



# AmeCare

*Working with you on the canvas of your life*




# **Medication Administration**

## **Policy and Procedure**

**Version 2.5**

**Document Control**

2.5	Reportable to NQSC and legislation additions	12.08.2018	03.10.24	03.10.25
2.4	Update in capacity of participants	12.08.2018	28.10.23	28.10.24
2.3	2 persons sign off PRN	12.08.2018	28.10.22	28.10.2023
2.2	Re format	12.08.2018	12.08.21	12.08.2022
2.1	Training added	12.08.2018	12.08.20	12.08.2021
2.0	Definitions added	12.08.2018	12.08.19	12.08.2020
1.0	Initial Policy	12.08.2018	N/A	12.08.2019
<b>Issue</b>	<b>Description of changes</b>	<b>Created</b>	<b>Updated</b>	<b>Review</b>

ROLE	NAME AND POSITION	SIGNATURE	DATE
Document Author:	Yanie Drysdale – General Manager		12.08.18
Document Review:	Yanie Drysdale – General Manager		03.10.2025
Document Approval:	Yanie Drysdale – General Manager		28.10.18

# Medication Administration

## Policy

AmeCare will encourage and support all clients to administer their own medication. Where AmeCare is required to administer medication, all workers will ensure they follow the correct safety procedures and AmeCare will ensure workers are adequately trained.

## Purpose

To reduce the likelihood of medication errors during administration, the six rights of medication are required when administering medication. They are as follows:

1. Right Person
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Document

## Scope

This policy applies to all employees involved in administering and supporting participants to take medication

## Definitions

**DAA (Dosage Administration Aid)**- a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule i.e. Webster Pak

**Container:** A container includes any receptacle used for the storage of medication and all dose administration aids such as dosette box, blister pack, Webster pack, sachet's and other medication aids.

**Medication:** medication includes medicines prescribed for the client by a doctor or health professional and medicines purchased over the counter. These medicines include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, pessaries, nebulisers, schedule 8 drugs, vaginal cream by applicator, sprays (e.g. nitro lingual spray) and insulin (by pen or pre-filled syringes).

**Pro re nata (PRN) Medication** is medication that is not needed or taken on a predetermined regular schedule but is taken in response to particular symptoms or complaints.

**Medication Error:** any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in our control of a client. Medication errors include:

- Incorrect packaging or labelling
- Incorrect storage
- Incorrect dosage
- Missed dosage
- Wrong route of administration
- Administration to the wrong person
- Administered wrong medication
- Split or dropped medication
- Client refusing medication

## **Procedure**

### **Medication Safety**

1. Ensure to follow rule of hand hygiene before administering medication – this includes using alcohol hand rub or hand soap
2. Before administering medication ensure the medication is in date
3. All medication must be packaged in a DDA (Dosage Administration Aid) or in its original packaging
4. Medications that are to be in their original packaging:
  - Liquids and syrups
  - Granules and powders
  - Creams and ointments
  - Nasal spray, nebulisers and inhalers
5. Workers are not to dispense medication where the packaging is broken
6. Workers must be alert for abnormal reactions, allergies, hypoxia behavioral changes or loss of consciousness
7. If the condition or reaction of the client escalates, attend to client, call 000 and notify their health professional.

### **Medication Storage**

1. Medication stored on behalf of residents is kept in Webster- or Blister-Packs in a secure, lockable medication room or cabinet (this includes PRN medication).
  - a. When the room or cabinet is unlocked, this is supervised by the site manager or staff who has access to the keys or door code whilst on duty.
  - b. Staff administering medication will cross-reference their packs or containers with the residents' treatment sheet.
  - c. Where staff are required to administer medication in the community, staff must keep their medications in a bag an hidden from sunlight and extreme weather conditions.

## Medication Documentation

1. All medications must only be used in accordance with their prescribed instrument.
2. Each prescribed medication requires a doctor print out or medication treatment sheet completed and signed with the following information:
  - a. Name
  - b. Address
  - c. Date of birth of client
  - d. Name of medication
  - e. Dosage of medication
  - f. Route of administration
  - g. Reason for it being prescribed
  - h. direction for use
  - i. PRN (must specify condition for use)

## Documentation required when administering PRN

1. All administration of PRN is to be double signed by AmeCare employees using the AmeCare (2-person sign off medication administration sheet).
2. If working with additional staff members, both employees, must read cross reference the treatment sheet with the administration of PRN and both employees will sign immediately after administration.
3. If working alone, the employee on shift will cross reference the treatment sheet and sign the medication off accordingly. During the handover period, the employee coming onto shift must cross reference the treatment sheet, count the remaining PRN and sign off as the second person for the administration of PRN.
4. Additionally, both employees must check that this has been accurately recorded in the medication booklets and in the progress notes.

## Medication Consent

1. Workers are to encourage and support clients to manage their own medication if they have capacity to do so
2. Consent by a substitute decision maker is required if the client is unable to administer medication themselves

## Medication Disposal

1. Medication that is expired, unused or no longer required must be returned to the pharmacy
2. Medication must not:
  - a. Be placed in rubbish bins
  - b. Washed down the sink
  - c. Flushed in the toilet
3. Sharps disposal containers should be securely stored in a locked room or lockable draw/cabinet.

## Medication Errors and Incidents

***A medication incident is 'any event where the expected course of events in the administration of medications is not followed'.***

Medication incidents include:

- Giving medication to the wrong person
- Giving the wrong medication
- Giving the wrong dose
- Giving medication at the wrong time
- Giving medication via the wrong route
- Missing a dose or giving an incomplete dose
- Spilling or dropping medication
- Losing a medication
- Medication being out-of-date
- The participant refusing medication or requesting not to be given medication
- A near miss.

How to respond to an error or incident:

1. Stay calm.
2. Acknowledge that an error has been made. Try to identify the nature of the error and the cause of the error.
3. Call an ambulance if the situation is an emergency.
4. If appropriate, perform first aid as per DRSABCD.
5. Call a colleague and/or your line manager for advice and assistance.
6. If the situation is not an emergency, continue to monitor the participant for changes in behaviour or wellbeing.
7. Call the participant's prescribing healthcare professional, pharmacist or the Poisons Information Line on **13 11 26** and follow their instructions.
8. Keep monitoring the participant for adverse reactions, or changes in behaviour or wellbeing.
9. Record the error in the participant's medication instrument
10. Inform relevant staff about the error and provide information about the error during handover to other workers.
11. Notify the participant's family or substitute decision-maker, if appropriate.
12. Clarify instructions for future medication administration and ensure future supply. This may mean, additional training on medication administration is required.
13. Follow Incident report policies and processes.

***NB: If a client refuses their medication, this must be documented as (R) on the medication sign off instrument.***

## When to report medication errors or incidents to the NQSC (National Quality and Safeguards Commission)

*\*This relates to medication reporting that are not unauthorised restrictive practices*

At the end of each calendar month, the AmeCare management team will review incidents and use the Trend Analysis of Incident Reports to determine reportable incidents to the NQSC.

Reportable incidents will be classified as:

- When a participant has missed more than 5 doses of psychotropic medication in the month
- When a participant has missed more than 3 days in a row of psychotropic medication
- When a participant refuses more than 5 doses of health or prescription medications (this frequently occurs with Coloxyl Senna) and may trigger a medication review

## Medication Responsibilities for Workers

1. Attend training for participants who require medication administration
2. Ensure safe storage of medications
3. Ensure safe disposal of medications or medications no longer required
4. Be familiar with participants known behaviours and patterns in relation to medication
5. Promptly report any concerns, incidents or issues to management
6. Seek advice from management if ever in doubt of own medication, skills or capabilities

## Medication responsibilities for Management

1. Ensure all workers engage in administration and medication are adequately trained and kept up to date with relevant laws and legislation
2. Provide adequate resources to enable training assessment and reassessment of works involved in medication administration
3. Provide appropriate support, direction and referrals to workers in the event of concerns, issues or incidents.
4. Ensure that all medication administration is reported accordingly to the NQSC.
5. If it is unauthorised use of restrictive practices, this must be reported as per the incident reporting policy.
6. If it is authorised use, AmeCare management must follow the monthly reporting guidelines stipulated by the NQSC and Senior Practitioner where applicable.

### Related Documents

- |                                                                             |                                                                                                                                          |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Medication sign off sheet               | <input checked="" type="checkbox"/> National Disability Insurance Agency 2013                                                            |
| <input checked="" type="checkbox"/> 2 people sign off sheet                 | <input checked="" type="checkbox"/> <a href="#">Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard.</a> |
| <input checked="" type="checkbox"/> CMI sheets                              | <input checked="" type="checkbox"/> <a href="#">Restrictive practices</a>                                                                |
| <input checked="" type="checkbox"/> Incident reporting policy               |                                                                                                                                          |
| <input checked="" type="checkbox"/> Positive Behaviour Support Policy       |                                                                                                                                          |
| <input checked="" type="checkbox"/> <a href="#">NDIS Practice Standards</a> |                                                                                                                                          |