

Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances)

The NSW Poisons and Therapeutic Goods Regulation 2008 requires persons who are authorised to be in possession of a drug of addiction (Schedule 8 substance) or a 'prescribed restricted substance' (Schedule 4 Appendix D substance) to **immediately** notify the Director-General of Health of any loss or theft of these drugs.

1. Is this an *initial* notification or a *follow-up* to an initial notification?: Initial Follow-up

2. Details of person reporting *loss* or *theft*

Name:

Position:

3. Details of Facility/Business

Name:

Address:

LHD (For public health facilities only):

4. Type of Facility/Business

Hospital

Day Procedure Centre

Medical Practice

Community Pharmacy

Nursing Home

Dental surgery

Other, *specify*

5. Sector: Public Private

6. Phone

7. Fax

8. Email

9. Type of *loss* or *theft*

Unaccountable loss

Lost in transit, *specify Name of Carrier*

Other loss, *specify*

Suspected theft

Break and enter

Armed robbery

Other theft

10. Date and time the *loss* or *theft* was detected

Date:

Time:

11. Date and time the *loss* or *theft* occurred (tick 'unknown' if applicable)

Date:

Time:

Unknown

12. Details of drug/s *lost* or *stolen* (attach Supplementary Page if more than 3 types of preparations involved)

(1) Drug Name:

Specify 'other'

Strength:

Form:

Quantity:

(2) Drug Name:

Specify 'other'

Strength:

Form:

Quantity:

(3) Drug Name:

Specify 'other'

Strength:

Form:

Quantity:

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13. Answer Questions 13a and 13b if the drugs lost or stolen were required to be entered into a drug register. (If loss was due to break and enter, or armed robbery, or the drugs were lost in transit tick 'Not applicable').

Not applicable

13a. Date when the balance in the drug register was last known to be correct:

13b. Names of persons who had access to the missing drugs in the period from when the drug register balance was correct to when the loss was detected

14. Description of the *loss* or *theft* event (include details about the specific location, e.g. ward, unit)

15. What action was taken following the *loss* or *theft*?

16. Was the *loss* or *theft* reported to police?

No

Yes Name of Local Area Command:

Event No.:

17. Did police attend?

No

Yes Name of Police Officer:

Rank:

Badge No.:

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18. What steps have been taken to prevent future *loss* or *theft*?

19. Answer this question if the loss or theft occurred in a public health facility.

Has the incident been entered on IIMS?

No

Yes, specify Incident Number:

20. In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate

Yes

No

Date:

For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944.

Email completed form to: pharmserv@doh.health.nsw.gov.au