

MEDICATION SAFETY

SCHEDULE 8 CONTROLLED MEDICATIONS ADMINISTRATION

KEY POINTS

- Schedule 8 medications comprise substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical and psychological dependence, e.g. opioids, amphetamines and methadone.
- The following WA Department of Health's Operational Directives, are to be complied with:
 - [OD 0141/08- Code of practice for the handling of Schedule 8 medicines \(drugs of addiction\) in hospitals and nursing posts.](#)
 - [OD 0142/08 Administration of Schedule 8 Medicines to patients attending for emergencies](#)
 - [Operational Directive OD 0492/14](#) sets out the management of Schedule 8 and Restricted Schedule 4 oral liquid medicines.
- Where there is a discrepancy in S8 or S4R medicine balances these must be reported per Reporting of medicine discrepancies in public hospitals and licensed private facilities which provide services to public patients in Western Australia: [OD 0377/12](#).

PRESCRIBING OF S8 MEDICATIONS

- All inpatient orders for S8 medications are to be written on the hospital medication chart (MR 810 –NIMC Chart, MR811) or other form approved for the purpose by the Medical Records Committee.
- Prescriptions for S8 medications for outpatients, emergency centre patients or patients being discharged are written on the special *Narcotic Prescription Form* (KE 5/39).
- All orders are to be written by a registered medical practitioner, or by a medical intern authorised in writing by the Director of Medical Services.
- Orders are to be in the handwriting of (and to be signed by) the medical practitioner.
- The nurse/midwife may accept initial orders from medical staff verbally, by telephone to administer an S8 medication. Such orders will be documented on the "Telephone order " in NIMC chart MR 810 and countersigned by the prescriber within 24 Hours.

SUPPLIES OF S8 MEDICATIONS TO WARDS AND DEPARTMENTS

Supplies of S8 medications may be obtained:

1. By entering requirements on the *Narcotics Requisition Form* (PY330) and forwarding the book to the Pharmacy Department as necessary, usually once weekly. Supplies of Forms may be obtained from Pharmacy.



2. By imprest system – Inventory in the ward is checked by pharmacy staff and a Controlled Medication Imprest Form / order raised.
3. Requisitions will be signed by a registered nurse/midwife when the medications are received in the ward / department.
4. Supplies will be delivered by the Pharmacist or the designated staff, who will check the balance with the registered nurse/midwife receiving the medications and both will sign the register.
5. Outside Pharmacy hours or in an emergency, the wards may borrow medications from another area within the hospital by contacting the Clinical Manager in charge of their area who will obtain the medications, signing them out of the donor ward register with the nurse/ midwife supplying the medication and into the receiving ward register with the nurse/ midwife accepting the medication.
6. Entries in the Register will indicate the date, amount transferred, source or destination of medication, and the subsequent balance.
7. Such entries will relate solely to the movement of a quantity of medication from one area to another and will be separate from any entry required for administering the medication to the patient.

STORAGE AND SECURITY

- Storage of S8 medications in the pharmacy will comply with the Poisons Regulations 1965.
- Storage in other areas of the hospital will comply with Regulations 56-56D with particular attention to the following points:
 - The cupboard shall be of a design approved by the DEPARTMENT OF HEALTH (Regulation 56B)
 - The cupboards shall be securely fixed to the wall or floor in an area not accessible to the public (Regulation 56A).
 - The cupboards shall be kept locked except when items are being moved into or out of the cupboard.
 - The cupboards are to be used solely for the storage of S8 medications - no other items are to be placed in them.
 - For areas with swipe card access manager approval must be granted via the completion of a form for ID/ Access Badge for new staff, or an S4/S8 Cupboard Permit form for existing staff, also located within [WNHS Policy W057 Identification of Staff](#).
- S8 Medications must be kept in a cupboard which must not be used for any other purpose (Reg 56).
- Controlled Medications (S8) cupboard where access is via a key:
 - Must remain in the ward/department at all times.
 - Must be carried by, and always be in the personal possession of a registered nurse/midwife.
 - The shift co-ordinator must ensure that the key has been handed over to the oncoming Shift Co-ordinator.
 - A person discovering that he/she has inadvertently removed the key from the ward/ department will immediately return the key in person.
 - If the key is missing, the Clinical Manager / Hospital Clinical Manager (after hours) must be notified immediately. Usual procedure is the nurse/midwife involved will be interviewed, as soon as possible, by the Clinical Manager or the Chief

Pharmacist. If deemed necessary by the interviewer, the lock of the cupboard will be changed forthwith.

- Controlled Medications (S8) cupboard where access is via a swipe card:
 - The staff member with approved access to the Schedule 8 drug cupboards will have current registration with the Australian Health Practitioner Regulation Agency (AHPRA); and
 - Will inform the Clinical Nurse/Midwifery Manager and Physical Resources Department **immediately** if the access control card is lost or stolen; and
 - Will abide by the conditions set out by WNHS Policy 057 Identification of Staff; and.
 - Will know that each occasion of access to the S8 cupboards will be monitored and identification known.

S8 MEDICATION REGISTER

1. The Register of S8 medications will be kept in the area in which the medications are held and accurate records maintained in the Pharmacy by pharmacist or designated staff and in the ward/department by registered nurse/midwife as delegates of the Chief Pharmacist. (Reg 44)

2. The Register shall be of a form approved by the Department of Health, WA.

3. The entries shall be made in ink at the time of the transaction. All entries must be clear, preferably printed and signatures legible.

4. A separate page shall be used for each medication, form and strength.

5. Balances of all medications will be checked in:

- Pharmacy in accordance with Regulation 45.
- The ward /department by two midwifery /nursing staff at least daily, with an entry made in the Register(s) for each medication and signed by both staff.
- The ward pharmacist will check balances in ward /department with the ward nursing/ midwifery staff at least monthly and both will sign an appropriate entry in each Register.
- Discrepancies or irregularities in the Register are to be reported to the Clinical Manager and the Chief Pharmacist immediately upon detection.
- See WNHS Policy [WO46 Medicines-Accountability Storage and Reporting Requirements](#)

6. For all transactions in clinical areas, an entry shall be made in ink in the Register of the area in which the patient / medication is held, showing the:

- Date
- Patient's name
- Amount ordered by the doctor
- Amount used from stock
- Balance in hand
- Time medication was given
- Name of medical practitioner who prescribed the medication
- Signature of person who gave the medication
- Signature of person who checked the medication

- Any medication inadvertently wasted (Broken, dropped etc – Reg 44)

7. The Medication Register is a legal document. Any mistake in an entry in the Register must be corrected by an entry on the next available line giving details explaining the mistake and show the current balance. This entry will be signed by two staff and dated.

NO ENTRY IN THE REGISTER IS TO BE ALTERED OR OBLITERATED.

8. Medication Discarded or Wasted:

- If any medication is wasted, a record must be made in the Register. A specific entry is required for “medication discarded” as a result of part using an injection. Staff involved in the transaction should both attend the discarding process as it is considered part of the overall procedure for which they have signed.
- Opioid infusion, either IV or epidural, which are only part used will have the excess portion discarded and appropriately noted on the infusion sheet. (MR 815, MR240) Two staff members will be involved in each step of this process.

9. Administration:

- When administering S8 medications to patients, two staff members, one of whom is a registered nurse/midwife shall be involved in every step of the handling process from taking the medications out of the cupboard, through documentation, discarding excess and including administering the medication to the patient. The other person may be a pharmacist, medical officer, enrolled nurse or student midwife who has passed a medication competency test.
- These two persons shall sign the record in the Register.

10. Daily checking:

- An inventory of all S8 medications shall be made daily and noted in the register.

11. New Register:

- Transferring of records from an old register to a new register must be done by two staff. The entries shall contain the date, balance transferred and the signatures of staff involved.

Registers shall at all times be available for inspection by an authorised person and all records shall be retained for seven years from the date of last entry. (Reg 44, 47) Registers no longer in use are to be returned to the Pharmacy.

REFERENCES (STANDARDS)	
National Standards – 4 Medication Safety Legislation - Nil Related Policies - Nil Other related documents – Nil	
RESPONSIBILITY	
Policy Sponsor	HoD Pharmacy
Initial Endorsement	March 2003
Last Reviewed	August 2014
Last Amended	
Review date	August 2017

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