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## P028 - MEDICATION MANAGEMENT POLICY AND PROCEDURE

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### Purpose and Scope

The purpose of this policy is to ensure District 360 promotes duty of care principles that require staff to maintain a high level of competency when reminding Participants about, supervising the intake of or administering medication.

Medication management practices place Participants at the centre of planning and delivery and maximises, as much as possible, the capacity for Participants to take control of their service provision.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

### Applicable NDIS Standards

#### Management of Medication

##### *Outcome*

Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

##### *Indicators*

- Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
- All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

### Applicable Human Services Quality Standards

- Standard 1: Governance and management
- Standard 4: Safety, wellbeing and rights

### Definitions

**Dose Administration Aids** – pharmacy prepared aids whereby solid oral medications are divided, sealed and packaged according to the dose schedule throughout the day. Dose administration aids are fully labelled by a pharmacist and used where persons may have specific problems preventing them from managing their medications in the original manufacturers packaging. Dose administration aids can be blister packs, sachet systems and compartmentalised boxes.

**Medication Administration** - If a person is unable to independently manage their medication, staff may need to ensure that the person gets offered or is given their medication. Administration of

medicines is one, all, or a combination of the staff member doing the following:

- deciding which medicine(s) have to be taken or applied and when this should be done;
- being responsible for selecting the medicines;
- giving a person medicine to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it; and
- giving medicines where the staff member must possess the appropriate training and qualifications to do so, including regular ongoing competency assessments.

**Medication Assistance** – as with prompting, the person is assessed as being able to self-medicate, and is in control of their medicines but needs assistance with simple mechanical tasks, these can include:

- ordering repeat prescriptions from the General Practitioner's surgery;
- picking up prescriptions;
- collecting dispensed medicines from the pharmacy;
- bringing medicines to a person at their request so that they can take the medicines;
- opening bottles or packaging at the request and direction of the person who is going to take the medicine;
- reading labels and checking the time at the request of the person who is going to take the medicine; and
- ensuring the person has a drink to take with his or her medication.

**Medication Prompting** - reminding or encouraging a person to take their medication. The person is still in control of their medicines and may decide not to take them or to take them later. Prompting can be useful when a person knows what medicines to take and how to take them but may simply forget the time.

**Non-Packaged Medication** – any medication that is not in its original packaging as supplied by the pharmacist. This type of medication is not to be administered due to the potential risks involved.

**Non-Prescription Medicine** – any medication that has been purchased or obtained without a formal general practitioner/hospital prescription, often referred to as 'over the counter' medicines. This includes complementary and alternative medications, supplements, homeopathic medications and complementary medication (deemed illegal).

**Prescription Only Medication** - any medication listed in Schedule 4 or Schedule 8 of the *Poisons Standard 2019* and which is only available to the public on prescription by a medical practitioner or dentist.

**Pro Re Nata (PRN) Medication** – PRN medication is prescribed by a health professional for a person to take as needed. PRN medication can include prescription and non-prescription medications. Persons requiring support to manage PRN medication/s must be referred to a Registered Nurse for management.

**Supporting Self Medication** – supporting a person with their self-medication means the person is cognitively aware, has been educated about and accepts responsibility for their own medication regime. For various reasons however the person is unable to take the medication out of the container and/or requires assistance with drinking to take the medication.

## Policy

The health and safety of all District 360 staff and Participants is of utmost importance, including in the management and administration of Participants' medications.

District 360 acknowledges that medication management practices build on individual strengths and reflect individual needs, interests, goals, formal and information support networks.

All medication management practices for each Participant are informed by individual *Support Plans*.

District 360 will assist Participants to manage their medication based on the following order of preference:

- the Participant self-manages all aspects of their medication;
- the Participant is supported or assisted by their family or support network to manage all aspects of their medication;
- the Participant manages their medications with District 360 staff providing medication prompting;
- the Participant manages their medications with District 360 staff providing medication assistance; or
- District 360 staff managing and administering medication for the Participant.

## Procedures

### Consent

When providing medication management, District 360 staff must first ensure the Participant has provided consent via a Medication Plan and Consent Form. The Medication Plan and Consent Form provides detailed information about the medications, the type of support required and consent for District 360 to provide medication management.

Participants must be informed about District 360's medication management processes in a way that meets their communication needs and cognition.

Participants are encouraged and supported to be involved in decision making as far as possible according to their capacity, including District 360 focussing on supporting and encouraging Participants to self-administer their medication as the first step where appropriate.

If the Participant is unable to provide consent, an authorised person responsible for making health related decisions is able to provide consent.

### Capacity Determination

Where District 360 is uncertain about a Participant's ability to safely manage and administer their own medication, a capacity/competency assessment must be completed by a qualified health care professional (such as a General Practitioner) in consultation with the Participant and those involved in their care.

Given capacity can vary over time, a reassessment should be completed regularly by a qualified health care professional to determine if the Participant's capacity has changed.

Where appropriate, Participants should be supported to implement strategies to work towards improving their capacity to self-administer and manage their medications.

### Staff Training and Requirements

District 360, as per the *Human Resources Policy and Procedure*, will ensure that the support workers employed have a level of competency to provide appropriate and safe support to a person with disability. This includes medication management.

District 360 must have a process in place to ensure the recruitment, training and scheduling of staff are

competent in medications management.

All support workers supporting Participants with medication management (prompt, assist and administer) must have already completed training in the following, delivered by a Registered Training Organisation (RTO):

- First Aid;
- Recognise Health Body Systems; and
- Assist Clients with Medication.

An employee may also be assessed as competent if they have a higher qualification, for example a Registered Nurse who is acting within the scope of their employment.

If the support worker is required to undertake more complex medication administration to support an individual's complex health *Support Plan*, additional training relating to more complex medication administration must be arranged, and a suitably trained staff member will assist the Participant until such a time this can occur.

In addition to an annual review of knowledge and performance, District 360 may provide refresher training to staff should the following occur:

- an incident or error occurs that is linked to medication management competencies;
- a request is made by a support worker;
- a request is made by the Team Leaders where there are performance issues relating to specific medication management tasks;
- there is a change in a Participant's health or medication needs requiring a different range of competencies; or
- there is a change in the Participants accommodation or environment impacting on the support workers ability to perform the medication management tasks.

### **Participants Self-administering and Managing their Own Medications**

District 360 will support and encourage Participants to manage and administer their own medication where appropriate.

Where required, the Operations Manager, Service Facilitator or Team Leader will request written advice from a Participant's medical practitioner or authorised representative, notifying that a Participant has appropriate training and skill to assume responsibility for the management of their own medication and complete F049 Medication Risk Assessment Checklist.

### **Participants Unable to Self-administer their Own Medications**

Staff members are to provide the Participant with the agreed upon assistance (prompt, assist or administer) as per the signed *Medication Plan and Consent Form* and in line with the Participant's *Support Plan*.

### **Types of Management**

#### **1. Prompting Medication**

Given Participants still remain in control of their medicines, this type of management is where staff simply remind the Participant of the need to take their medications.

The Participant's *Support Plan* must clearly stipulate the time of day for the staff member to prompt the Participant, regardless of whether the Participant chooses not to take them or take them later.

Staff remind the Participant the time of day and ask them if they have taken their medication. This may occur as a stand-alone service or part of other services provided.

Prompting does not include:

- pouring out liquid medication;
- popping tablets out of containers;
- physically handling tablets or medicines;
- selecting the medicine for the Participant;
- advising which medicine to take; or
- explaining dosage, applying creams or giving injections.

Staff are required to complete the *Medication Management Checklist* for each prompting service to demonstrate correct processes have been followed.

## **2. Assisting with Medication**

Staff are to assist Participants who are able to retain control of their medication management however need assistance with the mechanical tasks associated.

Assisting with medicines can include:

- take medication in its container from the area where it is stored and hand the container to the Participant as requested;
- provide assistance with opening a medication container as requested by the Participant;
- remove medication from a container and place it into another container (such as a Pil-Bob) or the Participant's hand as requested;
- observe the Participant to ensure they do not experience difficulty in administering their medication;
- assist the Participant to make a record of the medication taken.

Staff are required to complete the *Medication Management Checklist* for each assistance service to demonstrate correct processes have been followed.

## **3. Administration of Medication**

If Participants have been assessed as unable to administer or manage their medication, the *Support Plan* and *Medication Plan and Consent Form* must contain clear instructions about the physical assistance and supervisory role the staff will take in the administration of medications.

The level of support a Participant requires varies and will regularly need to be reviewed throughout their time receiving care.

All medication to be administered by staff must be prescribed by the Participant's health practitioner and within its original packaging or a Dose Administration Aid.

An up-to-date pharmacy/health practitioner's list of the Participant's current medications must be kept with the medications to be administered. This list must be updated with each medication change the Participant experiences.

Staff are to follow their accredited training in medication management in relation to the rules for safe administration of medication.

Prior to administering medication, staff must prepare the Participant by communicating and discussing the procedure, encouraging participation where possible. Staff must also establish the Participant's preference relating to medication administration, complete all personal hygiene steps and prepare all resources required.

Staff administering medication must ensure:

- the **right medication** is being administered;
- the medication is being administered to the **right person**;
- the **right dose** is being administered;
- the medication is being administered at the **right time**;
- the **right route and administration method** is being used as prescribed; and
- the **right documentation** is being completed.

Staff administering medication must also ensure the Participant's **right to refuse** their medication, ensuring to document this clearly within a *Medication Incident Report Form*.

Staff administering medication should as far as possible understand:

- the reason the Participant is taking each medication;
- how the medication is to be stored and administered;
- the possible side effects of the medication and interactions with other medications; and
- how to utilise their first aid equipment and strategies if required.

Staff must not administer medication to Participants if:

- the above processes have not been followed;
- the medication is past its use by date or has been damaged;
- the Participant is asleep, unconscious, drowsy, vomiting or having a seizure or other immediate health concern; or
- the staff member identifies a medication administration error from the previous administration service (i.e. missed medication from previous staff member visiting).

Following each administration service staff must monitor the Participant for any adverse reactions and complete the *Medication Management Checklist* to demonstrate correct processes have been followed.

### **Medication Refusal**

Participants have the right to refuse their medications at any point during prompting, assisting or administering.

If a Participant refuses to take any medication, staff are encouraged to:

- explore with the Participant why they are refusing to take the medication;
- explain to the Participant why the medication is needed;
- wait up to 30 minutes and discuss again;
- if refusal persists contact Operations Manager for further instruction; and
- record the Participant's refusal in their *Medication Management Checklist* and complete a *Medication Incident Report Form* immediately.

### **Restrictive Intervention – Use of Medication (Chemical Restraint)**

Where a Participant has a *Behaviour Management Plan* in place that involves restrictive interventions including the use of medication (chemical restraint), only staff who have expertise and the appropriate qualifications are permitted to carry out the proposed restrictive intervention.

For more information on District 360's restrictive intervention processes refer to the *Use of Restrictive Practices Policy and Procedure*.

### **Alterations to Medication**

Some medications may have a reduction in effectiveness or a greater risk of toxicity or other harm if

they are altered.

Prior consent must be obtained in writing from the Participant's pharmacist or health professional and noted within the *Medication Plan and Consent Form* prior to staff altering any medications. This includes crushing or breaking tablets.

Medication is not to be hidden in food or liquids.

### **Prohibited Practices**

Staff must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.

Staff must not administer medications that require specialist or invasive techniques for example:

- Rectal administration of suppositories;
- Insulin given via pre-filled PEN devices; or
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) tube.

Staff must not administer medication to a Participant who is clearly objecting in an informed manner unless there is an approved protocol in place, see '*Restrictive Interventions*'.

Staff must not administer medications to Participants in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the Participants.

Staff must not leave medications of any type in an area where they are unsupervised and accessible to Participants or unauthorised persons.

### **Medication Management Documentation**

A *Medication Management Checklist* is to be maintained for each Participant who receives support with medication management from District 360.

The *Medication Management Checklist* must be kept in the Participant's home, easily accessible by staff.

The *Medication Management Checklist* must:

- detail the Participant's name, address and any allergies or adverse drug reactions;
- detail the type of management required (prompt, assist, administer);
- allow the staff to record the date, time, source of the medication and type of support provided;
- remind staff to perform the medication **Rights** and confirm they have done so;
- allow the staff to record any observations of the Participant before, during and after; and
- provide space for the staff member to list and sign their name as the person responsible for that medication support delivered.

### **Storing Medications**

Participants managing their medication are to be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the Participant, their family and visitors in their home.

The Operations Manager or Team Leader will be responsible for the appropriate storage and security of all Participant's medication held by District 360.

District 360 will ensure that any medications that are to be stored for a Participant will be kept as per the manufacturers recommendations. Medications that require refrigeration must be stored in the fridge

(not in the fridge door) to maintain optimum temperature. Medication will be kept:

- in original containers or pharmacy issued dose administration aids;
- securely (locked) and out of reach of children;
- separately from food and/or other chemicals.

When medication needs to be transported, it should be placed in an appropriate storage container where required.

The Operations Manager will be responsible for the keys/security code for any locked containers that store medication. A spare key will be kept with the Team Leader. If any of the keys are lost/stolen or the security of the medication storage is compromised, then new keys (and spare key) will be arranged.

### **Disposing of Medications**

Medication must be disposed of safely and in a manner that is not harmful to the environment. See District 360's *Waste Management Policy and Procedure (Pharmaceutical Waste)* for further details on the appropriate disposal method.

### **Reporting**

Where staff have any concerns or questions about a Participant's medication management or their responsibilities they must report to Operations Manager for guidance.

Incidents relating to medication refusal, misuse, errors or similar should be reported in accordance with District 360's *Incident Management Policy and Procedure*.

## **Other relevant District 360 policies**

Staff, especially managers and supervisors, are encouraged to read this policy in conjunction with other relevant District 360 policies, including;

- Staff Development and Training Policy
- Waste Management Policy and Procedure
- Participant Decision Making and Choice Policy
- Emergency and Critical Incidents Policy & Procedures
- Health and Safety Handbook
- Medication Consent Form
- Medication Risk Assessment Checklist
- Medication Incident Reporting Form

### **Relevant Forms**

- F011 Medication Incident reporting Form
- F005 Required Training for New Employees

### **Relevant Legislations;**

- Medicine and Poisons Act 2014;
- Medicines and Poisons Regulation 2016
- Medication Management for nurses and midwives: practicing in Western Australia 2013 - Nursing and Midwifery Office, Department of Health



- Operational Directive OD 0528/14 Storage and Recording of Restricted Schedule 4 (S4R) Medicines
- NDIS detailed guideline reportable incidents  
[detailed-guidance-reportable-incidents-detailed-guidance-registered.pdf](https://www.ndiscommission.gov.au/detailed-guidance-reportable-incidents-detailed-guidance-registered.pdf)  
[\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au)
- NDIS Reportable Incident Process  
[Notify us about a reportable incident | NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/notify-us-about-a-reportable-incident-ndis-quality-and-safeguards-commission)  
[\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au)

## More information

If you have a query about this policy or need more information, please contact the management team at [info@district360.com.au](mailto:info@district360.com.au)

## Review details

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff (where applicable), Participants and other stakeholder feedback.

District 360 *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

|                     |   |
|---------------------|---|
| Approval Authority  | Tanya Johnston  |
| Responsible Officer | Coco Johnston   |
| Approval Date       | 14 April 2021   |
| Last updated Date   | 21 April 2023   |
| Next Review Date*   | 21 April 2024   |
| Last amended        | <ul style="list-style-type: none"> <li>- Changed company logo.</li> <li>- Updated links to current ones.</li> </ul> |

## APPENDIX A – Medication Incident Reporting Form 011

### MEDICATION INCIDENT REPORTING FORM

**SUPPORT WORKER/COORDINATOR TO COMPLETE – INCIDENT DETAILS**

Date: ..... Time: .....

**PARTICIPANT'S NAME:** .....

**Report completed by:** .....

**Describe medication incident:** .....

.....

.....

**Possible reason(s) for incident:** .....

.....

.....

**Immediate action taken:** .....

.....

.....

**Coordinator notified:**  Yes  No **Date/Time:** .....

**Doctor notified:**  Yes  No **Date/Time:** .....

**Pharmacist notified:**  Yes  No **Date/Time:** .....

**Next of Kin notified:**  Yes  No **Date/Time:** .....

**Treatment ordered by Doctor/Pharmacist:** .....

.....

**SUPPORT WORKER/COORDINATOR TO COMPLETE - INCIDENT ANALYSIS**

**Category of Incident:**

|   |  |
|---|--|
| <input type="checkbox"/> Incorrect participant  | <input type="checkbox"/> Request by a participant/carer to not give medication |
| <input type="checkbox"/> Incorrect medicine   | <input type="checkbox"/> Breach of the Organisation policy and guidelines      |
| <input type="checkbox"/> Incorrect dose   | <input type="checkbox"/> Participant refuses medication                        |
| <input type="checkbox"/> Incorrect time   | <input type="checkbox"/> Incorrect storage of medications                      |
| <input type="checkbox"/> Incorrect route  | <input type="checkbox"/> Incorrect supply of medications from the pharmacy     |
| <input type="checkbox"/> Split or dropped medicine  | <input type="checkbox"/> Other (describe) .....                                |
| <input type="checkbox"/> Out of date medicine   | .....  |
| <input type="checkbox"/> Missing medicine   | .....  |
| <input type="checkbox"/> Lack of documentation such as assessment, medication order, medication support plan, medication record sheet (if required) |  |

**COORDINATOR TO COMPLETE - INCIDENT ANALYSIS CONCLUSIONS**

**What, if anything could have prevented the incident?**

Describe: .....

**Was the incident related to a procedure breakdown (staff focus)?**     Yes     No

Comment: .....

**Was the incident related to the medication management system (prescription, supply, documentation focus)?**     Yes     No

Comment: .....

**Was the immediate action taken appropriate?**     Yes     No

Comment: .....

**COORDINATOR TO COMPLETE - ACTION PLAN**  
*(Insert further actions as required)*

|                                      | Who | By When | Date Completed |
|--------------------------------------|-----|---------|----------------|
| <i>Analysis completed</i>            |     |         |                |
| <i>Follow up with staff member/s</i> |     |         |                |
|                                      |     |         |                |
|                                      |     |         |                |
|                                      |     |         |                |
|                                      |     |         |                |

**COORDINATOR TO COMPLETE - CLOSURE**

**Evaluation** *(If appropriate, describe how action/improvements were evaluated and the result):..*

.....  
 .....  
 .....

**Outcome or end result:** *(Tick applicable boxes)*

Issue resolved - no improvements implemented

Improvement implemented (describe) .....

**CLOSED OUT/COMPLETE:**

**Coordinator's Signature:**.....

**Date:** .....