



Requirements of the Western Australian poisons legislation

Information for medical practices and day surgery units

Introduction

The legislative controls over the storage and supply of medicines in Schedules 2, 3, 4 and 8 in Western Australia (WA) are contained in the *Poisons Act 1964* and the associated Poisons Regulations 1965. The WA legislation is available on the [State Law Publisher](#) website.

This fact sheet is intended to assist staff in medical practices and day surgery units to comply with the WA Poisons legislation.

Individual medical practitioners

An individual doctor may purchase Schedule 4 and 8 medicines for the purpose of their profession and store those medicines at their usual practice address. The individual medical practitioner is responsible for the way these medicines are stored (to prevent unauthorised access) and any record keeping associated with the use of these drugs.

Medical practitioners are authorised to supply quantities of medicines to their own patients for later use (dispensing). Any medicines supplied to patients must be labelled in accordance with the requirements of the Poisons Regulations 1965 (see labelling of medicines section).

Registered nurses

Registered nurses are authorised to be in possession of Schedule 4 and 8 medicines for the purpose of their work. They can access and administer these medicines to patients under the authority and supervision of a medical practitioner. Registered nurses are not authorised to supply a Schedule 4 or 8 medicine to a patient for later use (dispense a medicine) except under the direct personal supervision of a medical practitioner. Direct supervision requires the actual presence of the supervisor.

Poisons permit

Where a medical practice or day surgery unit (as a business entity) wishes to purchase medicines for use by all medical practitioners working at the practice, a poisons permit is required. The holder of the poisons permit needs to be either a medical practitioner or an experienced person, usually a registered nurse. It is Departmental policy that such permits will not be issued to a practice manager who is not a registered health practitioner.

The permit holder will be responsible for ensuring compliance with the Poisons legislation including activities relating to purchase, storage and security of the medicines and ensuring records are maintained of the supply and use of the medicines.

Access to Schedule 8 drugs (including custody of the safe keys) should be limited to authorised personnel, usually the permit holder or a nominated deputy when the permit holder is unavailable, medical practitioners and registered nurses.

Storage of medicines in Schedules 2, 3 and 4

Medicines in Schedules 2, 3 and 4 must be stored in a locked cupboard or locked room. Refrigerated items, such as vaccines, must be stored in either a locked refrigerator or a refrigerator in a locked room. It is advisable that the storage area is in an area of the practice where public access is restricted.

The cupboard or room must only be accessible to the permit holder, medical practitioners and nursing staff. If the room is also accessible to other practice staff such as receptionists and cleaners without supervision, then the medicines must be kept in a locked cupboard within the room.

Medicines must be stored so that contamination of food and drink will not occur.

Schedule 2 and 3 medicines

These are medicines which are able to be sold over-the-counter in pharmacies. These medicines may only be supplied to patients by a medical practitioner as part of a consultation. Schedule 2 and 3 medicines cannot be displayed for sale elsewhere in the surgery, such as in the reception area.

Recording use of Schedule 4 medicines

All administration or supply of Schedule 4 medicines to patients must be recorded in the patient's medical record.

All records relating to Schedule 4 medicines must be kept for a minimum of two years.

Labelling of Schedule 4 medicines

All medicines supplied to a patient to be taken away from the surgery must be labelled in accordance with the Poisons Regulations. The label must include the patient's name, directions for use, date supplied and the address of the surgery.

Pharmaceutical samples

Professional samples given to a medical practitioner by a representative of a pharmaceutical company must be stored and recorded in the same way as all other Schedule 4 medicines.

Disposal of Schedule 4 medicines

Schedule 4 medicines may only be supplied to authorised persons for disposal. The Department has issued a number of poisons permits to waste management companies for the collection and destruction of Schedule 4 medicines by incineration.

Community pharmacies participate in a scheme known as the Return of Unwanted Medicines (RUM) Program. Pharmacies may be approached to accept out of date or unwanted schedule 4 medicines.

Storage of Schedule 8 medicines

Schedule 8 medicines must be stored in a safe. A locked cupboard is only acceptable in hospital wards, where authorised staff are in the vicinity at all times (24 hours a day).

The standard safe described in the Poisons Regulations is larger and heavier than most medical practices will require.

Medical practices and day surgeries may apply to the Pharmaceutical Services Branch for an exemption from the requirements of Appendix M of the Poisons Regulations to allow use of a smaller safe. Inclusion of the details of an appropriate safe with an application for a poisons permit will be considered to be an exemption application.

Details of an acceptable safe can be found in the [guidance note on safes](#) available on the Pharmaceutical Services Branch website. Suitable safes may be purchased from security firms and dedicated safe suppliers. Safes available in general hardware stores are usually not suitable for the storage of Schedule 8 medicines.

The key to the safe must be kept in the personal possession of the permit holder and only handed to another authorised person (medical practitioner or registered nurse) when delegated by the permit holder.

Recording Schedule 8 medicines

Medical practitioners and registered nurses are required to record the purchase, use and disposal of all Schedule 8 medicines. Administration and supply of any quantities of Schedule 8 medicines to patients should also be recorded in the patient's notes.

A Schedule 8 register must be used. Specific registers are approved by the Department of Health. These registers have columns which ensure the required information is able to be recorded. The approved register for use in all patient care areas is designated HA14 and is available from pharmaceutical wholesalers located in WA. Community pharmacies may also be able to obtain this register.

For their own doctor's bag supplies, individual doctors may use the Schedule 8 drugs record book which is available commercially from [Rolls Filing Systems](#).

All records relating to Schedule 8 medicines must be kept for **seven** years.

Monthly inventory of Schedule 8 medicines

An inventory (stocktake) of all Schedule 8 medicines must be carried out at least once a month and recorded in the S8 Register. Any discrepancies between the actual quantity of drug on hand and the total in the S8 Register should be immediately investigated. If it becomes apparent that Schedule 8 drugs have been lost or stolen, the WA Police must be notified immediately. Discrepancies that remain unresolved within 24 hours of detection must be notified to the Pharmaceutical Services Branch.

Doctor's bag supplies including Schedule 8 medicines

The intention of doctor's bag supplies is that they are in the personal possession of the doctor for use when attending patients at places other than their usual place of practice. Medical practitioners are responsible for ensuring these supplies are not accessed by unauthorised persons.

Storage of doctor's bag medicines in vehicles is not acceptable. If the doctor's bag medicines are stored in the surgery overnight, they must be locked up in the same way as other Schedule 4 and 8 medicines.

If a medical practitioner obtains Schedule 8 medicines, as part of the Pharmaceutical Benefits 'Doctors Bag' supply, these cannot be amalgamated with supplies from other practitioners in the practice, or with supplies of Schedule 8 medicines obtained through a Poisons Permit.

Doctor's Bag supplies are for the exclusive use of the doctor to whom they are issued.

Disposal of Schedule 8 medicines

Schedule 8 medicines may only be destroyed by:

- a medical practitioner and a director of nursing
 - a medical practitioner and a pharmacist
 - a pharmacist and a director of nursing
- or
- two pharmacists.

One of these people must be witness to the other. A record of the destruction must be kept and both people must sign and date the relevant entry in the Schedule 8 Register at the time of the destruction.

Prescription verification

The Poisons Regulations require that where a pharmacist is unfamiliar with the prescriber's handwriting and/or signature, they must contact the prescriber to verify any Schedule 8 prescriptions before dispensing. All surgery staff, including reception staff, need to be aware of this requirement. Pharmacists will need to speak directly to the prescriber to verify any prescriptions. It is not adequate for reception staff to simply confirm the patient has been to the surgery because this does not verify that a Schedule 8 prescription was actually written during the consultation.

Specified drugs

The specified drugs are a list of Schedule 4 medicines for which there are possession and supply offences under the *Misuse of Drugs Act 1981*. These are drugs that are not classified as addictive but which are sought after for non-medical purposes. All anabolic steroids are classed as specified drugs. Other examples include analgesics containing dextropropoxyphene, anorectics, pseudoephedrine, erythropoietins and diazepam injection.

Prescribers are prohibited from prescribing specified drugs for themselves.

For further information please see the factsheet [guidance for prescribers specified drugs](#).

Other medicines restricted to certain specialist prescribers

The prescribing of some Schedule 4 medicines is restricted to particular medical specialties. These restrictions through the Poisons legislation are quite separate to any funding restrictions exercised by the Commonwealth through the Pharmaceutical Benefits Scheme.

Examples include:

- Oral retinoids which are restricted to specialist physicians and dermatologists.
- Clomiphene which is restricted to gynaecologists and obstetricians.
- Clozapine which is restricted to psychiatrists and individual medical practitioners authorised by the Department of Health.

Prescribing of pseudoephedrine

Pseudoephedrine can be used to manufacture illicit amphetamines. All sales of pseudoephedrine made over-the-counter by pharmacies must be recorded and previous sales are visible to other pharmacies where a person may request further supplies.

As a result, those wishing to divert pseudoephedrine for drug manufacture may seek prescriptions for the substance.

Doctors are urged to ensure patients have a genuine therapeutic need for pseudoephedrine, particularly when the patient specifically requests this medicine. In most circumstances, there should be little need for access to quantities greater than those available over-the-counter from a pharmacy. Doctors may also receive queries from pharmacists to confirm that prescriptions for pseudoephedrine are genuine.

Stolen or lost prescription pads

Prescription pads and prescription computer stationery are sought after items by those intending to forge prescriptions, primarily to access Schedule 8 medicines. Doctors are reminded to store these items out of sight and in an area inaccessible to the public.

If a prescription pad or other prescription stationery is stolen, the WA Police and the Pharmaceutical Services Branch should be notified. The Pharmaceutical Services Branch will issue an alert to all pharmacies in WA about stolen prescription stationery in an attempt to reduce the chance of any forgeries being supplied.

Computer generated prescriptions

Practice software which includes capacity to generate computer printed prescriptions will require passwords for access and will also usually have different access levels available. Practice staff other than prescribers must not be given an access level that would allow them to generate a prescription. Passwords must not be divulged to other staff.

The Poisons legislation requires that certain elements on computer printed prescriptions for Schedule 8 medicines must also be handwritten. This provision is intended to increase the chance that a forgery will be detected by the dispensing pharmacist. The prescriber must handwrite the name/strength of the Schedule 8 medicine, the directions for use (including dose and frequency), the quantity to be supplied, the number of repeats (if any) and the repeat interval. For Pharmaceutical Benefit Scheme (PBS) prescriptions, these handwritten elements must be added to both the original prescription and the duplicate.

Further information

Pharmaceutical Services Branch website www.health.wa.gov.au/pharmacy

Email correspondence should be directed to poisons@health.wa.gov.au

If you need to telephone the Pharmaceutical Services Branch please call (08) 9222 6883 and follow the prompts. The Branch is open between 8.30am and 4.30pm Monday to Friday.

If you are a prescriber and your call is about a patient for whom you are considering prescribing schedule 8 medicines, please call the duty pharmacist on (08) 9222 4424.

Note: This information does not cover every aspect of the WA Poisons legislation relevant to medical practices and day surgery units. In particular, detailed information about the controls over Schedule 8 medicines including the stimulants regulatory scheme and the Community Program for Opioid Pharmacotherapy (CPOP) are available on the [Pharmaceutical Services Branch](http://www.health.wa.gov.au/pharmacy) website.

Version current April 2014