CPSA COMBINED PENSIONERS & SUPERANNUANTS ASSOCIATION OF NSW INC

Comment on the Proposed Amendments to the NSW Poisons and Therapeutic Goods Legislation for Residential Care Facilities

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Combined Pensioners & Superannuants Association of NSW Inc (CPSA)

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CPSA is a non-profit, non-party-political membership association founded in 1931 which serves pensioners of all ages, superannuants and low-income retirees. CPSA has 130 branches and affiliated organisations with a combined membership of over 31,000 people living throughout NSW. CPSA's aim is to improve the standard of living and well-being of its members and constituents.

CPSA appreciates the opportunity to comment on the proposed amendments to the NSW Poisons and Therapeutic Goods Legislation for residential care facilities.

1. Emergency use of Schedule 4 and 8 medications

a. Available medications: CPSA supports this amendment.

b. Procurement: CPSA believes that procurement should be undertaken by a Director of Nursing, who is, at minimum, a registered nurse.

c. Storage: CPSA recommends that Schedule 8 medications be stored separately in a double-locked cabinet to reduce the risk of medication mismanagement.

d. Administration: CPSA supports this amendment.

2. Nurse initiated Schedule 2 and 3 medications

a. Procurement: CPSA recommends that a Director of Nursing (who is a registered nurse) be responsible for procurement.

b. Storage: Schedule 4 and 8 medications should be stored separately to Schedule 2 and 3 medications, in a double-locked cabinet.

c. Administration: CPSA supports this amendment.

3. Resident labelled medications managed by a nurse or carer

a. Storage: CPSA does not support the storage of Schedule 4 and 8 medications in dose administration aids. In CPSA's view, these medications should be stored separately and only accessible by a registered nurse.

b. Administration: Schedule 8 medications should be administered by registered nurse.

CPSA has concerns about the storage and administration of drugs of addiction in dose administration aids (DAAs). DAAs can pose a risk, particularly when medications are not administered by, or under the supervision of, a registered nurse. If there is no registered nurse administering and monitoring the effect of a medication, there is a risk that an adverse reaction to a drug will not be identified by lesser skilled staff.

There can be packaging errors as well. A 2008 study of the packaging of DAAs in 42 NSW nursing homes found packaging incidents in 34 of the facilities at rates between

1% and 54%.[1] Given the high error rate in packaging and the scope for misuse, CPSA believes it would be irresponsible to allow Schedule 4 and 8 medications to be packaged in DAAs and administered with the assistance of non-registered care staff.

c. Recording of administration: CPSA supports this amendment.

4. Schedule 8 drug register recording

a. Recording requirements: CPSA believes that all Schedule 8 medications should be recorded so as to monitor their use.

5. Reporting of lost or stolen medications

a. Reporting requirements: CPSA supports this amendment.

6. Disposal of expired, unwanted or unusable medication

a. Schedule 2, 3, 4 medications: CPSA supports this provision.

b. Schedule 8 medications: CPSA supports this amendment, but calls for its extension to Schedule 8 medications in dose administration aids.

[1] Annette Carruthers, Kialie Naughton and Gordon Mallarkey (2008) 'Accuracy of packaging of dose administration aids in regional aged care facilities in the Hunter area of New South Wales' *Medical Journal of Australia* 188 (5) available at: https://www.mja.com.au/journal/2008/188/5/accuracy-packaging-dose-administration-aids-regional-aged-care-facilities-hunter