

# Public Sector Residential Aged Care Services Bulletin

## Medication Management

This bulletin aims to provide further information to public sector services regarding the reforms to laws governing the administration of medication in residential aged care and the opportunities for improvements to medication management systems.

## Recent Legislative Changes

Changes to the *Drugs, Poisons and Controlled Substances Act* require approved providers of residential aged care to ensure the administration of medication to all high care residents is managed by a registered nurse division 1, 3 or 4, regardless of the type of service in which they reside (ie. high care or low care).

This means that the administration of medications to high care residents must now be *managed* by a nurse, rather than necessarily administered by a nurse in every instance. Dependent on complexity of care, the condition of residents and educational preparation of staff, it may be registered nurses or personal care workers who administer medication. This approach allows better use of skilled professional resources and contributes to improved quality of care for residents who were not previously covered by Drugs and Poisons regulations.

The new legislation requires all nurses to have regard to guidelines (a 'code') issued by the Nurses Board of Victoria (NBV) regarding medication administration to high care residents in aged care services. This code provides the necessary framework of professional practice standards for nurses to exercise their roles.

Of particular note, the code allows nurses registered in divisions 1, 3 or 4 to delegate the administration of medication, in appropriate circumstances, to personal care workers who have suitable training and experience. A Division 1, 3 or 4 nurse may of course continue to personally administer medications.

In addition, some further issues applicable for the administration of medication to high care residents include:

- Management arrangements must provide for initial and ongoing medication assessment of high care residents by registered nurses divisions 1, 3 or 4.
- Registered nurses have full control over the decision to delegate medication administration tasks to appropriately qualified or trained care staff, and remain in charge of the administration process.
- All care staff administering medications are required to be suitably qualified or trained and demonstrate ongoing competency.
- Personal care workers and registered nurses division 2, who are not medication endorsed, can administer medications to residents, from a dose administration aid.
- The administration of any medications by subcutaneous or intramuscular routes is limited to registered nurses divisions 1, 3 or 4, or an endorsed division 2 with appropriate training.
- An appropriate system of supervision must be in place. A proper system will make clear to all involved, the nurse to whom any reports, questions, or issues should be directed in different circumstances – such as a sudden change in a resident's condition. When personal care workers are administering medication to high care residents, a nurse must be available on the premises to provide supervision.
- To support proper delegation decisions, the service must also have a system that allows the managing nurse to know which staff on shift have current medication competency assessments.
- The code requires that a registered nurse is available on the premises to supervise the administration of medication by a personal care worker. The registered nurse may be a division 1, 3, 4, division 2 or endorsed 2.

In regards to the last point on supervision requirements, the NBV has stated that 'on the premises' will be interpreted reasonably and will include separate buildings on the **same** campus.

Finally, there is a new provision that has made it an offence for a provider to direct or incite a nurse to act unprofessionally.

## Transitional Provisions

The NBV has introduced transitional provisions which recognise that some services may find it difficult to arrange for the indirect supervision by nurses of personal care workers administering medications to high care residents not previously covered by Drugs and Poisons regulations.

A reasonable transition period will be allowed for providers to adjust staffing profiles to meet the supervision requirements, and this period will be dependent on the circumstances. These may include the number of high care residents, the past staffing profile, geographic and local employment market constraints.

## Storage and Records

Changed requirements for the storage and record keeping of medications allow for more streamlined procedures including

- Schedule 4 and 8 medications can now be stored together in a lockable room and/or a lockable storage facility that is firmly fixed to a floor or wall (including in a resident's room).
- Where Schedule 8 medications are supplied in tamper evident compartments of a suitably labelled dose administration container for a specific resident, a continuous balance record is no longer required.

*The above outline of changes is not exhaustive> Relevant legislation, the NBV code and guidance notes should be referenced for further details. Care should be taken to refer to the most current version.*

## Practical Considerations

These changes allow managers of residential aged care services to consider a range of options for the professional management of medications in residential aged care. Nurses will continue to have responsibility for clinical assessments and control over decision-making processes, while making better use of their skills and the skills of the other care workers.

Some areas that may require attention, if changes to work practices of nurses and personal care workers are to be successfully implemented, could include, but are not limited to:

- review of policies and procedures so they are consistent with the NBV code and provide guidance and support care staff at all levels.
- review of the roles and job descriptions of all care staff to reflect any changes to responsibilities with clear accountability and reporting mechanisms.
- provision of initial education to care staff to facilitate understanding of the changes and any new roles.
- commitment to ongoing training and competency assessment of care staff.
- communication and consultation with all stakeholders including strategies to deal with any concerns.
- human resource planning which includes longer-term needs such as the recruitment of care staff with the appropriate qualifications and up-skilling of the current workforce.

Furthermore, services are encouraged to consider the following issues:

- Has an assessment of the current state of compliance with the drugs and poisons legislation, the NBV code and the Aged Care Accreditation Standards been undertaken to identify and manage any associated risks and/or breaches of requirements?
- What opportunities have been identified for changes to practice?
- Has an implementation plan been developed that includes timeframes, allocation of responsibilities and resources for the immediate and long term?
- What interim measures are necessary to ensure that the medication management system remains safe and practices are within legislative requirements as far as possible?
- Is there clear evidence that medication management activities are regularly monitored and reviewed?
- What activities require further evaluation i.e. has full consideration been given to what is to be measured, the frequency and acceptable variables in the data collected?
- Are these review processes integrated into the quality system of the health service?
- What are the protocols and processes for referrals to a managing nurse, doctor, pharmacist, medication review committee, etc., and are these clearly documented?
- Is there any risk of inconsistent interpretation between organisational policies, procedures and other guides for practice?

## Seminar Series

You may be aware that a series of 40 information sessions have been scheduled across Victoria on medication issues for nursing staff and care managers from residential aged care services.

**Part A** of the seminar series commenced on 29 August and runs until 5 October 2006. These seminars will focus on the legislative changes and implementation of the code for the administration of medications in residential aged care.

**Part B** is planned to commence on 28 September to run until 31 October 2006. These seminars will present good practice in medication management.

A new resource kit has been developed to assist services in the implementation of the *Guidelines for Medication Management in Residential Aged Care Facilities*, which are published by the Australian Pharmaceutical Advisory Committee. The resource kit will provide managers and staff with further tools to develop policies and protocols that will contribute to the quality use of medicines in residential aged care.

This Medication Resource kit has been funded by the Department of Human Services.

## Contacts

- For any further information concerning the code and staffing issues you can contact the **Nurses Board of Victoria** on 8635 1251.
- If you have any queries in relation to the legislative changes contact the **Department of Human Services Drugs and Poisons Group** on 1300 364 545.

## Resources

- Copies of the legislation (*Drugs Poisons and Controlled Substances Act 1981* and *Drugs Poisons and Controlled Substances Regulations 2006*, and *Nurses Act 1993*) can be accessed at [www.dms.dpc.vic.gov.au](http://www.dms.dpc.vic.gov.au)
- Fact sheets, additional explanatory material and a schedule for the seminar series are available at [www.health.vic.gov.au/dpu](http://www.health.vic.gov.au/dpu)
- The Nurses Board of Victoria draft *Code of Guidance Management of the Administration of Medications for high care residents in an aged care service* is available at [www.nbv.org.au/nbv/nbvonlineV1.nsf/attachment/CodeForGuidance/\\$File?CodeforGuidanceAmended23June2006.pdf](http://www.nbv.org.au/nbv/nbvonlineV1.nsf/attachment/CodeForGuidance/$File?CodeforGuidanceAmended23June2006.pdf)
- Additional information available from the Nurses Board of Victoria include *Guidelines for Registered Nurses, Student Nurses and Pharmacists Regarding the Use of Dose Administration Aids for Clients in Care in Victoria*

### What's on in October?

For more information see the Health events calendar at: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**Victorian Seniors Festival** is a week-long celebration commencing on October 1-8

**Mental Health Week** October 8-12 aims to ask each of us to expand our awareness of mental health issues

**Carers Week** October 15-10 celebrates the work of informal carers

**DHS Aged Care Quality Improvement Seminar** October 26-27 focuses on the concepts of a person-centred approach

Produced by the Residential Services Unit, Aged Care Branch  
Available at [www.health.vic.gov.au/agedcare](http://www.health.vic.gov.au/agedcare)