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## **GUIDANCE FOR HANDLING OF CONTROLLED DRUGS**

Dear Colleagues

We have produced a guidance for the handling of controlled drugs in the enclosed circular. This guidance serves to aid healthcare professionals when handling controlled drugs during the course of their work.

- 2 Kindly ensure that the relevant leads and staff are aware of the guidance and comply, please.
- 3 For clarification of this circular, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg).

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# GUIDANCE ON THE HANDLING OF CONTROLLED DRUGS

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## 1. INTRODUCTION

These guidelines serve to guide healthcare staff in handling controlled drugs. The scope of the guidelines covers the basic principles of procurement, storage, prescribing, recording and the disposal of controlled drugs.

## 2. ABBREVIATIONS

ADC Automated Dispensing Cabinet

CD Controlled Drug

HSA Health Sciences Authority

MDA Misuse of Drugs Act

MDR Misuse of Drugs Regulations

RN Registered Nurse

## 3. PROCUREMENT OF CDS

- a) The purchase of CDs requires both a purchase order and a signed order. These documents would have to be submitted to the supplier when a CD order is placed.
- b) The signed order will have to be signed by the recipient to whom the drug is supplied to, with the name, address and profession of the recipient, along with the purpose for which the drug is required and the total quantity to be supplied. The recipient should be a medical practitioner or a pharmacist.
- c) Upon receipt of the CD stock, the drug and quantity should be checked to ensure accuracy. The drug should be further inspected to ensure that it is not broken, discoloured or expired.
- d) The CD invoice should be dated and signed to confirm receipt of the CD stocks. The original copy of the signed order should be handed over to the delivery personnel and a duplicate copy should be retained by the recipient.

## 4. SECURITY OF CDS

- a) All CDs are to be kept under lock and key at all times. It is not necessary to have it under double lock and key. For clarity, the same principles would apply to locked compartments such as those requiring biometric, key card or pin access.
- b) The keys to the designated CD storage areas are to be kept securely within the institution under the direct control of the person in charge of the keys.
- c) The person(s) in charge of the keys should be clearly designated.
- d) Between shifts, the incoming authorised person on duty should collect the CD key(s) from the outgoing authorised person on duty or from the locked designated CD cabinet, where applicable. Institutions should have in place some SOP / policy / work instruction(s) to demonstrate how they keep track of stock levels and accountability in the event of any CD loss or record discrepancy.

## 5. STANDARDS AND SAFETY CHECKS FOR CD PRESCRIPTIONS

- a) Prescription would refer to hard copy prescriptions as well as e-prescriptions.
- b) The authenticity of the prescription should be verified as far as reasonably possible. This would include checking the signature of the doctor against specimens, if available. The doctor's name can also be verified through the Ministry of Health website.
- c) A CD prescription must comply with the following:
  - i. Name and address of patient
  - ii. Name, signature and practicing address of prescribing doctor (for handwritten prescriptions, this should be in black / blue indelible ink)
  - iii. Dosage form
  - iv. Name and strength of the preparation
  - v. Dose
  - vi. Total quantity (in both words and figures) of the preparation or the total quantity of dosage units (in both words and figures) to be supplied

- vii. If the total quantity is intended to be dispensed by instalments, the amount of the instalments of the total amount which may be dispensed and the intervals to be observed when dispensing should be indicated
  - viii. If issued by a dentist, the words “for dental treatment only” and if issued by a veterinary surgeon, the words “for animal treatment only”
- d) There should be no instances of verbal orders. However, in the event of an emergency, a doctor may request for the supply of a CD before issuing a valid CD order. The documentation of the CD must be done immediately after the emergency. The authorised person in charge of the CD storage location must be informed of the emergency CD supply and should ensure that all required documentation is completed and retained in the CD storage location.
  - e) A CD prescription is only valid for 30 days from the date of prescribing and no repeat supply is allowed, if instalments are not specified.
  - f) The date of supply should not be earlier than the date of the prescription.
  - g) For supply in instalments, the original CD prescription shall be retained in the pharmacy and a photocopy of the prescription given to the patient, with an indication of the balance quantity of the CD. The balance quantity has to be dispensed within 30 days of the original prescription date.

## 6. STANDARDS AND SAFETY CHECKS FOR DISPENSING OF CDS

- a) Only authorised personnel i.e. registered doctors, pharmacists and RNs, and those under the direct supervision of authorised personnel, are allowed to handle the CDs and perform CD related activities.
- b) The current physical stock should also be checked to ensure that it tallies with the stock balance indicated in the CD register.
- c) CDs that are unused and intact should be immediately returned to the designated CD storage locations and update the CD register.
- d) CD losses and breakages should be reported immediately to the personnel in charge and / or the pharmacist in charge.

## 7. STANDARDS AND SAFETY CHECKS FOR SUPPLY FOR PURPOSE OF ADMINISTRATION OF CD

- a) Verification of the doctor's order must be conducted prior retrieval of CDs from the CD storage location and before the administration of CDs.
- b) All withdrawn CDs from the designated storage locations are to be administered to the patient immediately. No CDs are to be left unattended.
- c) On receipt of the CDs, the drug and quantity should be checked to ensure accuracy. The drug should be further inspected to ensure that it is not broken, discoloured or expired.
- d) Personnel preparing diluted CDs should label and affix a CD Label on the preparation if not administered immediately<sup>1</sup>.
- e) When a patient is discharged with a CD either back home or to another institution, where possible, the name and NRIC number / SN number of the receiving party (e.g. ambulance staff, nurse from the other institution, patient, patient's family / guardian) should be indicated in the discharge checklist / prescription.
- f) For patients who are discharged or visiting another institution with a CD infusion that will deplete during a transfer or procedure, the CD infusion should be replaced by the RN prior the transfer or the RN should confirm the availability of the CD with the receiving staff.

## 8. RECORDING OF CONTROLLED DRUGS

### A) ENTRIES INTO THE CD REGISTER

- i. Entries into the CD register, whether hard copy or electronic, must be made as soon as practicable, and in chronological order.
- ii. Each CD register, or separate parts of the register, should be used for only one type and strength of CD.
- iii. The recording of the CDs should be made one at a time and legibly.

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<sup>1</sup> For more details, please refer to the National Standards for Labelling of Injectables in Healthcare Facilities

- iv. The name, strength, balance CD quantity, dosage form and quantity of the CD to be administered should be recorded. Where applicable, the patient's name, , quantity used and date of administration should also be recorded. For electronic orders, the order number, where applicable, should be noted as well.
- v. For hardcopy registers, the ink used to make entries in the CD Register should be in indelible ink. Erasable ink shall not to be used.
- vi. For hardcopy registers, red ink should be used to document entries regarding receipt of CDs.
- vii. Written orders are to be signed off. Name stamps may be used to indicate all other required information provided that there is an accompanying signature.
- viii. The transfer of CDs between storage locations should be documented in the respective CD registers.

## B) WRONG ENTRIES

- i. There should be no cancellation, obliteration or alteration of any entry.
- ii. Wrong entries should be indicated with an asterisk. The date of correction should be indicated as a marginal note of footnote or in the remarks column.

## 9. HANDLING PATIENT RETURNS OF CDS

- a) Authorised personnel should receive CDs returned from patients or their caregivers, and count the CDs in the presence of the patient or caregiver, where possible. This could include CDs prescribed by the institution or those prescribed by other institutions.
- b) Where possible, authorised personnel shall record the identity and quantity of the CDs and, once verified, obtain the signature of the patient or caregiver.
- c) The returned CDs should be handed over to the Pharmacy for disposal according to institutional policy and avoidance of unlawful diversion.

## 10. COMPLIANCE AUDIT

- a) There should be weekly checks and monthly audit on the CD registers in the wards to verify that the count is correct and there is compliance with CD documentation requirements. Institutions should also have in place some SOP / policy / work instruction(s) to demonstrate how they keep track of stock levels and accountability in the event of any CD loss or record discrepancy.
- b) A routine stock count of the CDs should be performed periodically, at least once a month. Prompt follow up would have to be done should there be discrepancies or wastage detected. Losses must be reported to HSA.
- c) CD records, hard copy and electronic versions, are to be retained for 3 years. These include, where applicable, the CD Requisition Book, the CD Stock Count Sheet, ADC CD Checklist, CD Register Book, HSA Breakage/Wastage/Loss form and CD Delivery Invoices.

## 11. HANDLING OF WASTAGE / DISPOSAL OF CD BY HEALTHCARE PROVIDERS

- a) All CD wastages should be disposed of safely and securely with HSA inspectors as witnesses.
- b) CD wastage would include, though not limited to, the following scenarios:
  - i. Expired Drugs
  - ii. Drugs that have been opened or otherwise made ready for administration but have been discontinued, refused by the patient, or otherwise not administered
  - iii. CD breakages / spillage
- c) The HSA wastage form should be raised for such CD wastages requiring witness to disposal.
- d) The HSA wastage form has to be signed by the staff involved, as well as the witness and the reporting officer.
- e) All CD wastages and HSA wastage form should be returned to the pharmacy for safe disposal with HSA inspectors as witnesses during the disposal.
- f) This paragraph discusses the various methods of disposal that can be employed. The discarded CD should be placed in designated biohazard sharp boxes. The boxes should be identifiable and discarded when about  $\frac{3}{4}$  full.

- For partial transdermal patch waste, the patch should be folded into half with the adhesive surfaces sticking together before discarding it into designated biohazard containers.
  - For Oral CD wastage, the tablets should be placed in a ziplock bag and dissolved in appropriate solvent in the presence of the HSA inspector and the contents poured into the biohazard containers.
  - For partial parenteral/ampoule waste, the remaining liquid in the container should be emptied out before discarding into designated biohazard sharp boxes.
  - Preparation wastage, incurred during the preparation of the CD in accordance with a valid CD order or prescription, may be disposed into designated biohazard sharp boxes and when witnessed by two authorised personnel.
- g) For spillages/breakage involving CDs, staff must collect as much as the debris as possible within reasonable limits with due consideration for safety. The debris should include glass ampoule/vials where applicable, and liquid CDs and the absorbent material soaked with CD, and stored safely in a sealable plastic container/bag.
- h) CD wastage must be segregated from normal CD stock in the ADC or CD cupboard or location where CD is stored.