

KEY REQUIREMENTS FOR NURSES IN RESIDENTIAL AGED CARE SERVICES

This summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to assist nurses in understanding their obligations under the Drugs Poisons and Controlled Substances Act 1981 and Regulations 2006. Reference must be made to the legislation (at www.legislation.vic.gov.au) for full details of requirements.

For easier reading and comprehension, this document does not include the many and varied options that are covered by the legislation. Instead, it focuses on the circumstances that are applicable to the vast majority of nurses practising in residential aged care services. To simplify many issues, references to dentists, nurse practitioners, authorised optometrists and Schedule 9 poisons have not been included.

Key terms

Schedule 8 poisons (labelled *Controlled Drug*) are drugs with more strict legislative controls, e.g. cocaine, morphine, pethidine, oxycodone, methadone, hydromorphone, flunitrazepam, fentanyl, ketamine.

Schedule 4 poisons (labelled *Prescription Only Medicine*) include other drugs for which prescriptions are required, e.g. cardiovascular drugs, antibiotics, nitrous oxide & many others.

The term "**drugs of dependence**" is used to describe substances listed in Schedule 11 to the Act and includes all S8 poisons plus those S2, S3 or S4 poisons known to be subject to misuse and trafficking, e.g. pseudoephedrine, benzodiazepines, dextropropoxyphene, midazolam.

Note: *Most regulations relate primarily to whether a drug is in Schedule 4 or Schedule 8 (not Schedule 11) so, to avoid confusion, it is recommended that diazepam and similar substances be referred to as Schedule 4 drugs of dependence – **rather than** as Schedule 11 drugs.*

Schedule 4 and Schedule 8 poisons in aged care services

The vast majority of medications used in residential aged care services are supplied on prescription for administration to specific patients – in the same way that medications are supplied for a person in private residential accommodation.

Accordingly any person, who has the care of (or is assisting in the care of) a resident for whom a medication has been supplied on prescription, could be authorised to possess that medication for the specific purpose for which it was supplied. In a residential aged care service, such a person may be a nurse or a personal care attendant (PCA).

HIGH LEVEL residential care

Where a resident in an aged care service is receiving high level residential care, the Act specifies that the administration of Schedule 4 or Schedule 8 poisons, to that resident, **must be managed by a "nurse"** (defined by the Act as a person registered in Division 1, 3 or 4 under the Nurses Act 1993) in accordance with the relevant code for guidance (if any) issued by the Nurses Board of Victoria, which may be examined in detail at www.nbv.org.au

The nurse manager with overall responsibility for management of medication must be readily identifiable to service staff and able to be contacted by DPRG. It is expected that the position will be

formalised in the service's organisational framework and position description and that staff are aware of the Nurse Manager's role.

It is anticipated that a resident **not** requiring high level care is more likely to be personally involved in the management and administration of his/her own medications.

The following requirements are applicable to an aged care service where a resident receiving high level residential care has been supplied, on prescription, with Schedule 4 or Schedule 8 poisons.

Storage of Schedule 4 and Schedule 8 poisons

Schedule 4 poisons must be stored in a lockable facility.

Schedule 8 poisons must be stored in a lockable room and/or in a lockable storage facility, which is firmly fixed to a floor wall. A steel drug cabinet is no longer mandated, due to the increased prevalence of dose administration containers, but is strongly recommended for the storage of Schedule 8 poisons in original containers and may be required, if directed by DPRG.

Facilities for the storage of Schedule 4 and Schedule 8 poisons must be locked to prevent unauthorised access.

Records of transactions

Records of all administrations of Schedule 4 and Schedule 8 poisons must be true and accurate, retained in a readily retrievable form for 3 years and produced, on demand, in writing to an authorised officer of DPRG. (See regulation 40 for details that must be recorded)

For **Schedule 8 poisons** a separate record (e.g. a drug register or administration book that shows the true and accurate balance remaining after each transaction) is required (Reg 41) – **except** where a Schedule 8 poison has been supplied, on prescription for a specific person, in tamper-evident compartments of a suitably labelled dose administration container.

Nurse administration of Schedule 4 and Schedule 8 poisons

Where a nurse (*including a nurse registered in division 2 whose registration is endorsed under section 8C of the Nurses Act 1993*) is required to administer Schedule 4 or Schedule 8 poisons, regulation 47 requires the nurse to first refer to authoritative instructions - in the form of:

- Written instruction of a medical practitioner (*the most common option*).
- Oral instructions of a medical practitioner if, in the opinion of the medical practitioner, an emergency exists (*e.g. telephone orders*).
- Written transcription (of the emergency instructions) by the nurse who received them.
- Directions for use on a container supplied by a medical practitioner or pharmacist (*e.g. administration of a person's own lawfully supplied medication*).

Destruction of Schedule 8 poisons

Regulation 51 authorises a nurse to act as the witness when a Schedule 8 poison is to be destroyed by a medical practitioner, nurse practitioner, pharmacist or dentist. **Note:** *This does **not** mean that two nurses may destroy Schedule 8 poisons.*

To clarify the situation relating to an accepted and necessary practice, this regulation specifically authorises a nurse to destroy (e.g. discard) the remaining, unused contents of a previously sterile container (e.g. a partially used ampoule) – provided the nurse makes an appropriate record. **Note:** *As a suitably qualified person might not be available, a witness is not mandated. However many establishments have a policy that requires a witness if/when another nurse is available.*

Nurse-initiated medications

Some residential aged care services have protocols, which detail when a nurse may initiate treatment with specified medications **other than Schedule 4 or Schedule 8 poisons**. *This is a matter of liability and policy – rather than of drugs and poisons legislation.*

Health Services Permit (HSP) to obtain “imprest stock”

Some residential aged care services **choose** to obtain a **HSP**, for which an annual fee must be paid, to enable them to obtain medications that have not been prescribed for specific patients, so that selected medications are readily available for immediate administration. Each HSP contains conditions that are specific to the type of health service provided and require the approval of a Poisons Control Plan (PCP) that details how the medications will be managed.

All relevant application forms, details of fees, Poisons Control Plans plus instructions for how to complete them, are available on the web at: <http://www.health.vic.gov.au/dpu/health.htm>

This additional summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to assist in understanding the manner in which medications, which are not supplied on prescriptions for specific patients, should be supplied. Refer to the Drugs, Poisons and Controlled Substances Regulations 2006 (at www.legislation.vic.gov.au) for full details. The DPRG website (www.health.vic.gov.au/dpu/agedcare) also contains summaries of other key legislative requirements.

Basic issues

Most medications in residential aged care services are supplied on prescriptions for specific patients but **IF** a facility holds a current Health Services Permit (HSP), Schedule 4 and Schedule 8 poisons may be supplied (without prescription) so that the medications are available for urgent administration, to any patient, in accordance with instructions of a medical practitioner. *Such medications, for the purpose of this document, will be referred to as **Imprest Drugs**.*

A pharmacist is considered to have **supplied** Imprest Drugs when possession, control of or access to the drugs is transferred to nurses at the aged care service. When/if a **payment** might occur is **irrelevant** to the question of when supply is said to have occurred.

What should occur?

1. The permit holder (i.e. the aged care facility) should provide the pharmacy with a copy of their HSP – to demonstrate that the facility holds a current permit and to identify the poison schedules of the medications that may be obtained.
2. When an Imprest Drug is ordered, the pharmacist may supply the drug in accordance with Regulation 15(1)(f) and **must** make a record of the transaction.
 - *Imprest Drugs are not supplied on prescription, so the pharmacist need not attach additional labels to the original containers.*
3. The permit holder should store Imprest Drugs separately from medications supplied on prescriptions and should manage them as described in the approved Poisons Control Plan that relates to the HSP.
4. When a nurse has a medical practitioner’s written or verbal instructions, to administer an Imprest Drug to a patient, the nurse may remove the required dose(s) of medication from the Imprest Store and **must** make a record of the transaction.
5. If/when the medical practitioner provides a prescription, authorising the pharmacist to supply the medication for the patient, the pharmacist must supply the quantity specified on the prescription, must label **the corresponding container** in the manner described in regulation 29 and **must** make a record of the transaction.
 - *It is not acceptable to attach a dispensing label, corresponding to the subsequent prescription, to the container that was removed from the Imprest Store.*
6. The container, from which the initial doses of an Imprest Drug were obtained, will then contain fewer doses and should be returned to the Imprest Store.
 - *Regulation 45 makes it an offence to administer drugs, obtained on prescription, to any person other than the person named on the prescription. Hence a container of medication, obtained on prescription, must not be used to replace a container that was removed from the Imprest Store.*
7. A replacement container of an Imprest Drug may be supplied when the progressively reducing number of doses of the drug necessitates replenishment.

For further information

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