

# Systems and processes

- Accreditation and legislation is all about the **systems** and **processes** that the facility has in place to support the staff (health professional and non-health professional) to maintain **quality**, to identify **risk** and to **improve** the delivery of care.

# How is this done?

- Governance
  - Clinical Governance
    - MAC
    - Systems Review
    - Education and Training
    - Audit
    - CQI

# Legislation

Legal and valid  
order

Documentation  
of administration

Authorised  
administration

Appropriate drug  
(supply)

# Medication orders

- A medication chart is an essential part of the medication system
  - Used by prescribers to give instruction regarding medication administration
  - Without a medication order a medication cannot be administered legally by a person authorised to administer medications

# Medication orders

- All jurisdictions require a registered or enrolled nurse to be responsible for the medications given in an aged care facility
- If supplied in an original pack the nurse who administers a drug is required to verify against the prescribers orders



## Management of Medicines in Aged Care

# Nursing Guidelines



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## 7.9 Emergency medicine instructions

- 7.9.1 In an emergency, a medicine instruction may be given by telephone, facsimile or by email. Emergency medicines instructions are only for emergency use.

These instructions are not an acceptable substitute for a comprehensive medicines policy for the regular and routine management of medicines which is responsive to predictable changes in medicines requirements.

- 7.9.2 The registered nurse or enrolled nurse taking an emergency medicine instruction by:

- *telephone*, should verify the prescriber, write the instruction in permanent ink directly onto the person's medicines chart, confirm the instruction with the prescriber, and sign and date the chart. Best practice requires a second nurse be present to check the instruction with the prescriber.

The medical practitioner or dentist who verbally authorises the emergency administration of a narcotic substance or restricted substance must sign an entry in the patient's medical history within 24 hours of giving those instructions (Poisons Regulations).

A registered nurse, who is of the opinion it is necessary for the patient's wellbeing, may continue to administer a restricted or narcotic substance in accordance with a verbal authorisation even though the medical practitioner or dentist has not signed the order within 24 hours of giving those instructions (Poisons Regulations).

Any emergency telephone medicines instruction must be confirmed in writing by the prescribing practitioner. It is the responsibility of the prescribing practitioner issuing an emergency telephone medicines instruction to notify the pharmacist, and to confirm the emergency medicines instruction in writing within 24 hours, or according to the requirements of state or territory legislation.

- *facsimile or email*, should write the instruction directly onto the person's medicines chart in permanent ink, and sign and date the chart. The facsimile or email should be placed in the person's medicines chart.



# POISONS REGULATIONS 2008 - REG 95EA

## Administration of certain substances by aged-care workers in residential care services

- 2) A person who is not a nurse may administer, or make available for self-administration, to another person who is being provided with residential care by a residential care service, a medicinal poison, potent substance, restricted substance or the specified narcotic substance if –
  - (a) the person administering or making available the poison or substance –
    - **(i) is employed by an aged care service that provides a residential care service and is acting with the authority of the person in charge of that service; and**
    - **(ii) is acting under the general supervision or direction of a registered nurse; and**
    - **(iii) has met the requirements of relevant nationally accredited training modules relating to the administration and storage of medication and maintains any competency requirements of those modules; and**
  - (iv) is acting in accordance with guidelines approved by the Secretary; and
  - **(b) the other person is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and**
  - (c) in the case of a medicinal poison, the poison has been lawfully supplied and the administration is in accordance with the manufacturer's instructions; and
  - (d) in the case of a potent substance, the substance has been lawfully supplied and the administration is in accordance with the instructions of a medical practitioner, dentist, pharmaceutical chemist, authorised nurse practitioner or optometrist; and
  - (e) in the case of a restricted substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised optometrist or authorised nurse practitioner; and
  - (f) in the case of the specified narcotic substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist or authorised nurse practitioner.

specified narcotic substance means buprenorphine in patches for transdermal delivery.



## Administration of certain substances by aged-care workers in community care services

- A person who is not a nurse may administer, or make available for self-administration, to another person, who is being provided with community care by a community care service, a medicinal poison, potent substance, restricted substance or narcotic substance if –
  - (a) the person administering or making available the poison or substance –
  - **(i) is employed by an aged care service that provides a community care service and is acting with the authority of the person in charge of that service; and**
  - **(ii) is acting under the general supervision or direction of a registered nurse; and**
  - **(iii) has met the requirements of relevant nationally accredited training modules relating to the administration and storage of medication and maintains any competency requirements of those modules; and**
  - **(b) the other person is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and**
  - (c) in the case of a medicinal poison, the poison has been lawfully supplied and the administration is in accordance with the manufacturer's instructions; and
  - (d) in the case of a potent substance, the substance has been lawfully supplied and the administration is in accordance with the instructions of a medical practitioner, dentist, pharmaceutical chemist, authorised nurse practitioner or optometrist; and
  - (e) in the case of a restricted substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised optometrist or authorised nurse practitioner; and
  - (f) in the case of a narcotic substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist or authorised nurse practitioner.

# Storage

- An 'Aged Care Facility' (ACF) meets the Poisons Regulations of a medical institution. Namely:
- ***Medical institution*** means an institution the sole or main object, or one of the main objects, of which is, or is held out to be, the provision of accommodation (whether with or without medical or other treatment) for –
  - **(a)** persons suffering from any illness, injury, infirmity or mental disorder; or
  - **(b)** pregnant women or women immediately after childbirth; or
  - **(c)** persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or by any other disability; or
  - **(d) persons who are aged;**

# Aged Care facilities - storage

- Therefore Regulation 29 (Poisons Regulations) is the operative entry and it states:
- **Storage and control of narcotic substances in wards of medical institutions**
- **(1)** The registered nurse or midwife in charge of a ward of a medical institution must –
  - **(a)** keep the narcotic substances supplied to that ward stored apart from all other goods, other than declared restricted substances, in a separate cupboard or receptacle that is securely fixed to the premises; and
  - **(b)** keep that cupboard or receptacle securely locked at all times when the substances in it are not being used.
- Having established that an ACF is a medical institution and therefore the charge nurse must keep a narcotic register and keep the S8s in a cupboard or receptacle etc we then need to refer to the Regulation 25 (1) (a) which states:
- A person who is authorised by the Act or these regulations to possess narcotic substances for the purposes of the person's profession or employment –
  - **(a)** must keep them stored apart from other goods in an enclosure that is constructed and secured in a manner approved by the Secretary

# Possession of S8's **POISONS REGULATIONS 2008**

## - REG 9

- In addition to the persons authorised by section 48 of the Act to possess narcotic substances, a person who is –
    - (a) an authorised officer of a medical institution; or
    - (b) a registered nurse in charge of a ward in a medical institution; or
    - (c) an authorised nurse; or
    - (d) an ambulance officer –
  - may possess and use any narcotic substances for the purposes of his or her profession or employment.
- Q: Who can carry the keys to the drug cupboard
    - A: A Registered nurse

# POISONS REGULATIONS 2008 - REG 25

## Storage of narcotic substances

- (1) A person who is authorised by the Act or these regulations to possess narcotic substances for the purposes of the person's profession or employment –
  - (a) must keep them stored apart from other goods in an enclosure that is constructed and secured in a manner approved by the Secretary; and
  - (b) when the narcotic substance is not being used, must keep the enclosure securely locked and retain the key either on his or her person or in a place not readily accessible to other persons.

# Can we have stock of DD in the aged care facility

- This regulation does not apply to a narcotic substance that is kept or used in a prescribed institution, within the meaning of section 48 of the Act, for the purposes of that institution or to a narcotic substance which is kept or used under a licence granted under regulation 7.
- (9) Nothing in this regulation prohibits the administration to a person, in the case of an emergency, of a narcotic substance kept in any aircraft, ambulance or vessel where –
  - (a) the services of a medical practitioner are not readily available; or
  - (b) it is not practicable to obtain the narcotic substance from any other source.
- (10) Nothing in this regulation prohibits a pharmaceutical chemist, licensed wholesale chemist or licensed manufacturing chemist from supplying any narcotic substance to –
  - (a) an authorised officer in a medical institution for the use of the narcotic substance for the purpose of that institution; or
  - (b) a person holding a licence under regulation 7; or
  - (c) an authorised nurse; or
  - (d) a person holding the Secretary's written authority for use in respect of an ambulance service; or
  - (e) a person controlling an approved first aid kit; or
  - (f) the master of a vessel for the purpose of providing medical treatment to passengers or crew of that vessel.
- (11) Nothing in this regulation prohibits a pharmaceutical chemist, licensed wholesale chemist or licensed manufacturing chemist from supplying a midwifery narcotic substance to an eligible midwife.

# Delivery of S8 substances **POISONS REGULATIONS 2008**

## **- REG 12**

- A person may possess a narcotic substance for the purpose of conveying it to any person or place if –
  - (a) the narcotic substance is contained in a sealed package or container; and
  - (b) the person is acting –
    - (i) in the course of the person's business or employment to carry, convey or deliver articles or containers of a similar nature; or
    - (ii) under the directions of a person authorised by the Act to have possession of that narcotic substance.
- The person making the delivery of the narcotic substance can be a delivery person, or pharmacy assistant



## Narcotic register

### **POISONS REGULATIONS 2008 - REG 13**

- Each entry in a narcotic substances register is to be made as soon as practicable after the occurrence of the event to which it relates and, in any event, not later than 48 hours after the occurrence of that event.

## POISONS REGULATIONS 2008 - REG 30

### 30. Administration of narcotic substances (S8) in medical institutions

- (1) Subject to subregulation (2) and regulation 94, a medical practitioner, dentist or authorised nurse practitioner must not give instructions for a narcotic substance to be administered to a patient in a medical institution without completing and signing, in his or her own handwriting or in a manner approved by the Secretary, an authorisation to do so.
- (2) Nothing in subregulation (1) prohibits a medical practitioner, dentist or authorised nurse practitioner from –
  - (a) giving verbal instructions for a narcotic substance to be administered to a patient in a medical institution in an emergency if the medical practitioner, dentist or authorised nurse practitioner subsequently complies with subregulation (3); or
- (3) A medical practitioner, dentist or authorised nurse practitioner who verbally authorises the emergency administration of a narcotic substance to a patient under subregulation (2)(a) must, within 24 hours after giving those instructions, sign an entry in the patient's medical history clearly indicating that the medical practitioner, dentist or authorised nurse practitioner authorised the administration of that substance.

# POISONS REGULATIONS 2008 - REG 34

## Destruction, disposal and loss, &c., of narcotic substances

- (1) A person who is licensed or authorised to be in possession of a narcotic substance must not wilfully –
  - (a) destroy that narcotic substance; or
  - (b) cause or permit that narcotic substance to be destroyed.
- **(1) does not apply to the destruction of a narcotic substance**
  - (f) by any 2 health professionals working jointly to destroy the narcotic substance; or
  - (g) by an enrolled nurse working jointly with a health professional to destroy the narcotic substance.

# Supply of S4 medications without a prescription

## **POISONS REGULATIONS 2008 - REG 49**

- (1) For the purposes of section 38(1)(b) of the Act, a pharmaceutical chemist may sell or supply a restricted substance to a resident of, or a patient in, a medical institution, otherwise than in accordance with a prescription of a medical practitioner, dentist, eligible midwife or authorised nurse practitioner, if –
  - (a) a valid prescription does not exist; and
  - (b) the substance is included on the drug therapy chart of the resident or patient and the chemist has seen the chart or a copy of it; and
  - (c) the chemist is satisfied that the sale or supply of the substance is necessary for the continued treatment of the resident or patient; and
  - (e) the amount of the substance supplied does not exceed the smallest practicable amount and in any case does not exceed –
    - (i) if the substance is included in the Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners published under Part VII of the National Health Act 1953 of the Commonwealth, the maximum quantity specified in that Schedule; or
    - (ii) if the substance is not included in that Schedule, one month's supply.