

# **Medication Guidelines for the Home and Community Support Services Sector**

2019

## Acknowledgements

Five homecare providers, with support from Waitemata District Health Board, collaboratively developed these guidelines:

- Geneva Healthcare (acting as lead provider)
- Access Homehealth
- HealthCare NZ
- Salvation Army HomeCare
- VisionWest Baptist Homecare.

We thank the following members of the working group for their contribution of time and expertise in developing these guidelines: Carmel Conaghan, Sharon Mildon, Cathy Leigh, Julie Martin, Lindie Van Wyk, Yvonne Belworthy, Fatima Juson, Angela Lambie, Katrina Lodge, Theresa Araullo, Gwynneth Lynch, Bronwyn Barrow, Cara Kelly, Jacqui Shilliday, Sujana Johns, Louise Dawson, Lea-Anne Morgan, and Katie Daniel.

We also thank the following facilitators of the national consultation process: Andrea McLeod (Chair of the Home and Community Health Association), Angela Lambie (Waitemata District Health Board), Carmel Conaghan (Royal District Nursing Service), Chris Jay (Pharmaceutical Society of New Zealand), Claire Cherrill (Bay of Plenty District Health Board), Christine Maxwell (HealthCare NZ), Glenda Rich (Access Community Health), Julie Haggie (Home and Community Health Association), Julie Martin (Access Homehealth), Katie Daniel (Waitemata District Health Board), Lucy Fife (Nurse Maude), Ondine Claridge (Accident Compensation Corporation), Philippa Jones (Bay of Plenty District Health Board), Sharon Mildon (Waitemata District Health Board), Sunita Goyal (Accident Compensation Corporation), Rosie De Gregorio (Ministry of Health) and Donna Gordon (Ministry of Health).

Citation: Ministry of Health. 2019. *Medication Guidelines for the Home and Community Support Services Sector*. Wellington: Ministry of Health.

Published in April 2019 by the Ministry of Health  
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-98-856873-7 (online)  
HP 7067



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# Glossary of terms

Authorised prescriber	Defined in the Medicines Act 1981 (s2(1)) as a nurse practitioner, an optometrist, a practitioner, a registered midwife or a designated prescriber.
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) (NZNO 2012).
Delegated prescriber	A health practitioner to whom a delegated prescribing order has been issued
Designated prescriber	A person other than a practitioner, nurse practitioner, optometrist or registered midwife who is a registered health professional authorised to prescribe subject to the requirements specified in the regulations and who meets relevant requirements of training and competency.
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; and/or 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 consultation as required, ie, must be available at all times on the premises or contactable by telephone (in community settings).
Enrolled nurse <sup>1</sup> (EN)	A person who has successfully completed a diploma in New Zealand or equivalent diploma from overseas for enrolled nursing. For entry into the enrolled nurse scope of practice, he or she must pass the state final registration examination. Practice as an EN requires registration with the Nursing Council of New Zealand 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). Other titles for this role in New Zealand include 'health care assistant', 'kaiāwhina' and 'community support worker'. For consistency with publications of the Home and Community Health Association, these guidelines use only 'home support worker' or 'HSW'.
Informed consent	Defined in the Code of Health and Disability Services Consumers' Rights 1996 (the Code) as a process rather than a one-off event, involving effective communication, full information and freely given, competent consent (Rights 5, 6 and 7 respectively). A signature on a consent form is not, of itself, conclusive evidence that informed consent has been given (NZS 8134: 2008: Health and Disability Services Standards).
Medication administration record ('MAR')	A MAR (eMAR for electronic versions) is the document that serves as a record of the medication administered, may be referred to as a signing sheet.

<sup>1</sup> Note the Nursing Council of New Zealand (NCNZ) does not provide a definition for an EN. The EN scope of practice is outlined in *Competencies for Enrolled Nurses* (NCNZ 2012).

Medication order	Documented directions provided by a prescriber for medication to be administered to an individual.
Open disclosure	A timely and transparent approach to communicating with, and supporting, consumers when things go wrong; includes a factual explanation of what happened, an apology and a list of actions to be taken that deal with the actual and potential consequences. An important aspect of open disclosure is explaining to consumers how the incident has been reviewed and what systems will be changed to make sure similar incidents will not happen again (NZS 8158:2012: Home and Community Support Sector Standard).
Person	A person accessing home care services. Equivalent terms include 'client', 'consumer', 'customer', 'patient', 'individual', 'service user', 'tūroro' or 'tangata whai ora'.
Pharmacist	A person professionally qualified to practise in pharmacy, registered with the Pharmacy Council of New Zealand and holding an annual practising certificate.
Practitioner	Medical practitioner or dentist.
Pre-packaged medications, blister packs or robotics	Pre-packaged medicines prepared for a person by, or under the direct supervision of, a registered pharmacist, and containing instructions for the person for whom the medication is prescribed.
Prescribed medication	Defined in the Medicines Act 1981 (s3) as medication supplied only on the prescription of a prescriber.
Provider organisation (provider)	An association, agency, group, independent practitioner or individual legally responsible for the provision of a service to a person (NZS 8158:2012).
Pro re nata (PRN)	A Latin phrase meaning 'as needed', often used as an abbreviation on prescriptions.
Registered health professional	A health professional registered with a relevant health regulator authority. Such professionals are subject to the requirements of the Health Practitioners Competence Assurance Act 2003.
Registered nurse (RN) <sup>2</sup>	A nurse who has successfully completed an approved programme of study in New Zealand and is registered in the scope of practice for which their qualification is prescribed. Registered nurses from overseas must meet requirements set out by the Nursing Council of New Zealand. Anyone practising as a nurse must hold a practising certificate.
Support plan	A plan that outlines a person's goals, support needs and requirements, developed and agreed with a person and his or her family/whānau prior to service delivery, and clearly detailing actions the service provider will take. <sup>3</sup>

<sup>2</sup> Note the NCNZ does not provide a definition for an RN. The RN scope of practice is outlined in *Competencies for Registered Nurses* (NCNZ 2012).

<sup>3</sup> If a person is under 18 years of age, where a power of attorney or guardianship is in place, a separate process may be required.

# Introduction

A collaborative of five home and community support sector (HCSS) providers, alongside Waitemata District Health Board (DHB), developed these Medication Guidelines (Guidelines) for the HCSS Sector. The providers developed the guidelines through discussion and consensus, and focused on best practice rather than the current service environment. The ground-up approach meant that the collaborative felt comfortable that the guidelines did have national applicability.

The Guidelines aim to guide HCSS providers in providing medication support for people at home.<sup>4</sup> The Guidelines reflect the Home and Community Support Sector Standard (NZS 8158:2012), and are based on current evidence of best practice and relevant legislation. They should 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 on the role of home support workers (HSWs) in medication support (Roy and McKechnie 2016). The Ministry of Health's Medicines Care Guides for Residential Aged Care (Ministry of Health 2011) guided the structure, to provide consistency; however, the content of these Guidelines is specific to the HCSS sector. The Guidelines do not replace sound clinical judgement.

<sup>4</sup> The guidelines exclude residents living in certified aged residential care facilities (such facilities are certified where they have two or more hospital residents and/or three or more rest home residents), as the *Medicines Care Guides for Residential Aged Care* (Ministry of Health 2011) apply in this situation. They also exclude residents receiving residential care, as the *Medicines Management Guide for Community Residential and Facility-based Respite Services* (Ministry of Health 2013) apply in this situation.

# 1 Roles and responsibilities

Role	Responsibilities
HCSS provider	<p>To implement medication practice policies and processes that reflect current legislation, standards and these Guidelines</p> <p>To ensure the medication policies and processes are aligned to tikanga and other specific cultural customs and values</p> <p>To implement systems to identify and document all people who receive medication support from the provider</p> <p>To implement an incident reporting process and an internal auditing system to monitor and support the correction of all identified medication errors</p> <p>To learn from preventable errors and mitigate against their recurrence</p> <p>To clearly outline employees' responsibilities and obligations for each medication support category (ie, Independent, Prompting/supervision and Administration: see section 2)</p> <p>To ensure training is in place and employees are verified as competent to perform medication support functions</p> <p>To maintain accurate education, training and competency records</p> <p>To ensure that, where appropriate, employees have access to an RN, either onsite, by telephone or electronically</p> <p>To liaise with primary care and relevant pharmacists and prescribers</p>
Registered nurse (RN)	<p>To work within their scope of practice and understand their responsibilities in relation to medication support, including direction and delegation to enrolled nurses and the unregulated workforce</p> <p>To support and promote people's independence in terms of their medication</p> <p>To implement organisational processes and systems to support independence</p> <p>To ensure people receiving support with medication have a medication administration record (MAR)</p> <p>To ensure people receiving support with medication have support plans that clearly identifies the categories of medication support they require</p> <p>To accurately communicate instructions regarding medications to people's main caregivers</p>
Enrolled nurse (EN)	<p>To work within their scope of practice and understand their responsibilities in relation to medication support</p> <p>To escalate issues or adverse events to the RN responsible for their practice</p> <p>To work under the direction/delegation of an RN at all times</p> <p><b>Note:</b> <i>An enrolled nurse cannot direct unregulated staff to administer medications, or delegate the task to them</i></p>
Home support worker (HSW) <sup>5</sup>	<p>To pass an annual medication competency as appropriate</p> <p>To adhere to the support plan</p> <p>Where the HSW is assisting with medication, to work under the direction/delegation of an RN</p> <p>To escalate issues or adverse events to the RN/person responsible</p> <p>To seek training and support as required</p>

<sup>5</sup> It is recognised that HSWs do not have specialist nursing knowledge, skill or judgement regarding medication administration; even so, they are accountable under the Health and Disability Commissioner Act 1994 and must adhere to the Code of Health and Disability Services Consumers' Rights.



# 2 Medication support categories

Providers should encourage people to actively participate in their own care. They should foster people's independence, choice and control in relation to their medication. For the purposes of these Guidelines, people using medication at home fall into three distinct medication support categories, following an assessment:

1. Independent
2. Prompting/supervision
3. Administration.

Support plans must note the relevant category. People may move between categories over time.

The categories are defined as follows.

**Independent:** This person is safe to independently administer their own medication or they have a reliable family/whānau member or friend who can assist them. The person does not require any assistance from an HCSS provider.

**Prompting/supervision:** It has been determined that the person cannot reliably remember to take their medications on their own and they do not have a reliable family/whānau member or friend to assist them. A HSW prompts or supervises the person to safely administer medication according to the support plan developed by an RN.

**Administration:** It has been determined that, due to physical, cognitive or behavioural ability, the person cannot safely administer medication, and they do not have a reliable family/whānau member or friend to assist them. A HSW physically assists the person to safely administer medication according to the support plan developed by the RN.

# 3 Medication competency assessment

Best practice indicates that providers must be able to provide evidence that all staff involved in supporting people with medication are verified as competent to do so. Providers should develop their own medication competency assessment, appropriate to their specific services.

Registered nurses who have themselves demonstrated competency should assess the competency of HSWs. Competency sign-off for staff must include the core competency minimum requirements set out here. These are divided into 1) theory and 2) practical components.

Competency training must include understanding of how to respect a person's dignity, individuality and cultural needs and values.

Home support workers must receive training according to the individual support plans they are involved with (eg, where a person is prescribed high-risk and non-pre-packaged medications, their HSW should have received specific training on this).

## Theory

The HSW demonstrates their understanding of:

- 1 the three categories of medication support:
  - Independent
  - Prompting/Supervision
  - Administration
- 2 The five + three rights (Rs):
  - right person
  - right medication
  - right dose
  - right time
  - right route
  - right to refuse
  - right indication
  - right documentation
- 3 correct documentation of the type of medication
- 4 the correct process to follow and document 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
  - the 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 has not completed their medication competency
- 5 the difference between prescribed medication and a person's own over-the-counter medication – what you can and cannot administer
- 6 the risks associated with medication administration and how to minimise/remove them
- 7 the importance of respecting people's dignity, individuality and cultural needs and values
- 8 informed consent, including people's right to actively participate in decision-making on service delivery

## 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 demonstrating awareness of a person's cultural values, privacy and personal circumstances
- 2 understanding the person's support plan/medication order requirements
- 3 appropriate infection prevention and control practice
- 4 applying the five + three Rs
- 5 correctly documenting medication support tasks
- 6 prompting/supervision and administration of:
  - oral medications (tablets and liquids)
  - eye drops/ointment
  - inhalers/nebulisers
  - ear drops
  - topical medications
  - pessaries/suppositories
  - enemas
  - pre-packaged medication
- 7 safe storage of medications

# 4 Documentation

Home and community support services providers are responsible for implementing policies and processes that outline clear and concise documentation of people's medication support needs.

## 4.1 Medication orders

The Medicines Act 1981 Section 19 states that a prescription medicine may only be administered to a person in accordance with the directions of the authorised prescriber or delegated prescriber of the medicine. Any person whose medication support category is Administration or Prompting/supervision requires a signed medication order.

### 4.1.1 Pro re nata or 'as needed' medications

The medication order may include pro re nata (PRN) or 'as needed' medication. If 'as needed' medication is prescribed, the designated prescriber must include clear instructions. These may include: recognising specific symptoms that suggest medication is needed, the frequency of doses, the minimum time between doses, the dose range and the maximum dose allowed in 24 hours.

**Note:** Registered nurses may need to monitor the use of 'as needed' medication in individual cases to determine whether the prescriber needs to review the medication order.

### 4.1.2 Medication administration record

A medication administration record (MAR) is used to document that a prescribed medication has been administered to a person. Documentation on the MAR must include the following:

- the date and time the medication was given
- the dose given (only for non-packaged medication)
- the signature or initials, name, and designation of the staff member administering the medication.

## 4.2 Medication errors

Providers must implement organisation-wide procedures for detecting, documenting, reporting and analysing medication errors, to improve the system and reduce the likelihood of repeating errors. The procedure must document the steps to be followed (including open disclosure, reporting, and quality-improvement processes) when medication errors occur.

The term 'error' refers to a person taking or being given:

- the wrong medication
- medication at the wrong dose
- medication at the wrong time
- medication via the wrong route

or not receiving the medication at all.

### 4.2.1 Detection of errors

Medication errors may be detected by a staff member prompting, supervising or administering the medication, by the next staff member to visit the person or by the RN who checks the completed sheet. Additionally, the person, or a family/whānau member or friend, may detect an error.

Detection of errors can occur at any time including:

- the medication order is completed by the prescriber
- the medication is dispensed at the pharmacy
- the medications are checked against the medication order prior to administration
- the MAR is signed.

### 4.2.2 Mitigating errors

In circumstances where there is more than one person requiring medication administration living in the same house, the provider must have a system in place to ensure that staff check people's identities prior to having their medications administered.

**Note:** Providers could make use of photographs where circumstances require identification of a person prior to medication administration.

## 4.3 Medication not administered

Reasons for medication not being administered may include:

- the person not being available
- medication being dropped or spilt
- medication missing
- the person refusing medication
- medication expired
- medication being stopped/withheld by the prescriber
- medication being stopped/withheld on advice from an RN.

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

# 5 Adverse reactions

The World Health Organization 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' (WHO 1972). An adverse response to medicine is always undesirable, and may not be predictable. Such a response may result in temporary or permanent harm, disability or even death; it may necessitate acute admission to hospital.

In emergency situations involving adverse reactions, HSWs must call 111 and follow the instructions they receive over the phone.

Home support workers must report suspected adverse reactions to the responsible RN, and HCSS providers are responsible for reporting them to the Centre for Adverse Reactions Monitoring: see Appendix 2.<sup>6</sup>

<sup>6</sup> The New Zealand Formulary lists known adverse reactions: see [www.nzformulary.org](http://www.nzformulary.org) (accessed 24 January 2019).

# 6 High-risk medications and controlled drugs

High-risk medicines are most commonly implicated for causing serious adverse drug events. Such medications can potentially cause significant harm even when they are used as intended.

Controlled drugs are medications that are classified under the Misuse of Drugs Act 1975 and that have some potential for abuse or dependence. Prescribing of controlled drugs is more tightly controlled than prescribing of other medicines, reflecting the risk that they pose.

High-risk medications and controlled drugs include but are not limited to the following:

- Warfarin
- insulin
- enteral nutrition (non-pre-packaged)
- cytotoxic medicines
- fentanyl
- morphine
- medications with a variable dose.

Training and competency assessment for administration of high-risk medications and controlled drugs needs to reflect the level of risk, and must be both medication-specific and person-specific. The medication-specific guidance in section 6.1 below provides a broad overview only.<sup>7</sup>

Providers must implement processes to manage the risks associated with these types of medications.

Support plans for high-risk medications and controlled drugs must include full instructions, risk management assessment and contingencies for adverse events. A copy of the support plan must be accessible at all times. It also needs to outline channels of communication for the HSW, eg, contact the delegated RN available immediately if adverse events occur.

<sup>7</sup> Some DHBs may require funders to individually sign off on the training and competencies of support staff who are administering high-risk medications.

## 6.1 Medication-specific guidance

Medication	Notes
Warfarin	The dose of warfarin may vary, depending on the person's international normalised ratio (INR) blood results. A copy of the current prescriber's order must be available to ensure the correct dose is administered each day. Staff must record INR results and document the dose and time of administration of Warfarin, either in the MAR (if administered by a HSW or an RN) or in the person's Warfarin book (if administered by the person or their family/whānau).
Insulin	<p>The dose of insulin may vary depending on the person's blood sugar level (BSL). A copy of the current prescriber's order must be available to ensure the correct dose is administered at the correct time. Assistance may be required with BSL testing and insulin administration. Staff must document the insulin type, dose, time and BSL in a BSL record. The support plan must clearly document parameters for when insulin should be withheld.</p> <p>The HSW is not expected to draw up insulin, but must use an insulin pen. The HSW administering insulin must know how to dial up an insulin pen and administer insulin, and must document the dose and time in the MAR. They may also complete a BSL record if the person is unable to.</p> <p>A sharps container for the safe disposal of needles must be available in the person's home.</p>
Cytotoxic medication	Oral/topical cytotoxic medication needs to be in a separate pack and clearly labelled. The HSW must wear gloves while handling cytotoxic medication. It is advisable that pregnant women do not handle this medication. The HCSS provider must implement a procedure for the safe administration and disposal of cytotoxic medications.
Crushing medications	The crushing of solid medication (tablets and capsules) can alter its intended effects. If crushing is appropriate, the supervising RN is responsible for providing clear instructions to the HSW; these instructions must be recorded on the person's support plan.
Controlled drugs	<p>Where possible, the person or their family/whānau should be given the responsibility to monitor, count their stocks and manage safe storage of controlled drugs. If there is no other available person to monitor, count stocks, and manage safe storage of controlled drugs the supervising RN may need to assume this responsibility. This arrangement must be agreed on an individual basis between the provider, person and family/whānau and the referring agency. Where controlled drugs cannot be accounted for, providers should manage the event according to their own operational policies.</p> <p>If the controlled drug is in liquid form (for oral use), best recommended practice is for the medication to be in a pre-packaged or single-dose container (eg, a pre-filled syringe). Providers should manage this according to their own policy and procedures.</p> <p><b>Note:</b> HSWs are not permitted to assist with medications administered via a syringe pump.</p> <p>Support plans must specify in what situations/and for what symptoms PRN controlled drugs are needed. All people administering PRNs (including HSW and family/whānau members and visiting clinicians) should adhere to the Providers support plan and the documentation requirements.</p>
Patches (eg, fentanyl)	<p>It is important that the patch is applied as per written instructions on the pack, as different patches vary in the time of administration and place of application.</p> <p>Providers must implement a procedure for the safe application and disposal of patches</p>

# 7 Non-pre-packaged medications

This section refers to the support of people under 'prompting/supervision' or 'administration' medication categories when their medications are not in a blister pack. The following are examples of non-re-packaged medications.

## 7.1 Medication-specific guidance

Medication	Notes
Enteral nutrition	The person's support plan/medication order must specify the appropriate quantity and frequency of enteral nutrition and supplements to be given.
Eye drops/ ointment	The person's support plan/medication order must provide clear instructions, including which eye(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of eye drops and eye ointment.
Ear drops	The person's support plan/medication order must provide clear instructions, including which ear(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of ear drops.
Nasal sprays/ nebulisers/ inhalers / oxygen	The person's support plan/medication order must provide clear instructions, including how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.
Suppositories/ enemas/ pessaries	The person's support plan/medication order must provide clear instructions, including how many dose units are to be administered and how often. Training and assessment must include the correct techniques for the safe administration of suppositories, enemas and pessaries, including the correct positioning of the person.
Topical preparations (eg, creams, lotions, ointments)	The person's support plan/medication order must provide clear instructions, including how much of the product is to be applied. Training and assessment must include the correct techniques for the safe administration of topical medications.
Sublingual tablets/ sprays	The person's support plan/medication order must provide clear instructions, including when and how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.

# 8 Supply, checking, storage and returns

The person or their family/whānau is responsible for their medication supply, checking, storage and return of medications.

## 8.1 Supply

Medication should be collected from the issuing pharmacy by a family/whānau member or delegated contact, or delivered by the pharmacy.

If the person or their family/whānau are unable to do so, and there is no other delegated person, the RN may be required to liaise with the prescriber or the pharmacist to ensure continuity of supply (ie, when new prescriptions are required). In this instance, the service agreement/consent and support plan must specify the responsibilities of each party regarding the services to be provided, and how costs associated with delivery of medication will be met.

When a new supply of medication arrives, a designated staff member<sup>8</sup> must check the medication is correct according to individual medication orders.

## 8.2 Checking

Medication orders and reconciliation are the responsibility of the prescriber.

The HCSS provider must implement operating policies on managing medication discrepancies.

When a change in medication occurs for a person within the Prompting/supervision or Administration categories, the RN is responsible for updating the person's support plan and communicating changes to the HSW.

<sup>8</sup> This should be a registered health professional, not a support worker.

## 8.3 Storage

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

Storage considerations include:

- storing the medicines in a place unable to be accessed by children or vulnerable or unauthorised people
- the use of a lock box
- following special instructions for correct storage. Generally, medications are stored at room temperature unless otherwise specified.

**Note:** According to tikanga best-practice guidelines, where 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).

## 8.4 Returns

Medications that are no longer needed, or no longer prescribed, should be separated from normal supply and returned to the pharmacy for safe disposal. The return of medications to a pharmacy is primarily the responsibility of a person or their family/whānau. If this is not possible (ie, if a person or their family is unable to take responsibility for this for whatever reason), the HSW should inform the RN of medication to be returned.

# 9 Medication review

The authorised prescriber is responsible for reviewing a person's medications.

The responsible RN must ensure that people receive continuity of service, through effective links with the person's prescriber and pharmacy. The RN needs to provide feedback to the prescriber if they have any concerns, to ensure risks to the person are minimised.

# 10 Transcribing of medicines

The New Zealand Nurses Organisation does not support transcribing as a routine practice, but acknowledges that there may be circumstances in which it is appropriate, where relevant guidance, education, policies and procedures are in place (New Zealand Nurses Organisation 2016).

Each HCSS Provider is responsible for implementing policies and procedures that outline if and how transcribing is practiced within their organisation.

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# Appendix 1:

## Minimum requirements for best practice according to category

Category	Medication guideline policies	Medication training	Annual medication competency for HSWs	Annual medication competency for ENs	Medication competency for RNs <sup>9</sup>	Medication orders	Signing of MAR	Recording of medication errors
Independent	Yes	No	No	No	No	No	No	Yes
Prompting/ supervision	Yes	Yes	Yes (as appropriate)	Yes (as appropriate)	Yes	Yes	Yes	Yes
Administration	Yes	Yes	Yes (as appropriate)	Yes (as appropriate)	Yes	Yes	Yes	Yes
High-risk medications/ controlled drugs	Yes	Yes AND Specific to the person	Yes (as appropriate) AND Specific to the person	Yes (as appropriate) AND Specific to the person	Yes AND Specific to the person	Yes	Yes	Yes

<sup>9</sup> Providers must ensure the competency of RNs to manage medication administration and high-risk medications/controlled drugs.

# Appendix 2:

## Reporting adverse medicine reactions

The following provides advice of how to report adverse medicine reactions.

