occupational health solutions

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

1) Employee

2) Occupational health nurse –

   a) Registered general nurse with a post-registration specialist qualification in occupational health nursing recognised by the statutory nursing bodies of the UK.

   b) Registered general nurse who has received specific training from and is under the supervision of an occupational health nurse or occupational physician.

3) Occupational physician –

   a) Registered medical practitioner with higher qualification in occupational health (AFOM, MFOM, FFOM or specialist accreditation)

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Ensure that stock is stored in the appropriate conditions, rotated so that oldest stock is used first and out of date stock is disposed of by a responsible agency.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

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 will be available as a source of reference.

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.

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 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 Key performance indicators and 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?

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)
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. February 2008: 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) OHS Instructions: OHSI 11 – Anaphylaxis

7 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

These occupational health instructions have been based on current best practice and official guidance. They are aimed at a level analogous to local rules or work instructions within a corporate hierarchy of policies on health, safety, environment and human resources.

Principles, which are applicable to a range of operating units, are followed by specific standards and criteria for use by occupational health professionals. Inevitably the material cannot be applicable in *every* workplace without some interpretation or amendment.

Current versions will be available to OHS clients at **www.occhealth.co.uk** and will be updated when necessary. Any comments will be gratefully received at **policies@occhealth.co.uk**

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)
Zaleplon (Sonata)	5mg tabs –14 tabs patient pack	1 tablet at bed time	Use to promote sleep at desired time	Do not take second dose during single night. Drowsiness may affect performance of skilled tasks (e.g. driving); effects of alcohol enhanced
Zaleplon (Sonata)	10mg tabs – 14 tabs patient pack	1 tablet at bed time	Use to promote sleep at desired time	Do not take second dose during single night. Drowsiness may affect performance of skilled tasks (e.g. driving); effects of alcohol enhanced
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	

Generic Name (proprietary name)	Form	Dosage	Instructions for Use	Comments
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 1month 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 1month and the third 6 months after the first dose	
Meningitis tetravalent vaccine (ACWY Vax)	Powder for reconstitution single-dose vial (with syringe containing diluent)	0.5 mL Deep s.c. injection	Single dose 0.5 mL	
Yellow Fever vaccine live (Arilvax)	Powder for reconstitution	0.5 mL s.c. injection	0.5 mL injection single dose	Avoid if allergic to eggs. Give three weeks apart from other live vaccines or on same day. Use different site.
Vi capsular polysaccharide typhoid vaccine (TyphimVi)	0.5 mL prefilled syringe	0.5 mL i.m. injection	Single dose 0.5 mL	
Vi capsular polysaccharide typhoid vaccine (Typherix)	0.5 mL prefilled syringe	0.5 mL i.m. injection	Single dose 0.5 mL	
Japenese 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

Generic Name (proprietary name)	Form	Dosage	Instructions for Use	Comments
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.
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 2 Standing Orders

This document authorises the nurse named below working in the Occupational Health Department to undertake treatments involving the use of Prescription Only Medicines detailed in the **Stock List** and to provide limited quantities of medicines for use by company employees travelling abroad (travel packs). The nurse must be familiar with the Prescription Only Medicines and indications for their use and take care to follow the UKCC Professional Code of Conduct. Signing this document indicates agreement with the above. This document is valid for 12 months from the date of signing.

Generic Name (proprietary name)	**Form**
Adrenaline/Epinephrine (Adrenaline mini jet)	1 in 1000 (1 mg/mL) disposable syringe
Zaleplon	5mg tabs
Zaleplon	10mg tabs
Loperamide hydrochloride	loperamide hydrochloride 2 mg caps.
Aspirin	300 mg tabs
Absorbed diphtheria, tetanus, polio [inactivated]	prefilled syringe
inactivated hepatitis A virus and recombinant (DNA) hepatitis B surface antigen	prefilled syringe
inactivated hepatitis A virus	prefilled syringe
suspension of hepatitis B surface antigen	prefilled syringe
Meningitis tetravalent vaccine	Powder for reconstitution single-dose vial
Yellow Fever vaccine live	Powder for reconstitution
Vi capsular polysaccharide typhoid vaccine	prefilled syringe
Japenese encephalitis vaccine	Prefilled syringe
inactivated rabies virus strain	Freeze dried single dose vial
Tick-borne encephalitis vaccine	prefilled syringe
Chloroquine	Chloroquine phosphate 250 mg tablets
Proguanil	proguanil hydrochloride 100 mg tabs.
Proguanil/Atovaquone combined	*Tablets* proguanil hydrochloride 100 mg, atovaquone 250 mg.
Doxycycline	50mg caps.
Mefloquine	Mefloquine hydrochloride 250mg tablets.
Ciprofloxacin	100, 250 or 500 mg tabs.
Cinnarizine	15 mg tabs.
Salbutamol Inhaler	Aerosol inhaler
Nitrolingual Spray G.T.N.	Aerosol spray

The nurse who is authorised and willing to undertake treatments involving the use of Prescription Only Medications should indicated his / her willingness and agreement to do so by signing this document.

NAME **QUALIFICATIONS** **DATE** **SIGNATURE**

The Doctor giving authorisation to these Standing Orders is:-

NAME **QUALIFICATIONS** **DATE** **SIGNATURE**

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 immunisations and malaria prophylaxis for the area that you are travelling to.

Item	**Quantity**	**Tick (✓) items required**	**Batch no**	**Expiry date**
Sonata (zaleplon)*	14 tabs			
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 puification tablets	1x50			
Needle pack	1			

IMPORTANT – Please read the instruction leaflet with your medicines

Travellers signature	Date

For departmental use

Order supplied by: Signature:	Date

Appendix 4 Re-supply of medicines. Sonata (zaleplon)

In some instances there will be repeated requests for supply of medicines for travel, in particular for Sonata (zaleplon) for use by frequent international travellers.

Normally Sonata would be supplied in packs of 14 tablets of 5mg and taken as a dose of 10mg at bedtime. If treatment is continued for 2 or 3 nights per episode then one pack is sufficient for 2-3 changes of time zone. Sonata that is supplied to business travellers is not intended for use at other times.

If there should be more than three packs of Sonata requested within a twelve month period then:

- Carry out a review with the traveller to establish how Sonata is being used
- Correspond with their general practitioner to check that continued supply is acceptable
- Arrange for a face to face consultation with the traveller annually
- Only supply quantities that are consistent with actual business travel