GUIDELINES
FOR
PROFESSIONAL
PHARMACY SERVICES
FOR
GOVERNMENT NON-TEACHING HOSPITALS

Version 2 – October 1992
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PHILOSOPHY

The Regional Pharmacist is a health professional who contributes to a high standard of health care by providing a pharmaceutical service which complements and supports the hospital and region’s health care delivery program.

These guidelines should provide regional directors and the Hospital Executive with a ready reference to the services the Regional Pharmacist may be expected to provide.

These guidelines can be used as a basis for individual policy and procedure statements.

ROSE OF THE REGIONAL PHARMACIST

* Hospital Role

Responsible for promoting patient safety through the proper storage, distribution and monitoring of adherence to appropriate administration procedures for pharmaceuticals.

Responsible for the development of all policies concerning pharmaceuticals in conjunction with the hospital administration, nursing administration and the Medical Advisory Committee.

Monitors patient drug usage and gives advice to medical and nursing personnel on the correct use, adverse effects and other relevant information relating to individual patient drug therapy.

Responsible under the Poisons Act Regulations for the ordering, storage and supply of all Schedule Eight Poisons (drugs of addiction).

Maintains current information on pharmaceutical preparations and acts as a source of drug information in the hospital.

Provides continuing education to medical, nursing and other allied health staff.

Responsible for budgeting and budget control procedures within the Pharmacy Department.

* Regional Role

Responsible for the supply of all pharmaceuticals within the region.

Acts as a source of drug information for the region.

Visits hospitals and nursing posts in the region to give advice on pharmaceuticals with regard to usage and storage; inspects pharmaceutical stocks for deterioration and reports on the storage and handling of pharmaceutical supplies.

Monitors the usage of antiseptics and disinfectants, on behalf of Infection Control Committees, to ensure compliance with Health Department policy.
Inspects drugs of addiction to ensure the correct procedures for ordering, storage, issue and recording are maintained in compliance with Health Department policy.

Consults with regional staff in developing policy on pharmaceuticals.

AMENDMENTS TO GUIDELINES

Amendments to these guidelines will only be made following discussion and agreement with regional pharmacists at their bi-annual meeting.

It is expected that each section will be formally reviewed and re-submitted to a meeting of regional pharmacists every three years.

1. DRUG PROCUREMENT

1.1 Acquisition and Receipt of Drugs

The Regional Pharmacist is responsible for the acquisition of all pharmaceuticals.

* The acquisition is under the immediate day to day control of the Regional Pharmacist.

* Purchase orders are issued and authorised by the pharmacist in accordance with government policy.

* Requests for items not held in stock should be referred to the Regional Pharmacist.

* Intravenous and irrigation fluids, and bulk disinfectants may be stored and distributed by the stores department provided the Regional Pharmacist monitors the products stocked and their usage.

* A stock control system is to be maintained for every item kept in the pharmacy; all inward and outward transactions are to be recorded. Each item is to have a current reorder quantity and order point, based on usage data and other appropriate stock control measures such as ABC analysis.

* For all purchases, the date, purchase order number and quantity ordered are to be recorded; upon receipt, the quantity received and date of receipt are to be recorded. Where feasible the expiry date should also be recorded.

1.2 Medical Representatives and Sample Drugs

* Visits to the hospital must be pre-arranged with the Regional Pharmacist.

* Prior to the promotion of any new drug within the hospital, the Regional Pharmacist must be provided with all relevant information, including a product monograph set out in the standard format of the Society of Hospital Pharmacists of Australia or to its equivalent.

* Sample drugs brought into the hospital are to be controlled and distributed by the Pharmacy Department.
Guidelines on accepting gifts from pharmaceutical and medical etc. companies:

- Any gifts accepted by pharmacists individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted.

- Individual gifts of minimal value are permissible as long as the gifts are related to the pharmacists work eg. Pens and note pads.

- Subsidies to underwrite the costs of continuing education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a pharmacist by a company’s sales representative may create a relationship that could influence the use of the company’s products, any subsidy should be accepted by the conference’s sponsor, who in turn, can use the money to reduce the conference’s registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the pharmacists attending the conference.

- Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of the pharmacists who are attending the conferences of meetings nor should subsidies be accepted to compensate for the pharmacist’s time. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of pharmacists for their time or their travel, lodging, and other out of pocket expenses.

- Scholarships or other special funds to permit pharmacy students, pharmacists and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, pharmacists and fellows who will receive the funds is made by the academic or training institution.

- No gifts should be accepted if there are strings attached. For example, pharmacists should not accept gifts if they are given in relation to endeavours to influence physicians prescribing practices. In addition, when companies underwrite pharmacy conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods and materials should belong to the organisers of the conferences or lectures.

- It is appropriate to get written approval from the Hospital Executive to accept substantial benefits.

1.3 Special access Scheme Drugs

In some exceptional circumstances a drug which has not been approved by the Australian Drug Evaluation Committee may be required. Under normal circumstances the use of such
drugs should be initiated at a teaching hospital. Before such drugs can be used within a Government non-teaching hospital the following policy applies:

* The Chairperson of the hospital’s Drug and Therapeutics Committee or Medical Advisory Committee must agree to the usage and any costs associated with making the drug available. Agreement by the Regional Director may also be required.

* The medical practitioner requesting the drug is to contact the Australian Drug Evaluation Branch of the Commonwealth Department of Health, Housing and Community Services for approval as detailed in the Therapeutic Goods Administration Document, ‘Access to Unapproved Drugs Via The Special Access Scheme’ (SAS):

  PO Box 100, Woden, ACT 2606  
  Telephone (06) 289 8573  
  Facsimile (06) 289 7724

* Verbal approval may be granted for emergency cases, otherwise written approval will be necessary.

* Whether verbal or written, the doctor must inform the pharmacist of any such approval, the approval number must be quoted along with the dose, length of treatment approved and any costs associated with making the drug available. A copy of the written approval must be supplied. Continuation of supply beyond the original authorisation requires the doctor to re-apply.

* Supply to additional patients without authorisation will not be considered.

* The Regional Pharmacist should arrange procurement of the drug(s).

* The drug(s) is to be stored in a suitable separate storage area within the pharmacy.

* A prescription signed by the person obtaining the authority is required to effect issue.

* The pharmacist supplying the drug is to record details of each transaction.

1.4 Drug Expiry Monitoring

A system of monitoring expiry dates of products is desirable.

Where possible, each Regional Pharmacist should develop and implement a program that monitors expensive and/or slow moving products using an expiry record book or by recoding expiry on the computerised inventory control system and reviewing it regularly.

Each Regional Pharmacist should develop a system for recording, costing and reporting pharmacy stock destroyed as a result of expiry on a monthly basis.

1.5 Manufacturing

Bench top or other manufacturing services are not to be carried out at regional hospitals. All single items used are to be compounded by a private pharmacist, or at the WA Hospital’s
Central Manufacturing Facility at Princess Margaret Hospital where necessary at the hospital’s expense or other hospitals as necessary.

Requests for ongoing supplies or extemporaneous preparations must be referred to the Co-ordinator, Pharmaceutical Services Branch.

1.6 Drug Salvage

Empty Containers

An orderly should be made responsible for removal of empty containers from all areas. Nursing staff should have instructions with respect to discarding empty containers. Within the pharmacy, empty containers are to be placed into rubbish carts or recycling bins. The domestic cleaning service should arrange disposal.

Drug returns from the Wards

Unwanted drugs, other than Eight Schedule drugs, are to be placed in a lockable pharmacy box by nursing staff. A box should be kept in each ward for this purpose. Unwanted drugs should be collected by an orderly or pharmacy assistant and returned to the pharmacy. Pharmacy boxes should be sorted as set out below under Sorting of Drug Returns.

Salvage of Eighth Schedule Drugs from Wards

Return of Eighth Schedule drugs from wards should take place as set out in Section 2.2.8 of the standing policy on the control of Schedule Eight drugs.

Sorting of Drug Returns

Sorting of drug returns may be undertaken by a pharmacy assistant as follows:

− Discard loose unmarked tablets which cannot be verified;
− Discarded expired stock;
− Discard deteriorated stock;
− Discard opened liquids, eye/ear/nasal drops, creams, ointments, vials and used aerosol inhalers.

If drugs are to be recycled they must be individually checked by a pharmacist.

Patients’ Own Drugs

Drugs brought into hospital by patients should be placed in a container, marked with the patient’s name and stored by a nurse in a locked cupboard. 8th Schedule drugs belonging to inpatients must be locked in the Drugs of Dependence Safe on the ward and recorded in the 8th Schedule drug register. On discharge, the drugs may be returned to patients when requested. The pharmacist should counsel selected patients on discharge when appropriate.

Drugs not returned to a patient on discharge are to be sent to pharmacy for destruction. They should not be recycled.

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Patients’ own drugs should not be used in the hospital unless:

* the drug is not stocked in the pharmacy; or

* the pharmacy is closed and the medication cannot be obtained elsewhere within the hospital.

1.8 Drug Substitution Policy

When a drug is prescribed by brand name and that brand is not stocked, the generically equivalent drug held in stock will be supplied.

1.9 Hospital Formularies (Prescribers lists or Pharmacy Inventories)

Each service unit should develop a formulary of drugs for use within the unit and provide for its constant revision.

The development of a hospital formulary at regional hospitals is a function of the hospital’s Drug and Therapeutics Committee.

The selection of items to be included in the formulary should be based on objective evaluation of their therapeutic merits, safety and cost. The committee should seek to minimise duplication of drug products.

The development of hospital formularies at district hospitals should be undertaken by the Regional Pharmacist, in consultation with each hospital’s Director of Nursing and local medical practitioner/s. Formularies so developed should form the basis for imprest lists, facilitating supply of the hospitals using the imprest system.

2. DRUG DISTRIBUTION

2.1 Drug Distribution Methods

There are a number of methods available for the supply of pharmaceuticals from the pharmacy. These include:

− Imprest;
− Individual inpatient supply
− Drug of addiction requisitions;
− Prescriptions;
− Requisitions;
− Borrowing.

It is expected that all regional hospitals would operate an imprest system for the supply of drugs. Beyond the regional hospital (ie district hospitals and nursing posts) the use of an imprest system is encouraged and strongly supported.

2.1.1 Imprest System

The imprest system is a generic term associated with an automatic replacement of goods to a pre-determined level. Within pharmacy it is used in conjunction with the supply of pharmaceuticals to wards and other department areas.
The stock list of items held in each area is decided upon by the pharmacist assigned to the area and the area nurse manager. A review of the items held should be completed at least twice a year.

A descriptive explanation of the imprest system in use should be documented. It should include how stock is replaced, who authorises supply of non-imprest stock, and any requirement for the maintenance of the system.

2.1.2 Individual Inpatient Supplies

All requests for drugs from an area utilising the imprest system should be referred to the area pharmacist.

Only prescriptions written on official stationery and signed by a medical practitioner currently practising within the hospital and that are written in accordance with the Poisons Act 1964 and its regulations, will be dispensed.

All signatures on prescriptions or requisitions for Eighth Schedule Drugs must be legible.

All prescriptions for inpatients must be written on the approved Departmental medication chart.

Prescriptions must be written legibly and signed by a medical practitioner.

The medication chart must bear the name and address of the patient, preferably on an addressograph label.

The prescription must be clear, unambiguous, appropriate and safe. All staff must have clear instructions as to the use and administration of drugs.

2.1.3 Outpatient Prescriptions

Drugs used in the treatment of chronic or long term medical conditions should be dispensed by a community pharmacy. Any medication of this type which is required urgently can be supplied by the hospital/nursing post as a ‘starter pack’. Some discussion with the Regional Pharmacist may be necessary to arrange for a suitable range of ‘starter packs’ to be available.

In exceptional circumstances, NHS authority only drugs and non-NHS drugs may be supplied from the hospital/nursing post provided that authority has been obtained from the Regional Director or his nominee. Approval depends on the following procedure:

1. The request should be made in writing to the respective Regional Director of Health by the patient’s medical practitioner.

2. In considering such requests, approval would normally be granted provided all the following criteria are met:

   2.1 The drugs are not available to the patient under the National Health or Repatriation Benefit schemes.
2.2 The drugs are for a chronic medical condition requiring long-term medication.

2.3 If the request is from a general practitioner, a copy of a recent report from a specialist medical practitioner concerning the patient and the need for such drugs should accompany the request.

2.4 That a trial of alternative medication listed on the Schedule of Pharmaceutical Benefits has indicated that it is ineffective or contraindicated.

2.5 The patient is financially disadvantaged (for example, the patient is the holder of one of the various pensioner or health benefit cards issued by the Commonwealth or the Department of Veterans’ Affairs).

These approvals are given on an individual basis, as each case is decided on its merits.

A charge, as set out in the most recent Administrative Guide for fees charged in public hospitals should be applied (see 2.8).

Drugs used in the treatment of acute or short term medical conditions which cannot be obtained from a community pharmacy and are required for immediate use may be provided from the hospital/nursing post upon receipt of a prescription. A charge, as set out in the most recent Administrative guide for fees charged in public hospitals, should be applied (see 2.8).

All prescriptions received are to be kept at the hospital/nursing post.

Second Schedule drugs (simple analgesics, cough and cold preparations) should be purchased at the local community pharmacy.

In those towns where a community pharmacy does not operate there is usually a store with a licence to sell Second Schedule items.

2.1.4 Discharge Medication

Medication required by patients when discharged from hospital should be treated as for an outpatient prescription, ie. No regular discharge supplies should be given by the hospital.

2.1.5 Staff Prescriptions

Staff should not routinely be supplied with drugs from the hospital. Staff employed by the hospital/nursing post may be supplied with drugs through the pharmacy, only if prescribed by a doctor for the treatment of an urgent medical condition (see also 2.8).

2.1.6 Out of Hours Service

Stock requirements may be obtained from the pharmacy by the senior nurse in the hospital. Procedures should ensure maintenance of security.

2.1.7 Requisitions
Hospital areas not serviced by pharmacy imprest systems may obtain drugs by means of requisitions and/or official orders. Each requisition or order should be signed by the head of the section or their nominee.

Requisitions should be checked at delivery for verification of stated amounts.

2.1.8 Borrowing

Regional hospitals may, in emergency situations, borrow pharmaceuticals from a community pharmacy.

Community pharmacies occasionally borrow pharmaceuticals from regional or district hospitals.

A record of all transactions should be kept.

2.2 Eighth Schedule Drug Supplies

2.2.1 General

− The requirement of the Poisons Act 1964 and Poisons Regulations 1965 shall be observed by all personnel handling these drugs.

− Within the pharmacy there is to be a metal safe, suitably attached and used for the storage of Eighth Schedule drugs.

− Custody of the key(s) and/or combination for the safe are the responsibility of the Regional Pharmacist.

− Persons delegated custody of keys are responsible for the safety and whereabouts of their keys at all times.

− Where a pharmacist is employed they must be responsible for the supply of Eighth Schedule drugs, possession of safe keys or opening of the safe. This cannot be delegated, except in an emergency. The delegate is the Director of Nursing.

− All signatures on prescriptions or requisitions for Eighth Schedule drugs must be identifiable.

− Breakages or losses are to be reported to the Regional Pharmacist for checking as soon as practical. The Regional Pharmacist reports discrepancies to the Manager Drugs of Dependence, Pharmaceutical Services as required by statute.

− A physical stock take is to be undertaken on each drug, once a month in accordance with the Poisons Act Regulations (any discrepancy must be immediately reported to the Permanent Head as set out in Regulation 45 (2) the Poisons Act Regulations).

− Pharmacists are responsible for overseeing the observance of Poisons Act requirements in their designated areas.
2.2.2 Registers and Bookkeeping

- All transactions relating to Eighth Schedule drugs are to be entered into the register at the time of transaction. Any delay is unacceptable.
- All registers and other records are to be kept for a period of seven years.
- A record of all transactions involving the supply or appropriately supervised destruction of an Eighth Schedule drugs is to be reported to the Pharmaceutical Services Section of the Health Department at the end of each calendar month.

2.2.3 Acquisition and Receiveal

- Eighth Schedule drugs may be ordered directly by the Regional Pharmacist from the manufacturer or wholesaler as desired.
- When Eighth Schedule drugs are ordered from a regional hospital pharmacy, either by a district hospital/nursing post or ward of the hospital, the Health Department requisition form Requisition for Schedule Eight Drugs (HA219) should be used. All essential elements of the form are to be completed, including the acknowledgment of receipt section. Receipt should be verified by the Regional Pharmacist on the next regional visit.

2.2.4 Issue of Eighth Schedule Drugs

- Eighth Schedule drugs requisitioned from the regional hospital are to be sent via certified mail to district hospitals addressed to the Director of Nursing or should be hand delivered. Other systems of transport may be used as long as security is assured.
- Ward issues of Eighth Schedule drugs will be made on receipt of a requisition form that clearly identifies the ward, drug, quantity, strength and had a legible signature. Eighth Schedule drugs should be hand delivered by pharmacists.
- Eighth Schedule drugs required for patients after discharge are to be written on a standard NHS prescription form and dispensed from a community pharmacy outlet.
- Eighth Schedule drugs are generally not supplied to outpatients unless prior arrangement has been made with the Regional Director.

2.2.5 Procedure for obtaining Eighth Schedule drugs outside normal pharmacy hours.

Eighth Schedule drugs may be obtained in the following ways:

- The senior nurse in the hospital will supervise the transfer from ward to ward of and Eighth Schedule drugs that may be required, or
- If the drug is not available in the hospital and is urgently required, the Regional Pharmacist may be contacted to arrange supply, or
− If the Regional Pharmacist is not available, the Director of Nursing should be contacted.

2.2.6 Return of Eighth Schedule drugs from district hospitals.
− Where appropriate expired Eighth Schedule drugs are to be destroyed ‘on site’ rather than being returned to the regional pharmacy.
− All such destruction is to be witnessed by any two of the three following persons:
  Poisons Inspector
  Pharmacist employed by a Government hospital
  Director of Nursing
− A destruction register must be kept at the site of destruction. The register must include the name, strength and quantity of drug, date of destruction, location and full signatures of witnesses.
− The Regional Pharmacist should also document the destruction on the monthly transaction record submitted to the Health Department of Western Australia.
− If Eighth Schedule drugs are returned to the regional pharmacy a requisition for Schedule Eight drugs form (HA 219) should be completed.

2.2.8 Salvage of Eighth Schedule drugs.
− Eighth Schedule drugs returned from wards or district hospitals and nursing posts must be accompanied by a requisition slip (HA 219) and referred to the Regional Pharmacist.
− If the drug is reusable, it may be returned to stock, making the appropriate entry in the register.
− If the drug is to be destroyed it is to be entered in the ‘Drugs for Destruction’ register.
− Regional pharmacists within the metropolitan area should hold this stock for disposal by the Poisons Inspectors of the Pharmaceutical Services Section, Health Department of Western Australia.
  Regional pharmacists outside the metropolitan area may use this method or may destroy Eighth Schedule drugs, as described previously in this section.
− Eighth Schedule drugs returned from patient sources should not be recycled.

2.3 Pharmacy Deliveries

All deliveries from the Pharmacy Department must be bagged or packaged securely and labelled with the destination, unless being delivered by pharmacy staff.
– Pharmaceuticals which require storage at 2 - 8°C, should be labelled ‘REFRIGERATE – DO NOT FREEZE’.

– Pharmaceuticals packaged for delivery to other service units within the region should be addressed using pre-printed self-adhesive labels bearing the words ‘URGENT MEDICAL SUPPLIES’ printed in red, together with the name and address of the hospital from which they have been dispatched.

2.4 Transport of Drugs

Drugs, including drugs of addiction, may be forwarded to district hospitals and nursing posts by Australia Post’s Certified Mail, road transport or by any other means provided adequate security and accountability can be maintained. It is the Regional Pharmacist’s responsibility to ensure that an adequate transport system for drugs has been developed.

Upon receipt of drugs of addiction, the authorised person must sign and return a receipt to the sender within seven days.

2.5 Cytotoxic Chemotherapeutic Agents

Cytotoxic drugs should be prepared, handled and disposed of according to procedures laid down by Society of Hospital Pharmacists of Australia.

2.6 Clinical Drug Trials

From time to time clinical trials of drugs will be authorised by the Hospital Drug and Therapeutics Committee. All such trials must be in accordance with the Commonwealth Therapeutic Goods Act 1988 and follow the Clinical Trial Notification Scheme or the Clinical Trial Exemption Scheme. Further information can be obtained from:

The Information officer
Therapeutic Goods Administration, PO Box 100, WODEN, ACT 2606

Telephone: (06 239 0645 or 008 020653 Facsimile (06) 189 8709

In addition the following policy applies:

* All drugs, including placebos, to be used must be delivered to, and distributed from the Pharmacy Department at the regional hospital.

* A copy of the protocol, the trial code(s), and the monograph of each drug involved in the trial must be provided. Important information gathered by the pharmaceutical manufacturer during the trial should be added to the monograph; particularly details of side effects and precautions.

* Trial drugs(s) must be kept in a suitable separate storage area within the pharmacy.

* To effect issue, a prescription bearing the signature of the principal investigator, or their nominee is required.

* The dispensing pharmacist will record details of each transaction.

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* The control of trial drug material is the responsibility of the Regional Pharmacist.

* On completion of the trial any remaining drugs are to be collected by the pharmaceutical manufacturer, unless other arrangements have been made.

* Results of the trial are to be made known to the pharmacist at the participating centre.

2.7 Drug Recall Procedure

Drug recalls operate through the Co-ordinator, pharmaceutical Services, Environmental Health Branch, Health Department of Western Australia. Drug recalls operate at three levels:

− to the wholesaler;
− to the hospital and/or retail pharmacy;
− to the consumer level.

All suspected defects relating to drug products are to be reported to the Regional Pharmacist, who informs the Co-ordinator, Pharmaceutical Services for appropriate action.

Drug recalls to ward and district hospital level are co-ordinated by the Regional Pharmacist, utilising batch and supply records where these are available.

Formal recall advice should be stamped upon receipt with the date of receipt, and an appropriate record made of all areas checked for the recalled stock. Total stock recovered from each area should be recorded.

Recalled stock should be labelled ‘Recalled Stock – Do Not Use’ and quarantined, prior to destruction or return to the supplier for exchange or credit. The method of disposal of all recalled stock should be documented.

Where a recall results in a drug being in short supply, nursing and medical staff should be advised.

2.8 Charging for Supply of Drugs and Medications

* Inpatients

Charges are not raised for drugs supplied to any inpatient. Discharge drugs should not be supplied by hospitals except in special circumstances.

* Accident and Emergency/Outpatients

− Any drugs and medication used in the actual procedure or treatment at the hospital are provided free of charge.

− Where a person attends a hospital with a prescription to obtain drugs or medicines due to the lack of a community pharmacy service or for other special reasons then drugs and medicines may be provided. It should be noted
that in most areas where there are no community pharmacies an alternative supply system for drugs and medicines has been implemented. This has resulted in only drugs and medicines used to treat acute medical conditions being provided.

The charge is $13 per item except for holders of Pensioner Health Benefit cards, Health Care cards, Pharmaceutical Concession Benefit cards and Veterans’ Affairs cards (yellow, white, red and lilac) who pay $2.60 per item.

Any patients who can produce a Pharmaceutical Benefits Entitlement card receive their drugs and medicines as set out above free of charge.

– Where the raising of a charge may cause extreme hardship, application may be made by the medical practitioner treating the patient to the Regional Director for permission to obtain supplies free of charge.

– Hospital staff should not be granted any exemption to the above instructions. Should any staff member become ill whilst on duty, they should be referred to the accident and Emergency/Outpatient area of the hospital for treatment and the same conditions as set out above apply.

– Where a change has been paid, a Prescription Record Forms (PRF) may be issued or documented as appropriate.

3. DRUG ADMINISTRATION

3.1 Drug Administration Policy

* Drugs are to be administered upon the written order of a medical practitioner in accordance with WA Poisons Act 1964 and Regulations.

* Drugs are to be administered under the supervision of a registered nurse in accordance with hospital policy.

* Drugs are not to be held at a patient’s bedside unless an Individual Patient Medication Drawer system (with locked drawers in use).

* Drugs are to be dispensed and administered from a medical practitioner’s original order.

* The admixture of drugs to intravenous fluids is to be carried out by the medical practitioner. A registered nurse who has appropriate training and instruction in intravenous therapy techniques is permitted to add drugs to IV fluids in accordance with hospital policy.

* Where a drug is to be administered intravenously, the first dose must be administered by a medical practitioner, except in the case of an emergency when he/she cannot be contacted immediately and/or to maintain life. With a telephone order, registered nurse may then administer the initial dosage, providing the patient is observed for any adverse reaction.
Subsequent intravenous injections, when not given by a medical practitioner, may be given only by a registered nurse who has been instructed in the technique and certified as competent.

The actual administration of intramuscular and subcutaneous injections is to be under the direct supervision of a registered nurse.

Each dose of medication administered is to be recorded on the medication chart.

All drug administration errors are to be reported to the senior nurse on duty and subsequently to the medical practitioner who ordered the drug, the Director of Nursing and the Regional Pharmacist.

### 3.2 Labelling of Drugs

Format for labelling

Dispensed medication to outpatients, except where the prescriber indicates otherwise by endorsing the prescription, will be labelled according to the following format:

- approved name and strength of drug;
- quantity supplied;
- directions for use;
- date dispensed;
- patient’s name
- prescription number;
- name and address of hospital
- cautionary and advisory labels if applicable

**Starter Packs**

- approved name and strength of drug;
- quantity supplied;
- directions for use;
- date supplied;
- patient’s name;
- batch number and expiry date;
- name and address of hospital;
− cautionary and advisory labels if applicable.

* Imprint supplies to wards
− approved name and strength of drug;
− quantity;
− expiry date;
− batch number.

* Non imprint supplies to wards
− approved name and strength of drug;
− quantity;
− ward;
− date;
− expiry date.

* Strengths

Microgram is to be written in full, no abbreviations are permitted (mcg is not an acceptable abbreviation of microgram). Labels should not contain a decimal place within the strength unless proceeded by a figure other than zero, eg. 500mg instead of 0.5g. All abbreviations should be in accordance with official standards.

* Drug Combinations

In general, for preparations containing more than two active ingredients, the brand name will be used as the approved name except in those regions where an approved drug name list has been implemented.

* Cautionary and advisory labels

To be used as appropriate.

3.3 Standing Orders

Standing Drug Orders may be necessary in some health organisations and nursing practices where nurses are expected to initiate some drug therapy without an authorised prescriber’s order. Any nurse initiating standing drug orders will need to be accredited and competent to do so.

A Standing Drug Order is a drug administration order developed in consultation with other health professionals and endorsed by the governing body. The Standing Drug Order criteria include:
− The eligibility of a nurse to initiate and administer the Standing Drug Order;
− A description of the diagnosis and symptoms required to initiate the Standing Drug Order;
− Evidence of an authorised prescriber on the endorsement committee.

A Standing Drug Order Policy will need to be in place in the organisation/agency to formalise this medication initiation by nurses.

A Standing Drug Order Policy is a strategic plan within an organisation which should consist of a statement of the role and function of the committee with formalised power (delegated by the governing body of the organisation) to develop and endorse standing drug orders.

Functions of this committee could include:

− developing criteria for standing drug orders with an intent to limit the number of standing drug orders in place;
− developing in-service education to introduce Standing Drug Orders;
− develop and monitor accreditation programs for the registered nurses intending to initiate Standing Drug Orders;
− reviewing all Standing Orders annually to ensure their appropriateness and therapeutic value;
− analysing data collected to ensure the appropriateness of:
  − Standing Drug order;
  − Accreditation of nurses’ competency in initiating Standing Drug Orders.

A standing order is a medication order of no more than 12 months duration, (can be continuous, pending review by the Standing Order Committee) endorsed by the committee (of which one signatory is a medical practitioner) to permit an accredited registered nurse to initiate that medication on the standing order, based on patient assessment.

A standing order document must include:

* The NAME of the drug.

* A description of the drug, expected outcomes of its administration, side-effects, contra-indications, dosage range, possible frequency of administration and route(s) of administration.

* Eligibility of patient, ie. Symptoms or disease present to require use of standing drug order.
* Eligibility of nurse to initiate standing order, eg. For Syntocinon – Midwife, Atropine – registered nurse certified with a Coronary Care Course or Remote Nurse accredited to initiate standing orders.

* Documentation process (record of nursing actions):
  – nursing assessment and reasons for initiating;
  – auditing/monitoring for data collection.

* Expectation of registered nurse who has initiated standing drug order to notify a medical practitioner of the initiation.

* Duration or time limit that eligible registered nurse can continue to action the standing order without further consultation with another health professional.

* A valid Standing Drug Order will need:
  – Evidence of endorsement
    – Date;
    – Signatories of endorsees (one of whom must be an authorised prescriber);
  – A suggested date for review;
  – A clause on each document which renders an altered document invalid unless the amendments are endorsed by the Standing Order Committee.

Standards of care and diagnostic procedure in relation to the disease processes to be treated by standing drug orders will need to be accessible and maintained for cross-referencing when initiating specific standing drug orders.

Standing drug orders are a means to formalise what is often occurring in practice informally, but should not be put into a nursing practice setting unless safe and medication management can be assured.

The following guidelines cover standard pre-medication drug orders for surgical and obstetric patients.

Pre-medication drugs should be ordered in anaesthetic or operating rooms records, OR medication charts, whichever is appropriate. These orders MUST NOT be duplicated.

Medical practitioners may authorise, in writing, nursing staff to administer standard pre-medication treatment to their patients for surgical and obstetric cases. The initial authorisation is to be in the medical practitioner’s handwriting and the procedure must be approved by the hospital board/executive for each medical officer.

If a patient attends hospital and their case falls within the guidelines of medical practitioner’s standing orders, then the application of the standing orders must be authorised for that patient in writing by the medical practitioner prior to administration.
In all cases the therapy administered is to be entered on the patient’s medication chart and signed by the medical practitioner within 24 hours or administration.

3.4 Administration of Eighth Schedule drugs to patients attending for emergencies

A significant number of cases have been reported where patients have received Eighth Schedule drugs in casualty departments without a full and proper assessment of their medical condition. Some of these patients have been found subsequently to be notified addicts who have purported to have severe and/or acute pain. In other instances the use of Eighth Schedule drugs has been inappropriate and vital clinical signs altered.

It is therefore necessary to ensure that all patients for whom the administration of Eighth Schedule drugs is being considered are either:

− examined by a medical practitioner personally
− admitted on the instruction of a medical practitioner to the hospital as an inpatient (for a period of not less than eight hours)

unless very exceptional circumstances dictate otherwise.

The above instruction applies only to the emergency management of patients in the casualty area of the hospital. Where the medical practitioner has determined the need for a patient to receive an Eighth Schedule drug as an outpatient or the hospital, this treatment may be given by prior arrangement with the Hospital Executive.

4. PROFESSIONAL ACTIVITIES

4.1 Clinical Pharmacy Services

Clinical pharmacy services will be provided to appropriate inpatients on a routine basis during week days.

Clinical pharmacy is that area of pharmacy practice involving the systematic application of pharmaceutical skills to medication management both at the policy making level and in the treatment of individual patients.

It involves close liaison between clinicians and pharmacists. It does not, however, involve the making of decisions concerned with diagnosis. Nor does it in any way diminish the responsibility of clinicians prescribing for individual patients.

Clinical pharmacy also requires the involvement of nursing staff to support clinicians, pharmacists and patients throughout.

Services provided will include:

− medication chart review;
− drug information;
− drug supply;
− patient counselling;
− adverse drug reaction reporting;
− drug histories;
− drug monitoring programs;
− consultation with medical practitioners.

4.2 Drug Information Services

* The Regional Pharmacist will provide drug information to doctors, nurse, pharmacists, patients and community workers. The pharmacist will endeavour provide the answers to all questions using their own resources.

* Requests that cannot be answered at the regional hospital may be referred to the State Drug Information Centre, SCGH or other specialist centres for assistance.

4.3 Drug and Therapeutics Committees

The primary functions are advisory and educational. Organisationally, it should report to the Hospital Executive. The composition of the committee should include:

− a medical representative of the Hospital Executive or nominee (Chairperson);
− Regional Pharmacist (Secretary)
− Director of Nursing or nominee;
− any co-opted member;

All secretarial support for the committee should be provided by the hospital administration.

An alternative to a Drug and Therapeutic Committee is to invite the Regional Pharmacist to a portion of the Medical advisory Committee meeting on a regular basis to advise on new drugs, drug formularies and drug use policies.

4.4 Antiseptics and Disinfectants

See the Antiseptics and Disinfectants Policy of the Health Department of Western Australia as contained in the Manual of Infection Control for Government Non-teaching Hospitals.

These instructions are designed to achieve effective use of antiseptics and disinfectants within the hospital.

* General principles:

− Disinfection is not a substitute for sterilisation. The word ‘sterilisation’ should be applied ONLY to processes which involve the use of an autoclave, ethylene oxide equipment, radiation plant and sterilising ovens. It cannot be claimed
that instruments immersed in the disinfectant are sterile regardless of the strength of the disinfectant or the length of time of immersion.

- Excessive use of disinfectants may lead to growth of resistant organisms. Ordinary domestic cleaning of a high standard is suitable for most areas of the hospital.
- Chemical disinfectants are inactivated by dirt. Objects to be disinfected should be cleaned whenever possible before disinfection.
- Instruments or cleaning tools must not be stored in disinfectant solutions.
- Topping up and decanting of disinfectant solutions must not occur.
- Containers of aqueous solutions of antiseptics and disinfectants should be unit of use packs.
- Only antiseptic/disinfectant solutions which have been approved by the Health Department of Western Australia or those on tender may be used in Government hospitals.

### 4.5 Research Projects

From time to time requests are received by the Regional Pharmacist for input into various research projects.

* The Regional Pharmacist may assist any researcher in the design of drug trials, eg randomisation allocation, preparation of placebos etc. provided such input does not interfere with the normal work flow.

* The Regional Pharmacist is in a unique position of being able to provide information on drug usage in the hospital/region. All requests for information must be for genuine research purposes. Before any information is provided approval is required from:
  - Regional Pharmacist
  - Administrator/Regional Director
  - Co-ordinator, Pharmaceutical Services

* Acknowledgement must be made of the pharmacy/pharmacist’s involvement in any publication of results or papers.

### 4.6 Quality Assurance

For regional pharmacy, the minimum standards regarding the range and level of services provided are set down in these guidelines. There are also mandatory quality assurance standards set by the Australian Council on Healthcare Standards for their accreditation program. The Drug and Therapeutics Committee of the hospital could be used as a forum for discussion of quality assurance plans.
Quality assurance activities carried out by a pharmacy department should ensure that acceptable standards are being maintained by monitoring the services provided. A quality assurance program will also identify opportunities for improving these services.

* All pharmacy departments should have a planned quality assurance program. It is recommended that the quality assurance plan be divided into:
  - quality assurance objectives;
  - methods to be used;
  - persons responsible for implementation of any recommended action;
  - the means of communicating the results;
  - a statement regarding assurance of confidentiality;
  - a mechanism for annual review of the quality assurance plan.

* Quality assurance activities should be regular and ongoing.

* There should be a minimum of two planned activities per year.

* Details of planned activities and their results should be reported to the quality assurance co-ordinator of the hospital.

* Each pharmacy department should have an up to date record of their quality assurance activities.

Suggested objectives for a quality assurance program are:

* To monitor services provided by the Pharmacy Department to show that standards set down in these guidelines, and legal requirements, are being met.

* To improve upon the standards of service if possible, allowing for limitation of resources.

Activities undertaken with a quality assurance program should be kept simple and they may be retrospective or concurrent. The focus should be on important aspects of pharmacy services. Some examples are provided below:

<table>
<thead>
<tr>
<th>Title</th>
<th>Drug stock levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Retrospective and concurrent</td>
</tr>
<tr>
<td>Aim</td>
<td>To maintain required stock levels</td>
</tr>
<tr>
<td>Method</td>
<td>To examine 50 stock records and check if reorder levels and quantities on hand are appropriate to the stock levels required.</td>
</tr>
</tbody>
</table>
Adverse Drug Reaction Reporting

The aims of Adverse Drug Reaction Reporting (ADR) are to ensure that the proper documentation of ADRs prevent a rechallenge by the offending drug and to report all suspected ADRs to the Adverse Drug Reactions Advisory Committee (ADRAC).

Regional pharmacists should be instrumental in the reporting of ADRs. It is important to correctly identify ADRs to ensure an accurate, informative and prominent entry is made in the patient's notes. Poor ADR documentation (be it incomplete, inaccurate or vague) has the potential to unnecessarily deprive patients of a drug of first choice, or cause them to be inadvertently exposed to an offending agent. The likelihood of re-exposure of the patient to the offending medication must be minimised.

The need for medical and nursing staff to report ADRs should be highlighted, and the profile of ADR reporting raised. This may be achieved by pharmacists initiating, intervening in, or completing ADR reports and simultaneously advising medical and nursing staff in the correct procedures.
Staff, both at regional and district hospitals, also need to be educated in the reporting procedures of the Adverse Drug Reactions Advisory Committee (ADRAC). ADRAC accumulate and analyse clinical experience of ADRs nationally. It is therefore important that as much information as possible is passed on from regional areas to be evaluated by ADRAC. Recognising the importance of feedback to the continuation of reporting, regular updates of number and type of ADRs reported to or by the pharmacists, together with details of those forwarded to ADRAC, should be included in Drug Bulletins or Pharmacy Newsletters when in existence.

Selection of ADRs for reporting

The guidelines proposed by ADRAC should be followed.

This includes reports of:

* ALL suspected reactions to NEW DRUGS

* ALL suspected drug INTERACTIONS

* Reactions to drugs thought to affect a patient’s management including, danger to life; prolongation of hospitalisation; absence from productive activity; death; increased investigation and treatment costs; birth defects.

* ADR reporting in regional hospitals

Red Adverse Drug Reaction Alert cards (MR177A) should be made available at ward level. Medical and nursing staff should be encouraged to fill out these cards and deliver to the pharmacist. Alternatively, the pharmacist will be alerted verbally during ward rounds.

The pharmacist will follow up the relevant clinical and medication circumstances of the report and, if indicated, complete a patient Adverse Drug Reaction form (MR177). Wherever possible the ADR should be noted on this form as ‘suspected’ or ‘reviewed’, before inclusion in the patient’s notes.

A copy of the MR177 form should be sent to ADRAC if the ADR warrants reporting. A second copy would be kept in the pharmacy department in a file marked ADRs, in date order. A third copy should be sent or given to the patient’s own doctor, for inclusion in the surgery notes.

The red Adverse Drug Reaction Alert card should be filed in the Pharmacy Department in the drug information file if one is maintained. If such a file is not in use, the red card should be attached to the MR177 form.

In appropriate cases, a Medic Alert application form should be completed and given to the patient for discussion with their doctor.

* ADR reporting in district hospitals

Nursing and medical staff at district hospitals should be familiarised with the concept of ADRs and their reporting. They should also be educated about the correct use of Drug Alert labels and the completion of ADRAC forms.

VERSION 2 – October 1992
Identification and classification of ADRs

A Drug Alert Index label (MR 621A) should be completed or amended if in existence and placed on the front cover of the patient’s medical record. A Drug Sensitivity sticker (MR 622) should be placed on each medication chart. A Drug Alert sticker may be placed on each page of the patient’s current notes to further highlight an observed ADR.

Classification of ADRs

If an ADR report is reviewed by a pharmacist and/or doctor, and an ADRAC form is submitted, the ADR should be notated as ‘Reviewed’ and the date of review added, eg. Penicillin – rash – reviewed 5/89.

If the event is undefined, for example the patient states he/she has had an ADR in the past (non substantiated), an ADRAC form should not be completed, and the ADR should be notated as ‘Suspected’ eg. Codeine – headache – suspected (patient advice).

The differential classification should make subsequent benefit/risk decisions more informed, minimising the occasions where a patient may be denied a useful drug on the strength of an unsubstantiated report.

Availability of forms and stickers

MR177 forms and Drug Alert Index labels should only be available from the Pharmacy Department or medical records, for use on patients’ notes by the doctor or pharmacists. These should not be available at district hospitals.

ADRAC forms: these will be held in the pharmacy and supplies made available to doctor’s surgeries and district hospitals.

Drug Sensitivity and Drug Alert stickers: available from the Pharmacy Department and medical records. Supplies to be made available to wards, district hospitals and doctor’s surgeries.

5. REGIONAL VISITS

A regular schedule for visits to all hospitals and nursing posts within the region should be established and notified to your administrator.

Each visit should include:

Hospitals

- Assessment of pharmaceutical stocks. Paying particular attention to stock rotation, expired stock, ordering practices, storage and quantity of stock on hand.
- Check Eighth Schedule drugs stock holding against register. Check records of receipt of Eighth Schedule drugs and transfer of balances from one page to another.
– Destroy expired or patient’s own Eighth Schedule drugs (see 2.2.6)

– Meet with Director of Nursing and discuss problems or issues associated with:

  Pharmaceutical ordering and supply;

  Pharmaceutical prescribing and dispensing;

  Review of drugs stocked at the hospital;

  Update on drug related matters eg. New drugs, discontinued drugs, drug recalls.

– Ward round of hospital to review drug charts and drug therapy of inpatients.

– Give a lecture to medical and nursing staff on drug related topic to promote increased drug knowledge and allow forum for questions to be raised from hospital staff regarding drug related queries.

* Nursing Posts

– Assessment of pharmaceutical stocks as per hospitals.

– Discussion with Nurse in Charge as per hospitals.

– Check Schedule Eight drugs as per hospitals

– Promote drug information services and encourage drug related questions to be directed to Pharmacy Department.

* A written report of each visit should be provided to the Administrator and Director of Nursing of the facility visited. See example report form.
REGIONAL VISIT REPORT FORM (example)

VISIT TO ..................................  DATE  ..................................

a) Inspection of Pharmaceuticals
   1. Stock being rotated ........................................... ...........................................
   2. Expired stock present ........................................... ...........................................
   3. Sufficient storage area ........................................... ...........................................
   4. Excess stock on hand ........................................... ...........................................

b) Check stock balance of Schedule Eight drugs
   1. Discrepancies found ........................................... ...........................................
   2. Expired stock present ........................................... ...........................................
   3. Excess stock on hand ........................................... ...........................................

c) Review with D.O.N or nominee
   1. Ordering and supply ........................................... ...........................................
   2. Drug usage ........................................... ...........................................
   3. Range of items Stocked ........................................... ...........................................
   4. Update on new drugs, discontinued products and drug recalls

d) Ward round to review drug charts and therapy

e) Formal/informal talks to medical/nursing staff

   Topic:

   COMMENTS:

   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

   …………………………………………………………………………………………………………………

   (Signature) Regional Pharmacist  Date

VERSION 2 – October 1992
6. **PERSONNEL**

6.1 **Staff Development**

Emphasis is placed on the maintenance of professional competence. This is achieved via:

- Attendance at the bi-annual regional pharmacists’ meeting.
- Hospital support for attendance at professional conferences as appropriate.
- The expectation that pharmacists will read medical and pharmaceutical literature to keep abreast of current drug information and developing drug usage trends.
- Participation in other staff development activities of the hospital and Health Department of Western Australia and other pharmaceutical organisations.

6.2 **Staff Appraisal**

The Performance Management System developed by the Health Department of Western Australia should be supplemented through the use of these guidelines to assist in performance appraisal. The Regional Pharmacist should provide regular performance appraisal(s) for support staff.

7. **MANAGEMENT AND ADMINISTRATION**

7.1 **Statistics**

The pharmacy should collect statistics on an on-going basis as per the sample statistics sheet. These are designed as work-load indicators. In order to permit comparisons between pharmacies in different locations, it is essential that a standardised reporting format is used – this is commonly expressed as Standard Units of Measurement. A summary of these statistics will be required by the hospital administrator.

Activities to be monitored:

- Number of items issued;
- Number of items dispensed;
- Number of items purchased;
- Number of occasions of service.

Standard definitions:

Item issued – this is each individual item issued eg. 1

1 ampoule handled and issued as a single item =1

5 ampoules handled and issued as a single item =1

50 ampoules handled and issued a single item =1
50 ampoules issued as 10 trays = 10

Item dispensed: Each individually labelled item dispensed eg:

1 bottle of tablets dispensed and labelled = 1
2 bottles of suspension dispensed and labelled = 2 separately

Items purchased:
- number of line items purchased
- number of delivery notes processed
- number of line items received

Occasions of Service:
- number of medication chart reviews
- number of inquiries for drug information not requiring documentation
- number of inquiries for drug information requiring documentation
- number of lectures/talks delivered

Regional Visits

Statistics should be reported in a format which includes:
- data for current month;
- percentage change compared with previous month;
- data for year-to-date;
- percentage change compared with year-to-date for the previous year (see example statistics sheet).
Regional Hospital Pharmacy Department Monthly Statistics (example)

Financial Year:          Month:
Number of Working Days:

A.  **Clinical Services**

1. Medication Chart Reviews
2. Inquiries for Drug Information – No documentation
3. Inquiries for Drug Information – Documentation
4. Interventions

B.  **Drug Distribution**

<table>
<thead>
<tr>
<th>Monthly Total</th>
<th>Daily Average</th>
<th>Year to Date</th>
<th>Variation on Year-to-Date for Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ward/Dept Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dis Hospital Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Outpatient Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Com. Health Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (1,2,3,4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C.  **Stock Destroyed**

<table>
<thead>
<tr>
<th>Monthly Total</th>
<th>Year to Date</th>
<th>Variation on Year-to-Date for Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Value</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regional Pharmacist  ................................... Date  ..................................

**7.2 Pharmacy Security**

Pharmacy security has the dual objectives of preventing unauthorised entry and protecting pharmacy staff.

Security measurers should include:

* Elimination of unnecessary entrance points;
* Keys to the pharmacy should not be able to be copied;
* Duress alarm(s);
After hours perimeter security;

After hours movement detection within the pharmacy

If the pharmacy is located in an isolated area of the hospital and does not dispense prescriptions for outpatients attending the hospital, then it is recommended that the pharmacy not be readily identified;

Hospital policy should outline the procedures to be followed if the pharmacy alarm is activated;

The pharmacist should retail the pharmacy keys at all times – handovers should only occur to a relieving pharmacist;

The pharmacist is responsible for the security of the pharmacy keys.

7.3 **Fire and Safety**

A copy of the hospital’s fire and safety procedures should be strategically placed within the pharmacy. All pharmacy personnel should be made aware of these procedures.