VICTORIA DALY **REGIONAL COUNCIL**

03. PERSONAL CARE AND CLINICAL CARE : POLICY AND PROCEDURE

SECTION 3: PERSONAL CARE AND CLINICAL CARE

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3.1 OVERVIEW

3.1.1 CONSUMER OUTCOME[1]

"I get personal care and/or clinical care that is safe and right for me."

3.1.2 ORGANISATION STATEMENT[2]

Victoria Daily Regional Council Home Care ensures personal care and clinical care is safe and effective and delivered in accordance with the consumer's needs, goals and preferences to optimise health and wellbeing.

3.1.3 OUR POLICY[3]

- Each consumer receives safe and effective personal care and/or clinical care that is:
  - Best practice
  - Tailored to their needs and
  - Optimises their health and wellbeing.
- High-impact or high-prevalence risks associated with the care of each consumer are identified and managed.
- The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
- Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
- Information about the consumer's condition, needs and preferences is documented and communicated within Victoria Daily Regional Council Home Care, and with others where responsibility for care is shared.
- Timely and appropriate referrals are made to other providers, organisations and individuals.
- Infection-related risks are minimised through implementing:
  - Standard and transmission-based precautions to prevent and control infection
  - Practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Note: Infection control policy and procedures are included in Section 2: Assessment and Planning as infection control strategies must be considered in planning consumer care.

3.1.4 RESPONSIBILITIES

- Management develops processes and practices that achieve safe and effective care delivered in accordance with the consumer's needs, goals and preferences and ensures the employment of staff who are qualified and experienced in all aspects of the provision of personal and clinical care

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[1]   Standard 3: Personal Care and Clinical Care Aged Care Quality Standards June 2018

[2]   Ibid

[3]   Based on the requirements for Standard 3: Personal Care and Clinical Care Aged Care Quality Standards June 2018

- The Registered Nurse assesses clinical care needs, coordinates the review of complex clients, develops clinical care support plans, refers consumers to appropriate health professionals, conducts clinical reviews where required, and reports clinical reviews, annual medication audits and clinical care performance to the Clinical Governance meeting. The Registered Nurse provides education, training, competency assessment and supervision of support workers in the delivery of delegated care tasks as appropriate.

- Staff follow policies and procedures, participate in development opportunities, report and escalate consumer deterioration (where necessary) and deliver services that are safe and effective and are delivered in accordance with the consumer's needs, goals and preferences

- Consumers and/or their representatives provide ongoing input on their needs and preferences for care and services.

3.1.5 MONITORING PERSONAL CARE AND CLINICAL CARE

Consumer dignity and choice processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

3.1.6 REFERENCES

- Australian Government Department of Health *Aged Care Quality Standards* June 2018

- Australian Government Australian Aged Care Quality Agency *Aged Care Quality Standards Draft Guidance - Full Suite* 2018

- Australian Nursing and Midwifery Federation *Nursing Guidelines: Management of Medicines in Aged Care* 2013

- Department of Health and Ageing *Guiding Principles for Medication Management in Residential Aged Care Facilities* 2012

- Australian Pharmaceutical Advisory Council *Guiding Principles for Medication Management in the Community* 2012.

3.2 DELIVERING SUPPORT

3.2.1 ASSESSMENT AND SUPPORT PLANNING PROCESSES

The assessment and support planning processes are underpinned by the following principles:

- Referral information is used to understand the consumer's needs and validated with the consumer/their representative/s to reduce assessment burden

- Consumers are consulted regarding their expressed goals of care and considers each consumer's individual personal and health circumstances

- Care and support are provided with consideration to the consumer's personal and clinical care needs and based on appropriate clinical (conducted by the Registered Nurse) assessments where necessary

- Consumers needs and goals are reviewed regularly in consultation with the consumer/their representative and when these needs and goals change to ensure effectiveness of care and support provided

- Consumers are referred to appropriate health professionals (or other supports) to ensure appropriate care and support strategies are provided particularly when deterioration is identified or the care required is not within the scope of practice of care providers.

The flow chart included below outlines the assessment and support planning process and includes as key processes:

- Consumer consultation (this occurs on an ongoing basis to ensure consumer preferences and needs are met)

- Exception reporting when something out of the ordinary happens (falls, change in condition etc.) that requires consideration to a change in care

- Six-week review (this is a case conference process conducted six weeks after commencement, to ensure the consumer is happy with the support outcomes and provides an opportunity to reassess any clinical needs the consumer may have)

- Six monthly/when required, support plan review (depending on the complexity of the consumer's support needs, this process ensures a systematic consumer review process occurs at least six monthly and when required as care needs change)

- Annual review (an annual case conference is conducted with consumers (this can be conducted by telephone if complex clinical care is not being provided) to ensure support and care are meeting the needs of consumers.

i) Support plan review schedule

Support plans are reviewed on a regular schedule; the process includes consultation with the consumer/representative, reassessment of need, changes in the health and wellbeing of the consumer, adverse events and information from referrers (e.g. medical practitioners, hospitals).

Referral and updated health information (from medical practitioners, hospitals, other health professionals) is noted and integrated into the support plans as necessary. Actions to inform, train and develop staff are taken by the Registered Nurse as necessary to implement the relevant clinical care interventions.

ii) Identifying deterioration and escalation

Support staff follow the support plan and identify deterioration in the consumer (such as a change in mobility, complaints of feeling unwell, or a change in their mental state) and advise the Coordinator/Registered Nurse. Support workers do not give health advice. The Coordinator/Registered Nurse contact the consumer and advise they contact their medical practitioner/health professional as appropriate. The Registered Nurse may visit the consumer to assess their needs and complete an appropriate assessment and refer as necessary.

If the consumer appears seriously unwell or displays signs of a life-threatening event (e.g. collapse, chest pain) the support worker calls an ambulance and follows the instructions from the ambulance personnel. The support worker then advises the Coordinator/Registered Nurse of the event and awaits instructions.

All staff document in the consumer's record the advice and actions taken in the event of consumer deterioration. The iSoBAR handover framework is used to guide the handover of information.

Case conferences

The Coordinator/Registered Nurse conducts a case conference following the identification of deterioration that is complex, significantly impacts on the wellbeing of the consumer or impacts on the consumer's ability to remain living at home. This process can involve all relevant parties (depending on the issue) including the consumer, representatives (if the consumer wishes), the Coordinator, Registered Nurse, medical practitioner, other health professionals, and support workers. The aim of case conferences is to ascertain if the support plan is appropriately meeting the needs of the consumer and supporting them to live in their home.

All case conferences are documented in the consumer's record and actions identified at the case conference are followed up by the Coordinator and reviewed to ensure they have been appropriately actioned.

Clinical review

As part clinical care, the Registered Nurse conducts a clinical review process if necessary (e.g. where consumer outcomes are not being met, following a serious adverse event) to investigate if any care interventions can be improved. Clinical review includes a review of consumer records, identification of improvement areas and discussion with relevant staff (including the medical practitioner as necessary). Following clinical review, an entry is made in the progress notes to outline findings and necessary actions. Clinical review findings are also tabled at the clinical governance meeting.

iii) Handover

The ISOBAR[4] handover process is used for all formal handovers as relevant for support workers and health professionals. This process is used when handover occurs between agencies, health professionals and support workers. The information provided during handover is based on the knowledge and skill of the person providing the handover; for example, support workers may not have recorded vital signs, but can provide other pertinent information such

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[4] Based on iSoBAR — a concept and handover checklist: the National Clinical Handover Initiative Jill M Porteous, Edward G Stewart-Wynne, Madeleine Connolly and Pauline F Crommelin MJA 2009; 190 (11): S152-S156

as observation of the consumer. All staff are provided with information on how to use the iSoBAR handover process. (See Table 3.2.1: 1 iSoBAR Handover.)

In addition to this formal handover process, support workers have a Handover Sheet that they use to note any general information about the consumer. This is shredded after use to maintain consumer privacy.

Table 3.2.1 iSoBAR Handover

ISoBAR Handover		
i	IDENTIFY	Introduce yourself (your name, organisation name and role) Introduce the consumer (name, date of birth, age, gender, location)
S	SITUATION	Why are you handing over? Briefly state the problem, what, when, how severe?
o	OBSERVATIONS	What you observe about the consumer e.g. • Changes to their 'usual' condition such as change in behaviour • Change in motor function such as 'unable to walk' or 'unable to move right arm' • Difficulty breathing • Expression of pain (where, how severe) • Other relevant observations (vital signs, blood pressure or blood glucose level if taken)
B	BACKGROUND	Pertinent information related to the consumer e.g. • Medical history (as per records) • Current medications • Allergies • Relevant cognition information (such as confusion) • Relevant social information (lives alone, has carer etc)
A	AGREE A PLAN	What is your assessment of the situation? What are you wanting (advice, orders, transfer)? What supports you have available from your organisation? What is the level of urgency? What is the plan?
R	READBACK	Clarify and check for shared understanding. Agree what is going to happen next.

Figure 3.2.1 Assessment and Care Planning Process Flow Chart

(See next page.)

Assessment and Support Planning Process Flow Chart

KEY PROCESSES

TASKS

Consumer Consultation
- To ascertain consumer preferences and needs.

Talk with the consumer, representatives, other family and stakeholders.

Coordinator/Registered Nurse
Complete assessment documents

Coordinator/Registered Nurse
Develop individual Support Plan and review as necessary and at least annually

Exception Reporting
- To detail any exceptions to care such as falls, change in condition, medication changes, infections, visits by health professionals.

Coordinator/Registered Nurse
Document:
- What happened
- What you did
- What you plan to do
- Outcome
- Handover to colleagues to ensure follow up
- If clinical issue, seek advice from appropriate health professional

Coordinator/Registered Nurse
Update/Review support plan if needed and note changes in the progress notes. Start the entry SUPPORT PLAN UPDATE: and then detail changes

SUPPORT STAFF
Document noted exceptions and handover to the Coordinator/Registered

Review Six Weeks After Commencement
- Conduct case conference with consumer, family, care staff
- Document in progress notes and take actions as necessary

Coordinator/Registered Nurse
Conduct reassessments and update and review the care plan as needed. Consult with Manager if care needs have significantly changed to determine care level

Registered Nurse/Manager
Consider funding review/other options if care levels have changed.

Six monthly/(when required) Support Plan Review
- Coordinator/RN report on all outcomes in progress notes for consumer
- Analyse outcomes by reviewing:
  o Support plan
  o Progress notes
  o Medication chart
  o Data such as weights, obs, skin tears, falls etc.
- Write in progress notes the evaluation statements
- Re-assess/refer as needed.

Coordinator/Registered Nurse
Conduct reassessments and update and review the care plan as needed. Consult with Manager if care needs have significantly changed to commence assessment to prompt funding change/explore options

Registered Nurse/Manager
Consider funding review/other options if care levels have changed.

Annual Review
- Conduct case conference with consumer, family, care staff
- Review/repeat assessments including clinical care assessments as necessary
- Write holistically regarding consumer status in progress notes
- Make changes to the support plan as necessary

NOTES

Key Processes
The pink boxes note the key processes that make up the assessment and care planning

Coordinator/Registered Nurse
Blue boxes note the activities undertaken by the Coordinator/Registered Nurses.

All Staff
Orange boxes note tasks by all staff including support workers and Registered Nurse/Coordinator

Support Workers
Green boxes note tasks to be completed by unregulated support workers.

3.2.2 RISK ASSESSMENT

Consumers may be at risk of events that can have a serious impact their health and wellbeing. These can include:

- Harmful effects of living with dementia such as confusion
- Falls and mobility impairments
- Sub optimal nutrition and hydration
- Swallowing difficulties
- Medication errors and medication side effects
- Sub optimal pain management
- Pressure injuries
- Consequences of restrictive practices (we do not provide support to consumers who require restrictive practices/restraint)
- Delirium.

i) Screening for risks

Risk screening for cognition, falls, nutrition and hydration, swallowing, medication reconciliation, pain, skin integrity and risk of pressure injury and delirium are conducted on admission and regularly as risks are identified. If risks are identified, referral information and health professional input is sought to inform the development of an appropriate support plan.

The Registered Nurse sources the most appropriate information for consumers once the assessment is completed and can provide consumers information on a range of health topics for older people including (and included in the consumer resources section of this manual):

- Falls
- Pressure injuries
- Medication management
- Maintaining nutrition and hydration
- Living with dementia
- Continence
- Bowel health
- And other health issues.

Where appropriate, these resources may also be used in information sessions with support workers.

ii) Assessing risks

Following screening, if risks are identified, an assessment is conducted by a health professional to ascertain the care and supports required to minimise risk and support the consumer to maintain health and wellbeing. The support plan is updated to reflect the care provided. Consumers are referred to appropriate health professionals as required, following consultation with the consumer.

iii) Support planning

Support plans are developed in consultation with the consumer to reduce the risk of harm to consumers. These are reviewed six weeks after commencement, six monthly (as required and for complex consumers), when care needs change and on a twelve-monthly schedule.

iv) Referral

Consumers are referred to health professionals or other providers if required and records of the referral, assessment and interventions are maintained in the consumer's record. If information is provided by a health professional following referral, this is integrated into the consumer's support plan.

3.2.3 PERSONAL CARE

i) Scheduling

Scheduling consumer care is done in consultation with the consumer and with consideration to organisational capacity and capability to ensure the services provided support consumer outcomes. Staff receive notification of their schedule from the Consumer Management System that provides consumer details and the service type. Staff advise their supervisor if the schedule is not adhered to as planned. Staff ensure all information about the consumer remains confidential.

ii) Support plans

Staff deliver the support described in the support plan/s and complete Progress Notes **only** if an exceptional event has occurred. For example, if the support worker notices a change in condition or other exceptional event they make a note in the progress notes in the consumer's home and notify their supervisor. The supervisor follows up as required; any notes of the follow up are recorded in the consumer's record in the Consumer Management System. Staff use the relevant reporting forms to record hazards, medication errors or adverse events in addition to making a notation in the progress notes and may use their Handover Report to assist in remembering issues that need to be raised with their supervisor.

Support workers are updated on any changes to support plans or consumer needs through a verbal handover if necessary and are provided with an updated support plan to take to the consumer's home if there are significant changes. There are meeting forums for support workers to discuss any issues arising in the support they provide and their supervisor is available by telephone, at any time, if necessary.

iii) Equipment and materials

Medical supplies (e.g. wound care products) and any equipment or materials to support the consumer are provided within funding guidelines. (If equipment is purchased using Home Care Packages funding [not loaned equipment from our organisation] the consumer maintains responsibility for the maintenance and repair of the equipment.) The Registered Nurse in consultation with the Team Leader approves the use of any equipment or materials and ensures that they are supplied, maintained and appropriately stored (see 5.5.6 Monitoring and Maintaining Equipment and Facilities).

With regard to medical supplies, the Registered Nurse ensures that all materials are within use-by dates, stored as per manufacturers specifications and disposed of appropriately.

Should a consumer request medical or independent living support equipment (such as mobility aids, chairs, pressure relieving equipment) a referral is made to an Occupational Therapist to advise and support the equipment recommendation, use and monitoring.

3.2.4 CLINICAL SUPPORT

Clinical support is provided by the Registered Nurse working within their scope of practice. This can include all types of nursing care and support such as clinical assessment and care planning, wound care, continence management, behaviour management supports and health promotion activities including consumer education. Clinical procedures are detailed in the evidence-based Nursing Procedures Manual.

A range of support plans are used:

- A Support Plan for consumers with non-complex support needs

- A Complex Care Support Plan for complex needs consumers (usually consumers receiving clinical care in their home care package). NOTE: A Support Plan is also completed for these consumers if other services such as transport, day centre or meals are provided. This ensures all supports are clearly identified.

- A Specific Care Plan that can be used to address specific needs (or support needs for a short period of time), such as wound care requirements, complex catheter care or behaviour support strategies.

- A Medication Plan is completed if Support Workers are providing medication support.

If support is required every day, arrangements for public holidays and weekends are included in the support plan.

The Registered Nurse ensures that Support Workers have the appropriate skills (including competency assessment if required) to aid consumers requiring clinical support and orientates the Support Workers allocated to provide support to these consumers prior to them providing support. In addition, the Registered Nurse supervises and reviews the care and support provided by support workers to ensure care outcomes are being met.

3.2.5 DOCUMENTING ADVANCE CARE PLANNING

Consumers are supported to complete an advance care and end of life plan if they wish to (see 2.3.5 Service Commencement and Assessment /viii) Advance health directives). The support plan contains reference to the presence of an Advance Care Plan (and associated end of life plan) and a copy is kept with the support plan for staff to reference as required. Information on advance care planning wishes are provided when the consumer is referred to other agencies or health professionals with the consumer's permission.

3.2.6 MONITORING HEALTH AND WELLBEING IN NATURAL DISASTERS

Staff ensure they monitor the health and wellbeing of consumers during their visits. This includes monitoring for changes in the consumer and being aware of the impacts of hot and cold weather on consumers and the risks associated with bushfires.

i) Cold weather support

If the weather is cold, staff ensure:

- The consumer has adequate clothing and heating

- Windows and doors are sealed appropriately, whilst ensuring ventilation for heating as appropriate

- There is adequate food and drinks available in the home.

Staff are provided with the following information from the Department of Health Heatwave Checklist and ensure:

ii) Before a heatwave

- Assess which consumers are at risk - who has limited capacity to keep cool; or which homes are prone to being hot

- Check cooling systems in consumer's homes are adequate and working effectively

- Ask relatives and friends to ensure consumers are cool and comfortable and appropriately dressed on hot days

- Offer extra support to consumers where family and friends are not available to help

- Provide contact details of your consumers to the local emergency services, where appropriate.

iii) During a heatwave

- Continue to deliver care - source additional staff or volunteers if required

- Be aware consumers may be at particular risk following high overnight temperatures

- Keep curtains and blinds closed in consumers' homes to reduce excess heat

- Make small amounts of fluids readily available to consumers

- Provide alternative forms of fluid, and discourage alcoholic or caffeinated beverages

- Encourage consumers to eat frequent small meals

- Encourage consumers to wear loose fitting clothing, use sunscreen and keep skin covered when exposed to direct sunlight

- Encourage consumers to seek shade when outside, and to avoid going out between 11 am and 3 pm

- Offer additional tepid showers or sponging

- Look for signs of heat stress, such as nausea, and changes in appearance including red, pale or severely dry skin

- Ask for a clinical assessment if consumers show any signs of deterioration.

iv) Personal emergency planning for consumers and vulnerable consumers

We encourage and support consumers and their families to develop a personal emergency plan that details what they will do in an emergency such as bushfire, flood, power outage etc.

Vulnerable consumers (those living in the community who are frail and/or cognitively impaired and unable to comprehend warnings and directions and/or respond in an emergency situation) are identified and we discuss emergency planning with them and/or their families and ensure a personal emergency plan is developed. Should an emergency event, such as a bushfire or flood occur in the area, we ensure we contact the vulnerable consumers and provide support to them such as visiting the consumer (if safe to do so), providing transport, contacting family or alerting emergency services.

3.3 MEDICATION MANAGEMENT

3.3.1 OVERVIEW

Victoria Daily Regional Council Home Care promotes the safe and effective use of medications for all consumers in line with current legislation and guidelines. Medication management can be provided to consumers by the Registered Nurse or Support Workers. The Registered Nurse is bound to follow professional guidelines[5] in the delivery of medications. Support Workers can only provide medication management support if they have been deemed competent to do so. Consumers are encouraged to remain independent in the management of their medications.

This Policy is developed in line with the Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013, Department of Health and Ageing Guiding Principles for Medication Management in Residential Aged Care Facilities 2012 and Australian Pharmaceutical Advisory Council Guiding Principles for Medication Management in the Community 2012.

The legislation guiding medication management in WA is the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016; however, this legislation does not define the roles of support workers in medication management.

Each consumer is assessed to understand what medication supports they require to ensure safe and correct medication processes.

3.3.2 GUIDING PRINCIPLES

The following guiding principles apply:

i) Medication advice

- The Registered Nurse seeks advice from relevant health professionals as required.

ii) Information resources

- The Registered Nurse has access to information about medications through Product Information and Consumer Medicines Information (CMI).

- Information for consumers is sought from the dispensing pharmacist and prescribing doctor when requested by the consumer/representative and verbal information regarding medication is provided by nursing staff when requested and in line with each individual nurse's scope of practice.

- Policies and procedures guide staff in understanding the legislative and regulatory and safe practice requirements related to medication management.

- Staff are provided with education and training in medication management applicable to their role.

- Information regarding changes to medications is sought from consumer referrers (e.g. after transfer from an acute hospital or assessment by medical specialists) to ensure continuity of medication.

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[5] Australian Nursing and Midwifery Federation Nursing Guidelines: Management of Medicines in Aged Care 2013

iii) Medication selection

- Consumers are consulted regarding their medications and consent is sought to provide medication support from consumers/representatives as relevant.

- Consumers are required to give full and detailed information about their medications to promote safe medication use and management.

- Consumers have the right to select non-prescription, complementary or alternative medicines; however, our staff will only provide support with medications if a doctor provides guidance and instruction of administration of such medicines. Consumers are advised to inform their doctor of any non-prescription, complementary or alternative medicines they are taking. Pharmacists are encouraged to include any non-prescription, complementary or alternative medicines in the information provided.

- Staff will provide medication management support, with the consent of the consumer, on medicines prescribed by a doctor within their scope of practice and prescribing authority.

- Consumer oral tablet medication is only dispensed if stored in a medication aid (such as a blister pack dispensed by a pharmacist), as they are considered to minimise potential errors.

- Where medication is not suitable for a medication aid (e.g. liquid, eye drops eardrops, ointment, cream etc.) the Support Workers provide support as defined in the medication type competency documents:
  - Oral medications
  - Applying a topical preparation
  - Eye drops/ointments
  - Inhaled medications
  - Nebulised medications
  - Transdermal patches
  - Liquid medications.

- Nurse-initiated medications are not provided to consumers.

- We do not support consumers with cytotoxic or chemotherapeutic agents of any type (e.g. cream, injection).

- Consumers are encouraged to self-medicate when deemed to be cognitively and physically able to do so by their doctor or health professional.

iv) Medication documentation

- Each consumer has a record of medications provided by the dispensing pharmacist, based on the prescription provided by the doctor or nurse practitioner.

- Each time a medication is provided to a consumer the medication administration is documented by the staff person responsible including if medications are refused, omitted or self-administered by the consumer.

- A support plan (with consumer identifying information) is documented for each consumer that details if medication support or medication administration is required.

- Support workers providing medication administration must refer to the Medication Order form for instructions and sign the medication signing sheet once the medication is administered.

- Consumers who self-medicate retain all responsibility for their medications.

v) Monitoring and review of medications

- The consumer is encouraged to see their doctor regularly to review medications and provide any updated medication information to staff.
- Support workers competent in medication administration/support report any issues regarding medication management to their supervisor who will review medication practices and take appropriate action.
- The Registered Nurse/Coordinator ensures that all consumer's medications are reviewed by the doctor annually and when a consumer's needs change.

vi) Continuity of medicines supply

- Staff support the consumer to ensure that there are adequate supplies of medications they are responsible for administering or managing through liaison with the consumer, representative, doctor and pharmacist.

vii) Stock supply

- We do not have a stock supply of medicines to provide to consumers.

viii) Medication storage

- Medicines are stored as per manufacturer's instructions with regard to light, temperature and discard dates.
- All medications are clearly marked with the consumer's name, allergies (if any) and administration instructions.
- All prescribed creams and lotions, eye preparations, and ear preparations are marked with an opening date and discarded as per manufacturer's instructions.
- Dose administration aids (e.g. blister packs) are used to store oral medications provided by support workers.
- PRN (when required – not on a regular schedule) medications are not provided by our staff.
- Medicines are securely stored where they cannot be accessed by children or other vulnerable persons to ensure the safety and security of medication use. Consumers who are at risk of self-medicating inappropriately have their medications stored in a locked box or drawer accessible to staff.
- Refrigerated medications are stored in a refrigerator compartment that is separate from food products.

ix) Medication disposal

- Consumers are encouraged to return unwanted, ceased or expired medicines to their pharmacy for disposal.

x) Self administration of medications

- Consumers are encouraged to self-administer medications after consultation with their doctor.

- Support workers report any medication issues related to consumer self-administration, such as missed doses, storage security concerns or other observed issues with the self-administration of medications to their supervisor and complete a medication error report.

xi) Administration of medicines by staff

- Nurses responsible for medication administration must hold relevant nursing qualifications, an understanding of their role and responsibilities and experience in the administration of medications. Nurses must work within their scope of practice at all times.

- Carers/support workers who have received theoretical and practical competency training can provide medication support and administer medications within the limits of their knowledge and skills. Each medicine type (e.g. eye preparations, inhalations, topical applications) competency is assessed.

- The six rights of medication administration are always used by staff: right person, right medicine, right dose, right time, right route, and right documentation.

- Verbal orders are not taken by any staff.

- Personal protective equipment (e.g. gloves for topical applications) is worn as necessary.

- Medication management practices are internally audited annually in home care environments by the Registered Nurse.

- All staff are trained in the use of the medication incident reporting system and are supported to evaluate, improve and monitor the medication procedures.

- Medication incidents are discussed at Clinical Governance meetings and team meetings to review and improve practices.

xii) Alteration of oral dose forms

- Wherever possible, oral dose forms should not be altered.

- Advice is sought from the pharmacist regarding any medicines that should not be crushed or chewed, or need to be altered prior to administration (eg dispersible preparations) and documented guidance is provided by the pharmacist (and included in our documentation by the Registered Nurse) for staff to follow.

- If medicines are crushed, care is taken to reduce the risk of cross contamination between various consumers' medications. The pharmacist also provides guidance on the most suitable medium to delivering crushed medications (e.g. pureed fruit, puddings etc.) with consideration to the palatability and interactions with medications. The Registered Nurse includes this information in the support plan.

- Medications are never concealed in food or beverages or left for administration by other staff, consumers/representatives or other persons.

xiii) Evaluation of medication management

- The Registered Nurse strategically reviews medication management processes at least annually.

- The Registered Nurse reviews, monitors, implements corrective actions, organises education and support following medication incidents.

- The internal audit process ensures annual review of medication practices.

- Staff are informed of medication incidents and issues to foster improvement processes and reduce medication errors.

3.3.3 DEFINITIONS

Medication reconciliation: process of creating an accurate list of medications the consumer is taking through verification (collecting an accurate medication history), clarification (ensuring the medications and doses are appropriate) and reconciliation (ensuring all medications are correct as prescribed by the medical practitioner and dispensed by the pharmacist). The Registered Nurse conducts medication reconciliation for all consumers.

Medication Support is prompting or assisting the consumer with self-medication. It involves reminding or prompting the consumer to take medication, assisting with opening medication containers (such as blister packs) for consumers and other assistance not involving medication administration.

Medication Administration is the actual giving of medications and involves the storing of medicines, opening of the container, removing the prescribed dosage (from approved container), giving the medication as per instructions and ensuring that the medication has been taken.

The main difference between medication support and medication administration is who is taking responsibility for ensuring that medications are taken; with medication support the consumer is self-medicating with support and with medication administration, the Support Worker or Registered Nurse is taking steps and responsibility to ensure that the medication is taken.

3.3.4 REGISTERED NURSE RESPONSIBILITIES

Registered Nurses are able to administer medications (prescribed and non-prescribed) as per their scope of practice and in line with the requirements of the Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016. The Registered Nurse is responsible for supporting consumers associated with clinical care related home care packages with their medications in the following ways:

1. Ensuring their own competency to provide medication support

2. Assessing the need for medication support for clinical care associated consumer

3. Identifying the type of medications currently taken by the consumer, conducting medication reconciliation and conferring with the medical practitioner as required

4. Liaising with the doctor and/or pharmacist as required

5. Developing a medication plan for the consumer and identifying who will provide the medication support [this may include medication support by the Support Workers (blister packed medications and those Support Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections etc)

6. Reviewing medication support associated with clinical care home care packages during reassessment

7. Ensuring the competency and supervision of Support Workers to provide medication support by providing medication support training and competency assessment

8. Conducts annual audits of medication management and reports to the Clinical Governance Meeting.

The Registered Nurse is responsible to our organisation in relation to medication support in the following ways:

1. Providing clinical advice and input into policy and procedures

2. Participating in the review of Medication Error Reports

3. Participating in the Clinical Governance Meeting to inform improvements and policy/procedures relating to medication management.

3.3.5 TEAM LEADER RESPONSIBILITIES

The Team Leaders are responsible for medication support by:

1. Reviewing the assessed need for medication support for consumers (self administration is encouraged and supported through medication support aids such as blister packs)

2. Liaising with the doctor, pharmacist and registered nurse as required

3. Developing a medication plan for the consumer and identifying who will provide the medication support [this may include medication support by the Support Workers (blister packed medications and those Support Workers are competent to support the consumer with) or the Registered Nurse (other medications such as suppositories, insulin injections etc)

4. Reviewing consumers medication support during reassessment in consultation with the registered nurse

5. Managing the follow up and implementation of improvements identified through the medication error reporting process.

3.3.6 SUPPORT WORKER RESPONSIBILITIES

The Support Workers are responsible for medication support by:

1. Never being involved in the management and/or administration of consumer medication, beyond their skills and training

2. Ensuring that they are competent to provide medication support and refresh their competency every 12 months

3. Being adequately trained by attending organisation endorsed medication training, assessed as competent by the Registered Nurse and feeling confident in performing the consumer medication assistance required of them

4. Being adequately trained to identify potential adverse effects medication may have on the consumer (within their knowledge and skill)

5. Liaising with the Team Leader/registered nurse regarding medication support as required

6. Following all medication support policies and procedures

7. Providing medication support as per the medication plan

8. Reporting any medication errors using a Medication Error Report

9. NEVER providing medication advice or information to consumers/representatives.

3.3.7 MEDICATION MANAGEMENT PROCESSES

i) Medication management and error flow chart

Medication Management and Error Flow Chart

```
┌─────────────────────────────────────────────────────────────┐
│  OUTCOME: Consumer's medication is managed safely and correctly │
└─────────────────────────────────────────────────────────────┘
```

┌──────────────────────────┐
│ Medication needs of consumer │
│ identified in consultation with their │
│ doctor │
└──────────────────────────┘

┌──────────────────────────┐
│ Pharmacist provides consumer with │
│ medications/blister pack and signing │
│ sheet (where possible)* │
│ Medication reconciliation completed │
│ by the Registered Nurse │
└──────────────────────────┘

┌──────────────────────────┐
│ Medication support provided as per │
│ procedures │
└──────────────────────────┘

◇ Error in medication? ◇ ──Yes──▶ ┌──────────────────────────┐
                                    │ Obtain advice from Coordinator or │
   │No   │ Registered Nurse who will contact │
                                    │ the doctor/pharmacist as required │
                                    └──────────────────────────┘

┌──────────────────────────┐   ┌──────────────────────────┐
│ Medication is revised by the doctor │   │ Implement advice │
│ periodically and updates to │   └──────────────────────────┘
│ medication provided to Registered │
│ Nurse │   ┌──────────────────────────┐
└──────────────────────────┘   │ Write up error in progress notes │
                                    └──────────────────────────┘
◇ Have medication   No
   needs changed? ◇   ┌──────────────────────────┐
        │Yes   │ Complete a Medication Error Report │
                                    │ and give to the Coordinator or │
┌──────────────────────────┐   │ Registered Nurse immediately │
│ Consumer/representative arranges │   └──────────────────────────┘
│ with the pharmacy for any current │
│ medications to be provided │   ┌──────────────────────────┐
└──────────────────────────┘   │ Medication Error Report reviewed │
                                    │ by the Registered Nurse and any │
┌──────────────────────────┐   │ immediate required action taken │
│ Pharmacist provides updated │   └──────────────────────────┘
│ medications/blister pak and signing │
│ sheet (where possible)* │   ┌──────────────────────────┐
└──────────────────────────┘   │ Medication Error Report presented │
                                    │ of next Improvement Committee │
┌──────────────────────────┐   │ (and Clinical Governance forum if │
│ Advise medication competent staff │   │ necessary) meeting for review of │
└──────────────────────────┘   │ procedures (if required) │
                                    └──────────────────────────┘

* If possible, a signing sheet is requested from the Pharmacist as this provides details of the prescribed medications, administration times and an area for staff to sign. If not available a Medication Record Sheet is used.

ii) Medication support/administration process

1. Attend hand hygiene

2. Gather equipment

3. Identify consumer

4. Check medication documentation for instructions

5. Ensure privacy

6. Explain procedure to consumer

7. Observe the 6 rights of medication management

   o Right individual

   o Right medication

   o Right dose

   o Right time

   o Right route

   o Right documentation

8. Check the expiry date and if the medication is new write the date it was opened (for eye preparations, creams, liquids)

9. Attend hand hygiene

10. Ensure consumer is in appropriate position to receive medication

11. Provide the medication

12. Monitor the consumer for immediate side effects. Ensure consumer is comfortable

13. Dispose of, or store medication as directed

14. Attend hand hygiene

15. Sign medication documentation using the appropriate codes as required (eg R- refused)

16. If required after specified time check consumer, reposition, assist post administration.

3.3.8 CONSUMER MEDICATION ASSESSMENT

Where an assessment is needed to determine a consumer's capacity to participate in the management of his or her own medication we use the following procedures:

1. A medical practitioner, Registered Nurse or Pharmacist, completes an assessment of the consumer's ability and

2. A consumer Medication Consent Form is completed.

All consumers with capacity are encouraged to self-administer their medications. Strategies for assisting them to achieve this include the provision of blister packs, aids to open blister packs, prompting calls (telephone calls at medication administration times to prompt the consumer to take medications) and support to liaise with the medical practitioner to reduce the number and times medications are required.

Should medications require secure storage (due to a consumer accessing medications outside of the prescribed times) strategies for supporting safe storage such as a locked box are considered and implemented if deemed appropriate and detailed in the support plan.

We provide consumers with the NPS Medicine wise information sheet (in the Resources file) to assist them in managing their medications safely.

3.3.9 DOCUMENTATION REQUIREMENTS FOR THE PROVISION OF MEDICATION

i) Requirements for medication support

If the consumer is having medication support, that is, the consumer is being prompted to take their medications or assisted with packaging the following is required:

1. An assessment of their ability to self-medicate is completed by a health professional

2. A Medication Consent Form is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging)

3. A Medication Plan that describes the type of medication, assistance to be provided by the Support Workers including type, time, dose, and route of medication for the consumer is completed by the Registered Nurse

4. A Medication Record Sheet or signing sheet for Support Workers to notate 'S' for self-administered if they have observed the consumer self-administering their medications.

iii) Requirements for medication administration

If the consumer is having their medications administered, that is, the consumer is being assisted in all aspects of their medication and the Support Worker/Registered Nurse is responsible for ensuring the consumer has taken their medication, the following is required:

1. An assessment of their ability to self-medicate is completed by a health professional

2. A Medication Consent Form is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging)

3. A Medication Order that outlines the doctor's prescription (which may be a patient medication summary, blister pack sheet provided by the pharmacist or a Medication Order form)

4. A Medication Plan is completed by the Registered Nurse that describes the type of medication, assistance to be provided by the Support Workers including type, time, dose, and route of medication for the consumer

5. A Medication Record Sheet or signing sheet (provided by the Pharmacist) for Support Workers to sign for the medications they have administered.

The consumer Medication Plan includes the following:

1. Consumer's name

2. Medication to be given

3. Dose to be administered

4. Specific route

5. Time/s to be given

6. Specific instructions regarding the medication, e.g. to be taken with food

7. Commencement date of medication

8. Cessation or review date of the medication.

3.3.10 LIMITS TO MEDICATION MANAGEMENT PRACTICES

The following limits to medication management practices are in place. The Registered Nurse and/or Support Workers will not:

1. Receive verbal orders or act on verbal orders from a doctor or other health professional

2. Give PRN (when required – not on a regular schedule) medications

3. Give any medications that are not authorised by a doctor and included in the Medication Plan

4. Give cytotoxic or chemotherapeutic agents

5. Give medications outside of the scope of their skill and competence.

In addition, support workers are not placed in a position where they have to make discretionary judgements concerning a consumer's health status when the consumer needs assistance from expert health professionals.

Examples of times when discretionary judgement may be required include:

1. A consumer that 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).

2. A consumer that consistently displays inappropriate behaviour, e.g. takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis.

3. Professional medication instructions are unclear, out of date, omitted or open to interpretation.

In these situations, the Support Worker informs the Team Leader/Coordinator/Registered Nurse who contacts the consumer's doctor or other health professional for advice and ensure that the consumer is appropriately reviewed. The Registered Nurse can provide medication management services to complex consumers.

3.3.11 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 consumer, the Support Worker/Registered Nurse is to:

1. Remain calm

2. Acknowledge that an error has occurred

3. Identify the nature of the error

4. Inform the Team Leader/Coordinator/Registered Nurse who informs the General Practitioner or Pharmacist or Poisons Information Line (13 11 26) for instructions

5. Follow advice provided by the General Practitioner or Pharmacist or Poisons Information Line (get this advice confirmed in writing as soon as possible after the event and include it as part of the Medication Error Report)

6. In accordance with the General Practitioner or Pharmacist or Poisons Information Line instructions, observe the consumer for changes in behaviour or wellbeing as a result of the error and report these to the General Practitioner as advised

7. Call an ambulance if the consumer is in distress or showing signs as described by the General Practitioner or Pharmacist or Poisons Information Line requiring hospitalisation

8. Record the incident on a Medication Error Report and provide this to the Team Leader/Coordinator/Registered Nurse.

9. The Medication Error Report is processed as per 8.9.6 Continuous Improvement Forms/ vi) Medication error report.

3.3.12 POLICY REVIEW

This policy is reviewed by the Registered Nurse/Coordinator at least every twelve months to identify any required improvements and implements any improvements to the process. This policy reviews contributes to our clinical governance oversight of organisational practices.

3.3.13 CATEGORIES OF MEDICATION

Medications are classified as either first category or second category medications. Support Workers may assist consumers with second category medications as specified in Table 3.3.1: Categories of Medication.

Table 3.3.1: Categories of Medication

First Category Medication	Second Category Medication
(Health Professionals only) Support Workers are not to provide support to consumers with this medication. The Registered Nurse can give medicines in this category that she is competent to give.	(Special skills/training required) Support Workers may assist consumers with this medication after receiving approved competency-based training and competency assessment that is updated on an annual basis.
	Scheduled 8 medications if in medication aid.
	Tablets, Patches and Wafers.
	Eye drops; Ear drops; Nose drops and Sprays.
	Topical, rectal and vaginal preparations (eg creams and ointments)
	Enemas, pessaries and suppositories
Any medications that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses.	Any medications that are to be nebulised that have been dispensed and prepared by a pharmacist into unit doses. Metered dose inhalers that have been dispensed by a pharmacist.
Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have not been dispensed and prepared by a pharmacist into unit doses.	Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have been dispensed and prepared by a pharmacist into unit doses.
Medications given by the following routes: Medical Practitioner Only: Intrathecal (into the spinal cord area) Intraperitoneal (into peritoneum/ abdominal cavity) Intraventricular (into ventricles of brain) Epidural Registered Nurse: Intravenous Intramuscular Subcutaneous	
All medications that are administered by the nasogastric route.	
Emergency situations: In an emergency situation Support Workers are not to practice outside of the scope of their ability and knowledge and are always to call for assistance (ambulance, Team Leader/Coordinator, Registered	

First Category Medication	Second Category Medication
Nurse, medical practitioner, Pharmacist) if an emergency situation arises.	

3.3.14 STAFF TRAINING FOR MEDICATION SUPPORT

Registered nurses have the knowledge and skill to reconcile, manage, administer and coordinate the management of medications as part of their scope of practice. Should the Registered Nurse require further training and support in the management of medications, they seek professional development. Advice and support is sought by the Registered Nurse from medical practitioners and pharmacists as required.

Support Workers are trained in the supervision, prompting and delivery of medications including medication awareness training and competency. The Registered Nurse assesses the competence of Support Workers in the management and administration of medications including assessing the competence of each Support Worker in the administration of approved category two medications. A range of competency forms are completed by the Registered Nurse and filed in the Support Worker's personnel file. Competency is assessed twice for the first assessment and once annually thereafter.