SESLHD PROCEDURE COVER SHEET

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SUMMARY	An overview of access to VAD and VAD-related substances, how these are handled and securely stored on premises, and processes for disposal.

SESLHD PROCEDURE COVER SHEET

Health
South Eastern Sydney
Local Health District

Voluntary Assisted Dying (VAD) Substance Management

1. POLICY STATEMENT

Voluntary assisted dying (VAD) is a process by which an eligible person can ask for and receive medical help to die using self-administered or practitioner administered VAD substances. In NSW this process is authorised by the *Voluntary Assisted Dying Act 2022 (*NSW) (the Act) and NSW Health Policy Directive PD2023_037 - Voluntary Assisted Dying. Changes have also been made to the *Poisons & Therapeutic Goods Regulation 2008* (NSW) to accommodate VAD processes.

SESLHD staff must follow this procedure when a VAD substance is on SESLHD premises, to ensure compliance with relevant policy and legislation and minimise risk of VAD substance diversion or misplacement.

2. BACKGROUND

The Act enshrines a person's right to self-administer a prescribed VAD substance at a time and place of their choosing. It is expected that patients of SESLHD facilities may be admitted with their VAD substance in their possession, or they may have it delivered into their possession during their stay. Whether or not a patient in possession of a prescribed VAD substance chooses to use it in hospital remains the patient's own decision.

As an alternative to self-administration, a patient may access VAD via a practitioner administration pathway. Authorised VAD administering practitioners may bring or receive VAD substances onto SESLHD premises for the planned administration of a VAD substance.

SESLHD supports VAD as a legislated and lawful end-of-life option and will facilitate access to VAD in accordance with patient-centred care principles. SESLHD patients are to receive the usual standard of clinical and patient care, irrespective of whether they are engaged with a VAD pathway.

SESLHD acknowledges and respects the right of staff members to conscientiously object to involvement in specific parts of the VAD process as described within the Act and this procedure.

2.1 Key definitions

Administering Practitioner
The authorised practitioner responsible for administering the VAD substance to a patient who has chosen practitioner administration and has followed all the required steps in the process, including obtaining a substance authority from the Board. The Coordinating Practitioner is the patient's Administering Practitioner by default; however, this role can be formally transferred after the VAD substance has been prescribed.

Authorised Disposer
A registered health practitioner who is authorised by the NSW Health Secretary to dispose of a VAD substance. Registered pharmacists employed by NSW Health within LHD pharmacy services are Authorised Disposers.

Conscientious Objection
Declining to participate in a lawful process or procedure due to personal beliefs, values, or moral concerns. Under the Act, health practitioners who have a conscientious objection may still have legal obligations that must be complied with, as well as rights to refuse participation in specific VAD processes.

Coordinating Practitioner
The authorised medical practitioner who accepts a patient's first request for VAD and is responsible for assessing and supporting the patient throughout the VAD process.

Contact Person
A person formally appointed (via the Contact Person Appointment Form) by a patient who has made a self-administration decision, to undertake specific activities described in the Act, such as returning unused or remaining VAD substance to an Authorised Disposer and notifying the patient's Coordinating Practitioner of the patient's death.

SESLHD VAD Liaison Service (VAD-LS)
The SESLHD VAD-LS provide support to people seeking information or access to VAD while also providing process navigation, support and guidance to staff who are directly and indirectly involved in VAD processes. Contact details for this service are available on the VAD intranet page (SESLHD intranet > District Clinical Services > Voluntary Assisted Dying) or via the hospital switchboard.

Voluntary Assisted Dying (VAD)
A process by which an eligible person can ask for and receive medical help to end their life, as governed in NSW by the Act.

Voluntary Assisted Dying Board (the Board)
An independent advisory and decision-making body established by the Act to perform functions related to VAD, such as monitoring the operation of the Act and making decisions to approve or refuse applications for VAD Substance Authorisations.

VAD Substance
A Schedule 4 or Schedule 8 poison approved by the NSW Health Secretary for use under the Act for the purpose of causing a patient's death.

3. RESPONSIBILITIES

All employees will:
- Manage VAD substances brought onto SESLHD premises in accordance with this procedure (noting caveats for conscientious objection described in section 4.6).
- Undertake any official VAD roles they have assumed (such as Coordinating Practitioner, Administering Practitioner, Authorised Disposer, etc.) in accordance with relevant legislation.
- Respect the rights of all individuals (staff, patients and visitors) to hold differing views regarding VAD and extend this respect in regard to decisions to participate or not participate in VAD-related processes.
- Escalate concerns regarding management of VAD substances on SESLHD premises to their line managers.

Line Managers will:
- Accommodate refusals to participate in specific VAD-related processes due to conscientious objection, as described in this procedure and within the Act.
- Escalate concerns regarding any aspect of VAD substance management or VAD-related care to the SESLHD VAD Liaison Service (VAD-LS).

Nurse Unit Managers will:
- Be familiar with the content of this procedure and proactively consider the likelihood that a patient in possession of a VAD substance may be admitted to their patient care area.
- If required, take steps to ensure that secure storage options are available for a patient's VAD substance locked box in accordance with this procedure.

Registered Pharmacists will:
- Dispose of unused or remaining VAD substances provided to the Pharmacy Department by a patient's Contact Person.
- Action required documentation and notification requirements for disposal events, as outlined in this procedure and the Act.

4. PROCEDURE

4.1 Overview of access to, and the formulation of VAD substances

A patient who has received a substance authorisation by the NSW Health VAD Board (the Board) will have their VAD substance prescribed by their Coordinating Practitioner. The patient will have made a formal administration decision regarding whether they will self-administer their VAD substance (self-administration decision) OR have a practitioner administer the VAD substance for them (practitioner administration decision). This decision will determine what VAD substances are supplied, when, and to whom.

All VAD substances are supplied directly to patients or Administering Practitioners by the NSW VAD Pharmacy Service, hosted by Northern Sydney Local Health District. SESLHD pharmacy services are NOT involved in VAD substance procurement or supply processes.

4.1.1 VAD substance kit for self-administration pathway

If the patient has decided to self-administer, NSW VAD Pharmacy Service dispenses an oral or enteral VAD substance kit directly into the patient's possession (after receiving a supply request from the patient). The oral or enteral VAD substance kit consists of:

- The oral/enteral VAD substance, which is supplied as a standard dose in powder form with no expiry date, and is contained in a black steel locked box
- Supportive medications (commonly ondansetron, metoclopramide and lorazepam, however actual regimens may vary by patient circumstances)
- A liquid suspending agent (OraPlus) to prepare VAD substance as a mixture (provided for oral route only)
- A drug waste bin
- Documentation, including the substance authorisation, information for the patient and their Contact Person, and instructions for authorised disposers.

Oral/enteral VAD locked box

The oral/enteral VAD locked box has dimensions 15cm x 11cm x 8cm.

When supplied for self-administration, it will be labelled with the patient's name and details of their Contact Person, their Coordinating Practitioner and the NSW VAD Pharmacy Service.

One key will have been issued to the patient, with a spare key held by the NSW VAD Pharmacy Service only.

By law, the VAD substance must remain in the box until it is being prepared for use (or authorised disposal).

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4.1.2 VAD substance kits for practitioner administration pathway

If a patient has decided to have a practitioner administer their VAD substance to them, the NSW VAD Pharmacy Service will supply a VAD substance kit directly to the authorised Administering Practitioner.

Although circumstances exist where a patient may receive approval to have practitioner administration of the oral/enteral VAD substance, in most circumstances practitioner

administration will utilise an intravenous VAD substance kit. The VAD substances used intravenously are different to the substance used in the oral or enteral route.

An intravenous VAD substance kit includes a blue steel locked box (37cm x 26cm x 5.5cm) containing a series of pre-filled syringes, kept at room temperature and with short expiry dates. The intravenous locked box uses a combination lock, with the combination known only to the Administering Practitioner. The intravenous locked box will be labelled with the patient's name, coordinating practitioner details and NSW VAD Pharmacy Service contact information.

The Administering Practitioner receiving a VAD substance kit from the NSW VAD Pharmacy Service must follow processes outlined within the *NSW Voluntary Assisted Dying Prescription and Administration Handbook* – a restricted document to which they have authorised access.

Intravenous locked box

OR

Oral/enteral VAD locked box

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4.2 Handling of a VAD substance in a patient's possession

A patient may be admitted to a SESLHD facility in possession of their VAD substance, or they may have their VAD substance delivered into their possession whilst an inpatient (i.e. brought to hospital by their Contact Person or supplied to them via the NSW VAD Pharmacy Service).

A patient is not legally required to disclose that they are in possession of a prescribed VAD substance, and it is considered their physical property. However, as part of the VAD assessment and approval process, the Coordinating Practitioner will have counselled the patient regarding appropriate circumstances for VAD substance self-administration. It is generally not expected that a patient on a VAD pathway would self-administer their substance in the hospital environment without appropriate staff being informed prior.

The NSW VAD Pharmacy Service will contact the SESLHD VAD-LS prior to dispending VAD substances to patients admitted to SESLHD facilities. The SESLHD VAD-LS will provide appropriate local support to areas where substances are dispensed as appropriate.

4.2.1 Determining a patient's intent to use their VAD substance

Where it is known or disclosed that an admitted patient is in possession of a VAD substance, a medical practitioner responsible for the patient should confirm whether the patient intends to use the VAD substance during their stay.

If the patient expresses current intent to use their VAD substance during their admission, storage processes outlined in section 4.2.2 should be followed. Further discussions should also take place (between the patient, their Coordinating Practitioner, the SESLHD VAD-LS, the NUM / RN in-charge and the admitting medical team) regarding the patient's plans and goals of care. All discussions are to be clearly documented in the patient's medical record. The SESLHD VAD-LS is available to provide in-reach support (and can be contacted if they are not already involved, to support the patient, their family or SESLHD staff). The SESLHD VAD-LS can be contact via switchboard.

If the patient expresses NO current intent to use their VAD substance during their admission, staff should request that the patient have the substance collected by their nominated Contact Person as soon as possible. Where this option is not possible, is delayed, or is otherwise refused by the patient, processes outlined in section 4.2.2 should be followed.

4.2.2 Storage of the patient's VAD substance locked box in hospital

In accordance with the Act, the VAD substance must always remain within the steel locked box, until it is being actively prepared for use (or authorised disposal).

It is strongly recommended that patients in possession of a VAD substance allow their locked box to be securely stored while on the hospital premises, to reduce the risk of misplacement or diversion. Where any of the secure storage options outlined in this procedure are enacted and the key to the locked box remains with the patient, the VAD substance is still considered 'in the patient's possession'.

During transitory periods of the encounter, such as short periods of time in an Emergency Department pending admission to an inpatient ward, it may be appropriate for the patient to discretely retain their VAD substance locked box with their bulk belongings (e.g. in a closable opaque bag or backpack). The patient should be asked to always keep the locked box key on their person. If the patient is likely to stay within the transitional location for an extended period or if the risk of diversion or misplacement is considered high, staff may request that the patient allow the locked box to be secured in the schedule 8 safe.

Once the patient has been admitted to an inpatient ward, their VAD substance locked box should be stored as per the per the first- and second-line options outlined below.

FIRST LINE storage option: SCHEDULE 8 WARD SAFE

- VAD substance locked box to be stored in the S8 safe of the current (or a nearby) ward
- The locked box is to be written into the drug register used for S8 patient's own medicines with a quantity of 1. (See Appendix A)
- Staff are required to sight and document a 'balance check' of this item at least once every 24 hours
- The VAD substance locked box must be returnable to the patient at any time that they make this request. If there is concern that this may not be possible (e.g. due to limited staff with access to the safe and/or expected conscientious objection), the second line storage option should be used.

SECOND LINE storage option: LOCKED BEDSIDE DRAWER OR NEARBY CUPBOARD

This option should only be used if the first line option is not feasible or is refused by the patient

- VAD substance locked box to be stored in a bedside drawer or nearby cupboard that is fixed to the premises.
- Wherever possible, other items that would require use during the patient's admission should NOT be stored in the drawer or cupboard (to reduce episodes of access).
- The drawer or cupboard must be locked and the only key issued to the patient (NUM may keep a spare key in a separate secure location). Drawers or cupboards for which nursing staff have universal access keys must NOT be used.
- The locked box is to be written into the drug register used for S8 patient's own medicines with a quantity of 1. The entry should clearly note that the locked box is being kept in a locked drawer/cupboard at the patient's bedside and the patient has the key. (See Appendix A)
- The patient will be asked to unlock the drawer or cupboard once every 24 hours so two staff members can sight the box and document this check within the drug register.

If a circumstance arises where the first- or second-line storage options are not immediately feasible AND the locked box cannot be taken out of the facility by the patient's Contact Person, the following guidance is provided;

- The patient should be accommodated in a single room and the VAD substance locked box discretely kept with the patient's bulk belongings (e.g. in a closable opaque bag or backpack). To minimise the risk of diversion, the exact location of the locked box should not be openly discussed or publicised.
- The patient should be asked to always keep their locked box key on their person.
- The NUM should liaise with the patient to agree on a process to account for the locked box at appropriate intervals, to ensure it has not been diverted or misplaced.
- The arrangement should be temporary only – the NUM should take appropriate action to ensure that the locked box is able to be secured via the approved storage options within a reasonable timeframe.

4.2.3 Returning a VAD substance locked box to the patient or VAD Contact Person

If at any time the patient requests access to their VAD substance, the VAD locked box must be returned to the patient's direct possession within a reasonable timeframe and without undue delay. This is expected to occur immediately prior to when the patient intends to use their VAD substance.

The only other time the VAD locked box should be removed from secure storage is when the patient or their nominated Contact Person is taking the VAD substance locked box to another location, such as removing it from the hospital premises or transferring to another ward.

The VAD locked box is to be signed out of the register by two staff members with authority to access accountable drugs storage. The return of the VAD locked box to the patient or their Contact Person must also be documented in the patient's medical record.

4.2.4 Transfer of a VAD substance locked box within the hospital

If a patient's VAD substance locked box has been secured in one area and needs to follow the patient to a different ward or unit, it should be returned to the patient or their nominated Contact Person's direct possession for the physical transfer. This means the locked box should be signed out of the register in the first location and put into the hands of the patient or nominated Contact Person, then re-secured on arrival at the next location.

If the above pathway is not feasible or the opportunity was missed, the patient may provide permission for an appropriate staff member (registered pharmacist, medical officer or registered nurse) to complete the transfer on their behalf. The staff member must advise the patient when the transfer has been completed, and the process (patient consent, physical transfer of the locked box and communication back to the patient) is to be documented in the patient's medical record.

4.3 Handling of a VAD Substance in an Administering Practitioner's possession

Practitioner administration of a VAD substance to a patient is a planned event that requires coordination. The NSW VAD Pharmacy Service is expected to supply a VAD substance kit directly to the practitioner as closely as possible to the planned administration. However, occasions may arise where temporary storage of the Administering Practitioner's VAD substance locked box is required.

The Administering Practitioner should store their VAD substance locked box in a temperature-controlled, secure (locked) location that they can access at any time, such as their personal office. Alternatively, an Administering Practitioner may request that the locked box be temporarily stored in the After-Hours Drug Room (available at POWH, SSEH, SGH and TSH only), provided the means to open the box (combination code or physical key) is only known to or possessed by the Administering Practitioner. For storage in the After-Hours Drug Room, a drug register is to be used to document movement of the locked box into and out of this location. The Administering Practitioner and the person providing them authorised access to the room (e.g. After-Hours Nurse Manager, pharmacy staff) should follow the documentation guide in Appendix A, noting however that daily 'balance checks' of this register are not required.

If an Administering Practitioner stores their VAD substance locked box within the Pharmacy Department, they do so understanding that collection will only be possible during that department's regular business hours. It is not a requirement that a Pharmacy Department sign an Administering Practitioner's VAD substance locked box into a drug register or keep it in a schedule 8 safe or strongroom.

4.4 Handling and storage of VAD supportive medications

As part of the oral or enteral VAD substance kit, the NSW VAD Pharmacy Service provides patients with other preparatory medications (e.g. antiemetics, suspending liquid for preparing the VAD substance as a mixture, etc.) that are not stored in the VAD substance locked box. This procedure formalises the status of these items as suitable for self-administration as part of the VAD administration process without being ordered on a medication chart.

VAD supportive medications should be returned home if the VAD substance is not intended for use in hospital. If these items are to remain on the premises, they should stay with the patient's bulk belongings so as not to be misplaced or left behind. (This is a specific, approved deviation from usual SESLHD processes for securing patient's own medications and accountable medications.)

4.5 Disposal of unused or remaining VAD substance(s)

VAD substances require disposal when:

- The person for whom the VAD substance was supplied has died before using it
- The person for whom the VAD substance was supplied has formally revoked their administration decision
- The VAD substance was used, but only partially consumed during its administration
- The VAD substance has expired (intravenous substances only) or is otherwise known to be unusable

As per legislation, disposal of a VAD substance must;

- Only be completed by people who have authority to do so
- Occur in a way that does not constitute a risk to the public
- Occur in the presence of a witness, who may be a medical practitioner, pharmacist or registered nurse
- Be recorded in a written format (e.g. within a drug register)
- Be notified to the NSW Voluntary Assisted Dying Board using the Authorised Disposal Form, within 5 business days

4.5.1 Disposal of VAD substances by registered pharmacists (authorised disposers)

Registered pharmacists employed by NSW Health within a LHD pharmacy service are authorised to dispose of a VAD substance that has been provided to them by a Contact Person. For this reason, pharmacists will only be required to dispose of the oral/enteral VAD substance (not the intravenous substances). A pharmacist cannot be asked to

dispose of a VAD substance that was issued to an Administering Practitioner (see 4.4.2), however they may be asked to witness the disposal event.

Contact Persons will have received information about their obligation to return any unused or remaining VAD substance to an Authorised Disposer. Registered pharmacists working at any SESLHD facility are legally authorised to dispose of VAD substances on-site (should circumstances necessitate this), however the bulk of disposal activity is likely to occur at the major SESLHD inpatient facilities. Specifically, pharmacy departments at SGH, POWH, TSH and SSEH are on a list of 'disposal sites' that are provided to Contact Persons by the NSW VAD Pharmacy Service and Contact Persons are advised to contact the pharmacy in advance to schedule a disposal appointment by the approved contact method.

The person to whom the VAD substance was issued does not have to be a patient of SESLHD for a SESLHD registered pharmacist to receive and dispose of the VAD substance.

Per the Act, only a Contact Person can provide a VAD substance to an authorised disposer. If a circumstance ever arises wherein a VAD substance is provided to a registered pharmacist by someone other than a Contact Person, the pharmacist must liaise with the Contact Person whose name and details are listed on the substance locked box to clarify the situation.

When providing the VAD substance to an authorised disposer, the Contact Person should provide the disposer with a copy of the document *"Disposal of voluntary assisted dying substances by an Authorised Disposer – Information for Authorised Disposers".*

Disposers should follow the instructions provided on that document. However, an overview of the required process is provided below.

STEP 1: Receipt of the VAD substance

The Authorised Disposer receiving the VAD substance must;

a) Confirm that the following has been received;
   - The unused or remaining VAD substance, which should still be contained within the locked box
   - The key to the locked box
   - An unopened drug waste container
   - The name, address, email address and phone number of the Contact Person
   - The name, address and date of birth of the person for whom the substance was prescribed.

b) Record receipt of the substance in a drug register (example in Appendix B);
   - The name of the substance
   - The quantity received*

- The name and address of the person from whom the substance was received
- The name and address of the patient for whom the substance was prescribed
- The date the substance was received for disposal and the record made
- The name and signature of the person making the record

*If the tamper proof seal has been broken, the powder must be weighed to confirm the amount in grams (wear gloves and a mask). If the substance is provided as a mixture that was not fully consumed, the volume must be measured (use a disposable syringe) and recorded in millilitres.

STEP 2: Disposal of the VAD substance

An authorised disposer must dispose of the VAD substance as soon as practicable after the substance is received.

The disposal event must have a witness (registered pharmacist, medical officer or registered nurse) who observes the authorised disposer as they undertake the following;

a) Remove and destroy all labelling from the packaging to render it unidentifiable
b) If the substance is still in powder form, add 50mL of water to the jar, close the lid and shake well to dissolve.
c) Follow instructions provided on the drug waste container to fully denature the substance and render it immediately unusable. (If the drug waste container is not available, an alternative method for rendering the substance unrecoverable, such as adsorbent granules or other methods advised by policy, may be used.)
d) Dispose of the container in a pharmaceutical waste bin
c) Record the disposal in the drug register (example in Appendix B) including;
   - The name of the substance
   - The quantity disposed
   - The means of disposal
   - The date the substance was disposed of
   - The name and signature of the authorised disposer
   - The name, registration number and signature of the witness

STEP 3: Notification of VAD substance disposal

The Authorised Disposer must notify the NSW VAD Board of the disposal of a VAD substance as soon as possible (with a legal limit of within 5 business days). This notification is actioned by completing the Authorised Disposal Form available on the NSW VAD Portal.

4.5.2 Disposal of VAD substances by Administering Practitioners

The Act authorises Administering Practitioners to dispose of an unused or remaining VAD substance under defined circumstances. The substance must be disposed of as soon as is practicable, and in accordance with comprehensive instructions provided within the *NSW Voluntary Assisted Dying Prescription and Administration Handbook* – a restricted document to which they have authorised access.

The disposal event must have a witness (registered pharmacist, medical officer or registered nurse) who observes the Administering Practitioner completing the disposal.

The Administering Practitioner must notify the NSW VAD Board of the disposal of a VAD substance as soon as possible (with a legal limit of within 5 business days). This notification is actioned by completing the Practitioner Disposal Form available on the NSW VAD Portal.

4.6 Conscientious objection relating to VAD substance management

The Act allows for registered health practitioners who have a conscientious objection to VAD to refuse to be involved in key parts of this process, including prescribing, supplying, administering, or being present for administration of a VAD substance.

A staff member that is otherwise uninvolved in a patient's formal VAD processes (e.g. a nurse looking after the patient during their admission) may be asked to interact with a patient's VAD substance locked box, such as placing it back into their direct physical possession from a storage location. If any staff member expresses objection to completing this action, their non-participation is to be accommodated.

Tasks or directives that do not constitute direct facilitation or enablement of a patient's use of a VAD substance cannot be reasonably refused on the grounds of conscientious objection. Examples of such tasks would include accounting for the VAD substance locked box during standard checks of a drug safe or other secure storage, or authorised disposal (or witnessing disposal) of VAD substances.

Staff members who conscientiously object to VAD cannot prevent or interfere with VAD access or associated processes that are being completed by other staff and are expected to provide the usual standard of care to their patients.

5. DOCUMENTAION

Discussions with patients regarding their intent to use their VAD substance in hospital are to be documented in the patient's medical record. If the patient allows their substance locked box to be securely stored by staff this should also be noted within the medical record.

Documentation in accountable drug registers to support secure storage of a patient's VAD substance locked box, or authorised disposal events, should be as described within this procedure and its appendices.

It is NOT recommended that a prescribed VAD substance be recorded in a patient's medication history, as their engagement with a VAD pathway does not bear relevance to their other medications or care goals. Documentation within the medication history in eMR risks it being mistakenly reconciled as an active inpatient order and may also violate a patient's expectations of privacy with respect to their engagement with a VAD pathway.

6. AUDIT

Drug registers used to record storage of VAD substance locked boxes should be included in existing accountable drug register audits, with a focus on whether the documentation in the register is following the principles outlined in Appendix A.

7. REFERENCES AND RESOURCES

- NSW Health Policy Directive PD2023_037 - Voluntary Assisted Dying
- NSW Voluntary Assisted Dying Clinical Practice Handbook

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
21 December 2023	1.0	New procedure developed in support of new legislation. Approved by SELSHD Drug and Therapeutics Committee and SESLHD Clinical and Quality Council.

APPENDIX A – Documentation in a ward drug register

WARD REGISTER OF DRUGS OF ADDICTION

Entry in the register should state the patient name, 'VAD substance locked box' and the name of the VAD contact person as listed on the label of the locked box.

Drug (name strength form) Mary Sample's VAD substance locked box **Ward** 8 South

VAD contact person: John Sample Box is locked in BEDSIDE DRAWER and drawer key is with patient

The exact location of the locked box should be clear, e.g. S8 safe, locked bedside drawer, etc.

Date (__/__/__)	Time received or given	Patient's Name / Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of	Print name of	Signature of	Comments /
Transferred Balance from Page:												
04/02/24	16:30	Received from patient	1			1		Dilys Derwent	D. Derwent	Hannah Abbott	H. Abbott	
05/02/24	07:50	Balance check				1		Poppy Pomfrey	P. Pomfrey	Augustus Pye	A. Pye	
06/02/24	07:25	Balance check				1		Poppy Pomfrey	P. Pomfrey	Augustus Pye	A. Pye	
06/02/24	09:00	Returned to Contact person		1		0		Hannah Abbott	H. Abbott	Poppy Pomfrey	P. Pomfrey	
Transferred Balance to Page:												

Footnotes:

The locked box is received, counted (balance checked) and removed from the register as a value of 1.

21

APPENDIX B – Documenting receipt and disposal

NEW SOUTH WALES POISONS AND THERAPEUTIC GOODS ACT 1966

Drug (one drug, of one form and one strength only to a page) <VAD substance as named on label> PATIENT: Mary Sample, of 123 Mock St Exampletown

Write actual substance details per the label, and record patient's name and address

Date (__/__/__)	Name and address of person or company to whom dispensed, supplied or administered, or from whom obtained.	In	Out	Balance	Prescription reference number where applicable	Name of authority, where applicable	Name of supplier dispenser or administrator	Signature of supplier, dispenser or administrator	Comments / Professional Registration number if applicable
	Transferred Balance from Page:								
04/02/24	Received from John Sample 45 Fake St, Exampletown	#		#			Penny Haywood	P. Haywood	
04/02/24	Disposal via provided drug waste bin		#	0		Penny Haywood	P. Haywood	Li Nguyen (witness)	L. Nguyen, PHA1234567
	Disposal form submitted via VAD portal 4/2/24 P.Haywood								
	Transferred Balance to Page:								

Footnotes:

16

RECEIPT: Include name and address of person from whom it was received

DISPOSAL: Include method of disposal

Document submission of disposal form on the next line to complete the procedural paper trail.

Exact quantity received and disposed

If the tamper proof seal has been broken, the powder must be weighed to confirm the amount in grams. If the substance is provided as a mixture that was not fully consumed, the volume must be measured and recorded in millilitres.

Documentation of disposer (name and signature), and witness (name, signature and registration number

It is OK if this information does not align exactly with the pre-printed column headings, as long as the details are clearly documented.