Medication Guidelines for the Home and Community Support Services Sector

2017

Citation: …... 2017. *Medication Guidelines for Home and Community Support Sector*

Published in XXXX
by

ISBN: XXXXXXX (online)
XXXXXXx

This document is available at www….

# Acknowledgements

The *Medication Guidelines were* developed as a collaborative initiative by representatives of five homecare Providers:

* Geneva Healthcare (acting as Lead Provider),
* Access Homehealth
* Healthcare NZ
* Salvation Army Homecare,
* VisionWest Baptist Homecare
* and with support from Waitemata District Health Board.

The Guidelines developed through discussion and consensus focused on best practice; not on the current service environment. The ground up approach meant that the collaborative felt comfortable that the Guidelines may have national applicability subject to further consultation.

The following members of the working group are thanked for their contribution of time and expertise in developing these guidelines: Carmel Conaghan (Geneva Healthcare), Sharon Mildon (Waitemata DHB), Cathy Leigh (VisionWest Baptist Homecare), Julie Martin (Access), Lindie Van Wyk (Geneva Healthcare) Yvonne Belworthy (Healthcare NZ), Fatima Juson (VisionWest Baptist Homecare), Angela Lambie (Waitemata DHB), Katrina Lodge (Salvation Army Homecare), Theresa Araullo (Waitemata DHB), Gwynneth Lynch (Salvation Army Homecare), Bronwyn Barrow (Waitemata DHB), Cara Kelly (Geneva Healthcare), Jacqui Shilliday (Salvation Army Homecare), Sujana Johns (Healthcare NZ), Louise Dawson (Geneva Healthcare), Lea-Anne Morgan (Access), and Katie Daniel (Waitemata DHB).

The consultation process has been facilitated by the following: Carmel Conaghan (Royal District Nursing Service), Julie Haggie (Home and Community Health Association), Claire Cherrill (Bay of Plenty DHB), Julie Martin (Access), Katie Daniel (Waitemata DHB), Lucy Fife (Nurse Maude), Philippa Jones (Bay of Plenty DHB), Sharon Mildon (Waitemata DHB), Sunita Goyal (Accident Compensation Corporation), Rosie De Gregorio (Ministry of Health), Donna Gordon (Ministry of Health).

Contents

Acknowledgements iii

Glossary of terms vi

Introduction 1

1 Roles and responsibilities 1

2 Medication Support Categories 1

3 Medication Competency Assessment 2

4 Documentation 5

4.1 Medication Orders 5

4.2 Medication errors 6

4.3 Medication not administered 7

5 Adverse reactions 8

5.1 Side effects 8

5.2 Allergic reactions 8

6 Controlled drugs 10

6.1 Classifications of controlled drugs 10

6.2 Supporting clients 10

7 High risk and non pre-packaged medications 12

7.1 Medication specific guidance 12

8 Medication check and reconciliation 15

9 Supply, packaging, checking, storage and returns 16

9.1 Supply 16

9.2 Packaging and checking 16

9.3 Storage 16

9.4 Returns 17

10 Prescriber medication review 18

11 Transcribing of medicines 19

References 20

Appendix 1 1

#  Glossary of terms

|  |  |
| --- | --- |
| **Delegation** | The transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the outcome eg. a Registered Nurse (RN) requesting a home support worker (HSW) to administer medication to a person. (Nursing Council of New Zealand, 2012) |
| **Direction** | The active process of guiding, monitoring and evaluating the nursing activities performed by another. **Direction** is provided directly when the RN is actually present, observes, works with and directs the person; **direction** is provided indirectly when the RN works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The RN must be available for reasonable access, ie. must be available at all times on the premises or contactable by telephone (in community settings). (Nursing Council of New Zealand, 2012) |
| **Enrolled nurse[[1]](#footnote-1)** | A person who has successfully completed a Diploma in New Zealand or equivalent from overseas for Enrolled Nursing. For entry into the Enrolled Nurse scope of practice they must pass the state final registration examination. To practice as an Enrolled Nurse requires registration with the New Zealand Nursing Council and a current annual practising certificate.  |
| **Home support worker (HSW)** | A person employed within the community context “who undertakes a component of direct care and is not regulated in law by a regulated authority” (Nursing Council of New Zealand, 2012, p. 14). Other titles used in New Zealand include health care assistants, kaiāwhina and community support workers. For the purposes of the Guidelines, and to maintain consistency with the term used by the Home & Community Health Association, the term **Home Support Worker or HSW** will be used. |
| **Individual Support/ Service Plan**  | The **Individualised Support Plan** outlines each person’s goals, support needs and requirements. It is developed and agreed with the person prior to the commencement of service delivery and clearly details the actions to be taken by the Service Provider. An up to date copy of the Individual’s Support Plan should be kept at the person’s home.  |
| **Medication Administration Record (MAR)**  | A **MAR** (**eMAR** for electronic versions) is the document that serves as a legal record of the medication administered to a person by a health care professional.  |
| **Medication Order** | A **Medication Order** (or prescription) is written directions provided by a prescriber for **medication** to be administered to an individual.  |
| **Medication management**  | The term **‘medication management’** is used within the Home and Community Support Service Sector Standards to describe the role of HCSS Providers supporting clients with medications. However more recently **‘medication management’** is used formally to describe pharmacist led interventions to maximise medication benefit. This includes optimisation of medication for the patient as well as review of medications to check that the medication is correct, at the right level and supply is continuous. For this reason we have chosen not to use the term **‘medication management’** within these guidelines |
| **Person** | A **person** accessing home care services. Other terms used for the person may include client, consumer, customer, patient, individual, service user, tūroro or tangata whai ora. |
| **Pharmacist** | A person professionally qualified and registered to practise in pharmacy. **Pharmacists** must be registered with the Pharmacy Council of New Zealand and hold an annual practising certificate. (Pharmacy Council of New Zealand) |
| **Pre-packaged medications, blister packs or robotics** (Careerforce, 2015) | **Pre-packaged medicines** prepared for individuals by, or under direct supervision of a registered pharmacist, and containing instructions for the person for whom the medication is prescribed. |
| **Prescriber** | An **authorised prescriber** is a nurse practitioner; or an optometrist; or a dietitian; or a practitioner; or a registered midwife; or a designated prescriber (“Medicines Act”, 1981, § 2(1)). A **delegated prescriber is** a health practitioner to whom a delegated prescribing order has been issued (§2(1)). A **designated prescriber** is a registered health professional authorised to prescribe specified prescription medicines subject to specified requirements and has completed specified training. (New Zealand Legislation, 1981) |
| **Prescribed Medication** | Medication supplied only on the prescription of an authorised prescriber (as defined in the Medicines Act 1981). (New Zealand Legislation, 1981) |
| **Provider** | A **Provider** of Home and Community Support Services (HCSS) offers assistance with daily activities that generally helps older adults and people with disabilities to remain living in their homes. These Providers are contracted to provide subsidised care by the DHBs, MOH-DSS or ACC although many also offer care privately. |
| **PRN** | ‘Pro re nata’ is a Latin phrase meaning ‘as needed’. It is often used as an abbreviation on prescriptions if medicines are to be taken as needed. |
| **Registered health professional** | A **health professional registered** with their health regulator authority. They are subject to the requirements of the Health Practitioners Competence Assurance Act 2003.  |
| **Registered nurse (RN)[[2]](#footnote-2)** | A person who has successfully completed a Bachelor Degree in New Zealand or equivalent from overseas for Nursing. For entry into the RN scope of practice they must pass the state final examination. To practice requires registration with the New Zealand Nursing Council and a current annual practising certificate.  |

# Introduction

These Medication Guidelines (Guidelines) were developed by a collaborative of five Home and Community Support Sector (HCSS) Providers and Waitemata District Health Board (DHB).

The aim of the Guidelines is to provide HCSS Providers a safe practice summary for their clients who require medication support at home. [[3]](#footnote-3) The Guidelines reflect the standard and the criterion from the Home and Community Support Sector Standards (Ministry of Health, 2012) and are based on current evidence of best practice and relevant legislation. They serve as a reference tool for HCSS Providers to support safe medication practice policies and processes.

The Guidelines align with the recommendations of a literature review commissioned by the Home and Community Health Association (HCHA) on the role of the HSW in medication support. (Roy, et al., 2016) The ‘*Medicines Care Guidelines for Residential Aged Care*‘ guided the structure in order to provide consistency however the content is specific for use in the HCSS Sector. The Guidelines do not replace sound clinical judgement.

# 1 Roles and responsibilities

|  |  |
| --- | --- |
| **Roles** | **Responsibilities** |
| HCSS Provider | To have Medication Practice Policies and Processes in place that reflects current legislation, regulations, standards and the Medication Guidelines for the HCSS sector. Ensure the Medication policies and processes are aligned to tikanga and other specific cultural customs and values according to client preferenceTo have systems in place to monitor all people who receive medication support from the providerTo have an incident reporting process and an internal auditing system in place to monitor and support the correction of all identified medication errors To ensure employee’s responsibilities and obligations are clearly outlined at each stage of the medication category (i.e. Independent, Prompt and Staff Administration) Ensure training is in place and employees are verified as competent to perform the medication support functions they are allocated to carry out Ensure accurate education, training and competency records are maintainedEnsure employees have access to an RN, either onsite or by telephone. |
| Registered Nurse (RN) | To pass an annual medication competency To work within their scope of practice and understand their responsibilities regarding direction and delegationTo comply with the Nursing Council of New Zealand which states “a RN may be held responsible where an unsafe system is in place if the nurse ignores or complies with such a system leading to harm or potential harm to health consumers”. To provide education/support to persons’ and family members in relation to medication to support them to be independent as long as they are safe to do soTo delegate responsibility of medication administration to enrolled nurses and HSWs, provided it is within the HCSS Provider’s guiding policies and procedures and the staff member’s verified competency.To ensure any persons receiving support with medication have an up to date/signed Medication Order (prescription) and a medication administration record (MAR). To ensure that any person receiving support with medication has an Individual Support Plan that clearly identifies the category of medication support they require.To ensure that any instructions regarding medications are accurately communicated to the main caregiver. This is particularly important in cultures where translation is required as the family translator may not be the main caregiver.  |

|  |  |
| --- | --- |
| Roles | Responsibilities |
| Enrolled Nurse  | To pass an annual medication competencyTo work within their scope of practice (this includes administering oral, topical, rectal, vaginal medicines and intramuscular/subcutaneous injections) To escalate any issues or adverse events to the RN responsible for their practiceTo work under the direction/delegation of an RN at all times ***Note:*** *An enrolled nurse cannot direct or delegate non-regulated staff to administer medications*  |
| Home Support Worker (HSW) [[4]](#footnote-4) | To pass an annual medication competencyTo adhere to the Individual’s Support Plan regarding medication To work under the direction/delegation of a RN at all timesTo escalate any issues or adverse events to the RN responsible.  |

.

# 2 Medication Support Categories

At all times people should be encouraged to be independent in cares including medications when it is safe to do so. For the purposes of these Guidelines people using prescribed or over the counter medication at home fall into three distinct medication support categories

1. **Independent**
2. **Prompting**
3. **Staff administration**

Individual Support Plans should include the category of medication support for each person; these categories are defined below.

**Independent:** This person is safe to independently administer their own medication or they have a reliable family member /whanau or friend that can assist them. If a person is assessed as ‘independent’ they do not require any assistance from an HCSS Provider.

**Prompt:** This person, having been assessed by a RN, requires an HSW to verbally prompt them to safely administer their own medications. It has been determined that the person can not reliably remember to take his/her medications on their own and they do not have a family member or friend to remind them to do this. Please note:

* Some persons in this category may eventually become ‘Independent’ following support given by an HCSS staff member. For example, a person may have just come out of hospital and needs some initial support before they can return to being independent.
* Persons in this category have the ability to administer their medication i.e. open a medication bottle independently.

**Staff Administration:** This person, having been assessed by an RN, requires an HSW to manually assist them to safely administer their medication. It has been determined that the person; due to physical and /or cognitive and/ or behavioural ability, cannot safely administer medication. Additionally they do not have a reliable family/whanau member or friend to assist them.

# 3 Medication Competency Assessment

HCSS Providers will need to develop their own medication competency that meets their specific services.

Best practice indicates each HCSS Provider must evidence that all staff involved in supporting clients with medication support are verified as competent to do so. Knowledge and skills will be assessed by a RN who has demonstrated competency. Competency sign off for staff must include the core competency minimum requirements. These are divided into 1) Theory and 2) Practical components as seen below.

Competency training should include understanding of how to respect people’s dignity, individuality and cultural needs and values when supporting clients with medication (eg, personal preferences for location of patches).

|  |
| --- |
| **Theory**The HSW demonstrates their understanding of: |
| 1 | The three categories of Medication Support* + Independent
	+ Prompting
	+ Staff administration
 |
| 2 | The five Rs* + Right Person
	+ Right Medication
	+ Right Dose
	+ Right Time
	+ Right Route
 |
| 3 | Correctly document the administration of medication  |
| 4 | The correct process to follow if: * + The medication has specific instructions eg, ‘take with food’
	+ The medication is not in a pre-packaged medication blister pack
	+ A medication error occurs or is detected
	+ Person is refusing to take his/her medication
	+ The person is reporting or exhibiting side effects or adverse effects
	+ The medication has an expired date
	+ The HSW is being asked to administer medication and they have not completed their medication competency.
 |
| 5 | Difference between prescribed medication and a person’s own over the counter medication – what you can and cannot administer  |
| 6 | Risks associated with medication administration and how to minimise/remove these  |
| 7 | Understanding of the importance of respecting people’s dignity, individuality and cultural needs and values when supporting clients with medication |

|  |
| --- |
| **Practical**Under the observation of a RN (who has also completed a medication competency and has been deemed ‘competent’) the HSW demonstrates that they are competent with: |
| 1 | Obtaining consent and consideration of a person’s cultural values, privacy and personal circumstances |
| 2 | Understanding the person’s Individual Support Plan/ Medication Order requirements  |
| 3 | Demonstrates appropriate infection control practice  |
| 4 | Demonstrates the five Rs correctly  |
| 5 | Demonstrates correct documentation following prompting or staff administration on the MAR and processes for reporting to the RN if required |
| 6 | Prompting and or staff administration of:* + Oral medications (tablet and liquid)
	+ Eye drops/ointment
	+ Inhalers /nebulisers
	+ Ear drops
	+ Topical medications
	+ Pessaries/Suppositories
	+ Enema administration

***Note****: for high risk and non pre-packaged medications the training will need to be person specific* |
| 7 | Demonstrates safe storage of medications |

# 4 Documentation

Each HCSS Provider is responsible for having policies and processes in place, which outline the requirement for clear and concise documentation of a person’s medication support needs. .

## 4.1 Medication Orders

The Medicines Act 1981 Section 19 states that a prescription medicine may only be administered to any persons in accordance with the directions of the authorised prescriber or delegated prescriber of the medicine. (New Zealand Legislation, 1981) Any person who is in the category of medication ‘administration’ or ‘prompting’ requires a signed medication order.

The Medication Order is a document that lists the current medications that the person is prescribed and is signed by the prescriber. The prescriber will list on the Medication Order any known allergies and sensitivities to medications. Medications that are otherwise known as ‘over-the-counter’ must be included on the Medication Order if they are to be administered. Eastern medicines (eg. strong herbal teas or other remedies prescribed within Traditional Chinese Medicine) may also need to be considered within the Medication order if they have properties which may cause contraindications.

It is the prescriber’s responsibility to ensure that the Medication Orders are in a format that all staff can easily read to prevent medication prompting or administration errors. The RN who is responsible for the safe administration of medication to the person, is responsible for ensuring that the Medication Order is signed, current and includes clear instructions for staff.

Special instructions for the medication need to be specified on the Medication Order. (eg, the need to be taken with food or within a certain time of eating)

**4.1.1 PRN or ‘As needed’ medications**

The Medication Order may include ‘as needed’ or PRN medicines. If ‘as needed’ medication is prescribed the prescriber must include clear instructions for staff. This includes the specific symptoms for staff to administer the medication, the frequency and dose range, and the maximum dose in 24 hours.

***Note:*** *RNs will need to monitor the use of ‘as needed’ medication to determine if the Medication Order needs review by the prescriber.*

**4.1.2 Obtaining Medication Orders**

There is a range of ways to obtain Medication Orders for clients for example:

* General practitioners may supply Medication Orders from their practices by either using their software to produce a list or writing on a specially designed Medication Order form and signing the order
* The issuing pharmacy may generate a Medication Order. A software generated form has the advantage of being easy to read but needs to be returned to the prescriber for signing prior to use as a Medication Order
* Electronic medicines management systems are also available for use. These systems include an electronic Medication Order and an electronic medicines administration signing system.

Each HCSS Provider will need to determine the best process for them of obtaining and managing Medication Orders.

**4.1.3 Medication Administration Record (MAR)**

The MAR is generated by the Pharmacy and is used to document that a prescribed medication has been administered to a person. Documentation on the MAR must include the following:

* Date and time the medication was given
* Dose of the medication (only if non-packaged medication)
* Signature of the staff member administering the medication.

Prior to administration the MAR should be checked against the Medication Order to ensure it is correct. After administration, the MAR must be signed immediately by the staff member who administered the medication. If the medication was not administered as per the Medication Order, this must be documented on the MAR (ie, the person refused).

## 4.2 Medication errors

A person may take or be given:

* The wrong medication
* Medication at the wrong dose
* Medication via the wrong route
* Medication at the wrong time
* Or not given the medication at all

**4.2.1 Detection of errors**

Medication errors may be detected by a staff member administering the medication, by the next staff member to administer the medicine or the responsible RN who checks the completed sheet. Additionally the person’s family/whanau or friend may report that a medication error has occurred.

Detection of errors can also occur when:

* The Medication Order is prescribed by the prescriber
* The Medication Order is dispensed at the pharmacy
* The medications are checked against the Medication Order prior to administration
* Signing the MAR

It is necessary to have a procedure for detecting and analysing medication errors to improve the system and control future risks. HCSS Provider policies and procedures must document steps, actions, reporting and quality improvement processes in case of medication errors.

**4.2.2 Mitigating errors**

Where persons receiving HCSS have the same or similar name, a written alert on the Medication Order warning the HSW of the similarity should be used to avoid medication errors.

In circumstances where there is more than one person requiring medication administration living in the same house then the Provider must have a system in place to ensure that the right person is identified prior to having their medications administered.

***Recommendation:*** *Photographs could be used where circumstances require identification of the person prior to medication administration. Photographs used to identify persons would need to resemble their current appearance and include the date the photo was taken. Documentation on the back of the photo could include the person’s full name, date of birth and NHI.*

## 4.3 Medication not administered

Reasons for medication not being administered may include:

* Medication dropped or spilt
* Medication missing
* Medication refused
* Medication expired
* Person feeling nauseated or is vomiting
* Medication stopped/withheld by the prescriber

A process must be developed to guide staff when medication has not been administered. The process must include documenting where possible, informing the responsible RN of the incident and taking advice to ensure the safety of the person.

# 5 Adverse reactions

The WHO definition of an ‘adverse drug reaction’ is *'A response to a drug which is noxious and unintended, and which occurs at doses normally used in man’* (World Health Organisation, 1972)*.* An adverse medicine response is always undesirable and may not be predictable. This response may:

* Result in temporary or permanent harm, disability or death
* Necessitate acute admission to hospital

In emergency situations the HSW should dial 111 and follow the instructions given by the paramedic over the phone.

Any suspected adverse reactions should be reported to the Centre for Adverse Reactions Monitoring. You do not have to be certain, just suspicious to report.[[5]](#footnote-5)

## 5.1 Side effects

A side effect is a predictable effect of the medicine and it may be desirable or undesirable.

## 5.2 Allergic reactions

A true medicine allergy results in a physical allergic reaction.

***Include here the allergic reaction management from ARRC guidelines (see pic)***



# 6 Controlled drugs

Controlled drugs are medications that are classified under the Misuse of Drugs Act 1975 which have some potential for abuse or dependence (New Zealand Legislation, 1975). Prescribing of controlled drugs is more tightly controlled than other medicines, reflecting the risk that they pose and therefore the need to restrict access to, and minimise misuse.

Each HCSS Provider needs to ensure processes are in place to manage the risks associated with these types of medications.

## 6.1 Classifications of controlled drugs

Their classification (New Zealand Legislation, 1975) is based on the risk of harm the drug poses to individuals or to society by its misuse as follows:

**Class A:** Drugs that pose a very high risk of harm (eg, heroin, methamphetamine)

**Class B:** Drugs that pose a high risk of harm (eg, morphine, oxycodone, fentanyl, pethidine)

**Class C:** Drugs that pose a moderate risk of harm (eg, codeine, clonazepam, diazepam)

## 6.2 Supporting clients

This section refers to the support of clients to ‘prompt’ or ‘administer’ controlled medications NOT in a blister pack. If the controlled medication is in liquid form for oral use, the medication must be in a pre-packaged or single dose container.

### 6.2.1 Training and oversight

HCSS Providers must evidence that HSWs have been provided with appropriate training and have achieved competency sign off for the administration of ‘controlled drugs’. On-going oversight of persons requiring ‘controlled drugs’ by an RN is critical in ensuring risks have been mitigated.

### 6.2.2 Safe storage

The storage instructions should be noted on the person’s Individuals Support Plan by an RN. Where possible the person or their family / whanau should be given the responsibility to monitor their stocks of controlled drugs. If there is no other available person to monitor stocks then it may be deemed necessary for the HCSS RN to assume this responsibility. This would be agreed on an individual basis with agreement between the Provider, HSW and the referring agency. A lock box may be considered in some situations if the person or their family/whanau is cognitively impaired or there are other risks identified such as children present in the household.

Where controlled drugs cannot be accounted for the HCSS Provider must investigate each incident according to their policies and procedures and provide notification to the prescriber, Nursing Council and/ or the Police, where applicable to do so.

### 6.2.3 Documentation

The responsible HCSS Provider / RN will need to ensure that the HSW is supported to accurately document the administration of all controlled drugs. The HSW will record on the Medication Administration Records (MAR) doses of medicines they have administered.

### 6.2.4 ‘As needed’ or PRN

For PRN controlled medications, the Individual’s Support Plan will be developed by the RN on a case by case basis only. This plan must include in what situations/and for what symptoms the PRN medications are needed, and accurate recording of the PRN medications administered by ALL parties administering PRNs (including other family members or visiting clinicians).

***Note****: Where the medication is in a syringe driver, HSWs will* ***not*** *be able to assist.*

# 7 High risk and non pre-packaged medications

High risk medicines are most commonly implicated for causing serious adverse drug events. (Health Quality and Safety Comission New Zealand, 2015) High risk and non-pre-packaged medications can potentially cause significant harm even when used as intended. These medications pose a risk to the safety and wellbeing of any person taking them.

Training and competency assessment for administration of high risk medications needs to reflect the level of risk and must be both medication specific and patient specific. The medication specific guidance given below provides a broad overview only.[[6]](#footnote-6)

Each HCSS Provider needs to ensure processes are in place to manage the risks associated with these types of medications.

Examples include but are not limited to the following:

* Warfarin
* Insulin
* Medications where the dose is variable
* Patched long-acting medicines (e.g. Fentanyl Patches)
* Enteral nutrition
* Cytotoxic medicines (e.g. Chemotherapy)
* Any other medicines that have non-routine administration requirements (e.g. eye drops).

High risk medications and their requirements for safe prompting and administration need to be clearly defined by the prescriber to ensure safety.

A detailed Individual Support Plan should include full instructions, risk management assessment, and contingencies for adverse events. A copy of this should be available at all times in the person’s house. It also needs to outline channels of communication for the HSW– e.g. contact the delegated RN available immediately if adverse events occur.

## 7.1 Medication specific guidance

|  |  |
| --- | --- |
| Warfarin | The dose of warfarin may vary depending on the persons INR blood results. A copy of the current Prescriber’s order needs to be available to ensure the correct dose is administered each day. INR results must be recorded and the dose and time of administration of warfarin must be documented, either in the MAR (if administered by HSW or RN), or in the persons warfarin book (if administered by the person or family/whanau). |
| Insulin | The dose of insulin may vary depending on the person’s blood sugar level (BSL). A copy of the current prescriber’s order needs to be available to ensure the correct insulin is administered at the correct dose and time. Assistance may be required with BSL testing and insulin administration. The insulin type, dose, time and BSL need to be documented in the BSL book, for the benefit of all health professionals involved in the care. There needs to be clear, documented parameters for when insulin would be withheld. * The HSW is **not** expected to draw up insulin; an insulin pen must be used. The HSW administering insulin needs to know how to dial up an insulin pen and administer insulin and to document the dose and time in the MAR. They may also complete the BSL book if the person is unable to.
* In the person’s home there must be a sharps container for safe disposal of needles when needed.
 |
| Patches (eg, fentanyl): | If administering the HSW needs to follow general health and safety precautions including having clean hands, not touching the active side of the patch, applying the patch to clean dry skin and correct disposal of used patches. It is important that the patch is administered as per written instructions on the pack as different patches vary in the time of administration and place of application. Written instructions must be available to guide the HSW on administration and how to document safe disposal. A policy on safe disposal would need to be in place.  |
| Cytotoxic medication | Oral cytotoxic medication needs to be in a separate pack and clearly labelled. It is important that the HSW wear gloves whilst handling cytotoxic medication. It is advisable that pregnant women do not handle this medication. There needs to be a policy to guide the administration and safe disposal of cytotoxic medications. |
| Enteral Nutrition:  | There needs to be a written order available that specifies the appropriate quantity to be given. |
| Eye drops/ ointment | Clear instructions are required to ensure each HSW understands which eye the medication has to be administered to and how much needs to be given, and how to administer the drops safely. |
| Ear drops | Clear guidance is required to ensure each HSW understands which ear the medication is to be administered to and how much needs to be given, and how to administer the drops safely. |
| Nasal sprays/ Nebulisers/ Inhalers / Oxygen | Clear guidance is required to ensure each HSW understands how the medication is to be administered and how much needs to be given, and the correct technique to administer the medication. |
| Suppositories/ Enemas/ Pessaries/ Prescribed Creams | Clear guidance is to be given regarding how to position and administer the medication to a person. When applying prescribed creams instructions will vary depending on the cream, site and reason for prescription. The instructions need to be clear and individualised.  |
| Sublingual tablets/ sprays | Clear guidance to be given regarding the administration of the medication including when to give it and how much is to be given, and how to administer safely.  |
| Crushing medications | The crushing of solid medication can alter its intended effects. Medications should not be crushed unless a pharmacist advises that the medication efficacy is not compromised and crushing has been determined to be safe and in the person’s best interest. The pharmacist may be able to provide the medication in an alternative preparation (e.g. liquid) following discussion with the prescriber. If crushing is appropriate the supervising RN is responsible for providing clear instructions to the HSW which should be recorded on the persons Individual’s Support Plan.  |

# 8 Medication check and reconciliation

HCSS Providers are responsible for checking that people who have had a change in their medication, and are in the ‘Prompting’ or ‘Administration’ category have had a medication reconciliation undertaken by their last prescriber.

If the person has recently been discharged from a hospital or Aged Care Facility, HCSS Providers should check the medication order is up-to-date and the medications in the person’s home are as per the order. If reconciliation has not been completed Pharmacists are funded under the Community Pharmacy Services Agreement (CPSA) to undertake reconciliation for eligible people who need help managing medication adherence. (Central Tas, 2017) General Practitioners can also be approached to undertake the reconciliation as another option.

If a reconciliation of medications is required this could also be done by an RN and guidance is given in Table 1.

Table . Medication reconciliation amended from the Age-related Residential Care Guidelines

|  |  |
| --- | --- |
| **WHAT?** | A process to collect, compare, document and communicate the most accurate list of all medications a person is taking, together with details of any allergies and/or adverse medication reactions, with the goal of providing correct medications for a given period at all transition points. |
| **WHEN?** | Medication reconciliation should be carried out when the person goes to and from places where a change in prescribing may have occurred (ie, hospital, respite in ARRC) |
| **WHO?** | Medication reconciliation can be performed by general practitioners, nurse practitioners, other authorised/designated prescribers, pharmacists or RNs.  |
| **WHY?** | Medication reconciliation identifies:* Omissions
* Temporarily stopped medications
* Medications not restarted
* Duplicated orders
* Incorrect medications
* Dosage/route discrepancies
* Up and down titration of medications
 |
| **HOW?** | **COLLECT** medications and information from multiple sources – do not rely on one source/* Ask the person or their carer what medications they are actually taking, including nutritional supplements, non-oral medications such as inhalers, complementary medications and non-prescription medications
* Identify allergies to medications and previous adverse reactions to medications
* Liaise with the person’s usual dispensing pharmacy
* Liaise with the person’s General Practitioner
* Review discharge transfer documentation, and any clinic and specialist letters if available

**COMPARE** collected medications and information with the current medication chart:* Identify differences in medications, allergies and adverse reactions to medications

**COMMUNICAT**E discrepancies to the person’s General Practitioner. |

# 9 Supply, packaging, checking, storage and returns

Wherever possible the person or their family / whanau should be responsible for their medication supply, packaging, checking, storage and return of medications.

## 9.1 Supply

Medication is to be collected by a family member or delegated contact or delivered by the issuing pharmacy. If the person or their family / whanau are unable to assist or if there is no other delegated person, the RN may be required to liaise with the prescriber or the dispensing pharmacist to ensure continuity of supply (i.e. when new prescriptions are required).

The service agreement/consent and Individual Support Plan between the person and the HCSS Provider must specify the responsibilities of each party regarding the services to be provided and any private costs associated with service delivery e.g. delivery of medication.

## 9.2 Packaging and checking

When a new supply of medication has arrived, a designated staff member[[7]](#footnote-7) will need to check that the medication is correct as per the Medication Order. It is important to check the packaging is intact.

## 9.3 Storage

Medications must be stored safely in a suitable location under appropriate conditions according to the person’s social and environmental situation and pharmacy instructions. Prescribed medication must be stored in their original pharmacy dispensed packaging.

Storage may include:

* Storing the medicines in a place unable to be accessed by children, vulnerable or unauthorised people
* The use of a ‘locked box’
* Following special instructions for correct storage. Generally medications are stored at room temperature unless otherwise specified.

Tikanga best practice guidelines state: if fridges and freezers are used to store food, drink and medication for human consumption they should be clearly marked and not used for any other purpose. (Te Rūnanga o Ngāti Whātua, 2014)

## 9.4 Returns

Medications that are no longer needed, or no longer prescribed, should be separated from normal supply and returned to the dispensing pharmacist for safe disposal. The return of medications to a pharmacy is primarily the responsibility of an individual or their family / whanau. If no formal supports are in place, the HSW should inform the RN of medication to be returned.

# 10 Prescriber medication review

The responsible RN needs to ensure that people receive continuity of service through effective links with the person’s prescriber and dispensing pharmacist. The RN needs to provide feedback to the prescriber if they have any concerns to ensure risks to the person are minimised. People may be reviewed more frequently if their needs change or if the prescriber considers it necessary.

The authorised prescriber will review the person’s medications at least three monthly. This review helps to ensure the person is prescribed the right medications, at the right dose and at the right time. A review will also ensure a continual supply of prescribed medications, as there is a limit of three months’ supply for most medications.

# 11 Transcribing of medicines

In April 2016 the New Zealand Nurses Organisation (NZNO) updated their guidelines for transcribing medications. (New Zealand Nurses Organisation, 2016) The guidelines refer to transcribing as “the legitimate copying of prescription information from one source to another without any alterations or additions”. They give examples of what this may include. While the NZNO do not support the routine practice of transcribing, they acknowledge there may be activities within the scope of nursing practice where with appropriate guidance, education, policies and procedures in place it may be appropriate.

Each HCSS Provider will therefore be responsible for having policies and procedures in place which outlines if and how transcribing is practiced within their organisation.

# References

Careerforce. (2015, April). *Learning Guide - Pre-packaged medication.* Retrieved April 06, 2017, from http://library.careerforce.org.nz/Learning%20Assessment%20Resources/LG23685-3.0.pdf

Central Tas. (2017). *Community Pharmacy - Long term conditions service*. Retrieved March 27, 2017, from www.centraltas.co.nz: http://centraltas.co.nz/community-pharmacy/cpsa2012/services/long-term-conditions-service-3/

Health Quality and Safety Comission New Zealand. (2015). *High risks medicines campaign.* Retrieved March 29, 2017, from Open for Better Care: http://www.open.hqsc.govt.nz/medication/

Ministry of Health. (2012). *Auditing Requirements: Home and community support sector Standard. NZS 8158:2012.* Wellington: Ministry of Health.

New Zealand Legislation. (1975). *Misuse of Drugs Act 1975, Reprint as t 22 December 2016(116)*.

New Zealand Legislation. (1981). Medicines Act 1981. *Reprint as at 7 March 2017*.

New Zealand Nurses Organisation. (2016, April). *Transcribing Medicines, 2016*. Retrieved March 29, 2017, from http://www.nzno.org.nz/Portals/0/Files/Guideline%20-%20Transcribing%20Medicines%2C%202016.pdf

Nursing Council of New Zealand. (2012). *Guideline: delegation of care by a registered nurse to a health care assistant.* Wellington.

Pharmacy Council of New Zealand. (n.d.). *Qualificiations and Training*. Retrieved March 29, 2017, from www.pharmacycouncil.org.nz: http://www.pharmacycouncil.org.nz/Pharmacists-wanting-to-register-in-New-Zealand/Qualifications-and-training/Qualifications-and-Training

Roy, A. P., & McKechnie, D. R. (2016). *Non-regulated Home Support Worker role in medication support and administration: A scoping review of the literature prepared for the Home & Community Health Association.*

World Health Organisation. (1972). International drug monitoring: The role of national centers. *498(1-25)*. World Health Organ Tech Rep Ser.

# Appendix 1

Table . Minimum requirements for best practice according to category

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category defined following assessment by an RN** | **Medication Management policies** | **Medication Management Training** | **Annual medication competency for HSWs** | **Annual medication competency for RNs** | **Medication Orders** | **MAR signed** | **Checking Medication reconciliation has been completed** | **Recording medication errors** |
| **Independent** | Yes | **No** | **No** | **No** | **No** | **No** | **Yes** | Yes |
| **Prompting** | Yes | Yes | Yes | Yes | Yes | Yes | **Yes** | Yes |
| **Administration** | Yes | Yes | Yes | Yes | Yes | Yes | **Yes** | Yes |
| **Administration AND****Controlled drugs** | Yes | YesANDControlled drugs specific | YesANDControlled drugs specific | YesANDControlled drugs specific | Yes | Yes | **Yes** | Yes |
| **Administration AND****High risk medications** | Yes | YesANDHigh risk medication and person specific | YesANDHigh risk medication and person specific | YesANDHigh risk medication and person specific | Yes | Yes | **Yes** | Yes |

1. Please note the New Zealand Nursing Council does not provide a definition for an Enrolled nurse [↑](#footnote-ref-1)
2. Please note the New Zealand Nursing Council does not provide a definition for a Registered nurse [↑](#footnote-ref-2)
3. The guidelines exclude residents living in residential care facilities that provide 5 or more beds as the *Medicines Care Guides for Residential Aged Care* (Ministry of Health, 2011) apply and it excludes residents receiving mental health residential care as the *Medicines Management Guide for Community Residential and Facility-based Respite Services* (Ministry of Health, 2013) apply. [↑](#footnote-ref-3)
4. It is recognised that HSWs do not have specialist nursing knowledge, skill or judgement regarding medication administration, however they are still accountable under the Health and Disability Commissioner Act (1994) and must adhere to the Ministry of Health Code of Health and Disability Services Consumers’ Rights (2014). [↑](#footnote-ref-4)
5. You can find known adverse reactions to medicines from the data sheet published on the Medsafe website ://medsafe.govt.nz/profs/datasheet/dsform.asp [↑](#footnote-ref-5)
6. Some District Health Boards may require training requirements and competencies of support staff who are administering high risk medications to be individually signed off by the Funder. [↑](#footnote-ref-6)
7. Ideally this would be a Registered Health Professional but this may not always practical [↑](#footnote-ref-7)