

OHS

instructions



OHSI 13.6 Control of Medicines

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1. Purpose and Scope

To describe the procedure for ordering, stocking, prescribing, administering and disposal of medicines in an occupational health setting.

2. Definitions

Prescription only Medicine (POM) as defined under the Medicines Act (1)

3. Principles

Medicines will be provided in accordance with the statutory requirements as laid down in the Medicines Act (1) and Prescription Only Medicines (Human Use) Order (2)

Medicines will be administered in a safe and controlled manner, in accordance with recognised professional standards.

Medicines will be stored and disposed of in a safe and responsible manner.

4. Responsibilities

4.1. Employee

To provide to the occupational health adviser with information concerning their health needs, current use of medication and history of adverse reactions.

To use medicines responsibly and to keep them securely.

4.2. Occupational Health Nurse

4.2.1. Stock Medicines

Monitor stock levels and ensure that adequate supplies of stock list items are available.

Record the receipt, supply, wastage and disposal of medicines in a Stock Control Book. Details of the date of delivery, supplier, product, strength, quantity, expiry date, batch number and the manufacturer must be recorded.

Ensure that stock is stored in the appropriate conditions, rotated so that oldest stock is used first and out of date stock is disposed of by a responsible agency. Particular care must be taken to ensure that medicines have been maintained at the correct temperature during transport.

4.2.2. Standing Orders

Ensure that Prescription Only Medicines are administered in accordance with the written instructions, "Standing Orders", of a Registered Medical Practitioner. Appendix 2

Members of the nursing staff must adhere to their Professional Code of Conduct (3) and follow the guidelines for the administration of medicines (4) when agreeing to take on Standing Order responsibilities.

It is the individual nurse's responsibility to familiarise themselves with medicines in the stock list by reading the patient information and relevant entries in the British National Formulary BNF(5). They must ensure that their Standing Orders are valid at the time of the administration of a POM. Working copies of completed Standing Orders, for staff undertaking these responsibilities, will be kept. An up-to-date copy of the BNF (or online equivalent) will be available as a source of reference.

4.2.3. Administration and Advice

To make a record of medicines administered on the relevant record sheet showing the name of medication, dosage, date and time given and the batch number.

To ensure that patients are advised of possible side effects associated with the medication issued and advised of the correct steps to take should side-effects occur.

To take suitable precautions when carrying out procedures with a risk of anaphylaxis (6).

4.3. Occupational Health Physician

To sign Standing Orders authorising nursing staff to administer POM's.

If the occupational health department is a designated yellow fever vaccination centre, act as "registered medical practitioner in charge" and ensure compliance with Department of Health requirements.

5. Audit Criteria

Do nursing staff required to administer POM's have current and authorised Standing Orders?

Is all stock recorded and stored in accordance with these instructions?

Is a copy of the British National Formulary available and issue dated within a year or access to BNF online?

Are administered medicines recorded as described by these instructions?

6. References

1. The Medicines Act 1968. HMSO: London, Reprinted 1996.
 2. The Prescription Only Medicines (Human Use) Order 1997, SI 1997/1830, HMSO: London. Schedule 5 Parts II and III (5)
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3. The Code: standards for conduct, performance and ethics. Nursing and Midwifery Council. April 2008
<http://www.nmc-uk.org> (click on publications, standards)
4. Standards for medicine management. October 2007: NMC: London
<http://www.nmc-uk.org> (click on publications, standards)
5. British National Formulary. British Medical Association/Royal Pharmaceutical Society of Great Britain: London. <http://www.bnf.org.uk>
6. Immunisation against infectious disease (Green Book) <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
7. OHS Instructions: OHSI 11 – Anaphylaxis

8.Revision History

Author	Issue	Date	Reason for revision	Review by
David Shackleton	1	October 2006	First Issue	September 2009
David Shackleton	2	October 2008	Revised references	September 2011
David Shackleton	3	Sept 2009	Revised references, updated HB vaccination	September 2011
David Shackleton	4	Jan 2010	Inclusion of Ixiaro and Verorab	Jan 2012
David Shackleton	5	May 2014	Revised references and appendices	May 2017
David Shackleton	6	July 2016	Revised appendices	July 2019

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Appendix 1. Stock List

Generic Name (proprietary name)	Form	Dosage	Instructions for Use	Comments
Adrenaline/Epinephrine (Adrenaline mini jet)	1 in 1000 (1 mg/mL) disposable syringe	0.5 mL i.m. injection	Repeat dose depending on patient response	(with 21 gauge × 1.5 inch needle for intramuscular injection)
Loperamide hydrochloride (Imodium)	loperamide hydrochloride 2 mg caps. 8 cap pack or 30 cap pack	4 mg initially followed by 2 mg after each loose stool	Use for acute diarrhoea for up to 5 days; usual dose 6–8 mg daily; max. 16 mg daily	Avoid where abdominal distension develops, or in conditions such as active ulcerative colitis or antibiotic-associated colitis
Aspirin	300 mg tabs			
Adsorbed Diphtheria [low dose], Tetanus and Inactivated Poliomyelitis Vaccine (Revaxis)	0.5-mL prefilled syringe	0.5 mL i.m. injection into deltoid muscle	primary immunisation in ADULT, 3 x 0.5 mL separated by intervals of 4 weeks; booster, 0.5 mL after 5 years, repeated 10 years later	
inactivated hepatitis A virus and recombinant (DNA) hepatitis B surface antigen (Twinrix)	1.0 mL prefilled syringe	1.0 mL i.m. injection into deltoid muscle	Primary course; 3x1.0ml injections at 0,1 and 6 months.	
inactivated hepatitis A virus (Havrix Monodose)	1.0 mL prefilled syringe	1.0 mL i.m. injection into deltoid muscle	1 mL as a single dose; booster dose, 1 mL 6–12 months after initial dose	
inactivated hepatitis A virus (Epaxal)	0.5 mL prefilled syringe	0.5 mL i.m. injection into deltoid muscle	0.5 mL as a single dose; booster dose, 0.5 mL 6–12 months after initial dose	
suspension of hepatitis B surface antigen (Engerix B)	1.0 mL prefilled syringe (20mcg/mL)	1.0 mL i.m. injection into deltoid muscle	3 doses of 1 mL (20 micrograms), the second 1 month and the third 6 months after the first dose	
suspension of hepatitis B surface antigen (HBVAXPRO)	1.0 mL prefilled syringe (10mcg/mL)	1.0 mL i.m. injection into deltoid muscle	3 doses of 1 mL (10 micrograms), the second 1 month and the third 6 months after the first dose	
Meningitis quadrivalent conjugate vaccine (ACWY) e.g. Menveo, Nimenrix	Powder for reconstitution single-dose vial (with syringe containing diluent)	0.5 mL i.m. injection deltoid	Single dose 0.5 mL	
Yellow Fever vaccine live	Powder for reconstitution	0.5 mL s.c. injection	0.5 mL injection single dose	Avoid if allergic to eggs. Do not give within 4 weeks of MMR vaccine. Give at different sites.
Typhoid vaccine live (oral) (Vivotif)	Capsules, e/c, live attenuated Salmonella typhi (Ty21a)	one capsule orally	One capsule on days 1, 3 and 5	Take one hour before a meal. Swallow as soon as possible after placing in mouth with a cold or lukewarm drink; it is important to store capsules in a refrigerator
Vi capsular polysaccharide typhoid vaccine (TyphimVi)	0.5 mL prefilled syringe	0.5 mL i.m. injection	Single dose 0.5 mL	

Generic Name (proprietary name)	Form	Dosage	Instructions for Use	Comments
Vi capsular polysaccharide typhoid vaccine (Typherix)	0.5 mL prefilled syringe	0.5 mL i.m. injection	Single dose 0.5 mL	
Japanese encephalitis vaccine (Ixiaro)	0.5 mL prefilled syringe	0.5 mL i.m. injection into deltoid muscle	0.5 mL dose at 0 and 28 days. Complete course 7 days before travel.	Avoid administration during febrile illness. Avoid during pregnancy and lactation (precautionary)
inactivated rabies virus strain (Rabipur)	Freeze dried single dose vial	1.0 mL i.m. injection into deltoid muscle	1.0 mL on days 0, 7 and 21 or 28; also booster doses every 2–5 years for those at continued risk	
Inactivated rabies virus strain (Verorab)	Powder for reconstitution and prefilled syringe 0.5mL of 0.4% saline	0.5 mL i.m. injection into deltoid muscle	0.5 mL on days 0, 7 and 21 or 28; also booster doses after 12 months and then every 5 years for those at continued risk	Avoid administration during febrile illness.
Tick-borne encephalitis vaccine (FSME-IMMUN)	0.5 mL prefilled syringe	0.5 mL i.m. injection into deltoid muscle	3 doses each of 0.5 mL. Second dose after 3 weeks–3 months and third dose after further 9–12 months	NOTE. To achieve more rapid protection, second dose may be given 14 days after first dose. Booster doses can be given every 3 years after third dose unless antibody concentration adequate
Chloroquine (Avloclor)	Chloroquine phosphate 250 mg tablets = 155 mg chloroquine base. 20 tab pack.	300 mg (2 tabs) once weekly		preferably started 1 week before entering endemic area and continued for 4 weeks after leaving. Unsuitable for individuals with a history of epilepsy
Proguanil (Paludrine)	proguanil hydrochloride 100 mg tabs. 98-tab pack	200mg (two tablets) once daily		preferably started 1 week before entering endemic area and continued for 4 weeks after leaving
Proguanil/Atovaquone (Malarone)	Tablets proguanil hydrochloride 100 mg, atovaquone 250 mg. 12-tab pack	One tablet daily		started 1–2 days before entering endemic area and continued for 1 week after leaving
Doxycycline	50mg caps. 28 cap pack	100 mg (two capsules) once daily		preferably started 1 week before entering endemic area and continued for 4 weeks after leaving
Mefloquine (Lariam)	Mefloquine hydrochloride 250mg tablets. 8 tab pack.	250 mg once weekly		preferably started 2–3 weeks before entering endemic area and continued for 4 weeks after leaving. Note extensive patient information and cautions. Unsuitable for individuals with a history of epilepsy
Ciprofloxacin (Ciproxin)	100mg, 250 mg or 500mg tabs. Max 1000mg supplied.	500mg single dose	500mg after first loose stool may shorten duration of illness. Efficacy of treatment uncertain.	Seek medical attention if dark urine, blood in faeces, fever or symptoms last more than 72 hours.

Generic Name (proprietary name)	Form	Dosage	Instructions for Use	Comments
Cinnarizine (Stugeron)	15 mg tabs. 15 tab pack	30 mg 2 hours before travel	then 15 mg every 8 hours during journey if necessary	Drowsiness may affect performance of skilled tasks (e.g. driving); effects of alcohol enhanced
Salbutamol Inhaler (Ventolin)	Aerosol inhaler	2 puffs (can be repeated only once)	Relief of acute bronchospasm, Asthma.	
Nitrolingual Spray G.T.N.	Aerosol spray	1-2 sprays under tongue	Angina	

Appendix 3. Procedure for Ordering Medicines

Occupational Health Request for Travel Pack Replenishment

Name	D.o.B.
Department	Ext No.
Location	Room No.

- Please check expiry date on items in your travel pack and request replacement of expired as well as used items. Tick the required items below.
- Refer to your pack information leaflet for indications, dosage and precautions.
- Please inform Occupational Health of any change in your health status.
- Ask your Occupational Health Adviser about vaccinations and malaria prophylaxis for the area that you are travelling to.

Item	Quantity	Tick (✓) items required	Batch no	Expiry date
Dioralyte / Rehydrat sachets	1x6			
Loperamide / Imodium 2mg	1 pack			
Paracetamol tablets	1x16			
Indigestion tablets	1 pack			
Benedryl / anthisan cream	1 tube			
Mosquito repellent	1xpack			
Cleansing wipes	x4			
Adhesive dressings	x20			
Bandage/dressings	selection			
Cinnarizine/Stugeron tablets	1 pack			
Water purification tablets	1x50			
Needle pack	1			

IMPORTANT – Please read the instruction leaflet with your medicines

Travellers signature	Date
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For departmental use

Order supplied by:	Date
Signature:	