Safe Management of Controlled Drugs

Definitions

Controlled drugs   Any drug listed in any schedule of the Misuse of Drugs Act – refer to Appendix 1

Introduction

This protocol describes the procedures in place for ensuring the safety and efficacy of controlled drugs in Massey University Veterinary Teaching Hospital (VTH). Everyone who handles controlled drugs must ensure the storage, administration and disposal of these drugs conforms to the law (mainly Misuse of Drugs Act and Regulations, see appendix 3) which is designed to prevent the abuse of drugs in people (including veterinary surgeons and nurses).

This protocol is applicable wherever controlled drugs are stored, dispensed or used.

Each individual clinician is directly responsible for the drugs they prescribe\(^1\).

Ordering controlled drugs

Orders for controlled drugs must be made through the Massey ordering system, and must include a veterinarian’s signature and qualifications (usually Paul Chambers). It must be stated on the order form that the drugs are to be addressed to Paul Chambers. Morphine, fentanyl injection and methadone are ordered from Health Care Logistics. Buprenorphine is ordered from Reckitt Benkiser, pethidine from Propharma and fentanyl patches from Health Support. Pentobarbitone comes from Provet NZ. Orders which fail to arrive must be actively tracked down.

Storage of controlled drugs

Within the VTH controlled drugs of class B and C7 must be stored in a designated controlled drugs safe, and pentobarbitone must be in a locked container when carried in a vehicle. Controlled drugs ordered by the VTH are transferred upon their arrival in the VTH to the Controlled Drugs Stock Safe. Stock within the Controlled Drugs Stock Safe is used to replenish stock within designated Hospital Controlled Drugs Safes\(^2\).

Replenishment of stock within a Hospital Controlled Drug units must be undertaken by two staff members, Paul Chambers (or an alternative veterinarian authorised by him in his absence) and a second senior and permanent staff member. This must be accompanied by a debit entry in the Controlled Drugs Stock Safe register and a corresponding credit entry in the appropriate Hospital Controlled Drug Safe register. The balance in both safes and their corresponding registers must be

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\(^1\) Paul Chambers is responsible for monitoring the use of controlled drugs in the Veterinary Teaching Hospital and Professor Frazer Allan as Head of Institute has overall responsibility for controlled drugs in IVABS.

\(^2\) These are a Cubex Mini in Anaesthesia, a Cubex mini in CA ICU, and a controlled drug safe in Equine Veterinary Clinic and PM room

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checked. Only if the balances are correct can the transfer occur and the registers signed by both staff.

With class B or C7 drugs, the amount transferred and the date and time transferred must be recorded in the registers.

If there is a need to transfer drugs from one Hospital Controlled Drugs Safe to another, it must be clearly recorded in both registers at the time of transfer and checked and signed in the same manner.

Pentobarbitone dispensed from the central pharmacy must have a label attached to the bottle specifying which veterinary surgeon (for FSC and PM room) or which area (anaesthesia, CAH, or equine) will be responsible for its storage. Maximum stock that should be stored in any safe is displayed inside each safe.

Class A controlled drugs can only be kept in the central pharmacy safe.

Benzodiazepines and phenobarbitone (class C5) should also be kept in the safes if there is room, otherwise they should be in a locked cupboard.

When stock of controlled drugs is running low in any hospital controlled drug safe, Paul Chambers, or his nominated delegate, should be notified to arrange restocking from the central pharmacy safe.

**Safe Managers (refer to Appendix 2 for list of hospital safes and their manager)**

Each Hospital Controlled Drugs Unit has a named veterinarian as Safe Manager. Each day the Safe Manager must check that the controlled drugs held in the safe balance with the controlled drugs register/audit sheet and note and sign the register to this effect. The Safe Manager is also responsible for:

- Investigating any discrepancies in balances or recording found. If the discrepancy cannot be explained and corrected immediately, the Safe Manager will report this to Paul Chambers. The safe is labeled as “Not in Use” until the discrepancy has been rectified and the register updated and signed. When this occurs and controlled drugs are required for a patient these must be drawn from the Hospital Controlled Drugs Safe in the anaesthesia suite under the direct authority of an anaesthesia clinician.

- Ensuring that every entry in the register has been counter signed (this can be a veterinarian, nurse or BVSc V student)

- For the Equine Veterinary Clinic Safe - changing the safe combinations on the first Monday of each month and ensuring that the appropriate staff are advised of the new code

- Each month, auditing at least two entries in the safe register against the patient’s file

- Ensuring the person nominated as the back-up safe manager for that safe will complete these tasks when the principle Safe Manager has scheduled leave

**Dispensing and administering controlled drugs**

All controlled drugs removed from the Hospital Controlled Drugs Safes are required to be recorded in the controlled drug registers kept on top of the safes (refer to Appendix 3 for the recording protocol). The patient’s name and case number must be recorded with the authorising veterinarian’s name and signature, and the balance remaining checked and countersigned by another person. If no one else is around at the time of dispensing the balance should be checked and countersigned as soon as possible. If, for any reason such as an emergency, it is not possible to fill out the controlled drugs register at the time, it must be filled in within 24 hours.
Controlled drugs use must also be documented in the patient’s record, either in the notes, the recovery form or in the anaesthetic record and signed by the registered veterinarian who prescribed them. Time and date, the name of the drug, route and dose must be recorded.

Only one dose of drugs of class B and C7 should only be dispensed at a time. If any drug remains in an ampoule after the prescribed dose has been dispensed, the remaining contents of the ampoule should be discarded by pouring the remaining contents into the sink, flushing the sink thoroughly with running water and disposing of the empty vial in the sharps bin.

Where practical, controlled drugs should be administered by a veterinary surgeon, or a veterinary student under direct supervision. In some circumstances, for instance pain control or pre-medication, a member of the general staff may be authorised by a veterinary surgeon to administer a controlled drug. Direct supervision means that a veterinarian is present in the same room.

If a bottle of pentobarbitone is removed from the safe, any remaining should be returned as soon as possible.

**Prescribing controlled drugs for dispensing by others**

It should only be necessary to write a prescription for controlled drugs in exceptional circumstances. The requirements for a controlled drug prescription are more stringent than for other drugs (see appendix 4).

When dispensing class B drugs to clients no more than one month’s supply can be prescribed. Paul Chambers should be notified before this is done. It is recommended that benzodiazepines and phenobarbitone be treated in the same way.

**Disposal of controlled drugs**

If it is necessary to dispose of a controlled drug, it should be flushed down a sink, with plenty of running water, in the presence of another member of staff. Both should sign the controlled drugs register and record the disposal of the drug, and the remaining balance. If an ampoule is accidentally broken, this should also be recorded in the controlled drugs register and the balance noted.

**Audit**

On 30th June and 31st December (or as near as convenient), the amounts of each controlled drug in stock will be audited, and all transactions in and out tallied by two people who do not have regular access to the drugs (Kathy Parton and Craig Johnson). On a weekly basis (Monday), safe managers shall count and record the controlled drugs in the safes for which they are responsible.

If there is any disparity between the amount of any drug held, the controlled drug register balance or the sum of transactions, all staff who have access to the controlled drugs will be notified, either by e-mail or verbally in case anyone has forgotten to sign in the book. If the missing ampoule(s) still cannot be accounted for, notes and anesthetic records should be checked to see if the ampoule(s) can be accounted for. Should the count still be incorrect, the Hospital Director and the Head of Institute are to be notified and a letter forwarded to the Ministry of Health. If the Institute Head is sufficiently concerned that there has been a breach in protocol or possible misuse of drugs the Veterinary Council will be notified. If large amounts of drugs are missing, or if there is evidence or suspicion of deliberate diversion, the Ministry of Health and the police are to be notified immediately.

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If any member of staff has concerns that any drug may have been diverted for illegal use, they should contact Paul Chambers and the Hospital Director immediately.

This protocol has been prepared using:
- Medicines Act 1981
- Medicines Regulations 1984
- Misuse of Drugs Act 1975
- Misuse of Drugs Regulations 1977
<table>
<thead>
<tr>
<th>Class</th>
<th>Drugs</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (B1 except morphine, B2)</td>
<td>etorphine, phenylpropanolamine, pseudoephedrine (heroin, etc)</td>
<td>Controlled drug safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Controlled drug register</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permission from MoH</td>
</tr>
<tr>
<td>B</td>
<td>morphine, pethidine, fentanyl, alfentanil, remifentanil, methadone</td>
<td>Controlled drug safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Controlled drug register</td>
</tr>
<tr>
<td>C2 &amp; C4</td>
<td>codeine, buprenorphine, pentobarbitone, ketamine</td>
<td>Controlled drug safe</td>
</tr>
<tr>
<td>p</td>
<td>benzodiazepines, Phenobarbitone</td>
<td>Locked cupboard</td>
</tr>
<tr>
<td>C6</td>
<td>Dilute solutions, (Designer drugs)</td>
<td>None</td>
</tr>
<tr>
<td>C7</td>
<td>carfentanil, butorphanol, nalbuphine, pentazocine</td>
<td>Controlled drug safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Controlled drug register</td>
</tr>
</tbody>
</table>

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Appendix 2: Hospital Controlled Drugs Safe locations, managers and deputy managers

**Anaesthesia: Safe Manager, Vicki Walsh**
Only the anaesthetists, or anaesthetic technicians acting on the authority of an anaesthetist, have access to this safe. Other veterinary surgeons who require these controlled drugs should see one of the anaesthetists.

**Companion Animal Hospital (Nurses' Station): Safe Manager, Kat Crosse**
All permanent veterinary members of the academic staff working with small animals should have a key for this safe. Other veterinary surgeons that require these controlled drugs should see one of the authorised key holders. Keys **must not** be lent to anyone else, including students, at any time. The Hospital Director will keep a register of keys.

**Intensive Care Unit: Safe Manager, Kat Crosse**
The combination of this safe is to be changed every week and communicated to all the small animal medicine and surgery veterinarians, and the final year students on medicine and surgery rosters.

This safe will only hold Ketamine and drugs for treatment of specific patients that night, drawn up in dated and labelled syringe.

**Equine Treatment Area: Safe Manager, Anna Kendall**
The combination on this safe is to be changed monthly and be known by Equine Hospital clinicians and nurses only.

**Farm Service Clinic and FSC Vehicles: Safe Manager, Richard Laven**
This safe is to hold pentobarbitone 500mg/mL only.

Pentobarbitone must be kept in a locked steel box bolted to the vehicle. Only the veterinarian responsible for the vehicle should have access to the box. There should be no more than 2 x 250mL bottles in each vehicle.

**Post Mortem Room: Safe Manager, Mark Collet**
The PM room technician, acting on the authority of one of the pathologists, has access to the PM room safe. Use of pentobarbitone must be authorised, and that authorisation documented, by the veterinarian who has taken responsibility for the animal. There should not be more than 10 x 250mL bottles.

**Anatomy (Post Mortem Room): Safe manager, Craig Johnson**
This safe shall hold pentobarbitone 300mg/mL only. Use of pentobarbitone must be authorised, and that authorisation documented, by the veterinarian who has taken responsibility for the animal

**Wildlife Ward: Safe Manager, Kerri Morgan**
This safe shall hold pentobarbitone 300mg/mL only. Use of pentobarbitone must be authorised, and that authorisation documented, by the veterinarian who has taken responsibility for the animal
**Appendix 3 How to fill in the book**

All entries must be in ink and clearly legible.

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**CONTROLLED DRUGS REGISTER**

<table>
<thead>
<tr>
<th>Name and Form of Drug</th>
<th>One kind and one strength only to each page</th>
<th>morphine 30mg/mL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and address of person from whom received or Name of patient or Name and address of person supplied or Declaration 'Physical stocktaking'</th>
<th>Prescription or Order Number or time</th>
<th>In</th>
<th>Out</th>
<th>Balance</th>
<th>Name of Authority</th>
<th>Issued Dispensed, or Administered by</th>
<th>Initials of Person Making Entry or Checking Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/12/06</td>
<td>From pharmacy 9.30 am</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30/12/06</td>
<td>Dog Smith 123456</td>
<td>1</td>
<td>9</td>
<td></td>
<td>Baxter</td>
<td>Linda</td>
<td>JPL</td>
<td></td>
</tr>
</tbody>
</table>

- **animal's name must be written out**
- **case no. leave blank**
- **number of ampoules used, not mg of morphine**
- **actual number of ampoules left in safe - not how many there should be**
- **name of vet who authorised use**
- **signature of person giving drug**
- **signature of person checking balance**
Appendix 4 Summary of the law

Misuse of Drugs Act (1975)
Misuse of Drugs Regulations (1977 / 37)

The main legislation designed to control the use of addictive drugs. Classifies controlled drugs - mainly important for illegal possession, but also for restrictions on storage etc. Veterinary surgeons are permitted to supply, prescribe and administer controlled drugs Class B or C for animals under their care. Specifies the more stringent requirements for prescriptions, labelling and storage of controlled drugs. Allows the Minister of Health to ban specific veterinary surgeons from prescribing controlled drugs, ensures that the Veterinary Council is informed of any convictions concerning controlled drugs so that convicts can be struck off.

Class A controlled drugs
Drugs of addiction such as LSD, heroin, cocaine, most amphetamines. Dangerous drugs with limited or no clinical use such as etorphine, thalidomide (and Spanish fly!). Permission from the Minister of Health is required to use Class A drugs.

Class B controlled drugs:
Most opioids, including more than 2.5mg diphenoxylate (but also ecstasy, methamphetamine and processed cannabis).

Class C controlled drugs
Codeine, barbiturates, buprenorphine, meprobamate; very dilute solutions of morphine, < 2.5mg diphenoxylate (also cannabis plant and coca leaf (C1)) Benzodiazipines, which are the class of drugs most widely abused by people, have recently been added to class C5. “Designer drugs” (analogues of drugs of abuse) are in class C7. This includes carfentanil.

Controlled Drugs from classes B, C 1 - 4 and C7 must be secured when not in use. Secured means locked in a metal or concrete cabinet bolted down to the building and keys kept elsewhere. These drugs should not be left unattended in vehicles. Class C5 do not need to be locked up, but it is still a good idea.

Records
Class B and C7 drugs must have records kept of their use. A Controlled Drugs Register must be kept on the premises (usually with the drugs). It must be a bound book with consecutively numbered pages with details of one form of one drug per page. Entries must be legible and indelible, and filled in within 24 hours of the use of the drug. A stock check is to be carried out at the end of June and December. The Controlled Drug Register must be available for inspection by the police or Ministry of Health officers.

Requirements for a prescription for a class B drug
A prescription must be written in indelible ink and should include:

- Name and address of the prescriber and the veterinary practice
- Date of prescription
- Name, initials and address of the client (include animal’s name or species)
- Name of drug(s) and strength. This is usually the approved name, in which case the pharmacist may
- dispense any suitable product, but you may use a trade name for a particular product.
- Directions to pharmacist - how to prepare any preparation which needs to be made up
• Total amount to be dispensed in words and figures (to stop people altering it).
• Directions you wish to appear on the label Dose, directions for use, “for animal treatment only” and
• any precautions or warnings
• Veterinary surgeon’s signature

Abbreviations must not be used and no repetitions are possible.
Most of the other provisions of the Act and Regulations relate to the powers of the police and courts.

**Veterinary Council Code of Professional Conduct**
This adds extra requirements, particularly around documentation. Where electronic records do not allow immediate reconciliation of stocks, all controlled drugs must be recorded in a controlled drugs register. Controlled drugs cannot be authorised as part of a standing order.