1) SCHEDULE 5 AND 6 MEDICINES AND REGISTER

Latest information regarding the way Schedule 5 and 6 medicines and the medicines register must be dealt with by veterinarians

Dear Colleagues

This is the first of a series of emails regarding practice matters. Please familiarise yourself by reading the information carefully- there are changes to how it was done in the past.

A veterinarian must keep a register for specified Schedule 5 medicines or substances or Schedule 6 medicines or scheduled substances. The reference to “medicines” below, includes scheduled substances. [In the past the register had to be kept for all Schedule 5 medicines.]

As on 15 November 2018 the specified schedule 5 medicines are the following:

Alprazolam
Barbituric acid and its derivatives, unless listed in another Schedule, excluding amobarbital, cyclobarbital, pentobarbital and secobarbital (S6), and preparations and mixtures containing not more than 90 milligrams of phenobarbital per minimum recommended or prescribed dose when intended for continued use in epilepsy (S3)
Benzodiazepines and their derivatives, unless listed in another Schedule and except flunitrazepam (S6)
Bromazepam
Brotizolam
Chlordiazepoxide
Clobazam
Clonazepam
Clorazepic acid
Diazepam
Estazolam
Ethchlorvynol
Ethinamate and its derivatives, unless listed in another Schedule.
Fencamfamine
Flumazenil
Flurazepam
Ketazolam
Loprazolam
Lorazepam
Lormetazepam
Mazindol
Medazepam
Meprobamate
Midazolam
Nitrazepam
Oxazepam
Pemoline and its complexes
Pipradrol
Prazepam
Quazepam
Temazepam
Triazolam
Zolpidem

The medicines schedules are amended from time to time, so it is important to keep updated in this respect.

The register must:

(a) indicate the quantity of every such medicine remaining in stock on the last day of March, June, September and December of each year, i.e. the register must be balanced at the end of March, June, September and December of each year;

(This is irrespective of whether an electronic version of the register is kept or whether it is kept by hand) and

(b) contain the following information:

1. the date on which the medicine was received;
2. the name and business address of the person from whom the medicine was bought and in the case of imported medicine, the import permit number;
3. the name and address of the person who purchased the medicine;
4. the quantity, in words and figures, of such medicine indicated per dosage unit, mass or volume; and
5. if the medicine is supplied on prescription, the name and address of the authorised prescriber.

If the register is kept electronically, a printout must be made monthly, dated, signed and filed.

These records must be stored in such a way so that they can be accessed easily, i.e. immediately on request.

The register must be kept for a period of five years after the last entry was made in the register.

For questions please contact the Director Legal Affairs at legaldirector@savc.org.za.

2) VACCINES, FRIDGES AND THERMOMETERS

How do we keep vaccines?
During the routine inspections, it was noted that there may be guidance required regarding the keeping of vaccines and medicines in fridges.

What are the common mistakes we make?

It is found that vaccines may get frozen in fridges [with freezing compartments] because the top shelves of the fridges are colder than the rest of the fridges and temperatures are not well controlled within these fridges.

The minimum/maximum thermometers are often placed in the middle of the fridges, which means that the temperature readings do not reflect the correct temperatures of where the vaccines are held in the fridges.

Handy tips on what should be done

The thermometers must be placed close to where the vaccines and medicines are kept. It is best to have the thermometer between the freezer department and the rest of the fridge. This problem is obviated if the fridge has separate fridge and freezer compartments.

Digital thermometers are preferred and must be used and positioned in the correct places.

Some of the digital thermometers come with applications, which can be downloaded on cellular phones, to keep daily logs in an easy manner.

3) Community Engagements

The Inspections Committee is aware of several community engagement activities taking place in the country. Some practices perform these engagements in rural-, peri urban- and urban areas. Some practitioners perform mass sterilisations as part of community engagement activities in their own practices.

What are the requirements for these community engagements currently?

1. All practitioners must comply with the requirements for community engagements, regardless of the area and/or facility in which veterinary services are rendered.
2. This means that the veterinarian who takes responsibility for the minimum standards during these community engagements must apply to the SAVC to conduct these engagements and must receive accreditation before embarking on the first community engagement activity.
3. Applications to conduct community engagement activities must be received by Council at least thirty [30] days before the first community engagement activity.

Where can you receive further information?
1. Click on this link for the Guidelines for Community Engagement Activities and forms.
2. Submit your applications to and contact Ms Makhosazana Mashinini at Email: facilities@savc.org.za or Ms Minette Strijdom at Email: admin@savc.org.za.

4) Control and safe keeping of Scheduled Medicines

Several reports came back from the inspectors who encountered challenges regarding what to advise principals of facilities on how to deal with the control and safe keeping of scheduled medicines.

What are our recommendations?

1. Scheduled medicines must be kept, preferably in digital safes, bolted to concrete floors or walls.
2. The codes for digital safes may only be known to the veterinarians of the practices.
3. If digital safes are not used, then the keys to safes may only be in the possession of the veterinarians of the practices.

5) Implications for advice given on other South African [SA] legislation

Although Council’s inspectors will give advice on interpretation of implementation of requirements in terms of other SA legislation during routine inspections, it should be noted that the SAVC does not regulate other SA legislation and cannot be held liable for the implementation of other legislation or any advice given in that regard. It remains the responsibility of the veterinarian to ensure that he/she complies with all relevant legislation and a successful inspection does not relieve the veterinarian of that responsibility.

However, where aspects of such legislation are included in the rules for veterinarians and para-veterinary professionals, those are only regulated to the extent provided for in the rules. Compliance with the rules does not guarantee that a veterinarian complies in all respects with such legislation. In respect of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) there is however a high likelihood that a veterinarian will comply with the requirements of that Act if the veterinary rules are complied with.

Examples of other SA legislation on which advice is given are:

- Animal Protection Act, 1962 (Act No 71 of 1962)
- Competition Act, 1998 (Act No 89 of 1998)
- Fertilisers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No 36 of 1947)
- Meat Safety Act, 2000 (Act No 40 of 2000) (Replaced the Abattoir Hygiene Act)
- Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965)
- Performing Animals Protection Act, 1935 (Act No 24 of 1935)

Please in each case ensure that you contact the relevant authorities should you wish to confirm requirements for your practice.

Kind regards,
Dr John Adam
Chairperson, Inspections Committee