

# Managing, storing, and disposing of voluntary assisted dying substances— Guidance for health services

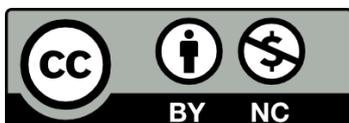
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# Introduction

The [Voluntary Assisted Dying Act 2021](#) (the VAD Act) allows eligible people to access voluntary assisted dying as an additional end-of-life option in Queensland from 1 January 2023.

The Act sets out a legal process for people who are suffering and dying from an advanced and progressive life-limiting condition the right to choose the timing and circumstances of their death. There are strict eligibility criteria for accessing voluntary assisted dying.

More information about voluntary assisted dying is available on the [Queensland Health website](#).

Only substances approved by the Director-General of Queensland Health under section 160 of the VAD Act may be used for the purpose of voluntary assisted dying. These substances are called voluntary assisted dying substances.

Voluntary assisted dying substances are specifically regulated under the VAD Act, rather than the *Medicines and Poisons Act 2019*, given the purpose of the substances. The VAD Act and the *Voluntary Assisted Dying Regulation 2022* also include requirements for how voluntary assisted dying substances must be managed, stored and disposed of.

Chief executives and managers of health service organisations should put in place local policies and procedures for managing voluntary assisted dying substances at each facility to ensure these substances are managed safely and appropriately, and in accordance with all legislative requirements.

## Acknowledgment of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters, and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

## Acknowledgement statement

Queensland Health acknowledges that some of the material in this guidance has been adapted with permission from resources created by the End of Life Care Program, Western Australian Department of Health.

## Purpose

The purpose of this document is to assist health service organisations with the development of policies and procedures, specific to local context, for managing, storing and disposing of voluntary assisted dying substances. Health service organisations should also refer to the VAD Act and Regulation, and other relevant organisational policies on medication management.

## Terms used in the document

**Administration decision** means the decision a person makes in consultation with their coordinating practitioner to either self-administer the voluntary assisted dying substance or have it administered by an administering practitioner (an eligible medical practitioner, nurse practitioner or registered nurse).

**Authorised disposer** means a person, or class of persons, authorised by the Director-General of Queensland Health to dispose of a voluntary assisted dying substance. All pharmacists employed at public and private hospitals and at community pharmacists are authorised disposers. A list of authorised disposers in Queensland is available on the [Queensland Health website](#).

**Authorised supplier** means a person who is authorised by the Director-General of Queensland Health to supply a voluntary assisted dying substance. In Queensland, authorised suppliers are pharmacists who work at the Queensland Voluntary Assisted Dying Pharmacy (QVAD-Pharmacy). The supply of voluntary assisted dying substances to eligible people in Queensland can only be performed by authorised suppliers. This is to ensure the safe and accountable supply of substances in accordance with the VAD Act.

**Contact person** is the person appointed by a person accessing voluntary assisted dying to carry out specific activities under the VAD Act and act as a point of contact for the Voluntary Assisted Dying Review Board.

**Coordinating practitioner** means the medical practitioner who accepts a person's first request and supports the person through the voluntary assisted dying process.

## Prescriptions for voluntary assisted dying substances

Voluntary assisted dying substances are supplied in accordance with a prescription issued by the person's coordinating practitioner. Prescriptions are provided directly to QVAD-Pharmacy by the coordinating practitioner and will never be left with the person accessing voluntary assisted dying. The coordinating practitioner must provide the original prescription to QVAD-Pharmacy and the prescription may not be sent by fax or email.

Voluntary assisted dying substances and any adjunct medications prescribed are supplied at no cost to the person.

On receipt of a prescription for a voluntary assisted dying substance, a pharmacist from QVAD-Pharmacy will check the validity of the prescription. The prescription will be retained on file at the pharmacy until a request is received from the person accessing voluntary assisted dying, for the substance to be supplied. Prescriptions remain valid for six months from the date they are written.

# Substances for self-administration

## Supply and delivery

If a person has made a self-administration decision, QVAD-Pharmacy will supply a self-administration kit containing the voluntary assisted dying substance (in a locked box with dimensions of approximately 15x10x10cm) and all the equipment necessary to prepare the substance for administration. The kit will usually be supplied directly to the eligible person who is accessing voluntary assisted dying. In some cases, an agent or the contact person may collect the substance on the person's behalf.

If able, the eligible person (or their contact person or agent) can choose to collect the prescribed substance from QVAD-Pharmacy. Otherwise, a pharmacist from QVAD-Pharmacy will travel anywhere in Queensland to supply the substance and provide education and written information regarding its safe management and administration. This may take place at a private residence, a residential aged care facility, disability accommodation service, a hospital, or hospice.

If the person is a resident or inpatient of a healthcare facility when they request the supply of a substance, a pharmacist from QVAD-Pharmacy will liaise with the person and their coordinating practitioner about communicating with the appropriate healthcare workers involved in the person's care at the facility. Where practicable, a pharmacist from QVAD-Pharmacy will contact the facility to discuss the upcoming visit, including to ascertain the contact person at the facility and other arrangements such as parking and sign-in procedures.

On occasion, a person may be admitted to a hospital or other facility in possession of a supply of their own dispensed medicines (commonly termed 'patients own medicines'). These medicines could include a previously supplied voluntary assisted dying substance.

The same storage rules outlined below apply to a voluntary assisted dying substance that a person brings with them into the facility, or when a voluntary assisted dying substance is supplied to a person already in a facility.



### Role of health service organisation

Health service organisations need to have procedures in place about how they will facilitate access by QVAD-Pharmacy pharmacists to a person seeking supply of a voluntary assisted dying substance to meet their obligations under the VAD Act.

## Safe and secure storage

The voluntary assisted dying substance must be stored safely, securely, and in a way that maintains the quality of the substances. The substance must be kept in the locked box provided by QVAD-Pharmacy. The locked box and key must remain in the possession of the person accessing voluntary assisted dying as they are authorised to possess the substance under the Act. This includes patients in hospitals and hospices, and residents of aged care facilities.

There is no requirement for the box to be stored in a lockable safe, however, it should be kept away from public access. In a healthcare facility, locations that may be suitable include a dedicated bedside locker (for which the person has a key) or a lockable medicine trolley that stays by the person's bedside.

The voluntary assisted dying substance can be stored at room temperature and does not require refrigeration.



### Role of health service organisation

Health service organisations should update their policies and procedures about managing patients own medicines to include voluntary assisted dying substances. This includes procedures for how voluntary assisted dying substances for self-administration will be stored at the facility, such as:

- the design and location of a storage facility for keeping the locked box that prevents access by non-authorised people
- documentation of the substance - this could be, for example, in the person's medical records, on a medication action plan or on the medication chart
- how relevant staff will be made aware the person has a voluntary assisted dying substance in their possession
- processes to ensure the substance accompanies the person if they are transferred or discharged
- an escalation pathway if there are concerns about the substance remaining in the person's possession.

## Disposal of unused substances

There may be times when a voluntary assisted dying substance is no longer required and must be disposed of. This may occur, for example, if a person dies without taking the substance or if a person has revoked their decision. To ensure the accountability of voluntary assisted dying substances, the VAD Act has prescriptive requirements for how the substances must be dealt with.

Every eligible person who has been prescribed a voluntary assisted dying substance will have appointed a **contact person**. For a self-administration decision, the contact person assumes responsibility for the return of unused or unwanted substances. The contact person must give the substance to an **authorised disposer** within 14 days of a person dying or revoking their self-administration decision.

If there is a voluntary assisted dying substance at a healthcare facility that is unused or no longer required, the facility must notify the contact person as soon as possible to collect the substance for return to an **authorised disposer**.

The name and telephone number for the contact person will be on a label attached to the locked box. If the locked box is not available, or the label is unreadable, contact QVAD-Pharmacy at [QVADPharmacy@health.qld.gov.au](mailto:QVADPharmacy@health.qld.gov.au) for advice.

The substance must be securely stored at the facility until it is handed over to the contact person.



### Role of health service organisation

Health service organisations need to have procedures for how unused substance requiring disposal will be dealt with in accordance with the VAD Act.

# Substances for practitioner administration

## Supply and delivery

If a person has made a practitioner administration decision, QVAD-Pharmacy will supply the substance to the administering practitioner.

If administration of the voluntary assisted dying substance is to occur in a healthcare facility, such as a residential aged care facility, hospital, or hospice, the administering practitioner will bring the substance with them to the facility.

## Safe and secure storage

The administering practitioner is responsible for the safe and secure storage of the substance. The substance must be kept in the locked box in which it is supplied by QVAD-Pharmacy until immediately before use.

## Disposal of unused substances

Unused substances for a practitioner administration may only be destroyed by the administering practitioner. Unused substance can be discarded with clinical or other waste that is being sent for high temperature incineration. To prevent environmental contamination, substances must not be poured down a sink, flushed down a toilet, or sent to landfill as they persist for a long time in the environment and in water supplies.

The VAD Act requires an **administering practitioner** who disposes of any unused substance to notify the Voluntary Assisted Dying Review Board of the disposal within two business days using the *Practitioner disposal form* available on the QVAD Information Management System.

Guidance for administering practitioners on how to dispose of unused voluntary assisted dying substance is available on the [Queensland Health website](#).

## Interaction with the *Medicines and Poisons Act 2019*

The *Medicines and Poisons Act 2019* provides for people to carry out activities with substances including medicines, and medicines are subject to a range of controls under the Medicines and Poisons Act.

Section 50 of the Medicines and Poisons Act provides that a person who has an authorisation under another law does not commit an offence against the Medicines and Poisons Act to the extent they act under the related authority. Section 175 of the VAD Act amends section 50 of the Medicines and Poisons Act to provide that a person does not commit an offence against the Medicines and Poisons Act to the extent the person acts under an authorisation for the person under the VAD Act.

## Authorisations under the *Voluntary Assisted Dying Act 2021*

The VAD Act clearly sets out authorisations for who may deal with a voluntary assisted dying substance, including who is authorised to possess the substance.

For a person who has made a self-administration decision, section 52 of the VAD Act provides that:

- the **authorised supplier** is authorised to supply the substance to the person requesting access to voluntary assisted dying, their contact person or an agent
- the **person requesting access** to voluntary assisted dying is authorised to:
  - receive the substance from the authorised supplier, contact person, or an agent
  - possess the substance for the purpose of preparing and self-administering it
- an **agent** of the person is authorised to:
  - receive the substance from an authorised supplier
  - possess the substance for the purpose of supplying it to the person.

The **contact person** is separately authorised under section 61 of the VAD Act to receive and possess the substance for the purpose of supplying it to the person. The contact person is also authorised to possess the substance for the purpose of giving the substance, or unused or remaining substance, to an authorised disposer for disposal.

**Other persons** are also authorised to possess the substance, but only for the purpose of preparing it if requested by the person to assist them. “Prepare”, in the context of voluntary assisted dying, means to do anything necessary to ensure that the substance is in a form suitable for administration and includes to decant, dilute, dissolve, or reconstitute. Any person who is requested to do so may assist with the preparation, including a family member, carer, or healthcare worker.

### **For more information or support, contact:**

QVAD-Pharmacy

Email: [QVADPharmacy@health.qld.gov.au](mailto:QVADPharmacy@health.qld.gov.au)

Hours: Monday to Friday 8.30-5.00pm (excluding public holidays)