

## Advisory Statement on the Storage of Propofol in Clinical Settings

### Introduction

This joint statement applies to the storage of propofol in all clinical settings in New Zealand. It covers operating theatres and theatre complexes, emergency departments, intensive care units, and other areas where propofol administration occurs.

### Background

Propofol is the most widely used anaesthetic agent for induction of anaesthesia and procedural sedation in New Zealand. It is also frequently used for the maintenance of anaesthesia and provision of sedation in a number of other environments including, but not limited to, intensive care units, emergency departments and during retrieval and patient transport care. Therefore, it is vital that immediate access to propofol for clinical use in an emergency is maintained. However, there is a need to strengthen the security of propofol storage to address issues of unauthorised access and the potential for abuse and diversion.

### Storage requirements

Propofol is to be held in either drug trolleys or storage areas that can be secured and are only accessible to authorised persons<sup>1</sup>, at all times. In practice this means:

- Propofol stores should be held in a secure storage area that is only accessible using a restricted access device. The storage area is to be kept locked when not in immediate use.
- Only authorised persons are to have access to propofol storage areas.
- Accounting and reconciliation procedures should be in place to document the quantities of propofol in/out of the drug trolleys and the secure storage area(s) and the balances in each.
- A sufficient stock of propofol for routine daily use is to be secured in a receptacle that is only accessible to authorised persons, such as an anaesthetic trolley.
- Anaesthetic trolleys where propofol is stored should be secured when not in use e.g. with numbered/coded security tag (as a minimum measure) and the drug quantities reconciled on re-opening.
- A local policy is to be in place to ensure accountability of any access devices used.

#### **Example accountability policies**

A key that provides entry to a propofol storage area (e.g. Pharmacy cupboard/room) is to be kept on the physical person of an authorised person. If multiple keys are used, a key accountability system is in place for issue and return of keys on each shift is in place. The key that provides entry to a propofol storage area must not provide access to other propofol storage areas.

Where an electronic access device is used, such as a proximity card<sup>2</sup>, the system must be able to identify each individual authorised person accessing the cupboard or storage area, and keep a record of this access.

<sup>1</sup> Medical practitioners, nurses, pharmacists, and anaesthesia assistants or technicians.

<sup>2</sup> A proximity card is a 'contactless' smart card that can be read without inserting into a reader device.

Propofol held on wards for the purpose of emergency resuscitation is not covered by the above storage requirements. In those cases, propofol must be stored in a designated resus box or trolley. The box or trolley is to contain the minimum stock required for an emergency. The stock is to be regularly checked with a record of the name and the date of the person completing the check.

**Monitoring**

Hospitals and healthcare facilities have responsibilities for the health, safety and well-being of their employees. Relevant healthcare providers are to periodically monitor the implementation of this advisory statement.

This advisory statement may be referred to in any investigation or review carried out by a public agency.

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