

Anaesthesia technicians witnessing Schedule 8 medication transactions

NSW Health policy for public hospitals in Policy Directive PD2013_043 '*Medication Handling In NSW Public Health Facilities*' provides options for persons who may witness Schedule 8 Medication transactions in section 6.13.2 (copy enclosed) with: -

"The witness to a Schedule 8 medication transaction must be a person who is fully Familiar with Schedule 8 medication handling and recording procedures. This would Include a registered nurse or registered midwife, an authorised prescriber, a Registered pharmacist, and any other person authorised by the registered Nurse/midwife in charge of the patient care area to complete this task, such as an Enrolled nurse.

The witness must be present during the entire procedure, that is: -

- The removal and replacing of the medication from the Schedule 8 medication Storage unit, and
- The preparation of the medication (as applicable), such as drawing up into a Syringe, and
- The discarding and rendering unusable any unused portion of the medication (as Applicable), and
- The recording in the Schedule 8 drug register, and
- The transfer to the patient, and
- The administration to the patient."

This provides for any person authorised by the registered nurse/midwife in charge of the Ward/clinic/unit to sign the drug register as the witness to Schedule 8 medication receipt and Storage, supply and administration (along with any required discarding of unused Medication), as well as balance checks in the Schedule 8 drug register (in section 6.13.3 of PD2013_043 also enclosed).

The intention of authorisation by the registered nurse/midwife in charge is to provide surety That the witness is fully familiar with Schedule 8 handling procedures.

In the operating theatre setting, authorisation by the registered nurse or midwife in charge Could be in the form of a class of persons, such as 'certified anaesthesia technicians'.

In relation to private hospitals, while the NSW *Poisons and Therapeutic Goods Regulation 2008* does not prescribe any qualification for the person signing the drug register as a Witness to a Schedule 8 medication receipt, supply or administration in a hospital ward (Including an operating theatre — see clause 117(2) of the Regulation at <http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+392+2008+cd+0+N>), the Ministry supports private health facilities adopting the policy in PD2013_043 as a best Practice principle.

Your recommendation to amend NSW policy on medication handling to specifically include Certified anaesthesia technicians will be considered in the consultation for the next iteration Of NSW Health PD2013 043.

The NSW Poisons and Therapeutic Goods Act and Regulation are currently under review And the roles of qualified persons handling Schedule 8 medications and controls over drug Safes in hospitals will be included in the review.

All Queries regarding this documentation and the current legislation should be refereed to Mr Martin Power, Chief Pharmacist, NSW health, 02 9391 9908

Supplying Patient Care Area Drug Register (Ward A1)

Date	Time received or given	Patient's Name	Amount Received	Amount given	Balance	Signature of administering person	Signature of person supervising, authorising or witnessing administration	Name of prescriber
02/05/13	1050	Alex Patient		1	100	Ann Min	Bree Smith	Dr I Max
02/05/13	1100	Transferred to Ward B2		50	50	Col Nurse	Dee Nurse	

Receiving Patient Care Area Drug Register (Ward B2)

Date	Time received or given	Patient's Name	Amount Received	Amount given	Balance	Signature of administering person	Signature of person supervising, authorising or witnessing administration	Name of prescriber
2.5.04	1050	Ian Patient		50	NIL	Jack Jons	TimToms	Dr G Jay
2.5.04	1100	Transferred from Ward A1	50		50	Dee Nurse	Col Nurse	

6.13.2 Witness to Schedule 8 Medication Transactions

The witness to a Schedule 8 medication transaction must be a person who is fully familiar with Schedule 8 medication handling and recording procedures. This would include a registered nurse or registered midwife, an authorised prescriber, a registered pharmacist, and any other person authorised by the registered nurse/midwife in charge of the patient care area to complete this task, such as an enrolled nurse.

The witness must be present during the entire procedure, that is: -

- The removal and replacing of the medication from the Schedule 8 medication storage unit, and
- The preparation of the medication (as applicable), such as drawing up into a syringe, and
- The discarding and rendering unusable any unused portion of the medication (as applicable) and
- The recording in the Schedule 8 drug register, and
- The transfer to the patient, and
- The administration to the patient.

6.13.3 Balance Checks in the Schedule 8 Drug Register

The registered nurse/midwife in charge of the patient care area must ensure that the balance of Schedule 8 medications recorded in the drug register is checked against the physical balance in the Schedule 8 medication storage unit(s) at least once every 24 hours.

In high usage patient care areas a Schedule 8 medication balance check should be done during, or at the change of, each shift, in accordance with local protocols approved by the Drug and Therapeutics Committee.

A registered nurse/midwife who assumes control over the Schedule 8 medication stock as the person in charge of a patient care area for a period of one month or more must also conduct a full balance check at the time of the handover.

Each routine balance check must be carried out by a registered nurse/midwife with a witness as described in [section 6.13.2](#) and recorded in the drug register on the relevant page for each Schedule 8 medication. The entry must state the quantity of medication actually held at the time of the balance check. Liquids should be decanted for measuring by a registered pharmacist.

Where there is a discrepancy between the drug register balance and the physical balance in the Schedule 8 storage unit, this must be recorded and reported in accordance with the procedure described in [section 6.16](#).

6.13.4 Schedule 8 Drug Register Audits

In addition to balance checks, regular audits of patient care area Schedule 8 drug registers at intervals approved by the Drug and Therapeutics Committee must be conducted to confirm records are meeting legislative and policy requirements and also to detect any possible misappropriation.

Where an area of non-compliance or concern is revealed, appropriate steps must be instituted to rectify the issue.

Audits should: -

- Be performed by two staff members authorised under local protocols to perform the task, one of which must be independent of the patient care area's nursing/midwifery staff, and
- Include checks of entries recording stock received against the patient care area and Pharmacy Service records, and
- Check and verify signatures for the purpose of detecting forgeries, and
- Verify the drug register contents page against the corresponding drug register pages, and
- Verify the 'carried forward' balances, and
- Verify that the routine 24 hour balance checks (or more frequently in accordance with local protocols) have been conducted, and
- Verify that the Schedule 8 medications that have been found to be lost or stolen, including broken ampoules, have been reported and recorded in accordance with the procedure described in [section 6.16](#), and
- Review the frequency of broken ampoules and discarded portions of ampoules and tablets, and
- Review the presence of altered, obliterated and cancelled entries, and