

COMPETENCIES

7 / 10

Communication

10 / 10

Critical Thinking & Decision Making

10 / 10

Accountability

6 / 10

Teamwork & Collaboration

7 / 10

Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

This should be read and implemented in accordance with the legislative and regulatory requirements of the relevant state in which the care and services are provided.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is:

- To ensure that medicines are managed in accordance with legislative and regulatory requirements; to advocate professional partnerships and systems that support appropriate, safe and effective management and quality use of medicines for all clients.
- To support clients to self-administer their medicines when assessed as competent to do so.
- To establish and undertake appropriate quality improvement activities and medication monitoring processes.
- Ensure appropriate training and supervision of staff around medication.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- To ensure safeguarding of medication management for clients in the community.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a client's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant support worker, disability worker, support worker, community worker, homesupport worker, support worker or paid carer.

Registered Nurse - a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Client – consumer, participant, customer, user, care recipient, resident or person receiving the nursing or support services.

Plan - a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse, appropriate health professional or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Competent - having been trained and assessed by a Registered Nurse or approved assessor as competent to safely and appropriately perform a specified task.

Accountability - This term means that an individual is answerable for their decisions, actions, behaviours and the responsibilities that are inherent in their roles.

Administration - The process of giving a dose of medicine to a client or a client taking a medicine.

Adverse Drug Reaction (ADR) -A response to a drug that is noxious and unintended and has harmful consequences to the client.

Adverse Drug Event (ADE)- A particular type of adverse event where a medicine is implicated as a causative factor. This encompasses harm that results from the intrinsic nature of the medicine as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medicines.

AHPRA - Australian Health Practitioner Regulation Agency.

Alteration Medicine Dose Form - The altering or crushing of oral tablets or capsules before administration to clients who have difficulty swallowing. The alteration is intended to assist administration and ensure that clients receive necessary medicines. Alteration of oral

dose forms can have potentially unsafe consequences such as increased toxicity, decreased efficacy, altered palatability, and safety or stability concerns, including creating potential hazards to health support workers.

Complementary and Alternative Medicines (CAMs) - CAMs are regulated under the Therapeutic Goods Act 1989, and include herbal, vitamin and mineral products, nutritional supplements, homeopathic medicines, traditional Chinese medicines, Ayurvedic medicines, Australian Indigenous medicines, as well as some aromatherapy products. Other terms sometimes used to describe CAMs include 'natural medicines' and 'holistic medicines'.

Consent - The procedure whereby clients consent to, or refuse, an intervention based on information regarding the nature and potential risks (consequence and likelihood) of the proposed intervention.

Accountability - Being answerable for one's actions and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.

Chemotherapy - The use of any chemical agents to treat or control disease. Most often used to describe treatment of malignant and other diseases with cytotoxic medications.

Cytotoxic - An agent that is toxic to cells.

Cytotoxic Medication - Medications that are mainly used in the treatment of cancer, but may also be used to treat some auto immune diseases such as multiple sclerosis, psoriasis, rheumatoid arthritis and lupus erythematosus. Their function is to destroy rapidly growing cancer cells. They are known to be mutagenic, carcinogenic and/or teratogenic and have been proven to be highly toxic to non-target cells, mainly through their action on cell reproduction. Some have been shown to cause secondary cancers in oncology clients.

Cytotoxic waste - Body fluids contaminated with the unchanged medication or its metabolites that is excreted by a client that has been taking cytotoxic medication.

Delegation - A delegation relationship exists when one member of the team delegates aspects of care that they would normally perform themselves to another member of the team who is appropriately trained and skilled to perform the delegation Delegations are made to meet client needs ensuring that a skilled person is available at the right time to meet the care needs. The delegator retains accountability for the decision to delegate and for monitoring outcomes.

Exposure - Skin contact with medication or contaminated body fluids from a client receiving cytotoxic medications, or inhalations or ingestion of particles from medication, or sharps injury.

INR - International Normalised Ratio. Is used to monitor warfarin therapy and is done via a blood test. An INR lower than the desired range means the blood is "not thin enough" or clots too easily. An INR result higher than the desired range means the blood is "too thin".

Key Stakeholders - Term used to refer to all family, key decision makers, carers, visitors, health professionals, staff and other resource personnel involved in the care and service provision of our clients.

MSU - Mid-stream urine specimen for pathology evaluation.

Nurse Initiated Medication -Nurse-initiated medication is the supervised administration of non-prescription medication by a Registered Nurse when the need arises and with the prior agreement of the attending medical practitioner.

Prescriber- Medical Officer, Dentist, Pharmacist, Nurse Practitioner, Optometrist legally authorised to prescribe appropriate medication.

Psychotropic Medications - Medications that have an effect upon an individual's behaviour including antipsychotic, antidepressant, anxiolytic and sedative medications. Other medications including anticonvulsants, narcotics, anti-histamines and beta-blockers may at times be used for their psychotropic properties.

Responsibility- To be entrusted with or assigned a duty or charge. In many instances, responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The

person who delegated the responsibility remains accountable, along with the person accepting the task or function. Responsibility is about accepting the tasks/functions inherent in one's role.

RN - Registered Nurse currently registered with AHPRA and must have successfully completed organisational Medication appropriate training as described in policies.

SAM - Self-administration of medications (client who has been assessed and currently competently assessed staff member by RN & GP).

Support Decision Maker - Term used to describe a single person who is responsible to coordinate and communicate timely and accurate information to all other family members, friends and relevant other personnel regarding a client. This person should be the Enduring Power of Attorney or Enduring Guardian in order to rely on timely, accurate, legal and informed decisions made in the best interests of the client.

GUIDELINE

MEDICATION FRAMEWORK PRINCIPLES

- Medication management is reflective of client directed care model that recognises and supports the individual needs of clients including their personal preferences and choices.
- Medication management promotes safe and quality use of medicines and aims to achieve optimum outcomes for all clients.
- Safe administration and the appropriate storage of medicines will be provided at all times.
- Recognition of areas of improvement within the medication management system will be supported throughout the organisation. This includes the appropriate reporting mechanism for medicine related incidents, applicable investigation and measurable actions aligned to areas of identified risk;

- Prescribed medicine orders are written legibly, by those with legal authority to do so.
- Medicine administration and plans of care are regularly reviewed, evaluated and achieved outcomes assessed through a collaborative approach with appropriate health professionals and the client and/ or nominated representative;
- Clients' right of choice within a quality medication system is respected;
- Quality use of medicine not only supports the best way of maintaining the client's health and treating any illness by choosing the suitable medicines, but also prevents inappropriate or incorrect use of medicines.
- To highlight to all staff involved in medicine administration and management their responsibility to recognise any adverse effects as a result of the medications being administered and the need to respond and report appropriately any changes in the client's health and well-being.

Medication Governance Statement

Only medication competent personnel will administer and assist with medications for clients, and these will be against guidelines and procedures contained within this and other relevant documents.

Medication Governance and Accountability Guideline

Medication Accountability & Responsibility	Registered Nurse *	Enrolled Nurse *	Support Worker with Medication Credentialing**	Specific Competency Required
<i>Prescription of Medications</i>	Y ***	N	N	APHRA Credentialing
<i>Transcribing of Medication Orders (Copying orders)</i>	N	N	N	N/A
Medication Assessment & Management				

<i>Medication Assessment & Reviews</i>	Y	N	N	Medication Assessment & Management
<i>Assessment of medication competency</i>	Y	N	N	Registered Nurse
<i>2nd Person Checking of Administration</i>	Y	Y	Y	Supervision of Medication Administration
<i>Reporting and Auditing</i>	Y	Y	Y	N/A
Medication Administration				
<i>Oral Medications (from Pharmacy Dose Administration Aid)</i>	Y	Y	Y	Medication Admin. - Oral
<i>Oral Medication (From original packaging)</i>	Y	Y	Y	Medication Admin. – Oral
<i>Oral Medication (Not from DAA or original packaging)</i>	N	N	N	N/A
<i>Oral Medications (Crushed as Credentialed by Pharmacist)</i>	Y	Y	Y+2nd	Medication Admin. - Oral
<i>Oral Medications (via Enteral feeding tubes)</i>	Y	Y	Y+2nd	Medication Admin. - Oral & Enteral Feeding
<i>Liquid Medications (except Drugs of Addiction)</i>	Y	Y	Y	Medication Admin. - Oral
<i>Eye Drops/Ointment</i>	Y	Y	Y	Medication Admin.–Eye/Ear drops/ointment
<i>Ear Drops/Ointment</i>	Y	Y	Y	Medication Admin.–Eye/Ear drops/ointment
<i>Topical Creams and Ointments</i>	Y	Y	Y	Medication Admin. – Topical Application
<i>Insulin from Vial (Including mixing)</i>	Y+2nd	N	N	Medication Admin. – Insulin +BGL Monitoring
<i>Insulin with sliding scale</i>	Y+2nd	N	N	Medication Admin. – Insulin +BGL Monitoring
<i>Insulin from dose Pens</i>	Y+2nd	Y+2nd	Y+2nd	Medication Admin. – Insulin +BGL Monitoring
<i>Inhaled using puffer or inhaler</i>	Y	Y	Y	Medication Admin. - Oxygen & Nebuliser
<i>Inhaled using nebuliser</i>	Y	Y	Y	Medication Admin. – Oxygen & Nebuliser
<i>Oral spray - nitrolingual</i>	Y	Y	Y	Medication Admin. – Oxygen & Nebuliser
<i>Oxygen</i>	Y	Y	Y	Medication Admin. – Oxygen & Nebuliser
<i>Transdermal Patch (except Drugs of Addiction)</i>	Y	Y	Y	Medication Admin. – Transdermal Patches
<i>Suppositories</i>	Y	Y	N	Medication Admin. – Suppositories
<i>Alternative & Complementary Therapies (with Dr Order)</i>	Y	Y	Y	Medication Admin. - Oral
<i>IM/ID/SC Medications</i>	Y+2nd	N	N	Medication Admin. – Parenteral
<i>Intravenous Medication</i>	Y+2nd	N	N	Medication Admin. – Intravenous
<i>Vaccinations</i>	Y***	N	N	Medication Admin. – Vaccinations
<i>Cytotoxic Medications</i>	Y	Y	Y	Medication Admin. – Cytotoxic
<i>Medications via PCA or Syringe Driver</i>	Y+2nd	N	N	Medication Admin. – PCA & Syringe Driver
<i>Nurse Initiated Medication</i>	Y	Y+RN	Y+RN	Medication Admin. - Oral
<i>PRN (As Needed Medication)</i>	Y	Y+RN	Y+RN	Medication Admin. - Oral
<i>Emergency Orders</i>	Y+2nd	N	N	Medication Admin. - Oral
<i>First Dose Administration</i>	Y	N	N	Medication Admin. - Oral
Drugs of Addiction (S8 & S4D)				
<i>Primary Person Administering (in single dose DAA or original packaging)</i>	Y+2nd	N	N	Medication Admin. - Drugs of Addiction + Relevant other mode of administration
<i>Primary Person Administering (in multi-dose oral DAA)</i>	N	N	Y	Medication Admin. – Drugs of Addiction
<i>Secondary Person Checking Administration</i>	Y	Y	Y	Supervision of Medication Administration
<i>Responsibility for storage and integrity</i>	Y	N	N	N/A
<i>Disposal (with a pharmacist and documentation)</i>	Y+2nd	N	N	N/A

* Means Proof of Current Qualification eg- On APHRA Register (without restrictions) as Nurse Practitioner, Registered Nurse, or Enrolled Nurse and who has completed within the past twelve (12) months:

- Medication Authorised Course(s) or as deemed appropriate by the organisation
- Medication Administration Competency

** Means Support worker who has completed within the past twelve (12) months:

- Medication Authorised Course(s) or as deemed appropriate by the organisation
- Medication Prompting & Supervision Competency
- Medication Administration Competencies (as required if administering)

*** Means Further additional qualification and competency required.

+2nd Means Administered where person is specifically competent in area AND REQUIRES 2ND person to supervise administration.

Y + RN Means- RN assessed client with clinical decision making and delegates indirect supervision.

Note Well: All medication must be signed for (counter signed where appropriate) on a Pharmacist produced medication chart or electronic form credentialed and certified as appropriate by pharmacist.

Medication Roles & Responsibilities

Registered Nurse - RN's are accountable for the day-to-day management and administration of medication, including security, stock, stock rotation (expiry checking), storage, monitoring client response, client education and clinical review and assessment of client suitability for self-administration of medications (SAM) in conjunction with the General Practitioner (GP).

- The Registered Nurse is responsible for the management of clients' medications including:
 - The initial and ongoing assessment, planning and management of care for clients;
 - Assessing the client to determine their care needs and differentiating the care that should be provided by a nurse and care that may be undertaken by a support worker;
 - The appropriate assignment of medication administration to a support worker;
 - Ongoing monitoring and evaluation of the client's response to medication; and

- Documenting and accurately communicating that information to other health professionals such as the medical practitioner and/or pharmacist.
- The RN may, at times, administer S8 medication with the assistance of an endorsed support worker. The RN must provide direct supervision to the endorsed Support worker – that is, observing the Worker, providing guidance or direction and support to the worker and following-up with the client for the purpose of achieving appropriate outcomes. The RN is to communicate any concerns about the competence of the support worker to assist in administration of S8 medication to their Manager.

Support worker Credentialed in Medication - A support worker is able to administer oral and topical pharmacy dispensed or supplied medication [including medication supplied in dose administration aids (packed)] as ordered by a medical practitioner or other authorised prescriber for a specific client, providing:

- The support worker has met the education requirements and is deemed competent to administer medication in accordance with the competency requirements;
- A Registered Nurse on site has assigned the administration of the medication to the support worker,
- The support worker accepts the assignment, and
- A support worker who is qualified to administer medication is required at all times to practice under the supervision of a Registered Nurse. When an support worker has been assigned to administer medication the Registered Nurse must be accessible for the purposes of ensuring safe administration of medication to clients.
- Supervision may be direct or indirect:
 - Direct supervision is when the Registered Nurse is present, observes, works with, guides and directs the person who is being supervised, and
 - Indirect supervision is when the Registered Nurse is working in the same Centre or organisation as the supervised person, but does not constantly observe their activities. The Registered Nurse must be easily contactable and accessible.
- All medication administered by a support worker are to be:
 - Legally prescribed/supplied;
 - Ordered by the medical practitioner or authorised prescriber on the client’s medication chart; and
 - Supplied from a pharmacy or supplied or dispensed by a pharmacist or medical practitioner.
- A support worker is not permitted to administer:
 - stock/imprest medication,
 - any medication (including over the counter Schedule 2 and 3 medication) unless ordered by a medical practitioner or other authorised prescriber, and supplied from a pharmacy or supplied or dispensed by a pharmacist and ordered on the client’s medication chart,
 - PRN, stat and once only medication unless a Registered Nurse has assessed the client and assigned the administration to the support worker and documented this in the client’s progress notes,
 - As per the medication accountability and responsibility table within this procedure.
- Clients are to be observed for any changes to their health status, any changes are to be reported to the Registered Nurse.
- Where a client refuses the administration of medication the Registered Nurse is to be advised.
- A support worker shall not make the decision to withhold a client’s medication and should consult with Registered Nurse if concerns arise.
- A support worker shall not administer medication to a client if the support worker is uncertain about the client’s health status; the Registered Nurse must be informed. The responsibility for decisions concerning the administration of medication should transfer to the Registered Nurse in the first instance.
- A support worker is responsible for:
 - Requesting guidance when they need assistance,
 - Performing the administration of medication in a safe and competent manner, in accordance with specified policies and procedures, and
 - Communicating to the Registered Nurse if the task is beyond their ability to perform safely.
- A support worker may refuse to accept the assignment to administer medication if they believe administering the medication may be detrimental to the client’s health.

General Practitioner- The GP is responsible as per their delegation and accountability to gain consent and education regarding all prescribed medications, including liaising with representatives on medication changes. The GP in accordance with the regulations must write a prescription only for S8 and particular S4 medications for each client’s medication to facilitate supply by a pharmacist.

Pharmacist - A pharmacist must hold a valid prescription or have received an emergency order prior to supplying schedule medications for a client of the Home.

Medication Management

Loss of S8 S4D Medicine - If there is a shortage or loss of S8 medication or S4D medication, this must be reported as an incident within the Centre and to the relevant state or territory authority as specified below, and the police should also be advised where misappropriation or theft is identified or suspected:

Medication Self-Administration – The organisation promotes and encourages self-medication administration by clients (where the providing is engaged in the provision of medication) whereby they are assessed as competent and a RN and GP has assessed the client and environment as appropriate and capable to manage his /her own medications safely.

- Staff will continue to manage the medications until a RN has completed a medication assessment to self-administer with the client and confirmed ability to safely administer their own medication management. The medication assessment to self-administer must also be authorised by the GP.
- Ability to safely manage own medication administration should be assessed at least annually, or more frequently in the event of change to health status, hospitalisation or increase in complexity of medication regime. The purpose of the assessment is to assess the client's cognition, dexterity and physical ability to continue to safely manage their medication regime.
- Clients who wish to administer their own medications must:
 - Be able to complete ALL aspects of the medicating process (ordering, receiving, storing, administering and maintaining adequate supply and scripts);
 - Be able to administer all their medications including oral, eye drops, nebuliser, ear drops, insulin (including monitor BGL) to avoid the risk of double dosing or contraindicated medications being administered;
 - In the event a client is prescribed regular periodic intramuscular medication, this will be administered by the RN as required;
 - Ensure all medications are stored securely and not available to other clients or visitors;
 - Ensure the RN is informed and provided with a current list of their medications whenever there have been medication changes. The client medications should be reviewed by the doctor at least every 3 months; and
 - Inform staff if they need assistance or no longer wish to manage own medication regime.
- If the client is unable to appropriately attend any aspect of the medication assessment to self-administer, staff must administer medications until a reassessment by the RN is successfully completed.
- The RN to review any change in client's condition and inform the medical officer immediately.

Medication Incidents

- Registered Nurse is notified as soon as practicable the error is known, in any event all critical medication incidents and documented on incident form.
- The client's doctor is notified immediately if there is an error in administration
- In the event the incident/error requires the client to have medical treatment, call an ambulance for transfer to hospital if the GP is unavailable or advises transfer.
- Representative should also be notified as soon as practicable.
- Corrective action will be implemented to reduce the number of medication errors.
- It is intended that reporting medication errors should enable management to identify trends and to reduce the numbers of errors in the best interest of client safety.
- Staff are therefore encouraged to report medication errors so that appropriate support and education may be given.

Complementary & Alternative Medicines

- The organisation supports the utilisation of complementary and / or alternative medicines to support clients' needs providing the GP supports the use and it is documented on Medication Chart as an order.
- The complementary medicine is packed in usual DAA by supply pharmacy or unless it is a liquid preparation or other route of administration.

R E S O U R C E D O C U M E N T S

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- Aged Care Quality Standards

- Australian Government. (2012). Guiding principles for medication management in residential aged care facilities – 2012. <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-resguide-cnt.htm>.
- Australian Medicines Handbook. (2013). Australian Medicines Handbook Drug Choice Companion: Aged Care, AMH, South Australia.
- Australian Nursing and Midwifery Assessment Council. (2006). National Competency Standards for the Registered Nurse, 4th edition, Dickson, ACT.
- Australian Nursing and Midwifery Council. (2002). National Competency Standards for the Enrolled Nurse and the Enrolled Nurse, Dickson, ACT.
- Australian Pharmaceutical Advisory Council. (2002). Guidelines for Medication Management in Residential Aged Care Facilities. 3rd ed., Commonwealth of Australia, Canberra.
- Australian Pharmaceutical Advisory Council. (2005). Guiding Principles to Achieve Continuity in Medication Management. Commonwealth of Australia, Canberra.
- Commonwealth Department of Health and Ageing. (2012). Guiding Principles for Medication Management in Residential Aged Care Facilities. Commonwealth of Australia, Canberra.
- Community Services and Health Industry Skills Council. (2014). Website <http://www.cshisc.com.au/>
- National Prescribing Service accessed from www.nps.org.au
- Nursing and Midwifery Board of Australia. (2014). Enrolled nurses and medicine administration, Melbourne, Vic.
- Pharmaceutical Society of Australia (2006). The Professional Practice Standards, Pharmaceutical Society of Australia, ACT, Australia.
- Pharmaceutical Society of Australia (2011). Professional Practice Standards: Dose Administration Aids service Examples of medicines which should not be packed in DAA, Pharmaceutical Society of Australia, ACT, Australia.
- Poison's Information Centre, (Australia wide).
- State Government of Victoria. (2014). Guidelines and Key Requirement documentation – Drug and Poisons Controls in Victoria, Department of Health, Australia.
- The Society of Hospital Pharmacists. (2011). Australian Don't Rush to Crush Handbook, SHPA, Victoria.
- Therapeutic Goods Administration (TGA).
- Relevant commonwealth and state legislation and regulations pertaining to drug, poisons and controlled substances.
- Commonwealth Department of Health and Ageing. (2000), National Medicines Policy. Commonwealth of Australia, Canberra.
- National Health Act 1953.
- National Health (Pharmaceutical Benefits) Regulations 1960.
- The National Strategy for Quality Use of Medicines (2002). Retrieved from www.nps.org.au
- State legislation and regulations
 - South Australia
 - Controlled Substances Act 1984.
 - Controlled Substances (Poisons) Regulations 1996.
 - SA Health. (2012). Code of Practice for the Storage and Transport of Drugs of Dependence.
 - Victoria
 - Drugs, Poisons and Controlled Substances Act 1981.
 - Drugs, Poisons and Controlled Substances Regulations 2006.
 - State Government of Victoria, Department of Health (July 2010), Drug and Poisons Controls.
 - New South Wales
 - NSW Health Department (2003), Guide to Handling Medications in NSW Nursing Homes, Sydney, NSW.
 - Poisons and Therapeutic Goods Act 1966.
 - Poisons and Therapeutic Goods Regulation 2008.
 - Queensland
 - Environmental Health Unit, QLD Health. (2008).
 - Health Act 1937.