

PCP Sample Answers



Poisons Control Plan (PCP) for a **Health Services Permit (HSP)** **Part One – Sample Answers**

1. The Permit

Location of documents

1.1 Indicate where the permit document is to be located;

- Displayed in the administrative office area.
- Filed in the office of the Director of Nursing/Director of Pharmacy.

1.2 Indicate where the approved version of the Poisons Control Plan is to be located;

- Filed in the office of the Director of Nursing/Director of Pharmacy.

1.3 Indicate the position (or role) of the person(s) to be responsible for the periodic review of the approved Poisons Control Plan and the frequency with which the review is to occur;

- The PCP is to be reviewed, at least annually, by the Director of Pharmacy / Director of Nursing / Nursing Supervisor with any variations or proposed amendments to be submitted for approval.

1.4 Indicate the manner in which the review of the PCP is to be documented and where the corresponding records are to be retained;

- The (DHS approved) copy of the PCP is to be retained, as a controlled document in a clearly marked folder, with the date of review and the signature of the reviewer to be clearly recorded on each occasion.

1.5 Indicate the manner in which the Standard Operating Procedure is to be retained and available for use as a reference document;

- A copy of the PCP is to be available, for reference, in each ward of the hospital.
- The original Standard Operating Procedure is treated as a controlled document and retained in the office of the Director of Pharmacy. It is also retained as a computer file.

Purpose for which poisons are required

1.6 Indicate the type(s) of health services for which the permitted poisons may be required;

- Large public hospital with more than 700 beds capacity located on three campuses.
- Private hospital, with more than 50 beds, specialising in orthopaedic/cardiovascular surgery.
- Regional health service comprising a number of hospitals (specify number), in nearby country towns, with facilities for up to 40 acute and 120 long-term patients.
- Rural hospital, with facilities for up to 7 acute and 30 long term patients and for conducting minor surgical procedures.
- Day surgery, with 7-bed capacity, for endoscopic procedures.
- Remote area bush nursing centre, providing emergency treatment within the local community.
- Ambulance station at which Mobile Intensive Care Ambulance officers are based.

2. Reference Material

2.1 Indicate whether a copy of the SUSDP is held and where it is to be located;

- A copy of the SUSDP is to be held in the pharmacy department.
- The SUSDP is not held.

2.2 Indicate where The Act and The Regulations are to be accessed or located;

- The Act and Regulations are to be located in the pharmacy department.
- May be accessed on the Internet.

3. Purchasing

3.1 Indicate the position(s) or role(s) of the person(s) to be responsible for ordering scheduled poisons from suppliers;

- Orders are to be prepared and transmitted, to wholesalers, by the pharmacy department, in accordance with a documented procedure.
- Orders are to be prepared and transmitted, to wholesalers, by contracted pharmacists and are to be regularly scrutinised by the Director of Nursing.
- Orders are to be prepared by the Charge Nurse(s) and transmitted, to the wholesalers, several times per week. Additional stock may be obtained by presenting requisition forms, signed by the Nursing Supervisor, at the local community pharmacy. All orders are **to be** regularly reviewed by the Nursing Supervisor.
- Pharmacists from the community pharmacy, which has been contracted to provide the service, are to attend the establishment each day to review medical charts and to examine imprest stock levels. Imprest stock levels are to be maintained with pharmacists to initiate the supply of other required medications. The pharmacy is to provide records that detail and summarise the supply of scheduled poisons. These records are to be periodically scrutinised by the Deputy Director of Nursing.

- Scheduled poisons are to be ordered, from wholesalers, on a weekly basis by the Director of Nursing. Additional requirements are to be ordered, from the local community pharmacy, when necessary. All supplementary orders must be authorised by the Nursing Supervisor.
- Nitrous oxide (Schedule 4) is to be ordered, from the medical gas supplier, by the Engineering Manager. Orders for medical gases are to be periodically scrutinised by the Director of Pharmacy/Director of Nursing/Theatre Nursing Supervisor.
- The Supply Officer, at the Regional Ambulance headquarters, is to prepare requisition forms in accordance with the documented policy. The requisition forms are to be approved by the Regional Manager before transmission to the wholesaler.

3.2 Indicate what records are to be retained in relation to the acquisition of drugs and poisons;

- Most external ordering is to be carried out using electronic data transfer and details are to be retained in computerised records.
- Requisition and imprest documentation are to be filed chronologically.
- Computer printouts/invoices are to be provided, each month, by the supplier and these are to be retained in filing cabinets.

Medications that are obtained or supplied on prescription

3.3 Indicate the extent to which prescriptions are to be used to obtain medications for use within the establishment, compared with medications obtained from other sources;

- Prescriptions are to be used **only** to obtain discharge medications.
- Prescriptions are not to be used at all.
- Prescriptions are to be used to obtain many oral medications whilst parenteral medications and commonly used oral medications are to be obtained from wholesalers.
- Prescriptions are to be used to obtain most medications. Wholesale purchases are to be limited to emergency drugs and general supplies.
- Prescriptions are to be used, almost exclusively, to obtain medications for long term, "nursing home" patients. Medications for acute, "hospital" patients are to be obtained by wholesale.

4. Security

4.1 Indicate the general security measures that are to be taken to prevent misappropriation of scheduled poisons by external (eg burglars) or internal (eg. staff, contractors) agents;

- After hours patrols by contracted security company
- A monitored alarm system with infrared and movement detectors is fitted in the pharmacy department.
- Nurses are equipped with portable duress alarms for night duty.
- Duress alarm buttons are located at nursing stations.
- The external doors are to be secured after evening visiting hours and access must then be granted after the intercom system is activated. The entranceway is monitored by a closed circuit TV facility that will enable the nursing staff to observe callers before opening the door.
- After evening visiting hours, access may only be granted through the Emergency Department, which is fitted with a button to activate a duress alarm.
- At the cessation of daily activities, the establishment is to be securely locked with dead locks.

- There is an audible alarm system.
- Cleaning staff will not have unsupervised access to areas in which medications are stored.

Storage and Access to Drugs

Schedule 8 poisons

4.2 Indicate how Schedule 8 poisons are to be stored;

- Drug of Addiction cabinet(s), attached to brick walls by four bolts.

(Residential Aged Care Facilities only)

- Imprest stock and drugs in original containers (eg. morphine ampoules) are stored in a steel drug cabinet that is attached to a wall by four bolts.
- Oral dose forms, obtained on prescription for specific patients and supplied (by the pharmacist) in sealed dose administration containers, are stored in a lockable room with other dose administration containers.
- Oral dose forms, obtained on prescription for specific patients and supplied (by the pharmacist) in sealed dose administration containers, are stored in a lockable fixed cupboard with other dose administration containers.

4.3 Indicate how unauthorised or unsupervised access to Schedule 8 poisons is to be prevented;

- The keys are to be held by the charge nurse of the relevant ward and handed over at the change of shift. A spare set of keys is to be held in the pharmacy department / by the Director of Nursing.
- There are only two keys and these are to be held by the Nursing Supervisors so that at least one key is available for each day that the establishment is operational.
- The only two keys are to be held by the Regional Manager and by the Ambulance Station Shift Supervisor, who is to hand the key to the Supervisor of the following shift.
- The key to the Drug of Addiction Cabinet is to be secured in a key safe so that it is available to the nurse-in-charge when the establishment is next open. The key safe has a combination lock.
- The combination, to the Drug of Addiction cabinet / key safe, is to be known by a limited number of designated persons (specify or provide examples). The combination is to be changed following the departure of any designated person.

Schedule 4 poisons

4.4 Indicate how Schedule 4 poisons are to be stored;

- Schedule 4 drugs are stored in lockable trolleys / cupboards / storerooms / refrigerators / bedside storage lockers.
- All Schedule 4 drugs of dependence (eg. benzodiazepines) are stored in a designated lockable cupboard in order to limit access to those drugs.
- Selected Schedule 4 drugs of dependence (eg midazolam) are stored in the cabinet with Schedule 8 drugs.

4.5 Indicate how unauthorised or unsupervised access to Schedule 4 poisons is to be prevented;

- Keys to ward stocks and imprest stores are to be held only by the charge nurses for the relevant wards and handed over at the change of shift. Additional keys are to be held in the pharmacy department / by the Nursing Supervisor.
- Keys to the emergency "after-hours" cupboard are to be held by Nursing Supervisor. Additional keys are to be held in the pharmacy department.
- Keys to bedside lockers do not provide access to ward or imprest stock and are not interchangeable between wards.
- There are a specific number of uniquely numbered keys to bedside lockers, in each ward. Keys are to be transferred, between nursing staff, at the change of shift with extra keys being accounted for and locked away by the charge nurse. A logbook is to be used to reconcile keys at the end of each shift.
- Where keypad combination locks are used to restrict access, view shields will be installed to prevent the combination being observed by a person standing nearby. Combinations are to be changed periodically and following the departure of staff members to whom the combination was known.
- Keys to storage areas containing Schedule 4 drugs of dependence are fewer in number and are held only by the charge nurse for each ward.

Special storage facilities [eg. emergency drugs, medical gases]

4.6 Indicate what special storage facilities (if any) are to be used for specific poisons and, where different from the previously stated methods, indicate what measures are used to prevent or detect unauthorised access;

- A lockable cupboard, located adjacent to the Nursing Supervisor's Office, is to be used to store a range of drugs which may be required for emergency "after-hours" use.
- Nitrous oxide (Schedule 4) is to be stored in the lockable medical gases store.
- Emergency drugs are to be stored on "crash carts" in containers that are sealed to be tamper-evident.
- Emergency drugs are to be stored on "crash carts" which are secured by plastic tamper-evident, serial numbered seals.
- Emergency drugs, stored on unlocked "crash carts", are to be subject to daily stock checks.
- Drugs that are to be transported (eg. Hospital in the Home, Mobile Intensive Care Ambulance officers) are to be stored in lockable receptacles which may be secured within the vehicle. The vehicles are air-conditioned and insulation is to be provided to minimise exposure to high temperatures. Receptacles are to be returned to a lockable storage area when the vehicle returns to base.
- All Schedule 4 drugs of dependence are stored in a designated lockable cupboard in order to limit access to those drugs.

Schedule 2 and Schedule 3 poisons

4.7 Indicate how Schedule 2 and/or Schedule 3 poisons are to be stored;

- In the same manner as Schedule 4 poisons – to ensure there is no unlawful supply or misappropriation.
- In locked and unlocked cupboards in areas that are not generally accessible.
- Medications that have been identified as being more susceptible to misappropriation are stored in locked cupboards.

5. Administration by Nurses

5.1 Indicate what steps are to be taken to obtain verbal instructions from a medical practitioner (or other authorised prescriber) when written instructions are not available;

1. A nurse is required to phone the doctor to obtain verbal instructions.
2. The instructions are to be transcribed to the section of the Patient Medication Chart that is designed for this purpose.
3. As a matter of policy, the doctor is to be asked to repeat the instructions to another nurse (if one is present) who is required to countersign the transcription.
4. If the medication requires ongoing administration, the doctor is to be requested to provide complete written instructions to authorise ongoing administration and may not merely sign the transcribed instructions.

5.2 Indicate the circumstances under which a nurse might be required to administer a Schedule 4 or Schedule 8 poison in accordance with the directions for use on a container;

- Upon admission to the hospital or when being attended at home, a patient may have medications that have been previously supplied by a pharmacist.
- If the administration of a medication is considered to be necessary, the nurse is to be required to;
 1. Seek written or verbal authorisation from the treating doctor.
 2. If unable to obtain such authorisation, the nurse may administer the medication after referring to the directions for use on the label of the container.
 3. The nurse is required to examine the label on the container, to ensure that the medication had been prescribed for the patient during the recent past.
 4. The nurse is required to examine the medication to ensure that it is consistent with the medication identified on the container.
 5. The nurse is also required to examine other documentation accompanying the patient (eg. discharge documentation from another establishment) to ensure that the administration of the medication had recently been authorised.

5.3 Indicate the steps to be taken to ensure that a medication, obtained on prescription, is not administered to a person other than the person named on the prescription;

- Medications obtained on prescription are to be either given to the patient, upon discharge, or returned to the pharmacy for disposal.
- Medications obtained on prescription, which are no longer required by the patient, are to be placed in a designated cupboard where they are to be secured until they may be given to the pharmacist for disposal.
- Nurses are to be periodically (please specify frequency) reminded that medications, obtained on prescription, are not to be administered to a person other than the person named on the prescription.

6. Administration by Persons Other than Nurses

6.1 Indicate under what circumstances a person other than a nurse may be required to administer Schedule 4 or Schedule 8 poisons within the establishment;

- Doctors may be required to administer drugs in the Emergency Department or in relation to a surgical procedure.
- Pharmacists may be required to administer methadone to clients of a pharmacotherapy program.
- Ambulance officers may be required to administer drugs in accordance with the documented policy provided by the Metropolitan Ambulance Service. **Note:** This

example is intended for the ambulance service only.

(Residential Aged Care Facilities only)

- PCA's may administer medications, which are supplied on prescription in sealed dose-administration containers, to residents requiring low-level care.
- PCA's may administer medications that have been supplied on prescription in sealed dose-administration containers, to residents requiring high-level care - when so directed by a nurse who is managing the administration of medications to such residents.
- Where approval has been given by the resident's treating doctor, a resident is permitted to manage the administration of his/her own prescribed medications – with the assistance of PCA's or nursing staff.

7. Records of Transactions

7.1 Indicate how records of transactions are to be retained;

- Administration records are to be contained in Patient Medication Charts, which have provision for 10 days' duration.
- Specific Patient Medication Record Sheets are to be used for patients attending the Emergency Department or the Day Procedures Unit.

7.2 Indicate how records of transactions for Schedule 8 poisons are to be secured and validated;

- Transactions involving Schedule 8 poisons are to be recorded in Administration Books, with one book/page used for each medication / with the remaining balance recorded in the column relating to that drug.
- The remaining balance is to be checked by two nurses at the change of each shift.
- The remaining balance is to be checked on a daily basis.
- **Additionally**, where the remaining balance, is transcribed from one page to the next or from one book to the next, the transcribed quantities must be verified and countersigned by two nurses.

(Residential Aged Care Facilities only)

- The administration of Schedule 8 poisons, supplied on prescription for specific patients, in sealed dose administration containers, is to be recorded in the same manner as other prescribed medications. The remaining balance will not be recorded unless it is practical to do so.

7.3 Indicate what records are to be made in relation to internal stock transfers (eg. between wards, from emergency after-hours store);

- Requisition books are to be used to record inter-ward stock transfers, with nurses from both wards required to sign the requisition document.
- A file card system / exercise book is to be used to record the details of stock taken from the after-hours cupboard. Each entry is to be signed by the relevant nurse.

8. Staff Training

8.1 Indicate how staff training is to be implemented and reviewed;

- There is a documented training program for the induction of new nurses / pharmacists, including personal instruction by senior or supervising staff.
- The establishment's SOP is clearly indexed for ready reference and is available for review at each nursing station.

- Temporary staff receive personal instruction in relation to practices or procedures that may be atypical for nurses / pharmacists in other establishments.
- Internal auditing procedures (PLEASE include a brief description of how this is to occur) are carried out periodically (please specify minimum frequency).
- Noted matters of minor concern, inconsistency or variation are addressed at regular staff meetings and/or via weekly memos.
- Noted matters of major concern are addressed via Incident Reports and followed up, with the staff member(s) concerned, in the form of counselling or re-education.

Loss and Misappropriation of Drugs and other Incidents

8.2 Identify key areas or substances (if any), where there may be a greater risk and/or a greater vulnerability to loss or pilferage;

- Areas in which small cylinders of nitrous oxide are to be stored.
- Schedule 8 drugs, especially pethidine amps.
- Some Schedule 4 drugs of dependence, including midazolam and benzodiazepines.
- Growth hormone.
- The possibility that a staff member, who is responsible for ordering drugs, could order drugs purely for the purpose of diversion for personal use or re-sale.

(Residential Aged Care Facilities only)

- Schedule 8 drugs, supplied in sealed dose administration containers, for which the remaining balance is not recorded.

8.3 Indicate how relevant staff members are to be supervised and/or periodically re-trained to be aware of and to address those risks;

- Charge nurses and Nursing Supervisors are to be regularly involved in re-educational activities. Those activities will regularly highlight potential "risk" substances and will emphasise vigilance for atypical or suspicious behaviour.
- Ordering procedures, for noted "risk" substances will be subjected to periodic review by a supervisor, pharmacist or peer.
- All external ordering is to be subject to internal auditing procedures, primarily to manage expenses but also to identify unusual trends.
- The ordering procedure and inventory control for nitrous oxide cylinders is to be the responsibility of the Supply Manager and to be regularly supervised by a designated theatre nurse.

(Residential Aged Care Facilities only)

- Where drugs are supplied in sealed dose administration containers, all staff involved in the administration of medications will be instructed to report any instances where medication compartments appear to have been breached or tampered with.

8.4 Indicate the manner in which Incident Reports and Responses are to be documented, retained and reviewed;

- Copies of standardised Incident Report Forms and the procedure to be followed are contained within the Standard Operating Procedure that is located at each nursing station. Each form is to include instructions relating to the manner in which the form is to be completed and to whom it is to be submitted.
- These forms are to be used to document atypical or suspicious behaviour associated with "risk" substances, discrepancies in physical stock checks and instances of incorrect medication administration.
- When alerted to atypical or suspicious behaviour, associated with "risk" substances, the establishment will promptly implement covert checking procedures to attempt to explain the

noted behaviour and/or contact the Department for advice on an appropriate course of action.

- Incident Reports are to be filed chronologically, along with other reports of a similar nature, so that trends or patterns might be more readily identified.

8.5 Indicate the position (or role) of the person who is to be responsible for notifying the authorities and how this person is to be aware of the action required of him/her;

- All unresolved discrepancies involving the loss or theft of scheduled poisons are to be ultimately reported to the Director of Nursing / Director of Pharmacy for mandatory reporting to the Department.
- This person is periodically reminded of this requirement, when he/she reviews this (PCP) document or by the person who review this document

9. Supply of Drugs and Poisons

Supply by medical practitioners or other authorised practitioners

9.1 Indicate under what circumstances medical practitioners or other authorised practitioners may be required to supply medications;

- Doctors may supply starter packs to patients who attend the Emergency Department at a time when the pharmacy department is not open.
- Doctors may supply a starter pack following day surgery procedures.
- A nurse who is registered as a Nurse Practitioner may supply medications in accordance with the details of that nurse's specific authorisation.

9.2 Indicate how such medications are to be labelled and packaged;

- Starter packs are to be prepared by the pharmacy department. They are to consist of resealable phials with pre-printed labels that provide spaces for doctors to insert relevant directions, patient details and date.
- Doctors are to have resealable phials and self-adhesive labels, which they may use to supply small quantities of medications.

9.3 Indicate what records are to be made in relation to the supply of medications by medical practitioners and/or dentists;

- Details of the supply of starter packs are to be recorded on record sheets that have been specifically designed for the purpose.
- Details of the supply of starter packs are to be recorded within patient records.

Supply by pharmacists of drugs belonging to the permit holder

9.4 Indicate under what circumstances pharmacists may be required to supply medications to patients;

- The pharmacy department has some outpatient dispensing activities.
- Discharge medications are to be supplied by a community pharmacy / by the pharmacy department.

Involvement, by nurses, in the supply of medications to patients

9.5 Indicate under what circumstances nurses may be involved in the supply of medications to patients;

- Nurses may issue or deliver medications to a patient if the medications have been "dispensed" by a pharmacist, dentist or medical practitioner and are contained in a suitably labelled container that identifies the specific patient.
- A nurse who is registered as a Nurse Practitioner may supply medications in accordance with the details of that nurse's specific authorisation and will be required to comply with the provisions of Items 9.2 and 9.3.

Supply to members of staff

9.6 Indicate what steps are to be taken to ensure that staff members are not supplied with scheduled poisons in a manner that is contrary to the legislation;

- There is to be no provision for staff to purchase or obtain scheduled medications from the establishment OR by ordering the medication from a licensed wholesaler with other medications required by the permit holder. Staff members, responsible for the control and ordering of scheduled poisons, are periodically reminded of this fact.
- Staff members are authorised to purchase or obtain "Over The Counter" or prescription medications from the community pharmacy / Pharmacy Department. The legality of supply is the responsibility of the pharmacist(s).
- Medical Practitioners might supply a "starter pack" to a staff member in the same manner that such a transaction might occur in the Emergency Department.
- "Over The Counter" medications, in Schedule 2 and Schedule 3, are stored in locked facilities to prevent unauthorised access.

10. Waste Disposal

10.1 Indicate the likely means of disposal of such waste material;

- Expired therapeutic poisons, including Schedule 4 poisons, are to be sent for high temperature incineration with infectious waste material.
- Expired therapeutic poisons, including Schedule 4 poisons, are to be returned to the community pharmacy for disposal.

Destruction of Schedule 8 or Schedule 9 poisons

10.2 Indicate how Schedule 8 poisons are to be destroyed;

- Expired and unwanted Schedule 8 poisons are to be destroyed, in the pharmacy department, by two pharmacists.
- Expired and unwanted Schedule 8 poisons are to be promptly returned to the community pharmacy when no longer required.
- The only exceptions are unit packs of previously sterile solutions (eg. ampoules) where only a portion of the contents has been administered. The remainder of the contents may be discarded by nursing staff (two nurses if possible) and recorded as such.

Note: Parts Two through Five of the PCP are applicable only to permits that relate to the activities of each permit holder (or applicant) and may otherwise be discarded.