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1 SCOPE: National

This national document incorporates both policy statements and procedural guidance for non-regulated care workers who provide medication support to Silver Chain Group (SCG) clients.

This policy, CC-PP-002 is one component of three medication policies in SCG:

- *Medication Management and Authority to Prescribe COR-PP-003*: This document provides the organisation's policy as it relates to all staff including medical practitioners, pharmacists, nurses, allied health professionals and non-regulated care workers.
- *Medication for Nurses CC-NPM-6*: This document provides policy and procedural information for nurses and nurse practitioners involved in medication administration and management.
- *Medication - Non-Regulated Care Workers CC-PP-002*: This document provides policy and procedural information for non-regulated care workers involved in medication management and/or support

2 POLICY STATEMENT

SCG is committed to providing safe and effective care for clients who require additional support managing their medications in the community. Non-regulated care workers have a role in the medication support of clients who are medically stable and who have an established medication regime for their medications. Support provided must be within the non-regulated care workers scope of practice.

3 PURPOSE

The purpose of this policy is to:

- Define the types of medication management and/or support provided by SCG non-regulated care workers
- Define the scope of practice and training requirements for non-regulated care workers
- Explain the procedure for providing medication management and/or support and how exceptions are managed and
- Specify documentation and incident reporting practices for non-regulated care workers.

4 PRINCIPLES

The following principles underpin the provision of medication support:

- Clients are encouraged to maintain their independence for as long as possible, including managing their own medicines in a safe and effective manner
- SCG supports a wellness approach in care delivery and will only provide medication management and/or support to those with a genuine need
- SCG promotes safe and effective medication management and/or support in the community and clients' home by adopting a risk-based approach. Wherever possible, strategies to manage risk and minimise potential medication related harm are adopted; and

- Non-regulated care workers provide medication management and/or support where legislation, regulations, funder and client requirements can be met.

5 RESPONSIBILITIES

5.1 Governance

The national SCG *Clinical Governance Policy COR-PP-002* outlines the clinical governance structure of the organisation. From a medication's perspective:

- The Best Care Committee has accountability and responsibility for endorsing all medication related policies and
- The Medication and Blood Safety Committee has responsibility for preparing and approving all new and existing medication related policies, procedures, clinical protocols and guidelines and providing them to the Best Care Committee for endorsement. This committee includes health professionals, pharmacist, SCG internal members and subject matter experts are invited as needed.

5.2 Leadership

SCG has systems and processes to provide guidance to ensure safe and effective medication management and/or support. Care Team Leaders/Supervisors ensure that an appropriate support plan is developed with the client/representative using information from the medical practitioner (medication authority). These supervisors provide support, advice and follow up, and in the event of a medication incident or near miss event, liaise with the client's medical practitioner and / or pharmacist as required.

5.3 Non-regulated Care Workers

SCG provides staff with education and training to provide medication management and/or support appropriate to their role. Non-regulated care workers must follow the policy, principles and procedural details within this document and associated documents guiding medication management and support, including the reporting of medication incidents and near miss events.

Refer to *Client Incident and Feedback – Mandatory Reporting and Management Policy COR-PP-021*.

5.4 Clients

Clients and carers (with the consumer's consent) are responsible for communicating with SCG staff regarding their medications, any changes in their wellness and adverse events to any medications.

5.5 Carers/Family Members

Carers/family members are responsible for working collaboratively with SCG and the client, in the management of medications, support safe transportation, storage, and disposal of medication.

Afterhours and weekend medication may be supported by the client's family member or a nominated third party as documented in the support plan.

6 PROCEDURAL DETAILS

This procedural detail relates to **Medication management and/or support** (see definition in section 8).

Non-regulated care workers only support clients who are medically stable, have a medication regime prescribed by a Doctor and dispensed by a Pharmacist, and where their practice can be consistent with SCG organisational policy and procedure and Service Delivery Model/s. Medication management and/or support will not be provided where the non-regulated care worker is required to deviate from documented support plan/s or any level of clinical judgement is requirement.

For a non-regulated care worker to provide medication management and/or support, they are required to:

- Have appropriate qualification (e.g., Certificate 3 in Aged /Community Care) or experience, and;
- Have successfully completed the SCG Medication training and are deemed competent.

In South Australia only, non-regulated care workers may be delegated responsibility, by the Registered Nurse, to provide Medication management and/or support. This must occur in accordance with the criteria detailed in Appendix 2 (Delegation by a Registered Nurse) of *Medication for Nurses CC-NPM-6*.

6.1 Medication Care Planning and Documentation

The SCG Informed *Decision Making and Consent Policy CC-PP-001* outlines the conditions under which implied and explicit consent should be applied.

Medication care planning for Department of Veteran Affairs (DVA) and *Specialised Care Tasks CC-WI-028* must be completed by a Registered Nurse (WA).

DVA Personal Care Schedule clients who require management and/or support of Schedule 8 drugs must be reviewed by a Registered Nurse or Medication Competent Enrolled Nurse at the end of every seven days.

In addition to the hard copy of these documents in the home, an electronic record of the Medication Authority is stored and updated in ComCare.

To provide medication management and/or support each client must have a current and correct:

- Medication Authority
- Support Plan
- Medication Chart and
- Maintenance Medication Care Plan (SA Only).

Medication Authority

A medication authority is valid for 12 months. Medication management and/or support cannot be provided without a valid authority. The Care Team Leader/Supervisor or relevant Client Coordinator is responsible for ensuring there is a valid medication authority.

Medication Support Plan

A medication support plan is developed in consultation with the client/representative by a Care Team Leader/Care Coordinator/Registered Nurse who has the necessary knowledge and skills.

6.2 Training and Competency

Non-regulated care workers providing medication management and/or support must hold a current competency:

- Medication training for Care Aide and Care Worker or equivalent role
- Basic Life Support (BLS)

Specialised and additional care tasks are delivered in WA by some competent non-regulated care workers. This is described in *Competency Training for Specialised Care Tasks and Additional Care Tasks CC-WI-098* and *Specialised Care Tasks (CHSP and Under 65 HACC Contract Only) CC-WI-028*.

Competent non-regulated care workers can support the following medication category's using the described aids:

Medication Category	Management and/or Support Aids
Solid Oral Medications including Schedule 8s	Sealed Dose Administration Aid (SDAA)
Oral Liquid Medications (Not S8 medications)	Measuring Cup/Syringe (from original packaging*)
Patches and Wafers/Sublingual	Nil (from original packaging)
Eye Drops; Ear Drops; Nose Drops and Sprays	Nil (from original packaging)
Topical, (eg creams and ointments) Vaginal Medications [#]	Nil (from original packaging)
Suppositories [#] Enemas [#]	Nil (from original packaging)
Nebuliser, Puffers and Spacers	Nebulisers, puffers and spacers (metered dose)
Oxygen [#]	Support Only
Gastrostomy Medication [#]	Via Peg Tubes/syringes (depending on the type of medication)

* Must be as per the dosage written on original packaging.

[#] These are tasks that require additional competency assessment.

6.3 Hand Hygiene

Appropriate infection control procedures apply when providing medication management and/or support. Refer to *Infection Prevention and Control COR-PP-036* and *Hand Hygiene CC-WI-050*.

Non-regulated Care Workers perform hand hygiene between medication management and/or support tasks (e.g. oral, topical, eye preparations).

6.4 Storage of Medication

Unless otherwise specified, medication should be stored in a cool, dark, dry environment out of reach of children and as per manufacturer's/pharmacist's instructions. Additionally, medication should be stored in a safe and secure location in the client's home and only be accessible to those people who require access to manage and/or support medication. A secure storage device (ie locked box) is

recommended for clients who may be at an increased risk of medication incidents as identified by carer, family, Silver Chain staff or Medical Practitioner.

6.5 Transportation of Medication

Non-regulated care workers should not transport medication to or from the clients' home. In exceptional circumstances, Head of Country or Head of Metro Community Services may approve transport of medication following a documented case conference. Any exceptions are to be clearly documented in the client care record.

The client or a delegated member of their support network is to transport medication including disposal of medication. In many areas, arrangements can be made with the pharmacy supplying the medications for delivery to, and collection from, the client's home.

6.6 Disposal of Medication

Clients, carers and families are encouraged not to keep any supplies of expired medication or medication that is no longer required in the home. Unrequired, unusable and expired medication can be disposed of safely and free of charge by returning it to any local pharmacy by client, carer or family member.

Medication NOT in an intact SDAA or original packaging must be placed in a plastic bag and marked "For Disposal". This includes medication which has been withheld, refused or found in the premises.

The non-regulated care worker must place medications for disposal in an appropriate interim storage location in the premises, consistent with 6.4 of this document. The non-regulated care worker will promptly escalate the incident to their Supervisor/Care Team Leader/Care Coordinator who will arrange for transportation to a pharmacy.

Appropriate notes should be made in the client care record and an incident reported in the electronic incident management system.

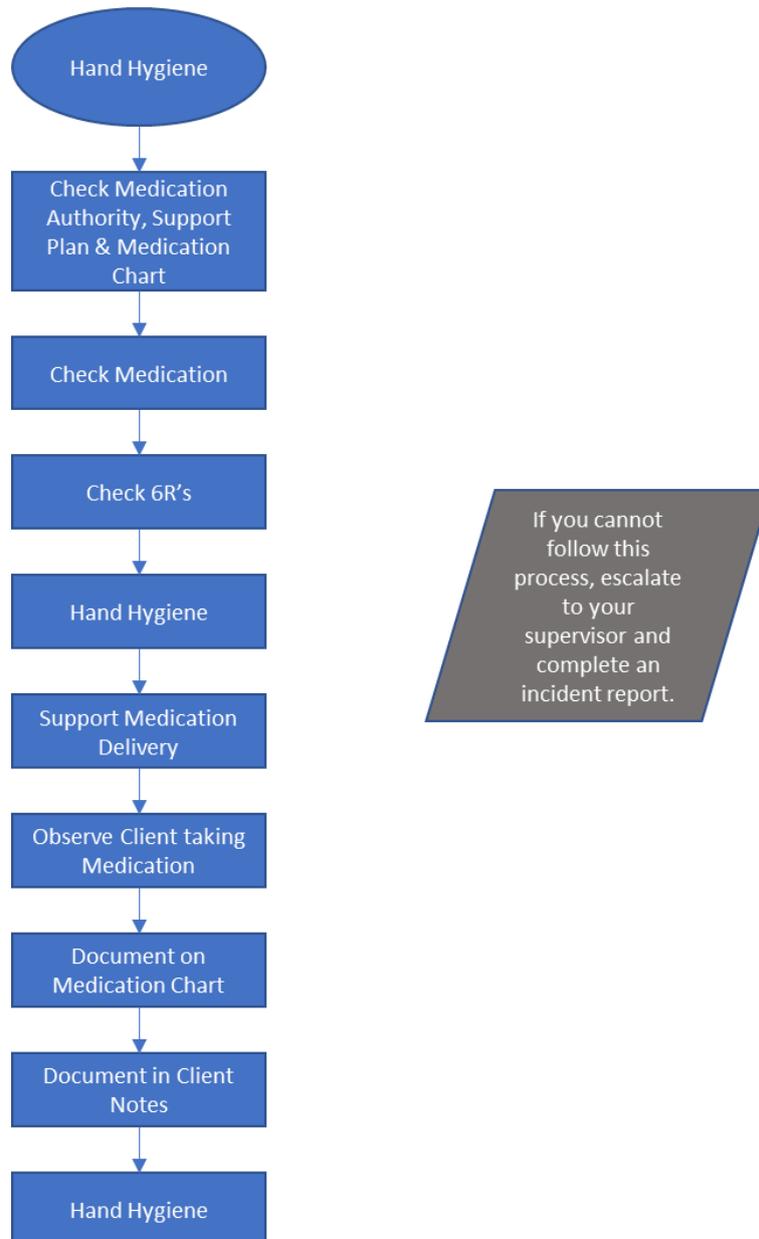
6.7 Medication Rights

To support safe and effective practice, competent non-regulated care workers must apply the six rights of medication management and/or support:

- Right client/person (three points of identification per *Client Identification CC-POL-032*)
- Right medication
- Right dose
- Right time (date, day, time)
- Right route
- Right documentation (medication authority, support plan, medication chart and client notes for exceptions/incidents)

All clients have a right to refuse medication.

6.8 Medication Management and/or Support Process



6.9 Exceptions

The information under 6.9 describes possible exceptions to the planned provision of medication management and/or support as illustrated in 6.8 above. All medication incidents must be reported in accordance with *Client Incident and Feedback – Mandatory Reporting and Management COR-PP-021*.

Non-regulated care workers, their supervisors and client care coordinators must remain vigilant as medication incidents may be an indicator of deterioration of the client.

Individual incident investigation, trended incident data, client observation and interaction, and communication with the clients’ family/carer should be used to inform care review and planning processes.

6.9.1 Expired Medication

Expired medications must not be used. The non-regulated care worker must immediately contact the Care Team Leader/Supervisor or the relevant Coordinator. Medication not administered must be noted on the medication chart using the appropriate code.

Medication withheld must be disposed of in a manner consistent with 6.6 of this document. Client notes must be made describing why the medication was not given and an incident report completed in the electronic incident management system.

If other medications are scheduled for the visit, these should not be withheld if they are not expired.

6.9.2 Changes to Medication

Changes to medications can only be initiated by a qualified medical practitioner.

- If a client's medication changes, the non-regulated care worker is notified by the Care Team Leader or the client's Coordinator. All medication documentation is promptly updated and consistent with the requirements outlined in 6.1 of this document.
- Non-regulated care workers must contact Care Team Leader/Coordinator/Supervisor if medications are not identified in the support plan.
- If the medication is inconsistent with the medication documentation/chart, the non-regulated care worker should immediately contact the Care Team Leader/Coordinator/Supervisor. This includes where the client/family advise a medication has been ceased. If this is confirmed by the supervisor, the non-regulated care worker places a 'ceased' sticker on the medication chart in the appropriate place and documents this action in the client's progress notes.
- If the non-regulated care worker is instructed by the Care Team Leader/Coordinator/Supervisor not to support medication, the Non-regulated Care Worker must document this on the medication chart and in the client notes indicating the advice provided by the Care Team Leader/Coordinator/Supervisor.

6.9.3 Incorrect/Incomplete Documentation

If the Medication chart appears to be incorrect or incomplete, the non-regulated care worker contacts the Care Team Leader/Coordinator/Supervisor and reports an incident in the electronic incident management system.

6.9.4 Client Refuses Medication

If a client refuses to take any or all their scheduled medication this is documented on the medication chart using the ® symbol as per medication chart code. The non-regulated care worker contacts the Care Team Leader/Coordinator/Supervisor and reports an incident in the electronic incident management system. Any medication that is not administered is disposed of in the manner described in 6.6 of this document.

The Care Team Leader informs the clients medical practitioner each time the client refuses their medication. The medical practitioner may provide written instructions in relation to the client refusing their medication e.g., contact GP if client refuses medication on two consecutive occasions.

If the medication is refused by the client prior to the Sealed Dose Administration Aid (SDAA) being opened, the packaging should be left intact. It is not appropriate to administer only some of the medications from an SDAA; it must be all the tablets in the SDAA or none.

6.9.5 Client Absent

If a client is not home for a scheduled medication management and/or support service, the non-regulated care worker follows the **Client Not Home** practice. An incident is reported in the electronic incident management system by the Care Team Leader/Coordinator/Supervisor.

6.9.6 When Required Medication (PRN)

On occasion, the non-regulated care worker may be required to support a client with their “as needs” medication, but not at every visit (e.g. topical cream only when a client’s rash is inflamed).

Clear direction must be documented in the Medication Chart to guide the non-regulated care worker in the support of “when required” medication. If any clinical judgement is required, contact your Care Team Leader/Coordinator/Supervisor who will seek guidance from the prescribing medical practitioner, the dispensing pharmacist or a registered nurse.

6.10 Medication Incidents

Medication incidents are defined in the definition section of this document. The *Client Incident and Feedback – Mandatory Reporting and Management COR-PP-021* describes the incident reporting process.

Any medication incidents where serious harm could have or did occur will undergo Clinical Review.

If a medication incident occurs, the non-regulated care worker must contact either their Care Team Leader/Coordinator/Supervisor or the Ambulatory Liaison Nurse (ALN) in WA, NSW & QLD and the CN RDNS Direct in SA via the Contact Centre to seek advice and support. This incident is reported in the electronic incident management system and information relevant to the care, documented in the client’s notes.

6.11 Advice and Support

If at any time the Non-regulated Care Worker requires support and assistance they will immediately contact either their Care Team Leader/Coordinator/Supervisor, the ALN (WA/NSW/QLD) or CN RDNS Direct (SA) through the Contact Centre.

6.12 High Risk Medication Support

If the Medication Authority and the Medication chart notes a cytotoxic medication, the non-regulated care worker is notified through Comcare Alert and must use appropriate Personal Protective Equipment. They must have access to appropriate Personal Protective Equipment and any other equipment such as a Spill Kit. The non-regulated care worker must contact the Care Team Leader/Coordinator/Supervisor if they have any concerns.

7 LEGISLATION, GUIDELINES AND STANDARDS

Australian Commission on Safety and Quality in Health Care (ACSQHC). National Safety & Quality Health Service Standards;

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>.

Accessed 05/03/2019.

Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 4: Medication Safety (October 2012)

https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4_Oct_2012_WEB.pdf.

Accessed 6/03/2019.

Commonwealth Home Support Program Guidelines

https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2018/commonwealth_home_support_programme_guidelines_-_effective_as_of_1_july_2018.pdf

Accessed 7/03/2019

Australian Government Department of Veterans' Affairs. Notes for Community Nursing Providers, Effective March 2017. 2016;

<http://www.dva.gov.au/providers/community-nursing>.

Accessed 07/03/2019.

Australian Pharmaceutical Advisory Council. Guiding principles for medication management in the community. 2006;

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0A434BB6C6456749CA257BF001A9578/\\$File/booklet.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0A434BB6C6456749CA257BF001A9578/$File/booklet.pdf). Accessed 07/03/2019.

Australian Commission on Safety and Quality in Health Care (ACSQHC). NIMC User Guide – TRIM 24380. ACSQHC 2016;

<https://www.safetyandquality.gov.au/wp-content/uploads/2016/03/NIMC-User-Guide.pdf>.

Accessed 07/03/2019.

8 DEFINITIONS

Any reference to **Silver Chain** means Silver Chain Group, Silver Chain Group Limited and each of its related bodies corporate (SCG) (including but not limited to the Royal District Nursing Service SA Ltd).

Client: A person eligible for services under the relevant program guidelines.

Carer: A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role, other than a pension or benefit.

Medication Authority: A written order signed by a medical practitioner detailing medication name, dose, frequency, route, cease date, specific instructions including any allergies and reaction.

Medication Incident: Any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the healthcare professional or client. These can include:

- Wrong dose
- Wrong person

- Wrong time
- Wrong route
- Missing medications
- Adverse reactions
- Client documentation inappropriately completed, i.e. not signed, incorrect count
- Missed dose
- Incorrect count
- Unclear/illegible medication authority
- Incorrect pharmacy supply.

Medication management and/or support is assisting the client with self-administration of medication involving:

- Reminding and/or prompting the client to take the medication
- Assisting with opening of SDAA or other medication packaging for the client
- Removing the prescribed dosage (e.g. patch)
- Opening locked box (if required)
- Observing or supporting the client to take or apply the medicine
- Completing the documentation
- Reporting medication incidents.

Medical Practitioner: A medical officer registered with APHRA.

Medicine/Medication: Any poison for therapeutic use.

Schedule 8 Medication: Medicines with strict legislative controls.

Non-regulated Care Worker: Paid employees, such as carers/care aides or care workers, personal care assistants/attendants, assistants in nursing and other health care workers not registered with the Australian Health Practitioner Regulation Agency (AHPRA).

9 RELATED DOCUMENTS

Policies: CC-PP-003 Medication Management and Authority to Prescribe
COR-PP-021 Client Incident and Feedback – Mandatory Reporting and Management
COR-POL-211 Governance Structure
CC-PP-001 Informed Decision Making and Consent Policy
COR-PP-036 Infection Prevention and Control
CC-POL-032 Client Identification

Nursing Procedures: CC-NPM-6 Medications for Nurses

Work Instructions: CC-WI-028 Specialised Care Tasks
CC-WI-050 Hand Hygiene

Forms: CC-FRM-580 Medication Chart
CC-FRM-822 Medication Administration Record