Senate Finance and Public Administration Legislation Committee—Additional Estimates 2004-05 (February 2005)

Parliament Portfolio, Department of Parliamentary Services

Answers to Questions on Notice

Topic: Parliament House Nurses Centre

Question P6, Hansard page 24

Senator Knowles: Can someone come back to me on the nurses station?

Answer:

A review of the role of the Nurses Centre started in July 2002 after a staff member raised the following concerns:

- Some practices and procedures did not conform to current standards;
- Certain services were provided that were outside the scope of the role of the Centre;
- The Operations Manual used to guide the work of the Centre was inaccurate and confusing.

In order to investigate and resolve these issues, the then Joint House Department engaged Health Services Australia (HSA) (a government business enterprise within the Health and Ageing portfolio which provides work-related health services), to review and make recommendations. The review was conducted by Dr Christine Davidson, Director of Medical Services for HSA in the ACT. A copy of the report is at **Attachment A**.

HSA made a number of recommendations which prompted the Joint House Department to review the role of the Nurses Centre. In particular, the review found that the Nurses Centre had departed from the role that had been agreed by the Presiding Officers in 1989, namely to provide emergency first aid services to Parliament House.

The report stated:

> The actual purpose of the Centre is not clearly defined. In practice it functions as a cross between a first aid post, pharmacy and a general medical practice, with occupational health and safety and an emergency response facility thrown in.

The report made three primary recommendations:

1. Clarify the role of the Nurses Centre
2. Equip and train the staff of the Centre in accordance with that role; and
3. Revise the operations manual to provide appropriate guidance to staff of the Centre that accords with the determined role.

The Centre had developed a number of additional services, apparently as a response by staff of the Centre to demands from different building occupants. While some of the additional services may have appeared to be responsive to

"customer demand", the provision of them exposed the Commonwealth to a number of additional risks as a result, including the possibility of litigation.

On 21 February 2003 the then Secretary of the Joint House Department recommended to the Presiding Officers that the Nurses Centre be closed, that first aid services be provided through properly trained first aid officers, including some security staff; and that other services such as influenza immunisation and a range of OH&S medical surveillance activities could be outsourced.

The Presiding Officers determined that the Nurses Centre would not be closed.

However, the Presiding Officers were concerned about implications in the advice that the continuation of providing certain services at the Nurses Centre might expose the Commonwealth to some risk. They decided to discuss the matter with the Joint House Committee.

A circular advising of the Presiding Officers' decision was issued on 5 March 2003.

The Joint House Committee considered the matter at its meeting on 24 March 2003.

The outcome of that meeting was that further consultation take place with Senators and Members, and other building occupants, to identify what was required (within reason), including canvassing the possibility of having access to a fee-for-service medical practitioner.

On 22 August 2003 a detailed discussion paper was prepared for review by HSA, the Nurses Registration Board, and a sub-committee of Senators and Members. The sub-committee was Senator Alan Eggleston, Senator Jacinta Collins, Dr Mal Washer MP, and Ms Sharryn Jackson MP.

The sub-committee endorsed the content of the discussion paper, which provided detailed background information and some options for the provision of services. The discussion paper was then considered at a Joint House Committee meeting on 15 September 2003.

The Joint House Committee recommended that the option outlined in JHD circular 2003/8 be adopted. That document, headed "Role and Management of Nurses Centre, Parliament House", is at **Attachment B**.

After the implementation of the 2003 decision, the demands on the Nurses Centre were monitored and it emerged that demand for Nurses Centre services had reduced. As well, the nature of the work done in the Nurses Centre had changed so that there was less medical work and more administrative work required.

Affected staff in DPS were consulted during 2004 on a proposal to change Nursing Centre staffing arrangements to reflect this change, but the proposal has now been deferred for consideration in the context of the efficiency reviews likely to be required by the new DPS Certified Agreement (which is currently expected to take effect from 1 July 2005).

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AUDIT OF NURSES CENTRE JOINT HOUSE DEPARTMENT PARLIAMENT OF AUSTRALIA

SUMMARY

Several problems were identified in the Nurses' Centre. These centred on its proper role and functions, practices with regard to wound care, medico-legal and patient safety concerns in regard to immunisations and drugs, concerns about record keeping and communication with treating practitioners and concerns about the ability of staff at the centre to respond adequately to medical emergencies.

The Nurses' Centre Operational Manual was assessed. It is not a useful document for nurses at the Centre to refer to when in need of guidance in the proper performance of their duties.

For Dr Christine Davidson Director of Medical Services Health Services Australia, ACT

23 August 2002

INTRODUCTION

The audit was carried out in response to a request from the Joint House Department. It consisted of three parts

1. **Review of the Nurses' Centre Operational Manual**
2. **Inspection of Nurses' Centre and Visitors' First Aid Room**
3. **Interviews with staff**

Although the request was for a general audit/management indicated the main areas of concern were whether best practice was being complied with in the areas of immunisation/vaccination and sterile procedures and whether the Nurses' Centre Operational Manual ("the Manual") met the requirements of the area. In addition comments were sought about the monitoring and reporting of test results.

GENERAL OVERVIEW

The Purpose of the Nurses' Centre

"The provision of emergency and first aid treatment to Senators and Members, staff and visitors to Parliament House"' is one of the prime functions of the Nurses' Centre ("the Centre"). First aid is generally described as the provision of initial care to the injured or sick. It is the care administered as soon as possible after an accident or illness. It is this prompt care and attention prior to the arrival of the ambulance that may mean the difference between life and death, or between a full or partial recovery.

First aid should not be confused with emergency care which is the more definitive care that may be provided by paramedics (ambulance officers) or doctors in an accident and emergency facility. Emergency medicine is a more complex and far reaching discipline than first aid.

The Manual indicates security staff provide first aid at weekends and outside the normal Nurses' Centre hours of operation. There is a reference to *"Appendices - First Aid Policy"* **however, no document with this title could be found in the Appendices or in the Policy section of the manual.**

The Manual then goes on to indicate that *"as well as tending to first aid and/or emergency needs the Nurses' Centre stocks a number of traditional, herbal and homeopathic products available to treat a variety of conditions and complaints".*

It lists the range of products stocked. These include some unrestricted products which might be available in a pharmacy or supermarket such as paracetamol tablets, vitamins and throat lozenges, others that are restricted to sale in pharmacies such as antihistamines, antidiarrhoeals and asthma relievers and a third group of products that are available only on prescription and includes Ventolin nebules, atropine sulphate tablets, adrenaline Min-I-jet and Narcan.

During my inspection of the Nurses' Centre I was advised that nurses at the Centre routinely carry out the following functions

- Administration of first aid including care of minor wounds • Mass immunisations
- One off immunisations for overseas travel etc.
- Assisting the occupational physician in running screening programs including taking blood for pathology tests and using the Reflotron machine.
- Provision of treatment for a range of minor conditions such as coughs, colds, sinusitis, sore throats, allergies, headaches etc.
- Regular dressing of surgical and other wounds
- Routine health monitoring such as blood pressure measurement • Providing massage
- Providing health advice and counselling

While some of these functions are mentioned in the Manual, the majority of them are not. In practice then the role of the Nurses' Centre is not clearly defined. While it is equipped and staffed to provide first aid and some emergency treatment pending transport of patient to hospital, it has, probably incrementally, assumed a role that also combines a pharmacy and a general practice.

While it is staffed by registered nurses who are required to have a level two first aid certificate, it's staff do not have the necessary skills and training to act as paramedics in the event of serious accidents or illnesses or as general practitioners in the diagnosis and treatment of medical conditions. The Centre functions principally as a first aid station - that is staff are expected to be able to provide immediate care while awaiting transport of the seriously ill or injured patient to hospital or to recognise that the condition with which the patient presents is not life threatening or serious and refer the patient to their general practitioner.

Problems have arisen with the Centre acting in some ways as a general practice. I

was advised that some patients present regularly for measurement of blood pressure or for advice and management with regard to conditions such as respiratory infections and allergies. These conditions are more appropriately managed by a general medical practitioner. Parliament House

is not isolated from routine medical care. It is situated within a few minutes drive of several general practices. Most staff working in the area would have their own general practitioner.

Treatment provided by the Centre varies from the primary care of minor wounds (cuts and abrasions) to the provision of simple medication for coughs, colds, headaches, rashes etc. Some of the conditions treated are of such a minor nature that patients would normally be expected to manage the symptoms themselves - such as sore throats, sniffles and very minor wounds needing nothing more than a band-aid.

At the other extreme severe injuries such as occur in self-immolation or a fall from a height require a major medical response.

The Centre, while equipped to act as a first aid centre also holds equipment and consumables suitable for use in some emergency situations. In particular it holds suction equipment, oxygen, masks, airways, a defibrillator and some emergency drugs. This equipment could be used to provide more than first aid. It could be used to provide emergency care in some circumstances such as a heart attack, collapse from one of several causes and drug and chemical toxicity.

The Centre however, is not equipped to deal with major trauma. In addition there are concerns that although the Centre holds some sophisticated equipment, staff generally have little or no experience in using the equipment or in dealing with major medical emergencies.

Ambulance response times to Parliament House are said to be very short - of the order of 8 minutes - although if a patient was located elsewhere in parliament house than the Nurses' Centre, the response time might be longer owing to the size and design of the building.

The equipment held by the Centre envisages that first aid and emergency care may be given in the Centre itself, in the Visitors' First Aid Room or at any other location within the building or its surrounds. The Centre holds two portable bags to transport resuscitation equipment to other areas within the building. The defibrillator is also portable.

The actual purpose of the Centre is not clearly defined. In practice it functions as a cross between a first aid post, pharmacy and a general medical practice with occupational health and

safety and an emergency response facility thrown in. Interviews with staff suggested actual emergencies are rare and when they do occur they,are generally managed with basic first aid and rapid transportation of the patient to hospital. The staff s lack of recent experience in the management of medical emergencies and their lack of familiarity with the intricacies of the sophisticated equipment held by the Centre make it questionable whether an adequate response could be mounted in the event of cardiac or respiratory arrest at a location remote from the Centre.

Careful consideration needs to be given to the rationale of the Centre. Its purposes and functions need to be more clearly defined. Distinctions need to be drawn between its functions as a first aid post, a pharmacy (for the provision of analgesics and band aids) a general medical practice (immunisation, wound dressings), an occupational health practice (health surveillance, screening audiometry) and an emergency response facility (major trauma and medical emergencies). Staff skills and training need to more closely reflect the Centre's functions.

THE NURSES CENTRE OPERATIONAL MANUAL

This consists of a series of documents divided in sections tabbed Policies, Procedures, Protocols and Appendices and bound in a ring binder. Some of the individual documents in the Manual are sourced while others are not. An **occupational physician has approved some of them. There are also some additional documents at the front of the folder not falling into any of the four categories. These cover parliamentary sitting days, drugs and medications stocked by the Centre, contact details for the nurses in emergencies and "continuous education" requirements for staff of the Nurses' Centre.**

The documents under the heading of Policies cover the following topics:

- **Administration of Medication •**
  Defibrillation
- **Health Surveillance**
- **Immunisation**
- **Infection control**
- **Screening Audiometry**

The documents classified as Procedures cover

- **Accident and Injuries**
- **Administration of Medication**
- **ADT Vaccination**
- **Client File**
- **Defibrillation**
- **Emergencies**
- **Health Surveillance**
- **Hepatitis Vaccination**
- **Immunisation**

- **Infection Control**
- **Nursing Duties**
- **Screening Audiometry**
- Valid Consent

The Protocols documents are titled

- Adrenaline 1:1000 - Min-I-Jet
- Atropine Sulphate
- Adult Diphtheria and Tetanus Vaccine - ADT
- Blood/Body Fluid Exposure
- Glyceryl Trinitrate - Anginine
- Hepatitis A vaccine - Havrix 1440
- Hepatitis AB Vaccine - Twinrix
- Hepatitis B vaccine - Engerix B
- Influenza Vaccine - Fluarix
- Naloxene Hydrochloride - Narcan
- Salbutamol nebules - Ventolin
- Tyhoid Vaccine Typherix

Finally the Appendices consist of sample copies of consent forms for the administration of the following vaccines

- ADT

- Hepatitis A (Havrix) Vaccine
- Hepatitis AB (Twinrix) Vaccine
- Hepatitis B (Engerix) Vaccine
- Influenza (Fluarix) Vaccine
- Typhoid (Typherix) Vaccine

The first observation is that for someone unfamiliar with the manual it is difficult to find information. There does not seem to a scheme for classifying the documents under the headings of Policies, Procedures or Protocols. The impression is that the Manual has grown over time and that documents had been added and revised; however, as a whole it lacks cohesiveness. It is in essence a random collection of documents which have little relevance to the current operations of the Centre.

A further problem is that information about particular topics is spread over several sections of the Manual and it is difficult to understand why they have been allocated to the Policies, Procedures or Protocols sections. For example someone searching for information relating to immunisation with flu vaccine would have to look in each of the sections and would end up with four documents relating either to immunisation generally or immunisation specifically with flu vaccine.
While some topics are covered under all three of Policies, Procedures and Protocols, others appear under only one heading. The rationale for the allocation of topics to one area in preference to another is often difficult to discern.

A detailed analysis of some of the topics covered is set out below.

Immunisation

The `Policy' document gives a definition of immunisation and indicates broadly that immunisation is a good thing. Under the heading `Position Statement' the document indicates that nurses immunise under the `auspices of the occupational physician' but that they may also

immunise opportunistically *`when a nurse is satisfied within the scope of his/her training* of the rational for administration'. This statement is repeated again in the *Protocols - Influenza Vaccine.* The document is said to *"authorise Registered Nurses who work in the Nurses' Centre to administer the Influenza vaccine when the nurse is satisfied within the scope of his/her training that the following exists."* There follows a list of criteria indicating clients who might be considered at risk in regard to influenza.

Apart from the difficulties with organisation of material ands its division into subgroups, the documents concerning immunisation illustrate a fundamental misconception about the difference between the supply and administration of drugs.

All the vaccines and other drugs listed in the Protocols section of the Manual are Schedule 4 ("S4") drugs, that is they are available to patients only on prescription. Prescription in this context means that their supply is authorised by a medical practitioner. An actual written prescription is not necessary in all circumstances but **an authorisation of some sort, be it oral or written, in respect of each patient to whom the drug is supplied is necessary.**

At present under ACT law the position appears to be that nurses are not authorised to supply any S4 drugs including vaccines to patients although a nurse may administer a drug to a patient where it has been prescribed by a medical practitioner. Definitive advice on this point is currently being sought by a number of interested ACT agencies and may be available later in the year. In the interim it seems that nurses who supply drugs to patients, that is by making a decision that a particular patient should have an S4 drug as opposed to administering a drug that has been prescribed for that patient by a medical practitioner, may be acting illegally.

Vaccines for use in the centre are currently obtained in bulk on the authority of an occupational physician who spends some time in the Centre. His signature on the order permits the drug company to provide vaccines to the Centre but does not permit the `supply' of a vaccine to any person without the express authority of the medical practitioner. It is the medical practitioner who is authorised under ACT legislation to `supply' drugs to patients.

It is clear that the Manual reflects the view that the nurses are simply `administering' vaccines even where it is the nurse who is making the decision to immunise a patient with a specific vaccine. Where the medical practitioner is present, such as would usually be the case in mass immunisation campaigns, he will generally interview and examine each patient and determine their suitability for immunisation. In **this way he may be taken to have `supplied' the vaccine to the patient. The nurse then `administers' the vaccine that has been specifically supplied to that patient for his or her use.**

Immunisation (mass or one off) by a nurse in the absence of the occupational physician, or immunisation on request by a staff member who does not have prescription from his or her own doctor for supply of the vaccine, involves the nurse in both the `supply' and `administration' of the vaccine. In this case the nurse is making a clinical decision about the patient's need for the vaccine, determining what vaccine in what dose is required, supplying it to the patient and then administering it. Immunisation credentialling' or attendance at immunisation seminars or the `ACT Department of Health and Community Care - Immunisation Program' does not alter the situation or authorise a nurse to `supply' a vaccine or any other drug requiring prescription to a patient.

Difficulties are likely to arise where a patient who has been `supplied' a vaccine by a nurse has an adverse reaction. This may vary from a mild reaction to a severe life threatening episode. In the event of a claim being made against the nurse by a patient it is likely that the illegal supply of the vaccine by the nurse would emerge. The consequences for the nurse and vicariously her employer, who at present appears to have sanctioned the practice, may be significant.

Recommendations

Until definitive advice on the current ACT law is available the practice of nurses opportunistically immunising staff, or of supplying and administering vaccines to staff on request (say in the case of overseas travel) or otherwise in the absence of the express authority of the occupational physician should be viewed as legally and medically unsafe. Immunisation at the direction of the occupational physician or another medical practitioner, or administration of vaccines that have

been prescribed for specific staff members may continue, provided adequate precautions are observed.

Adequate precautions in these circumstances would include only immunising in the Nurses' Centre and not elsewhere in parliament house, ensuring that 2 nurses are present when a patient is being immunised and ensuring that resuscitation equipment is available for immediate use. In addition, observation of the patient for a period of time following the vaccination may be advisable depending on the particular vaccine being administered.

Schedule 4 Drugs

Other S4 drugs apparently held by the Nurses' Centre include

- **Atropine sulphate tablets**
- **Adrenaline 1:1000 min-I jet**
- **Narcan**
- **Ventolin nebules**
- **Anginine tablets**

Similar provisions apply to the distinction between supply and administration of these drugs. While a nurse can administer the drugs if they have been prescribed or supplied by a medical practitioner, the supply of these drugs to patients by nurses at present should be considered unlawful and unsafe. Even in the case of emergency it is not clear that the law makes an exception.

Interviews with staff of the Centre indicated that most of the drugs listed above were used very rarely if at all. Probably Ventolin in nebule form was the only S4 drug any staff member had ever used in the Centre, although even then a Ventolin puffer with spacer is generally preferred.

Some specific drugs listed above are hereunder discussed.

<u>Atropine sulphate tablets</u>

Atropine sulphate is an anti-cholinergic drug principally used in the treatment of muscarinic toxicity resulting from exposure to organophosphate pesticides. Atropine tablets are not as effective in this type of poisoning as intravenous atropine, which is almost always required for significant organophosphate poisoning. The use of atropine tablets is advised only as a short term antidote pending access to professional medical treatment. The tablets may be useful where medical assistance is not readily available but there are several contraindications to their use including cardiac, lung, eye and gastrointestinal disease. In addition atropine interacts with a number of other drugs including some commonly used drugs like antihistamines.

Given the ready availability of medical services in Canberra and the rapid response times of ambulance services as well as the relatively slow action of the tablet form of atropine, it is difficult to envisage any circumstances where there would be a need for nurses to supply and administer this drug.
If there are OH&S reasons that mandate its availability in the Centre, staff should undergo specific training in the short term management of organophosphate poisoning. The document *`Protocols - Atropine Sulphate ' is* **considered an inadequate guide to the use of the drug or the management of affected patients.**
Recommendations

Given the difficulties in confirming the diagnosis (except in the case of a known chemical exposure), the problems with drug interactions and the known risks inherent in using the drug, as well as ready access to professional medical care, rewriting of the protocol for the use of this drug is considered necessary in addition to specific training in the recognition and early management of organophosphate poisoning.

<u>Adrenaline 1:1000 min-I jet</u>

This sympathomimetic amine is recommended for use in cases of anaphylaxis and more rarely for the symptomatic relief of respiratory distress due to bronchospasm (asthma). In practice in an environment such as the Nurses' Centre its use would be confined to acute anaphylaxis. This is most likely to occur because of a reaction to an immunisation, although exposure to a food

allergen to which an individual was particularly sensitive (eg: nuts) might also occur within the area.

The management of anaphylaxis, which is a life threatening emergency, is not confined to the administration of adrenaline but should also include basic life support measures such as maintenance of an airway, assisted respiration and cardiac massage. Oxygen should be available for use. The patient should be transported to hospital without delay.

The document *`Protocols - Adrenaline 1:1000* **'indicates the drug should be administered intramuscularly. Adrenaline 1:1000 maybe administered subcutaneously or intramuscularly and is preferably administered subcutaneously. It is possible that the Min-I jet may only be administered intramuscularly (I was unable to find specific instructions for the administration of this formulation). The dosage is complex and depends on the age, size and condition of the patient, the response to the initial injection and the speed of access to medical care.**
Because immunisations are given in the Centre, stocking of the drug is necessary; however, the management of anaphylaxis is complex, and if it is envisaged that nurses in the Centre will manage this potentially fatal condition, more specific training should be considered.

Recommendations

The Protocols for the administration of adrenaline 1:1000 should be rewritten to include the total management of anaphylaxis including the pace for adrenaline in the regime. Staff should receive specific training in its use and administration.

Narcan

Narcan (naloxone hydrochloride) is an opioid antagonist. It is generally used in cases where over dosage with an opiate is suspected. Narcan should always be administered cautiously as abrupt opioid withdrawal may precipitate nausea, vomiting, sweating, tremulousness, tachycardia, increased blood pressure, seizures, ventricular tachycardia and fibrillation, pulmonary oedema and cardiac arrest. In addition it should only be administered where other resuscitative measures such as maintenance of a clear airway, artificial ventilation, cardiac massage and vasopressor

agents are available. The dosage and administration are complex and Narcan should preferably only be administered by trained personnel familiar with the signs of opioid over dosage and use of the drug.

Given that opioid over dosage in a staff member or visitor to parliament house may be very difficult to diagnose and that ambulance response times to a call from parliament house are said to of the order of 8 minutes, where a patient collapses and shows signs of respiratory depression the safest course for staff of the Centre to adopt is probably the maintenance of respiration and cardiac output while waiting for the ambulance. It is very unlikely that the nurses would ever need to administer Narcan.

Recommendations

Given the difficulties in diagnosing opioid over dosage, the risks of administration and the ready access to professional medical care it is recommended that the protocol be rewritten to indicate the appropriate management of patients who suffer collapse from any cause, including possible opioid over dosage with emphasis on appropriate life support measures. Only where over dosage with an opioid is known to have occurred and the situation is life threatening, should Narcan be administered and then only when the nurse has undergone specific training in the recognition and treatment of drug overdose.

LAYOUT OF THE NURSES' CENTRE, SECURITY AND STORAGE OF EQUIPMENT

Overall design and layout

The Centre consists of a small reception area, a treatment room, a file storage and kitchen area, a managers office, a room for the occupational physician which also houses the audiometry equipment and the Reflotron blood analyser, a room for the physiotherapist, a room where massage may be carried out and other equipment is stored and a meeting room.

It was evident that a number of changes had recently been made to the layout of the Centre in that the functions of some rooms had been changed. A kitchen area had recently been incorporated into the records storage area. I was advised that it had until recently been the practice for staff to prepare and consume food in the Treatment Room. Obviously if this had occurred it would be unacceptable.

Reception area

The reception area is small and is situated immediately inside the main access door from the working area of Parliament House. Phone calls are received here and patients are processed. There is no area for patients to wait for treatment and no room for chairs to be installed should a waiting area be considered necessary.

Records storage area

Patient records are stored in two locked cabinets. Records are accessed via a numbering system to make specific files more difficult for the casual intruder to locate although apparently all Senators' and Members' files are located together on one shelf. Access to records from the public area is blocked by a security door and a further door with a keypad lock between the manager's office and the file storage area.

Given that the Centre does not provide psychiatric or psychological counselling services and does not carry out pregnancy tests or tests for STDs, the records are unlikely to contain sensitive material. The numbering system would also make it difficult for anyone to locate a specific file. **There are no specific security concerns about the Centre files.**

Treatment rooms

The main treatment room was well set up and equipped. A recent review of sterilisation practices had recommended the installation of a second sink for instrument washing. Apart from the problem with ambulance access mentioned below no specific problems were identified.

A second room was available for treatment should the first one be in use. This room was not as well set up or equipped but was apparently rarely used for treatment, being more often used as a quiet area for people to rest if they were mildly indisposed.

Offices

There appeared to be adequate office space and meeting space for staff.

Staff area

A small kitchen area was available off the file storage area for food storage and preparation.

Access and emergency response times

There were some difficulties with access to the treatment room in the Centre by the ambulance. This was due principally to doorway sizes and angles. The problems were not insurmountable although increased ease of access is desirable.

There appeared to be problems with efficient use of space within the Centre. There were several rooms that appeared to be underused, while emergency equipment like the defibrillator were stored outside the Centre in a locked cupboard. While a staff member had complained about the height of the cupboard in which this equipment was stored, the issue was in fact ready access to this piece of equipment in an emergency. Ideally it should be kept in the Treatment Room although the need for after hours access by security staff adds some complications.

The need for security between the public areas of Parliament House and the working areas also creates some problems with delays in emergency response times.

The document *`Procedures - Nursing Duties'* indicates that in the event of a call out where there is only one nurse on duty a specific procedure must be followed. This involves collecting a two-way radio and emergency equipment (some of which is located in a locked cupboard outside the Centre), forwarding telephones to the Voice Mail system, locking away client files and the class "C" filing cabinet, closing the security door between the manager's *office* and the client files area and closing the front door. While I did not time this sequence it is likely to add at least 2 minutes to any emergency response time. In situations such as cardiac arrest where time is critical this difference could have serious consequences.

Recommendations

The effect of security requirements and storage of emergency equipment will affect emergency response times. Consideration should be given to devising ways of reducing the impact of these features on emergency response times.

Equipment and consumables

The Centre was adequately supplied with equipment including a steriliser, sphygmomanometers, stethoscopes, stainless steel instruments, disposable dressing packs and drapes, oxygen, suction equipment, spacers and nebulisers, masks and airways, a defibrillator, and a range of other equipment including wheelchairs and crutches in addition to a wide range of dressings. No deficiencies in equipment or other supplies were identified.

Drugs and vaccines

The general documents entitled *Nurses' Centre'. Vaccines* lists some of the drugs stocked by the Centre while vaccines and some drugs held are also listed under Protocols. There are no Schedule 8 drugs (narcotics) held in the Centre. Vaccines held for routine administration include ADT, hepatitis A and B vaccines, influenza vaccine and typhoid vaccine. In addition a range of Schedule 2 drugs, general over the counter items and some homeopathic/naturopathic remedies are stocked.

Expiry dates appear to be highlighted on stored drugs and stocks are apparently replaced as necessary.

SPECIFIC PROCEDURES

Cold chains

Procedures for monitoring cold chains appeared to be adequate. Daily monitoring of fridge temperatures had recently been introduced and records were available for inspection. Staff were aware of the need for drugs being delivered from suppliers to be maintained at appropriate temperatures and did not accept drugs that had not been appropriately stored.

Sterilisation

The Centre's procedures for cleaning and sterilising instruments had been reviewed recently and a number of recommendations were made. Staff were aware of correct sterilisation procedures and the care and maintenance of the steriliser. The steriliser was appropriately serviced and maintained. The use of disposable dressing packs reduced the need for sterilisation. Sterilised instruments were appropriately stored.

Monitoring of expiry dates of drugs and consumables

Expiry dates of drugs and consumables were prominently marked on containers and packing and it appeared that drugs were replaced when their expiry dates were reached. There did not appear to be formal system for monitoring expiry dates but given the relatively small size of the Centre this may not be necessary.

Sterile procedures

Cuts and abrasions While sterile technique is not essential when providing first aid treatment for minor lacerations and abrasions best practice suggests that care should be taken to avoid cross contamination of wounds and that in the interests of occupational health and safety staff should always take precautions to avoid contact with a patient's blood and other body fluids. This requires as a minimum adequate protection of surfaces in the treatment area from contamination with blood or body fluids, use of disposable instruments and swabs and gloving by the nurse. In some situations use of goggles as a means of avoiding eye contamination is also recommended.

Non-sterile gloves, goggles, disposable waterproof drapes and dressings were all available for use by the staff in the Centre. Whether all these products were used **routinely could not be**

ascertained. There were allegations that some staff members did not always glove to treat wounds. There were also allegations that some staff members were not scrupulous about hand washing between patients.

These allegations could not be objectively substantiated however in general it should be noted that it will be difficult for a nurse to make appropriate use of gloves (sterile or non sterile) if fingernails are longer than the tip of the finger. Longer fingernails are likely to cause breaches in the glove decreasing its effectiveness.

Recommendations

Staff should where necessary undergo refresher courses in wound care and aseptic technique. The use of protective items (gloves and goggles) should be mandatory when staff are treating any open wounds. The Manual should include basic instructions for dealing with simple recent wounds, including mandatory use of protective items.

Dressing of wounds, ulcers and abscesses

I was advised that staff members who have had surgical procedures may sometimes return to work with wounds that require dressing. In some instances these wounds may be infected. Nurses at the Centre may be required to carry out routine dressings of these wounds.

In the case of non- infected surgical wounds the use of sterile technique is best practice. This should involve sterile dressing trays (disposable or sterilised) and the use of sterile gloves with appropriate draping of the area to be dressed.

A detailed description of the techniques to be employed when wounds of this kind are dressed in the Centre should be included in the Manual.

Where infected wounds are being dressed it is particularly important to avoid contamination of any surfaces or instruments that may later be used to dress other wounds and to minimise the risk that nurses may transfer infection from one patient to another. In this regard adequate draping of the field, use of disposable instruments and gloving are essential.

There were allegations that one nurse had expressed pus from a discharging wound without gloving. It was not possible to substantiate the allegation. An infected wound should always be treated with extreme care as the potential for transfer of infection to other patients is very high. In **addition nurses may themselves contract infections through breaks in their own skin. The use of gloves when dealing with an infected wound is essential.**

Consideration should also be given to whether the Nurses' Centre is an appropriate place to provide routine care of infected wounds. It may be more appropriate for a patient to visit his or her general practitioner for this type of care, particularly where the presence of infection in a wound may need more definitive treatment such as surgical drainage or treatment with antibiotics.

Hand washing

Hand washing between each patient of the Centre is essential, both for the purposes of reducing cross infection (even in the case of respiratory infection) and for the protection of the nurses themselves. Nurses usually have a good appreciation of the need for scrupulous hand washing between patients and before and after specific procedures.

Recommendation

The manual should reinforce the need for nurses to wash their hands after each patient is seen, regardless of the degree of contact or the perceived likelihood of cross infection.

Patient records

I was advised that the format in which records of patient visits are kept has recently been altered to the SOAP format. This stands for Subjective, Objective, Assessment, Plan. This style of record keeping is however, is more suited a general practice than a first aid station. A general practitioner will record a patient's presenting problem (subjective), his findings on making an examination (objective), a diagnosis - tentative or definitive (assessment) and a management plan which might include investigations, treatment or advice.

The format is not really suitable for a Nurses' Centre whose function is limited to providing minor first aid, summoning assistance for serious problems needing urgent attention and advising staff or visitors to seek treatment or advice from their own general practitioner. The use of the SOAP format was illustrative of the difficulty in defining the true role of the Centre. In some cases a patient record was being built up over a period of time. The record might contain notes of episodes of minor first aid, blood pressure readings and health surveillance results. While patients could request a copy of their record at any time, the maintenance of such a record in the absence of a formal method of communication with the patient's usual treating practitioner is contributing to the fragmentation of health information.

Recommendations

Patients resenting at the Centre for anything other than very minor matters should have a duplicate record made of their attendance and either be given a copy of the record to take to their own GP or be asked to provide the name and address of their GP so that the information can be forwarded appropriately. This will achieve the dual purpose of improving the quality of care available to clients of the Centre and avoiding the possibility of legal action against nurses at the centre in regard to failure to diagnose specific medical conditions.

Monitoring and reporting of test results

One of the functions of the Centre is to run a health surveillance/ medical monitoring program. The components of the program vary between occupational groups. Most involve elements of immunisation, audiometry, spirometry, pathology and medical examination.

Results are entered into the patient's file in the Nurses' Centre. The Manual indicates at *Procedures - Health Surveillance* **that employees will be notified of their own results together with any necessary explanation of those results. There is also provision for notifying the Business Unit Leader of individual results in specific circumstances.**

Concerns were expressed about the loss of test results and the contamination of blood samples sent to the pathologist for analysis.
Examination of the patient records showed that pathology results were filed but generally did not have a notation from the occupational physician. Best practice is that all pathology specimens should be logged out of a practice and all results should be logged in. Results should then be put aside for examination by the medical practitioner who ordered them. The practitioner should examine each result and record on the result the date it was examined and the action necessary. This should be signed or at least initialled. There did not appear to be an established procedure for recording the examination of results by the medical practitioner (in this case he occupational physician) or the action recommended. Some results viewed when a random selection of files was examined showed initials but did not have any other annotation.

I was advised of an instance where a patient returned abnormal liver function tests. The occupational physician had queried excessive alcohol consumption and was said to have asked a nurse to `have a word with the patient'.

This method of handling abnormal pathology tests raises concerns. Firstly, the patient's general practitioner will be unaware of the abnormal test result. Secondly, the cause of the abnormality was presumptive and could not be definitely diagnosed without a full history and physical examination. Thirdly, if the patient had an alcohol problem this may have been associated with a psychological problem or with other physical disease. A casual chat with a nurse is not an appropriate way to handle the situation.

I was advised that staff could get copies of their test results to take to their own doctors if they wanted them; however, something like this should not be left to the patient who may have no idea of the significance of the results.

There did not appear to be clear cut protocols for dealing with abnormal pathology or other test results that were not of concern in an occupational health and safety sense.

Recommendations

Clear guidelines should be established for logging pathology specimens out and results in to the Centre. A protocol for recording the occupational physician's comments on the tests and his recommended action should be introduced. (A rubber stamp with the necessary notations is the easiest way to achieve this).

Guidelines should also be established for communicating all test results to patients' general practitioners, whether these are normal or abnormal. In the case of pathology results this can be easily achieved by asking the pathologist to send an additional copy of the results to the patient's general practitioner. The patient will need to be advised that this will occur at the time the specimen is collected. If the patient does not consent to this use of his or her health information the refusal should be clearly documented on the patient record.

There should be clear guidelines for dealing with abnormal test results. Where these may be indicative of an underlying health problem, procedures for notifying patients and recommending follow up should be established.

DEFIBRILLATION AND MEDICAL EMERGENCIES

The Nurses Centre currently has a very new state of the art defibrillator. The main difficulty with a defibrillator is knowing when to use it. Actually using it is not difficult provided adequate training has been provided. The new defibrillator has never been used as such.

The nursing practice in parliament house sees very few emergencies. Opportunities for nurses in the Centre to participate in cardio-pulmonary resuscitation or gain experience in the use of the defibrillator are lacking. While staff at the centre receive initial training in the use of the machine and thereafter are refreshed annually it is likely that when there is a need to use the equipment they will be under prepared. A cardiac emergency may occur many months after the last refresher course. In addition staff may have difficulty in an emergency situation recalling information imparted in the calmer environment of a training session.

While early defibrillation can be life saving the concerns raised above about emergency response times and the concerns about the lack of staff experience in the use of defibrillation equipment raises concerns that the defibrillator may not be used appropriately. Ideally defibrillation should only be used by adequately trained and experienced personnel. A defibrillator in inexperienced hands may do more harm than good.

The documents *Procedures - Emergencies* **indicates that in medical emergencies the decision to call an ambulance is made by the treating registered nurse. The call is then placed via the Security Control Room. While this may save unnecessary calls for ambulance assistance being made, the procedure if rigidly adhered to may increase mortality and morbidity in some situations by delaying transport to hospital.**

In a worst case scenario where an emergency occurs at a location remote from the Nurses' Centre the problems previously described under emergency response times mean that there will be a delay between a patient suffering a catastrophic event such as a heart attack and the arrival of the nurse with the emergency equipment. There will be additional time lost in finding out what has happened and assessing the patient. This could mean a delay of several minutes between a patient suffering a heart attack and the ambulance being summoned. Once a patient has become acidotic

defibrillation is unlikely to b successful. Acidosis may occur after as little as 3 minutes, even with cardio-pulmonary resuscitation.
There are significant concerns about emergency response times, appropriate use of the defibrillator and delays in summoning ambulances if the instructions in the Manual are rigidly adhered to.

Recommendations

Emergency response times in simulated emergencies should be tested in various parts of the building. If response times are sub-optimal the value of maintaining a defibrillator in the building must be questioned. If a defibrillator is considered essential it may also be appropriate for nurses employed by the Centre to spend some time each year in active clinical practice where cardio-pulmonary emergencies are common - say in an accident and emergency department of major hospital.

Those parts of the manual dealing with defibrillation and medical emergencies should be rewritten once appropriate policy decisions have been taken.

CONCLUSION

Overall the Nurses' Centre is well equipped and well located. The main problem is that its role is not clearly defined and in trying to fulfil many roles it falls short of achieving all of them. The Centre should not try to act as a substitute general medical practice. It should not function as a de facto pharmacy. It should confine its role to the provision of first aid and be equipped and prepared in the case of medical emergencies. If health surveillance is to be carried out at the Centre appropriate procedures for immunisation should be implemented. If routine health care is to be provided best practice in regard to wound care should be implemented. Clear lines of communication with general practitioners of patients who present at the Centre for care or monitoring should be established and observed. The ability of staff at the Centre to provide appropriate care in the case of medical emergency should be reviewed.

ATTACHMENT B

INFORMATION CIRCULAR

Joint House Department

JHD

Information Circular No 2003/8

16 October 2003

TO: SENATORS, MEMBERS AND ALL OTHER BUILDING OCCUPANTS

CHANGES TO SERVICES OFFERED BY THE NURSES CENTRE

A review has been conducted on the range of services offered by the Nurses Centre for Parliament House occupants, Senators and Members, and visitors.

The review included the investigation of such issues as:

- Do services reflect current requirements?
- What first -aid services should be provided to all occupants of Parliament House?
- Should services beyond first aid be limited to Senators and Members, and their interstate staff?
- What hours the centre should be open to facilitate the identified services?

The review had input from a small sub-committee of medically qualified Senators and Members and Health Services Australia, and was discussed at the Joint House Committee on 15 September. The Presiding Officers have now endorsed the option recommended by the Joint House Committee.

The approved option *(attached)* reflects current workforce trends, establishes the First-aid and Occupational Health and Safety program requirements for Parliament House occupants, limits the "medical centre" role that was previously provided for local staff, and establishes appropriate services for Senators and Members and their interstate staff.

Should you have any queries, please contact the Nurses Centre on extn 5314.

M BOLTON
Secretary

ROLE AND MANAGEMENT OF NURSES CENTRE, PARLIAMENT HOUSE

Nurses Centre

Enquiries:	Extn: 5314
Emergency (24 Hours):	Extn: 7117

Opening Hours

Sitting weeks:	8.00am – 8.00pm - Monday to Thursday
	8.00am – 5.00pm - Friday
Non-sitting weeks:	9.00am – 5.00pm

- ✓ Retain the basic role of first-aid provision for Senators, Members, Parliament House staff and visitors with the back up of first aid trained staff in various departments and Security.
- ✓ Manage health programs approved by the Parliamentary Departments OHS committee.
- ✓ No Canberra based staff to be treated at the Nurses Centre for the dressing of wounds, ulcers and abscesses.
- ✓ Senators, Members and interstate staff will be able to access treatment for the dressing of wounds etc with the permission of their medical practitioner and the immediate notification to these practitioners of treatment records.
- ✓ No infected wounds to be treated by the Nurses Centre.
- ✓ Provide one off immunisation and vaccinations to Senators and Members and their interstate staff only on the provision of a doctor's prescription.
- ✓ Continue to provide the Influenza Vaccination program in line with the recommendations of the Australian Immunisation Handbook (7th Edition).
- ✓ Provide the service of monitoring blood pressure for Senators, Members and interstate staff only with the approval of their medical practitioner. Results to be immediately provided to that medical practitioner.
- ✓ Cease the monitoring of other conditions that requires the knowledge of advanced therapeutic responses, eg. asthma.
- ✓ Cease the practice of providing health advice and counselling not associated with OHS programs.
- ✓ Cease the provision of analgesics and minor medication.
- ✓ Cease the provision of a massage service other than that provided through the Manuka Physiotherapy Centre.
- ✓ Manage non-occupational illness and injury only through the instruction of a medical practitioner.
- ✓ Retain the availability of emergency equipment only following annual training of Centre staff in its use and maintenance.
- ✓ Arrange for the procurement of restricted drugs for clients on the presentation of a medical practitioners prescription through the local pharmacy service.

- ✓ Remove all unnecessary S4 drugs and homeopathic drugs from the Nurses Centre.
- ✓ The Nurses Centre will arrange for a medical appointment at a local medical practice or the Canberra Hospital Emergency Department for any patient who requests or requires this service.
- ✓ Change the hours of the operation of the Nurses Centre to reflect times of average usage, and staff accordingly.