



DEPARTMENT OF HEALTH

POISONS ACT 1964

CODE OF PRACTICE

POISONS PERMIT

HEALTH SERVICES - FIRST AID

September 2001

1. Introduction

The Poisons Act 1964 authorises the Commissioner of Health to issue a Health Services Poisons Permit to purchase and use medicines for health services.

There is a Health Services Poisons Permit for First Aid Treatment and a Health Services Poisons Permit for Medical Treatment.

This Code of Practice sets out the responsibilities in regard to a Health Service Poisons Permit for First Aid treatment.

First Aid is considered to be “immediate medical assistance given in an emergency”.

2. General Requirements

- 2.1 The Permit Holder must be directly associated with the administration of first aid treatment on the site/s nominated on the Permit.
- 2.2 The Permit Holder will be the responsible person for ensuring compliance with the Poisons Act 1964, the Poisons Regulations 1965 and any other conditions placed on the Poisons Permit by the Commissioner of Health.
- 2.3 A Poisons Permit for first aid treatment listing the “Standard First Aid List 2000” will **NOT** be issued to sites that hold a Royal Flying Doctors Service (RFDS) Medical Chest.

3. Administrative Responsibilities of the Permit Holder

- 3.1 The Permit Holder must ensure that the medical practice of the nominated medical practitioner is the only provider of medical authorisation to the site/s named on the Permit. The only exception would be in an emergency where the normal method of communication could not be used.
- 3.2 The Permit Holder is to be accountable for all medicines purchased for each site named on the Permit. The medicines included on the Permit can only be

stored at the site/s named on the Permit and administered in compliance with the conditions on the Permit.

- 3.3 All changes to details included on the Permit must be advised in writing to the Western Australian Department of Health (DOH) as soon as possible. Changes include addition or deletion of personnel who administer first aid medicines. These changes may also require the nominated medical practitioner to complete new forms.
- 3.4 When the Permit Holder wishes to relinquish the responsibilities of being Permit Holder, they are to advise the DOH in writing. The Permit cannot be transferred to another Holder without the authorisation of the DOH.
- 3.5 The Permit Holder is required to advise the DOH if there is a change to the nominated medical practitioner and/or medical practice. New forms will be required to be completed by the Permit Holder and the medical practitioner.
- 3.6 When requested by the DOH the Permit Holder will provide a report, within 7 days, of all medicines used at each site in accordance with the request.
- 3.7 A Poisons Permit issued under the Poisons Act 1964, does not absolve the Permit Holder of any responsibility required under other legislation in operation within Western Australia.

4. Site Personnel

All personnel who have access to or administer medication must provide to the Permit Holder either:

- a) For a Registered Nurse – a copy of their current registration (in Division 1 of the Register referred to in Section 33 of the Nurses Act 1992) from the Nurses Board of WA.
- b) For all other personnel – a copy of a recent (within the previous 3 years) police clearance.

5. Range of Medicines

The only medicines offered on a Permit for First Aid treatment is the “Standard First Aid List 2000”. If additional medication is required, consideration will need to be given to applying for a Health Services Poisons Permit for Medical Treatment.

6. Authorisation to Administer Medicine

- 6.1 The Permit Holder must ensure that all Schedule 4 (including methoxy flurane) and Schedule 8 medicines are only administered on the authorisation of a medical practitioner.
- 6.2 The Permit Holder must ensure that the medical practitioner has clearly indicated to them which method of authorisation he/she wishes to use at their site.
- 6.3 The Permit Holder must ensure that the nominated medical practitioner has provided protocols to the site for those medicines, which are to be administered by method 2.
- 6.4 The Permit Holder must ensure that all the appropriate personnel on site have been authorised by the nominated medical practitioner to administer medication.
- 6.5 The Permit Holder must ensure that all personnel on site who administer first aid treatment are aware of the authorisation method for each medicine as determined by the nominated medical practitioner.

7. Storage Requirements

- 7.1 All medicines should be stored securely. The medicines should only be accessible to those personnel on site who have been authorised to administer medicine for first aid treatment.

7.2 Schedule 8 medicines are to be stored in compliance with Poisons Regulation 56(1) and (2) and Appendix M. Should the Permit Holder believe that the storage requirement for Schedule 8 medicines are unsuitable for the site/s named on the permit, there is provision in the Poisons Regulations for a submission to be made to the Commissioner of Health to store a drug of addiction (Schedule 8 drug) in a different manner.

7.3 The key to the Schedule 8 storage safe must be held by the Permit Holder or by a person nominated on site by the Permit Holder.

7.4 All medicines should be stored on site at the temperature recommended by the manufacturer.

8.2 The Permit Holder is to ensure that each site has a written procedure to:

- Check for expired stock.
- Ensure that any medicine which is subject to a consumer level recall by the manufacturer is able to be identified and the requirement of the recall implemented.
- Dispose of those medicines which have passed their expiry date or have deteriorated to the extent that they are unsuitable for administration.

8. Record Keeping Requirements

8.1 All medicines administered to personnel on site are to be recorded in their medical history card by the person administering the medicine. The record must contain the following detail:

- the patient's name;
- name and dose of the medicine;
- directions for use;
- route of administration;
- amount used;
- date and time of administration;
- medical practitioners name or protocol reference; and

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- name of the person administering the medicine.

8.2 Schedule 8 Drugs

- A Register of Drugs of Addiction is required to be kept for all Schedule 8 transactions and the details to be completed for each entry are specified in Poisons Regulation 44.
- A separate page of the Register shall be used for each formulation, strength and pack size of each Schedule 8 poison, so that the balance on hand at any time in respect of each Schedule 8 poison will be clearly apparent.
- Alterations, obliterations or cancellations are not to be made in any Register, but any mistake made in an entry may be corrected by a marginal or footnote, initialled and dated.
- An inventory of all Schedule 8 poisons must be carried out and documented in the register of drugs of Addiction at least once a month. Any discrepancies between the actual quantity of drug and the total in the Register should be immediately investigated and if it becomes apparent that Schedule 8 poisons have been lost or stolen, the police Drug Squad must be notified immediately.
- Discrepancies that remain unresolved within 24 hours of detection should be notified, in writing (by mail or facsimile) to the Pharmaceutical Services section of the Department of Health (WA).

8.3 Within 7 days of the end of each month, the Department of Health is to be advised in writing of the following administrations of Schedule 8 medicines during that month:

- all use of oral products containing Schedule 8 medicines;
- when more than five (5) doses of an injectable formulation to one person occurs; or
- when regular administration of an injectable Schedule 8 drug occurs; and
- if none of these transactions have occurred during a particular month, a “nil” report is required to be forwarded.

8.4 All records which include Schedule 4 medicines are to be retained on site for 2 years.

8.5 All records which include Schedule 8 medicines are to be retained on site for 7 years.

9. Disposal/ Destruction of Schedule 4 and Schedule 8 Poisons

9.1 Schedule 4 Poisons

Schedule 4 Poisons/ drugs may only be supplied to authorized persons for disposal. The Department of Health (WA) has issued a number of Poisons Permits to companies for the collection and destruction of Schedule 4 Poisons/ drugs by incineration.

Community Pharmacies who participate in the “Disposal of Unwanted Medicines Program” may be approached to accept out of date or unwanted Schedule 4 poisons/ drugs and return them to a wholesaler for destruction.

9.2 Schedule 8 Poisons

Schedule 8 poisons may only be destroyed by:

- A medical practitioner and a pharmacist,
- A medical practitioner and a director of nursing,
- A pharmacist and a director of nursing.

With one of these people being a witness to the other. A record of the destruction must be kept and both must sign and date the relevant entry in the Register of Drugs of Addiction at the time of destruction.

A registered nurse or other ‘on site’ authorized person could adopt one of two methods:

- a) write the unwanted drugs/ poisons out of the Register for Drugs of Addiction and negotiate with a Community Pharmacist to accept and destroy the Schedule 8 poisons, or
- b) write the unwanted poisons/ drugs out of the Register for drugs of Addiction and either post them or carry them personally to a Community Pharmacy for destruction. A receipt from the pharmacist will be required which lists the Schedule 8 poisons/ drugs received by them.

10. Further Information

Further information may be obtained from:

Pharmaceutical Services	Telephone	08 9388 4991
Department of Health (WA)	Facsimile	08 9388 4988
PO Box 8172		
Perth Business Centre 6849		

The Poisons Act 1964 and Poisons Regulations 1965 are available from:

State Law Publisher	Telephone	08 9321 7688
10 William Street	Facsimile	08 9321 7536
Perth 6000		

Or via their website at: www.slp.wa.gov.au

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