Drug Storage Room Standards PHC Remote Guideline

Target Audience | All Clinical Employees
Jurisdiction | Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions | N/A
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Purpose

To inform Primary Health Care Remote staff on the standards related to the storage of medicines and pharmaceutical products in drug storage rooms for remote health centres.

Guideline

1. General Information

Most Primary Health Care Remote health centres have a dedicated drug storage room where medicines can be safely stored. While there is considerable variation in the size and configuration of this room in the DoH remote health centres across the NT, various features must be incorporated in the way these rooms are managed and fitted out. This Atlas item describes the standards that must be applied.

Note: The Drug Storage Room is sometimes called the ‘pharmacy’, however under the Northern Territory (NT) Medicines, Poisons and Therapeutic Goods Act (MPTGA) a ‘pharmacy’ is defined as the premises or the part of premises in which a pharmacy business is carried on).

2. Definitions

Bulk supply: medicines supplied to health centres as general stock, ie not dispensed to an individual client.

Dose Administration Aids (DAA): a device that allows medicines to be contained in sequential dosing portions according to a prescribed regime. See Dose Administration Aids for details.

Section 100 (S100): a section of the National Health Act 1953 which allows for special supply arrangements to be made by the Minister for Health to ensure appropriate access to a pharmaceutical service to all Australians where general PBS mechanisms aren’t easily applied. Pharmaceuticals provided under this scheme include all PBS listed medicines with the exception of Schedule 8 and extemporaneous products (ie products that need to be manufactured at the pharmacy). See Section 100 Pharmacy Arrangements.

See clause 1 of Schedule 7 to the NT Health Practitioners Act.
Standard Drug List: an agreed list of pharmaceuticals held in Primary Health Care Remote Health Centres throughout the NT. It contains essential pharmaceuticals which must be held in every health centre and non-essential or optional pharmaceuticals. See Standard Drug List.

SSTP: a Scheduled Substance Treatment Protocol is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the NT MPTGA.

3. Responsibilities

3.1 Primary Health Care Manager (PHCM)
- Ensure all staff are aware of their legislated responsibilities under the NT MPTGA and Regulations
- Coordinate the management of the Drug Storage Room or delegate a staff member to do so
- Report any changes to the drug storage room keypad code to the District Manager
- Follow up on recommendations and issues arising from pharmacy audits

3.2 Health Centre Clinical Staff
- Abide by legislated responsibilities under NT MPTGA and Regulations
- Ensure familiarity with the layout and management of the drug storage room

3.3 District Manager
- Ensure that recommendations and issues arising from pharmacy audits are followed up
- Observe adherence to Drug Storage Room Standards during visits to health centres
- Maintain Register of Drug Storage Room Access Keypad Codes on behalf of Manager On-Call
- Liaise with the PHCM on issues such as security, repairs and maintenance or upgrading of existing drug storage room facilities and equipment

3.4 Section 100 Contracted Pharmacist
- Conduct regular audits of drug storage facilities in health centres utilising the S100 Pharmacist Site Visit Report – Form
- Provide education and advice to health centre staff on all aspects of management of drug storage rooms as per contract
- Provide audit report of visit to the Quality and Safety Manager, District Manager, Director Nursing and Midwifery and relevant PHCM

4. Procedure

Primary Health Care Remote recognises that facilities at a number of health centres will not meet the Drug Storage Room Standards. However, staff are expected to both abide by the provisions of the NT MPTGA and to manage storage of medicines and pharmaceutical products under conditions as closely as possible to those described in these standards.

4.1 Drug Storage Room Standards

The following drug storage room standards are derived from the Generic Design Guidelines for Category 1 and 2 Health Centres – Drug Storage Room. Drug storage rooms must:
- be located in a fully internal area of the health centre (ie no external walls). If this is not possible then security screens must be installed on all windows.
- have keypad locks, swipe card access or, where these have not yet been installed, a lockable room
- have adequate lighting (400 lux illuminance or more)
- maintain a temperature of 25°C or below, with refrigerated air conditioning units that operate 24 hours per day and are connected to an emergency power supply
have a Purpose Built Temperature Controlled Refrigerator for storage of vaccines, anti-venom, medicines and point-of-care equipment consumables. See Cold Chain, i-Stat 1 Analysers and Diabetes Care Analysers (DCA).

- where the Purpose Built Temperature Controlled Refrigerator does not have capacity for medicines and point-of-care consumables, these should be kept in a nominated refrigerator for other medical products requiring refrigeration. This refrigerator must have cold chain monitoring.

- have an S8 / Dangerous Drugs safe as described in Schedule 8 Medicines

- where Restricted S4 Medicines cannot be accommodated in the S8 / Dangerous Drugs safe, a secure lockable cupboard for storage of these medicines is acceptable

- have adequate shelving for appropriate storage of the different categories of medicines used at the health centre as well as for DAAs

- have a workbench with an impervious top

- have a stainless steel sink with impervious surrounds, preferably with elbow controlled taps

- have two RUM containers as per Return of Unwanted Medicines

- have a soap dispenser, paper towel holder and glove dispenser

- have a sturdy portable, non-slip step or two rung ladder, if shelving is above shoulder height

- have the Approved Scheduled Substance Treatment Protocols and Medicines List displayed prominently

- have a Duress Alarm (located at internal door)

It is also recommended that the following resources are located in the drug storage room:

- a networked computer with access to electronic client records (EHRs)

- a networked label printer able to print medicine labels from EHRs. See Best Practice Communique: 12 - 07 Medicine Labelling - Zebra Printers Communique.

- a computer with access to the electronic Remote Pharmacy Order (Central Australian health centres only)

- telephone

*Note: where space in the drug storage room precludes this, some of these resources may need to be located elsewhere in the health centre.*

### 4.2 Drug Storage Room Resources

The following resources must be available in the drug storage room:

- Schedule 8 & Restricted Schedule 4 Drug Register. See Schedule 8 Medicines.

- the Information Sheet - Approved Scheduled Substance Treatment Protocols and Medicines List must be displayed

- wall poster Appendix K - Drugs Required to be Labelled with a Sedation Warning must be displayed. It is a legal requirement that drugs on this list be labelled with this warning. See Issuing & Administering Medicines section 4.4.2.

- relevant medicine related reference manuals as per Standard Reference List

- current Vaccine Refrigerator Temperature Charts (displayed on vaccine / medicines refrigerators)

- packaging requirements including DAAs, labels, paper bags, time of administration stickers (sun and moon stickers) and Tamper Evident Bags for return of unwanted S8 and RS4 medicines

- appropriate dispensing aids such as purified water, measuring devices, medicine cups, paper cups, syringes, pill cutters and mortar and pestle

### 4.3 Drug Storage Room Security and Access

To comply with the provisions under the NT MPTGA, all medicines must be safely stored in a way that prevents unauthorised access. This means that drug storage rooms in health centres must be kept locked at all times. Where keypads or swipe cards are not yet installed, the PHCM or delegate must hold the key.

Access to the room must be restricted to registered clinical staff and visiting Pharmacists.
4.3.1 Keypad Codes

The keypad code must be:
- made known only to those who have legitimate access to the drug storage room
- changed when clinical staff cease to work at the health centre or immediately if there is any breach of security.

If the access code is not known and emergency access is required, contact the Manager On-Call. To ensure that the Register of Drug Storage Room Access Keypad Codes is kept up to date, notify the District Manager whenever codes are changed.

4.4 Drug Storage Room Layout

A standard categorisation of pharmaceutical items has been determined and is to be used in all drug storage rooms. Items are grouped in the following categories:

<table>
<thead>
<tr>
<th>Refrigerated</th>
<th>Oral</th>
<th>Topical</th>
<th>Inhalation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dangerous Drug Safe</td>
<td>Injectable</td>
<td>Infusion</td>
<td>Non Drug</td>
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</tbody>
</table>

The Standard Drug List indicates the category of each item in the ‘location’ column of the List.

4.5 Drug Storage Room Stock Control

Pharmaceutical supplies must be moved to the drug storage room as soon as possible after they arrive at the health centre and be unpacked as soon as possible.

To uphold quality standards in health centre drug storage rooms:
- rotate stock so that the stock closest to expiry date is kept in front
- when new stock arrives circle the expiry date or write it clearly on the box or other container and place it behind stock with an earlier expiry date
- where the expiry date is only printed on the external packaging, keep the unmarked stock inside the package until it is going to be used or, if the unmarked items have to be removed from the packaging, write the expiry date on each separate item
- as far as possible, keep medicines and pharmaceutical products in the drug storage room until they are required.

See Information Sheet – Protocol for Receiving a Pharmacy Order for details.

4.6 Drug Storage Room – Safety of Clients and Staff

The responsibilities of staff to consider their safety and the safety of others under the provisions of the Work Health and Safety (National Uniform Legislation) Act apply in this instance, as in all others.

Staff must ensure that:
- the drug storage room is kept locked when not in use
- all medicine containers are labelled with the name, strength, batch number and expiry date
- there are no expired medicines or other pharmaceutical products on the shelves
- refrigerators contain only vaccines, medicines and point-of-care products
- the drug storage room is reserved for medicine related functions only
- floors, walls, sinks, benches, shelves, containers and dispensing bottles are clean and free of anything likely to contaminate medicines
- benches and surrounds are free of items not required for preparation or packaging of medicines
- floors are free of stock or other obstructions.

See Work Health and Safety intranet site for further information on Manual Handling.
4.7 Drug Storage and Security during Mobile Health Services

Consideration should be given to the storage conditions for medicines and vaccines when conducting home visits or mobile health services. Vaccines and refrigerated medicines must be managed according to cold chain principles. Other medicines must be stored in a protective insulated bag in the health vehicle to minimise the effect of temperature variations on the medicines.

On completion of the home visit or mobile health service, medicines must be returned to the health centre. Staff should be aware that extremes of temperature can reduce the efficacy of medicines. When medicines are exposed to significant temperature variations for extended periods of time, such as may be experienced in an un-air-conditioned vehicle, they must be discarded. The health vehicle must be kept locked whenever it is left unattended.

### Implementation, Review & Evaluation Responsibilities

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<th>Responsibility</th>
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<td>Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS</td>
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<td><strong>Review</strong></td>
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<td><strong>Evaluation</strong></td>
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### Key Associated Documents

#### Forms
- Remote Health Hospital Pharmacy Order
- S8 & RS4 Medicines from Hospital Pharmacy Order Form
- S100 Pharmacy Order Forms – available from contracted pharmacists
- Strive for 5 Vaccine Refrigerator Temperature Chart
- S8 & RS4 Medicines Delivery Notification Form
- S100 Pharmacist Site Visit Report – Form

#### Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents
- Cold Chain
- Diabetes Care Analysers (DCA)
- Dose Administration Aids
- i-Stat 1 Analysers
- Issuing & Administering Medicines
- Management On-Call PHC Remote CAHS Guideline
- Pharmacy Audits
- Pharmacy - Ordering
- Restricted Schedule 4 Medicines
- Return of Unwanted Medicines
- Schedule 8 Medicines
- Section 100 Pharmacy Arrangements
- Section 250 NT MPTGA
- Standard Drug List
### Standard Reference List

Information Sheets:
- Protocol for Receiving a Pharmacy Order
- Approved Scheduled Substance Treatment Protocols and Medicines List
- Appendix K - Drugs required to be labelled with a Sedation Warning

Best Practice Communiqué:
- 12 - 07 Medicine Labelling - Zebra Printers Communiqué

NT Medicines, Poisons and Therapeutic Goods Act and Regulations

Medicines and Poisons Control website provides:
- Gazette Notices (Section 250, 252, 254)
- Code of Practice – Schedule 8 Substances:
  - Volume 1 - Issuing PrescriptionsSupplying Schedule 8 Substances
  - Volume 2 - Storage & Transportation

Nursing and Midwifery Board of Australia, see Codes, Guidelines and Statements

Pharmaceutical Society of Australia, click on Supporting Practice for Professional guidelines and Practice Standards

Pharmacy Guild of Australia

Society of Hospital Pharmacists Australia

Work Health and Safety (National Uniform Legislation) Act

### References

As above

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### Evidence Table

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<thead>
<tr>
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