



# Recommended Policies and Procedures

*for use in*

Kimberley Aboriginal Community Controlled  
Health Service Medication Rooms



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## **Introduction**

This document provides a list of standards of practice recommended to be achieved in Kimberly ACCHS clinic medication rooms. Below each standard is information relating to how this standard can best be achieved.

For any further information relating to these standards of practice, or any other pharmacy related matter, please contact the KAMSC Pharmacist.

## **GLOSSARY**

ACCHS – Aboriginal Community Controlled Health Service

AHSs- Aboriginal Health Service/s

AMS – Aboriginal Medical Service

BH – Broome Hospital

BRAMS – Broome Regional Aboriginal Medical Service

CDCD - Communicable Disease Control Directorate

DAA – Dose Administration Aid

DAHS – Derby Aboriginal Health Service

DRH – Derby Regional Hospital

KAMSC – Kimberley Aboriginal Medical Services Council Inc.

KSDL – Kimberley Standard Drug List

MMEEx – Medication Message Exchange

NACCHO – National Aboriginal Community Controlled Health Organisation

NIP – National Immunisation Program

OVAHS – Ord Valley Aboriginal Health Service

PBS- Pharmaceutical Benefits Scheme

S8 – Schedule 8

S100 – Section 100 scheme

# 1. Maintaining the medication room

## 1.1 Designated Medication Room Staff Member

*Standard 1.1: All Kimberly ACCHSs have a designated staff member in charge of maintaining the clinic medication room.*

The designated staff member is the point of contact for the ACCHS staff, on all issues relating to the medication room. This staff member is responsible for ensuring the standards in this document are achieved and maintained, and to ensure the medication room runs efficiently. If the designated staff member is absent for an extended period of time a deputy will be appointed whenever possible..

## 1.2 Maintaining the temperature of the medication room

*Standard 1.2: The medication room environment is maintained at room temperature (at or below 25 degrees Celsius) at all times.*

### **Background**

It is important to maintain the medication room at an appropriate temperature to maintain the efficacy of the stored medications.

### **Procedure**

Temperature of the medication room is maintained at or below 25 degrees Celsius by the use of an air conditioner.

# 1.3 Layout of a medication room.

**Standard 1.3: The layout of the medication room supports safe dispensing practice and quality medication management.**

## Background

An organised medication room assists in minimising dispense errors, maximising efficiency and optimising stock control. Standardization in layout of the medication room is useful for clinic staff who may need to work at more than one clinic.

The Kimberley Standard Drug List (KSDL) is a list of medicines which are recommended to be prescribed by authorized health personnel. Essential medications are stored in all Kimberley clinic's medication rooms. This list has been developed and regularly reviewed in consultation with a number of stakeholders from the Kimberly Aboriginal Medical Services Council (KAMSC) and WA Country Health Services (WACHS).

## Procedure

KAMSC recommends KSDL medications in the following groups are arranged in alphabetical order by generic name. The groups should be stored on separate shelves whenever possible.

- Anti-Infectives (including antibiotics, antifungals, antivirals and antihelmintics)
- Ear/Eye/Nose medications
- Inhaled therapy
- Topical medications
- Injections
- General medications including Over-the-Counter (OTC) medications
- Women's Health (vaginal preparations, contraceptives and hormone replacement therapy)

OTC medications can have more than one ingredient and it may be difficult to order them by generic name. KAMSC recommends that the OTC medications which have more than one ingredient and are difficult to order by generic name are placed on the shelf in alphabetical order by BRAND name. For example Cerumol® Ear Drops

Non-KSDL medications are included in the above groups and identified by either a yellow( S100 ) or red ( non S100 ) shelf label..

# 1.4 Clinic Medication Room shelf labels

**Standard 1.4: Each imprest item in the medication room has a legible shelf label. Different coloured labels are used to identify KSDL, S100, non-S100 and non-KSDL items.**

## Background

The KSDL consists of medicines which are both S100 and non-S100. S100 medicines are those which are available on the PBS and at no charge to approved Remote Aboriginal Health Services

Shelf labels in the medication room are an effective tool for identifying where stock is kept and the stock which may be missing and needs to be ordered.

Shelf labels easily identify the medications available under S100 arrangements and those which are KSDL medications.

## Procedure

- All imprest items in the medication room must have a shelf label.
- The shelf label should clearly identify the name, strength, dose form and pack size , where appropriate , of the stock item.
- Different coloured labels should be used to distinguish S100, non-S100, KSDL and non-KSDL items:
- all KSDL medications which are S100, are identified by a WHITE shelf label
- all KSDL medications which are non-S100, are identified by a BLUE shelf label
- all S100, non KSDL medications are identified by a YELLOW label
- all non-S100, non-KSDL medications are identified by a RED shelf label

 **Appendix 1: Coloured Shelf Labels**



## 2. Ordering and Receiving stock

### 2.1 Ordering Medications through the Section 100 (S100) scheme for AHSs

**Standard 2.1: All Aboriginal Health Services have a documented procedure for ordering S100 (PBS) medications.**

#### Background:

Section 100 (S100) is part of the National Health Act which allows the Commonwealth Government to make alternative arrangements for the supply of PBS medicines.

The Section 100 Medicines Access Scheme for Remote Area Aboriginal Health Services (RAAHS) was implemented in February 1999 – this program was developed in consultation with APAC, Commonwealth Health Department's Pharmaceutical Benefits Branch, the Pharmacy Guild and NACCHO. The S100 scheme was developed in response to the need for strategies to improve access to PBS medicines for Aboriginal people in remote areas.

Under the S100 arrangements, Aboriginal Health Services in designated remote areas, are able to apply to the Commonwealth Government for approval to participate in the scheme. Once approved, the Aboriginal Health Service is able to order supplies of PBS medicines in bulk. Orders are placed with a local community pharmacy. The pharmacy arranges delivery of bulk medications to the AHS. The AHS is responsible for correct storage and patient supply of the medications in compliance with state legislation. There are no formal paper PBS prescriptions and no charge for the medications under the S100 supply scheme to clients of an AHS.

An S100 medication is any medication listed on the Pharmaceutical Benefits Scheme (PBS) ('white pages' with the exception of Schedule 8 medications, Doctor's Bag and medications listed under the Repatriation Pharmaceutical Benefits.

An easy way to find out if the medication is listed on the PBS is to

1. access PBS Online from References in MMEx or
2. visit the website: [www.pbs.gov.au](http://www.pbs.gov.au).

*N.B. It is useful to note that PI (product information) and CMI (Consumer Medicine Information) for most medications can be found on the PBS website as well as MIMS in MMEx.*

#### What drugs can I order?

The Kimberley Standard Drug List (KSDL) is a list of drugs available at all Western Australian Country Health Service (WACHS) clinics and all Aboriginal Community Controlled Health Service (ACCHS) clinics throughout the Kimberley. It is divided into 'essential' and 'supplementary' drugs. 'Essential Drugs' are available at all clinics in the Kimberley.

Clinics can decide if they need to stock the drugs on the 'supplementary' list for particular patients in their community.

The aim of the KSDL is to ensure continuity of care for all Kimberley patients. And to rationalize the number of different medications stocked by the clinics. All drugs listed on the KSDL can be ordered from the community pharmacy.

Non KSDL medications can be ordered by clinics and the decision to keep particular non KSDL medication should be made either by the SMO or clinic manager.

Each clinic has an established imprest in MMEx. The imprest contains both S100 and non S100 medications as well as Websterpaks. When required medications can be added, amended or archived from the imprest. It is recommended that management of the imprest is done by the staff member designated to maintaining the medication room. See Standard 1.1

## Ordering Procedure:

Generating and sending an order using MMEx

- Each medication on the clinic MMEx imprest has a Usual Level and a Low Level. The Usual Level is the number of packs the clinic needs to stock. The Low Level is the number of packs at which MMEx will be prompted to suggest a medication needs to be ordered. For example, a clinic wants to keep 6 boxes of aspirin 100mg, then 6 is the Usual level. The clinic chooses to have MMEx prompt an order when the stock runs down to 2 boxes hence 2 becomes the Low level.
- Each time a medication is dispensed using MMEx, the imprest is adjusted by the nominated quantity. Stock levels update automatically and MMEx will generate a suggested order based on the current stock levels and the preset usual stock level i.e. the number of boxes/bottles suggested the clinic needs to keep in stock.

MMEx suggested order = Usual level – number of packs on the shelf ( i.e. suggested quantity for your clinic minus the number of packs on the shelf when the number on the shelf falls at or below the Low level)

Orders in MMEx can be filtered by S100, non S100 and Websterpaks. All the orders are sent to the same community pharmacy.

Please ensure that the correct community pharmacy (supply pharmacy) is selected in the Supplier To Send Order To field and that the order is signed before clicking Finalise and Send to Supplier button. (If you are not sure of the correct supply pharmacy please check with the clinic manager or KAMSC Pharmacist).

The supply pharmacy will fax or send copies of the S100 orders to clinics for signatures confirming the receipt of S100 orders. The pharmacy must receive signed copies from you before the pharmacist is able to submit the forms to Medicare for payment. Medicare does not, as yet, accept electronic signatures.

### **Appendix 3 - Templates used by supply pharmacies**

It is important to do regular stock counts to ensure your stock levels are correct. It is suggested that stock take is performed every 6 months (see standard 6.1). Discrepancies in individual imprest items can be done at any time. ( see below )

If a stock level for an individual medication is incorrect please notify the designated staff member. The level is adjusted by going to Administration imprest management manage imprest search for the medication left click on the medication Edit Imprest Item pop up screen Adjust Stock Level add new items drop down menu and select Set New Total enter the new stock level for both whole packs and loose units in stock update 'Yes' close

### **Appendix 2: MMEx Quick User Guide (medication module)**

Community pharmacy details for your clinic

A record of all S100 orders need to be retained by the clinic for a period of 2 years.

Orders can be archived from the orders screen by left clicking on a completed order then selecting archive ( never delete )

Community Pharmacy Name: .....

.....

Phone number:.....

Fax number:.....

Contact person at the pharmacy:.....

## 2.2 Ordering non S100 (non PBS) medications in an AHS

**Standard 2.2: All Aboriginal Health Services have a documented procedure for ordering non S100 (non PBS) medications**

- Non S100 (non PBS) medications can be ordered from the supply pharmacy in the same way as the S100 medications (see procedure in Standard 2.1 above).
- Clinics are reminded to select 'non S100' as the filter when creating a new order for non S100 medications.

## 2.3 Ordering Websterpaks in an AHS

**Standard 2.3: All Aboriginal Health Services have a documented procedure for ordering Websterpaks.**

- Websterpaks can be ordered from the supply pharmacy in the same way as the S100 medications (see procedure in Standard 2.1 above).
- Clinics are reminded to select 'Websterpaks' as the filter when creating a new order for Websterpaks.
- The "Webster Confirmation Form" should be signed by the designated staff member receiving the delivery and faxed to the supply pharmacy. (For deliveries to clients in the community see standard 9.8).

 **Appendix 4: Delivery receipt for Webster Paks**

## 2.4 Vaccine orders

**Standard 2.4: All Aboriginal Health Services have a documented procedure for ordering Vaccines**

### Background

The regional pharmacy at Broome Hospital (BRHP) is the distribution site for all vaccines which are subsidised by the Commonwealth Government.

Clinics registered in February 2011 with the W.A. Dept. of Health for the on-line ordering system for vaccines funded through the National Immunisation Program (NIP) across the West Australian regional areas.

From the 5th June 2012 all vaccines are to be ordered through the online ordering system described below

Distribution of vaccines follows strict cold chain procedure. The esky from BRHP will contain 2 monitors, a freeze mark monitor and a monitor for temperatures above 8C. Any breach of this cold chain will need to be reported and a vaccine wastage form filled out if necessary. For guidance on correct storage the 'National Vaccine Storage Guidelines' (Strive for five) PDF document can be accessed from the Department of Health website [www.immunise.health.gov.au](http://www.immunise.health.gov.au) by clicking on 'Publications & Resources' selecting 'Health Professional Resources' and strolling down to Code IMM77.

 **Appendix 5 : Cold-chain breach guidelines**

 **Appendix 6: Vaccine wastage report form**

### Procedure for ordering vaccines

From June 5th 2012 vaccines will need to be ordered online. Faxed orders to BRHP will no longer be accepted. Orders will be received by the Communicable Disease Control at the Health Department, and when approved an email notification will be sent to BRHP to confirm the order for distribution.

The web address for the new online ordering system is <http://colors.csldirect.com.au>

### **To place an order;**

1. type in <http://colors.csldirect.com.au> at the top of the internet web address search
2. Click on 'WA Health'
3. Log in with your Username and Password
4. Click on PLACE ORDER
5. Click on PLACE AN ORDER
6. Select STANDARD or GP TIME-LIMITED PROGRAMS
7. Carefully read agreement and then click I AGREE
8. Enter stock on hand in the 'TOTAL DOSES ON HAND' box. Enter amount required in the 'PACKS REQUIRED' box.
9. Click on VIEW ORDER
10. Click on ADD TO ORDER, ADD PRODUCTS and repeat steps 6-9.
11. On 'View Order' page check vaccine names, vaccine pack amounts/ doses
12. Click COMPLETE ORDER
13. On 'Confirm Order' page click SUBMIT
14. 'CSL Online Ordering Order Confirmation' page: Option to print copy of order
15. Your order is complete.

You will be assigned one username and password for your practice/ clinic. These are specific to your practice/ clinic and can be used by more than one staff member as required. You have the option of changing the password once you are logged in.

- If you have forgotten your password you have an option to click on 'FORGOT PASSWORD' on the online document.
- To register for a user name and password if you have not received one you must do this online.

Note orders cannot be processed without the 'TOTAL DOSES ON HAND' column being filled in.

• Note: Some vaccines are available in ten-packs, some in five-packs and others as single doses. Please take note of this and order the number of packs needed according to their packaging. For example, if you require 3 ten-packs of Rotateq, simply type in the number '3' not the number '30' as '30' would be an order for 300 doses

Vaccines that can be ordered this way include all vaccines on the National Immunisation Program Schedule. For vaccines not included on the online ordering system, please contact the Kimberley Regional Immunisation Coordinator at Kimberley Population Health Unit, as special arrangements may be in place.

Once the form is filled out by the designated staff member responsible for ordering the vaccines (this will be decided by the clinic manager) follow the instructions on the website to 'SUBMIT' the order. Once BRHP receive email approval from the Health Department they will organise the distribution of the vaccines.

**PLEASE ALLOW 1 WEEK FOR RECEIPT OF THE ORDER INTO THE CLINIC FROM THE TIME OF PLACING THE ORDER ONLINE IN TRANSPORT AND LONGER WHERE THERE MAY BE DELAY (SUCH AS GIBB RIVER RD CLINICS AND THE KUTJUNGKA). Please make sure that your clinic is ready to receive the vaccines so as to maintain strict cold-chain procedures.**

For the Gibb River Rd clinics vaccines will be sent first to DAHS, and distribution will be the responsibility of the remote area manager or other designated person.

For the Kutjungka clinics vaccines will be first sent to KAMSC Stores prior to being transported to the Kutjungka. Should the vaccines need to be unpacked at KAMSC they will then be repacked and transported with a Tiny Tag temperature data logger, whenever possible. It is the responsibility of each individual clinic to download the information, interpret the results, and return the data logger immediately to KAMSC stores. If you have any difficulty downloading the information, please call the KAMSC pharmacist

N.B. The Tiny Tag is an expensive piece of equipment and MUST be returned to KAMSC stores as soon as possible.

## ADT vaccine

This should be ordered through the S100 arrangements with your local supply pharmacy, it will not be subsidised under the government scheme via BRHP.

## Pneumovax 23

Can be ordered via both the online ordering system via BRHP and the S100 scheme from the local supply pharmacy. It will only be necessary to order Pneumovax through the S100 scheme when there may be some delay in receiving the vaccine from BRHP.

 *Appendix 7: Instructions for Regional Vaccine Ordering*

## STAFF VACCINES

BRHP is unable to supply any vaccines for KAMSC ACCHS staff as this will be in breach of their poisons permit. All vaccines required for KAMSC staff must be ordered directly through a wholesaler and the cost will be borne by the clinics but will not be passed on to the staff member. For this purpose KAMSC Stores can order directly from the wholesaler and distribute the vaccines accordingly. Please place your order with KAMSC Stores in accordance with KAMSC policies for staff vaccines. (Please note this does not include travel vaccines).

 *Appendix 8: KAMSC staff health letter for vaccines and flowchart*

# 2.5 Receiving an order

Standard 2.5: All Aboriginal Health Services have a documented procedure for receiving orders.

## Procedure

1. When the order arrives unpack fridge lines straight away ( these should have been packed and delivered in eskies). Check the cold chain monitors to ensure the stock has been maintained at the appropriate temperature during transport (see standard 3.1).
2. Unpack the remaining boxes as soon as possible. Place the stock on a bench to check which stock has been delivered and to ensure that other staff members know what stock is available and do not reorder stock which may still be sitting unpacked in the boxes.

Boxes lying around can be an occupational health and safety hazard!!

3. Follow the steps for receiving the order in the MMEx manual so that the imprest can be updated promptly
4. Please remember that receiving an order in MMEx is a 2 step process, The quantity of each medication must be checked and received then the whole order must be updated to adjust the imprest stock levels.

The KAMSC pharmacist can be contacted at any time for help with MMEx medication management.

5. It is good practice to use a marker pen to write the expiry date on all medications received. The format is mm/yy.

KAMSC clinics strive to ensure that with good stock management no medications will expire. Having expiry dates written clearly on the boxes makes checking expiry dates much easier.

Make sure not to make important information, such as the batch number, expiry date and name of the medication, difficult to read

6. Always place new stock at the back of the shelf, bring the older stock forward. This is called stock rotation to make sure that older stock gets used first and does not go out of date.
7. Always put stock in the correct place, behind the correct shelf label!
8. Excess stock should be stored in a designated area, on empty shelves either above or below the stock would be ideal
9. All broken packs should be clearly crossed on all sides of the box/bottle to indicate the pack is not full. This avoids dispensing incorrect quantities, and minimizes the number of broken packs sitting on the shelf. If a quantity less than the original pack is to be dispensed, a broken pack should be used first

# 3. Maintaining the Cold Chain

## 3.1 Receiving refrigerated items

**Standard 3.1: Medications requiring refrigeration are transported and stored under conditions that will maintain the efficacy of the product.**

Below is a suggested procedure for receiving refrigerated items:

- Always unpack refrigerated items immediately they are delivered.
- Confirm that goods have been transported under appropriate conditions, by checking that the ice blocks and the items themselves are still cold
- If the items received are vaccines, they will be accompanied by two cold chain monitors. Cold chain monitors vary in appearance, please refer to the key to interpret them.
- Check that the vaccines have been maintained at an appropriate temperature during transport by viewing the cold chain monitor:
- If the cold chain has been maintained, transfer the items to your vaccine fridge
- If the cold chain monitor suggests that the vaccines have not been kept at an appropriate temperature during transportation, contact either
  - i) the Senior Public Health Nurse Disease Control Team at the Kimberley Population Health Unit Ph: (08) 9194 1643 OR
  - ii) the KAMSC Pharmacist OR
  - iii) the vaccine supplier to determine what course of action to take.

While waiting for instructions, keep the vaccines quarantined in the vaccine fridge (make sure they are separated from other vaccines and clearly labeled with “DO NOT USE UNTIL FURTHER NOTICE”). Do not use the vaccines until you have been given instructions to do so.

- If using a domestic refrigerator for items other than vaccines, try to avoid storing them in the refrigerator door. Use the middle shelves instead.
- Place new stock behind the old stock. Make sure the stock does not touch the back wall of the refrigerator.
- Allow adequate airflow between items where possible
- Eskies and ice blocks should be returned to Broome Hospital, the community pharmacy or KAMSC stores so that they can be reused
- If your pharmacy uses a freeze temperature monitor, and the stock has not been exposed to freezing temperature conditions, these monitors should be returned to the retail pharmacy or hospital for reuse.

## 3.2 Maintaining vaccine fridge

**Standard 3.2: The storage of vaccines is monitored on an ongoing basis with an appropriate temperature measurement device.**

- The vaccine fridge temperature should be monitored on a daily basis (preferably at the same time each day) and maintained between 2 and 8 degrees Celsius.
- A temperature monitoring chart, recording the minimum and maximum temperature each day, should be kept on or near the fridge at all times
- If the temperature consistently varies outside 2-8 degrees Celsius the clinic co-coordinator should be notified immediately.
- A designated clinic member should be responsible for regular temperature record keeping of the vaccine fridge, and a staff member person should also be designated in their absence.

### Appendix 9: Fridge Temperature Monitoring Chart template

(i) Person responsible for recording Vaccine Fridge temperature: .....	Date:.....
(ii) Back-up person responsible for recording Vaccine Fridge temperature: .....	Date:.....

NB: It is also good practice to monitor the temperature of other domestic refrigerators which can be used to store non vaccine medications, to ensure that the refrigerator is in good working order.

## 3.3 Cold Chain is maintained during outstation visits

**Standard 3.3: The cold chain is maintained during outstation visits at all times.**

Maintaining the cold chain during outstation visits will require:

- Transporting refrigerated items in an esky with ice block/s, appropriate packaging materials and following cold chain procedure
- Transporting refrigerated items with a cold chain monitor
- Cold Chain procedure – there are 2 methods which can be used:

### **Method 1**

Place the vaccines in a small polystyrene 'six-pack' esky. Close the lid and seal with tape.

The small polystyrene esky containing vaccines is then placed in a larger esky that is packed with frozen ice 'bricks'. The vaccines are then ready for transport.

### **Method 2**

If only one esky is available, the ice-bricks should be removed from the freezer and conditioned ( lay the ice packs on their side leaving a 5cm between each one until they start to sweat ( can take up to 1hr at 20°C ). The ice pack is conditioned as soon as the water starts to 'slosh' slightly inside the pack ). The bottom of the pre-cooled esky should be packed with shredded paper or polystyrene chips. Vaccines should be packed in a fridge bag or wrapped in bubble wrap. Place a temperature monitor next to the vaccines. Surround the vaccines with more packing material and place the ice packs on top. Seal the esky securely with tape. Monitor the temperature on arrival.

It is the responsibility of the clinic medication room co-coordinator to ensure that eskies and ice packs are always available.

## 3.4 Recording and storing cold chain or fridge information using a Tiny Tag monitor

*Standard 3.4 The data from the Tiny Tag is downloaded and retained in the clinic to ensure cold chain transport or temperature maintenance of the clinic fridge*

### Getting data from a logger

To view the data that has been recorded by your logger, plug it into your computer, and click the Get Data icon

Tinytag Explorer will then download the data from the logger.

### Saving data

To save data that has been downloaded from a data logger click on the Save icon in the box that appears, select where you wish to save your data, type in a file name and click Save.

### Current readings

To view current readings from a data logger, plug it into your PC, Click the Current Readings icon

Use this function to view what a logger is currently reading and whether it is logging or not.

You can also check the status of its battery (depending on the model of data logger being used).

- For support contact the Australian Tiny Tag representative on 02 6581 3900 or [www.hdl.com.au](http://www.hdl.com.au)
- OR speak with the KAMSC Pharmacist
- OR contact KAMSC IT support ([itsupport@kamsc.org.au](mailto:itsupport@kamsc.org.au)).



# 4. Security

## 4.1 Clinic Medication Room

**Standard 4.1: The clinic medication room is locked at all times. Only authorized staff have access to the medication room**

The clinic medication room should be kept locked at all times. Only authorized staff should have access. No patients should have access to the clinic medication room.

A sign on the door indicating who is allowed into the clinic medication room is recommended (i.e. Staff Only)

In order to facilitate effective stock management, and reduce the potential for interruption leading to dispensing errors it is KAMSC policy to only permit the following staff members to access the medication room:

- Aboriginal Health Workers with the Advanced Diploma Manage Medicines unit (previously named Med II)
- Medication Assistants and Pharmacists
- Registered Nurses
- Doctors and visiting specialists
- Clinic manager and coordinator

It is up to the discretion of the senior clinical staff in each AMS to determine if any other members of staff can have access to the medication room.

## 4.2 Schedule 8 medications

**Standard 4.2: All Schedule 8 medications are stored in a safe which complies with Poisons Regulation 1965 and only authorized staff have access to the safe**

The schedule 8 safe must be kept locked at all times, and all S8 medications must be stored in the safe at all times. The most senior member of staff on duty should have the key safely with them at all times.

The S8 safe can be used for storage of some non-Schedule 8 medications (i.e. Schedule 4 medications which have the potential for addiction or abuse):

KAMSC recommends the following S4 medications (in all forms e.g. tablets, injection etc.) to be stored in the safe together with the S8 medications.

- Temazepam
- Diazepam
- Paracetamol 500mg/codeine 30mg tabs
- Tramadol
- Midazolam
- Oxazepam (non-KSDL)
- Lorazepam (non-KSDL)

It is not a legal requirement to keep a register of the receipt and supply for these Schedule 4 medications, but it is up to the discretion of the individual clinic if they choose to do so. The Drugs of Addiction register can be used to record the receipt and dispensing of these medications.

Nb. The Drugs of Addiction Register can be ordered from the supply pharmacy

## 5. Schedule 8 Medications (Dangerous drugs)

### 5.1 Ordering Schedule 8 medications.

**Standard 5.1: Schedule 8 medications are ordered in accordance with state law requirements.**

Schedule 8 medications cannot be ordered under Section 100

Schedule 8 medications must be ordered from the supplying community pharmacy with either a doctor's script or as a Doctor's Bag order. The pharmacy will be unable to supply this medication to the clinic until they have either of these two documents

When ordering S8 medications on a Doctor's script, the following guidelines are recommended:

#### **(i) S8 drugs for Clinic Use:**

These can be obtained by prescription from the community pharmacy. KAMSC recommends that this prescription can be generated in MMEx but it is a legal requirement to be hand written as well by a Doctor indicating it for '( name ) CLINIC USE ONLY', including the doctor's signature and complying with the other S8 requirements.

#### **(ii) S8 drugs for Individual Patient Use:**

A prescription conforming to S8 requirements, including DOB, must be generated in MMEx as well as hand written for an individual patient. The prescription must then be dispensed at the community pharmacy and paid for by the clinic or the patient.

### 5.2 Receiving Schedule 8 medications

**Standard 5.2: All clinics have a documented procedure for receiving Schedule 8 medications.**

#### **Background**

Schedule 8 medications should be recorded in the Schedule 8/Drugs of Addiction Register and countersigned by a second authorised person whenever possible. Proof of delivery form should be signed when S8 medications are received by the clinic. The signed form should be faxed back to the pharmacy as soon as possible

#### **Procedure**

The Pharmacy will supply you with Schedule 8 medications in a separate bag that is clearly marked, "Attention Clinic Manager " Upon delivery to the clinic, all S8 medications should immediately be placed into the S8 safe.

A separate entry must be made for each S8 medication received, date of receipt, quantity received, current balance and signature must be included for each entry. The Clinic Manager or designated person should sign the proof of deliver form and fax it back to the community pharmacy.

 **Appendix 3 - Templates used by supply pharmacies**

## 5.3 Maintaining the Schedule 8 drug register.

**Standard 5.3: A register of Schedule 8 medications is maintained and checked regularly by 2 staff members.**

### Background

It is a legal requirement that all Schedule 8 medications are stored in the S8 drug safe at all times, and all transactions must be recorded in the S8 drug register. A regular check of all Schedule 8 medications should be performed monthly and at change of staff

### Procedure

A balance check should be conducted on or close to the first day of the month, with 2 authorised staff members to confirm that quantities of medications in the safe correspond with the balance recorded in the register.

Some clinics may choose to do a balance check more frequently, particularly if there is frequent use of S8 medications at any particular time

In addition, a full balance check should also occur at every staff change in remote clinics.

A new page should be commenced in the S8 register for each different strength and each different form of the drug (i.e. tablet, capsule, injection, patch etc). The generic name, strength and form of the medication should be written clearly at the top of each page e.g. Morphine 10mg Ampules

The date and counted quantity for each drug should be recorded in the register, each entry should be witnessed by an authorized staff member where possible :

e.g.

Morphine 10mg/ml amp

27/10/11 Stock checked & correct Qty 10 Signature A & B

Any discrepancies should be followed up immediately and documented on the KAMSC incident form. If unable to be resolved internally, report to KAMSC Medical Director immediately

 **Appendix 10: KAMSC incident form**

# 6. Maintaining Clinic Imprest

## 6.1 Stock take

*Standard 6.1: A stock take is conducted at least twice each year*

### **Background:**

A stock take is a physical count of all the stock in the medication room. A regular stock take minimises wastage, provides data on usage and assists the ordering process.

A stock take is recorded electronically in MMEEx. A stock take should be performed at least every 6 months. This will optimise stock control and improve stock management procedures

### **Procedure for performing a stock take using MMEEx:**

Login to MMEEx

Select Administration -> Imprest management -> Manage impost -> Stock Take

On the stock-take screen;

The first column is the name of the medication,

The second Packs column is the number of whole packs recorded as on hand in MMEEx,

The third column New Packs is a field where the number of actual packs on hand can be entered

The fourth column Broken Pack Units is the number of broken tablets/capsules/ampules etc recorded as on hand in MMEEx

The fifth column New Broken Pack Units is a field where the number of broken units on hand can be entered

The process needs to be completed for every item on the impost list

When the process is complete i.e. all the items counted, left click on the Adjust All Stock Levels button

The appearance of the screen does not change but it is safe to close and log off MMEEx

 *see Appendix 2: MMEEx Quick User Guide*

## 6.2 Maintaining Supply of Up-to-Date KSDL medications

Standard 6.2: Clinic impost reflects the current version of the Kimberley Standard Drug List (KSDL)

The KSDL is reviewed and updated annually. The clinic impost should reflect these updates at all times – the KAMSC pharmacist will notify clinics of the updates and can provide assistance in updating the clinic impost, including updating shelf labels.

## 6.3 Non-KSDL Medications:

### *Standard 6.3: Doctors who need to prescribe off the KSDL*

Prescribers are discouraged from prescribing off KSDL. However at times a non KSDL medication may be considered the most appropriate for an individual patient.

Prescribers who wish to prescribe medications which are not on the KSDL are requested to complete the Reason for Selecting off KSDL field on the Add New medication pop up screen.

If a patient at the clinic needs a non-KSDL medication to be dispensed, the medication must first be added to the imprest before it can be ordered and dispensed for that patient.

# 7. Expired Stock

## 7.1 Checking for expired stock

**Standard 7.1:** *A check of all stock expiry dates is conducted monthly. The expiry date of individual items is checked before dispensing.*

### **Background:**

A regular expiry date check should be conducted every month. The check is useful for minimising waste, reviewing the Usual stock level and order quantities.

### **Procedure:**

All medications should be rotated when they are received so that shorter dated stock is placed at the front, and used first. Stock which has a longer expiry date should be placed at the back.

For easy identification it is helpful to write the expiry date (with a marker pen) on all medications when they are received into stock.

The format for expiry dates is mm/yy

If a medication has expired adjust the imprest ' Usual Stock Level' by the number of packets discarded. i.e. if 2 boxes of simvastatin 20mg need to be discarded please deduct 2 from the Usual Stock Level in the imprest. Always add the word 'expired' as the reason why the stock level was adjusted.

## 7.2 Disposal of expired stock (except Schedule 8 Drugs)

**Standard 7.2:** *All expired stock (except Schedule 8 drugs) are disposed of in the yellow OPAL/ RUM bin*

If stock has expired, the Usual stock level must be adjusted in the imprest and the expired medication should be disposed of into a yellow OPAL/RUM bin. These bins can be provided by the community pharmacy at no cost. The clinic may want to order more than one bin at a time. OPAL/RUM bins can be added as an imprest item to prompt ordering.

It is best to discard only the medication without the packaging materials (to avoid the bins filling up too quickly). Once the bins are full, they should be sealed and returned to the pharmacy.

All expired injectables should be discarded in the sharps bin.

All expired vaccinations may need to be returned to Kimberley Population Health Unit. A wastage report form should be completed and sent to the Senior Public Health Nurse, Disease Control Team at the Kimberley Population Health Unit Ph: (08) 9194 1643. Clinics should check whether the vaccines themselves should be returned as well.

Disposal of expired stock will require ordering of the individual stock item ONLY if it's regularly used. Stock no longer required will have to be removed from the imprest.

## 7.3 Removal of Expired or Unwanted Schedule 8 Medicines.

*Standard 7.3: All unwanted or expired S8 medicines should be removed or discarded in accordance with state law requirements*

### Background

WA state legislation has specific regulations for the disposal of S8 medications. Expired or unwanted S8 medications cannot be disposed of in the OPAL/RUM bins. Proscribed procedure must be followed.

### Procedure

All expired/unwanted S8 medications should be dealt with in one of two ways:

- Return the S8 medications to the community pharmacy, ensuring that the transfer of stock has been recorded in the S8 register by two suitably qualified staff members. (i.e. Doctor, pharmacist, pharmacy assistant, registered nurse, or Med II trained Aboriginal Health Worker). The medications should be carefully packaged and clearly labeled, before transport to the pharmacy under appropriate conditions. OR
- S8 medications can be destroyed on site by a Doctor, Pharmacist or Director of Nursing/ RN in the presence of a witness who must be a Doctor, Pharmacist or Director of Nursing/RN. The 2 persons must not be of the same group (unless there are 2 pharmacists). This destruction must be recorded in the S8 register and signed by both persons who are authorized to do so.

# 8. Dispensing procedures

## 8.1 Designated dispensing area

**Standard 8.1: All Aboriginal Health Services have a designated dispensing area, within the clinic medication room.**

### Background

A designated dispensing area reduces exposure to distractions and minimises the chance of errors occurring

### Procedure:

The designated dispensing area should:

- Be within the clinic medication room
- Be kept clean and free of clutter
- Have suitable bench space for preparation of labels and dispensing
- Be suitable for preparation of antibiotic liquids and injectables
- Have sufficient space for ancillary labels and dispensing labels

The dispensary record book and pharmacy reference books should be close at hand.

## 8.2 Review of patient's current medications in MMEx

**Standard 8.2: Current medications in MMEx which are more than 12 months old are reviewed by a prescribing doctor.**

KAMSC recommends that all chronic disease patients should have a full medication review at least every 6 months. For all other patients, a full medication review must occur at least every 12 months

Always check the date in current medications before dispensing.

It is illegal to dispense a medication which has been prescribed more than 12 months ago. Supplying medications in this case will have no indemnity. Authorisation by a medical practitioner **MUST** be given before handing out expired script medications in ALL circumstances.

If the patient is due for a medication review the task can be added to the 'To Do list'.



## 8.3 A Guide to Good Dispensing

**Standard 8.3: Each Aboriginal Health Service has a systematic dispensing procedure which is followed by all suitably qualified staff.**

### Background

Only suitably qualified staff members should be permitted to carry out dispensing of medications. This includes Doctors, Registered Nurses and Aboriginal Health Workers with advanced diploma manage medicines unit. It is important that everyone follows a standard procedure when dispensing in order to minimise the chance of errors occurring.

Many procedures can be recommended to prevent dispensing errors. Doctors, Nurses, Aboriginal Health Workers, Pharmacists and Medication Assistants are often juggling more than one task at a time, However, dispensing medications accurately and safely, requires careful concentration and attention to detail at ALL times – ALWAYS !

If you are uncertain about any aspect of the current medications

ALWAYS CHECK - NEVER GUESS or ASSUME!

### Procedure

- 1) Always check the patient name and date of birth to select the correct patient in MMEx
- 2) Always check the date of the current medication before dispensing, it must be < 12 months old
- 3) Follow dispensing procedures in MMEx Quick User Guide ( see appendix ( 2 )
- 4) When selecting the drug from the medication room, check drug name, drug strength and quantity. It is also important to check the expiry date of the stock that you have selected. If dispensing a broken quantity please make sure to choose a opened box if there is one on the shelf
- 5) The following information should be on the MMEx generated label:
  - PATIENT NAME
  - DRUG NAME , STRENGTH AND DOSAGE FORM
  - DRUG QUANTITY
  - DOSE AND DIRECTIONS
  - DATE
  - DOCTORS NAME
- 6) When labeling the medication, check the dose again
- 7) Affix the label to the selected drug making sure not to cover up the name of the drug, batch number or expiry date
- 8) If not already affixed by the community pharmacy use appropriate ancillary labels where necessary. E.g. “Shake the Bottle”, “ Rinse mouth out with water after each use” , “This medicine may cause drowsiness and may increase the effects of alcohol,” etc  
*( see 8.6 below and appendix 8)*
- 9) When preparing antibiotic powders, always read the instructions on the individual bottle to find out how much purified water should be added. Measure the volume out accurately in an appropriate measuring device
- 10) Document all dispensing accurately and appropriately in MMEx
- 11) Please be aware, it is essential that ALL injections to be administered to a patient are double checked, ALWAYS
- 12) When taking a verbal telephone order from the Doctor always repeat the order back to the Doctor. Be sure to select Verbal Telephone Orders for the dispense reason on the New Dispense pop up screen in MMEx.

NB: KAMSC strongly recommends that a Doctor should be asked to double check all dispensed medications. If a Doctor is not available, then the dispensed medication should be checked by an advanced diploma trained Aboriginal Health Worker, Registered Nurse or a Qualified Medication Assistant

### **DO NOT dispense:**

- While talking on the phone
- Chatting to your colleagues (even if it is work related...)
- In the consulting room while you are talking to your patient
- While eating your lunch
- On the floor, on ladders, on stools, on chairs, etc – clear some space on a bench.

 ***Appendix 11: Ancillary labels***

## 8.4 Labelling medications

**Standard 8.4: All dispensed medications are labeled in accordance with Poisons Regulation 1965 (Regulation 21).**

### Background:

It is a legal requirement (Poisons Regulation 1965- Reg 21) that all S4 and S8 medications which leave the clinic must be labelled in accordance with State law.

The Poisons Regulations 1965 do not include requirements about the dispensing of unscheduled, S2 or S3 medications. However it is recommended best practice that EVERY medication is labeled before it is given to the patient.

QUM can only be practiced when medications are managed diligently and each medication is labeled for that patient at that time relating to the reason for that clinic contact.

### Procedure:

- Create a designated area in the medication room for dispensing medications.
- Labels will be printed when dispensing in MMEx. Labels generated in MMEx meet all the Poisons Regulations requirements
- If the thermal label printer is not working please notify IT at KAMSC.
- There may be times when the internet is not available or the power supply fails. Pre printed labels which are completed by hand should be on hand for such times. The clinic can print its own labels or request printed labels from the KAMSC pharmacist if a template has not been set up.

### **Appendix 12: Dispensing label template.**

To print this template, you need to purchase the following dispensing labels, from KAMSC stores:

- MACO Ink Jet printer labels
- L205006
- Product Code: J8160
- Label Size: 63.5mm x 38.1mm
- Page size: (21 labels per sheet x A4)

It should become a certain staff member's responsibility to print these when the clinic runs short and the template should be kept on an easily accessible computer.

### Information to be included on label:

- **KEEP OUT OF REACH OF CHILDREN (in red)**
- Drug name, strength and dosage form
- Drug Quantity
- Dose and Directions
- Patient name
- Date of dispensing
- Prescribing doctors name
- Contact details of clinic where medication was dispensed.

## 8.5 Double-Checking dispensed medications

**Standard 8.5: All Aboriginal Health Services have a procedure for checking dispensing of medications.**

### **Procedure:**

It is always a safe and wise option to double check medications before they are supplied to the patient

- Check the patient name and date of birth.
- Check the drug name
- Check the drug strength
- Check the drug quantity
- Check the dose and directions on the label

A Doctor should be asked to double check all medications. If a Doctor is not available, then the medication should be checked by a registered nurse or advanced diploma trained Aboriginal Health Worker.

\*\*Please be aware, it is essential that ALL injections which are to be administered to a patient are double checked, ALWAYS.

## 8.6 Ancillary labels

**Standard 8.6: Where recommended, ancillary labels are used when dispensing medications.**

### Background

Ancillary labels provide useful and additional information and instructions to patients about their medications. It is a legal requirement that Label 1 (Poisons Regulation 1965-21A) appears on certain medications.

### Procedure

KAMSC recommends the following labels be used in your clinic if not already on the packaging or when giving a broken quantity in new packaging. Your pharmacy may already be affixing labels to the original packaging of the medications before they are delivered to the clinic. The pharmacy affixed ancillary labels are a guide of the labels which need to be used if a broken quantity is dispensed for a patient in a pill carton, tablet vial or clean bottle.

Label 1: 'This medicine may cause drowsiness and may increase the effects of alcohol. If affected do not drive a motor vehicle or operate machinery.'

Label 2: 'Do not take alcohol while undergoing treatment with this medicine.'

Label 3b: 'Take on an empty stomach at least half an hour before food or two hours after food'

Label 4: 'Do not take dairy products, antacids, iron or calcium supplements within two hours of each dose of this medicine'

Label 6: 'Refrigerate do not freeze'

Label 7: 'Discard contents after / /:'

Label 8: 'Avoid excessive skin exposure to sunlight and sunlamps while undergoing treatments with this medicine'

Label 9: 'DO NOT STOP TAKING THIS MEDICINE ABRUPTLY unless otherwise advised by your doctor'

Label 10a: 'Do not take more than one aspirin tablet or capsule each day while being treated with this medication'

Label 12: 'This medicine may affect mental alertness and/or coordination. If affected, do not drive a motor vehicle or operate machinery'

Label 14: 'Rinse mouth out with water after each use'

Label 16: 'This medicine may cause dizziness especially when you stand up quickly'

Label 111: 'Shake and keep in the refrigerator' 'Refrigerate, do not freeze.' \* (Label 111 should be used on antibiotic preparations which require reconstitution with water)

Label A: 'Swallow whole. Do not crush or chew'

### **Appendix 11: Ancillary labels**

Ancillary labels can be ordered from the supply pharmacy.

## 8.7 Preparation of Antibiotic Liquids

**Standard 8.7: Antibiotic liquids are prepared in a manner that ensures product quality, safety and efficacy.**

An area should be set aside for preparing antibiotic liquids, preferably near a sink. This area should be kept clean and clear of clutter which may cause confusion when preparing antibiotic liquids (e.g. containers that have a similar appearance to purified water).

Check you have the following items before you begin preparing an antibiotic liquid:

- Measuring cylinder/Syringe
- Purified water
- Aqium® or similar agent for cleaning hands prior to preparation.

The following process for preparing antibiotic liquids should be followed:

- Select prescribed medication from the shelf (Check name and strength)
- Wash hands
- Carefully read the side of the container to determine how much water is required to be added.
- Use measuring cylinder or syringe to measure the required amount of purified water.
- Add water to antibiotic powder and shake well (until no solid particles are visible).
- Label and include new expiry date (see below)
- Expiry dates for Antibiotic liquids.
- Once the water has been added to an antibiotic powder, the expiry date on the original container is no longer applicable.

It is important that you write the new expiry date on the reconstituted product. The expiry date varies according to which antibiotic preparation is being used, and is written on the side of the bottle.

The following ancillary label should be used: (Label 7)

Space is left for you to fill in the new expiry date.

### **What other labels are required?**

It is important to also include the following label on antibiotic liquids:

This label can be ordered from the supply pharmacy.

### **Do antibiotics work better with or without food?**

The effectiveness of antibiotics can be affected by food and therefore, it is important that patients are educated on when to take antibiotics in relation to food.

 **Appendix 13: Antibiotics and food**

## 8.8 Dispensing Records Book

**Standard 8.8: All dispensed medications are recorded in MMEx or in case of power failure initially and manually in a dispensing record book.**

### Background.

It is a legal requirement that a record (Poisons Regulation 1965 – Reg 36B) is kept of what medication is dispensed to whom, as well as when and by whom the medication was dispensed.

A manual dispensing record book should be maintained for the rare occasion when there is a power failure and/or MMEx cannot be accessed. When power is restored the information from the dispensing record book should be transferred to MMEx to ensure a complete record for patients and to maintain the correct imprest stock levels.

Procedure: When access to MMEx is not possible

- The dispensing record book should be kept in the medication room at all times and should be easily accessed.
- All dispensed items should be recorded in the dispensing records book, including all medicines packed into a clam shell or dosette box by clinic staff.
- The dispensing records book should be archived when completed and kept for 2 years from the last date.
- Information to be kept in dispensing records book:
  - o Drug name, strength and quantity
  - o Dose and Directions
  - o Patient Name
  - o Date of dispensing
  - o Name of prescriber
  - o Name of person supplying the medication

 **Appendix 14: Dispensing Record Book template**

## 8.9 Recommended references

**Standard 8.9: All Aboriginal Health Services have the minimum recommended references. The references are kept in the clinic medication room and are easily accessible.**

Below is a list of the references that KAMSC recommends should be kept in all clinic medication rooms. Information is included on how to order these. Most references have an online version.

### **Kimberley Standard Drug List:**

Available from the KAMSC pharmacist

### **MIMS:**

MIMS is available on MMEx

otherwise through:

MIMS Australia

Phone: 02 9902 7770

Free Call: 1800 800 629      Fax: 02 9902 7771

Website : [www.mims.com.au](http://www.mims.com.au)

MIMS can be ordered via the following link:

Email: [subscriptions@mims.com.au](mailto:subscriptions@mims.com.au)

### **Australian Medicines Handbook (AMH) :**

AMH can be ordered through KAMSC stores otherwise through

AMH

Phone: 08 8303 6970      Fax: 08 8303 6980

Website: [www.amh.net.au](http://www.amh.net.au)

The AMH can be ordered via the following link:

Email: [amh@amh.net.au](mailto:amh@amh.net.au)

The following drug references may also be useful. If you have difficulty purchasing any of these references please contact KAMSC stores.

Paediatric Pharmacopoeia

Drugs and Breastfeeding

Drugs and Pregnancy

Antibiotic Therapeutic Guidelines

Other titles in Therapeutic Guidelines Series.

Australian Injectables Handbook

Medicines Book for Aboriginal Health Workers



# 8.10 Identifying Drug interactions

*Standard 8.10: Staff use recommended references to identify and address drug interactions.*

## Background

It is important that staff are aware of the potential for drug interactions to occur.

There are a number of possible ways drug interactions can occur.

Drug interactions may cause some medications to have unwanted effects. These include:

- One drug may increase or decrease the effect of another
- One drug may increase the likelihood of an adverse effect from another drug

In particular, care should be taken to monitor for interactions with drugs that have a low therapeutic index, such as:

Warfarin

Theophylline

Digoxin

All the drugs in MMEx are selected from the MIMs database. MMEx will cross check for any interactions and will list them at the bottom of the 'current medications' page and include the severity of the interaction.

## Procedure

- Staff check for potential drug interactions when new medications are initiated
- Staff have access to information in MMEx to determine the severity of an interaction.
- Staff are aware that further information and advice can be obtained from the doctor or pharmacist

## 8.11 Identifying Adverse Reactions and/or Drug Allergies

**Standard 8.11: A procedure is in place for identifying, addressing and documenting Adverse Reactions and/or Drug Allergies**

### Background.

Adverse Drug Reaction – “any response to a drug which is noxious, unintended, and which occurs at doses normally used in man(sic) for prophylaxis, diagnosis, or therapy of disease” (WHO, 1969).

Adverse reactions can happen with any medication and depending on the type of medication, may vary in severity, onset and duration

Staff should be aware of the likelihood of adverse reactions or drug allergies, and how to use recommended references to identify them.

### Procedure

- Staff monitor for potential drug interactions.
- Identified adverse drug reactions and allergies should be reported to a doctor immediately and CLEARLY documented in the patient’s MMEEx record under Patient Alerts
- Adverse drug reactions should be reported to the Adverse Drug Reaction Advisory Council (ADRAC). The ‘blue’ form can be downloaded from: <http://www.nevdgp.org.au/info/immunisation/adr.pdf>

\*A copy of this completed form should be faxed to the KAMSC pharmacist

- Drug allergy must be added to Allergies/ADR field in MMEEx

## 8.12 Educating patients about medications

**Standard 8.12: All patients have the opportunity to receive information about their medications at the point of supply.**

### Background

It is important that patients are informed about their medications to ensure optimum medication management and compliance.

### Procedure

All patients are given the following information about their medicine:

- What the medication is for
- How much, how often and how long to take the medication for
- What to expect. This includes both benefits and potential unwanted side effects from medication.
- What needs to be checked in the future e.g. BGL or BP
- Any appropriate literature about the medication and/or related pamphlets and resources e.g. CMI
- Use of the medicines Book for Aboriginal Health Workers is recommended

# 8.13 Documentation of Dispensing Errors

**Standard 8.13: Staff are aware of the importance of documenting all dispensing errors for quality use of medicines practice**

## Background

Many procedures can be recommended to prevent dispensing errors. Unfortunately, even with the most stringent checking procedures in place, dispensing errors can still occur.

In the unfortunate circumstance of a dispensing error occurring, it is important that measures are taken to prevent the same or similar errors re-occurring. The purpose of documenting a dispensing error is to prevent that error from being repeated not to lay blame on any one person.

Documentation is intended to occur in a confidential manner,

## Procedure

Dispensing errors can be minor or major, and can include the following:

- Incorrect medicine being dispensed
- Incorrect strength of medicine
- Incorrect labeling instructions e.g. wrong dose, wrong patient name etc
- Medicine given to wrong patient
- Medicine > 12 months old being dispensed
- Expired medication dispensed
- Antibiotic liquid reconstituted incorrectly
- Medication administered incorrectly in the clinic

Even if the medicine has not left the medication room and has not reached the patient, it is good practice to still record the event on a dispensing incident form.

The person identifying the error should complete the form in a confidential manner.

See Appendix 7 (KAMSC incident form) for the correct procedure in completing the form and directions on where to send it. It is important to notify the clinic manager and corrective action decided upon. If necessary the poisons information centre can be contacted on 13 11 26 (24hrs). The incident form will be sent to the KAMSC Pharmacist and is a record for improving any related quality use of medicines issues only, not to single out staff members or lay blame.

All completed forms should be kept in a secure location in the clinic

If a dispensing error occurs and the patient has been supplied with an incorrectly dispensed medicine, the doctor should be consulted immediately to determine what further action should be taken.

All dispensing errors should be recorded on a KAMSC incident form

 **Appendix 10: KAMSC incident form**

# 9. Dose Administration Aids - DAAs (Websterpaks, Clam Shells and Dosette boxes)

## 9.1 Current Websterpak script

### *Standard 9.1 Creating and maintaining a current Websterpak script in MMEx*

#### **Background**

Some patients may benefit from the use of a Websterpak. The decision to supply medications in a Websterpak is made by clinic staff. Only the MO can create and sign a Webster script which is then valid for 12 months.

#### **Procedure**

A Websterpak script can be created for a patient whenever a MO deems necessary. Clinic staff can advise on patients who may benefit from having the medications packed in a Websterpak.

Some suggestions when considering the suitability of a patient for a Websterpak may be

1. taking five or more medicines daily (including nonprescription medicines);
2. patient with a medical history suggesting problems managing medicines (e.g. prior hospitalisation due to poor compliance)
3. complex regimen of medicines
4. signs of cognitive or physical impairment which may affect their ability to effectively manage medicines
5. Belief that compliance and/or QUM would be an issue if the medication was not in a dose administration aid

Only the most current and in date medications should be included in a Websterpak.

The Websterpak script is generated from a patient's current medications. The MO is advised to include 'non packed' e.g. insulin on the script so that the packing pharmacist is aware of all the patient's prescribed medications. 'Not packed' or 'not in Websterpak' can be added in the comments field on the script.

Do not include medications which are duplicated or short courses of medications which have passed their end date.

Websterpak scripts need to be reviewed every 12 months. It is preferable that all the medications are reviewed whenever a change is made to the Websterpak.

Review flags will appear on the current medications screen at the 6 month anniversary of a medication being prescribed. It is preferable that chronic medications are reviewed every six months whenever possible. Medications must be reviewed every 12 months.

 **Appendix 2: MMEx Quick User Guide (shows how to create a Webster Pak).**

## 9.2 Sending a Websterpak script to packing pharmacy

**Standard 9.2** *A new or amended Websterpak script must be sent to the pharmacy in a timely manner*

### Background

It is imperative that the most current patient medications are packed in a Websterpak. MMEEx prompts the MO to amend the Websterpak whenever a medication is added to a patient's current medications. Any addition, deletion or amendment to a patient's medications must be reflected in the Webster script. If a new Webster script is not generated when current medications are amended then the patient will not have the most current medications packed in the Websterpak.

### Procedure

- When a new Webster script is created for a patients it must be signed by the MO, sent, to the packing pharmacy and saved to the patient's documents by clicking the 'Send as PDF and Save to Patient' button in MMEEx.
- Whenever a patient's medication is added, deleted or changed a new Webster script must be created, signed and sent to the packing pharmacy
- When medications are reviewed at 6 or 12 months a new Webster script should be sent to the packing pharmacy and saved to the patient's documents
- Clinic staff should be informed of the new or amended Webster script.
- Clinic staff should be consulted regarding the urgency of the script, if and how many new packs need to be ordered ( see Standard 9.8 below )

## 9.3 Checking a Websterpak

**Standard 9.3:** *Whenever possible a Websterpak should be checked before being supplied to a patient.*

### Background

Preparing a Websterpak is equivalent to dispensing medications in a pharmacy. The community pharmacist must check the medications and their correct packing before the pack is sent to the clinic. While the legal responsibility rests with the community pharmacist to ensure that the medications are packed correctly it is good practice, whenever possible, to check the Websterpak for accuracy before it is handed or delivered to the patient.

### Procedure

- Login to MMEx search for pt medications current medications websterpak view script
- Check that the medications packed in the Websterpak correlate with the current medications in MMEx.

### Check the following;

- i. Name of medication
  - ii. Dosage
  - iii. Directions
  - iv. Check that the medication is in the correct blister e.g. metformin XR 1G, 2 mane. There should be 2 metformin XR 1G tablets in the morning blister
- Any discrepancies should be reported to the MO and a KAMSC Medication Incident Form should be completed

# 9.4 Recording supply of Websterpak

## Standard 9.4: Supply of Websterpaks must recorded in MME<sub>x</sub>

### Background

A record of supply of a Websterpak must be made in MME<sub>x</sub>. This is the only record of supply.

Some patients have their Websterpaks delivered, the delivery driver must notify the clinic details of to whom and how many Websterpaks were delivered so that the record can be completed in MME<sub>x</sub>.

The Websterpak supply log can be found in MME<sub>x</sub> either at the bottom of the dispensed medications or in Webster packs, both from the current medications drop down menu

### Procedure

The patient presents to the clinic.

- login to MME<sub>x</sub>
- select the patient
- select Webster pack from the current medication drop down menu
- click on the supply button and record how many packs are being supplied. If the number supplied is more than usual, add a comment in the comment field e.g. patient going on holidays.

The patient has the Websterpak delivered

- Clinics follow their own delivery protocols ( see standard 9.8 below ).
- When delivery has been completed the driver must notify the clinic with details of to whom and how many packs were delivered. Clinic staff must then record the supply (see steps 1-4 above) adding a commentary eg. Websterpak supplied.

## 9.5 Filling a Clam Shell or Dosette Box ( DAA = Dose Administration Aids )

**Standard 9.5:** DAAs are prepared in accordance with patient's current medication regimen. Only medication suitable for packing are packed and the DAA is labeled in accordance with legal requirements. All clinics have a systematic procedure for filling a DAA. Preparation and supply of DAAs is documented in MMEx.

### Background

The preferred type of a dose administration aid is the Websterpak. However there may be times and patients for whom a temporary DAA is necessary or preferred.

An area should be a designated in the clinic for filling dose administration aids. This area should be quiet and away from other activities of the clinic so that errors can be prevented.

### Procedure:

The following procedure should be followed when filling dose administration aids:

1. Check the current medications and that it has a doctor's name as the prescriber

If you are unsure of any aspect of the current medication ALWAYS CHECK - NEVER GUESS or ASSUME!

2. Always check the date of the current medications before dispensing.
3. Check the patient name against the name on the dosette box ( if refilling )
4. Complete/update the medication profile on the back of the dosette box or clean shell holder.

Below is an example of how a medication profile should be completed:

Name:		Doctor:		Date:	
Medication & Strength	Dose & Frequency	B/Fast	Lunch	Dinner	B/time
Quinapril 5mg	5mg mane	1			
Atorvastatin 10mg	10mg nocte				1
Metformin 500mg	1g bd pc	2		2	
Metoprolol 50mg	25mg bd	½		½	

5. Work from the top of the current medications list to the bottom to fill the DAA with REGULAR medications only

Do not fill DAAs with prn (when necessary) medications or medications with a variable dose (e.g. warfarin)

For each drug you select, check: DRUG NAME

DRUG STRENGTH

DRUG DOSE (e.g. in mg and how many tablets that should be i.e. 25mg metoprolol = ½ tablet )

DRUG FREQUENCY (e.g. night, twice daily etc)

Check these details against the current medications, one by one

6. Document filling of the DAA in the comments field when dispensing individual medications
7. Once the DAA has been filled, check that the medication profile on the back of the DAA corresponds to the MMEx current medication , and double check all medications supplied. Another good habit to get into once you are confident that the correct



medications have been packed. is to check the number of tablets in each compartment against the current medication

8. Where possible ask another clinician to double check the DAA for you.

It would be useful to show the checking clinician the boxes of medications that you took the tablets/capsules from.

 **Appendix 15: Handwritten medication profile for DAAs template.**

## 9.6 Checking the DAA

**Standard 9.6: Whenever possible all DAAs are double checked by another suitably qualified health care professional.**

### **Procedure:**

- Check the patient name on the DAA against the name in MMEx.
- Always check the filled DAA against the current medications in MMEx.
- When checking the medication profile and contents of DAA, always check the drug to ensure:
  - RIGHT DRUG
  - RIGHT STRENGTH
  - RIGHT DOSE ( in mg and number of tablets/capsules )
  - RIGHT TIME
- As a double check it is often useful to count the number of medications that should be in each administration compartment.

## 9.7 How to respond to a medication Change for a Patient receiving a Websterpak

**Standard 9.7: All clinics should have a procedure to follow when a patient using a Websterpak has had their medication changed**

### Procedure:

- Different clinics will have different ways of dealing with this scenario, depending on how long it takes to receive an amended Webster pack from the community pharmacy.
- If your clinic already has its own Websterpak protocol, please adhere to the recommendations outlined in the clinic's Protocol document.
- For all other clinics, the following recommendations should be considered, when dealing with a medication change for a patient using a WebsterPak:
  - o An amended Websterpak script should be sent to the packing pharmacy using MMEx
  - o The MO, in consultation with clinic staff should decide how urgent the change is and how many new packs to order
  - o Quarantine and mark the patient's remaining Websterpaks to indicate there has been a recent medication change.
  - o Depending on the circumstance:
    - i. If the medication change IS NOT URGENT, then it may be appropriate for the patient to continue taking their old Websterpaks until the new Websterpaks arrive – check with Doctor
    - ii. If the medication change IS URGENT, it may be possible to supply the patient with the old Websterpak together with the additional medications dispensed separately. Provide clear instructions on how to take the medications until the new Websterpak arrives
    - iii. If the medication change IS URGENT, it may be necessary to dispense a DAA in the clinic with the new medications, until the new Webster Pack arrives
- Amended Websterpaks will be delivered with an attached red note to indicate the changed pack/s
- When a new Websterpak arrives, check it against the updated current medications and return the old Websterpak to the packing pharmacy
- Supply of Websterpaks and any additional medications must be recorded in MMEx.

## 9.8 Delivery of Dose Administration Aids (Webster packs)

**Standard 9.9: Delivery of DAAs is conducted in a timely manner and appropriately documented in MMEx.**

Delivering of DAAs is an important service for elderly members of the community or those who have difficulty in attending the clinic regularly.

Delivery of dose administration aids must be documented. Some clinics have their protocols and require signatures from patients or carers on delivery

Supply of Websterpaks must be recorded in MMEx after the Websterpaks have been delivered

 **Appendix 16: Webster Pack Delivery Form template**

 **The template is saved on:**

The name of the file is: