

E.22 Medication management in the community

1.0 INTRODUCTION/BACKGROUND

Many people take medications to support and improve their health conditions. Most people manage and take their medications independently, while others may ask for some form of support or assistance.

Definitions:

- **Medication Support** involves reminding or prompting the person to take medication, assisting with opening medication containers (such as blister packs) and other assistance not involving medication assistance.
- **Medication Assistance** involves the storing of medicines, opening of the container, removing the prescribed dosage (from approved container), giving the medication as per instructions.

In both medication support and medication assistance Mercy Services will ensure that the client consents to the help and that the client maintains responsibility for their health including their use of medication. Mercy Service's staff will take all reasonable steps and responsibility to fulfil the medication role requested of them by the client.

- **Prescription only medication** refers to any medication listed in Schedule 4 or Schedule 8 of the NSW Poisons List and which is only available to the public on prescription by a medical practitioner or dentist.
- **PRN medication** is medication required "as needed", with particular conditions and limits (*Pro re nata* is a Latin phrase meaning *in the circumstances*)¹
- **Schedule 4 drugs and poisons** (also known as prescription only medications) are substances and preparations supplied only on prescription and require professional monitoring.
- **Schedule 8 drugs** (also known as Controlled Drugs) are substances and preparations for therapeutic use which have high potential for abuse and addiction.
- **Injections** are given only by a registered nurse, medical practitioner or dentist except for people who can safely self-inject insulin.

Medication assistance provided by a Mercy Services' Registered Nurse is detailed in the Community Nursing policy (E.10). Registered Nurses are also bound to follow professional guidelines² in the delivery of medications.

¹ https://en.wikipedia.org/wiki/Pro_re_nata

² Nurses & Midwives Board of NSW (2005) Delegation and Supervision, by Registered Nurses of Medication Administration within Aged Care Facilities
<http://www.nmb.nsw.gov.au/Administration-of-Medications/default.aspx> Accessed 31/05/2016

Community Care Assistants (CCA) belong to an unregistered profession and do not have the specific legal/regulatory specifications applicable to Registered Nurses. The NSW Poisons and Therapeutic Goods Act and Regulation do not mention “CCA” type roles. Therefore, Mercy Services sees the CCA as only following the instructions of a competent client (who maintains responsibility for their medication) in relation to their prescribed medication. Mercy Services and its CCAs still have a legal duty of care which requires that the CCA restrict their involvement to tasks in which they have been assessed as competent and which are specified in their Coordinator’s instructions.

The Australian Pharmaceutical Advisory Council³ provides some guidelines for service providers and for people in direct care roles:

a) Service providers should:

- provide policies and procedures for the administration of medicine;
- provide the necessary training to direct care workers;
- be aware of their direct care workers levels of skill and knowledge;
- only roster direct care workers to perform tasks that are within their knowledge, skills, experience and training;
- ensure they have an up-to-date record of the consumer’s medicine; and
- provide clear instructions, agreed with the client, about what steps the direct care workers will take to help the client with their medicine.

b) Direct care workers should:

- follow organisational policies on the administration of medication;
- participate in agreed training;
- only provide services that are consistent with their level of training and competence;
- follow instructions from their Coordinator;
- seek instruction from their Coordinator where doubt exists (CCAs are not authorised to make any decisions about whether the medicine should be administered); and
- seek instruction from their Coordinator where a consumer runs out of their current supply of medicine.

2.0 SCOPE

This policy applies to Mercy Services programs assisting clients in their own homes. Mercy Services may also assist these people at Mercy Services venues/day centres/activity centres and on community outings. Registered Nurses role in medication is covered by a different policy (E.10 Community Nursing Policy).

³ Australian Pharmaceutical Advisory Council (2006). Guiding principles for medication management in the community.

[https://www.health.gov.au/internet/main/publishing.nsf/Content/0A434BB6C6456749CA257BF0001A9578/\\$File/booklet.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/0A434BB6C6456749CA257BF0001A9578/$File/booklet.pdf) Accessed 31/05/2016

3.0 POLICY STATEMENT

Mercy Services encourages clients to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way.

Mercy Services workers will encourage consumers to talk to their GP and pharmacists about all of their current medicines. Mercy Services staff will never provide advice or an opinion on a client's medication.

Where a client requires some help with medication Mercy Services will first encourage them to enlist a family member or other support person.

Where a client requests help with their medications from Mercy Services the nature of this help will be clearly recorded and client consent confirmed.

Mercy Services will train workers to provide medication support and assistance.

Mercy Services will only roster workers competent in medication support and assistance for these tasks.

Mercy Services will ensure workers have clear instructions, agreed with the client, about what steps the workers will take to help the client with their medicine.

Mercy Services will have processes for the reporting, investigation and tracking of medication errors.

4.0 PROCEDURES

4.01 Clarifying client consent regarding medication roles

Clients are encouraged to keep a current list of their medications but this is not a requirement for Mercy Services staff to support or assist with medications.

If there is doubt that a client is able to safely administer and store their medicines the Coordinator will discuss these concerns with the client. If the client refuses to take action regarding a clear cognitive deficit then the Coordinator will contact the client's family/significant other to clarify enduring guardian status. If there is no Enduring Guardian the Coordinator will encourage them to arranging a Guardianship. If there are no such people in the client's life or if they refuse to take action the Coordinator will contact the Guardianship Board to have them rule on the client's capacity to make decisions about their health, etc (see Appendix 1).

4.02 Clarifying and record Mercy Service's role with a client's medication

Mercy Services preference regarding a client's medication management is:

1. the client managing all aspects of their medication;
2. the client supported or assisted by their family or support network;

3. the client managing their medications with Mercy Services staff providing medication support; or finally
4. the client managing their medications with Mercy Services staff providing medication assistance.

The Coordinator will discuss the client's medication needs and options and if Mercy Services is to have a role this will be clarified and recorded on a Medication Plan and Consent Form (Appendix 2). The Coordinator will also include the medication role in the client's overall Care Plan. The Coordinator will communicate the details of the medication role to the rostered worker via shift notes or if necessary through other methods.

With the client/Guardian's consent, the Coordinator may need to liaise with the client's family/support network, doctor and/or pharmacist to clarify aspects of the medication management.

4.03 Schedule 8 medication

Where a client requiring medication assistance is prescribed Schedule 8 medications the Coordinator will roster two competent staff to ensure that there are two people checking that the assistance is correct.

If the CCA is not currently assisting any clients with Schedule 8 medication the Coordinator will arrange a refresher competency at the client's home before rostering a CCA to a client with Schedule 8 medication.

Where Mercy Services has a medication assistance role with Schedule 8 medication this medication must be stored in a locked box or locked cupboard.

4.04 Support and Assistance as per Safe Work Practice and Service/Care Plan

Mercy Services staff will never provide medication advice or opinions to clients/client's family/support network.

Any Mercy Services' staff member providing medication assistance will conduct all of the necessary checks to ensure that the client and their medication are identified including the six rights of medication administration ensuring the:

1. right person;
2. right medication;
3. right dose;
4. right time;
5. right route; and
6. right documentation.

Mercy Services staff will only provide medication assistance for medications where there is a Mercy Services' Safe Work Practice.

Mercy Services staff will follow the agreed medication role as recorded in the client's Service/Care Plan and in the CCAs shift notes or if necessary through other methods for other workers.

Mercy Services staff will ensure they are never involved in the management of medication which is beyond their skills and training.

Mercy Services staff will be mindful that they have a duty of care to ensure that their actions and failure to act do not cause foreseeable harm to another.

Mercy Services staff will liaise with their Coordinator if they have any concerns or questions about a client's medication. A Coordinator must be informed of and be the decision maker (after consultation with relevant medical personnel) where:

- a client needs to be monitored because of unstable health (unstable health is when a person's health is inconsistent and requires some intervention and changing of medication on a regular or ongoing basis);
- a client consistently displays inappropriate behaviour, e.g. takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis; or
- Professional medication instructions are unclear, out of date, omitted or open to interpretation.

4.05 Storage and transport of medicines

Mercy Services encourages individuals to transport and store their medicines in a manner that maintains the quality of the medicine and safeguards the client, their family and visitors in their home.

Mercy Services may assist a client or Guardian to obtain and use a locked box or other suitable container where there are concerns for the security of the medication and those who may come in contact with it. All Schedule 8 medications must be in a locked box or similar when Mercy Services staff are providing medication assistance with that medication.

Mercy Services staff will inform the Coordinator if they have any concerns about the transport or storage of a client's medication.

4.06 Ensuring staff competency

Mercy Services will work towards all CCAs having at least a Certificate Three Health / Community Services qualification with Medication and Healthy Body Systems skill set.

A Registered Nurse will assess the competence of Mercy Services staff in the Mercy Services medication Safe Work Practices. A CCA must be assessed as competent on two occasions with one being in a client's home for the Safe Work Practices: Assisting with liquid medication; Transdermal patch; and Support or Assist with tablets.

All staff providing medication assistance must have their competency assessed each year or after a medication error.

If a staff member repeatedly has medication errors they will be deemed to be incapable of competence and must not be rostered for medication roles.

4.09 Medication errors

In the event of an error in medication management, including an error in dosage, time, frequency or type of medication administered to or taken by a client, the Mercy Services worker detecting the error is to:

- identify the nature of the error;
- inform the Coordinator who will if necessary consult the client's doctor or Pharmacist or Poisons Information Line (13 11 26) for instructions;
- follow advice provided by the Coordinator; and
- complete an Incident Report Form.

4.10 Medication disposal

Unwanted or expired medication should be taken to a pharmacy for safe disposal. Using the sewer or waste to landfill could result in an environmental health hazard.

5.0 REFERENCES

1. Australian Standards	a) nil
2. Legislation	a) Aged Care Act, 1997 (Cth) b) Disability Inclusion Act, 2014 (NSW) c) Work Health Safety Act, 2011 (NSW) d) Guardianship Act 1987 (NSW) e) Poisons and Therapeutic Goods Act 1966 (NSW) f) Poisons and Therapeutic Goods Regulation 2008 (NSW)
3. Professional guidelines	a) Nurses & Midwives Board of NSW (2005) Delegation and Supervision, by Registered Nurses of Medication Administration within Aged Care Facilities http://www.nmb.nsw.gov.au/Administration-of-Medications/default.aspx Accessed 31/05/2016
4. Codes of Practice	a) Australian Pharmaceutical Advisory Council (2006). Guiding principles for medication management in the community. https://www.health.gov.au/internet/main/publishing.nsf/Content/OA434BB6C6456749CA257BF0001A9578/\$File/booklet.pdf Accessed 23/05/2016 b) Attendant Care Industry Association (2015) Administration of non-oral and non-injectable medications in the community by attendant care support workers http://www.acia.net.au/wp-content/uploads/2016/04/ACiA_004_-_Administration_of_Oral_Medication_in_the_Community_by_Attendant_Care_Support_Workers_Final.pdf
5. Codes of Ethics	a) Australian Association of Social Workers (2010) Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association (2007) Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) Nursing and Midwifery Board of Australia (2008) Code of Ethics for Nurses in Australia http://www.anmc.org.au/docs/ANMC_Code_of_Ethics.pdf d) Mercy Services Code of Conduct
6. Evidence	
7. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES

- A.03 Code of Conduct
- C.06 Risk Management
- E.01 Service Guarantee
- E.03 Meeting Individual Needs
- E.05 Client Participation, Decision-Making and Advocacy
- E.06 Involvement of Families and Others
- E.07 Behaviour support
- E.08 Complaints
- E.09 Client Records
- E.10 Community Nursing
- E.11 Coordination with Other Services
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.15 Privacy Policy
- G.01 WHS Policy
- G.05 Risk Management
- G.06 Safe Home Visiting
- G.15 First Aid
- G.17 Incident Investigation

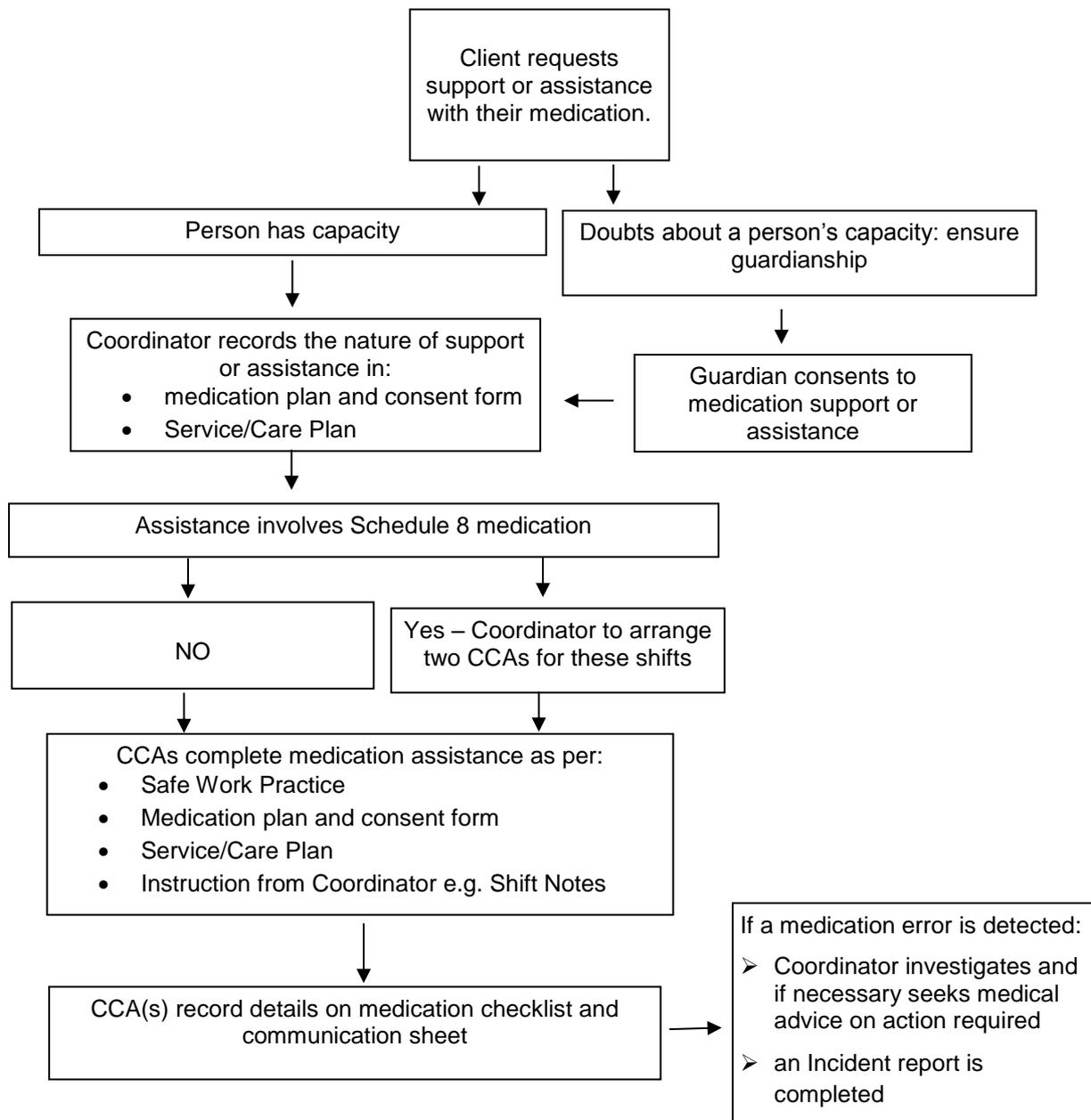
7.0 RELATIONSHIP WITH STANDARDS

<i>Aged Care Accreditation Standards</i>	<i>Home Care Standards</i>	<i>Disability Standards</i>	<i>EQIP Standards</i>
<i>Not applicable</i>	<i>2.2,</i>	<i>2.8</i>	<i>1.6.2, 1.6.3,</i>

8.0 DOCUMENT CHANGES RECORD

<i>Dates of change</i>	<i>Section altered</i>	<i>Natures of changes made</i>
08/06/2016	All sections	Policy created
22/06/2016	a) 4.01 Clarifying client consent regarding medication roles b) 4.04 Support and Assistance as per Safe Work Practice and Service/Care Plan c) 5.0 References	a) Clarifying that a current list of medications is not required. b) Include that staff have a duty of care c) Add Code of practice from Attendant Care Industry Association
18/11/2016	a) 4.10 Medication disposal	a) New section
Review due 18/11/2019		

Appendix 1 Mercy Services flowchart for medication support or assistance



Appendix 2 CLIENT MEDICATION PLAN and CONSENT FORM

Client Name (Hereinafter called "the Client")		Date of birth	
Address			

I _____ (Client or Guardian, herein after called "the Consenting Party")

agree and give my full consent for Mercy Services staff, who have been assessed as competent in medication support and/or assistance to provide assistance to **the Client** with their medication as outlined below:

	<i>Tick applicable</i>					
	<i>Schedule 8</i>	<i>Prompt/remind</i>	<i>Open packet</i>	<i>Give medication to client</i>	<i>Apply</i>	<i>Store medication</i>
Ear drops						
Eye drops						
Liquid medication						
Medical cream						
Nitrolingual pumpspray						
Inhaler						
Tablets in blister (Webster ®) pack						
Transdermal patch						

Specific details:.....

The Consenting Party agrees to allow the Mercy Services staff to carry out the above medication support or assistance at the risk of **the Client** as per the pharmacist's instructions on the medication packaging.

We encourage you to keep a current list of:

- all of your current medicines (prescription, non-prescription medicines, and complementary health care products);
- any allergies and previous drug reactions; and
- vaccinations.

Such a list can be very helpful to ambulance and other emergency workers. We are happy for you to keep this list in the folder we have left in your home.

Client/consenting party signature:.....

Coordinator signature:.....

Client/consenting party Name:

Coordinator name:

Date:.....

Date:.....