centre including clients' own, and which have become unusable (i.e. expired, damaged or no longer in use) may be destroyed **only** by an authorised officer of the NSW Health Department (phone the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch on (02) 9879 3214) or an officer of the NSW Police Service.

3.1.8.6 *Loss of a Drug Register*

When a drug register in a community health centre is lost or destroyed, the designated nurse responsible must **immediately** report the fact and the circumstances of the loss **in writing** to the Director-General of Health.

The notification should be addressed to:

Chief Pharmacist
Pharmaceutical Services Branch
NSW Health Department
PO Box 103
GLADESVILLE 1675

or faxed on: (02) 9859 5165.

The designated nurse responsible must then make an inventory of all Schedule 8 drugs held in stock at the centre and enter the particulars in a new drug register.

A drug register in a community health centre must be kept **at the centre** for 2 years from the date of the last entry made in it.

3.2 *DAY CENTRES*

Staff employed in centres which provide respite day care for persons who have dementia or other conditions may be required to provide whatever assistance is necessary to enable the person to take their medication during the time they are at the centre.

The medication should be provided by the person's carer in its original dispensed pack (with the pharmacy label attached). It is **not** acceptable for the carer to supply a few doses of the medication to staff in an unlabelled container, such as an envelope, or a 'box' medication compliance aid. (Note that 'blister' packs which are prepared and labelled by a pharmacist could be used, if available).

The person's medication should be held in a **secure place** such that it cannot be accessed other than by day centre staff. **No** special separate locked storage for particular drugs, such as Schedule 8 drugs, is required in these centres, nor is there a requirement to keep a register record of Schedule 8 drugs.

Any dose of a medication given to the person while at the Day Centre must be given according to the instructions on the pharmacy label and should be noted in a record at the centre.

Where verbal instructions from the carer regarding how the medication is to be given vary from those on the pharmacy label or there are insufficient directions on the label, the carer should be required to provide the centre staff with a confirming letter from the person's doctor.

3.3 *COMMUNITY/HOME NURSING SERVICES*

This section applies to nurses who are not attached to a community health service which is administered by an Area Health Service but who are employed by services which provide short and long-term care to clients in the community. Examples of such services include 'mobile nursing services' (sponsored by local councils), private nursing services and Government-funded nursing organisations.

Each service should use the guidelines in this section as the basis for the **development of detailed protocols and procedures** tailored to the type of service provided.

Nurses employed by these services may **only** administer client's own medication which has been prescribed by the client's doctor and dispensed by a pharmacist. **No** 'prescription only' medication may be held as 'stock' by these services (as defined in 3.1.3.2).

When such nurses provide assistance to community clients (and their carers) with the administration of client's own dispensed medication, it is considered best practice for the medical practitioner to provide written confirmation of the client's medication, although there is no legal requirement to do so.

Where such written confirmation is not available, the service should have procedures in place to ensure that the medication is current and that the dosage as stated on the

pharmacy label remains correct. If there is any doubt, the prescriber or the dispensing pharmacist must be contacted for clarification.

In the use of medication compliance aids, the general principles of Section 3.1.7 Medication Compliance Aids should be followed, noting that these aids are only to be utilised by clients for their own use in self-administering their medication. As stated in 3.1.7, where a client's medication is held at the nursing service base, the nurse **must** carry the client's original dispensed packs to the client's home from which to administer directly.

Storage of clients' own medication at the nursing service base must be appropriately secure in an area out of public access and kept in a separate cupboard with a key lock. Access to this cupboard must be restricted to appropriate personnel who are administering medication.

4 *RESIDENTIAL FACILITIES*

4.1 *GENERAL*

The following guidelines apply to **residential facilities which are operated, funded or licensed by the NSW Department of Community Services, the Ageing and Disability Department or the NSW Health Department i.e. group homes, hostels, boarding houses and residential units.**

The guidelines **do not apply** to:

- **nursing homes**. Guidelines for medication handling in nursing homes are provided in TG115/9, "Guide to Poisons Regulations - Private Hospitals, Day Procedure Centres and Nursing Homes". Refer Section 9.

- **the large residential centres** which are listed in **Appendix F** to the **Poisons and Therapeutic Goods Regulation 1994** (refer Section 7) and which must comply with the requirements of those regulations and NSW Health Department directives set out in Circular 95/37 "Guidelines for the Handling of Medication in New South Wales Public Hospitals."

- **aged hostels** which are funded by the **Commonwealth Department of Health and Family Services**. The guidelines may be used, however, as a useful reference resource for staff employed in these hostels.

The guidelines are to be used as the **basis for the development of detailed protocols and procedures** in consultation with the funding/licensing body.

4.2 *DUTY OF CARE*

In a residential facility, where residents' medication has been individually dispensed for them by a pharmacist on prescription, a residential care staff member (who is not a registered nurse or a medical practitioner) may provide whatever assistance is necessary to enable the residents to take their medication, other than giving injections.

However, **residential care staff** and their **employers** must remain aware that when they provide such assistance, they have a **'duty of care'** under common law, to **ensure residents' safety and proper use of medicine**, as is the case with registered nurses, medical practitioners and pharmacists. Failure to satisfy this 'duty of care' adequately may lead to employers and residential care staff being held responsible in the event of mishap.

4.3 *MEDICATION SUPPLY*

Any 'prescription-only' medication required for a resident may only be obtained on the prescription of the resident's doctor, dispensed by a community pharmacist or a public hospital pharmacist for that resident. However, in certain circumstances, a resident

may be supplied with medication on the order of a medical practitioner from a community health centre, in accordance with the provisions of Section 3.1.

No 'prescription-only' medication may be kept as 'stock' (as defined in 3.1.3.2) on the premises of a residential facility. Any resident's medication which is no longer in use, for whatever reason, must be destroyed appropriately. It must not be used by, or for, another resident or kept and allowed to accumulate with other residents' medication for use some time later as 'stock' medication. (Refer 4.8 Disposal of Medication).

Similarly, a resident's own medication which is in use **must not** be used for another resident.

4.3.1 *Medication in Respite Facilities*

Residential facilities such as group homes and hostels which provide short-term respite care should follow the principles as stated in Section 3.2 Day Centres regarding provision of medication by the person's carer.

Refer also to 4.5 Medication Administration regarding medication required to be taken on day trips.

4.4 *STORAGE*

Where a resident is managing his/her own medication, a **secure place**, which is not accessible to other residents, should be made available for storage of the medication. Other personal effects such as documents and money could also be stored in this place.

Where the residential care staff are responsible for a resident's medication, it should be stored in a **locked cupboard or locked room** out of residents' access. The cupboard/room should be kept locked at all times except when in immediate use.

Note: In a residential facility, all residents' medication may be stored together in the locked cupboard/room. There is **no** need to separately store Schedule 8 or Schedule 4 Appendix D medication nor to keep a register record of Schedule 8 drugs.

The **temperature** required for storage of a drug is shown on the manufacturer's label. Advice can also be sought from a pharmacist. Most drugs should be stored below 25 C (a few may be stored up to 30 C). Very few need to be stored in a refrigerator. Those that do, must be kept separated from food such that the food cannot be affected.

4.5 *MEDICATION ADMINISTRATION*

Where possible, residents should be responsible for managing and taking their medication.

Where a resident is not capable of managing his/her medication, a member of the **residential care staff** (who may or may not be a registered nurse) may **provide whatever assistance is necessary,** including administration **direct** from the **resident's own labelled containers**.

The management of the facility is responsible for ensuring that medication is administered safely and properly and that all staff adhere to the guidelines in this document. Refer also to 4.2 Duty of Care.

Residents of the facility **must not** be involved in any way in administering medication to other residents other than in the case of a spouse or long term carer.

Medication must be administered directly from residents' own labelled packs.
It **must not** be removed by care staff into other containers, such as egg cartons or 'box' medication compliance aids to assist in carrying out medication administration. Any such step greatly increases the possibility of error. It is recommended that residents' medication be obtained by facilities either in the form of individual labelled packs or labelled 'blister' pack compliance aids. Refer 4.7 Medication Compliance Aids.

When administering medication to a resident, the residential care staff member must carefully **read the pharmacy label** on the medication and check each of the following:

- resident's name
- name and strength of the medication
- directions for use.

Any uncertainty about the resident's medication should be clarified with the dispensing pharmacist or the resident's doctor.

The medication should be handed **directly** to the resident at the appropriate administration time and the care staff should **observe ingestion** by the resident.

When a resident goes out on a day trip (such as to school or work), the **original dispensed pack** of medication should be sent with him/her if a dose needs to be taken during the day. He/she **must not** be given a few doses in an unlabelled container, such as an envelope or a 'box' medication compliance aid. The pharmacist dispensing the resident's prescription could be consulted as to the possibility of providing a small pack, appropriately labelled for the purpose of taking on day trips. The resident's doctor could also be consulted regarding the possibility of changing the dosage to only twice a day, so that the resident does not need to take a dose while he/she is out.
Injections may only be administered by a medical practitioner or a registered nurse . This does not preclude a resident self-administering their own insulin.

Note: All tablets and capsules should be **swallowed whole** unless the pharmacist advises otherwise. Many tablets **must not be crushed** because of the way they are formulated:

e.g. some are specially coated so that they do not upset the stomach.

- some are 'sustained release' ie. they release the drug slowly over a period of time.

If in doubt, consult the pharmacist.

4.6 *RECORDS*

A list of current prescribed medication should be kept at the facility for each resident. This list should be filled out by the resident's doctor and updated whenever a medication is changed. A pre-printed form could be used to ensure that the information is complete and easy to understand.

The list should include:

- adequate identification of the resident
- the name, strength and dose of each medication the resident is taking
- how and when the medication should be taken/used
- the name of the prescribing doctor and his/her telephone number
- the resident's known drug allergies
- the date of the doctor's last review of the resident's medication.

It is considered good practice for staff to keep a record of administration of medication to residents, although there is no legal requirement to do so.

It is important that a note is made in the file whenever it is known that a resident has missed a dose, has taken the wrong medication or is suspected of suffering an adverse reaction. The resident's doctor should be notified in the latter two cases. (Note: Other authorities such as the NSW Department of Community Services may require that a record of the administration of each dose is kept in certain facilities).

Additionally, when the residential care staff are required to administer a prescribed 'prn' (ie. when necessary) medication to a resident, a note of the dose given and the time should be made in order to provide information for the resident's doctor and for other staff.

4.7 *MEDICATION COMPLIANCE AIDS*

Medication compliance aids are sometimes used to assist residents who need special help in taking their medication. They may consist of either

- 'blister' packaging (or a system of packaging with similar effects with each 'blister' containing medication needed at a specific medication administration time) or

- 'boxes' (eg. Dosett®).

Although there are disadvantages in certain situations, as stated later in this section, 'blister' packs are considered to be the safer option for residents.

The resident's doctor or a registered nurse should assess whether a resident would benefit from using a medication compliance aid.

In deciding which type of aid to use, the **different features** of these aids as outlined in Section 3.1.7 (divided into those considered to be advantageous and those disadvantageous) should be considered.

Use of 'Box' Compliance Aids in Residential Facilities

As stated in 4.5 Medication Administration, medication **must not** be removed from residents' own labelled packs into 'boxes' to assist care staff in carrying out medication administration. If an error is made whilst filling a 'box' with a week's supply it is likely to be compounded over the whole week. It is much safer to administer directly from the residents' own labelled containers. (Note: The latter includes a 'blister' pack compliance aid).

'Box' compliance aids should be either packed by the pharmacist who is dispensing the resident's prescriptions or filled by the resident for their own use.

A registered nurse may fill a 'box' compliance aid for a resident in accordance with the provisions of Section 3.1.7.

A 'box' medication compliance aid must not be filled for a resident by any person other than a pharmacist, a medical practitioner or a registered nurse.

Note: The prescriber should provide written confirmation of any change in dosage to the pharmacist or registered nurse.

4.8 *DISPOSAL OF MEDICATION*

Medication must be disposed of safely and in a manner which is not harmful to the environment. Medication to be destroyed should be sent to the local community pharmacy for safe disposal. Advice may also be sought from the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch on (02) 9879 3214.

As stated in 4.3 Medication Supply, a resident's own medication no longer in use must be destroyed as above.

SCHEDULE 4 APPENDIX D SUBSTANCES

Hereunder is a list of substances and preparations classified as prescribed restricted substances in **Appendix D** of the Poisons and Therapeutic Goods Regulation 1994. This list contains **all** Appendix D substances by generic name and also includes some commonly used brand names inserted alphabetically in capital letters. Note that barbituric acid derivatives and benzodiazepine derivatives are listed as groups in Appendix D and not all derivatives are listed individually. Salts, derivatives and admixtures of the substances listed are controlled in the same way as the substances themselves.

ALEPAM	CAPADEX
ALODORM	Cathine
Alprazolam	Chlorandrostenolone
Amylobarbitone	Chlordiazepoxide
AMYTAL SODIUM	Chloroxydienone
Anabolic steroidal agents not otherwise specified in this list when included in Schedule 4 of the Poisons List.	Chloroxymesterone
ANAPOLON 50	Clobazam
ANDRIOL	Clonazepam
Androisoxazole	Clorazepate
ANTENEX	Clostebol
ATIVAN	Cyclobarbitone
Barbituric acid derivatives not otherwise specified in this list	Dextropropoxyphene when included in Schedule 4 of the Poisons List
Benzodiazepine derivatives not otherwise specified in this list	DECA-DURABOLIN
Benzphetamine	Diazepam
Bolandiol	Diethylpropion
Bolasterone	DI-GESIC
Boldenone	Dihydrolone
Bolmantalate	Dimethandrostanolone
Bromazepam	Dimethazine
Calusterone	DOLOXENE
	DOPRAM INJECTABLE
	Doxapram

Drostanole	Mefenorex
DUCENE	Meprobamate
DUROMINE	Mesabolone
Ephedrine	Mestanolone
EQUANIL	Mesterolone
Ethchlorvynol	Methandienone
Ethinamate	Methandriol
Ethyldienolone	Methenolone
Ethyloestrenol	Methylandrostanolone
EUHYPNOS	Methylclostebol
Fencamfamin	Methyltestosterone
Fenproporex	Methyltrienolone
Flunitrazepam	Methyprylone
Fluoxymesterone	Mibolerone
Flurazepam	Midazolam
FORTRAL	MOGADON
Formebolone	MURELAX
Formyldienolone	Nalbuphine
FRISIUM	Nandrolone
Furazabol	NEUR-AMYL
Glutethimide	Nitrazepam
HALCION	Norandrostenolone
HALOTESTIN	Norbolethone
Hydroxystenozol	Norethandrolone
HYPNODORM	Normethandrone
HYPNOVEL	NORMISON
KALMA	ORABOLIN
LEXOTAN	Oxabolone
LONAVAR	Oxandrolone
Lorazepam	Oxazepam
Mazindol	Oxymesterone
Medazepam	Oxymetholone

PARADEX	Secbutobarbitone
Paraldehyde	SEREPAX
PENTOTHAL SODIUM	SONERYL
Pentazocine	Silandrone
Pentobarbitone	Stanolone
Phentermine	Stanozolol
Pipradrol except in compounded preparations containing 0.01 per cent or less of pipradrol	Stenbolone
Prasterone	SUSTANON 100
Prazepam	SUSTANON 250
PRIMOBOLAN	TEMAZE
PRIMOBOLAN DEPOT	Temazepam
PRIMODIAN DEPOT	TENUATE
PRIMOTESTON DEPOT	TENUATE DOSPAN
PROMINAL	Testolactone
Propylhexedrine	Testosterone except when included in Schedule 6 of the Poisons List
PROVIRON	Thiomesterone
Pseudoephedrine when included in Schedule 4 of the Poisons List	TRANXENE
Pyrovalerone	Trenbolone except when included in Schedule 6 of the Poisons List
Quinalbarbitone	Trestolone
Quinbolone	Triazolam
RALOZAM	VALIUM
RIVOTRIL	XANAX
ROHYPNOL	Zolazepam

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For further information contact Pharmaceutical Services Branch, (02) 9879 3214.

DRUGS OF ADDICTION

(SCHEDULE EIGHT)

Hereunder is a list of commonly used substances and preparations classified as drugs of addiction (Schedule Eight of the New South Wales Poisons List). Not all Schedule Eight substances are included here since many are not currently available for use in Australia. Some brand names have been inserted alphabetically in capital letters. Veterinary lines are indicated thus: (Vet.). Salts, derivatives and admixtures of the subtances listed are controlled in the same way as the substances themselves.

(1)	Amphetamine	(1)	Methylamphetamine
	ANAMORPH	(1)	Methylphenidate
	Buprenorphine		MORPHALGIN
	Camphorated Opium Tincture		Morphine - <u>all forms</u>
	Cocaine - <u>all forms</u>		MS CONTIN
(2)	Codeine		Normethadone
(1)	Dexamphetamine		OPERIDINE
	Dextromoramide		Opium - <u>all forms</u>
(3)	Dextropropoxyphene		Oxycodone
	Diethylthiambutene		Oxymorphone
(4)	Dihydrocodeine		PALFIUM
	ENDONE		Papaveretum
(4)	Ethylmorphine		Pethidine - <u>all forms</u>
	Etorphine	(1)	Phendimetrazine
	Fentanyl	(1)	Phenmetrazine
	HYCOMINE		Phenoperidine
	Hydrocodone	(5)	Pholcodine
	IMMOBILON (Vet.)		PHYSEPTONE
	KAPANOL		PROLADONE
	Kaolin and Opium Mixture	(1)	RITALIN
	LEPTAN (Vet.)		SUBLIMAZE
	Methadone		TEMGESIC

Notes

(1) Indicates an amphetamine or amphetamine-like substance subject to the provisions of Clause 121, Poisons and Therapeutic Goods Regulation 1994. These substances may not be prescribed without the PRIOR AUTHORITY of the NSW Health Department.

In the case of the prescribing of dexamphetamine or methylphenidate, a medical practitioner may hold an authority under Part 7 of the Poisons and Therapeutic Goods Regulation 1994 to issue a prescription to test the suitability of a person to undergo treatment with either drug.

(2) Codeine is exempted from Schedule Eight -

(a) in compounded tablets or capsules containing 30mg or less of codeine in each such tablet or capsule;

(b) in other compounded preparations containing 1.0% or less of codeine.

(3) Dextropropoxyphene is exempted from Schedule Eight -

(a) in solid divided preparations containing 135mg of dextropropoxyphene or less per unit dose;

(b) in liquid preparations containing 2.5% or less of dextropropoxyphene.

(4) Indicates a substance that is exempted from Schedule Eight -

(a) in compounded solid divided preparations containing 100mg or less of that substance per unit dose;

(b) in other compounded preparations containing 2.5% or less of that substance.

(5) Pholcodine is exempted from Schedule Eight -

(a) in solid divided preparations containing 100mg or less of pholcodine per unit dose;

(b) in undivided preparations containing 2.5% or less of pholcodine.

"Compounded" in relation to a substance means combined with one or more other therapeutically active substances in such a way that it cannot be separated from then by simple dissolution or by other simple physical means.

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This bulletin is available from **Pharmaceutical Services Branch.** For further information telephone the Duty Pharmaceutical Adviser, (02) 9879 3214.

7 *FACILITIES LISTED IN POISONS AND THERAPEUTIC GOODS REGULATION 1994, APPENDIX F*

Balgownie Centre (Mount View), Wollongong
Baringa Centre, Fairy Meadow
Grosvenor Centre, Summer Hill
Kanangra Centre, Morisset
Lachlan Centre, North Ryde
Marsden Centre, Westmead
Marsden Rehabilitation Centre, Parramatta
Peat Island Centre, Peat Island
Riverside Centre, Orange
Rydalmere Centre, Rydalmere
Stockton Centre, Stockton
Strathallen Centre, Goulburn
Tomaree Centre, Shoal Bay
Woodstock Centre, Albury.

8 *MEDICATION REQUIRING CHILD-RESISTANT CONTAINERS*

Note: This list is **not** a reproduction of Therapeutic Goods Orders No.20 and No.33 under the Therapeutic Goods Act 1989 but rather is a list of the therapeutic goods contained therein, for ready reference. The list is subject to amendment by the Commonwealth Department of Health and Family Services.

The following medication when in **solid dosage form** (e.g. tablets, capsules, suppositories) must be packed in a child-resistant container.

1. ANTIHISTAMINES, that is, all substances the principal action of which is to antagonise the effects of histamine on H_1 receptors, in preparations where the antihistamine is the only therapeutically active substance, including -

Antazoline
Astemizole
Azatadine
Bamipine
Bromodiphen-hydramine
Brompheniramine
Buclizine
Carbinoxamine
Cetoxime
Chlorcyclizine
Chloropyrilene
Chlorpheniramine
Chlorphenoxamine
Cinnarizine
Clemastine
Clemizole
Cycliramine
Cyclizine
Cyproheptadine
Deproprine
Dexbrompheniramine
Dexchlorpheniramine
Dimenhydrinate
Dimethindene
Dimethothiazine
Diphenhydramine
Diphenidol
Diphenylpyraline
Doxylamine
Embramine
Halopyramine
Histapyrrodine
Homochlorcyclizine
Hydroxyzine
Isothipendyl
Mebhydrolin
Meclozine
Mepyramine
Methaphenilene
Methdilazine
Phenindamine
Pheniramine
Phenyltoloxamine
Promethazine
Prothipendyl
Pyrathiazine
Pyroxamine
Pyrrobutamine
Rotoxamine
Thenalidine
Thenyldiamine
Thiazinamium
Thonzylamine
Tolpropamine
Trimeprazine
Trimethobenzamide
Tripelennamine
Triprolidine

2. TRICYCLIC ANTIDEPRESSANTS including -

Amitriptyline
Amoxapine
Butriptyline
Cidoxepin
Clomipramine
Desipramine
Dibenzepin
Dothiepin
Doxepin
Fantridone
Imipramine
Intriptyline
Iprindole
Ketipramine
Lofepramine
Loxapine
Maprotiline
Melitracen
Mezepine
Mianserin
Monometacrine
Nortriptyline
Noxiptyline
Octriptyline
Opipramol
Pirandamine
Prazepine
Protriptyline
Tandamine
Trimipramine

3. ASPIRIN

4. PARACETAMOL

5. SALICYLAMIDE

6. IRON COMPOUNDS except in preparations containing the equivalent of 5 milligrams or less of elemental iron in each solid dosage form.

7. DIGITALIS GLYCOSIDES (Digoxin)

8. QUININE

9. CHLOROQUINE

10. MONOAMINE OXIDASE INHIBITORS including -

Iproniazid	Phenelzine
Isocarboxazid	Tranylcypromine

11. ANTIARRHYTHMICS including -

Amiodarone	Mexiletine
Bretylium	Procainamide
Disopyramide	Quinidine
Flecainide	Verapamil

12. ANTICONVULSANTS including -

Carbamazepine	Phenytoin

13. GLUTETHIMIDE

14. ORPHENADRINE

15. LITHIUM CARBONATE

16. DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE (eg. ‘Lomotil’)

17 FLUORIDE SALTS in packs containing the equivalent of more than 100 milligrams of elemental fluorine.

The following medication when in **liquid form** (not applicable to a 'box' compliance aid) must be packed in a child-resistant container:

1. PARACETAMOL, in preparations where paracetamol is the only therapeutically active substance, except in paediatric drops in packs containing not more than 2 grams of paracetamol.

2. METHYL SALICYLATE, in preparations containing more than 50 per cent volume in volume of methyl salicylate, in a volume of 200mL or less.

3. EUCALYPTUS OIL, in preparations containing more than 50 per cent volume in volume of eucalyptus oil, in a volume of 200mL or less.

4. DIGITALIS GLYCOSIDES

5. IRON in preparations containing the equivalent of more that 250 milligrams of elemental iron in the total contents of the container.

6. MELALEUCA OIL in prepartions containing more than 25 per cent of cineole and in packs of 200mL or less.

9 *INFORMATION SOURCES*

Circulars and **Information Bulletins** are available from Central Administration, NSW Health Department, North Sydney on (02) 9391 9075 (with the exception of Circular 95/37 which is available from the Better Health Centre, (02) 9816 0452).

TG Bulletins are available from Pharmaceutical Services Branch on (02) 9879 3214.

Circular 95/37 -	Guidelines for the Handling of Medication in New South Wales Public Hospitals.
NSW Health Department - Audit Branch Phone: (02) 9391 9405 Fax: (02) 9391 9417	Security and Safety, Minimum Standards for Health Care Facilities, May 1995.
Information Bulletin 95/7 -	Drug Registers (H31 and H32).
TG Bulletin 115/9 -	Guide to Poisons Regulations - Private Hospitals, Day Procedure Centres and Nursing Homes.
TG Bulletin 12/16 -	Guide to the Poisons Regulation for Medical Practitioners and Dentists.
Circular 95/13 -	Infection Control Policy.
Circular 93/8 -	Policies & Procedures on the Use of Psychotropic Drugs in Mental Health Services.
Circular 95/49 -	Guidelines and Competencies for the Handling of Cytotoxic Drugs and Related Waste in NSW Health Care Establishments.

The above guidelines on cytotoxic drugs may also be obtained from:

WorkCover Authority of NSW Phone: (02) 9370 5303 Fax: (02) 9370 6127	Guidelines for handling cytotoxic drugs and related waste in health care establishments. Handling cytotoxic drugs in health care establishments: training competencies.