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| Nurses and midwives |
| Key requirements in Victoria |
| OFFICIAL |

# Introductory notes

The *Drugs Poisons and Controlled Substances Act 1981* (the Act) and the Drugs Poisons and Controlled Substances Regulations 2017 (the regulations) indicate who may possess Schedule 4 and 8 poisons; the extent to which possession is lawful; and the legislative requirements for use, storage and supply of Schedule 4 and 8 poisons. Current versions of the Act and the regulations, which should be considered in concert and not in isolation, can be accessed at [Victorian Law Today](http://www.legislation.vic.gov.au/) <http://www.legislation.vic.gov.au/>.

This is one of a series of documents prepared by Medicines and Poisons Regulation (MPR) to assist nurses, midwives and other categories of health practitioners to understand the more common legislative requirements. Refer to the [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) < <https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation>> on the Health.vic website for other ‘Documents to print or download’ and for a link to the Poisons Standard, which contains details of poisons schedules plus labelling and packaging requirements.

# Clarifying classifications of nurses and midwives

## The following definitions appear in the Act:

**‘Registered midwife’** means a person registered under the Health Practitioner Regulation National Law—

(a) to practise in the nursing and midwifery profession as a midwife (other than as a nurse or student); and

(b) in the register of midwives kept for that profession

**‘Registered nurse’** means a person registered under the Health Practitioner Regulation National Law—

(a) to practise in the nursing and midwifery profession as a nurse (other than as a midwife or student); and

(b) in the registered nurses division of that profession

**‘Nurse practitioner’** means a nurse whose registration is endorsed by the Nursing and Midwifery Board of Australia under section 95 of the Health Practitioner Regulation National Law. **Note**: A separate document, of this type, has been created in relation to nurse practitioners.

## The following definitions appear in the regulations:

**‘Nurse’** means—

(a) a registered nurse; or

(b) an enrolled nurse **other than** an enrolled nurse who has a notation on the nurse's registration indicating that the nurse is not qualified to administer medication

**‘Enrolled nurse’** means a person registered under the Health Practitioner Regulation National Law—

(a) to practise in the nursing and midwifery profession as a nurse (other than as a student); and

(b) in the enrolled nurses division of the Register of Nurses

## Additional definitions and classifications:

**‘Approved registered nurse’** means a registered nurse belonging to a class approved by the Secretary in accordance with regulation 159C.

**‘Approved registered midwife’** means a registered midwife belonging to a class approved by the Secretary in accordance with regulation 159B. **Note**: There are no current approvals in relation to this category.

**‘Authorised midwife’** means a registered midwife whose registration is endorsed under section 94 of the Health Practitioner Regulation National Law and who is authorised to obtain and have in his or her possession and to use, sell or supply any Schedule 2, 3, 4 or 8 poison, approved by the Minister and in accordance with that approval.

**Note**: Further information relating to these categories can be found towards the end of this document.

# Important notes

* Most of the remainder of this document contains information that may be relevant to ALL registered nurses and registered midwives.
* Additional information, relating to ‘**approvals by the Secretary**’ including ‘a**pproved registered nurses’** and **‘authorised midwives’** can be located on pages 6 and 7.
* Additional information, relating to **nurses practitioners**, can be found in another ‘document to print or download’: ‘*Nurse practitioners – key requirements’.*

# Clarifying the meaning of key terms

The following explanations are provided in relation to terms that are in common use or contained within the Act and regulations.

* ‘**Administer**’ means to personally introduce a medicine to a person’s body or, in some cases, to personally supervise its introduction.
* ‘**Supply**’ means to provide a medicine that is to be used or administered at a later time.
* ‘**Dispense**’ is a commonly used term that is **not interchangeable** with ‘supply’. For example, a pharmacist might dispense a prescription with the intention of supplying the medicine but the supply might not occur until a later time (if at all). To avoid misunderstandings, the terms ‘administer’ and ‘supply’ are used in the legislation.
* ‘**Prescribe**’ is a term that commonly relates to the action of a practitioner who authorises treatment that may be carried out by another person. The 2017 Regulations describe this action in accordance with the three different mechanisms by which the treatment may be authorised; namely **‘issuing a prescription**’, ‘**writing a chart instruction**’ and ‘**authorising administration**’.
* In Victoria, the term ‘**drug of dependence**’ is used to describe substances, listed in Schedule 11 of the Act, which are known to be subject to misuse and trafficking. Note: The term is not limited to Schedule 8 and 9 poisons as some Schedule 4 poisons (e.g. benzodiazepines, pseudoephedrine, testosterone and other anabolic steroids) are also classified as drugs of dependence. However, most regulations relate primarily to whether a drug is a Schedule 4 or Schedule 8 poison (rather than a drug of dependence).
* The term ‘**as soon as practicable**’, where it appears in the legislation, is not to be interpreted as ‘when it is convenient’; for example, a person who is required to forward a document ‘as soon as practicable’ is required to do so not later than would be achieved by forwarding the required document via Australia Post.

# Nurses and midwives are not authorised to supply

In the lawful practice of their profession, nurses and midwives are authorised to **administer** scheduled medicines, in accordance with the provisions of regulations 96 and 97 but are **not** authorised to **supply** or **prescribe** scheduled medicines unless their registration has been endorsed by the Nursing and Midwifery Board of Australia to authorise them to do so.

**Note:** This does not prevent nurses and midwives from delivering a person’s own medicines (e.g. discharge medicines that has been lawfully supplied, by a pharmacist or prescriber, for that patient) if it is safe and appropriate to do so. However, nurses and midwives must **not** supply hospital ward stock or a starter pack (see page 5) to a patient unless key regulatory requirements have been carried out by a pharmacist**,** medical practitioner, dentist, nurse practitioner or another nurse/midwife with an appropriately endorsed registration.

# Possession of Schedule 4 and Schedule 8 medicines

It is an offence to **possess** Schedule 4 or Schedule 8 medicines unless specifically authorised under the Act or the regulations.

**Nurses** and **midwives** are authorised (under regulation 8) to **possess** Schedule 4 and Schedule 8 medicines that are necessary for **administration** to patients under their care, in accordance with any of the following:

* the instructions and authorisation of an authorised prescriber for a specific patient;
* the conditions of a **Health Services Permit** (HSP) issued by MPR (see below);
* the approval of the Secretary.

# Health Services Permits (HSP) - important clarification

An HSP is issued to an establishment (e.g. hospital, day procedure centre) to authorise the possession (by registered health practitioners employed by the permit holder) of Schedule 4 and Schedule 8 medicines (as specified on the HSP) for the provision of health services.

Each HSP contains conditions that are specific to the type of health service provided, e.g. the conditions for a hospital vary from those of a bush-nursing centre and those of an ambulance service.

Each HSP holder will have completed and submitted (to MPR) an online form relating to that HSP, which contains details relating to the manner in which medicines are to be obtained, stored, used, recorded and destroyed at the establishment.

Nurses and midwives, employed by the holder of an HSP, will generally be required to comply with the conditions of the HSP and the contents of the establishment’s most recently completed MPR online form.

**Note:**

* Requirements for administration, recording and destruction of Schedule 4 and Schedule 8 medicines are commonly those contained in the Drugs Poisons and Controlled Substances Regulations 2017.
  + However, in some establishments, the completed MPR online form includes requirements that are more stringent than those contained in the regulations.
* The regulatory requirements for storage of Schedule 4 and Schedule 8 medicines are detailed and explained in the health practitioner ‘document to print or download’: ‘*Possession and storage*’.
* The Director of Pharmacy and/or the Director of Nursing commonly manage the HSP and most recently submitted MPR online form.
  + In some hospitals, the most recently submitted MPR online form may be examined on the establishment’s intranet.

# Nurses and midwives acting in other roles

Nurses and midwives might also be authorised to possess or administer Schedule 4 and Schedule 8 medicines when acting in another role (as specified in regulation 7), which is not specifically limited to nurses; for example:

* Possession and self-administration of medicines that are lawfully supplied to the nurse (as a **patient**)
* Possession, for the purpose of transporting medicine to a patient for whom the medicine is intended, on behalf of a medical practitioner or HSP holder; i.e. in the role of a **courier**
* Possession of medicines, which were lawfully supplied (e.g. on prescription) to a patient when the nurse is a carer who is assisting that patient to administer their own medicines

# Administration of Schedule 4 and Schedule 8 medicines

Regulations 96 and 97 authorise nurses and midwives to **administer** Schedule 4 or Schedule 8 medicines in accordance with:

* Written instructions from an **authorised prescriber** (the most common option)
* Verbal instructions from an **authorised prescriber** if, in the opinion of the authorised prescriber, an emergency exists (e.g. telephone orders)
* Written transcription (of emergency verbal instructions) by the nurse or midwife who received those instructions
* Directions for use on a container supplied by an authorised prescriber or **pharmacist** (e.g. when administering a person’s own lawfully supplied medicine)
* When administering under the provisions of regulation 8:
  + In accordance with the ‘Approval of the Secretary’ (e.g. nurse immunisers)
  + Under the conditions of a Health Services Permit (e.g. some hospitals have a condition on their HSP authorising the hospital to generate **Standing Orders** for the **emergency** administration of specified drugs in specified circumstances without prior reference to an authorised prescriber. In such cases, the hospital’s completed MPR online form will also contain details of the framework that has been established to generate Standing Orders.

## Nurse-initiated medicines

Not to be confused with Standing Orders (referred to above), some establishments have documented protocols which detail when nurses and midwives may initiate treatment with specified medicines – not including Schedule 4 and Schedule 8 medicines. This is a matter of liability and policy – rather than of drugs and poisons legislation.

## Self-administration

Self-administration of a Schedule 4 or Schedule 8 poison is **prohibited** unless the medicine has been lawfully prescribed **and** supplied by another registered health practitioner (e.g. medical practitioner) or supplied by a pharmacist on a prescription from another registered health practitioner (regulation 105).

**Note**: This does **not** mean that once a medicine has been prescribed by a registered health practitioner, a nurse or midwife may continue the treatment with medicines obtained from a wholesale supplier or from stock to which they have access by virtue of being a nurse or midwife.

# Destruction of Schedule 8 Medicines

Nurses and midwives are not authorised to destroy Schedule 8 medicines but they may act as a witness to the destruction of a Schedule 8 medicine that is carried out by a health practitioner who is authorised under the Act to possess the corresponding substance; e.g. nurse practitioners (regulation 115).

## Exceptions

To clarify the situation relating to an accepted practice, regulation 115 specifically authorises nurses and midwives (provided an appropriate record is made) to discard or destroy:

* the remaining, unused contents of a previously sterile container (e.g. a partially used ampoule)
* an unused portion of a tablet or lozenge that is not required for administration to a patient

**Note:** Although a witness is not mandated by the regulations in these cases of exception, an establishment that has an HSP might have a policy that requires a witness. Details of such a policy would commonly be contained in the most recently completed MPR online form for the establishment.

# Starter packs (including professional sample packs)

The term ‘starter pack’ is commonly used to describe a small quantity of a Schedule 4 medicine that has been provided by a pharmacist (or licensed manufacturer) so that an **authorised practitioner** can supply sufficient medicine to enable a patient to commence treatment prior to obtaining a larger quantity (e.g. on prescription).

Starter packs are commonly presented with the containers labelled in a manner that enables an authorised practitioner to insert ‘patient-specific’ information at the time of supply.

## Not to be supplied by nurses or midwives

Nurses and midwives are not generally authorised to supply Schedule 4 medicines. The decision to supply a starter pack or professional sample pack of a Schedule 4 medicine must be made by a registered health practitioner who is authorised to initiate treatment (e.g. medical practitioner, nurse practitioner, dentist).

## Supply by an authorised practitioner

The regulatory requirements for labelling dispensed medicines for administration by individual patient are detailed and explained in the health practitioner website document: ‘Supply, administration and records’.

A practitioner who is authorised to supply a scheduled medicine (e.g. medical practitioner, nurse practitioner, pharmacist) is personally responsible for ensuring compliance with these requirements and **cannot** delegate that responsibility to another person.

### Replacing a starter pack

Regulation 103 makes it an offence to administer a Schedule 4 medicine, obtained on prescription, to any person other than the person named on the prescription. Accordingly, Schedule 4 medicines obtained on prescription for a specific patient must not be used to replace a starter pack that was previously supplied.

# Storage and recording requirements

* As indicated on page 3, the requirements for storage and recording of Schedule 4 and Schedule 8 medicines at establishments where a Health Services Permit has been issued, will be specified on the completed MPR online form.
* For other circumstances, the regulatory requirements:
* for storage of Schedule 4 and Schedule 8 medicines are detailed and explained in the health practitioner ‘document to print or download’: ‘*Possession and storage*’
* for recording administration and supply of scheduled medicines are detailed and explained in the health practitioner ‘document to print or download’: ‘*Supply, administration and records*’.

# Approvals by the Secretary

## Registered nurses and registered midwives

The Secretary (of the department) may issue approvals, for nurses and midwives, to possess and administer specified scheduled medicines without the direct supervision or instruction of a medical practitioner (or other authorised prescriber) where doing so is necessary for the provision of health services and within the competence of the nurse or midwife.

Such approvals commonly specify clinical circumstances, employment arrangements and training requirements, with which compliance is required. Current approvals by the Secretary relate to:

* labour (midwives)
* cardiac arrest
* nurse immunisers
* forensic nurse examiners
* the Victorian Tuberculosis Program

Nurses and midwives, who wish to act in accordance with approvals by the Secretary, are strongly advised to refer to the current versions, which are located on the [MPR website](https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation) (https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation) in the sections for ‘The Act and more’ and ‘Secretary approvals’.

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# Additional categories or nurses and midwives

## Authorised midwives

The Minister for Health has approved registered midwives, whose registration is endorsed under section 94 of the Health Practitioner Regulation National Law, to possess, use or supply any Schedule 2, 3, 4 and 8 poisons, in the lawful practice of their profession as a registered midwife.

This approval was published in the [*Victorian Government Gazette on 29 August 2024*](file:///C:\Users\vicm6fw\AppData\Local\Temp\3cb6ef97-c53f-4551-be96-03edfc4b6bcb_x_uxck3_dig_pub_request_4916ac3d4714da900e5ae422036d439b_attachments.zip.bcb\Nurses%20and%20midwives%20-%20key%20requirements%20in%20Victoria%20-%20attachment%20DPCS_ST.docx) ‘Approved by the Minister’ on the [MPR website](https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation) (https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation)

## Approved registered nurses (RIPRN)

In accordance with regulation 159C, the Secretary (of the department) may approve a class of registered nurse, respectively, to obtain, possess, sell, supply and administer scheduled medicines under specified clinical circumstances. Current approvals by the Secretary relate to:

* Rural and Isolated Practice Registered Nurses (RIPRN) and the medicines listed in the Health Management Protocols in the Primary Clinical Care Manual that is current at the time, as stated as able to be administered or supplied by a Rural and Isolated Practice Registered Nurse.

Details of the criteria for RIPRN can be located in the sections for ‘The Act and more’ and ‘Secretary approvals’ on the [MPR website](https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation) (https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation)

# For further information

## Department of Health (DH)

### Health Regulator

GPO Box 4057

Melbourne 3001

Email: [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)

Web: [Medicines and Poisons regulations](https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation) <https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation>

* For queries relating to the Act or regulations, please:
  + refer to the ‘Documents to print or download’ that are available on the MPR website (see below); or
* if you are unable to address your query by referring to those documents, forward your query via e-mail (to [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)) and:
  + if your query relates to activities within the premises of a health care service (e.g. hospital, aged care service) indicate, in the ‘Subject’ field, that your query is to be directed to the Licence and Permit team, which has oversight of the holders of Health Services Permits

## Documents to print or download from the MPR website

The [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) < https://www.health.vic.gov.au/public-health/medicines-and-poisons-regulation> on the Health.vic website in the section for ‘Documents to print or download’, contains summaries of legislative requirements that have been prepared in relation to issues that relate to multiple categories of health practitioner as well as to individual categories of health practitioner. These documents, which are intended to assist health practitioners to comply with key legislative requirements, include the following:

* Issues relating to multiple categories of health practitioner, including:
  + Possession and storage
  + Supply, administration and recording
  + Prescribing
  + Criteria for lawful prescriptions
  + All reasonable steps and other key terms
  + Schedule 2 and 3 poisons
* Summaries that are specific to individual categories of health practitioner:
  + Medical practitioners
  + Pharmacists
  + Nurses and midwives
  + Nurse practitioners

## Other possible sources of information

### Australian Health Practitioner Regulation Agency (Ahpra)

Web: [www.ahpra.gov.au](http://www.ahpra.gov.au)

### Nursing and Midwifery Board of Australia

Web: [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

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