

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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Approval Authority	Chair Clinical Governance Committee PHC CAHS; Primary Health Care Safety and Quality Committee TEHS
Author	PHC Safety and Quality Team; Remote Health Pharmacy Group;

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

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 (PHC) 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 PHC remote health centres across the NT, various features must be incorporated in the way these rooms are managed and fitted out. This guideline 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](#) (MPTGA¹) a 'pharmacy' is defined as the premises or the part of premises in which a pharmacy business is carried on.

2. Procedure

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.

The PHCM should coordinate the management of the Drug Storage Room or delegate a staff member to do so.

The District Manager should observe adherence to Drug Storage Room Standards during visits to health centres.

¹ See clause 1 of Schedule 7 to the NT [Health Practitioners Act](#).

2.1 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 the [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#)
- 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 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 [Medicine Labelling Zebra Printers PHC Remote Best Practice Communiqué](#).
- 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.

2.2 Drug Storage Room Resources

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

- Schedule 8 and Restricted Schedule 4 Drug Register. See [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#).
- 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 and 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

2.3 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 authorised personnel such as registered clinical staff, visiting Pharmacists and other personnel as approved by the PHCM.

The PHCM should follow up any security or maintenance concerns with the Drug Storage Room with the District Manager and report these using Riskman.

The District Manager will liaise with the PHCM on issues such as security, repairs and maintenance or upgrading of existing drug storage room facilities and equipment as required.

2.3.1 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.

To change the keypad code, follow the manufacturers instructions provided with the keypad.

The District Manager should be notified whenever codes are changed in order to maintain a Register of Drug Storage Room Access Keypad Codes and notify the Manager On-Call of updates.

If the access code is not known and emergency access is required, contact the Manager On- Call.

2.4 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:

- <i>Refridgerated</i>	- <i>Oral</i>	- <i>Topical</i>	- <i>Inhalation</i>
- <i>Dangerous Drug Safe</i>	- <i>Injectable</i>	- <i>Infusion</i>	- <i>Non Drug</i>

Staff must be familiar with the layout and management of the drug storage room. The [Standard Drug List](#) indicates the category of each item in the 'location' column of the List.

The S100 Contracted Pharmacist is able to provide education and advice to health centre staff on all aspects of management of drug storage rooms as per contract.

2.5 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.

2.6 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:

- 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.

2.7 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**

2.8 Pharmacy Audits

The S100 contracted Pharmacist conducts regular audits of drug storage facilities in health centres utilising the [S100 Pharmacist Site Visit Report – Form](#).

Recommendations and issues should be reviewed and followed up by the PHCM and District Managers. The Senior PHC Pharmacist is available to provide advice.

Compliance

<p>Issues / incidents will be entered into RiskMan as necessary and will be followed up by the relevant Manager.</p> <p>Review and follow up on recommendations and issues arising from pharmacy audits</p>	<p>Relevant Manager</p> <p>Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS</p> <p>PHC CAHS: Clinical Nurse Manager, Quality and Safety PHC TEHS: Safety and Quality Manager</p>
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Document Quality Assurance

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS

Key Associated Documents

Forms	<p>Hospital Pharmacy Order PHC Remote Form</p> <p>S8 and RS4 Medicines from Hospital Pharmacy PHC Remote Form</p> <p>S100 Pharmacy Order Forms – available from contracted pharmacists</p> <p>Strive for 5 Vaccine Refrigerator Temperature Chart</p> <p>S8 and RS4 Medicines Delivery Notification PHC Remote Form</p> <p>S100 Pharmacist Site Visit Report PHC Remote Form</p>
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<p>Cold Chain PHC Remote Guideline</p> <p>Diabetes Care Analysers (DCA) PHC Remote Guideline</p> <p>Dose Administration Aids PHC Remote Guidelines</p> <p>i-Stat 1 Analysers PHC Remote Guideline</p> <p>Issuing and Administering Medicines PHC Remote Guideline</p> <p>Management On-Call PHC Remote CAHS Guideline</p> <p>Pharmacy Audits PHC Remote Guideline</p> <p>Pharmacy Ordering PHC Remote Guideline</p> <p>Return of Unwanted Medicines PHC Remote Guideline</p> <p>Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</p> <p>Section 100 Pharmacy Arrangements PHC Remote Guideline</p> <p>Section 250 NT MPTGA PHC Remote Guideline</p> <p>Standard Drug List PHC Remote Guideline</p> <p>Standard Reference List PHC Remote Guideline</p> <p>Information Sheets:</p> <p>Protocol for Receiving a Pharmacy Order</p> <p>Approved Scheduled Substance Treatment Protocols and Medicines List</p> <p>Appendix K - Drugs required to be labelled with a Sedation Warning</p> <p>Best Practice Communiqué:</p> <p>Medicine Labelling Zebra Printers PHC Remote Best Practice Communiqué</p> <p>NT Medicines, Poisons and Therapeutic Goods Act and Regulations</p> <p>Medicines and Poisons Control website provides:</p> <p>Gazette Notices (Section 250, 252, 254)</p>

	<p>Code of Practice – Schedule 8 Substances:</p> <p>Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances</p> <p>Volume 2 - Storage & Transportation</p> <p>Nursing and Midwifery Board of Australia, see Codes, Guidelines and Statements</p> <p>Pharmaceutical Society of Australia, click on Supporting Practice for Professional guidelines and Practice Standards</p> <p>Pharmacy Guild of Australia</p> <p>Society of Hospital Pharmacists Australia</p> <p>Work Health and Safety (National Uniform Legislation) Act</p>
References	As above

Definitions

Preferred Term	Description
Bulk supply:	medicines supplied to health centres as general stock (imprest), ie not dispensed to an individual client. This includes medicines for acute presentations and some medicines for managing chronic conditions, where immediate commencement is advantageous.
Dose Administration Aids (DAA):	devices (including dosettes / blister packs / sachets) that divide medicines according to a prescribed dosing schedule. See Dose Administration Aids PHC Remote Guideline 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. For PHC remote health centres S100 provisions relate to people "who are living in isolated areas." Pharmaceuticals provided under this scheme to PHC remote clients include all PBS listed medicines with the exception of Schedule 8, extemporaneous products (ie products that need to be manufactured at the pharmacy) AND Highly Specialised Drugs. See Section 100 Pharmacy Arrangements .
Standard Drug List (SDL):	an agreed list of pharmaceuticals held in remote health centres throughout the NT. It contains mandatory pharmaceuticals which must be held in every health centre and non-mandatory or optional pharmaceuticals. See Standard Drug List PHC Remote Guideline for further information.
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 .

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A