



Secure Access of Medication/Clean Utility Rooms, Cupboards and Safes via Medication Keys and Electronic Swipe Key Cards Procedure

1. Guiding Principles

The WA Country Health Service (WACHS) - South West (SW) is committed to maintaining a safe environment at all times. This procedure relates to the safe working practices surrounding secure access of medication rooms including allocation of medication keys and swipe cards.

Access to areas where medications are stored is restricted to staff who are authorised to prescribe, administer or dispense medications as per the *Medicines and Poisons Act 2014*, Western Australia.

The Authorised staff within WACHS-SW are medical, nursing and pharmacy staff. Authorised staff may be issued with keys or swipe key card access for imprest medications, patient medication drawers, Schedule 4 Restricted (S4R) or Schedule 8 (S8). Staff accept the responsibility for the safe keeping of these keys or swipe cards and are authorised to use these keys or swipe cards to access the necessary area for the performance of their routine duties and responsibilities. Specific restrictions exist around the handling of S4R and S8 keys as detailed in this procedure.

Individual sites may choose to restrict access for non-permanent or visiting staff as deemed appropriate by the management (district manager / operations manager).

Keys and swipe cards always remain the property of the health service.

This procedure does not include details on access to the WACHS-SW Pharmacy or WACHS-SW Satellite Pharmacy, and handling of associated pharmacy keys or swipe key cards.

2. Procedure

2.1 Access to Imprest Medications

- Imprest medications must be maintained in a secure environment. This may be in locked cupboards within an unrestricted room or in open shelving within a restricted room. All imprest medications are to be stored in an area without public access.
- Restricted rooms storing imprest medications may be secured using swipe access key cards. All swipe access key cards are to be issued to individuals only, with access recorded against that staff member's name and HE number.
- Swipe card access must be restricted to Registered Nurses, Registered Midwives, medication-competent Enrolled nurses, pharmacists, pharmacy assistants / technicians and doctors only.

- Keys for imprest medication cupboards must be securely carried and remain in the personal possession of a Registered Nurse, Registered Midwife, Medication competent Enrolled Nurse or doctor at all times whilst on duty.
- All imprest medication cupboards must remain locked at all times when not in use.
- All imprest medication rooms are to remain secure and locked at all times even when in use.
- Staff with authorised access to Imprest Medication Rooms may **not** allow an unauthorised person to access the Imprest Medication Rooms (for example, to access the Bunbury Hospital Pneumatic Tube/Chute System; during cleaning or maintenance) unless they remain with that person at all times.
- Imprest medication keys may also be held by pharmacy staff. Whilst in use, these keys must remain in the personal possession of the pharmacy staff member at all times.

2.2 Patient Medication Drawer / Medication Trolley Keys

- The patient medication drawer / medication trolley keys must be securely carried and remain in the personal possession of a Registered Nurse, Registered Midwife or a medication-competent Enrolled Nurse at all times whilst on duty.
- Patient medication drawer / medication trolley keys may also be held by pharmacy staff. These keys must remain in the personal possession of the pharmacy staff member whilst on duty.
- All patient medication drawer / medication trolleys must remain locked at all times when not being accessed by Authorised nursing / hospital staff.

2.3 Schedule 4 Restricted & Schedule 8 Medication Keys

- The S4R and S8 medication keys must be securely carried and remain in the personal possession of a Registered Nurse or Registered Midwife at all times while on the ward. The keys must to be handed over to another Registered Nurse if they are leaving the ward for any reason.
- Within theatres S4R keys may be in the possession of an anaesthetic technician, when they are assisting an anaesthetist with medication administration, where they are permitted by their JDF to do so, have completed appropriate training and been deemed as competent by WACHS-SW.
- Whilst a medication-competent Enrolled Nurse, may carry the S4R medication key, they are **not** authorised to carry the S8 medication key.
- If the S4R/S8 key is held on the same key ring (or holding device), it must remain in the possession of a person authorised to hold the S8 keys (i.e. the keys under this circumstance **cannot** be held by an Enrolled Nurse).
- If the S4R key is held on a separate key ring (or holding device), it may be held by a medication-competent Enrolled Nurse.
- Any nurse discovering that they have inadvertently removed the S4R or S8 medication key from the ward is to immediately and promptly return the keys to the shift coordinator in person.
- For sites / areas where there is not a Registered Nurse on duty 24 hours per day, seven days a week, the S4R & S8 keys must at all times remain under the control of an Authorised person. The Registered Nurse may retain possession

of the S4R/S8 medication key while off duty. Alternatively, the key may be transferred to another Authorised person or to a storage system as approved by the WACHS South West Chief Pharmacist. Transfer of this key to another Authorised person or access to this key from the Approved storage system will require a full balance check to be performed on the contents of the safe.

- All ward S4R & S8 storage areas (per definitions below) must be uniquely keyed.
- All ward S4R & S8 storage areas must remain locked at all times when not in use.
- There is to be only **one** S4R key for each S4R storage area, and **one** S8 key for each S8 storage areas at a ward level (see [Appendix 1](#) for additional information).
- Propofol is now stored and managed as for all other S4R medications as per the [Department of Health MP0139/20 Medicines Handling Policy](#).
- S4R medications may be stored in an approved cupboard or safe.
- S8 medications should be stored in an approved medication safe. Some areas have exemption for existing storage of S8 medications in a cupboard, any redevelopment of these areas will require a safe to be installed.

2.4 Other Medication Keys

- Other medication keys may be required to restrict access to specific medications based on medication safety principles.
 - For example – concentrated potassium solutions in the Bunbury Hospital Intensive Care Unit.
- These keys are to be managed as per the principles of either imprest medication keys or Schedule 4 Restricted medication keys as per agreement between the Chief Pharmacist and the Nurse Unit Manager of the specified area.

2.5 Medication Storage in Multipurpose Sites (MPS) Lodges (Leeuwin Lodge and Boyup Brook Lodge)

- Within multipurpose sites all patient's medicines must be stored in a manner that prevents access other than by authorised staff. Authorised staff may include unregulated health care workers where they are permitted by their JDF to assist patients in medication administration and have completed appropriate training.
- Recordable medicine, other than regular oral medicines in a dose aid, must be stored in a safe or locked cupboard and recorded in a register in the manner as other controlled medicines and remain under the control of a registered nurse.
- Where regular oral recordable medications (S4R and / or S8) are packed into a dose aid, such as a Webster packs® or similar, these may be stored in a safe or locked cupboard and recorded in a register in the same manner as other controlled medicines under the control of the Lodge Supervisor (where this is permitted in their JDF).

2.6 Documentation

2.6.1 Medication Keys

- Allocation of all medication keys must be documented. This documentation can occur in a specific key register or on the daily shift roster or handover sheets.
- Documentation is to be recorded by the shift coordinator on a shift by shift basis.
- The documentation must contain the following details regarding the possession of the medication keys, as a minimum:
 - date and time
 - printed name of the staff member accepting responsibility for the keys
 - signature of the staff member accepting responsibility for the keys
 - details of the keys.
- Documentation for medication keys is to be kept for a minimum of two years. Except if the documentation for medication keys is scanned into Records Manager after which the paper copies can be discarded after 6 months.
- The staff member signing for medication keys are signing that they are accountable for the security and safety of the key and that the key will remain in the possession of an Authorised person at all times.
- When not in the possession of the staff member that has signed for the keys, all ward medication keys **must** be in the possession of the shift coordinator or be recorded and stored as unallocated keys, unless otherwise detailed in this procedure.
- In accordance with the WACHS Medication Handling and Accountability Policy, where the keys are maintained on site outside of working hours (or unallocated during a shift), they must be maintained in a way that prevents access by unauthorised staff (such as a coded key safe). Storage must be in a manner that enables any staff member accessing the keys to be identified (such as swipe card access to the room or area). Where additional security of a coded key safe is used, access codes should be changed regularly at least annually.
- No other goods, including keys, cash or documents are to be kept in an S4R or S8 safe / cupboard, as per Medication Handling and Accountability Policy.

2.6.2 Swipe access key cards to medication rooms

- Ward staff allocation of all swipe access key cards to medication rooms must be authorised by the NUM / CNM of the area.
- Pharmacy staff allocation of all swipe access key cards to medication rooms must be authorised by the Chief Pharmacist.
- Access approval must be documented. Management of swipe access key cards occurs through Engineering / Facilities Management staff as part of the Building Management System maintenance.

2.7 Loss Of Medication Keys

2.7.1 Imprest Medication Keys

- If any impost medication keys are missing or unaccounted for, the shift coordinator is to instruct nursing staff to initiate a thorough search of the ward area. The shift coordinator is to notify the Nurse Unit Manager of the area (in-hours) or the after-hours hospital coordinator or nominated after-hours contact person (after hours) and a [WACHS Safety Risk Report Form](#) is to be completed.
- If keys are unable to be located, the decision to notify the facility's Engineering Department to arrange changing of the locks is to be made in conjunction with the Coordinator of Nursing and Midwifery (Bunbury and Busselton) or the District Manager.
- Any nurse inadvertently taking impost medication keys home is to telephone the ward immediately upon finding the keys to inform the shift coordinator of the location of the keys. Arrangements are to be made to return the keys to the shift coordinator in person as soon as possible.

2.7.2 Swipe Access Key Cards

- If any electronic swipe access key cards are missing or unaccounted for, the shift coordinator / line manager is to instruct staff to initiate a thorough search of the ward area.
- For swipe cards held by nursing staff the shift coordinator is to notify the Nurse Unit Manager of the area (in-hours) or the after- hours hospital coordinator or nominated after-hours contact person (after-hours), and a [WACHS Safety Risk Report Form](#) is to be completed.
- For swipe cards held by medical staff the line manager is to notify the Nurse Unit Manager of the area (in-hours) and the Head of Department (in hours) or the after- hours hospital coordinator or nominated after-hours contact person (after-hours), and a [WACHS Safety Risk Report Form](#) is to be completed.
- If electronic swipe cards are unable to be located, they are to be immediately deactivated by facilities management.

2.7.3 S4R or S8 Medications Keys

- If the S4R or S8 medication keys are missing or unaccounted for, the shift coordinator is to instruct the nursing staff to initiate a thorough search of the ward area. The shift coordinator is to notify the Nurse Unit Manager of the area (in-hours) or the after-hours hospital coordinator or nominated after-hours contact person (after-hours), and a [WACHS Safety Risk Report Form](#) is to be completed.
- If the keys are unable to be located, the ward pharmacist or WACHS South West Regional Chief Pharmacist is to be notified, and the facility's Engineering Department contacted immediately so that the lock can be changed as soon as possible.
- Any nurse inadvertently taking S4R or S8 medication keys home is to ring the ward immediately upon finding the keys to inform the shift coordinator. In addition, they are to **immediately** return the keys to the shift coordinator in person.

3. Definitions

Imprest Medications	A range of medications including unscheduled, Schedule 2, Schedule 3 or Schedule 4 medications (as per the Standard for the Uniform Scheduling of Medicines and Poisons) that are stocked on a specific ward.
JDF	Job Description Form. Detailed the role, requirements and responsibilities for a specific job role or position.
Schedule 4 Restricted	Range of Schedule 4 medications that are liable to abuse and therefore require additional storage and recording requirements within public hospitals. As defined by the Department of Health MP 0139/20 Medicines Handling Policy .
Schedule 8	Poisons to which the restrictions recommended for drugs of dependence by the “1980 Royal Commission of Inquiry into Drugs” should apply. A drug register is required to monitor and record usage.
Pharmacy	WACHS - South West Pharmacy Department located at Bunbury Hospital and the WACHS – South West Satellite Pharmacy located at Busselton Health Campus.

4. Roles and Responsibilities

4.1 Shift Coordinator Responsibilities

- The shift coordinator is responsible for the allocation of ward medication keys to the appropriate ward staff as described in sections 2.1, 2.2, 2.3, 2.4 and 2.5.
- At the end of each shift, the shift coordinator is responsible for ensuring all allocated medication keys are returned.
- The shift coordinator is responsible for the safe storage and controlling of the access of all medications, even if they delegate these duties.
- While staff are still present, the shift coordinator is to ensure that all sets of keys are accounted for, at the beginning and at the end of each shift.
- Any surplus imprest medication keys are to be locked away in a secure key cupboard compliant with 2.6.1 (not the S8 cupboard).
- There are not to be any surplus S8 or S4R medication keys, there is to be only **one** S8 key and **one** S4R key within each area, for each cupboard. If a spare key was provided with the installation of the safe, S8 cupboard or S4R cupboard, this is to be arranged to be securely stored at the Pharmacy Department located at Bunbury Hospital.

4.2 Nurse Unit Manager / Clinical Nurse Manager (NUM / CNM) Responsibilities

- The NUM /CNM is responsible for the authorisation of access to restricted medication rooms utilising swipe key cards.

4.3 Authorised Staff Members Responsibilities

- [Medicines and Poisons Act 2014](#) and [Medicines and Poisons Regulations 2016](#) provide clear instructions in relation personnel Authorised to access medications.
- It is the responsibility of each Authorised staff member to ensure compliance with this procedure.

4.4 WACHS-SW Engineering

- The contact for any lock-related issues is Engineering. They maintain the key system for all locks associated with medication rooms and medication cupboards for the WACHS-SW area. They will arrange for the WACHS-SW Locksmith, or a contracted locksmith service to facilitate required key or lock maintenance to ensure a restricted key system for all imprest medication keys, S4R medication keys, and S8 medication keys.
- The WACHS-SW Pharmacy Department may be contacted to provide support in this area.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

Refer to the section pertaining to “Key Register” in the [WACHS Key Control Procedure](#).

7. Evaluation

Incidents related to lack of compliance with the procedure target – zero (0). All incidents are to be reported to the Medication Safety Steering Committee, by the Clinical Governance Unit, for review.

8. Standards

[National Safety and Quality Health Care Standards](#)

Medication Safety Standard: 4.1, 4.14, 4.15

9. Legislation

[Medicines and Poisons Act 2014](#) (WA)

[Pharmacy Act 2010](#) (WA)

[Medicines and Poisons Regulations 2016](#) (WA)

10. References

[Nurses & Midwifery Board of Australia - National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice](#)

[Medicines and Poisons Act 2014](#) (WA)

[Pharmacy Act 2010](#) (WA)

[Medicines and Poisons Regulations 2016](#) (WA)

[WACHS Key Control Guideline](#)

[WACHS Medication Handling and Accountability Policy](#)

MP0139/20 [Medicines Handling Policy](#)

11. Related Policy Documents

[WACHS Key Control Guideline](#)

[WACHS Medication Handling and Accountability Policy](#)

12. Related WA Health System Policies

MP0139/20 [Medicines Handling Policy](#)

13. Policy Framework

[Public Health Policy Framework](#)

14. Appendices

Appendix 1 – [Access to Spare Schedule 4 Restricted \(S4R\) and Schedule 8 \(S8\) Medication Keys Process](#)

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Appendix 1: Access to Spare Schedule 4 Restricted (S4R) and Schedule 8 (S8) Medication Keys Process

The WA Country Health Service (WACHS) - South West Secure Access of Medication/ Clean Utility Rooms via Medication Keys and Electronic Swipe Key Cards Procedure [previously the Medication Key Procedure] was published in 2016. This procedure relates to the safe working practices surrounding secure access of medication rooms including allocation of medication keys and swipe cards.

In line with this procedure, wards are able to hold a single S4R key for each S4R cupboard and a single S8 key for each S8 cupboard / safe.

To facilitate access to S4R cupboards and S8 cupboard / safes in the event that a S4R or S8 key is misplaced, Pharmacy store one spare S4R key and one spare S8 key for each cupboard / safe in the WACHS-SW region.

Process

The process to be followed in the event of the loss of a S4R or S8 Medication key is detailed in the Secure Access of Medication/Clean Utility Rooms via Medication Keys and Electronic Swipe Key Cards Procedure.

There are two situations which may warrant accessing the spare S4R or S8 key that is securely stored in Pharmacy:

1. Access to the cupboard / safe is required to allow administration of medications to patients while the loss of a S4R or S8 medication key is being investigated.
2. If there is the suspicion of theft of a S4R or S8 key, the cupboard / safe may need to be accessed to empty the contents and move them to an alternative secure S4R or S8 cupboard / safe.

During Pharmacy opening hours (Monday to Friday 8.00am to 4.30pm excluding public holidays), the Chief Pharmacist should be contacted via phone.

After Pharmacy opening hours, the Bunbury Hospital After Hours Coordinator should be contacted via the switchboard at Bunbury Hospital.

It is the responsibility of the site which has lost the medication keys to arrange appropriate collection of the spare key from Pharmacy. These keys may be collected by a Registered Nurse, transported via an Authorised courier or transported by other method as individually approved by the Chief Pharmacist. The keys are to be returned to Pharmacy immediately on location of the missing key, following emptying of the storage area pending lock replacement or following lock replacement with provision of the new spare key.

It is the responsibility of the site which has lost the medication keys to arrange (via Engineering) for replacement of locks, and provision of new spare keys to Pharmacy, if the keys are unable to be located.