Pharmacy arrangements in quarantine

The pharmacy arrangements within quarantine are managed by the Nursing Team with onsite medications kept in a secure and suitable place. This includes liaising with the onsite Medical Officers when medications are prescribed to oversee the script being filled at external pharmacies and medications collected and distributed to residents. Recommendations are that one nursing staff member manages the drug storage room including the ordering of pharmaceutical stock.

If the resident has a current Australian script, the Resident Handbook will explain how they can get a prescription filled by local pharmacies and have the medications delivered to them. This is facilitated with the Click and Collect Team. If the resident does not have a current prescription, they will need to refer them to the Resident Handbook which will explain how they can arrange a telehealth appointment with an Australian General Practitioner.

If the resident is a repatriated Australian with no Medicare card, the Medical Officer has the responsibility to assess the resident and if required write a prescription and send it directly to the nominated local pharmacy. Any medication administration on site must be recorded in the resident online medical records, the site therefore must have the ability to create hospital registration numbers to record medication administration.

Storing medications

The site should have a dedicated medication/drug room within the clinic. This should be locked and require a Staff Identification Card (swipe card) to enter. Any scheduled medications need to be kept in a locked medication safe with the keys held by the Nurse Leader or Medical Officer.

The onsite medication drug room needs to meet specific criteria for holding medications. These are identified as:

- The room is lockable with air conditioning at approximately <25^0C running 24 hours a day.
- There is adequate space and shelving to keep medications displayed in a neat and clean display.
- Medications are laid out according to the standard drug list (i.e. Refrigerated, S8 & RS4 drug safe, Oral, Injectable, Topical, Infusion, Inhalational, Non-drug).
- Medicines information posters are displayed including the approved scheduled substance treatment protocols (SSTP) and medicines list (refer to Appendices A for the example of a SSTP list presented by the Department of Northern Territory Health. *Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines List PHC Remote*).
- Access to a networked computer system and printer.
- Dispensing equipment is present and in good working order including labels, cautionary labels, paper bags, purified water, normal saline, measuring cylinder, medicine cups, paper cups, syringes, dosettes, pill cutters and mortar and pestle.
- Dose administration aids.
- Tamper Evident Bags and S8/RS4 Drug Waste Bins are available for return or disposal of unwanted S8 and RS4 medicines.
- Client specific chronic condition medicines stored appropriately.
- Folder present containing all current valid client prescriptions (noting client prescriptions and other medication documentation is retained at the health centre for two years from the date of the last entry/use).

Stock management

Within the dedicated medication room there are standard processes to ensure stock is safely stored and maintained. This is the responsibility of the allocated nurse and should be accompanied by an auditing process as evidence the medication has been kept safely and checked regularly.

The stock management auditing process and report must include the following factors.

- All mandatory Standard Drug List items stocked
- Each Standard Drug List item is organised neatly behind the shelf strip label for the item (e.g. only the correct strength and form is present behind each shelf strip label)
- Minimum and maximum stock levels displayed on shelf strip label
- Stock levels are appropriate for the size of the quarantine centre
- Stock levels are reviewed within last 12 months (record date of last review)
- Stock rotation is evident – random audit
- No expired medicines in circulation – random audit
- Agreed ordering procedure in place and adhered to, including procedure for regular orders and urgent orders Imprest order forms / electronic ordering system is up to date with all current SDL and local addition items
- Return of Unwanted Medicines (RUM) Bin in use according to RUM protocol and spare bins available
- Discarded SDL medicines are recorded on the Record for Return of Unwanted Medicines (RUM) – Standard Drug List Medicines Only Form and subsequently filed for review by S100 pharmacy

- Adequate supply of client prescription medicines (e.g. chronic meds, DAAs) without being in excess
- Client dispensed medicines are current against the current valid prescription – random audit DAAs are current against the valid current client prescription – random audit Hard copy prescriptions in folder current against EHR current prescription – random audit DAAs in date (8 week expiry from the packing date) – random audit

Ordering medications

Weekly (or as required) the designated staff member reviews the contents of the drug cupboard using the imprest list, to replace stock. Stock can be sourced via an arrangement with the local pharmacy. Appendices A presents the *Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines List PHC Remote* as an example imprest list. Ordering of bulk supply is based on the Standard Drug List (SDL), which is an agreed list of pharmaceuticals used in remote health centres throughout the Northern Territory (NT). The list includes both mandatory items which must be stocked in all health centres and non-mandatory items which health centres may opt to hold or not hold on site.

When pharmaceutical supplies are delivered to the health centre, the person signing the receipt of the delivery must check the consignment note against the items that are delivered (including checking the numbers of each item received).

When unpacking pharmacy orders, items must be checked:

- against the order form / packing slip on delivery - expiry date of stock.

- for viability of stock where packing may be damaged.

- maintenance of cold chain where appropriate.

Note: If discrepancies are noted, check the delivery papers and/or contact the supplying pharmacy as soon as practical.

When unpacking items into the Drug Storage Safe, such as Schedule 8 and Restricted Schedule 4 Medicine stock should be:

- rotated and items with the longest expiry date placed at the rear.
- placed against the correct name tag on the shelf.

When orders for S8 & S4 medicines are expected, staff must ensure that someone is at the delivery point to collect the medicines as soon as they arrive.

Schedule 8 and Restricted Schedule 4 Medicine Delivery Notification: In addition to the above tracking system, a Delivery Notification Form will be included with all incoming S8 and RS4 medicines. The Delivery Notification Form needs to be signed to confirm that the medicines were received and a copy of the signed. If S8 / RS4 medicines have gone missing, contact the pharmacy and District Manager / Manager On-Call immediately. The staff member identifying the incident must complete an incident report via the RiskMan system within 24 hours.

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Record keeping

Legally in Australia, all records listing pharmaceuticals such as prescriptions, orders, invoices, receipts, delivery dockets, etc are required to be retained for the period of time specified in the Records Disposal Schedule Pharmacy Services Department of Health Disposal Schedule No. 2015/22. NT Government, 2015). Generally, this will be for a period of two (2) years after the last date of entry. Further conditions apply for S8 and RS4 medicines, this retention is only applicable to records related to the distribution of pharmaceuticals.

Administering medication to a resident in the zone-process

Nurse-initiated medications which are being taken into the zone must follow the standard IPC and PPE process for tasks that require the nurse to enter a red or orange quarantine zone.

The Pod/Nurse Team Leader should ensure there is evidence to support the request for medication and that appropriate and legal documentation is implemented throughout the medication administration process. This includes follow-up on the medication delivery and ensuring the resident receives his/her medication. The medication can be collected from the Medication room by two registered nurses. Only the dose required is to be collected.

> Medication cannot be stored in Pods, once it has been collected from the Medication room it must be delivered to the correct resident as soon as possible.
> Medication should never be left unattended.

Refer to Appendices A for an example of the medication administration guide used by Nurses to administer paracetamol to a resident in the red or orange zone. Note that the process for donning and doffing of PPE, the buddy system and taking equipment in and out of the zones is presented in *Section 2: Infection Prevention and Control*.

Content Acknowledgement

Content in this resource has been created and, in some cases, directly copied with permission from documents and resources owned and prepared by the Northern Territory Government, Department of Health, Centre for National Resilience, Howard Springs Quarantine Facility and the National Critical Care and Trauma Response Centre.

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Appendices A

Department of Northern Territory Health. Approved Scheduled Substance Treatment Protocols (SSTP) and Medicines List PHC Remote.
https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/6941/73/Approved%20Scheduled%20Substance%20Treatment%20Protocols%20%28SSTP%29%20and%20Medicines%20List%20PHC%20Remote.pdf

The substances listed below may ONLY be initiated by a Nurse, Midwife or Aboriginal & Torres Strait Islander Health Practitioner, when in conjunction with the following Scheduled Substances Treatment Protocols.

Medicines must not be administered by the intravenous route without the direction of a medical practitioner, except where the medical condition of the person requires the intravenous administration of the medicine without delay.

Schedule 4 and 8 Medicines – *as approved by the Chief Health Officer in Part C of the Gazette Notice*			
Adrenaline (Epinephrine)	Fluoride Varnish	Phenoxymethylpenicillin (Penicillin V)	Vaccine Diphtheria/Pertussis/ Poliomyelitis/Tetanus
Albendazole	Hydrocortisone	Podophyllotoxin	Vaccine Diphtheria/Pertussis/Tetanus
Amiodarone	Ibuprofen	Praziquantel	Vaccine Diphtheria/Tetanus
Amoxicillin (Amoxycillin)	Imiquimod	Prednisolone	Vaccine Haemophilus Influenza B (HIB)
Amoxicillin/Clavulanic Acid	Ipratropium	Probenecid	Vaccine Hepatitis A
Azithromycin	Iron	Procaine Benzylpenicillin (Procaine Penicillin)	Vaccine Hepatitis B
Benzathine Benzylpenicillin	Lidocaine (Lignocaine)	Prochlorperazine	Vaccine Herpes Zoster
Benzatropine	Lignocaine with Adrenaline (1:100,000)	Roxithromycin	Vaccine Human Papillomavirus
Betamethasone Valerate	Metoclopramide	Salbutamol	Vaccine Influenza
Box Jellyfish Antivenom (Antisera)	Metronidazole	Silver Sulfadiazine (Silver Sulphadiazine)	Vaccine Meningococcal
Cefalexin (Cephalexin)	Midazolam	Terbinafine	Vaccine Measles/Mumps/Rubella (MMR)
Ceftriaxone	Mometasone Furoate	Tetracaine (Amethocaine)	Vaccine Measles/Mumps/Rubella/Varicella (MMRV)
Ciprofloxacin	Naloxone	Tinidazole	Vaccine Poliomyelitis
Clindamycin	Nitrofurantoin	Triamcinolone/Neomycin/Nystatin/Gramicidin	Vaccine Pneumococcal
Dexamethasone/Framycetin/Gramicidin	Omeprazole	Trimethoprim	Vaccine Rotavirus
Dicloxacillin	Ondansetron	Trimethoprim/Sulfamethoxazole	Vaccine Varicella
Doxycycline	Oxybuprocaine	Tuberculin PPD (Mantoux)	Valaciclovir
Famciclovir	Oxytocin	Vaccine Diphtheria/Haemophilus Influenza B /Hepatitis B/Pertussis/Poliomyelitis/Tetanus	Zinc Sulfate (zinc sulphate)
Flucloxacillin	Paracetamol 500mg/Codeine 30mg		Schedule 8: Morphine
Schedule 2, 3, 5 and Unscheduled Medicines – *as approved by Primary Health Care Remote - Best Practice Group*			
Aciclovir 5% cream	Docusate with Senna	Lactulose	Promethazine
Antacids (eg Gastrogel™)	Fluorescein eye drops/strips	Isosorbide Dinitrate	Pyrantel
Aspirin	Folic Acid	Levonorgestrel	Pyridoxine
Benzyl Benzoate	Glucagon	Lidocaine (Lignocaine) Gel 2%	Multivitamins (vitamin compound, Iodine/Folic Acid, etc)
Chloramphenicol	Glucose	Loperamide	Nicotine Replacement Therapy (NRT)
Chlorhexidine 0.2% mouthwash	Glyceryl Trinitrate	Loratadine	Terbinafine cream 1%
Clotrimazole	Hypromellose eye drops	Miconazole	Terbutaline
Crotamiton	Ibuprofen syrup	Oil of Cloves	Thiamine
Dimeticone 4%	Iron/Folic Acid	Oral Rehydration Salts (ORS)	Urinary Alkalinisers (eg. sodium citro-tartrate)
Docusate Sodium ear drops	Ketoconazole shampoo 2%	Paracetamol	Vitamin C (Ascorbic acid)
Docusate Tablets	Lactic acid and urea cream	Permethrin 5%	Vitamin K (Phytomenadione)

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Appendices B

Nurse Initiated Pain management Protocol for Quarantine Facilities

Nurse Initiated Pain Management Protocol for Quarantine Facilities	
Drug	**Paracetamol 500mg tablets**
Indications	Residents in quarantine complaining of pain or with viral symptoms
Additional Information	**General Principles** Attempt to identify the underlying cause of pain or discomfort. Obtain history, complete physical examination and relevant investigations, and think about other factors that might influence the pain. Check regularly if treatment is working- adjust dose if needed. Ask what the person's concerns are and reassure them- pain always feels worse if a person is frightened or worried. **Acute pain**- started recently and is expected to last a short time. Usually related to injury or sickness. A person is expected to recover and return to normal. To manage acute pain well- find the problem/cause (diagnose) and treat it. Always d DRABC DE after trauma and before treating any suspected fractures. Remember compartment syndrome after a bone has been broken. Always call an ambulance and transfer to the hospital. Refer to the Medical Officer if pain persists after two doses.
Contradictions and/or Exclusions	• Known allergy to paracetamol • Client who has received paracetamol in the last 4 hours or a total of 8 tablets in the 24 hours • Severe hepatic impairment
Dose and Route	500mg - 1000mg (1-2 Tablets) tablets orally
Dose Frequency	**At once (STAT)** May repeat dose once after four to six hours if required. Refer the person to Medical Officer if pain persists and further doses are required. Maximum dose of 400mg (four grams) in 24 hours (remember to include all paracetamol-containing products when calculating total dose).
Drug Interactions	These drug interactions do not contraindicate use but are considerations for maximum daily dosing. • Warfarin • Inhibitors and inducers of CYP1A2 such as rifampicin
Monitoring Requirements	**Assessing pain** • Check baseline observations of Temperature, Pulse, Blood Pressure, Respiratory Rate (RR), Oxygen Saturation (O2 sats).

	- Take resident history - When did it start? - Where does it hurt, more than one place, where does it move or radiate to? - How long has the pain been present, have they had it before if so, what happened then? - Is the pain dull, sharp, cramping, squeezing, pain or discomfort? - Is the pain present all the time or is it coming and going, is ever are they completely comfortable? - Rate the level of pain- use a scale of 1 to 10 with 10 being the worst pain ever. - What do they think caused the pain? - What makes it worse (eg, moving, rest, time of day)? - What makes it better (eg rest, medicine, ice, heat, activity)? - Refer to a clinical procedure manual **Treatment** - Any sign of nerve, muscular or circulation problems upon giving pain relief? - Treat with R.I.C.E- Rest, Ice Compression, Elevation **Always contact the Medical Officer if serious pain with:** - No injury - Fever - Being generally unwell - Rapid swelling of a joint - Loss of strength/power or reflexes - Infection of unusual conditions - Regular doses of an opioid - Pain associated with serious acute presentations (chest pain, abdominal pain) may require transfer to the hospital.
Nursing Accreditation Requirements	Nurses registered with AHPRA Annual mandatory completion of state or territory or facility competency training such as Basic Life Support.
Documentation	- Medication administration to b prescribed on the resident's online record medication chart. - Record each medication as a service item- 'medication administration - Ensure each separate dose and medication is made known to the Pod team caring for the resident.
Related Documents	Pain management standard treatment manual Australian Medicines Handbook