

Circular

Title:	Methoxyflurane Audit and Endorsement 18/19
Date:	5 September 2018
Document ID:	21, 2018/19
Department:	Lifesaving
From:	Anna De Meersman, Lifesaving Development Officer Ph.: 08 9207 6666 (SLSWA Office Hours Monday to Thursday, 8.30am to 5pm) Email: anna@slnwa.com.au
Audience:	Club Administrators, Club Directors of Lifesaving and Club First Aid Officer
Summary:	This document provides information on the following: <ul style="list-style-type: none"> - 2018 Methoxyflurane audit process - Procedure to apply to store Methoxyflurane on club premises
Action:	Complete 2018 Methoxyflurane audit OR Complete Methoxyflurane Application to store on club premises Return documentation to SLSWA by 24 September 2018
Attachment:	<ul style="list-style-type: none"> • SLSWA Methoxyflurane Audit Form • Criteria to Apply for Storage and Application of Methoxyflurane 2018 • Methoxyflurane Medical Form • Methoxyflurane Protocols for Application • SLSWA Methoxyflurane Procedure

SLSWA has maintained a poisons permit from the Department of Health to be able to administer and store Methoxyflurane, Schedule 3, inhalation analgesic at Club locations.

Clubs seeking endorsement to administer and store Methoxyflurane

SLSWA invites Clubs, who are yet to apply for endorsement in the administration and storage of Methoxyflurane, do so in support of the medication becoming a frontline pain management asset across the State. Endorsement of a Club is subject to its ability to demonstrate their application to compliance with national and state policy, procedure and protocols relating to the administration and storage of Methoxyflurane. A summary of responsibilities is provided below.

SLSWA responsibilities

- SLSWA is responsible for maintaining Department of Health Poisons Permit to store and purchase Methoxyflurane,
- SLSWA is responsible for periodically auditing Clubs against endorsement criteria,
- SLSWA is responsible for purchasing and distributing units of Methoxyflurane to endorsed Clubs,
- SLSWA is responsible for establishing opportunities for members to receive SLSA accreditation in the administration of Methoxyflurane, and
- SLSWA will investigate and report to relevant authorities any misuse or theft of Methoxyflurane.

Club responsibilities

- Clubs are responsible for implementation and maintenance of storage and security requirements,
- Clubs are responsible for ensuring relevant numbers of patrolling people have SLSA accreditation in administration of Methoxyflurane,
- Clubs are responsible for the implementation and compliance to SLSA/SLSWA policy, procedure and protocols relating to Methoxyflurane,
- Clubs are responsible for proper completion of all documentation and records when administering Methoxyflurane, and
- Clubs are responsible for notifying SLSWA Lifesaving Officer of any misuse or theft of Methoxyflurane.

Clubs already endorsed

All Clubs currently endorsed to administer and store Methoxyflurane must conduct and audit of their storage and current units by Friday the **24 September 2018** and submit the attached audit form to the SLSWA Lifesaving Development Officer, Anna De Meersman by email: anna@slswa.com.au. This audit is designed to ensure storage continues to meet state requirements and that supplies are up to date for the coming season.



JAMES O'TOOLE
CHIEF EXECUTIVE OFFICER

Methoxyflurane Compliance Audit

Club Methoxyflurane Officer: _____

Compliance requirements include:

1. Storage and security
2. Accreditation requirements per patrol
3. Documentation and record keeping
4. Acquisition and replenishment

1. Storage and security

Please provide the following:

- Written description of security
- Please attach photos to demonstrate location and security measures.

2. Accreditation requirements per patrol

Number of Accredited users in Club: _____

SLSA Pain Management Certificate (Methoxyflurane).

Proficiencies for the award must be conducted at a minimum every two years or as directed by state lifesaving and standard operating procedures.

Names of Accredited Users:

Name	Member No.	Proficiency Date

**Or attach list from SurfGuard*

3. Documentation and Record Keeping

Number of administrations in the last 12 months: _____

Attach copies of medical report forms for the last 12 months.

4. Acquisition and replenishment

	Package numbers in current possession	Expiry Date
1	_____	_____
2	_____	_____
3	_____	_____

Pain Management (Methoxyflurane)

Criteria to Apply for Storage and Application

Pain management is an important tool for frontline lifesavers in improving patient outcomes at pre-hospital care stage of treatment, whilst waiting to transfer the patient to a more advanced level of emergency treatment.

The SLSA National Board of Lifesaving have now endorse the use of methoxyflurane by Clubs and Services that have the capacity to adequately meet the requirements established by SLSA and state authorities in the administration, storage and security of the scheduled drug.

Clubs wishing to store and administer recognised pain management drugs (i.e. Methoxyflurane) must demonstrate compliance to the following criteria prior to state centre providing endorsement:

1. Responsible Officer

Each applying Club must nominate the officer in the Club responsible for maintaining compliance requirements (i.e. First Aid Officer or Lifesaving Director) to the administration and storage of the Methoxyflurane units. Compliance requirements include:

1. Storage and security
2. Accreditation requirements per patrol
3. Documentation and record keeping
4. Acquisition and replenishment
5. Adherence to SLSWA Procedures and Protocols developed for Methoxyflurane.

2. Storage and Security

Security and Storage of Methoxyflurane is a critical aspect of Clubs being endorsed to carry and administer the pain management drug under the auspice of the poisons permit held by SLSWA with the Department of Health.

Each unit is to be stored securely at all times (unless being administered) within in a 3 lock system;

- a. Stored in a room that can be secured by key or combination lock
- b. Stored in a cabinet within that room that can be secured by key or combination lock
- c. Stored in a container (i.e. mini safe) that is secured by key or combination lock and is fixed securely (by screws or bolts) to the inside of the locked draw, cabinet or cupboard.

Clubs will need to determine the best practice of making sure that at all times that lifesaving services are operational, a person has the necessary key or combination to access the Methoxyflurane units. Typically, the patrol captain will maintain this responsibility unless the patrol has a designated first aid/emergency care person available.

Clubs collecting initial or replacement units in person, must return to the Club storage location immediately and store securely. That means that collecting officer must not deviate from the route or stop at any location that will require them to alight from their vehicle.

Clubs that are in rural locations will be issued replacement units via registered post, where they cannot be collected in person. Clubs must allow suitable time to be received by post.

3. Accreditation

The SLSA Pain Management Certificate (Methoxyflurane) is the award required by current members or employees of SLSA or its affiliated bodies to be permitted to carry and administer Methoxyflurane.

The pre-requisite for this award include:

- SLSA First Aid Certificate (currently proficient); and
- SLSA Advanced Resuscitation Techniques (ART) Certificate (currently proficient)
- Minimum of eighteen (18) years of age on the date of final assessment.

Proficiencies for the award must be conducted at a minimum every two years or as directed by state lifesaving and standard operating procedures.

4. Documentation and Record Keeping

To maintain an audit trail for compliance as per the SLSWA Poisons Permit requirements, Clubs must complete all necessary documentation each time a unit of methoxyflurane is administered. The SLSWA Methoxyflurane Medical Form (also: Pentrox Response Form) must be completed in full and any transgressions identified under audit may see the Clubs endorsement revoked.

At the time of distribution each unit of methoxyflurane will be numerically numbered on the external packaging. This number must be recorded onto the Pentrox Response Form in the allocated box.

5. Acquisition and Replacement

The responsible officer must seek initial or replacement units from SLSWA. Each unit is contained within a state wide register and is numbered. The register details the unit number, the date of issue, the location of the Club and whom the unit was issued.

Replacement units will only be issued on the return of the packaging the numbered unit was issued in and with a copy of the Pentrox Response Form completed for each administration of the drug.

Endorsed Clubs are permitted to store a maximum of three (3) units on site.

References

Lifesaving Services wishing to apply to administer and store methoxyflurane must acknowledge and be able to comply with the following National and State policy, procedure and protocols:

- SLSWA Methoxyflurane Procedures
- SLSWA Methoxyflurane protocols
- SLSA Pain Management Certificate and associated documentation

Note:

SLSWA reserves the right to deny application if it not completely satisfied the security and storage of the units can be consistently applied.

METHOXYFLURANE CLUB ENDORSEMENT APPLICATION FORM

Club: _____ SLSC

Address (physical address): _____

Responsible Officer: _____

Email: _____

Phone: _____

Please tick the yes/no response to the following questions:

A responsible officer has been appointed to oversee and maintain procedures for storage, security and replacement? **Yes** **No**

The Club storage complies with relevant policy/procedure? (3 lock system) **Yes** **No**

Each patrol will have a person who is SLSA accredited in administration of methoxyflurane? **Yes** **No**

The Club has acknowledged and agrees to comply with relevant SLSA and SLSWA policy, procedure and protocols relating to methoxyflurane **Yes** **No**

To be signed by Club President

Name:	
Position:	
Signature	
Date:	

Please return completed application to Anna De Meersman (Lifesaving Development Officer)
E: anna@sloswa.com.au

**PENTHROX
RESPONSE
FORM**

Surname:		Given Names:		Penthrox Package Number:
Address: Suburb:			Postcode:	
DOB or Age:	Sex	Date		

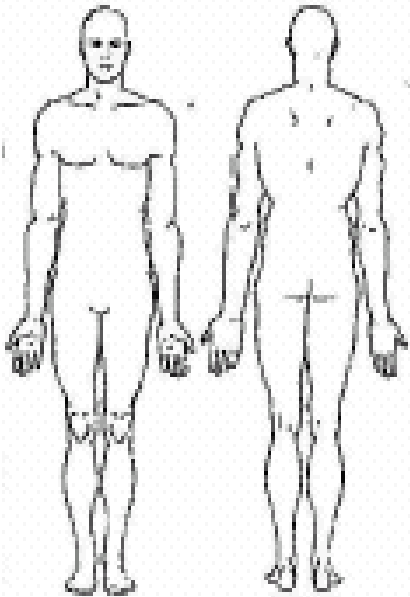
INITIAL ASSESSMENT DATE: _____

Airway	<input type="checkbox"/> Clear	<input type="checkbox"/> Obstructed	
Breathing	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep	<input type="checkbox"/> Shallow
	<input type="checkbox"/> Nosy	<input type="checkbox"/> Coughing	
Pulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow
	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak	
	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	
Skin Temp	<input type="checkbox"/> Normal	<input type="checkbox"/> Cold	<input type="checkbox"/> Hot
Sweating	<input type="checkbox"/> Nil	<input type="checkbox"/> Moderate	<input type="checkbox"/> Excessive
Bleeding	<input type="checkbox"/> Nil	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
Vomiting	<input type="checkbox"/> Nil	<input type="checkbox"/> x1	<input type="checkbox"/> >1

PREVIOUS ILLNESS
<input type="checkbox"/> Nil
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Heart
<input type="checkbox"/> Stroke
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Respiratory
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other _____

ALLERGIES	
<input type="checkbox"/> Nil	<input type="checkbox"/> Unknown
<input type="checkbox"/> _____	

LIMB MOVEMENT
N - Normal W - Weak A - Absent
R Arm _____ L Arm _____
R Leg _____ L Leg _____

<p>INJURIES</p> <p>F - Fracture L - Laceration H - Haemorrhage D - Dislocation P - Pain B - Burn S - Sting</p>	
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<p>PAIN MANAGEMENT</p> <p><input type="checkbox"/> Reassure</p> <p><input type="checkbox"/> Confirm need</p> <p><input type="checkbox"/> Confirm no contra-indications</p> <p><input type="checkbox"/> Explain to patient</p> <p><input type="checkbox"/> Inhaler primed with _____ mL</p> <p><input type="checkbox"/> Treatment commenced: _____:_____ am / pm</p> <p><input type="checkbox"/> Adverse effects: _____</p> <p><input type="checkbox"/> Patient's Pain Rating: 1 (Low) 10 (Major) _____</p> <p>1. Patient's Pain Rating after 2mins: _____</p> <p>2. Patient's Pain Rating after 4mins: _____</p>	<p>METHOXYFLURANE</p>
<p>CONTRA-INDICATION FOR USE</p> <p><input type="checkbox"/> Altered State of Consciousness (see Reverse)</p> <p><input type="checkbox"/> History of Kidney Diseases</p> <p><input type="checkbox"/> Does not understand instructions for use</p> <p><input type="checkbox"/> Intoxication</p> <p><input type="checkbox"/> Immersion</p>	

<p>AVPU SCALE (Circle Applicable)</p> <p>Assess the patient using the below method</p> <p>A Alert</p> <p>V Responds to voice</p> <p>P Responds to pain</p> <p style="padding-left: 40px;">Purposefully</p> <p style="padding-left: 40px;">Non-purposefully</p> <p>U Unresponsive</p>

<p>TREATMENT (Tick Applicable)</p> <p>1. Haemorrhage control</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pressure <input type="checkbox"/> Elevation <input type="checkbox"/> Dressing</p> <p>2. Resuscitation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Defibrillation <input type="checkbox"/> CPR</p> <p>3. Oxygen Therapy</p> <p style="padding-left: 20px;"><input type="checkbox"/> Flow Rate _____ L/min</p> <p>4. Cervical Collar <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Posture</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lateral <input type="checkbox"/> On back <input type="checkbox"/> Sitting</p> <p style="padding-left: 20px;"><input type="checkbox"/> Legs elevated <input type="checkbox"/> _____</p> <p>6. _____</p>
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METHOXYFLURANE PROTOCOLS FOR APPLICATION

- **MUST** only be applied by a competent and authorised member of patrol
- **MUST NOT** be removed from secure storage area unless for patient application
- Methoxyflurane **MUST NOT** be given to these patients
 - CASUALTY CANNOT UNDERSTAND OR COMPLY WITH INSTRUCTIONS FOR USE.
 - HISTORY OF KIDNEY DISEASE (RENAL IMPAIRMENT OR RENAL FAILURE), AS PENTHRANE MAY CAUSE KIDNEY DAMAGE IN THESE PATIENTS.
 - DECREASED LEVEL OF CONSCIOUSNESS - HEAD INJURY OR DRUG/ALCOHOL INDUCED. (SEE ASSESSING LEVEL OF CONSCIOUSNESS BELOW)
 - KNOWN ALLERGY TO PENTHRANE
 - SEVERE ALLERGIC REACTION TO GENERAL ANAESTHETICS IN THE PATIENT OR A PATIENT'S FAMILY RELATIVE.
 - PATIENTS WHO HAVE RECEIVED PENTHRANE AT ANY TIME IN THE LAST WEEK
 - PATIENTS SUFFERING MULTI-TRAUMA AND SHOCK.
 - PATIENTS WITH INADEQUATE RESPIRATORY EFFORT OR RATE
- Ask patient to repeat some or all of the instructions given to make sure they understand
- **ONLY** the patient may administer the drug after instructions have been given
- Patient must be **SUPERVISED** when self administering and continually assess level of consciousness
- **Ensure that appropriate documentation relating to use and replacement of stock has been recorded and maintained**
- Discard unused content of any open Methoxyflurane bottles
- **IF IN DOUBT; CONTACT LOCAL EMERGENCY SERVICE DEPARTMENT FOR ADVICE**

SLSWA METHOXYFLURANE PROCEDURE

Application

1. Application of Methoxyflurane (PENTHROX) is to follow **SLSWA Methoxyflurane Protocols for Application.**
2. Protocols to be available for reference at all times by approved personnel.
3. SurfCom is to be advised of the application of drug to injured person.

Packages

1. Each Pentrox combination unit is sequentially numbered on the external packaging.
2. The package number is recorded on a central register with details of date of issue, the Club and Club Officer issued.
3. **DO NOT** throw out the external numbered package; this **MUST** be returned with the completed Medical Response Form in order to receive a replacement unit.

Records

1. Records relating to the application of the restricted drug methoxyflurane must be maintained diligently at all times the drug is used.
2. All records relating to the use of the drug must be recorded on the SLSA Medical Response Form.
3. The Medical Response Form must be completed in **FULL** each time the drug is

applied. (Including the external package number).

4. Completed Medical Response Forms must be returned to SLSWA within two working days after application with the form signed and dated.

Replacement

1. Upon return of the completed SLSA Medical Response Form and external package to SLSWA, the responsible Club Officer will be issued with a replacement unit.

Storage

1. Methoxyflurane is distributed as Pentrox.
2. Clubs are issued with three (3) individual packs initially and will always maintain this amount.
3. Pentrox must be securely stored in a lockable area of the Club (i.e. 3 lock system).
4. Pentrox packs must not be removed from secure area until application.

Lost or Stolen Packs

1. Any lost or stolen packs of Pentrox must be reported to SLSWA Lifesaving Officer immediately it is known.
2. Club Directors of Lifesaving shall undertake an incident investigation and report the results to SLSWA Lifesaving Officer