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# Dangerous Drugs



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## **I.0 PURPOSE AND SCOPE**

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The purpose of this Protocol is;

- a) To establish clear guidelines for safe storage and use of controlled drugs in Mansa Memorial Hospital facilities
- b) To establish safe medication practices to maximize the safety of medication processes to reduce the risk of associated errors.
- c) To provide guidelines governing the adequate control of distributing, prescribing, dispensing of controlled drugs in accordance with Mansa's scope of practice and the Ghana Pharmacy Council regulatory body.

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**2.0 REQUIREMENTS**

Ministry of Health, Ghana Health Service, National Health Insurance Authority (NHIA), Food and Drugs Authority (drugs/medical products), Pharmacy Council (pharmacy practice), Nursing & Midwifery Council (nurses/midwives), Medical & Dental Council (doctors, dentists, and physician assistants), Allied Health Professions Council (laboratory scientists, physiotherapists, radiographers, dietitians, and other allied health professionals), HeFRA (health facilities licensing & regulation), and ISO9001:2015 (Quality Management Systems).

**3.0 ACRONYMS AND DEFINITIONS**

**3.1 Acronyms**

- A. HeFRA - Health Facilities Regulatory Agency.
- B. DDB – Dangerous Drug Book

**3.2 Definitions**

N/A

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## 4.0 POLICY AND PROTOCOLS

### 4.1 Policy

- a) The hospital team will provide general guidelines for the proper handling of medications classified as dangerous and controlled medications at central store and the hospitals' pharmacy department.
- b) Controlled medications will be secured and monitoring recorded in the dangerous drug book (DDB) as required by the Ghana Pharmacy Council Regulatory Act 1994(section 34)
- c) A dangerous drugs record will be kept in the pharmacy department to capture and trace all controlled medications issued in and out of the department.
- d) Controlled medications will be received and stored in a manner demonstrating complete security and controls.
- e) An accurate record of the acquisition, distribution and disposal of controlled medications will be maintained at the Central store and at each hospital's pharmacy department.
- f) Every purchase of controlled drug will be captured in the central store's dangerous drug book.
- g) Controlled drugs will be stored in a locked drawer/cabinet and separate from other medications in all locations. Keys to the lock will be secured and will be available only to hospital staff who may administer controlled medications except at central store where the key will be kept by the supply chain coordinator.
- h) Double checking is mandatory prior to dispensing and administering of all controlled medications.
- i) Licensed prescribers, Registered General Nurses and Midwives may administer controlled medications within their scope of practice.

### 4.2 Handling, Dispensing, and Storage of Controlled Medications

- a) Controlled substances (Pethidine, tramadol, diazepam, etc.) will be stored in a securely locked substantially constructed cabinet, located within the pharmacy and/or delivery room. Each drug should be stored in a separate and labeled plastic container.
- b) The lead pharmacy staff will have ultimate control of all controlled medications in the facility. In the absence of a pharmacist, his or her designee will have ultimate accountability to the controlled medications kept in the pharmacy.
- c) Dispensing of controlled drugs shall only be against a treating physician's written order.
- d) Any controlled substance dispensed should be documented in the patient's medical record and the dangerous drug book.

### 4.3 Prescribing

- a) Verbal orders are only allowed during an emergency situation.



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- b) Telephone orders are NOT allowed when prescribing.
- c) Only the medical doctor or midwife shall prescribe a controlled drug within their scope of practice.

**4.4 Dispensing**

- a) The Pharmacist/Pharmacy Technician must double check all controlled drugs before Dispensing. Double check is defined as: two people independently comparing the label and product contents in hand to the written order.
- b) Independently verifying any calculations for doses that require preparation (e.g. if the medication is not dispensed in the exact patient specific unit).

**5.0 RECORDS**

All relevant documents and records referenced in the Protocol are kept according to the Records Retention Matrix of Mansa Memorial Hospital.

**6.0 REFERENCE**

**7.0 REVISION LOG**

Rev	Date	Section	Description of Change	Approved by
A2	01-May-2024	All	Revised entire document to comply with HeFRA audit recommendations	R. Quansah
A1	01-May-2022	All	Original Issue	B Takyi-Asiedu



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