

INFECTION CONTROL POLICY AND PROCEDURE

The purpose of this policy and procedure is to minimise the transmission of infections.

Clover Care Pty Ltd has commitments to ensure infections are controlled and high levels of hygiene are maintained.

POLICY

Clover Care Pty Ltd understand it has duty of care to protect the health and wellbeing of service users and to encourage other staff to protect themselves. Clover Care Pty Ltd is committed to preventing and/or minimizing risk to employees, participants and visitors from infectious diseases.

Definition

Infectious diseases – also known as communicable diseases; caused by organisms such as bacteria, viruses, fungi and parasites. These micro-organisms are able to invade and reproduce in the human body, and then cause harmful effects. In healthcare settings, the main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne.

PROCEDURE

- Staff may encounter participants with infectious diseases in the course of their work.
- All staff and volunteers will receive infection control training.
- Clover Care Pty Ltd staff and volunteers will follow infection control guidelines and procedures.
- Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any staff member that has a notifiable disease must not attend work until such time as they are cleared by their doctor. A list of notifiable diseases can be found at: <http://www.health.gov.au/casedefinitions>
- All necessary equipment will be available to staff and volunteers.
- Staff have a responsibility to educate service users about correct infection control procedures and should act as models of appropriate behaviour.
- Hand hygiene and washing are considered the most important measures in infection control substances.

The following precautions should be taken:

- Gloves must be worn when handling blood and body substances.
- If a service provider has hand or other body lesions that cannot be covered, a medical practitioner should assess them before the staff member continues with work.
- If hands or other skin surfaces become contaminated with blood or body substances, they must be washed immediately or as soon as practicable.
- An alcohol hand rub may be used in emergency situations or when hand-washing facilities are limited or not easily accessible.
- Toothbrushes, razors and other personal items should never be shared.
- Towels and linen should not be shared and should not be used to clean or wipe down areas.
- Work areas need to be kept clean and safe.
- Everyone involved in preparing and servicing food should maintain high standards of personal hygiene, avoid injury to hands and ensure any open wounds are securely covered with a waterproof bandage.
- Clean and used linen should be transported and stored separately.
- Service providers should be aware of the potential hazards of sharps and other objects hidden in linen.
- Any clothing or linen soiled with blood (including menstrual blood), or body fluid should be handled with gloves and put into bags at the point where the soiling occurs.
- Used linen should not be rinsed or sorted in participant/service user areas.
- Staff responsible for sorting laundry should wear gloves.
- Staff should take care when handling blood and body fluids, as well as items or surfaces soiled with blood or body fluids, to protect exposed mucous membranes (mouth, eyes, etc) and any areas of broken skin.
- Any part of the body splashed with blood or body fluid should be washed immediately.
- Disposable gloves should be worn whenever contact with blood or other body fluid is likely to occur.

- Body fluid spills (e.g., faeces, urine) can be cleaned with detergent.
- Blood spills can be cleaned with either detergent or chlorine solution and cold water depending on the risks involved.
- If a spill occurs on carpeted/soft areas, take care not to damage the area with chlorine. Detergent may be more appropriate.
- Arrange for carpet to be shampooed with an industrial carpet cleaner as soon as possible.
- Clover Care Pty Ltd will provide fully equipped first-aid kit for staff who are trained in first aid.
- If a needle-stick injury occurs, the wound should be washed as soon as possible with water and soap and encouraged to bleed.
- The wound should then be dried and covered by a waterproof bandage.
- The injury should be reported to the manager and fully documented.
- It is recommended that the individual seek a medical opinion about the risk of infection and should be referred to an appropriate service.
- Incidents relating to infection control or infectious diseases should be reported as per the incident management policy and procedure.

Monitoring and Review

Clover Care Pty Ltd Management Team will review this policy and procedure at least annually. This process will include a review and evaluation of current practices and service delivery types, contemporary policy and practice in this clinical area, the Incident Register and will incorporate staff, participant and another stakeholder feedback. Feedback from service users, suggestions from staff and best practice developments will be used to update this policy.

Clover Care Pty Ltd Continuous Improvement Plan will be used to record and monitor progress of any improvements identified and where relevant feed into Clover Care Pty Ltd service planning and delivery processes.

MEDICATION POLICY AND PROCEDURE

The purpose of this policy and procedure is to ensure company promotes duty of care principles that require staff to maintain a high level of competency when administering medication to participants.

POLICY

Management and administration of participant medications is important to Clover Care Pty Ltd.

PROCEDURE

- All participants requiring medication, regardless of the level of medication assistance required, must have a Medication Chart that contains a list of current medications (or any other pharmacy prescribed items) developed by a Medical Practitioner or Pharmacist, kept in their home and on their file. This list must be updated with any change in medications (or any other pharmacy prescribed items).
- Staff must ensure they are never involved in the management of medication that is beyond their skills and training.
- Staff must maintain up-to-date records of participants' medicines. NDIS Service Agreements and Support Plans must include clear instructions, agreed with the participant, about what steps staff will take to help the participant with their medication.

Participants self-administering and managing their own medications

- Participants will manage and administer their own medication where appropriate.
- Where required, the Director will request written advice from a participant's medical practitioner or guardian, notifying that a participant has appropriate training and skill to assume responsibility for the management of their own medication.
- Participants will be provided with every opportunity to safely manage and administer their own medication.
- The self-administration and management of medications by the participant is properly supervised, documented and recorded by Clover Care Pty Ltd's staff.

Participants unable to self-administer their own medications

- Staff members are to provide the participant with whatever physical or other assistance is necessary and appropriate to enable the participant to take their own medication, unless the participant objects.
- Staff who provide medication administration services will be provided with appropriate training.

Practical Requirements for the Administration of Medications

- All medication must be administered in strict accordance with the directions of the prescribing medical practitioner or the manufacturer's directions as appropriate and recorded on the appropriate medication chart.
- All participant medications are to be taken or administered from the Webster pack packages.
- Medication is not under any circumstances to be given out or administered to a participant by another participant.

Medication Records

- A medication chart is to be maintained for each participant prescribed medication. The chart is to be completed by the participant's Medical practitioner and updated whenever a medication is changed.
- Where a Director (or delegate) has uncertainty about a participant's medication, this should be immediately clarified with the Medical practitioner or the dispensing pharmacist.

Disposing of Medications

- All medications (including those self-administered and managed by participants) are to be returned to the pharmacist when ceased.
- No 'prescription only' medication may be kept as Clover Care Pty Ltd's stock. Any participant's medication is to be returned to the participant at the end of the medication regime.
- No medications are to be used by or for another participant or kept or allowed to accumulate with other participant's medication for use sometime later as 'stock' medication.

Reporting

Incidents relating to medication such as misuse, missing dose, overdose, missing medication and etc. should be reported in accordance with Clover Care Pty Ltd's incident management policies and procedures. A medication incident report must be filled and the director, family/guardian, pharmacy and the GP to be notified.

When administering medication, all support staff must comply with the following guidelines in the event of an incident involving medication. An incident report must be completed and submitted as soon as practicable to the office staff in any of the below

instances:

- If there is an error or adverse reaction to medication administered, staff are to contact emergency services if appropriate. Staff are to call the on-call staff member to advise of the event and follow advice of emergency services until they arrive if applicable.
- If a participant refuses to take prescribed medication, staff to report to on call staff member and complete incident report.
- If a participant's medication has not been administered by staff, this is classified as missed medication staff to contact on call staff member and complete incident report.
- If a participant's medication has been administered incorrectly in anyway e.g.
- partially administered or incorrectly dated or expired medication administered an incident report must be completed.

Participant Allergies

Participant allergies are to be recorded in the participant file with their medication information. Staff are to familiarise themselves with this and what to do should an allergic reaction occurs.

Medication Prompting

- The self-administration and management of medications by the participant is properly supervised, documented and recorded by Company staff.
- Staff must identify on the Support Plan that the participant requires prompting to self-medicate at specific times.
- Staff must prompt the participant to self-medicate at the specified times; and record each prompt in the participant's Medication Prompt Record Log.

Medication Administration

- Any staff involved in prescription of medication will be appropriately qualified and meet legislative and regulatory requirements. Staff involved in the storage, transportation, administration or prompting of medication will be trained and assessed as competent prior to undertaking any medication function. All medication must be administered in strict accordance with the directions of the prescribing medical practitioner or the manufacturer's directions.
- All medications are to be taken or administered from the original containers or packages in which they were originally dispensed. Where the participant is not able to administer their own medication, this must be administered by staff trained in medication administration and be dispensed only from the participant's Webster pack.

- When administering medication to a participant, staff must always comply with the seven Rights of medication management:

Right person: Check photographic identification on the medication packs or the participant's file to ensure the medication is for the right person.

Right medication: Check the name of the medication on the blister pack or medication packaging against the name on the medication chart for the person.

Right dosage: For blister packs check that the right number of tablets or pills is contained in the blister. For other medication ensure the dose is clearly documented on the pharmacist's label attached to the medication.

Right time: Ensure medication is being taken at the prescribed time. Some medications will have further instructions that must be followed such as, to be taken with food, 30 minutes before food or after other medications.

Right route: Ensure medication is taken, applied or inserted using the prescribed route.

Right record keeping: All instances of medication administration must be recorded in the participants' Medication chart.

Right to Refuse: Any individual has a right to choose whether they want to take the medications or not, unless advised differently by the healthcare professionals

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 medication to a participant who is clearly objecting in an informed manner, unless there is an approved protocol in place.
- 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 participant.
- Staff must not leave medications of any type in an area where they are unsupervised and accessible to participants or unauthorised persons.
- Clover Care Pty Ltd staff are providing medication support will utilise Medication Prompt Record Log; Medication Assistance Record Log; or Medication Administration Record Log.

Storing Medication

- Medication for participants will generally be stored in an accessible container in a cupboard or on top of the fridge. Medications that require refrigeration must be stored in the fridge.
- For participants who are at risk of mistaking medications, medication must be stored in a locked container, which can only be accessed by staff.
- Staff must adhere to the manufacturer's instructions for storing medication.
- Stored medication must be easily identified and differentiated and only accessed by appropriately trained staff.
- When medication needs to be transported, it should be placed in an appropriate storage container where required.
- All medications (including those self-administered and managed by participants) are to be returned to the pharmacist when ceased.
- No 'prescription only' medication may be kept as Clover Care Pty Ltd's stock. Any participant's medication is to be returned to the participant at the end of the medication regime.
- No medications are to be used by or for another participant or kept or allowed to accumulate with other participants' medication for use sometime later as 'stock' medication.

PRN medications

Background

The term PRN (from the Latin pro re nata: for an occasion that has born/risen) is given to a medication which is to be taken 'when required' and is usually prescribed to treat short-term or intermittent medical conditions and not to be

taken regularly, i.e. not given as a regular daily dose or to only be offered at specific times, e.g. medication rounds. Analgesics, occasional night-time sedatives and laxatives are amongst common examples of medicines prescribed in this way.

PRN prescribing is a highly advantageous and effective way for a participant to be treated if they are suffering from an acute or irregular condition. However, the participant is also open to abuse if the medication is used inappropriately or excessively. The PRN Protocol is used as a tool to support good practice. It is designed to both provide sufficient information to staff workers and highlight any overlooked areas, to minimise risk and encourage appropriate use of PRN medication that is administered to participants.

To ensure the medication is given as intended, a specific plan for the administration of PRN medication must be made. Information on why the medication has been prescribed and how to give it should be sought from:

- the prescriber
- the supplying pharmacist
- other healthcare professionals involved in the treatment of the participant.

As it is for occasional use only, the PRN medication should only be offered or provided at times listed on the Medication Administration Record (MAR) Chart. The participant should be offered the medication when they are experiencing the symptoms or as specified by the prescriber (as per the medication plan information provided by the prescriber).

PRN as a chemical restraint

- If a participant has behaviours of concern, a functional behavioural assessment must be completed, regardless of whether chemical restraint is used.
- If a medication is not correct, it should be reviewed by a psychiatrist or other specialist.
- If the participant has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.
- When unsure if the use of medication is classed as a chemical restraint, our organisation will seek appropriate advice.
- A chemical restraint is a restrictive practice that involves the use of a medication or chemical substance (often referred to as psychotropic medications) for the primary purpose of influencing a participant's behaviour. It excludes the use of medication prescribed by a medical practitioner for the treatment, or to enable treatment, of a diagnosed mental disorder, physical illness or condition.
- There is evidence supporting some medications (e.g. Risperidone and Lithium) to manage some behaviours of concern. In general, however, the evidence for using medication to treat behaviours of concern (e.g. aggression in people with an intellectual disability) is not strong. It has the potential for long-term side effects. Also, many medications are not licensed for this particular purpose.

Two examples of when a medication requires authorisation as a chemical restraint are outlined below:

Example 1:

Chemical restraint – Authorisation is required

Diazepam is prescribed (other than for a diagnosed anxiety disorder) to help a participant remain calm through the day to address and minimise the likelihood of behaviours of concern.

Not a chemical restraint - Authorisation is not required

Diazepam prescribed and used for the primary purpose of treating a physical illness (e.g. used as a muscle relaxant after seizure activity) and not as a chemical restraint.

Example 2:

Chemical restraint – Authorisation is required

Sodium valproate prescribed to stabilise a participant's mood to decrease the likelihood of target behaviours and is used for the primary purpose of influencing the participant's behaviour. This is classed as a chemical restraint.

Not a chemical restraint - Authorisation is not required

Sodium valproate prescribed to treat or minimise seizure activity for the primary purpose of treating a neurological condition. This is not classed as a chemical restraint.

High doses of psychotropic medications can cause side effects, including drowsiness, tardive dyskinesia (e.g. tongue protrusion, tremor and restless legs) and toxicity. A medical practitioner should regularly review medications and reduce doses where possible.

Taking a mix of different medications (e.g. benzodiazepines, antipsychotics, and antidepressants) can increase risks of side effects and toxicity in the participant. Although participants are often prescribed a combination of medications, it should be avoided where possible.

Side effects

There are five major categories of medications that may be used to alter behaviour; they are as follows:

1. Antipsychotic medications: (e.g. Olanzapine or Risperidone) Used to treat psychosis, as they can reduce or eliminate delusions, hallucinations and thought disorders.
2. Benzodiazepines: (e.g. Diazepam and Nitrazepam) Create a calming effect by depressing the central nervous system and can have a sedative or sleep-inducing effect. They are sometimes used to manage the side effects of other medications and seizures or to manage short term anxiety or sleep disturbance.
3. Mood stabilisers: (e.g. Clonazepam and Lithium Carbonate) Mood stabilisers used to treat mood disorders such as bipolar illness and depression, seizures and epilepsy. They are sometimes described as an anticonvulsant.
4. Antidepressants: (e.g. Fluoxetine and Sertraline Hydrochloride) Used to treat depression, manage anxiety or obsessive-compulsive disorders. May also be used to reduce sexual arousal in men.
5. Hormonal medications: Hormonal medications have different purposes and effects for women and men:
 - Women take hormonal medication (e.g. Mestranol) for contraception, gynaecological issues or to suppress menstruation.
 - Men take hormonal medications (e.g. Cyproterone Acetate) to deliberately reduce sexual arousal.

Information source: Restrictive Practices Guidance Chemical Restraint - fac.gov.au

Our organisation will access the Health Direct website to locate medication by searching using the medication name or active ingredient. The delegated staff worker will:

1. Access the Health Direct website <https://www.healthdirect.gov.au/medicines>
2. Identify the drug or active ingredient.
3. Locate the side effects of the drug.

4. Link to participant information.
5. Inform other staff workers of the side effects.

Records

There must be appropriate medication records available for all PRN medication, including the outcome for the participant once the medication is taken.

Information about the medication will be identified and recorded using the following:

1. Medication Administration Record Chart.
2. PRN Intake Checklist - Staff will review the PRN against participant current medication and requirements.
3. PRN Care Plan.

Medication administration record chart

PRN medication must be recorded on the MAR Chart stating the:

- name of medication
- route (if other than oral)
- dose
- frequency
- minimum time interval between doses
- maximum number of doses in 24-hours.

PRN Care Plan

A specific person-centred care plan (PRN Care Plan) must be drawn up for every PRN medication prescribed to the participant. A copy of the plan will be kept with the participant's medication records. So clinical decisions are not made by non-clinical staff workers, clear dosage instructions must be obtained for each PRN medication. For the dosage instructions to appear on the medication label and MAR Chart, the prescriber must first provide specific instructions on the prescription.

Note: If a variable dose is prescribed there should be clarity at the outset on how the decision to administer, for example, one or two tablets by non-clinical staff will be made.

The response to medication should be clearly stated in the information gathered, and a record of whether or not the medication is achieving the expected outcomes should be made.

Other medications that the participant may be taking must also be considered. For example, paracetamol is taken as a regular daily dose, and co-codamol (which also contains paracetamol) is prescribed as a PRN for breakthrough pain. The prescriber/pharmacist must provide specific instructions and raise awareness of the paracetamol content in both preparations. The appropriate direction should be provided for staff workers. It is essential that administering staff workers are educated to understand the requirements to give only one of the medicines within the required timeframe.

Reviewing PRN medication

The PRN medication will be regularly reviewed to determine the ongoing need and efficacy. A date for a formal review of the medication should be stated in the participant's PRN Care Plan. However, feedback from the staff worker is essential as part of the review process. Should staff recognise a need for a review before the stated review date, then the prescriber should be contacted.

The outcome of the review must be documented in the PRN Care Plan. Some examples for staff to consider are as follows:

- Is the expected outcome being achieved?
- Is the participant taking the PRN frequently?
- Should this become a regular medication?
- Should an alternative be considered?
- Is the participant taking the PRN very infrequently?
- Is there still a need for medication?

Discontinuing PRN medication

Should the prescriber authorise the medication to be stopped, then the following must take place:

- Cross out the medication on the MAR Chart, writing the date it was stopped and by whom. The chart will be signed and countersigned by a second member of staff.
- Update the participant's notes to reflect the change.
- Contact the general practitioner to confirm that the records at the practice reflect the change.
- Notify the supplying pharmacy that the medication has stopped, so it does not appear on the next MAR Chart.
- Monitor the participant in case symptoms reoccur, in which case a further review will be required.
- Dispose of remaining medication as per medication disposal procedure.

Monitoring and Review

Clover Care Pty Ltd Management Team will review this policy and procedure at least annually. This process will include a review and evaluation of current practices and service delivery types, contemporary policy and practice in this clinical area, the Incident Register and will incorporate staff, participant and another stakeholder feedback. Feedback from service users, suggestions from staff and best practice developments will be used to update this policy.

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