

MEDICATION

POLICY

We encourage our consumers to maintain their independence by managing their own medications in a safe and effective way.

Where documented on a consumer's Care Plan, staff will provide medication assistance or administration.

Staff will only provide medication assistance or administration that is consistent with their level of training and competence.

Department of Veterans' Affairs (DVA) consumers (entitled person) must be classified under the Clinical Care Schedule.

DEFINITIONS

Clinical Care Schedule	Clinical care is defined as the clinical nursing care required to treat medical conditions. There are three classifications in the Clinical Care Schedule. They are: <ul style="list-style-type: none"> • Clinical Support; • Clinical (Short or Long); and • Post-Operative Eye Drops
Clinical Support	Clinical support is defined for DVA entitled persons is when there is no direct treatment for a medication condition, however there are nursing interventions. Clinical support aims to prevent health complications and/or deterioration.
Medication	Includes prescription and non-prescription medicines, including complimentary health care products.
Medication assistance	Includes reminding, prompting and/or assisting the client with self-medication. This includes dispensing medication from a Webster Pak or Dossett Box. The client retains responsibility for the medication.
Medication administration	The actual administration of medication. Staff are responsible for the medication being taken correctly.
Medication incident	A medication incident is any event where the expected course of events in the support and/ or administration of medications is not followed. It may include: <ul style="list-style-type: none"> • Incorrect medication being given • Incorrect dose, time or route given • Out of date medication • Missing medication • Client refuses medication • Adverse side effects • Incorrect storage of medications (e.g. cold storage)

QUALIFICATIONS AND TRAINING

Medication assistance may only be provided by care staff (nursing support staff [NSS]) who have completed the relevant medication units and minimum of Certificate III in Individual Support (or equivalent).

Medication administration must be provided by a Registered Nurse (RN) or Enrolled Nurse (EN) with an approved qualification in administration of medications if the entitled person requires the administration of:

- Prescribed medications (Schedule 4 and above);
- Schedule 8 drugs if dispensed from a bottle/packet, including Schedule 8 transdermal patches;
- Cytotoxic drugs or creams;
- Prescribed medicated eye drops (Schedule 4 and above); and/or
- Prescribed creams

Care staff (NSS), RNs and ENs will complete appropriate and annual training to maintain competency to assist with or administer medication.

When providing services to Department of Veterans' Affairs (DVA) consumers, RNs, ENs and care staff (NSS) will have the following minimum qualifications and competencies.

RNs:

- National registration (AHPRA)
- Having practiced as an RN or EN within the last three years; or
- Completion of a recognised refresher course in the last three years, and
- Manual handling; and
- Cardiopulmonary Resuscitation (CPR)

ENs:

- Manual handling competency; and
- Cardiopulmonary Resuscitation (CPR)

Care/NSS staff:

- A Certificate III in Home and Community Care, Aged Care or Disability (pre-December 2015); or Certificate III in Individual Support (post December 2015); and
- Experience working in an NSS role in the last five years; and
- Manual handling competency; and
- Cardiopulmonary Resuscitation (CPR) and
- A current Applied First Aid certificate

RESPONSIBILITIES

Care staff may only provide services that are consistent with their level of training and competence. Care staff are not authorised to make clinical judgements or provide clinical care or administer medication.

Clinical care and medication administration must be delivered by RNs or ENs (based on their qualifications and experience).

Staff must be aware of the National and State Drug Acts and provide documented evidence they are familiar with this policy if providing medication services to DVA entitled persons.

The RN must complete a risk assessment for each consumer who is prescribed cytotoxic medication and be attached to the consumers medication chart. Staff must wear PPE when assisting/administering cytotoxic drugs. An alert is to be added to the medication chart indicating the presence of a cytotoxic drug or cream.

Delegation of care

Westmont must ensure that all community nursing services delivered by an EN and or NSS staff are planned, delegated, supervised and documented by an RN. All delegated care must be appropriately documented in clinical records and kept on the consumers file.

The RN must delegate aspects of care to others according to their competence and scope of practice. This includes:

- Delegation of aspects of care according to role, functions, capabilities and learning needs;
- Monitoring aspects of care delegated to others and provide clarification/assistance as required
- Recognising own accountabilities and responsibilities when delegating aspects of care to others; and
- Delegation to and supervision of others consistent with legislation and organisational policy

Any changes in a consumer's health status must be reported to the RN immediately.

Table 1

Care staff, RN's and EEN's can only assist with or administer medication as detailed below.

Form of Medication	Care staff (NSS)	RNs	ENs
Over the counter medications	May assist on written directions only	May initiate administration	May administer under RN supervision
Medicated tables, pills or capsules	May only dispense medication from a Webster Pak or Dossett Box in accordance with pack instructions	May administer medication providing there is a completed Medication Chart	May administer** medication providing there is a completed Medication Chart
Medicated topical ointments, creams and patches	May assist following documented medication chart instructions	May apply following documented medication chart instructions	May apply** following documented medication chart instructions
Medicated eye, ear or nose drops	May assist following documented instructions CANNOT provide Post-Operative Eye Drops for DVA entitled persons	May administer following documented instructions Post-Operative Eye Drops of a continuous nature* must be classified in the Clinical or Personal Care Schedules for DVA entitled persons	May administer** following documented instructions Post-Operative Eye Drops of a continuous nature* must be classified in the Clinical or Personal Care Schedules for DVA entitled persons
Medicated Oral liquids	May assist following documented instructions	May dispense following documented instructions	May dispense** following documented instructions
Schedule 8 medications (including transdermal S8 patches)	CANNOT assist or administer UNLESS packed in Webster Pak or Dossett Box AND if a DVA entitled person, an RN conducts a face-to-face visit and review on a weekly basis (per 7-day review)	May administer following documented instructions if medication endorsed and double checked with an RN or EN	May administer** following documented instructions if medication endorsed and double checked with an RN or EN
Cytotoxic drugs	CANNOT assist with the self-administration of cytotoxic drugs under any circumstances	May administer following documented instructions	May administer** following documented instructions

* longer than 1 x 28-day claim period.

** if EN has approved qualification in the administration of medications

PROCEDURES

1. Care staff, RN's and EEN's must:
 - a) Follow relevant Work Instructions that support this policy.
 - b) Read consumer roster notes prior to assisting with or administering medication.
 - c) Ensure the medication has been ingested/applied and documented in the consumers Communication Folder.
 - d) Wear gloves and follow standard infection control precautions when assisting with or administering medication.

2. Care Staff must:
 - a) Only assist with administration of medications ordered or approved by the consumer's Medical Practitioner.
 - b) Refer to and follow the Medication Chart and Webster Pak/Dossett Box instructions.
 - c) Notify the relevant Community Care delegate if there is any query regarding the medication before it is administered.
 - d) Only assist with self-administered medication for DVA consumers under the following criteria:
 - The entitled person's medical condition/s are stable; and
 - There is an established medication regime; and
 - There is a comprehensive care plan in place which includes medication contraindications (interactions and side-effects) and emergency contacts; and
 - There is a blister pack filled by a registered Pharmacist which meets the DVA Dose Administration Aid Service Procedure Manual; or
 - It is an over-the-counter medication, or prescribed/non-prescribed cortisone cream; and
 - The NSS:
 - Has completed the required assistance with medication administration competencies; and
 - Adheres to the relevant National and State Drug Acts; and
 - Adheres to Westmont's Medication Policy and Procedure; and
 - Staff adhere to the Delegation of Care principles and any change in health status is reported immediately to the RN

3. RN's and EEN's must:
 - a) Only administer medications ordered or approved by the consumers Medical Practitioner.
 - b) Refer to and follow the Medication Chart. They are to contact the consumers Medical Practitioner concerned if there is any query regarding the medication before it is administered.
 - c) Double check some high-risk medications (as listed in Table 2) prior to administration. The double-checking process requires two RN's or one RN and one EEN (within their scope of practice) to check the medication. This process must be adhered to using the Seven Rights of Medication Administration principles.
 - d) The RN (or an EN with an approved qualification is administration of medication) conducts a face-to-face visit and reviews the DVA entitled person on a weekly basis if assistance with the self-administration of Schedule 8 drugs are involved

4. If medication is not taken or there is a medication incident, staff must document this in the consumers Communication Folder and notify the relevant Community Care delegate immediately and complete an Adverse Event Form.

Table 2

Medication which requires double checking.

Schedule 8 (S8) – When not packed in a Webster Pack or Dossett Box. Medicines with strict legislative controls, including opioid analgesics (e.g. fentanyl, morphine, oxycodone, methadone, buprenorphine, ketamine, Alprazolam)
Schedule 11 – When not packed in a Webster Pack or Dossett Box. Prescriptions only medicines, also described as ‘Drugs of Dependence (e.g. Panadeine fort Benzodiazepines)
Injectable drugs – intravenous, intramuscular, subcutaneous and epidural routes
High Risk (‘PINCH’) medications – Potassium intravenous, Insulin, non-packed Narcotics, non-packed Chemotherapeutic agents and low-molecular weight Heparin and Warfarin
Verbal or telephone order medication
Neonatal and Paediatric medications

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