

ENVIRONMENTAL HEALTH UNIT

THE HEALTH (DRUGS AND POISONS) REGULATION 1996

What Nurses Need to Know

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Foreword

The Health (Drugs and Poisons) Regulation 1996 is made under the provisions of Section 152 of the Health Act 1937. The publication - "What Nurses Need to Know" will assist the Queensland nursing profession to understand and comply with the requirements of the Health (Drugs and Poisons) Regulation 1996 in relation to the administration, management and supply of controlled and restricted drugs and poisons in the practice of nursing.

Queensland Health looks forward to further promoting and maintaining a strong working relationship with the Queensland nursing profession.

Dr John Scott
State Manager
Public Health Services

April 2000

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CLASSIFICATIONS OF DRUGS AND POISONS

Detailed lists of controlled and restricted drugs and poisons appear in the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP). Lists of regulated, controlled and restricted drugs and poisons are included in the sections of the Regulation indicated in the following list. These should be checked before administering medication with which you are not familiar.

CONTROLLED DRUGS (Schedule 8) (previously dangerous drugs) pethidine, morphine etc.	Are prescription only medications, which are mainly used for strong pain relief. The supply and use of these medications is restricted because of their dependence forming nature and potential for abuse.
Regulated controlled drugs (Sections 77 and 78) methylphenidate, dexamphetamine etc.	Are controlled drugs that can only be supplied and/or prescribed under certain conditions or require specific approval.
RESTRICTED DRUGS (schedule 4) Amoxycillin, vaccines etc.	Are medications that are available on prescription only. They are not as regulated as controlled drugs, but their supply is mainly restricted to doctors, dentists and veterinary surgeons because their use requires professional management and monitoring.
Regulated restricted drugs (Sections 185 to 189) clozapine, thalidomide etc.	Are restricted drugs that can only be supplied and/or prescribed by specialists or on specific written approval.
Restricted drugs of dependency benzodiazepines, pentobarbitone etc.	Restricted drugs of dependency are the type of restricted drugs that are dependence forming and subject to abuse (appendix 1).
Poisons Schedule 2 and 3 poisons	Are substantially safe substances for therapeutic use. They are used for minor ailments and most are available from the supermarket (some Schedule 2 substances) and pharmacy (Schedule 2 and 3 substances). With the exception of those substances which have restrictions specified in Part 4 of the Regulation, they may be administered by a registered nurse without the need for a doctor's prescription, or by an enrolled nurse at the direction of a registered nurse.
Schedule 7 (Sections 278 to 283) paraquat etc.	Are poisons with extremely high toxicity which require special precautions due to their hazardous nature.
Regulated poisons (Sections 271-273A) heroin, cannabis etc.	Are poisons that because of their nature require very stringent monitoring and control. They include prohibited drugs of abuse. Their supply, use etc. is restricted for medical and scientific research, on specific written approval by the Chief Executive.

As the scheduling of drugs and poisons changes frequently, you should always check the current edition of the SUSDP, especially if you are unfamiliar with the substance. The SUSDP is available from the Australian Government Publishing Service telephone: (07) 3229 6822.

The Health (Drugs and Poisons) Regulation 1996

What Nurses Need to Know

Registered and enrolled nurses in Queensland have significant responsibilities under the provisions of the Health (Drugs and Poisons) Regulation 1996. This document explains those responsibilities and obligations, with particular emphasis on controlled and restricted drugs. This document is not an extract from the Regulation. Always use the Regulation if legal interpretations are required.

The majority of the provisions of the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) have been adopted under the Health (Drugs and Poisons) Regulation 1996 in Queensland. The substances listed in Schedule 4 of the SUSDP are generally taken to be restricted drugs and those listed in Schedule 8 are taken to be controlled drugs.

Please note that generic drug names (not brand names) are used throughout this document. This has been done for consistency with the Regulation and the SUSDP.

The Health (Drugs and Poisons) Regulation 1996 can be obtained from the Go Print Bookshop, ph: (07) 3246 3399 or is available at www.legislation.qld.gov.au

The SUSDP can be obtained from the Australian Printing Service telephone (07) 3229 6822.

General Authorities

The Health (Drugs and Poisons) Regulation 1996 grants different authorities to different classes of health professionals. For example a doctor has greater authority to obtain and administer medication than a dentist. Similarly, a nurse's authority would be more extensive than a podiatrist's authority.

Registered nurses working in "rural hospitals", "isolated practice areas" or island resorts have been given an additional authority to supply medication under certain conditions. The different types of authority a nurse can have are detailed as follows:

Enrolled nurses

- Enrolled nurses in operating theatres
- Endorsed enrolled nurses

Registered nurses

- Registered nurses in rural hospitals
- Registered nurses in isolated practice areas
- Registered nurses at mine sites or island resorts

Midwives

Enrolled Nurses

Section 252

To the extent necessary to practice nursing, an enrolled nurse is authorised to administer a Schedule 2 or Schedule 3 poison under the supervision of a registered nurse or doctor.

Information on the supervision appropriate for enrolled nurses is available in *the Scope of Nursing Practice Decision Making Framework* booklet published by the Queensland Nursing Council. According to the Framework, "Supervision encompasses monitoring and directing performance of specific activities for a defined time period. Supervision may be direct or indirect according to the nature of the work delegated."

Enrolled nurses in operating theatres

Sections 52 and 155

An enrolled nurse working in an operating theatre, who assists doctors administering anaesthesia, is authorised to possess controlled and restricted drugs when preparing for, and during, and anaesthetic procedure. The enrolled nurse is not authorised to administer the drugs and is accountable to the registered nurse for ensuring that the drugs are used for the purpose for which the enrolled nurse obtained them.

The enrolled nurse must have a written instruction from the doctor in order to take possession of the drug(s).

Enrolled nurses with medication endorsement from the Queensland Nursing Council

Sections 162 and 252

To the extent necessary to practice nursing, an endorsed enrolled nurse is authorised to:

- a) possess a restricted drug and/or a Schedule 2 or 3 poison
- b) administer a restricted drug (other than an anaesthetic) and/or Schedule 2 or 3 poison to a person on a doctor's oral or written instruction **and** under the supervision of a registered nurse.

An endorsed enrolled nurse may possess and administer medications under the conditions outlined in the two preceding sections on enrolled nurses.

Registered Nurses

Sections 67, 175 & 263

To the extent necessary to practice nursing, a registered nurse is authorised to:

- a) possess a controlled drug, restricted drug and/or Schedule 2 or 3 poison
- b) administer a controlled drug or a restricted drug to a person patient on a doctor's or dentist's oral or written instruction¹
- c) administer a "dispensed medicine" (which is a controlled drug or a restricted drug) in accordance with the dispenser's instructions detailed on the label
- d) administer a Schedule 2 or 3 poison (a registered nurse does not require an instruction from a doctor or a dentist to administer these poisons).

Registered Nurses at rural hospitals

Sections 68, 176 & 263A

To the extent necessary to practice nursing at a rural hospital the Director of Nursing or a registered nurse nominated by the Director of Nursing is authorised to supply controlled drugs, restricted drugs and schedule 2 or 3 poisons under the following conditions.

- a) The supply must be on a doctor's oral² or written instruction; and
- b) The supply must be to a patient being discharged from the hospital or an outpatient of the hospital; and
- c) The hospital must not employ a pharmacist or, if the hospital does employ a pharmacist, this pharmacist is absent from the hospital at the time the medication is supplied.

Registered nurses undertaking supply of medications should ensure their practice is in accordance with the Queensland Health *Guide to Registered Nurses (RN) Undertaking "Supply of Medications"* (Reference No. 4017-3008-002).

¹ See notes under "Oral Instructions in institutions"

² See notes under "Oral Instructions in institutions"

A registered nurse who supplies a controlled drug on a doctor's oral instruction has obligations under Section 97 of the Regulation to ensure that all legal requirements are met.³

Registered nurses in isolated practice areas **Sections 67(2 and 3), 175(2 and 2A) and 263(2 and 3).**

A registered nurse in a designated isolated practice area who is endorsed by the Queensland Nursing Council for practice using the Isolated Practice Area Drug Therapy Protocol, is given **additional authority** to allow him/her to:

- a) obtain controlled drugs and restricted drugs; and
- b) administer or supply controlled drugs, restricted drugs and Schedule 2 or 3 poisons on a doctor's oral⁴ or written instruction or in accordance with an approved drug therapy protocol.

If the registered nurse is working in a hospital in an isolated practice area, he/she may supply controlled drugs, restricted drugs and Schedule 2 and 3 poisons in a manner consistent with the provisions relating to registered nurses at rural hospitals. In this situation, the registered nurse is not required to be "isolated practice endorsed".

To obtain endorsement as an isolated practice endorsed nurse, please contact the Queensland Nursing Council on telephone; (07) 3223 5111 or 1300 139 5115 (for Queensland callers outside Brisbane)

Registered nurses at mine sites or island resorts **Section 73(1)**

Due to the isolated nature of these work environments, the "rights" of a registered nurse have been increased to allow for the "supply" of certain types of medication from a "standardised drug list". To obtain additional information on this subject, please contact your nearest Environmental Health Service (appendix III).

Midwives **Sections 62, 167 and 255**

In addition to the authority granted to registered nurses, midwives are also allowed to "supply" Schedule 2 & 3 poisons on a doctor's instruction, to a patient of a hospital which is more than 25km by road from a pharmacy. The supply of the substance must be in the context of the practice of midwifery.

Cancellation or suspension of authority **Sections 23, 24 and 25**

The Chief Executive⁵ may suspend or cancel a nurse's authority to possess and administer controlled drugs, restricted drugs and/or scheduled poisons. This may occur if the registered or enrolled nurse is deemed to be unsuitable to continue to hold such an authority.

Oral instructions in institutions (hospitals, nursing homes etc) **Section 97**

A doctor may issue an oral instruction to a midwife or registered nurse to administer or, in certain circumstances specified in the Regulation and in other sections of this booklet, supply a controlled drug or a restricted drug to a patient.

³ See notes under "Oral Instructions in institutions"

⁴ See notes under "Oral Instructions in institutions"

⁵ See notes under "Oral Instructions in institutions"

The doctor must reduce an oral instruction for a controlled drug to writing and supply it to the midwife or registered nurse within 24 hours. The doctor sending a written instruction by post can meet this obligation, which meets the requirements of the Regulation. If the doctor fails to comply with this requirement, then the registered nurse must report the matter to the Director of Nursing. If the doctor does not meet this obligation within 48 hours of the Director of Nursing becoming aware of the contravention, the Director of Nursing or the Medical Superintendent of the institution must report the matter to the Chief Executive, Queensland Health.

A written instruction is not required under the Regulation for the supply or administration of a restricted drug or Schedule 2 or 3 poison, as such matters are usually dealt with through internal organisational policies.

Records of Controlled Drugs

Sections 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 116, 116A 112, 113, 117 and 133

Records of all incoming and outgoing stocks of controlled drugs must be kept, irrespective of the location at which the registered nurse is working. These locations may include but are not limited to a hospital ward, nursing home or doctor's surgery. All inward and outward transactions relating to controlled drugs must be recorded.

If controlled drugs are kept at a central location, a "main issue book" must be kept (section 99) by the responsible person, who in some institutions may be a Director of Nursing or a registered nurse (Section 110 [3]). A separate record in the "ward drugs book" (Sections 101,102 and 103) must be kept to record transactions for each unit to which controlled drugs are issued from the central storage. In some locations there may be a single storage point. Sections 106 to 108 explain the requirements for record keeping in this situation.

In a ward, operating theatre or department within an institution (hospital or nursing home), the following information must be maintained in the "controlled drugs book" when a controlled drug is administered.

- a) The description and quantity or volume of the controlled drug
- b) The date and time the controlled drug was administered
- c) The name of the person to whom the controlled drug was administered
- d) The quantity or volume of the controlled drug remaining (progressive balance)
- e) The signature of the person (registered nurse) who obtained and/or administered the medication.

The Director of Nursing or the registered nurse in charge of a hospital must keep a record of all the controlled drugs supplied by a nurse at the hospital under Section 67(3) or 68. The records must meet the requirements of the Regulation (Sections 106 and 109 [2 and3]). Each entry must include:

- a) The name and address of the person for whose use the controlled drug is supplied
- b) The time and date the controlled drug is supplied
- c) The description and quantity or volume of the controlled drug supplied
- d) The directions for use of the controlled drug
- e) The name and address of the doctor who gave the oral or written instruction to supply the controlled drug
- f) The initials of the nurse supplying the controlled drug.

All records must be made on the day of the transaction (Section 116).

There is no requirement in the Health (Drugs and Poisons) Regulation 1996 for a registered nurse to have a witness when administering or recording controlled drugs. These requirements are in addition to current legislative requirements and are usually addressed through internal organisational policies. Requirements for checking, recording the use and witnessing the administration of a controlled or regulated restricted drug by a second person, do have the potential to improve the security of these drugs and to prevent misuse.

However if the person who is designated as the "unit storer", that is the person who is in charge of the controlled drugs in a unit at a particular time, is a different person from the one who is obtaining the drug to administer it, then the unit storer is to enter the transaction and the registered nurse or doctor who is to administer the drug signs the record (Section 103).

Special requirements for record keeping on all controlled drug transactions (Section 113) apply to registered nurses, with isolated practice drug therapy protocol endorsements, who practice in a designated isolated practice area.

All records of controlled drugs must be checked at least once a week by a responsible person. In a hospital or nursing home a responsible person is:

- a) A pharmacist in charge of the dispensary
- b) The director of nursing (if there is no pharmacist in charge)
- c) If (a) and (b) do not apply, then any other person in charge of the institution. In the case of a nursing home, then the registered nurse in charge.

No entry in the record book may be altered unless an error is to be corrected. Each correction must only be made by a marginal note or footnote which details the date of the correction and the correct particulars (Sections 109 (5 and 6) and 117). The record book must be kept for at least two years from the date of the last entry and must be made readily available for inspection when required by an authorised officer.

It is an offence for a person to make a false, misleading or incomplete entry in a controlled drugs book. Any discrepancies must be reported to the Chief Executive, Queensland Health. Further advice is available from your nearest Environmental Health Service (see list in appendix III).

A controlled drug book can be purchased from either the Royal Australian College of General Practitioners, Publications Department (ph: 1800 331 626). Alternatively an exercise book can be used, as long as all of the relevant details are recorded. The Director of Nursing of a hospital or a registered nurse in charge of a hospital must keep records as required by Section 207, of all drugs supplied by a nurse at the hospital under Sections 175 (2A) or 176.

Registered nurses with isolated practice area and/or sexual health program endorsement(s) must keep records, as required by Section 207, of all restricted drugs supplied by the nurse under Section 175.

Self Administration

Section 123

A nurse must not use or attempt to use a controlled drug for the purpose of self-administration, unless the controlled drug has been lawfully obtained from a doctor or dentist for the treatment of a medical or dental condition.

NB: If you have a medical or dental condition that requires treatment with controlled drugs, have the medication prescribed, supplied or administered to you by a doctor or dentist

Storage of Drugs

Sections 119 and 211

All controlled drugs in a doctor's surgery must be stored in an "approved receptacle" or other place which is satisfactory to the Chief Executive (eg. a safe fastened to a concrete wall or floor). For further information on this storage, please contact your nearest Environmental Health Service (Appendix III).

The key to the receptacle or the secure place must be kept in the immediate and personal possession of the doctor or other authorised person (ie. a registered nurse). The receptacle or secure place must remain locked at all times.

NB: It is illegal for a person such as a medical receptionist to be in possession of the key and/or have access to the controlled drug receptacle

A Doctor's Bag is accepted as a secure place, provided it is kept in the personal possession of the doctor concerned. While at home, it may be kept in a locked cupboard or wardrobe. When stored in the doctor's motor vehicle, the bag should not be visible to the public and the vehicle must remain locked when not attended by the doctor.

Restricted drugs (S4) must be stored so that they are inaccessible to the public.

Registered nurses should ensure that controlled drugs for which they are responsible, are safely stored under conditions consistent with the requirements of the Regulation (Sections 118 and 211).

Special conditions for safe keeping and storage of controlled and restricted drugs apply to registered nurses with isolated practice drug therapy protocol endorsements who practice in a designated isolated practice area (Sections 119 and 211).

Labelling dispensed medicines **Sections 85, 198 and 276**

If a doctor supplies medication to a patient then he/she **must label it**. This includes pharmaceutical samples supplied to the doctor by drug companies. This also applies to an isolated practice endorsed registered nurse or a registered nurse endorsed to practice in a sexual health program, who supplies medication on a doctor's instruction or under the conditions of a Drug Therapy Protocol.

The following details must be displayed on a label attached to the container:

- a) the words "**KEEP OUT OF REACH OF CHILDREN**" in red on a background of contrasting colour and in bold face sans serif capital letters with a height of at least 1.5mm
- b) the patient's name
- c) the doctor's or nurse's name and address
- d) directions for use
- e) a description of the contents. This may be expressed as the approved name of the preparation; the trade name of the preparation; or the approved name of each controlled or restricted drug or poison present
- f) the date of dispensing
- g) the doctor's initials

Registered nurses undertaking supply of medications, under any relevant section of the Regulation, should ensure their practice is in accordance with the Queensland Health *Guide to Registered Nurses (RN) Undertaking "Supply of Medications"*. (Reference No. 4017-3008-002).

Warning Statements

Some medications can cause drowsiness and/or birth defects, therefore it is imperative that the appropriate warning statements be included on the label if any of these medications are supplied. Please refer to appendices F and K of the SUSDP for the appropriate warning statements, for certain medications.

Offences by patients

The following provisions relate mainly to offences that persons can commit when presenting to a doctor. It is considered important that nurses are aware of these provisions as the examples given will show.

Treatment of Drug Dependent Persons

Sections 122 and 213

A doctor must not prescribe, administer etc. a controlled drug or restricted drug of dependency (see appendix I) to or for a person the doctor reasonably believes to be drug dependent without the written approval of the Chief Executive.

A doctor wishing to treat a drug dependent person must report the circumstances of the case to the Chief Executive. If approval is granted, the doctor must not prescribe, administer etc. a controlled drug or a restricted drug of dependency in excess of the quantity approved by the Chief Executive.

There is provision in the regulation for the Chief Executive to provide approval for a doctor to treat a class of drug dependent persons. Conditions apply to the issue of this type of approval. Contact the Drugs of Dependence Unit for details on (07) 3224 5587.

Example

A doctor instructs you to administer pethidine to a patient you know or suspect to be drug dependent. If this occurs, you should bring this provision to the doctor's attention so he /she may reassess the situation, make the relevant enquires and/or obtain the required approval, prior to the drug being administered.

Failure to disclose information to doctors

Sections 121 and 122

These sections apply to a person who has received a controlled drug or a restricted drug of dependency from a doctor and then consults another doctor within two months.

Before receiving a controlled drug or a restricted drug of dependency from this doctor, the patient must advise the doctor of all the controlled drugs and restricted drugs of dependency (and prescriptions for the same) that he/she has received in the past two months from the previous doctor(s).

Example

It is common for drug dependent persons to "doctor shop" for medication, and also make false statements to try and obtain medication. If a patient is suspected of doing this, then it is advisable for the doctor to contact the Drugs of Dependence Unit prior to prescribing/administering any controlled drugs or "restricted drugs of dependency".

False Statements

Sections 128 and 218

A patient must not make a false statement (eg medical condition) to a doctor to obtain or attempt to obtain a controlled drug or a restricted drug or a prescription for a controlled or restricted drug.

A patient must not falsely state his/her name or current residential address to a doctor or to the doctor's medical receptionist.

Improper use of prescriptions/forged prescriptions

Sections 127 and 217

It is an offence to forge or change a prescription. It is also an offence to present a forged prescription to a pharmacist for dispensing.

Care should be taken to reduce the potential theft of blank prescription paper. Please ensure that all prescription pads are locked away especially when patients are left unattended in consulting rooms.

The Drugs of Dependence Unit has in place a system to alert pharmacies of stolen prescription paper and thus reduce the number of successful forged prescriptions. If you become aware that prescription paper has been stolen or forgeries are being presented at pharmacies, contact the Drugs of Dependence Unit on (07) 3224 5587.

The only person who may alter or change a prescription is the person who originally wrote the prescription.

Restricted drugs (Schedule 4) of dependency

acetyldihydrocodeine	clorazepate	lorazepam
adiphenine	codeine	mazindol
alprazolam	dexfenfluramine	medazepam
amyl nitrite	dextromethorphan	meprobamate
amylobarbitone	dextropropoxyphene	midazolam
barbiturates	dextrorphan	nitrazepam
benzhexol	diazepam	oxazepam
benzodiazepines	diethylpropion	pentobarbitone
bromazepam	dihydrocodeine	phentermine
chloral hydrate	ephedrine	propylhexedrine
chlordiazepoxide	ethylmorphine	temazepam
clobazam	fenfluramine	triazolam
clonazepam	ketamine	zolazepam

Controlled (Schedule 8) drugs

Listed below are the most commonly used and prescribed controlled drugs. It is not a list of all controlled drugs that are available. A complete list of all controlled drugs is detailed in the Standard for the Uniform Scheduling of Drugs and Poisons.

Narcotic analgesics

Buprenorphine

Codeine
(Only schedule 8 when it is not compounded with another therapeutically active substance eg. codeine phosphate 30mg)

Oxycodone

Fentanyl citrate

Methadone

Morphine

Pethidine

Pentazocine

Phenoperidine

Sedatives/Barbiturates

Amylobarbitone
(Is not schedule 8 when packed and labelled for injection)

Butobarbitone

Benzodiazepine
(Flunitrazepam ["Rohypnol"] only)

Cyclobarbitone

Pentobarbitone
(Is not schedule 8 when packed and labelled for injection)

Quinalbarbitone

CNS stimulants/amphetamines

Amphetamine

Cocaine

Dexamphetamine

Methylphenidate

Frequently Asked Questions

- 1) **I am working in a nursing home where, in the past the nursing staff would make up 'dossette boxes' from the patient's medication. Am I allowed to pack a dossette box?**

Answer. Section 4 of the Regulation states that only persons with approval to dispense a drug or poison may 'pack or repack the drug or poison'

- 2) **The doctor who I work for seems to be prescribing a lot of medication to drug dependent persons. What should I do?**

Answer. Sections 122 and 123 of the Regulation deals with treatment of drug dependent persons. Refer to the section on page 10 of this booklet.

- 3) **I am going to start work soon at a mine site/ island resort, what do I have to do?**

Answer. Refer to section on "Registered nurses at mine sites or island resorts" on page 6 of this booklet.

- 4) **Does the registered nurse need a witness when either administering controlled drugs or recording details of the administration?**

Answer. Refer to section on "Records of controlled drugs" on page 7 of this booklet

- 5) **Can carers carry out 'checks' of controlled drug stocks and/or records?**

Answer. A does not have an authority to possess controlled drugs and cannot usually take on the role of a "responsible person" as defined in the Regulation (Section 110).

- 6) **When does a registered nurse carrying out immunisations require endorsement from the Queensland Nursing Council?**

Answer. All registered nurses have authority under Section 175(1) to administer immunisations on the oral or written instruction of a doctor. Registered nurses who work in a district health service, local government or other approved (by the Chief Executive) immunisation program may require an immunisation program Drug Therapy Protocol endorsement. This may not be required if they are working with a doctor, that is, the doctor is present to give an instruction.

- 7) **What drugs can an enrolled nurse without an endorsement administer?**

Answer. Refer to pages 4 and 5 of this booklet.

- 8) **What drugs can an endorsed enrolled nurse administer?**

Answer. An endorsed enrolled nurse may administer restricted drugs, other than anaesthetic drugs, which have been ordered by a doctor, and S2 and S3 poisons on the instruction of a doctor or registered nurse. In all cases, the enrolled nurse must be under the direct supervision of a registered nurse or doctor.

9) Can enrolled nurses administer medications contained in Webster (blister) packs dispensed by a pharmacist?

Answer. Endorsed enrolled nurses may administer a restricted drug from a dispensed container under the supervision of a registered nurse or doctor. Other enrolled nurses may be able to do so provided they comply with all of the guidelines, issued by Queensland Health, in relation to the "carer" provisions of the Regulation.

10) When is it appropriate for a registered nurse to administer medications using a "standing order"?

Answer. The indications for the use of the medication must be consistent with the conditions set out in a standing order. The use of standing orders must be consistent with hospital policies. Consistent with principles of best practice, standing orders should not be used if a doctor is available for consultation and to give an oral or written instruction.

11) What documentation is a doctor required to provide for the administration of medications to residents/patients in aged care facilities?

Answer. Irrespective of the location, a doctor can issue an oral instruction to a registered nurse to administer controlled drugs and/or restricted drugs on his/her behalf. However, he/she only has to follow up with a written instruction for the administration of a controlled drug. A doctor is not required to provide a written instruction for the administration of a restricted drug.

Environmental Health Services Queensland

Drugs of Dependence Unit	If you have an enquiry with regard to prescribing drugs of addiction (controlled drugs or restricted drugs of dependency) to a patient or to a drug dependent person, contact the Drugs of Dependence Unit.
Drugs and Poisons Policy and Regulation	If you have an enquiry with regard to a doctor's approval (from the Chief Executive) to prescribe a regulated poison or regulated restricted drug, contact Drugs and Poisons Policy and Regulation.
District Environmental Health Services	If you have any general enquiries (eg scheduling of drugs and poisons, drug records or storage requirements) or require an inspection of your drug storage receptacle, please contact the appropriate district environmental health service.

Drugs of Dependence Unit Princess Alexandra Hospital Cornwall Street BURANDA QLD 4102 Locked Bag 32 COORPAROO QLD 4151 PH: (07) 3896 3900	Cairns Director Environmental Health Services Ground Floor, Aplin House 19 Aplin Street P O Box 1103 CAIRNS QLD 4870 PH: (07) 4050 3600	Redcliffe Environmental Health Services 181 Anzac Avenue KIPPA RING P O Box 162 REDCLIFFE QLD 4020 PH: (07) 3897 6480
Drugs and Poisons Policy and Regulation Environmental Health Unit Queensland Health Building 147 - 163 Charlotte Street GPO Box 48 BRISBANE QLD 4001 PH: (07) 3234 0938	Hervey Bay Director Environmental Health Services Hervey Bay Hospital Nissen Street P O Box 724 HERVEY BAY QLD 4655 PH: (07) 4120 6000	Rockhampton Director Environmental Health Services 1st Floor, Community and Population Health Centre 82 - 86 Bolsover Street P O Box 946 ROCKHAMPTON QLD 4700 PH: (07) 4920 6989
Brisbane North Director Environmental Health Services Bryden Street Windsor Locked Bag 2 STAFFORD DC QLD 4053 PH: (07) 3624 1111	Ipswich Director Environmental Health Services Ipswich Hospital Level 4, Tower Block Chelmsford Avenue P O Box 73 IPSWICH QLD 4305 PH: (07) 3810 1500	Southport Director Environmental Health Services 10-12 Young Street SOUTHPORT P O Box 267 SOUTHPORT BC QLD 4215 PH: (07) 5509 7222

<p>Brisbane South Director Environmental Health Services 39 Kessels Road Coopers Plains P O Box 333 ARCHERFIELD QLD 4108 PH: (07) 3000 9148</p>	<p>Mackay Director Environmental Health Services Mackay Base Hospital Campus 475 Bridge Road P O Box 5925 MACKAY MC QLD 4741 PH: (07) 4968 6611</p>	<p>Toowoomba Director Environmental Health Services 3 Bell Street P O Box 1775 TOOWOOMBA QLD 4350 PH: (07) 4631 9888</p>
<p>Bundaberg Environmental Health Services Bundaberg Base Hospital Bourbong Street P O Box 185 BUNDABERG QLD 4670 PH: (07) 4150 2780</p>	<p>Maroochydore Director Environmental Health Services 150 Horton Parade P O Box 577 MAROOCHYDORE QLD 4558 PH: (07) 5409 6600</p>	<p>Townsville Director Environmental Health Services 242 Walker Street TOWNSVILLE Locked Bag No. 4016 TOWNSVILLE QLD 4810 PH: (07) 4753 9000</p>