

Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline

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Purpose

To provide guidelines for Primary Health Care (PHC) Remote Health Practitioners regarding the legislative and PHC requirements related to the management of Schedule 8 and Restricted Schedule 4 Medicines for remote health centres.

Guideline

This document provides guidelines for the management of Schedule 8 (S8) and Restricted Schedule 4 (RS4) Medicines by Primary Health Care (PHC) Remote Health Practitioners, including:

- [Storage of Schedule 8 and Restricted Schedule 4 Medicines in the Health Centre](#)
- [Schedule 8 and Restricted Schedule 4 Drug Register](#)
- [Obtaining Supplies of Schedule 8 and Restricted Schedule 4 Medicines](#)
- [Packaging, Delivery and Receipt of Schedule 8 and Restricted Schedule 4 Medicines](#)
- [Prescribing, Supplying or Administering Schedule 8 and Restricted Schedule 4 Medicines](#)
- [Self-Medication of Schedule 8 and Restricted Schedule 4 Medicines](#)
- [Quality Assurance](#)
- [Unwanted or Expired Schedule 8 and Restricted Schedule 4 Medicines](#)
- [Retention of Pharmaceutical Records](#)

The Northern Territory (NT) adopts the nationally recommended schedules for drugs and poisons into the NT [Medicines, Poisons and Therapeutic Goods Act \(MPTGA\) and Regulations](#). These schedules are published in the [Poisons Standard](#), which is published under the [Australian Government Therapeutic Goods Act](#).

All health Practitioners must be aware of legislated responsibilities under the NT MPTG Act and Regulations according to their scope of practice.

Primary Health Care (PHC) Remote directs that certain Schedule 4 Medicines are subject to further restriction of supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. PHC Remote classifies these as Restricted Schedule 4 (RS4) Medicines which include:

Benzodiazepine Medicines: (including but not limited to the following Medicines)		Other Medicines:	
Clobazam	Midazolam *	Paracetamol 500mgs /	Chloral Hydrate
Clonazepam	Nitrazepam	Codeine 30 mg *	Methoxyflurane
Diazepam *	Oxazepam	Pseudoephedrine *	Phenobarbitone
Lorazepam	Temazepam	Tramadol	Propofol

* denotes Restricted Schedule 4 Medicines listed on the [Standard Drug List](#)

1 Storage of Schedule 8 and Restricted Schedule 4 Medicines in the Health Centre

S8 and RS4 Medicines must be stored in an area and in such a manner as to prevent unauthorised access.

The S8 Drug Safe or a RS4 dedicated lockable cupboard must only be unlocked for the purposes of: the storage of medicines; supply, administration or destruction of a medicine; the examination and counting of medicines for audit and record keeping purposes. The safe or RS4 dedicated lockable cupboard must be re-locked immediately after use.

1.1 Schedule 8 Medicines

S8 Medicines must be placed in a securely locked storage cabinet that meets the requirements of the Australia/New Zealand Standard for Safes and Strongrooms ([AS/NZS 3809:1998](#)) Resistance Grade 1.

S8 Medicines must be locked in the S8 Drug Safe. It is recommended the safe be located within the [Drug Storage Room](#) of the health centre whenever possible.

1.2 Restricted Schedule 4 Medicines

RS4 Medicines (with the exception of Midazolam held in Emergency Kits, see [1.3](#)) must be locked in the S8 Drug Safe or a RS4 dedicated lockable cupboard. It is recommended the S8 Drug Safe and dedicated lockable cupboard be located within the [Drug Storage Room](#) of the health centre whenever possible.

1.3 Schedule 8 Drug Safe and Restricted Schedule 4 Dedicated Lockable Cupboard Keys

Access to S8 Drug Safe and RS4 dedicated lockable cupboard keys is limited to a Nurse, Midwife, ATSIHP, or Medical Officer. One key to the S8 Drug Safe and RS4 dedicated lockable cupboard is to be kept with the 'on-call' keys in the possession of the responsible nurse, midwife or ATSIHP. A second key to the S8 Drug Safe and RS4 dedicated lockable cupboard is to be held by the PHCM or Delegate. 'Possession' is defined as held on the person and not stored in another location.

In the event that the person on-call is required to leave the community eg an ambulance transfer, arrangements are to be made to hand the 'on-call' keys to the next nurse or ATSIHP on call or ensure that the key is stored in a secure key safe located in the Drug Storage Room.

1.4 Schedule 8 Drug Safe – Combination / PIN

Where the key is a combination or PIN it must not be further divulged by the person to whom the combination or PIN was given. Combinations must be changed at regular intervals, including when a Health Practitioner ceases to work at the health centre. PINs must be deactivated when the Health Practitioner ceases to work at the health centre.

2 Schedule 8 and Restricted Schedule 4 Drug Register

Under the [NT MPTGA](#) the management of all S8 Medicines must be documented in a Register maintained in each health centre. The Primary Health Care Manager (PHCM) must ensure that an S8 and RS4 Drug Register is kept for the purpose of documenting all S8 Medicines supplied to the health centre. The S8 and RS4 Drug Register is kept in the Drug Storage Room near the S8 Drug Safe. While it is not legislated it is PHC Remote policy that the same principles apply to RS4 Medicines.

The principles for maintaining an S8 and RS4 Drug Register are:

- entries in the S8 and RS4 Drug Register must be legible and written indelibly in English
- one page of the register is to be used per medicine. The generic name / strength / form of the medicine is to be recorded at the top of the page.
- completed S8 and RS4 Drug Registers are to be kept at the health centre (see [Section 9](#) Retention of Pharmaceutical Records). An Authorised Officer¹ may request a Register at any time under the NT MPTGA (Chapter 4 Enforcement, Section 185)
- If a mistake is made, the entry must be left as it is, and marked with an asterisk, rewritten and corrected on the next line, with a note explaining the error eg *written in error, wrong client, see client X on pg145*. Both entries must be countersigned and dated by a second Health Practitioner ([NT Medicines Management Framework](#), p 16). **Under the NT MPTGA it is an offence to cancel, change or obliterate an entry in the S8 / RS4 Drug Register.**

Note: countersigning must be completed as soon as possible after the mistake for a single practitioner.

2.1 Details to be Recorded in the Schedule 8 and Restricted Schedule Drug Register

The following information must be documented by Health Practitioners in the S8 and RS4 Drug Register:

- all S8 and RS4 Medicines supplied to the health centre, including those provided through client prescriptions
- every occasion on which an S8 or RS4 Medicine is administered or supplied to a client
- regular checks of the S8 and RS4 Medicines stock count. For details see [Section 7](#)
- unwanted or expired S8 or RS4 Medicines returned or destroyed per the guidelines in the Information Sheet - [Return or Disposal of Unwanted or Expired S8 / RS4 Medicines](#)
- every occasion on which Morphine or Midazolam is transferred to the [Emergency Outreach Drug Box](#) or [Fit Kit](#). The contents lists provide stock levels of Morphine and Midazolam to be transferred to the Box / Kit. Specific documentation and restocking requirements are provided in the Information Sheets: [Morphine for Emergency Outreach Drug Box](#) and [Midazolam for Emergency Kits](#).

Health Practitioners need not sight individual S8 or RS4 Medicines if commercial clear plastic wrap or tamper evident seals remain intact. If any boxes are open or plastic wrap tampered with, all medicine must be sighted and number / amount checked.

For packets of tablets provided by the manufacturer without a wrap or tamper evident seal, a tamper evident seal will be placed on full packets by the relevant Pharmacy prior to supply to health centres. The tamper evident seal must be able to clearly show breaches in the seal where an attempt has been made to remove it.

Note: Client-held S8 or RS4 Medicine in a Dose Administration Aid ([DAA](#)) is exempt from being counted or recorded in the S8 and RS4 Drug Register.

When administering or supplying S8 or RS4 Medicines to a client, Health Practitioners must include the following details in S8 and RS4 Drug Register documentation:

- date and time the S8 or RS4 Medicine is administered or supplied

¹ For the purpose of this document this is a public sector employee with powers and functions as appointed by the CHO.

- surname and given name of the client and HRN where available or Date of Birth only if there is no HRN
- name of the prescriber (person authorising treatment)
- amount (dose) administered or supplied
- the running balance of the medicine left in the S8 Drug Safe or RS4 dedicated lockable cupboard
- printed name and signature of person administering or supplying the substance
- printed name and signature of the person witnessing² the administration or supply of the S8 or RS4 Medicine
- comment (if necessary)
- amount of any S8 or RS4 Medicine unused and destroyed, when the full ampoule is not required for the prescribed dose
- names and signatures of Health Practitioners who destroyed and witnessed destruction of unused S8 or RS4 Medicine
- where there is no witness available to co-sign the S8 and RS4 Drug Register and/or when a drug count is unable to be performed prior to administering or supplying an S8 or RS4 Medicine, a check of stock levels by two Health Practitioners registered under the [Health Practitioner Regulation \(National Uniform Legislation\) Act](#), is to be undertaken at the next available opportunity.

See Schedule 8 and Restricted Schedule 4 Drug Register Example: [CAHS](#) | [TEHS](#).

2.2 Client-held Schedule 8 and Restricted Schedule 4 Medicines

S8 and RS4 Medicines held for clients, such as a palliative care client, are to be stored, recorded, audited and supplied in the same manner as any general health centre S8 and RS4 Medicine stock.

Client-held S8 and RS4 Medicines are to be recorded by the name of the drug and name of the client per page in the S8 and RS4 Drug Register. For an example of how to record client-held S8 and RS4 medicines, see Schedule 8 and Restricted Schedule 4 Drug Register Example: [CAHS](#) | [TEHS](#).

Every effort should be made to separate Client-held S8 and RS4 Medicines from health centre stock and other clients' medicines in the S8 Safe or RS4 dedicated lockable cupboard. To facilitate this, client-held medicines should be kept to a working minimum. If the client does not have a current prescription or has not collected for more than 3 months consider [destroying or returning](#) the stock to pharmacy.

3 Obtaining Supplies of Schedule 8 and Restricted Schedule 4 Medicines

3.1 Obtaining Health Centre Stock of Schedule 8 and Restricted Schedule 4 Medicines

All S8 and some RS4 Medicines (see [table](#) below) *must* be ordered from the Regional Hospital Pharmacy unless otherwise authorised by a variation of the S100 contract. The procedure for obtaining supplies of S8 and/or RS4 Medicines is:

- complete the [S8 and RS4 Medicines from Hospital Pharmacy Order Form](#) (S8 and RS4 Order Form) requesting the required drug/s and amount and send to the Regional Hospital Pharmacy
- file the completed Order Form in the S8 and RS4 Drug Register until receipt of delivery
- all health centres will be notified of incoming S8 or RS4 deliveries by email or fax of a [S8 and RS4 Delivery Notification Form](#) (Delivery Notification Form).

Packaging, delivery and receipt of S8 or RS4 Medicines using the Delivery Notification process and Tamper Evident Bag is detailed in [Section 4](#). Pharmacists providing services to remote health centres are able to

² Note: under the NT MPTGA Section 100, administration of S8 medicines must be witnessed by a third party who is neither the Health Practitioner nor the client. This requirement does not apply if because of the remote location of the place or other special circumstances, another person was not available to witness the administration **and** this is recorded in the client's health record and S8 & RS4 Drug Register. Please note, under PHC Remote policy the same principle applies to RS4 medicines.

provide advice on the safe and effective management of S8 and RS4 medicines including ordering, supply and storage.

Ordering Restricted Schedule 4 Medicines listed on the [Standard Drug List](#)

Hospital Pharmacy	S100 Contracted Pharmacy
Midazolam	Diazepam
Pseudoephedrine	Paracetamol 500mgs/Codeine 30 mg
<i>Note: Client prescriptions are obtained pending S100 arrangements:</i>	
Client non-S100 RS4 Medicine prescriptions	Client S100 RS4 Medicine prescriptions

3.2 Obtaining Client-held Schedule 8 and Restricted Schedule 4 Medicines by Prescription

Prescriptions for S8 and RS4 Medicines require additional requirements to ensure safe dispensing of potentially addictive medications. Medical Officers need to be aware of the voluntary contract notification scheme. Typically this is used for clients on long term S8 or RS4 medicines who may benefit from having an agreement with one Medical Officer. Participation in the scheme provides an additional safeguard to the Medical Officer when prescribing S8 and RS4 Medicines improves client care and reduces diversion. See Medicines and Poisons Control [General Medications Contract](#).

Distinct from other prescription medicines, health centres will be notified of incoming S8 and/or RS4 Medicine deliveries by email or fax of a [Delivery Notification Form](#).

Packaging, delivery and receipt of S8 and/or RS4 Medicines using the Delivery Notification process and Tamper Evident Bag are detailed in [Section 4](#).

3.2.1 Obtaining Client-held Schedule 8 Medicines by Prescription

There are additional legislative requirements for the supply of Schedule 8 Medicines. When prescribing S8 Medicines, different requirements exist for a Restricted or UnRestricted S8 Medicine. See Medicines and Poisons Control [Medical Practitioners webpage](#) and Information Sheet: [Requirements of Prescriptions for S8 Substances](#) for further information.

S8 Medicines are typically not supplied from S100 Pharmacies (unless individual contractual arrangements exist). To obtain a prescription of S8 Medicine, it is important to note that while a signed copy of a rural prescription for S8 Medicines may be sent electronically or via fax to obtain the S8 Medicine for urgent supplies, **the original signed copy of the prescription must be sent to the dispensing Pharmacy as soon as possible and definitely within seven (7) days.**

The Prescription must not be sent to both Pharmacies and must be sent to either:

- directly to the [Regional Hospital Pharmacy](#), **OR**
- via the [S100 Pharmacy](#) to be forwarded to the relevant Regional Hospital Pharmacy.

Under the NT MPTGA Medical Officers must notify the Chief Health Officer of the supply of unrestricted S8 substances under certain circumstances, eg if supply exceeds 8 weeks, if certain dosage levels of increments are exceeded or if they have any concerns for the safety of the client, or concerns about circumstances surrounding the client and the client/s need for or use of the substance. The [Notification of Supply of a UnRestricted S8 Substance Form](#) should be used for this notification. For specific details see Code of Practice – Schedule 8 Substances [Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances](#).

3.2.2 Obtaining Client-held Restricted Schedule 4 Medicines by Prescription

The process for obtaining RS4 Medicines on prescription is the same as for other prescription medicines. The S100 Pharmacy will dispense S100 RS4 prescription medicines direct to the health centre and forward rural prescriptions for non-S100 RS4 Medicines to the relevant Regional Hospital Pharmacy to be processed. For details see [Prescriptions](#).

4 Packaging, Delivery and Receipt of Schedule 8 and Restricted Schedule 4 Medicines

The dispatching Pharmacy has a standard process in place to monitor return documentation of previous S8 and/or RS4 medicine dispatches. When return documentation is not received the health centre will be contacted to follow up any outstanding returns prior to dispatching further orders.

4.1 Packaging for Delivery

The person packing the S8 and/or RS4 Medicines for delivery between a pharmacy and a health centre must:

- obtain a copy of the [Delivery Notification Form](#)
- select a Tamper Evident Bag and record the bag's unique identifier number on the Delivery Notification Form
- complete the label on the Tamper Evident Bag and the 'tear off' receipt
- with another staff member, check the S8 and/or RS4 Medicines for delivery and complete the Delivery Notification Form
- email or fax the completed Delivery Notification Form to the recipient and make a copy of the form for inclusion in the delivery
- enclose the S8 and/or RS4 Medicines and a copy of the completed Delivery Notification Form in the Tamper Evident Bag ensuring that the bag does not contain any other goods
- seal the Tamper Evident Bag according to the instructions on the bag and staple the 'tear off' receipt to the original of the Delivery Notification Form
- place the Tamper Evident Bag in a carton or opaque packaging addressed to the person authorised to receive it. No indication that it contains an S8 and/or RS4 medicine is to be on this outer package

4.2 Delivery of Schedule 8 and Restricted Schedule 4 Medicines

S8 and/or RS4 Medicine parcels must be consigned to a particular person for delivery. Delivery may be organised through:

- regular freight mechanisms utilised by the pharmacy for deliveries to health centres. Deliveries and pick-ups are timed for S8 and/or RS4 Medicine parcels to spend as little time as possible in transit, for example the parcel would not be dispatched on a Friday only to remain in the freight company's premises over the weekend.
- DoH staff collecting S8 and/or RS4 Medicines from the hospital pharmacy. The staff member must show their [Identification Card](#) as proof of identity and sign on receipt of the S8 and/or RS4 Medicine parcel from the hospital pharmacy.
- deliveries coordinated via the PHC Remote Offices is not a routine practice. In exceptional circumstances where no other delivery mechanism is available or for urgent orders, the PHCM and or Contracted Pharmacy may arrange for delivery via the PHC Remote Offices with health staff travelling to the health centre.

4.3 Receipt of Schedule 8 and Restricted Schedule 4 Medicines

All health centres will be notified of incoming S8 and/or RS4 Medicine deliveries by email or fax of a [Delivery Notification Form](#). S8 and/or RS4 Medicines will be sent to health centres utilising a Tamper Evident Bag with a unique identifier.

On receipt of delivery at the health centre, a registered Health Practitioner in conjunction with another Health Practitioner (where possible) must:

- check that the Tamper Evident Bag is intact with no evidence of tampering
- check that medicines received are correct against the Delivery Notification Form

Note: contact the sender immediately if the tamper-evident bag shows evidence of tampering or if the medicines do not match the delivery note and complete a RiskMan report

- complete and sign the bottom section of the Delivery Notification Form and email or fax back to the dispatching Pharmacy to acknowledge receipt of delivery
Note: Failure to return documentation to the dispatching Pharmacy may result in the pharmacy being unable to supply future orders for S8 and RS4 Medicines
- attach the completed Delivery Notification Form to the S8 and RS4 Order Form; file in the back of the pharmacy manual for a period of two years
- for S8 and RS4 Medicines dispensed from a client prescription, the Delivery Notification Form alone is filed in the pharmacy manual
- complete S8 and RS4 Drug Register documentation as detailed below
 - ~ new stock must be documented in the S8 and RS4 Drug Register as 'received stock'. Supplies must be rechecked and retalled with the existing S8 or RS4 stock of that medicine in the drug safe or RS4 dedicated lockable cupboard when appropriate and a record commenced for a new drug or client-held S8 or RS4 Medicine.
 - ~ all S8 and/or RS4 incoming stock must be checked by two Health Practitioners whenever possible. Where two Health Practitioners are not available, the receiver must take the next possible opportunity to check the medicines with another Health Practitioner.

5 Prescribing, Supplying or Administering Schedule 8 and Restricted Schedule 4 Medicines

5.1 Medical Officer

Medical Officers need to familiarise themselves with all relevant provisions the [NT MPTGA](#) and the Code of Practice – Schedule 8 Substances: [Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances](#) in order to provide an effective clinical service that meets the terms of the legislation. For details regarding S8 and RS4 prescriptions and supply see [Section 3.2](#) for details.

5.2 Nurse, Midwife or ATSIHP

This guideline does not compel a nurse, midwife or ATSIHP to administer the medicine or authorise a nurse, midwife or ATSIHP to provide treatments she/he is not competent to provide.

5.2.1 Schedule 8 Medicines

In remote health centres, a nurse, midwife or ATSIHP should only administer Schedule 8 Medicines to clients following prescription by a Medical Officer, either via a written prescription or a verbal order³ as part of a telephone consultation. Morphine is approved under Section 250 of the NT MPTGA and may be administered in accordance with an approved Scheduled Substance Treatment Protocol (SSTP) without the personal attendance or advice of a Medical Officer, only if the clinician is satisfied on reasonable grounds that its administration is required without delay. After administration of Morphine the clinician must bring the matter to the attention of a Medical Officer as soon as practicable. See [Section 250 NT MPTGA](#) for further details.

5.2.2 Restricted Schedule Medicines

Under [Section 250 of the NT MPTGA](#), a nurse, midwife or ATSIHP may supply and administer Paracetamol 500mgs/Codeine 30 mg, diazepam and Midazolam in accordance with an approved [SSTP](#) without the direction of a Medical Practitioner. PHC Remote recommends however that Medical Practitioner instruction should be obtained prior to use whenever possible.

Other RS4 Medicines held as health centre stock are not classified under Section 250 and, unless there are

³ When receiving a telephone order for an S8 Medicine from a Medical Officer, the Nurse, Midwife and ATSIHP must repeat the medicine order back to the Medical Officer to confirm the order. Whenever a second Nurse or ATSIHP is present, this person must also verify the order. All telephone or verbal orders must be confirmed in writing by the Medical Officer as soon as possible and definitely within 24 hours. See [Issuing and Administering Medicines](#) for further details.

exceptional circumstances, a nurse, midwife or ATSIHP may only administer these RS4 Medicines to a client following prescription by a Medical Practitioner. Prescription may be either through a verbal order³ as part of a telephone consultation or a written order if available, such as in the client’s EHR or rural prescription, etc.

5.3 Requirements for Administering and Supplying Schedule 8 and Restricted Schedule 4 Medicines

Health Practitioners must apply the ‘Seven Rights’ whenever medicines are administered or issued: the **right medicine** must be administered to the **right person** in the **right dose** at the **right time** via the **right route**, with the **right documentation**, and the client has the **right to refuse** treatment ([NT Medicines Management Framework](#)). For details see Information Sheet: [Medicines - The Seven Rights](#).

Under the NT MPTGA, administration of an S8 or RS4 Medicine must involve two people whenever possible. Witnessing the administration or supply of S8 or RS4 Medicine to a client will depend on whether a Health Practitioner is available. See table below for details:

Witness who is a Health Practitioner	<ul style="list-style-type: none"> - checking the medicine (right medicine) against the Medical Officer’s order: <ul style="list-style-type: none"> ~ written order if available – in the client’s EHR, rural prescription, etc ~ a phone order for the medicine should be recorded in the client’s EHR immediately, whenever possible, and verified with the Medical Officer on the phone. This provides the written order for checking the drug prior to administration. - checking the removal of the S8 or RS4 Medicine from the S8 Drug Safe or RS4 dedicated lockable cupboard - documenting S8 and RS4 Drug Register requirements (see guidelines in Section 2) - the same two people checking the medicine during preparation and before administration, ie ensuring the ‘seven rights’ are observed.
Witness who is not a Health Practitioner	When a witness is available who is not a Health Practitioner (eg second responder) they are able to check the S8 or RS4 medicine for administration purposes only and comment should be made in the S8 & RS4 Drug Register to this effect and the witness is not required to undertake a count of the S8 or RS4 stock. Entry to the Drug Storage Room is restricted to Health Practitioners only.
No Witness available ⁴	In the event another Health Practitioner / person is not available to witness administration or supply, comment should be made in the client’s EHR and S8 and RS4 Drug Register to this effect.

5.4 Home or Residential Care Visits

Where a clinician visits a client at home (or other residential setting) and administers an S8 or RS4 medicine that has been brought from the health centre, a record must be made in the S8 and RS4 Drug Register at the health centre showing the amount issued to the client. It is acknowledged that it is usually not possible for a second person to be present at the client’s home to witness the administration and therefore, in this case, the countersignature in the register reflects only that the second person witnessed removal of the S8 or RS4 Medicine from the S8 Drug Safe or RS4 dedicated lockable cupboard. The amount administered and amount discarded if any, must be recorded in the client’s EHR by the administering clinician. All due care must be taken by the clinician administering the S8 or RS4 medicine in applying the [‘Seven Rights’](#).

(Adapted from: [Guidelines for the Handling of Medication in Community-Based Palliative Care Services in Queensland](#))

⁴ Note: under the NT MPTGA Section 100, administration of S8 medicines must be witnessed by a third party who is neither the Health Practitioner nor the client. This requirement does not apply if because of the remote location of the place or other special circumstances, another person was not available to witness the administration.

5.5 Documentation – Electronic Health Record (EHR)

Administration or supply of the S8 or RS4 Medicine must be documented in the client’s EHR, including:

- time and date of administration or supply
- medicine – form, strength, quantity (dose) and route of administration or supply
- name of the person authorising treatment
- any notable outcomes of the medicine’s effect
- if the S8 or RS4 Medicine was administered without first consulting with a Medical Officer, the reason for not consulting a Medical Officer must be recorded
- the entry into the client’s EHR must be signed with the name and qualification of the person administering or supplying the S8 or RS4 Medicine (this information will be automatically populated in relevant fields by the EHR from Health Practitioner login details).

6 Self-Medication of Schedule 8 or Restricted Schedule 4 Substances

It is an offence under the [NT MPTGA](#) to self-prescribe and/or self-administer S8 medicines. Under the Act a Health Practitioner may only self-administer a Schedule 8 medicine for genuine therapeutic use in an emergency where there is no access to an authorised person to administer the substance. After administration the Health Practitioner must seek Medical Officer assistance as soon as possible. Notice of the administration must also be given to the Chief Health Officer (CHO) within seven (7) days after the administration.

PHC Remote applies the same principle to staff self-prescribing and/or self-administering RS4 Medicines. PHC Remote recommends that staff consult with another clinician for management and administration or supply of medicines. Also see [Staff Access to Health Services](#) for further information.

7 Quality Assurance

7.1 Schedule 8 and Restricted Schedule 4 Medicines Check

Health Practitioners are required to perform and record counts of S8 and RS4 Medicines at regular intervals. S8 and RS4 Medicines checks are performed **daily** (on regular business days) as a routine. This includes the:

S8 and RS4 Drug Register	Two Health Practitioners must verify the S8 and RS4 Medicine count as ‘checked and correct’ and sign the S8 and RS4 Drug Register. Health Practitioners must document the count, sign and date: <ul style="list-style-type: none"> - once a week on the page which records receipt and use of each medicine in the S8 and RS4 Drug Register, and - on each day of the week (Monday to Friday) in the ‘Shift Change Check’ at the end of the register.
Essential Checks (daily)	provides a mechanism to prompt and record checks are performed per S8 and RS4 Drug Register requirements and recorded on the Essential Quality Checks PHC Remote Forms – CAHS TEHS
Accountable Drugs Quality Return (monthly)	Health centre Health Practitioners should perform self-auditing through the completion and submission of the monthly Accountable Drugs Check PHC Remote Form – CAHS TEHS . See Quality Assurance Overview PHC Remote Guideline for details regarding PHC CAHS and TEHS processes.

7.2 Drug Storage Room Audit

7.2.1 S100 Pharmacist

Pharmacists contracted under [S100 Agreements](#), perform [Drug Storage Room](#) audits when visiting health centres. This will include a review of S8 and RS4 processes as part of the overall Drug Storage Room audit. Also see [Pharmacy Audits PHC Remote Guideline](#) for further information.

7.2.2 Authorised Officer (formerly Poisons Inspector)

Under the [NT MPTGA](#), an Authorised Officer may visit a health centre at any time, with or without notice for the purpose of auditing:

- the management of S8 and RS4 Medicines, including storage and disposal
- associated records (eg S8 and RS4 Drug Register, invoices, receipts, etc) required to be kept under the Act.

7.2.3 Visiting Primary Health Care Remote Staff

Primary Health Care Remote staff who are professionally registered under the [Health Practitioner Regulation \(National Uniform Legislation\) Act](#) may also perform S8 and RS4 Medicine audits when visiting a health centre. Generally this will be the District Manager, other Manager, PPN, TEHS PHC Medication Safety Nurse, PHC Pharmacist or visiting PHCM.

7.3 Discrepancies in Schedule 8 Medicines Count

Health Practitioners must report any discrepancy noted when counting the S8 and RS4 Medicines including instances of broken or missing medicines. It must be reported to the PHCM for investigation immediately and an incident report via the RiskMan system completed as soon as practical. The PHCM must report the discrepancy to the District Manager immediately and ensure incident reporting processes have been followed.

Depending on the circumstances surrounding the incident, the PHCM or District Manager may report the discrepancy to the PHC Pharmacist and relevant Health Profession Manager for further investigation. The PHCM, District Manager or relevant Health Profession Manager must also notify Medicines and Poisons Branch utilising the [Drug Loss or Discrepancy Report Form](#) when the S8 or RS4 medicines count cannot be reconciled and the discrepancy explained. Management must consider whether the discrepancy is to be reported to the Police for investigation⁵.

8 Unwanted or Expired Schedule 8 and Restricted Schedule 4 Medicines

Regardless of the supplying pharmacy (S100 or Hospital) or whether the medicines are supplied for general health centre stock or stock from client prescriptions, there are two options for managing unwanted or expired S8 or RS4 stock. Details for the appropriate procedure are provided in the Information Sheet – [Return or Disposal of Unwanted or Expired S8 / RS4 Medicines](#). The S100 Pharmacist will monitor and where required facilitate disposal of expired S8 or RS4 Medicines according to the guidelines.

Note: Client-held Medicines which no longer have a current prescription or have not been collected for more than three months may be considered as unwanted and discarded even if they are still in date.

9 Retention of Pharmaceutical Records

Under the NT [MPTGA and Regulations](#) (section 76) all records listing pharmaceuticals such as Drug Registers, rural prescriptions, orders, invoices, receipts, delivery dockets, etc are required to be retained for two (2) years after the date of the last entry in the record. After this time records may be transferred to a secondary storage facility such as Iron Mountain or Centralian Records Management for storage and/or destruction per the [Pharmacy Services DS2015/22 – October 2015](#) retention and disposal schedule.

⁵ Note: DoH Medicines and Poisons Branch must be notified when a breach in S8 Medicines management is not able to be resolved. Police must be notified when investigation of the breach suggests criminal activity

Quality Assurance		
	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	PGC Administrators
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.	Atlas Development Officer, Primary Health Care CAHS
Compliance	Adverse events are entered on RiskMan and managed by the relevant manager or referred for further investigation and management.	Relevant Manager PHC CAHS: Clinical Nurse Manager, Quality and Safety PHC TEHS: Safety and Quality Manager
	PHC Remote CAHS: Monitoring return of Accountable Drugs Quality Return and Essential Quality Checks Form are completed and monitored Follow up issues identified during quality checks	Professional Practice Nurse PHC Remote CAHS Relevant District Manager Clinical Nurse Manager, Quality and Safety PHC CAHS
	PHC Remote TEHS: Monitoring of PHC RiskMan Quality Assurance Audit reports for the Accountable Drugs Quality Return and Essential Quality Checks Form Follow up issues identified during quality checks	Professional Practice Nurse PHC Remote TEHS Safety and Quality Manager PHC TEHS Relevant Primary Health Care Manager Relevant Manager
	Drug Storage Room audits are completed, with any recommendations followed up and monitored	Primary Health Care Manager Relevant District Manager Senior PHC Remote Pharmacist PHC CAHS: Clinical Nurse Manager, Quality and Safety PHC TEHS: Safety and Quality Manager or Medication Safety Nurse

Key Associated Documents	
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<p>Accountable Drugs Check PHC Remote Form – CAHS TEHS</p> <p>Essential Quality Checks PHC Remote Forms – CAHS TEHS</p> <p>S8 and RS4 Medicines from Hospital Pharmacy Order PHC Remote Form</p> <p>S8 and RS4 Medicines Delivery Notification PHC Remote Form</p>

[Drug Loss or Discrepancy Report Form](#)

[Notification of Supply of a UnRestricted S8 Substance Form](#)

[General Medications Contract](#)

RiskMan down time form (ONLY to be used in the event of outages)

[Dose Administration Aids PHC Remote Guideline](#)

[Drug Storage Room Standards PHC Remote Guideline](#)

[Emergency Equipment and Drugs Overview PHC Remote Guideline](#)

[Issuing and Administering Medicines PHC Remote Guideline](#)

[Pharmacy Audits PHC Remote Guideline](#)

[Pharmacy Ordering PHC Remote Guideline](#)

[Prescriptions PHC Remote Guideline](#)

[Quality Assurance Overview PHC Remote Guideline](#)

[Regional Hospital Pharmacies PHC Remote Guideline](#)

[Return of Unwanted Medicines PHC Remote Guideline](#)

[Section 100 Pharmacy Arrangements PHC Remote Guideline](#)

[Section 250 NT MPTGA PHC Remote Guideline](#)

[Staff Access to Health Services PHC Remote Guideline](#)

[Standard Drug List PHC Remote Guideline](#)

[Schedule 8 and Restricted Schedule 4 Delivery PHC Remote Pharmacy Group Communiqué](#)

Emergency Kit Contents Lists:

[Emergency Outreach Drug Box Contents PHC Remote List](#)

[Fit Kit Contents PHC Remote List](#)

Information Sheets:

[Medicines – The Seven Rights PHC Remote Information Sheet](#)

[Midazolam for Emergency Kits PHC Remote Information](#)

[Morphine for Emergency Outreach Drug Box PHC Remote](#)

[Return or Disposal of Unwanted or Expired S8 / RS4 Medicines Information Sheet](#)

[Schedule 8 and Restricted Schedule 4 Medicine Register Example PHC Remote – CAHS | TEHS](#)

[Standard Drug List PHC Remote Master Document](#)

RiskMan intranet site

NT Health [Staff Identification Policy](#)

NT [Medicines, Poisons and Therapeutic Goods Act \(MPTGA\) and Regulations](#)

NT [Health Practitioner Regulation \(National Uniform Legislation\) Act](#)

[Australian Government Therapeutic Goods Act](#)

[Poisons Standard](#)

[NT Medicines Management Framework](#)

DoH [Medicines and Poisons Control](#) website

[Medical Practitioners](#) webpage:

- [Requirements of Prescriptions for S8 Substances](#)

Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline

	<p>- Code of Practice – Schedule 8 Substances:</p> <ul style="list-style-type: none"> ~ Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances ~ Volume 2 - Storage & Transportation <p>Gazette Notices (Section 250, 252, 254) – provides links to relevant Gazettal Notices</p> <p>Government Gazette G37 NT Government Primary Health Care Centres Revocation, Declarations and Approval Notice</p> <p>To access the standard AS/NZS 3809:1998 go to Australian Standards Online Premium and search by the standard number</p> <p>Remote Primary Health Care Manuals website</p> <p>Guidelines for the Handling of Medication in Community-Based Palliative Care Services in Queensland 2015. Brisbane South Palliative Care Collaborative, Queensland Health</p> <p>Pharmacy Services DS2015/22 - October 2015 retention and disposal schedule.</p>
References	As Above

Definitions, Acronyms and Alternative Search Terms	
Term	Description
Drug Storage Room	The dedicated room where medicines are kept in the health centre. (In accordance with the NT MPTGA ⁶ a ‘pharmacy’ is defined as the premises or the part of premises in which a pharmacy business is carried on).
Health Profession Manager	For the purpose of this document refers to the Director of Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), Director of Nursing and Midwifery and Primary Health Care (PHC) Director Medical Services.
Possession of S8 Drug Safe and RS4 dedicated lockable cupboard keys	Possession is defined as held on the person and not stored in another location.
Schedule 8 and Restricted Schedule 4 Drug Register	A register required under the NT MPTGA to record the receipt, issue and tally of all Schedule 8 Medicines in a health centre. Note this register also provides a record for Restricted Schedule 4 Medicines.
Schedule 8 (S8) Medicines	S8 Medicines under the Poisons Standard in Australia are defined as: substances that should be available for use but require restrictions relating to manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. Schedule 8 Medicines are further classified as UnRestricted or Restricted S8 Medicines. Restricted S8 Medicines are subject to further restrictions as declared by the Chief Health Officer (under section 246 of the NT MPTGA). S8 Medicines may also be referred to as Dangerous Drugs.
Scheduled Substance Treatment Protocol (SSTP)	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 .

⁶ See clause 1 of Schedule 7 to the NT [Health Practitioners Act](#).

Evidence			
Reference	Method	Evidence Level (I-V)	Summary of Recommendation from this Reference
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
 Clinical Governance	 Partnering with Consumers	 Preventing and Controlling Healthcare Associated Infection	 Medication Safety	 Comprehensive Care	 Communicating for Safety	 Blood Management	 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>