

## POL – 3.6 Medication Assistance Policy

### 1. Purpose

This policy defines medication and medication assistance and the conduct expected by Accommodation and Care Solutions (hereafter referred to as ACARES) employees in assisting with the medication of service users. This policy further aims to sets clear boundaries about what type of assistance is permitted.

### 2. References

| Reference       | Title & Description  |
|-----------------|--|
| POL-3.1         | Incident - Accident Policy                                     |
| FM-23           | Participant Profile  |
| FM-47           | Incident Report Form   |
| FM-132          | Medication Chart   |
| FM-163          | Medication Audit Form  |
| FM-173          | Medication Consent Form  |
| FM-174          | Medication Assistance and Administration Plan                  |
| FM-177          | PRN Check Register   |
| FM-179          | Daily Usage Medication Chart                                   |
| FM-180          | Prescribed Medication Chart                                    |
| WI-Medication 1 | Medication General Information                                 |
| WI-Medication 2 | Medication Charts  |
| WI-Medication 3 | Medication Administration Procedure                            |
| WI-Medication 4 | Administering Medication via a PEG                             |
| WI-Medication 5 | Administering Rectal and Vaginal Medications                   |
| WI-Medication 6 | PRN Medication Administration                                  |
|                 | Aged Care Act 1997   |
|                 | Aged Care Standards 2018                                       |
|                 | National Disability Insurance Scheme Act 2013                  |
|                 | Australian Community Industry Standards 2018                   |
|                 | NDIS (Quality Indicators) Guidelines 2018                      |
|                 | NDIS (Incident Management and Reportable Incidents) Rules 2018 |

### 3. Responsibilities

The National HR and Training Manager is responsible for the training and development of staff, the verification of skills and qualifications surrounding medication. It is the responsibility of all Care Coordinators and Team Leaders to ensure that support workers follow correct medication procedures during the course of care delivery.

## 4. Process

*Medication is a chemical substance that treats, prevents, or alleviates the symptoms of disease.*

### 4.1 Medication Administration

Medication is not to be administered to a service user unless it has been prescribed by a doctor and entered into the service user's medication chart by the prescribing doctor.

It is the responsibility of all support workers to ensure that the "7 Rights" are adhered to pre administering any medications:

- 1) Right person
- 2) Right medication
- 3) Right dose
- 4) Right route
- 5) Right time
- 6) Right documentation
- 7) Right reason (for PRN medications the indication must be correct)

Medication can only be administered with the service users' consent (FM-173) and it is important to recognise that all service users have the right to refuse (see 4.9 Medication Incidents)

Medication shall not be administered covertly e.g. disguising medication by administering it in food or drink.

Medication shall not be crushed unless the prescribing Doctor has ordered and documented this. Any crushed medications must have a crush assessment completed by the dispensing pharmacy.

Medication must not be altered in any way from their original form. This includes adding medications to food or fluids, unless the medication has been specifically prescribed this way e.g. Metamucil - dissolve in glass of water.

Medications may only be placed in foods/beverages if the service user has been assessed as having swallowing difficulties and the service users prescribing Doctor is aware.

Infection control practices must be adhered to when assisting with medications (*see WI – Medication 3 – Medication Administration Procedure*).

### 4.2 Medication Assistance

Medication assistance may involve prompting and/or assisting service users with medication or self-medication. A medication assessment will be completed for all service users that require any level of support (FM-174).

Where support is required to assist with medication, a Medication Chart (FM-179) will always be made available within the service user's communication folder. Any support with medication assistance must be recorded on this form, including the time and date of assistance. This form must also be signed or initialled by the carer.

Under no circumstances are support workers allowed to transcribe on a medication chart.

#### **4.2.1 Dose Administration Containers (Webster Paks)**

Dose administration containers are commonly known as Webster Paks. Dose administration containers divide solid medication, such as tablets and capsules, into prescribed doses to be taken at specific times during the day and week.

To minimise the risks of a medication error during administration ACARES services should, wherever possible, encourage the service user, their treating doctors, pharmacists, families and guardians to:

- supply dispensed prescription medication in dose administration containers rather than original containers
- use Webster Paks in preference to other types of dose administration container

Support workers must not under any circumstances alter the contents of a Webster pack. This includes adding or taking out any medications.

#### **4.2.2 Filling Dose Administration Containers (Dosette Box)**

Only a pharmacist may fill or alter the contents of a dose administration container.

The only exception to this is where:

- it is usual for a family member or other authorised person to fill the dose administration container

AND

- this person is the service user's primary caregiver

Apart from the administration of medication, staff must not, under any circumstances, alter the contents of a dose administration container. This includes adding or taking out any medications.

#### **4.2.3 Accepting Dose Administration Containers**

Whenever a member of ACARES staff (on behalf of a service user) collects, or is given, a filled dose administration container they need to immediately complete the Acceptance Check.

The Acceptance Check should verify whether:

- the service user's full name is written on the dose administration container
- the details of the prescribed medication are recorded on the dose administration container

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- the number of pills, tablets or capsules (if these can be counted) in each compartment of the container match the number written on the back of the container.

Any concern about:

- the number of tablets or capsules in a dose administration container
- the information recorded on the container
- visually apparent damage to, or contamination of the contents

should be immediately reported to the person delivering the container. If the dose administration container has been delivered by the service user, then staff should bring their concern to the attention of the dispensing pharmacist, or a local pharmacist, as soon as possible.

Immediately upon completing the Acceptance Check and taking delivery of a dose administration container, staff should:

- attach a passport size photograph of the person the medication is for to the back of the dose administration container. (This photograph should have been taken within the last 12 months and should clearly identify the person we are supporting) *Please note this is only applicable where service users are residing in shared accommodation and if there is no photograph on the personal details section of the Webster Pak already.*
- securely store the dose administration container.

#### **4.2.4 Using Dose Administration Containers**

Apart from the administration of medication, staff must not, under any circumstances, alter the contents of a dose administration container. Medication packed in a dose administration container must not be removed from the container and 're-packed' into a different container.

Staff must keep dose administration containers clean. Any contamination of the contents of the dose administration container may affect the potency of the medication.

Prior to administering any medication from a dose administration container, the Support Worker must:

- confirm that the container is undamaged and the medication does not appear to be contaminated in any way
- compare the "7 R's" against the dose administration container and the documentation

As some medication may become ineffective if it is exposed to the air, staff must not remove any original wrappings until just before giving the medication.

As the potency of some medications may be reduced through direct contact with skin, medication should never be removed from the container and placed into a

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hand. Always use an appropriate vessel (e.g. a medication cup/teaspoon) to pass medication from its container to the service user.

Medication administered from a dose administration container must be recorded on the medication chart. Empty or finished dose administration containers should be returned to the person /pharmacy they were originally received from.

*(see WI – Medication 3 – Medication Administration Procedure).*

### 4.2.5 Original Containers

In some cases medication cannot be dispensed in a dose administration container. This may be because it cannot be stored with other drugs, or because its potency may be affected if it is removed from its original container, or simply because it is a liquid or ointment.

There may also be circumstances where a client has been newly prescribed a medication that has not yet been packed in a dose administration container, in this circumstance the medication can be administered as long as the documentation on the container corresponds with that of the medication order. This medication should be packed into a dose administration container as soon as practicably possible.

Medication that cannot be dispensed in a dose administration container must be dispensed in its original container.

Only a pharmacist may fill or alter medication in an original container. There are no exceptions to this.

### 4.3 Prescribed Medication

Service users must be willing to provide information prepared by a doctor that states:

- when and how to administer the medication
- special administration instructions
- common sensitivities and allergies to look for.

Care Coordinators/Team Leaders will ensure that:

- all support workers on the service users' program are made aware of medication information provided by a doctor
- all support workers are aware medication shall not be administered at intervals more or less than prescribed.

A service user's medical practitioner shall be contacted if instructions for the administration of any medication are not clear.

#### 4.3.1 Prescribed PRN Medication

Some service users may also require a Pro Re Nata (PRN) medication. This is not a regular dose but to be taken as needed. Support workers must only support this

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where specified in the Care Plan and this is prescribed as a PRN and documented in the medication chart.

Support workers may only administer a PRN medication if the documented indication matches the service user's need. Any PRN medication administered should be documented in the service user's communication book/progress notes including the reason why it was administered and whether or not it had a therapeutic effect.

Prolonged use of any PRN medication should be reviewed by treating practitioner.

PRN medication administered that did not have the desired effect should be reviewed by the treating practitioner.

### 4.3.2 Changes to Prescribed Medication

If a service user's doctor prescribes new medication, alters the dose of medication or instructs that medication cease, the Care Coordinator/Team Leader shall:

- where applicable, ensure that the Pharmacy or authorized person is informed of the changes and these are reflected in the contents of the dose administration containers as soon as practicably possible
- ensure that changes are recorded on the service user's medication chart
- ensure that each support worker who administers medication is instructed as to the changes
- discuss changes with the service user to ensure that the changes are understood.

### 4.4 Self Administration

Service users may self-administer their medication if they have been assessed and approved by their doctor as being capable. ACARES will seek the advice of a doctor if there is doubt as to a service user's capability to continue self-medicating via a Webster Pak or dosette box.

### 4.5 Medication Storage

Medication must be stored:

- securely at all times so only authorised people have access to it
- at the correct temperature so that it does not get damaged, away from direct sun, heat, humidity and moisture
- in the correct packaging.

### 4.6 Medication Disposal

Any medication that is no longer in use of the service user or has been dropped or altered in any way is to be returned to the pharmacy for appropriate disposal under the 'Return unwanted medicines' program.

Medications that have an explicit expiry date (e.g. eyedrops, ointments, anginine) should be discarded one month after opening. The date the container was opened should be recorded on the packet.

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### 4.7 Review of Medication

Service users have a right to be free from medication they do not need. The plan for a service user's medication should be checked at least annually and more often if required.

Any unanticipated side effects or behaviour thought to be a result of medication should be reported to a service user's doctor immediately.

### 4.8 Medication Documentation

All requirements for staff to assist with medications, including the medication types, the times, days and instructions for how the service user should take medication, is to be documented in the chart and must be strictly adhered to.

#### 4.8.1 Medication Charts

For service users that are residing in ACARES supported accommodation, their treating doctor shall record all details of prescribed medication on the personal detail page of each service user's medication chart.

Details must include:

- date of prescription
- name of the medication
- when and how the medication is to be administered
- special administration instructions
- special storage instructions.

Team Leaders will ensure the prescribing doctor continues to maintain and update each service user's Medication Chart.

Service users that are residing in the community will ensure that their treating doctor has completed a treatment sheet that must include:

- date of prescription
- name of the medication
- when and how the medication is to be administered
- special administration instructions
- special storage instructions.

This may be used separately where applicable or in conjunction with FM-179. It is the joint responsibility of the service user and the Care Coordinator to ensure the prescribing doctor continues to maintain and update each service user's treatment sheet.

Medication is not to be administered to a service user unless it has been prescribed by a doctor and entered into the service user's medication chart/treatment chart by the prescribing doctor.

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### 4.9 Medication Incidents

A medication incident includes:

- Giving the wrong medication
- Giving the wrong dose
- Missing a dose
- Giving a dose at the wrong time
- Administering via the wrong route
- Refusal of medication

Should an incident occur during the medication assistance process, ACARES employees should follow the procedure set out in the ACARES Incident Accident Policy (POL-3.1) including but not confined to:

- Obtain and follow advice from the service users Doctor (if outside of practice hours the locum service) or if unavailable Pharmacist
- notifying the ACARES office without delay
- calling an ambulance if appropriate
- calmly, explain to the service user what is going to happen
- recording details in the communications folder progress notes
- completing an incident report form (FM-47).

#### 4.9.1 Observations

The support worker shall contact the service user's doctor on any occasion that the service user complains of an unusual medical complaint or pain. Within an in-home setting, the Care Coordinator should make contact with the service user's guardian to report these concerns, or seek approval from the service user prior to contacting their doctor to report the concern, unless the situation is classed as an emergency then the support worker will contact emergency Ambulance service (000) for assessment.

#### 4.9.2 Refusal of Medication

Refused medication is when the service user will not take any, or all of the dose prescribed. ACARES shall report failure to take or incorrect administration of medications to the service user's doctor immediately. If outside of practice hours, please contact the Locum Doctor service for review or if unavailable then the service user's pharmacy should be contacted, and advice obtained.

Communication to the service users' doctor to inform them should occur as soon as practicably possible if unable to be done immediately.

An incident report (FM-47) shall be completed if prescribed medication is refused or not given for any reason. The report must state the reason for, or circumstances of, such failure to take medication.

### 4.10 Alternative Therapies and Medication

Should service users or relatives wish to administer alternative medicines or treatments, the service user's doctor must be consulted first and where appropriate ensure they are documented on the service user's medication charts. This is not to



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discourage or disallow alternative treatments, but to ensure that the possibility of conflict between differing medication or treatments is addressed appropriately. Any alternative medication or treatment must be documented.

### 4.11 Communication

Where applicable support workers must, each shift, ensure that all medication documentation is complete. That all medication has been administered during the shift and note that all medications have been checked and accounted for.

Support workers are required to ensure any information about medications changes on their shift is communicated effectively to the service user and others who are supporting the service user.

### 4.12 Medication Training

ACARES will ensure that carers are trained in, and follow, the guidelines for the safe storage of medicines, recording usage of medication, correct disposal of medicines, and reporting side effects.

## 5. Document Review

| Page No. | Context  | Revision | Date   |
|----------|--|----------|--------|
| All      | Initial Release  | 1        | Jan-11 |
| All      | Annual Review  | 1        | Jan-12 |
| All      | Annual Review  | 1        | Jan-13 |
| All      | Annual Review  | 1        | Jan-14 |
| All      | Annual Review  | 1        | Jan-15 |
| All      | Annual Review  | 1        | Mar-16 |
| All      | Annual Review  | 1        | Mar-17 |
| All      | Annual Review  | 1        | Jan-18 |
| All      | Annual Review – full policy review   | 2        | Apr-19 |
| 4, 8     | Update to Sec. 4.2.4 Using Dose Admin Containers, Sec. 4.9 Medication Incident and Sec.4.9.2 Refusal of Medication | 3        | Jul-19 |