



Secure Access of Medications via Medication Keys, and Electronic Swipe Cards Procedure

1. Guiding Principles

The WA Country Health Service (WACHS) - Midwest is committed to maintaining a safe environment at all times. This procedure relates to 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 \(2014\)](#) and the [Medicines and Poisons Regulations \(2016\) Western Australia](#).

The authorised staff within WACHS-Midwest are medical, nursing and pharmacy staff. Authorised staff may be issued keys or swipe card access for imprest medication, patient medication drawers, Schedule 4 Restricted (S4R) or Schedule 8 (S8). Staff are responsible for the safe keeping of the keys or swipe card and are authorised to access the necessary area for the performance of their 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, Director of Nursing/Health Service Manager or Nurse Manager.

Keys and Swipe cards remain the property of the health service.

This procedure does not include details on the access of the WACHS-Midwest pharmacies (main and chemotherapy) or the WACHS Carnarvon Pharmacy, and handling of associated pharmacy keys or swipe cards.

2. Procedure

2.1 Access to Imprest Medication

- Imprest medication must be maintained in a secure environment. This may be in locked cupboards in an open unrestricted room or on open shelving in a restricted room. All imprest medications are to be stored in an area without public access.
- Restricted room storing of imprest medications may be secured using a key or swipe card access. All swipe access key cards are to be issued to individuals only, with access recorded against the staff members name and HE Number.
- Swipe cards access must be restricted to registered nurses (RN), registered midwives (RM), medication competent enrolled nurse (EN), pharmacists, pharmacy assistants/technicians and doctors only.

- Imprest medication keys (Pharmacy room / cupboards) must be carried by a registered nurse (NP, RM RN) or medication competent enrolled nurse at all time while on shift, and handed to either an NP, RM/ RN or a medication competent EN if leaving the ward or building.
- All Imprest medication cupboards/ rooms must remain locked at all times.
- Imprest medications keys may also be held by pharmacy staff. These keys must remain in the personal possession of the pharmacy staff member at all times.

2.2 Patient Medication Drawer / Medication Trolley (RCF/MPS)

- The patient medication drawer keys must be securely carried and remain in the personal possession of a NP, RM RN or medication competent EN at all times while on the ward, and handed over to the shift co-ordinator if leaving the ward for any reason.
- Pharmacy staff may also hold a patient's medication drawer key. The keys must remain in their personal possession at all times.
- All Patients Medication drawers must remain locked at all times when not being accessed by authorised nursing/ hospital staff.
- For sites that have a Residential Care Facility (RCF) or are a Multi-Purpose Site (MPS) and have a medication trolley for the storage of Unit Dose Medications the keys must be securely carried and remain in the personal possession of a NP, RM RN or medication competent EN at all times while on the ward, and handed over to the shift co-ordinator if leaving the ward for any reason. The medication trolley must remain locked when not in use.

2.2.1 Medication Storage in a Multipurpose Site (MPS) or Residential Care facility (RCF)

- Within a multipurpose site all patients' medications 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 the 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 (S8) or locked cupboard (S4R) and recorded in a register in the manner as other controlled drugs and remain under control of the registered nurse.
- Dosage aid s (websterpak or similar) that contain controlled medications (S4R and S8) need to be stored in a safe or locked cupboard and recorded in a registers in the same manner as other controlled medicines and remain in control of the lodge supervisor(where this is permitted in their JDF).

2.3 Schedule 4 Restricted Medication Keys

- The S4R medication key must be securely carried by a NP, RM, RN or a medication competent EN at all times on the ward and handed over to the shift co-ordinator if 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

- The S4R medication key must be kept separate from other keys. Refer to the WA Health system [Medication Handling and Accountability Policy](#)
- If a nurse inadvertently removes the S4R Keys from the ward, they must return them immediately to the ward co-ordinator in person.
- For sites/areas where there is not a NP, RM, RN on duty 24/7, the key for the S4R safe must at all times remain under control of an authorised person. The NP, RM, RN may retain possession of the S4R key while off duty. Alternatively, the key may be transferred to another authorised person or to a storage system as approved by the WACHS Midwest Chief Pharmacist. The transfer of the key to either an authorised person or a storage system will require a full balance check to be performed on the contents of the safe.
- For remote sites with a second key for the S4R safe, this may remain in the possession of the Nurse Manager or secured in a storage system as approved by the WACHS Midwest Chief Pharmacist.
- All ward S4R safes/cupboards must remain locked at all times when not in use.
- All ward S4R safes/cupboards must be uniquely keyed.
- There is only to be one S4R key for each safe/cupboard at a ward level.

2.4 Schedule 8 Medication Key

- The S8 medication key must securely carried by a NP, RM, RN, or a medication competent EN at all times on the ward and handed over to the shift coordinator if leaving the ward for any reason
- If a nurse inadvertently removes the S8 Keys from the ward, they must return them immediately to the ward co-ordinator in person
- For sites/areas where there is not a NP, RM, RN on duty 24/7, the key for the S8 safe must at all times remain under control of an authorized person. The registered nurse may retain possession of the S8 key while off duty. Alternatively, the key may be transferred to another authorised person or to a storage system as approved by the WACHS Midwest Chief Pharmacist. The transfer of the key to either an authorised person or a storage system will require a full balance check to be performed on the contents of the safe.
- For remote sites with a second key for the S8 safe, this may remain in the possession of the Nurse Manager or secured in a storage system as approved by the WACHS Midwest Chief Pharmacist
- All ward S8 safes must remain locked at all times when not in use.
- All ward S8 must be uniquely keyed.
- There is only to be one S8 key for each safe/cupboard at a ward level.

2.5 Other Medication Keys

- Other medication keys may be required to restrict access to a specific medication based on safety principals.
- These keys are managed in the same manner as imprest medication keys or S4R keys as per arrangement with the Chief Pharmacist and the Nurse Manager

2.6 Documentation

2.6.1 Medication keys

- Allocation of all medication keys must be documented. This may be in the form of a specific key register or on the daily shift roster or the daily handover sheet. Please note this monitored by the Environmental /storage audit. See [WACHS Medication Handling and Accountability Policy](#)
- Documentation is to be recorded by the shift coordinator on a shift by shift basis
- The documentation should include the following as a minimum,
 - date and time
 - staff members name who will be accepting the keys
 - signature of the staff member accepting the keys
 - details of the keys, e.g. key number.
- Documentation for the medication keys is to be kept for a minimum of 2 years, unless directed by the WACHS Midwest Chief Pharmacist.
- The staff member signing for the 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 the authorised person at all times.
- When not in the possession of staff members, all medication keys must be in the possession of the shift coordinator or be recorded and stored as unallocated keys.
- Storage of any unallocated keys, in secure key cupboard, must also be documented.

2.6.2 Swipe access key cards to medication rooms.

- Ward/health facility staff allocation of all swipe access key cards to medication rooms must be authorised by the Nurse Manager of the area.
- Pharmacy staff allocation of all swipe access key cards to the medication must be authorised by the Chief Pharmacist
- Access approvals 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 Key

- If any of the imprest medication keys are missing or unaccounted for, the shift coordinator is to instruct the nursing team to initiate a thorough search of the ward area/health facility. The shift coordinator is to notify the Nurse Manager of the area (in hours) or the after-hours hospital coordinator or the nominated after hours contact person (after hours), and a WACHS [Safety Risk Report Form](#) is to be completed.
- If the key cannot be found, the decision to notify Engineering/Facilities Department to arrange the changing of the lock is to be made in conjunction with the Coordinator of Nursing and Midwifery (Geraldton and Carnarvon) or the DON/HSM for the regional sites.

- Any nurse/midwife who inadvertently takes home an imprest medication key is to telephone the shift coordinator to inform them of the location of the key. The key is to be returned to the shift coordinator in person as soon as possible.

2.7.2 Swipe Access Key Card

- If any electronic swipe access cards are missing or unaccounted for, the shift coordinator is to instruct the nursing team to initiate a thorough search of the ward/health facility area. The shift coordinator is to notify the Nurse Manager of the area (in hours) or the after-hours hospital coordinator or the 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 Medication Keys

- If any S4R or S8 keys are missing or unaccounted for, the shift coordinator is to instruct the nursing team to initiate a thorough search of the ward/health facility area. The shift coordinator is to notify the Nurse Manager of the area (in hours) or the after-hours hospital coordinator or the nominated after hours contact person (after hours), and a WACHS [Safety Risk Report Form](#) is to be completed.
- If the key cannot be located, the WACHS Midwest Chief Pharmacist is to be notified and the Facilities Manager is contacted immediately to arrange for the lock to be change as soon as possible.
- Any nurse/midwife who inadvertently takes home S4R or S8 keys is to telephone the shift coordinator immediately to inform them of the location of the key. The key is to be returned to the shift coordinator in person immediately.

3. Definitions

Imprest Medication	A range of medication including unscheduled, Schedule 2, Schedule 3 or Schedule 4 medications,(as per Standard for the Uniform Scheduling of Medicines and Poisons) that are stocked on specific wards.
Schedule 4 Restricted (S4R)	Range of Schedule 4 medications that are liable to abuse and therefore require additional storage and recording requirements within the public hospital. This is defined in the WA Health system - Medication Handling and Accountability Policy See Appendix 4.
Schedule 8 (S8)	Poisons to which the restriction for drug dependence by the “1980 Royal Commission of Inquiry into Drugs”, should apply. A drug register is required to monitor and record usage.
Pharmacy	WACHS-Midwest Pharmacy Department located at Geraldton Hospital, WACHS-Gascoigne Pharmacy Department located at the Carnarvon Hospital.

4. Roles and Responsibilities

4.1 Shift Coordinator Responsibilities

- Each shift coordinator is responsible for the allocation of ward medication keys to the appropriate ward/health facility staff.
- At the end of each shift, the shift coordinator is responsible for ensuring all allocated keys are returned.
- The shift coordinator is responsible for the safe storage and controlling access of all medication, even if they delegate these duties.
- Any surplus imprest medication keys are to be locked away in a secure key cupboard, not the S8 safe.
- 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 or S4R safe, this is to be arranged to be securely stored at the pharmacy department located at Geraldton Hospital or Carnarvon Hospital for these sites. For remote sites with a second key for the S8/S4R safe, this may remain in the possession of the Nurse Manager or secured in a storage system as approved by the WACHS Midwest Chief Pharmacist.

4.2 Nurse Managers (Nurse Manager) Responsibilities.

- The Nurse Manager is responsible for the authorisation of access to restricted medication rooms utilising swipe key access.

4.3 Authorised Staff members Responsibilities

- [Medicines and Poisons Act \(2014\)](#) and [Medicines and Poisons Regulations \(2016\)](#) Western Australia. Provide clear instruction in relation to personnel authorised to access medication.
- It is the responsibility of each authorised staff member to ensure compliance with this procedure.

4.4 WACHS-Midwest Facilities Management

- The WACHS-Midwest Facilities Management located at the Geraldton Hospital will maintain the key system for all locks associated with medications rooms and medications cupboards for the WACHS-Midwest area. (Except patient bedside drawers).
- The WACHS-Midwest Facilities Management will maintain a restricted key system for all imprest keys, S4R medications keys, propofol medications keys and S8 medications keys.

5. Compliance

Failure to comply with this policy 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. Evaluation

Incidents related to lack of compliance with the procedure target- zero (0). All incidents are to be reported to the WACHS-Midwest Chief Pharmacist for tabling at the Drugs and Therapeutic meeting for review.

7. Standards

[National Safety and Quality Health Care Standards](#) – 4.1, 4.14, 4.15

8. Legislation

[Medicines and Poisons Act \(2014\)](#) (and [Medicines and Poisons Regulations \(2016\)](#) Western Australia)
[Pharmacy Act \(WA\)](#)

9. References

WACHS [Secure Access of Medication / Clean Utility Rooms via Medication Keys and Electronic Swipe Cards Procedure South West](#)

10. Related Policy Documents

WACHS [Key Control Procedure](#)
WACHS [Medication Prescribing and Administration Policy](#)
WACHS [Medication Handling and Accountability Policy](#)

11. Related WA Health System Policies

[MP 0139/20 Medicines Handling Policy](#)

12. Policy Framework

[Public Health](#)

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