

**SUGGESTED STRATEGY FOR THE IMPLEMENTATION OF THE
GUIDELINES FOR THE MANAGEMENT OF MEDICATIONS IN
COMMUNITY CARE SERVICES IN NSW**

When implementing these guidelines, consideration needs to be given to the following points:

1. Legislation

In all community care services, the legislation covering the administration of medications in NSW is the NSW Poisons and Therapeutic Goods Act 1966 and Regulations 2002.

2. Delegation

The NSW Nurses and Midwives Board recently released its delegation policy which applies to Registered Nurses where they may be delegating medication administration in a community setting. This may be applicable in Commonwealth funded EACH and EACH dementia services.

The guidelines clearly indicated that medication administration may be delegated to other workers other than nurses provided these staff have been deemed competent to carry out the task and the service has clear policies and procedures in place. The tasks the care worker is required to perform should also be clearly outlined in their job descriptions.

3. Education

Education is the most important factor in achieving the flexibility in the workforce and ensuring a skilled and competent workforce in the future.

ACS is recommending that internal training of all staff who are required to give out medications is mandatory and highly recommends staff should have achieved their Certificate III in Aged Care Work and the unit of competence, Provide Physical Assistance with Medications (CHCCS303A), an elective unit from the Certificate III or IV course. There are two elective medication units, but the Provide Physical Assistance with Medications is the only unit which gives the staff member the skills to give medications. The other unit gives staff skills to assist clients with their medications when they have the mental capacity to control their medications.

ACS is able to offer training in both Cert III and the medication unit.

ACS advises all community services require their staff to attend onsite training on the organisation's policies and procedures and internal competency assessment is mandatory.

Dose Administration Aids

There are several products available for use in community services and ACS does not recommend or endorse any particular brand, but they should be clearly labeled and be tamper proof.

Care staff should not interfere with the contents of the dose administration aid and when giving out medications, should not be required to identify individual medications. Any changes to the content of the packs should be made by the pharmacist.

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ACS Community Care Medication Guidelines

Overview

ACS has developed the following guidelines to assist members in developing their own policies and procedures about the delivery of medications by Community Care Workers

Legal Framework

ACS has developed its guidelines on medication management in a Community Settings in accordance with the legal requirements contained in:

- the Aged Care Act 1997; and
- the NSW Poisons and Therapeutic Goods Act 1966.

References

- The Australian Pharmaceutical Advisory Council's *Guiding Principles for medication management in the community*
- The NSW Health Department's Circular 97/10 *Guidelines for the Handling of Medications in Community - Based Health Services*.
NSW NMB Delegation Guidelines
NSW Health Letter on Administration of medications.

Administration of Medications by Staff

Where a client is assessed as not competent to self-manage medications or requests staff to manage them on his/her behalf, the service has a duty of care to ensure that:

- policies and procedures are in place to ensure medications are safely stored and administered
- a system is in place to monitor, action and evaluate medication incidents;
- medication charts of all prescribed medications are available to staff;
- procedures are in place for the correct disposal of expired or ceased medications;
- all staff involved in the delivery of medications have received appropriate training and are competent to carry out medication procedures;
 - Clients have a medication signing sheet for staff to sign indicating medications have been given or reasons why they were not administered. E.g. Clients refusal.
 - All client medications should be dispensed in dose administration aids that are tamper proof.

- Care staff who have been appropriately trained and are competent to carry out medication procedures, may give oral medications using a dose administration aids.
- Care staff who have been appropriately trained and are assessed as competent may apply medication patches and creams, give clients inhalers and instill eye and ear drops and over-the-counter liquid medications.
- Care staff may assist and support clients in the management of their insulin. The advice of ACS is that care staff must have received appropriate training and have the necessary skills to assist and support clients with their insulin using a dose administration aid. This can be accessed from the Diabetic Association Australia or the manufacturers of the dose administration aids eg Nove pen or Innerlet
- All community services must have clear policies and procedures about the administration of insulin and it is the responsibility of the general practitioner to determine the assistance and support the client requires.

Client Initiated Medications

Clients, who are not self administering their medications but have been assessed as competent and have documented approval of the medical practitioner, may request staff to give them over-the-counter medications that have been documented in their file by the general practitioner.

General Practitioner Reviews

Organisations need to develop an understanding of GP Medication Reviews, DVA funding and the Enhanced Primary Care Items that are available, so they are able to inform the client.

Education Available for Care Staff

The Certificates III (CHC30102) and IV (CHC40102) in Aged Care Worker qualifications contain two elective units of competency for the giving of medications by these workers using dose administration aids.

ACS encourages providers of community services to choose the unit CHCCS304A - Provide Assistance with Medications, for training existing and future care staff.

Members need to be aware that this is a nationally recognised unit of competency with specific workplace based assessment requirements.

Annual reconfirmation of the essential knowledge and skills of the care worker should be undertaken by the employer within a performance management framework.

Storage

Staff need to be aware that medications need to be stored at the correct temperature as indicated by the pharmacist or as per the manufacturer's instructions.

Medication requiring refrigeration must be stored in a manner that prevents contamination by food and in a box/container that is clearly labelled as containing medications.

Eye and ear drops should be labelled with date and time opened and the use by date carefully adhered to.

Medication Incident/Accident

A medication incident can be described as any deviation from the services medication procedures.

In cases of medication incident or emergency, staff must provide the appropriate emergency assistance and contact the Poisons Information Hotline for advice. The advice given is to be implemented and documented.

All medication incidents must be documented and reported as set out in the services Incident Reporting Policy and Procedure.

Examples of medication incidents include (but are not limited to):-

Failure to administer at:-

- The correct time
- As per Doctors instructions
- Administration of the wrong medication:-

Medications errors also include the administration of the medications:

- Wrong time
- To the wrong person
- By the wrong route
- The wrong quantity

Incident reports should also be completed if the:

- Medication is dropped
- Client refuses to take the medication