



Policy and Procedures Manual

MEDICATION MANAGEMENT POLICY AND PROCEDURE

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Person Responsible	Director
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1.0 PURPOSE AND SCOPE

Kindred Health Group is committed to providing a high standard of care and excellence in service.

Medications play an important role in helping individuals to maintain health, prevent illness and treat disease. However, inappropriate or incorrect use of medications can cause harm.

Kindred Health Group has developed the Medication Policy to ensure our practices are consistent with legislative requirements and expected standards of practice within the disability sector. We work with participants and key stakeholders to promote and facilitate individuals independence and to promote the Quality use of Medicines approach to medication management.

To ensure this commitment is achieved, the Director or assigned Delegate is responsible for ensuring that medication support is implemented in accordance with this Policy and Procedure.

Kindred Health Group identifies medication incidents as high risk and is committed to implementing quality systems to minimise this potential risk.

This policy and procedure refers to, and should be read in conjunction with, the *Clinical Waste Disposal Policy and Procedure*.

2.0 POLICY

To ensure Kindred Health Group staff provide safe and effective support services to clients requiring support to take medications with consideration to a client's identified needs, capabilities and preferences. Kindred Health Group also ensures Supports provided are within the scope of the support worker role, the service setting and in consultation with other relevant providers.

3.0 MEDICATION MANAGEMENT FRAMEWORK, MEDICATION MANAGEMENT PRINCIPLES, QUALITY USE OF MEDICINES.

The following source documents and guidelines are referenced and provide guidance throughout this document.



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- *The Disability Services Medication Management Framework* (Department of Health and Human Services Tasmania 5/05/2019)
https://www.dpac.tas.gov.au/divisions/cpp/community-and-disability-services/publications/policies_procedures_and_guidelines/medication_management_framework

Guiding Principles

- *Medication Administration is Person Centred*
 - Medication management practices place people with disability at the centre of planning and delivery and maximise, as much as possible, the capacity for people with disability to take control of their lives.
- *Individual Outcomes*
 - Medication management practices build on individual strengths and reflect individual needs, strengths, interests, goals, formal and informal support networks.
 - Medication management practices are informed by individualised support plans.
- *Decision Making and Consent*
 - Individuals are informed about the predicted risks and benefit of prescribed medication in a way that meets their communication needs and cognition. This information is provided by the prescribing health professionals and the dispensing pharmacist.
 - Individuals are encouraged and supported to be involved in decision making as far as possible according to their capacity.
 - 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.
 - Individuals who have capacity have the right to refuse or withdraw consent to the administration of medication.
- *Support for Self-Management*
 - Individuals are actively encouraged and supported to self-manage their own medications.
 - Where appropriate, individuals are given the opportunity to build capacity so that they can self-manage some or all of their medications.
 - A clearly defined and documented assessment is undertaken by a suitably qualified health professional if an individual does not wish to or does not appear to have the capacity to manage their medication.
- *Minimal Restriction*



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- Decisions relating to medication selection and administration should only result in the restriction of freedom of decision and action of the individual, if at all, to the smallest extent that is practicable in the circumstances.
- Restrictive practices involving the use of medication (chemical restraint) are supported by a transparent, easily understood and evidence-based Behaviour Support Plan developed in consultation with the individual, and / or a person nominated by the individual, a specialist behaviour support practitioner and service providers. The plan should indicate a process for review of restrictive practices.
- Quality Use of Medicines
 - Promote a Quality Use of Medicines approach to medication management. This means:
 - selecting the best way of maintaining the individual's health and treating any illness, which may or may not include medications
 - choosing suitable medications if a medication is considered necessary
 - using those medications safely and effectively
 - documenting the reason for administration of medications
 - implementing timely and appropriate review of medications.
- Medication Management is undertaken in line with written Policies and Procedures
 - Kindred Health Group has in place policy and procedures which describe the scope of the supports that can be provided and which outline practices that may be specific to the client, service delivery context and staffing arrangements of the organisation.
 - Written policies and procedures relating to medication management are readily available to all staff, individuals' and others involved in supporting participants.
- Evaluation and Continuous Improvement
 - All parties involved in the management of medication including individuals with disability, prescribers, and staff have a responsibility to reflect on current practice, to recognise when and where problems exist, identify factors which contribute to those problems, initiate interventions and evaluate the outcome of interventions to improve practice.
- Legislation and Standards
 - Medications are managed in line with relevant Commonwealth and State Legislation and the NDIS Practice Standards:
- *Guiding Principles for Medication Management in the Community'* (Australian



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Pharmaceutical Advisory Council- 2006).

<https://www.health.gov.au/resources/publications/guiding-principles-for-medication-management-in-the-community>

- National Strategy for the Quality Use Of Medicines
<https://www.health.gov.au/resources/publications/national-strategy-for-quality-use-of-medicines>

4.0 Roles, Responsibilities and Accountabilities

Director or assigned Delegate

The Director or assigned Delegate is responsible for medication management across Kindred Health Group. The Director or assigned Delegate must:

- Ensure all policies, procedures and relevant documents are current and available for staff.
- Oversee management of incidents and complaints, internal audit programs and continuous improvement.
- Be responsible for ensuring medication competency for relevant Support Staff by facilitating training, including ongoing refresher training, supervision and mentoring in relation to medication support tasks.
- Provide direct and indirect supervision to all direct care Staff. Indirect supervision is when the Director or assigned Delegate is available, but does not constantly observe the activities undertaken by all employees. The Director or assigned Delegate must be easily contactable and accessible.
- Maintain an ongoing relationship with the participants treating health professionals and local pharmacies where Kindred Health Group is providing medication support, to ensure a collaborative approach to the safe use of medication by clients.

Team Leaders /Support Workers

In consultation with the Director or Delegate, trained support workers are able to:

- Provide the agreed supports to participants in relation to medication management. This may include tasks such as supervising, prompting or physically assisting with the administration of medication.
- Support participants with the administration of oral, topical, eye/ nose/ ear drops, inhalant and per rectum *pharmacy dispensed* medications. All medication administered by Staff *must be* supplied in dose administration aids where possible and if this is not possible the medication must be in the original container and labelled with the participants details. Note: For *High Intensity Supports* – *staff may be trained to provide support such as administering sub-cutaneous injections*.



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- Check medication orders, medication packaging and expiry dates of medication.
- Ensure the safe storage and security of medications in participants homes, group / centre-based settings, shared accommodation settings.
- Communicate information to participants, carers, health professionals such as the medical practitioner and/or pharmacist and other providers as appropriate.
- Monitor participants responses, and referral for review and assessment to treating health team as required.
- Reporting, recording and investigation of incidents.
- Ensure accurate and complete documentation, including:
 - initial and ongoing assessment and reviews that include the scope of medication supports to be provided, risks identified and management strategies documented and client consent to the agreed supports.
 - emergency contacts and emergency management plans are in place and include escalation processes as needed.
 - medication management forms and administration records are completed and maintained.
 - medication reviews and changes are recorded and communicated as required.
 - client observations are recorded as required.
 - Per shift/ daily/ weekly/ monthly medication checks are completed and recorded in accordance with the individual participants support plan or site processes – e.g. shared accommodation sites may have medication checking processes in place.

Staff Training

- Kindred Health Group will ensure that all staff who administer or support medication management undertake an appropriate medication training course that includes both a theoretical and competency requirement to safely administer medications.
- This competency must be performed by an appropriately trained and qualified person and occur annually.

Medication Information

- Where Kindred Health Group's staff are providing medication support, the participant must provide a current list of all medications, including prescription, non-prescription and complementary medications. This list should be easily accessible to the participant and all those involved in the individual's care. The *Medication Management Form* can be used for this purpose and should be completed by the Prescriber of the medication.
- The Medication List / treatment sheet should include:
 - the individual's name, address and date of birth
 - emergency contact details e.g. the name, address and phone number of the individual's GP / other prescribers and pharmacy/list.



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- details of all medications the individual is currently taking, including the medication name, dose, route, date started and when to stop.
- Medication name – note some medications are described using a ‘brand’ names – e.g. Panadol, but the proper name of the medication is different – e.g. paracetamol. If the pharmacist dispenses medication using a different brand to that prescribed this should be noted on the DAA or on the medication packaging.
- an indication of what the medication is being taken for including whether the medication may be used as a chemical restraint (see Behaviour Support and Restrictive practices Policy and Procedure for further guidance).
- Information on the effects and possible side effects of this medication, to support workers to recognise any potential adverse reactions
- any allergies or previous adverse drug reactions that the individual has experienced.
- When, why and for how long a short course or PRN (as required) medication can be used for and when a review by the prescriber should be considered. *(for example: A short course of antibiotics for 5 days or a PRN medication such as Paracetamol 500 mg (Panadol/Panamax) – 2 tablets, 6 hourly for mild / moderate pain, maximum 8 tablets in 24 hours and contact doctor if pain becomes worse or is not improving after 24 hours)*
- the date of the most recent medication review.
- The Medication Management Form should be kept with the individual’s medications and be accessible to anyone responsible for the administration of medications and other involved in the individual’s care.
- Consent should be obtained from the individual, or person responsible, before sharing information on the Medication Management Form.
- The Medication Management Form should be updated if there are changes to medications and should be reviewed when an individual returns from hospital, an outpatient appointment or other health care facility to ensure that any changes are included.

Administration of Medications

Staff authorised to administer Medication

- **Team Leaders/ Support Workers** who have completed training and been assessed as competent to administer medications.
- **Staff cannot administer the following without specific training**
 - medication via the following routes - intramuscular, subcutaneous, vaginal, rectal, enteral administration (percutaneous gastronomy as well as naso-gastric).
- Specific training must be provided by a suitably qualified health practitioner or equivalent (*see high intensity skills descriptors*) before staff can administer



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- Care Staff are responsible for:
 - requesting guidance when they need assistance,
 - performing the administration of medication in a safe and competent manner, in accordance with specified policies, procedures and processes, and
 - communicating to the Director or assigned Delegate if the task is beyond their ability to perform safely.

Procedure for Administration

To ensure correct and safe administration of medications to clients, staff are to implement the following:

- Adherence to infection prevention and control procedures – always wash hands before and after administering medications and wear gloves as required.
- Staff members administering medications should make every effort to avoid interruptions during medication administration and sign any administration sheet immediately after giving the medication, this is particularly important in group settings where staff may be responsible for administering medications to multiple participants.
- Where two staff are available to check medications, it is a requirement that both staff do this and sign any administration sheet provided.
- Staff should not administer medications/ treatments to a participant if unable to clearly read and understand the medication management form or order, or if the dose administration labelling or medication package label is not clear. (i.e. if the name of the client, medication, route, dose, time and prescribers signature cannot be understood or are ambiguous the order must be clarified prior to administration.)
- Staff should assess the client's wellbeing prior to administering medication and if there are concerns, medication MUST BE WITHHELD and guidance sought. This could include discussion with the client and/or family, treating health professionals, Nurse on Call, Kindred Health Group Director or assigned delegate. Staff should document their concerns and any recommended actions.
- Staff must check the following (7 Rights of medication administration) and then administer the medication to the client. Staff should observe that oral medications have been swallowed to ensure that administration is complete.
 - Right Client
 - Right Medication
 - Right Dose
 - Right Time
 - Right Route
 - Right Reason
 - Right Documentation



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- Staff must ensure medications are stored and given in accordance with the manufacturers and pharmacist's recommended instructions – for example medication may need to be taken 'before food' or 'with food', or stored 'below 15 degrees' .
- Staff should always check with a pharmacist that a medication is suitable to be divided , crushed or chewed if this is the participants preferred method of taking the medication. Some medications are NOT suitable and may need to be provided in a different format.
- In the event a "Do Not Crush" medication cannot be swallowed whole by a participant; this must be brought to the attention of the prescriber and the pharmacist for further advice and guidance.
- Following administration of medication staff should record this on the chart provided or in the participants notes. Recording options might include a medication chart (*commonly used in group settings but not in individuals homes*) but if this is not in place, a note should be recorded documenting the medication support provided and any relevant observations – e.g. supervision/ prompting of participant to take own medications.
- Staff must report any issues or errors such as missed doses, missing medication, client refusal or difficulty swallowing, any adverse reactions or side effects after taking medication to the participant, family / carer and the director or delegate. Staff should call emergency services, the participants treating health professionals or Nurse on Call if concerned about a person's immediate health and wellbeing. An incident report must also be completed

Staff must **NEVER**:

- Leave medication unattended in any location
- Give the medication to another person to administer to a participant
- Give a medication labelled for/belonging to another person to a participant
- Pre-dispense and transfer medications from one container to another.

S8 (Controlled) and S4 Medications

The following process will be observed when administering S8 medications:

- When a client is prescribed and supported by *Kindred Health Group's* staff to take either a routine or PRN (as required) dose of a Controlled Drug or addictive drugs (S 8 and S4's) a medication management form must be in place and the clients support plan must provide clear instructions for the use of medications.
- Clients living at home are encouraged to store all S8/ S4 medications in a location where no other items are stored and ideally in a lockable drawer or cupboard.



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- In group and accommodation settings all S8 and S4 medications should be kept in a locked cupboard or locked container in the refrigerator if needing to be stored at a cooler temperature.
- All routine and PRN oral S8/ S4 medications must be packed in a DAA where possible, to be administered by Staff.
- Some S8 / S4 medications are dispensed as patches or liquid mixtures and these must be in the original packaging clearly labelled with the participants details - name, date of birth, medication route and dose.
- Some S4 medications may be used as a restrictive intervention if they are prescribed for behaviour management, and in this instance an authorised behaviour support plan must also be in place.
- Administration of all S8/ S4 medications must be recorded in the Medication Administration Chart and signed by two staff where possible. (Group/ centre based and shared accommodation settings).
- A daily check of the amounts of all S8 and S4 medications should be recorded on the administration chart and any discrepancies reported and investigated as soon as possible.
- It is recommended that any S8 or S4 medications not in use are returned to the pharmacy as soon as possible and the amounts of medication and the dates this occurred should be recorded on the administration record and in the participants notes.

PRN (as needed) medications

- PRN medications are medications that are used to manage symptoms on a short-term basis – for example paracetamol for a headache or other pain, a Ventolin puffer for an asthma attack or a suppository for constipation.
- All PRN medications should be included in the medication management sheet.
- The medication management sheet should say when, why and for how long a PRN medication can be used and when the participant should be reviewed by their treating health practitioner.
- Where possible, all PRN medication should be packaged in a DAA or the original packaging with the participants name, date of birth, medication administration route and dose clearly documented.

Inhalation Medications

- Inhalation medications are medications such as Ventolin or asthma puffers. Oxygen is considered a prescribed medication and would be an inhalant medication. Inhalants are 'breathed' in or 'inhaled' and the medication absorbed through the lungs.
- The participants individual support plan must provide detailed instructions and may include an emergency management plan for example an asthma management plan.



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- Staff member should shake the inhalant before supporting the participant to administer the medication.
- Encourage the client to rinse mouth with water after using the inhaler.
- Clean equipment as directed in the participants support plan and wash your hands.
- Sign medication administration record. Complete progress notes if there are any issues or problems noted.

Eye/Ear/Nose Drops, Creams, Medications in Multidose Form

In the process of administering eye drops, creams, and medications in multidose form, staff MUST:

- Ensure all eye drops, creams and medication that are in multidose form are checked before each use as follows:
 - Client name is clearly labelled on the medication.
 - The date the container or packet is opened and first used.
 - The expiry date.
 - Check for correct storage according to manufacturer recommendations.

Medication Incidents

Medication incidents can be classified as either errors in prescribing, distribution, dispensing or administration and include medications that have not been signed for or are missing.

The use of a medication as a chemical restraint where this is not part of an authorised behaviour support plan is a reportable incident.

If an incident is identified the following action should be taken:

- Call the Poisons Information Line (131 126) or Health Direct (1800 022 222) as soon as possible if there is an error in administration.
- In the event the incident/error requires the client to have medical treatment, call an ambulance for assessment and possible transfer to hospital.
- The Client's doctor/ pharmacist/ nurse on call is notified as soon as possible if there is an error in administration.
- The pharmacist should be notified if there are issues in the dispensing of the medication – e.g. wrong number of tablets in the DAA.
- Following any medication incidents staff must notify the Director or delegate as soon as practicable to ensure an investigation is commenced and compliance with notification requirements are adhered to. If the participant has an adverse reaction to medication, is injured or requires medical treatment following an incident, this may be reportable to the NDIS Commission.



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- If a participant is given a prescribed medication as a restrictive intervention and there is no authorised behaviour support plan in place, this must be reported as an incident to the *Kindred Health Group* director / delegate and the NDIS Commission in accordance with the reportable incident process.
- Staff are encouraged to report all medication issues and errors to protect participants wellbeing and to ensure that appropriate support and education is provided to staff members involved.
- The Director and / or delegate are responsible for ongoing monitoring and review of medication related incidents and Corrective actions / continuous improvement activities to be implemented to reduce medication incidents.
- Any incidents involving medication will be reviewed as per the Incident Management Policy and Procedure, by an appropriately trained person (e.g. Registered Nurse) managing this process.

Storing and Disposing of Medication

Storing Medication

- Medication for all clients should be stored in a safe area in the participants home or, if kept on a Kindred Health Group's site, in a locked area (e.g. filing cabinet or cupboard), which can only be accessed by appropriately trained staff.
- Staff must adhere to the manufacturer's instructions for storing each medication – for example, some medications may need to be stored safely in a container in the fridge.
- When medication needs to be transported, it should be placed in an appropriate storage container where required.

Disposing of Medications

- All medications (including those self-administered and managed by clients) are to be returned to the pharmacist when ceased, or disposed of as per the *Clinical Waste Disposal Policy and Procedure*.
- No 'prescription only' medication may be kept at Kindred Health Group sites as 'stock' medicine. Any participant's medication not used is to be returned to the participant at the end of the medication regime.

Reporting

- Incidents relating to medication misuse are Reportable Incidents and should be reported to the NDIS Quality and Safeguards Commission in accordance with the Incident Management Policy and Procedure.