**Recommendations by the Australian Wound Management Association (AWMA)**

**for Commonwealth Funded Residential Care Facilities**

**HIGH CARE RESIDENT CLASSIFICATION**

**Inventory of Wound/Skin Care Products and Devices**

**Background**

The residential aged care standards:


**Appendix 4—Schedule 1—Specified Care and Services for Residential Care Part 3 Care and services subsection 3.7 and 3.8:**

- Aim to identify the minimum medical, and pharmaceutical supplies, equipment and nursing services to be provided to those residing in high level care facilities.
- Part 3 Care and services—to be provided for residents receiving a high level of residential care

<table>
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<th>3.7</th>
<th>Basic medical and pharmaceutical supplies and equipment</th>
<th>Analgesia, anti-nausea agents, bandages, creams, dressings, laxatives and aperients, mouthwashes, ointments, saline, skin emollients, swabs, and urinary alkalising agents. Excludes goods prescribed by a health practitioner for a particular resident and used only by the resident.</th>
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<td>3.8</td>
<td>Nursing services</td>
<td>Initial and on-going assessment, planning and management of care for residents, carried out by a registered nurse. Nursing services carried out by a registered nurse, or other professional appropriate to the service (e.g. medical practitioner, stomal therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team).</td>
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There has been some concern over these recommendations in that the term basic has been left open to interpretation. The Education & Professional Development Sub-Committee of AWMA has been approached by concerned staff working in aged care to develop a position statement on what the committee members would consider appropriate basic wound and skin care items required to meet these guidelines.

The Oxford dictionary meaning of ‘basic’ includes ‘essential’ from the committee members point of view the basic products described below can also be regarded as essential.

Wound and skin care-technology is advancing at a rapid rate. In our own lifetimes wound care practitioners have adopted modern wound care technology to improve client outcomes including making their lives easier, removal of stress, increased comfort and also to ensure they achieve these outcomes more efficiently.

It is appropriate to take this same approach when providing care for those at risk of loss of skin integrity, particularly the elderly population. Certainly in anaesthetics or surgery there is no question about adopting new technology, so why should it be any different in caring for the after consequences of surgery (wounds) or indeed wounds caused by any means, including injury?

Listed on the next page are the minimum inventory of wound and skin care products, including wound dressing fixation tapes and retention bandages, and skin care agents to ensure (standard No 3.7 & 3.8) are upheld and that wound management can comply with AWMA Standards of Wound Care.

Some wounds will require dressings not listed within this document. These wounds will require a more consultative process.

Recommended Inventory Stock Items for Aged Care Facilities

This list is not exhaustive, nor prescriptive. The AWMA accepts that there are in several cases, many products available within each category. It is the responsibility of each organisation to procure items for each of the generic categories.
Correct product selection is based upon an accurate assessment of the patient, their wound and the wound needs. Those responsible for care planning must ensure an appropriate, realistic plan has been formulated in consultation with the residents and family members and based on sound product knowledge.
For further information on products available in Australia and wound assessment when selecting a product and settings aims please see –The Wound Care Manual, by Keryln Carville. Available from www.silverchain.org.au

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