Storage and recording of propofol
1. BACKGROUND

Propofol has broad medical uses, including induction of anaesthesia and procedural sedation. There is clear evidence that propofol has a propensity for abuse and is at risk of unauthorised access.

The standard storage and record keeping requirements for Schedule 4 (S4) medicines are insufficient to provide an appropriate level of accountability for propofol. This means that increased requirements are necessary.

Because propofol is an anaesthetic agent routinely used in medical emergencies it must be readily accessible in emergency settings. Routine controls applied to other Restricted Schedule 4 (S4R) medicines in public hospitals may impact patient care and are not wholly appropriate for propofol.

The risk of unauthorised access and level of achievable supervision must be balanced against the need for emergency access. The requirements for the storage and recording of propofol in public hospitals are then variable depending on the clinical setting.

Legislative requirements for the storage and recording of S4 medicines by health practitioners are outlined in the Poisons Regulations 1965.

The requirements for storage and recording in public hospitals and health services of S4R medicines that warrant extra accountability are outlined in the Storage and recording of Restricted Schedule 4 medicines: OD 0528/14.

Where there is a discrepancy in a propofol inventory balance, this 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.

2. POLICY

2.1. WARD AREAS

In ward areas propofol is to be ordered, stored and recorded as outlined in the Storage and recording of Restricted Schedule 4 medicines: OD 0528/14.

Where propofol is not held with other Restricted Schedule 4 medicines in a separate, locked cupboard with a separate key, it is to be held in a secure storage area that is only accessible using a restricted electronic access device, such as a proximity card. Only authorised persons are to have access to propofol stores. The system must be able to identify each individual authorised person accessing the cupboard or storage area, and keep a record of this access.
Propofol held as part of stock on wards specifically for the purpose of emergency resuscitation is exempt from these storage requirements. The propofol must be stored in a designated resus box or trolley. The resus box or trolley is to contain the minimum propofol stock required for an emergency. The stock is to be regularly checked with a record of the name and the date of the person completing the check.

2.2. PHARMACY DEPARTMENTS

In Pharmacy Departments propofol is to be stored and recorded as outlined in the Storage and recording of Restricted Schedule 4 medicines: OD 0528/14.

2.3. PROCEDURAL AREAS

In operating theatres, theatre complexes and areas dedicated to procedural use the following storage and recording requirements apply to propofol.

For the purposes of procedural areas an anaesthetic technician approved by the hospital to handle medicines, and when handling medicines under the direction of an anaesthetist in the course of their employment, is an authorised person.

2.3.1. General propofol stores

Ordering
Ordering of propofol stock for stores is to be undertaken using a requisition book designed for that purpose, or an electronic ordering system approved by the hospital or Chief Pharmacist. The receipt of propofol stock is to be signed by two authorised people. The authorised person ordering the medicine is to be clearly identified. Requisition records are to be kept for two years.

Storage
Where propofol is not held with other Restricted Schedule 4 medicines in a separate, locked cupboard, with a separate key, in compliance with Storage and recording of Restricted Schedule 4 medicines: OD 0528/14, it is to be held in a secure storage area that is only accessible using a restricted access device.

The storage area is to be kept locked when not in immediate use. Only authorised persons are to have access to propofol storage areas. A local policy is to be in place to ensure accountability of any access devices used.

Where a key is used, the key is to be kept on the physical person of the nurse in charge, or other authorised person(s) delegated by the nurse in charge. If multiple keys are in use, a key accountability system for issue and return of keys on each shift is to be in place. The key that provides entry to a propofol storage area is not to provide access to other propofol storage areas.

Where an electronic access device is used, such as a proximity card, the system must be able to identify each individual authorised person accessing the cupboard or storage area, and keep a record of this access.
Recording
All inward and outward movements (transactions) of propofol stores are to be recorded in a Register, or software approved by the hospital or Chief Pharmacist. Register records are to be kept for two years.

Transactions are to include inward receipts and onward supply to areas of procedural use (i.e. individual theatres). The minimum data to be included in the Register is to consist of date, time, quantity of propofol, receiving or supplying area and requisition number as applicable, name and signature (or electronic equivalent) of authorised person(s).

The receipt of propofol is to be signed in the Register by two authorised persons. The return or destruction of stock (not including disposal of unused portions of a unit dose) is to be signed in the Register by two authorised persons.

A daily stock inventory of propofol stores is to be performed and signed in the Register by two authorised persons.

2.3.2. Attended Procedural Areas

Storage
While a procedural area, such as an operating theatre, is in direct use for clinical purposes:

- sufficient stock for use in treatment of the patient under immediate care is to be held under the direct personal supervision of an authorised person during a case; or
- sufficient stock for routine daily use is to be secured in a receptacle that is only accessible to the authorised person, such as an anaesthetic trolley.

When the procedural area is not in direct use for clinical purposes, propofol is to be returned to procedural area general propofol store and re-entered into the store Register inventory balance.

Recording
Propofol held in a procedural area when in use, in compliance with storage requirements above, is exempt from Storage and recording of Restricted Schedule 4 medicines: OD 0528/14 Register recording requirements.

2.3.3. Unattended Procedural Areas

Storage
Where propofol is required to be held in a procedural area that is left unattended and not in clinical use, such as a standby theatre for emergency cases, minimum stock sufficient for emergency needs is to be held in a secure, lockable receptacle that will provide evidence of tampering.

The receptacle is to be kept locked when not in immediate use. Only authorised persons are to have access to the receptacle. A local policy is to be in place to ensure accountability of any access devices used.

Where a key is used, the key is to be kept on the physical person of an authorised person. If multiple keys are in use, a key accountability system for issue and return of keys on each
shift is to be in place. The key that provides entry to a propofol receptacle is not to provide access to other propofol receptacles.

Where an electronic access device is used, such as a proximity card, the system must be able to identify each individual authorised person accessing the receptacle, and keep a record of this access.

Once the procedural area is attended and in use for a case, stock may be held for attended procedural areas, as above.

**Recording**
The stock is to be regularly checked with a record of the name and the date of the person completing the check.

### 3. DEFINITIONS

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<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td><strong>Restricted Schedule 4 medicine</strong></td>
<td>Schedule 4 medicines listed in <a href="#">OD 0528/14</a> subject to additional storage and recording requirements within public hospitals.</td>
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<tr>
<td><strong>Authorised person</strong></td>
<td>Persons permitted to obtain, possess or use a Schedule 4 medicine. This includes medical practitioners, nurse practitioners, registered nurses, registered midwives, medicines competent enrolled nurses, pharmacists, and anaesthetic technicians.</td>
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<tr>
<td><strong>Inventory</strong></td>
<td>Balance of stocks of medicine stored.</td>
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<td><strong>Register</strong></td>
<td>Approved written or electronic record of transactions and stock balances.</td>
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<td><strong>Discrepancy</strong></td>
<td>Any difference in balance between physical stock and Register stock.</td>
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<td><strong>Proximity Card</strong></td>
<td>Electronic identity card issued by the hospital to employees, that provides selective staff access to hospital areas</td>
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<td><strong>Anaesthetic Trolley</strong></td>
<td>Mobile trolley or cart used in theatre for storage of anaesthetic medication and equipment.</td>
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<td><strong>Standby Theatre</strong></td>
<td>Operating theatre kept stocked and readied for emergency operations but not staffed except when in use.</td>
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<tr>
<td><strong>Resus Box / Trolley</strong></td>
<td>Vessel or mobile cart used to store equipment and medicines for use in medical emergencies.</td>
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### 4. ROLES AND RESPONSIBILITIES

All health professionals handling medicines in WA Health and authorised under the Poisons Legislation to obtain or possess Schedule 4 medicines are required to adhere to this Policy on *Storage and recording of propofol*.

### 5. COMPLIANCE

Compliance with the Policy for *Storage and recording of propofol* is a requirement for all authorised health professionals. Those who fail to comply with this policy may face disciplinary action relating to ethical standards and misconduct.
6. EVALUATION

Monitoring of compliance with this document is to be carried out by Poisons Permit Holders, authorised persons in control of a propofol storage area, and persons authorised to possess medicines under the Poisons Act 1964. Monitoring of compliance is to occur periodically.

7. REFERENCES

Poisons Regulations 1965.

8. RELATED DOCUMENTS

Storage and recording of Restricted Schedule 4 medicines: OD 0528/14.

Reporting of medicine discrepancies in public hospitals and licensed private facilities which provide services to public patients in Western Australia: OD 0377/12.