Government of Western Australia
Department of Health

Guideline on patients' own medicines

1. Background

Patients' own medicines (POM) are prescription or non-prescription medicines that belong to the patient and are brought into the public health service facility with the patient or by their next of kin/family/carers.

MP 0139/20 *Medicines Handling Policy* includes a requirement for public health service facilities to have a policy relating to POM.

This Guideline provides information to support public health service facilities in developing their policy for POM in relation to documentation, storage, transport, returning medicines to patients and disposal of POM.

POM that are Schedule 4 Restricted (S4R) and Schedule 8 (S8) medicines, should be documented, stored, transported and disposed of with the same level of security as S4R or S8 medicines supplied by the public health service facility, with provisions added for the fact they have arrived in the public health service facility with the patient and are therefore the patient's property.

This Guideline is intended to be read in conjunction with MP 0139/20 *Medicines Handling Policy*. The Guideline is not intended to be used as a substitute for compliance with legislation, Policy Frameworks or the policies and procedures of health service providers (HSP).

Note: Illicit drugs brought into the public health service facility by the patient, or otherwise found in the patient's possession whilst they are at the public health service facility, are not considered to be POM. Health Service Permits issued under the Medicines and Poisons Legislation do not provide authority to manage illicit drugs.

2. Documentation when a patient arrives at a public health service facility with POM

All POM brought into the public health service facility should be documented, preferably by suitably qualified staff who are initially reviewing the patient. The role(s) responsible for completing this documentation should be clearly stated in any policies and procedures relating to management of POMs.

3. Initial management of POM

3.1 Initial management of POM that are not S4R or S8 medicines

All POM should be placed in a dedicated patient specific container, usually referred to as a 'patients' own medicines' (POM) bag. POM bags should be clearly identified with the patient's identification details, such as through use of an addressograph sticker.

It is important for all POM to be clearly identified to ensure that they are able to be returned to the patient where appropriate, as they remain the property of the patient.

3.2 Initial management of S4R/S8 POM

The authorised person who first receives the S4R or S8 medicine from the patient should conduct a physical count with another authorised person as a witness. Where clinically appropriate and logistically possible, the physical count should be undertaken in front of the patient and the patient should be in agreement with the result of the physical count.

For oral liquid S4R and S8 POM it is acceptable to estimate the quantity left in the container. Marking the level of the liquid on the container is recommended.

Tamper evident POM bags are strongly encouraged for storing S4R or S8 POM.

S4R and S8 POM should be placed into a specific S4R/S8 tamper evident POM bag and clearly identified with the patient's identification details, such as through use of an addressograph sticker.

Various methods for ensuring S4R/S8 POM bags are tamper evident are suitable and will depend on the risks identified by the individual public health service facility. For example, risks are likely to be different in a large metropolitan teaching hospital to a small rural one or two ward hospital. Examples of tamper evident mechanisms include seals with serial numbers or barcodes and tamper evident sealing tape. The S4R/S8 POM bag can be given a serial number that can be used for recording purposes.

Depending on the requirements of the health care facility, there may be a specific POM bag for both S4R and S8 medicines, or the facility may use only one type of S4R/S8 POM bag irrespective of whether the POM is a S4R or S8.

Ideally, the S4R/S8 tamper evident bag should be clearly identified as being different from a POM bag used for non-S4R/S8 medicines.

A POM S4R/S8 medication form or insertion slip can also be used to record the medicines with a copy/slip given to the patient and the form/slip placed into the POM bag.

Transfer into a register and storage should take place immediately after receiving the POM from the patient or family/carer.

4. Storage of POM

POM bags should be stored securely and separately from ward stock in the patient's specific locker /drawer or in a designated secure storage receptacle.

If the public health service facility elects to store S4R or S8 POM separately or where the POM include products requiring refrigeration, the POM bag storing the other medicines should be marked to alert staff that some POM are stored elsewhere.

4.1 Storage of S4R and S8 POM

Being a POM does not reduce the risk of diversion. This means S4R and S8 POM should be stored with the same level of security as other S4R and S8 medicines. Storage should be separated from other ward stock medicines, either in a completely separate storage receptacle or through some other mechanism that differentiates POM from public health service facility medicines.

5. Administration of POM

Where healthcare policies support POM being used to treat patients within the public health service facility, doses of any POM:

- can only be administered if ordered by an authorised prescriber using the patient's medication chart and
- should be documented on the medication chart as a POM.

If POM are to be used for patient treatment within the public health service facility, they should be assessed as being of suitable quality before being used. For example, expiry dates should be checked and consideration given to determining whether storage requirements are likely to have been maintained (such as for products requiring refrigeration).

5.1 Additional requirements for administration of S4R and S8 POM

If there is a requirement that a dose of the S4R/S8 POM is to be administered to the patient:

- details of the administered dose are documented into the appropriate register,
- ideally the POM bag should be re-closed/re-sealed in a manner that is tamper evident or a new tamper evident POM bag used and
- new serial numbers and barcodes (if used) should be documented.

If POM bags cannot be re-closed/re-sealed in a tamper evident manner, other strategies to mitigate the risk of misappropriation and diversion will need to be considered.

There are particular risks associated with the administration of liquid oral S4R/S8 POM. For example, end of bottle reconciliation is not possible where the initial volume is unknown. A solution is to avoid use of S4R/S8 POM for dosing during admission wherever possible.

6. Additional considerations for management of S4R and S8 POM

6.1 S4R/S8 POM register documentation process

In patient care areas, all S4R/S8 POM medicines are to be signed into appropriate registers (hard-copy or electronic), ideally by two authorised persons.

It may be more practical for separate POM registers to be maintained.

There should be one patient per page and information uniquely identified the patient with certainty (preferably includes patient name, URNM and date of birth).

The name, strength, form and quantity of S8/S4R POM medicine should be recorded.

The date and ideally, time, of transactions should also recorded.

The S4R/S8 POM bag serial number/barcode (if used) should also be recorded.

6.2 S4R and S8 POM in dose administration aids

There are two types of dose administration aids (DAA): those packed in a pharmacy, such as Webster-paks®, SureMed packs or DoseAid sachets, and those packed by the patient or their family/carers from standard bottles and boxes of medicines, previously dispensed by a pharmacist.

Where S4R or S8 POM are contained in a DAA, the DAA should be stored with the same level of security as other S4R or S8 medicines. In other words, if the DAA contains both S4R and S8 POM, the entire DAA should be treated as a S8 POM and if the DAA contains S4R, the entire DAA should be treated as a S4R POM.

Where the DAA is a device/container filled by the patient or their family/carer rather than a DAA prepared in a pharmacy, the medicines contained within the DAA may not be suitable for use within the public health service facility, or return to the patient at discharge, due to various reasons. Reasons include inability to conclusively identify the individual medicines in the DAA and consideration of the stability of medicines which have been removed from their original packaging (including strip packaging).

6.3 Daily management of S4R/S8 POM

A risk assessment should be conducted to determine the frequency for checking the contents of the S4R/S8 POM bag and whether a second authorised person (witness) will be required for POM inventory checks.

When checking the contents of the S4R/S8 POM bag, an entry should be made into the register:

- if the tamper evident bag is intact, it is not necessary to count the contents and a statement of “bag intact” can be written into the register
- if the tamper evident seal is broken or there is other evidence of tampering, such as a different serial number or barcode on the label to the previously recorded information, the contents should be counted or measured and any discrepancies reported in accordance with MP 0103/19 *Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy*.

6.4 Interdepartmental transfer of S4R/S8 POM

Any S4R/S8 POM should be transported with the patient if they are transferred to a different patient care area.

Two authorised persons should sign the medicines out of the S4R/S8 register, documenting the patient care area the patient is being transferred to.

Two authorised persons should sign the medicines in to the S4R/S8 register, documenting the patient care area the patient is being transferred from.

To maintain chain of custody:

- the patient care area that the patient is being transferred from should request a signed receipt from the patient care area the patient is being transferred to

or

- alternatively the patient care area that the patient is being transferred to should send a requisition form for the POM to the patient care area the patient is being transferred from
or
- if the system is automated, use an appropriate system to document the transfer electronically. Such transfers should also be documented in the relevant S4R/S8 register.

The signed receipt should be reconciled with drug register entries.

POM S4R/S8 medicines should be in the custody of a health professional authorised to handle medicines during the transport process.

7. Discharge of patients with POM

A reminder system should be implemented to ensure staff return POM to the patient on discharge, where this is considered clinically appropriate. Examples of reminder systems include: electronic reminders, sticker on the patient's name band or a laminated card inserted in front of the patient's medicine chart.

On discharge any remaining POM should be returned to the patient where appropriate. Public health service facilities may consider requiring the patient to sign for receipt of their POM, particularly where S4R or S8 POM are included.

For S4R/S8 POM, authorised persons should sign the medicines out of the register and return the sealed bag to the patient. Public health service facility policies should indicate whether one or two authorised persons are required to complete these tasks.

8. Disposal of POM

Where POM cannot be returned to the patient, risk management of disposal should be consistent with requirements for other scheduled medicines, including with respect to record keeping requirements for S4R and S8 medicines. Documentation of disposal in the patient's notes, even when no S4R or S8 medicines are involved, may be useful in the event of queries at a later date.

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