



Imprest Medication Systems for RACFs

FAQs - What you need to know

What is a 'imprest' medication system?

- The term '**imprest drugs**' is intended to describe Schedule 4 and Schedule 8 poisons that are **not** supplied on prescription for a specific person, but which are obtained by an establishment under the authority of a Health Services Permit (HSP).

What medications would I have in my 'imprest' medication system

- You can choose the number and type of medications that may be appropriate for residents in your facility.
- They may include analgesics, antibiotics, sedation or other medications that residents may require urgently
- You can have medications that are Schedule 2, 3, 4, 8 or 11 in your 'imprest' stock ...

BUT remember, the more medications you have, the more you will need to check and manage.

Why would my facility consider having an 'imprest' medication system?

- Visits from GPs or locums frequently occur out of hours which means a medication change may mean a significant time delay before pharmacy can deliver the appropriate medication. As a result, the resident's condition may worsen or the resident may experience unnecessary discomfort whilst awaiting their new medication. Having an onsite 'imprest' medication system means GPs and Locums can prescribe from the list of medications available on site.
- Frequently, residents are transferred to hospital to receive appropriate medication to manage a specific problem because the facility does not have the medication on site or may have to wait 12 to 24 hours to get the medication from their pharmacy. Having an 'imprest' system means that GPs, Locums, In-Reach Teams or Palliative Care Services (NP) could prescribe and the medication could be administered or commenced without delay.
- Support services (such as in-reach or palliative care services) are now frequently supplying out of hours care and could provide immediate onsite care to residents.

Can I just implement an 'imprest' medication system?

- **NO...** in order to have an 'imprest' medication system on site, the RACF must apply for a **Health Services Permit** (HSP) from the Department of Health Victoria.
- The permit application is available from <http://www.health.vic.gov.au/dpcs/health.htm>
- The facility must download the **Licence or Permit Application** form AND the **Responsible Person Application** form.
- In addition, the facility will need to download and complete the **Poisons Control Plan**. Only Part 1 will need to be completed. The web site also contains a sample completed document to assist you with the process. [CLICK HERE!](#) to download *Poisons Control Plan – Part 1*

How much will it cost?

- See the table below (accessed 03/04/20) from:
<http://docs.health.vic.gov.au/docs/doc/Table-of-Fees-1-July-2012>
- Most RACFs would be classified under Type B

Medicines and Poisons Regulation Health Services Permit Fee

Note: Bed(s) refers to facilities where beds are used for overnight patient accommodation

Type of permit	Permit description	New	Renewal	Amendment
Type A	Single site with no beds	\$1078.20	\$245.80	\$201.40
Type B	Residential aged care with single storage facility (no bed limit) OR single site with 1 to 30 beds	\$1078.20	\$245.80	\$201.40
Type C	Multiple sites with no beds OR single site with 31 to 100 beds	\$1,399.50	\$300.60	\$201.40
Type D	Multiple sites (with beds) OR single site with more than 100 beds	\$1,399.50	\$300.60	\$201.40

How are the medications stored?

The following is from the DHHS website accessed 03/04/20:

<https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/medication-in-aged-care/aged-care-medicine-storage-record-keeping>

The Regulations specify that, for aged care services, the approved provider:

- must store Schedule 4 medicine in a lockable storage facility
- must store dispensed Schedule 8 medicine in a lockable room or a lockable storage facility that is firmly affixed to the floor or wall
- must ensure that any storage facility for a Schedule 4 or 8 medicine is locked, except when it has to be opened to perform a specific action directly related to the medicine, such as to administer the medicine or to do an inventory check

- A steel drug cabinet is no longer mandated because of the increased prevalence of dose administration containers. **However, a steel drug cabinet:**
 - is strongly recommended for the storage of Schedule 8 poisons in original containers
 - is strongly recommended for the storage of Schedule 8 poisons that cannot be packed into dose administration containers
 - **is required for the storage of Schedule 8 impost drugs, where a health services permit is held**
 - may be required (for example, for larger quantities of Schedule 8 poisons) if directed by the DPRG.

DHHS accessed 03/04/20

(<https://www2.health.vic.gov.au/public-health/drugs-and-poisons/medication-management-in-aged-care/nurses-in-residential-care-legal-requirements>)

- If the aged care service maintains an 'imprest' stock of medicine (*i.e.* medicine that is not dispensed), any Schedule 8 'imprest' stock must be stored in a drug cabinet that complies with the security criteria specified in the Regulations.

How are the medications used and checked?

- Medications are dispensed from the 'imprest' only when a legal order from a Medical Practitioner (or person authorised to prescribe medications in the state of Victoria: Nurse Practitioner with prescribing rights, Dentist or Authorised Podiatrist) has been received.
- The medical practitioner may be the resident's GP, a locum or associated with a residential in-reach or palliative care team.
- Once an order is received, the specific dose of the prescribed drug may be taken from the 'imprest' cupboard and checked out via the facility's checking method (usually two people check the order and perform a drug count and then record this information in the transaction record or DD book).
- Additional required medication may be used from the 'imprest' system until the pharmacy can supply the resident's prescription.
- Pharmacy is to be notified of all medications used from the 'imprest' system in order to replace the stock
- Staff from the facility must NEVER label 'imprest' drugs with a specific resident's name and then place them with the resident's other medication. Resident's medication must be prescribed and dispensed specifically for them. The 'imprest' medication is an emergency/ out of hours supply of medications only, where a few doses of a medication may be given whilst awaiting supply from pharmacy. The 'imprest' **cupboard is not a pharmacy or dispensing cupboard.**

The following is from the Department of Health web site accessed 03/04/20:

<https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/medication-in-aged-care/aged-care-medicine-storage-record-keeping>

- Approved providers are required to keep a drug register for records of administration of Schedule 8 'imprest' stock.
- In order to ensure safety, it is highly recommended that the 'imprest' cupboard is maintained like a 'DD' or Schedule 8 cupboard. In other words, frequent checks/ counts of medication occur and are documented in a transaction record. A separate 'DD' book is recommended to keep a record of all transactions and checking of 'imprest' medications regardless of what Schedule they are classified in (*i.e.* Schedule 2, 3, 4 or 8).

Medication Imprest Systems and Pharmacy - How does it work?

- The permit holder (*i.e.* the aged care service) should provide the pharmacy with a copy of their HSP to demonstrate that the service holds a current permit and to identify the poison schedules of the medications that may be obtained.
- When an 'imprest' drug is ordered, the pharmacist may supply the drug in accordance with regulation 15(1)(f) and must make a record of the transaction. 'Imprest' drugs are not supplied on prescription, so the pharmacist need not attach additional labels to the original containers.
- The permit holder should store 'imprest' drugs separately from medications supplied on prescriptions and should manage them as described in the approved Poisons Control Plan for the HSP.
- When a nurse has a medical practitioner's written or verbal instructions to administer an 'imprest' drug to a patient, the nurse may remove the required dose(s) of medication from the 'imprest' store and must make a record of the transaction.
- If/when the medical practitioner provides a prescription, authorising the pharmacist to supply the medication for the patient, the pharmacist must supply the quantity specified on the prescription, must label the corresponding container in the manner described in regulation 29 and must make a record of the transaction. It is not acceptable to attach a dispensing label, corresponding to the subsequent prescription, to the container that was removed from the 'imprest' store.
- The container, from which the initial dose(s) of an 'imprest' drug were obtained, will then contain fewer doses and should be returned to the 'imprest' store.
- Regulation 45 makes it an offence to administer drugs, obtained on prescription, to any person other than the person named on the prescription. Hence, a container of medication, obtained on prescription, must not be used to replace a container that was removed from the 'imprest' store.
- A replacement container of an 'imprest' drug may be supplied when the progressively reducing number of doses of the drug necessitates replenishment.

Are these the same as Nurse Initiated Medications?

- **No!**
- Registered Nurses may under certain circumstances administer doses of 'over the counter' medication **IF** the facility has a Nurse Initiated Medication policy/ procedure which has been implemented.
- If a facility has such a procedure, they must supply the medications for resident use.
- Residents who receive Nurse Initiated Medications, should then be seen by their GP in order to countersign the order and review the resident.

Some suggestions to assist with the implementation process and ensure that medication management is performed safely in your facility

- Once you have decided to implement an 'imprest' system, raise the issue as an agenda item in your Medication Advisory Committee meeting.
- Advise your pharmacy of choice, and request assistance/ support to develop your **Poisons Control Plan**.
- Advise your GPs and request input to develop the list of medications that could be available
- Contact your residential in-reach team as well. They may also have a recommended list of medications.
- Once a list of suggested 'imprest' drug list has been formulated, send to GP's and pharmacist and request feedback and suggestions.
- Don't make your list too long... It's easier to add medications if you need them than find out you have difficulty managing a large number of medications or worse ... an incorrect drug count. **Remember this is not a pharmacy or dispensary!!!**
- To be safe, treat all medications in your 'imprest' cupboard as Schedule 8 drugs (DDs) and count and record all transactions as such.
- **EDUCATE all senior staff (RNs) in the use, storage and administration of medications from an 'imprest' cupboard.**
- Develop and implement your 'imprest' system as a quality improvement

UPDATE and review your Medication Management procedure and ensure it includes management of 'imprest' medications.

References:

Department of Health Victoria (accessed 03/04/20)

<http://www.health.vic.gov.au/dpcs/agedcare-manage.htm>

<https://www2.health.vic.gov.au/public-health/drugs-and-poisons>

<https://www2.health.vic.gov.au/public-health/drugs-and-poisons/medication-management-in-aged-care/nurses-in-residential-care-legal-requirements>