

## SD - Medication

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## SD - Medication

### Policy Statement

Headway Gippsland Inc. has processes in place to ensure that only appropriately skilled, trained and/or qualified staff are involved in the administration, storage, and disposal of medications. Only staff who are trained to administer medications can administer medications. All other staff can provide assistance to clients to self-administer their own medications.

This policy is underpinned by the assertion that Individuals are informed about the potential risks and benefit of prescribed medication in a way that meets their communication needs and cognition, by a suitably qualified medical practitioner.

Consent is required before an individual can receive medical or dental treatment, except in an emergency. It is the responsibility of the medical practitioner to gain consent. Staff cannot consent on behalf of a client.

If an individual does not have the capacity to consent to receiving medication, a legally appointed guardian or Person Responsible must provide or withhold consent on the individual's behalf.

Staff may only administer medications within their scope of practice.

No staff member will administer medications without prior training in medication management.

### Receiving Medication

Medication must be appropriately labelled in a -.

- Webster pack or;
- An original packet, which is clearly labelled with the person's name, current medication dosage and frequency information (staff are not allowed to fill dosette boxes).
- Liquid Medication is in its original container, which is clearly labelled with the person's name and current dosage and frequency information. An appropriate measuring device must also be provided e.g., a measuring cup or dropper.
- Medication as required or PRN medication e.g., Ventolin, Panadol, Valium is presented in its original container or dose administration aid, which is clearly labelled with the person's name.
- All creams and lotions are clearly labelled with the person's name and application instructions.

A current medication chart must be available which is signed and dated by a medical practitioner

*Note: Where a current treatment sheet is provided by an external agency (i.e., the persons home) this is acceptable and should not be transcribed onto a Headway Gippsland Inc. document.*

If the Medication summary, treatment sheet and/or medication record is not supplied in accordance with this policy, then the staff member will not be permitted to support the person to take their medication.

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All administration of medication must be recorded on the Medication record to ensure that Headway Gippsland Inc. is accountable for the medication given by its staff.

All medication will be kept in a locked, secure place at all times.

Staff will be provided with relevant medication training to ensure that medication is administered correctly and efficiently.

When staff are supporting people to administer their medication, the issue of consent needs to be considered. Staff must only do what is necessary and reasonable, they must not force the person and must only act in the persons' best interest.

Staff should note that consent is not required where:

- Basic first aid is needed
- An emergency exists so consent cannot be obtained at this time. It is necessary to act immediately to save the life of a participant or to prevent serious injury from occurring.

### Administering Medication

When medication is to be administered, staff will follow a set procedure and only staff who have completed the required training may administer medication.

- Pay attention to the administration of medication and do not attend to other tasks at the same time.
- Collect all information and equipment required.
- Check the individual's preferences relating to medication administration.
- Complete hand hygiene steps before and after administering medications to each individual.
- Wear gloves if appropriate e.g., to apply ointments, creams and lotions.
- Check that the medications are in suitable condition and have been stored properly.
- Check use by dates on original container medications.
- Check on the Medication Administration Record that the previous dose was administered correctly. If there are discrepancies discuss these with your Team Leader

Staff will ensure the seven R's of medication administration:

- **Right Medication**
- **Right Person**
- **Right Time**
- **Right Dosage (where medications are in original containers)**
- **Right Route**
- **Right method**
- **Write down**

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If the medication is given orally, the staff member administering the medication must remain with the client until they are satisfied that the dose has been swallowed.

If a client spits out or vomits up the medication, staff will not re-administer the medication. Staff will contact their coordinator and/or On-call to seek further instruction.

Staff are required to sign the medication record following administration of the medication. Where possible a second staff member will witness the medication being administered.

'White Out' must not be used on the medication administration sheets at any time. If staff make a mistake, it should be crossed out and the correct entry made next to it with staff initials.

Staff administering medication must be provided with consumer information from the pharmacy or source information to ensure they are familiar with possible side effects.

Staff must immediately report any unusual changes in the persons physical condition and/or behaviour to their team leader. They will instruct staff on the next action e.g., call Poisons Information, contact family or call 000 for example.

### **Medication Management in The Community**

Medication should be transported in the Webster pack or original container and should not be dispensed into separate containers such as dosette packs.

Medications must be stored in accordance with the manufacturer's instructions. For example, medications that are normally stored in the fridge can be put in a small insulated lunchbox for short periods during transportation.

The person supporting an individual in the community must be informed of the persons health condition and clear instructions for medication administration.

### **Over The Counter Medication**

Staff supporting an individual with their medication should seek approval from a health professional for all over-the-counter medications to ensure that they are appropriate for the individual and that they do not interact negatively with other medications.

### **Complimentary Medication**

Like all medications, Complementary and Alternative Medications (CAMs) and non-prescription medications are capable of causing adverse reactions and medication interactions. People

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should be supported to consult with their medical practitioner where there is a risk of adverse reaction with a pharmaceutical medication.

### Medication Errors

A medication error is when one of the seven 'Rights' has not been adhered to. For example, when a medication is missed, when medication is given to the wrong person or a person is suspected of self-administering medication that they shouldn't have.

If a medication error occurs, then staff should follow the procedure of:

1. Immediately contact the Poisons Information Line on 131126 and then follow their instructions.
2. Contact your manager or on call outside of office hours to notify the outcome and follow their instructions.
3. Complete an Incident Report as soon as possible. The report should be forwarded to your manager by the next working day.

### PRN Medication Administration

1. Staff should ensure all PRN Medication is prescribed by a medical practitioner.
2. Staff are only to administer PRN medication after consulting with their manager and/or On-Call to enable approval and meet reporting requirements where PRN medication is also a restrictive practice.
3. Staff must document that PRN medication has been administered.
4. Where PRN medication is prescribed as part of a Behaviour support plan refer also Positive Behaviour Support Policy.

### Storage Of General Drugs

All medication is stored safely in the client's home and remain the responsibility of the client.

Where medications are locked as part of an approved behaviour support plan staff must adhere to strategies in the plan.

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### **Refrigeration Of Drugs**

Medication requiring storage in the refrigerator should be maintained at temperature of 4-8°C and this is the responsibility of the client in their home.

### **Refusal To Take Medication**

Individuals who have capacity have the right to refuse or withdraw consent to the administration of medication.

Where it is documented that the person usually rejects medication when it is first offered but agrees to take medication on subsequent attempts to administer it, staff may persist with trying to administer the medication.

However, if a person is clearly refusing medication and not displaying a usual pattern of behaviour then staff should follow the procedure below.

1. If a person refuses prescribed medication, the staff member should attempt to find out from the person why they do not wish to take the medication if this is possible.
2. The staff member should explain to the person the reasons for taking medication as well as the implications of not taking it.
3. If the person refuses medication, staff must not force the person to take the medication. Your manager must be notified, and they will decide on any further action.
4. The staff member responsible for administering the medication must record the persons refusal on the medication chart in the appropriate date/time slot and sign their initials.
5. Staff must observe the person for any changes in behaviour or well-being and report these to their manager, who will decide on any further action.
6. Staff must complete an Incident Report where a person refuses to take medication.

### **Disposal Of Medication**

Expired medication should be returned to the pharmacist by the client.

No medication should be disposed of in general waste or toilet.

Sharps containers must be used to dispose of sharps used to administer medication.

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### Medication Audits & Individual Medication Review

At the end of a shift, staff should:

- check that all medication documentation is completed
- check that all medication has been administered during the shift as prescribed
- inform incoming staff of any changes to an individual's medication
- inform incoming staff of any individuals' exhibiting effects or side effects of medication and any action taken or to be taken
- note that medications have been checked and accounted for.

Regular audit of medication processes should occur as described in the Headway Gippsland Inc. audit schedule.

Each person should have a medication review as part of an annual health review.

### Definitions

Oral Medications	Those medications taken by mouth (orally), e.g. tablets, capsules, pills, lozenges, syrups.
Topical External Medications	Those medications that are applied to the body, e.g. creams, ointments and lotions.
Inhalant Medications	Those medications that are inhaled into the body via the nose or mouth. They come in aerosols or nebulisers.
PRN Medication	Medication that is administered 'as required'.
Dose administration aid (e.g., Dosette box or Webster pack)	A dose administration container that divides medication such as tablets and capsules into prescribed doses to be taken at specific times during the day and week.

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If you are asked to administer any medications that are not in a webster pack you must contact Headway Gippsland office as soon as possible, as further training may need to be attended.

### References

National Disability Insurance Scheme Quality indicator guidelines 2018

Poisons Act (1971)

Poisons Regulations (2008) –incorporating the Poisons Amendment (Miscellaneous) Regulations 2016

Australian Pharmaceutical Advisory Council (2006), Guidelines for medication management in the community, Commonwealth of Australia, Canberra

Disability Services Medication Management Framework November 2017