



Medication Management Policy

Purpose

This policy:

- outlines best practice principles that support the appropriate, safe and effective management of medication for clients
- ensures that medication is managed in accordance with legislative and regulatory requirements.
- ensures that support workers have the appropriate training and qualifications to support clients with medication and that this is regularly reviewed and assessed
- includes medication strategies to minimise medication related risk of harm
- provides transparency, safety and user-friendly processes for support workers and clients, fostering trust and accountability in medication management

Scope

The policy applies to support workers contracted by Autism Abilities to provide services to NDIS participants and other clients through the My Care Match service.

All support workers are required to:

- Have the appropriate training to assist with medication administration and management.
- Encourage self-administration as far as possible.
- Always adhere to the instructions for the administration of each medication accurately.
- Monitor for any side effects or changes in behaviour and know how to act.
- Administer medication safely while adhering to infection control practices.

1. Policy Guidelines

1.1 Person-Centred Approach

- Clients are supported to be involved in their medication administration and increase their choice and control regarding their personal health and wellbeing over their medication management.
- Clients are supported to independently manage their medication as much as is practicable.
- Clients are supported to learn about safe medication management and administration; possible risks and benefits of prescribed medications are explained to the client in a way that meets their communication needs.
- Clients retain the right to refuse medication.
- Staff supporting clients will have the skills, knowledge, and tools requisite for the provision of person-centred care.

1.2 Respect

- Clients will be respected for their individuality and consideration given to culture or religion as they relate to the client's health and wellbeing.
- Clients' human and legal rights will be respected, including their right to privacy.
- Clients' preferences will be respected and their right to dignity, independence and choice upheld
- Clients are supported to access mainstream health services of their choice, as well as specific specialist health services where needed.
- Health information will be communicated in a way that is accessible to and easily understood by the client.

1.3 Safety & Transparency

1.3.1 Safety

- Clients can trust their support worker to administer medication correctly and confidently, with risks proactively assessed and managed.
- The support worker has the knowledge and skills to understand medication purposes, effects, and side-effects and can follow appropriate incident protocols in the event of refusals, errors, emergencies, etc.

1.3.2 Transparency

- Clients have the right to access their medication history and records at any time.
- Staff must report medication issues promptly and accurately, with clients informed of their right to access:
 - External advocates (e.g., NDIS Quality and Safeguards Commission)
 - Complaints mechanism

2. Providing Medication Support

2.1. The 7 Rights of Medication Administration

The '7 Rights' of Medication Administration are a checking process to reduce and hopefully eliminate medication administration errors.

Support workers must follow the '7 Rights' of medication administration check before administering medication to a client as outlined below.

1. Right Client:

Identify the client by name and date of birth. Cross-check with medication labels.

2. Right Medication:

Ensure the person is taking the correct medication. Medications that are dispensed in blister packs must be checked against the person's Medication Support Plan. If the medication is in a container, match the medication listed on the container with the medication plan.

Medications have **generic** and **brand or trade** names. The generic name is the name of the medication's active ingredient (e.g. Ibuprofen, Paracetamol). The brand or trade name is the name of the medication given by the Pharmaceutical Company (e.g. Nurofen, Panadol).

A doctor may write either the generic or the brand or trade name on the prescription. Either way, the medication dispensed **must** match exactly what is written on the doctor's prescription or the Medication Plan.

STOP IF IT DOES NOT MATCH.

If the medication does not match, it **must not** be given to the client.

The support worker should contact the pharmacist as soon as possible to seek advice. Sometimes the pharmacist may dispense the generic or trade/brand name in error. They will advise if this is the case and provide instructions which should be documented and followed.

Complete and submit a Medication Incident Report form when this occurs.

3. Right Dosage:

Ensure the amount being administered is correct. Always check the dosage listed on the Medication Support Plan or original container. Make sure the correct equipment is being used to measure the dose, such as a syringe or measuring cup.

Blister packs are the most commonly used 'multi-dose' dosage tool. These are single use packs that are designed to reduce medication errors because they are packed by a pharmacist for set intervals each day.

4. Right Route:

Ensure the method of delivery (oral, topical, etc.) is correct. Medication routes are prescribed based on how the medication works best and to ensure the medication does not cause any damage to the body while being absorbed. It's vital that medications are given in the way they are intended.

Right route also refers to whether medication can be changed to make it easier to take. For example, some medication can be crushed and mixed with food so it is easier to swallow, and other medication cannot. The Medication Support Plan should indicate whether the medication should be changed to make it easier for the person to take it.

5. Right Time:

Follow the instructions in the Medication Support Plan to ensure medication is administered at the prescribed time and interval.

Abbreviations – one of the main causes of medication errors is an abbreviation, term or symbol used by the prescribing doctor being misunderstood by the person taking the medication. If the support worker is not sure, the medication should not be administered until this has been clarified. Examples of some abbreviations and their meanings:

Mane – morning

Nocte – night

Bd – twice a day

Tds – three times a day

Qid – four times a day

PRN – as required

Stat – immediately

Over the counter or PRN medication

Supporting people to take medication that is over the counter, or PRN, can be difficult because the directions may involve a level of judgement. The support worker's role is to support the person to understand what they are taking and help them to follow instructions on packaging.

Over the counter medication includes things like cough and cold medications, Panadol and other paracetamol, antihistamine tablets, nasal sprays, eye drops, Ventolin puffers. These are all medications that can be purchased without a prescription in a supermarket or chemist.

With over-the-counter medications the support worker's role is to help support the person to understand the information on the packaging including what the medication is for, how much to take, and how often to take it.

PRN (pro re nata – meaning 'when necessary') medication – some medication can be taken PRN. Sometimes PRN is prescribed by a doctor. This might include strong pain relief, sleeping tablets, steroid cream for eczema. Some PRN medication can be purchased over the counter.

When supporting someone to take PRN medication, the support worker should write down the time and then follow the instructions on the packet to work out when the person can take another dose. Taking too many in a day will cause an overdose and can be dangerous.

Before administering any PRN medications, the support worker must always check to ensure the specific time frame has passed since the medication was last administered.

6. Right Documentation:

Before supporting a person to take their medication the support worker should always review any instructions provided in the Medication Support Plan and then record administration immediately on the Medication Administration Record (MAR).

The Medication Support Plan -

The Medication Support Plan contains information about:

- how the person likes to be supported with medication
- the level of support required
- any other vital information in relation to medication support requirements such as what the medication is for
- any expected effects or side effects such as changes in mood, behaviour, or arousal after taking medication.

The Medication Administration Record (MAR) -

The Medication Administration Record Sheet will list:

- all of the medication the person has been prescribed as well as how often and how much should be taken
- what medication was taken earlier in the day.

After the medication is taken:

- document it **immediately** in the MAR
- include any witness signatures and notes
- include the time medication was taken and note whether the medication was correctly taken
- report any incidents or concerns using the Medication Incident Report Form.

The Medication Incident Report Form (MIR) -

The Medication Incident Report Form should be used to record any incidents related to the provision of medication assistance to a client.

7. Right to Refusal:

Clients have the right to refuse medication administration. If a client refuses their medication the support worker should try to find out why and work with the client to try to resolve any issues.

Things a support worker can try:

- Give the person some space and try again a little later
- Reassure them that you respect their right to refuse
- Spend some time trying to understand their reasons for refusing the medication
- Help them find the Consumer Medication Information (CIM) sheet on their medication on the Health Direct website. This information can help people make a more informed decision. It includes why a medication is prescribed, what it can help with, and any side effects that might be experienced if a dose is missed.

A support worker must never force the person to take medication or deceive them into taking it. This includes hiding medication in food or drinks.

The support worker should ask the person why they want to refuse their medication if this is possible to see if they are experiencing a problem with the medication and to see if they can help address any of the concerns.

If the client still refuses, the support worker should document the person's choice to refuse in their shift notes and in a Medication Incident Report including why the medication has been refused (if known).

2.2. Medication Administration Protocols for Support Workers

- Medication **must** be supplied in:
 - A dose administration aid (e.g. Blister/Webster Pack);
 - A pharmacy-labelled container with the client's name; **or**
 - A 'box' device prepared by an authorised health professional.
- Stay with the person until the medication is taken and make sure it is swallowed (if it is an oral medication). **You cannot document that a medication was taken unless you see that it was swallowed or applied etc.**
- Medications are to be given and documented by the person who prepared the dose(s).
 - **Never** give any medication set up by another person
 - Give **only** medications you personally have set up
- Give medications only from containers:
 - That have an intact pharmacy label if it is a prescription drug
 - That have a manufacturer's intact label if it is a non-prescription drug

2.3. Steps for Medication Administration

1. Wash hands or use hand rub before supporting someone to take medication
2. Start at the beginning of the Medication Administration Record (MAR) and review it carefully checking the following:
 - a. Individual's name
 - b. All medications ordered
 - c. Medications to be given now
 - d. Confirm that the previous dose was given
 - e. Confirm that the dose for this time has not yet been given
 - f. Any allergies
 - g. Any special instructions for giving the medication
3. Read the MAR to confirm the entire drug name (including strength) and the dose (amount) of medication you will be assisting with at this time.
4. Get the medication.

5. Read the **entire** label carefully including the expiration date and special instructions. Make sure the description of the drug matches the drug inside the container.
6. **The first check of the MAR to drug label:**
 - a. Place the medication container beside the name of the drug on the MAR
 - b. Make sure the container and the MAR match exactly
 - c. Confirm the first 5 Rights (Person, Medication, Dose, Time, Route)
7. **The second check of the MAR to label is a repeat of the first check**
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match, proceed to administer the medication according to the instructions.
9. For clients with medication-related difficulties swallowing or breathing or who are managing multiple medications, also refer to the:
 - a. **Medication Management – Difficulty Swallowing Procedure (see below)**
 - b. **Respiratory Depression Medication Procedure (see below) and/or**
 - c. **Polypharmacy Procedure (see below)**

2.4. Administering High-Risk Medications

- For Schedule 4 (Prescription Only Medicine) and Schedule 8 (Controlled Drugs) that are not in a pharmacy-filled Webster pack, make sure you have/are a registered nurse and have an authorised witness available ('authorised' means a nurse, pharmacist, GP or other medical practitioner) when removing high-risk medications from storage to administer to a client.

Note – this does not apply if the client is self-administering their medication

- Before administering the medication, confirm the identity of the client again (by asking them their name and date of birth), check correct dosage, time, route and administer according to instructions on the label.
- If a support worker is administering high-risk medication from a pharmacy-filled Webster pack they **must** have training in medication administration and have been assessed as competent by an authorised health practitioner (e.g. registered nurse or doctor)

Note – support workers administering medications must understand the effects and side effects of the medications and the steps to take in the event of a medical incident.

- For non-Webster pack Schedule 8 medications:
 - Only a registered nurse may administer, with an authorised witness (nurse, pharmacist, GP).
- Documentation:
 - Complete and sign the Medication Administration Record. If there is a witness they must sign too.

- Support workers administering Schedule 8 drugs must adhere to strict record keeping requirements involving a dedicated schedule 8 drug register for accurate and complete documentation of all transactions including administration.
- **Key aspects of Section 8 drug record keeping for support workers:**
 - **Specific register** - separate from Medication Administration Record is required
 - **Accurate and Completeness** – records must detail every transaction including balance of stock on hand and the administration of each dose to the client
 - **Medication Authority Form (MAF)** – S8 medications administered by a support worker typically require a MAF completed by a registered health professional, reviewed periodically
 - **Chain of custody** – records must demonstrate the chain of custody of S8 drugs has been maintained, meaning a continuous and unbroken record of handling and administration
 - **Consent** – support workers in conjunction with prescribers must ensure informed consent is obtained for medication administration or documented reasons for refusal, and that the capacity of the person to consent is assessed.

IMPORTANT NOTE - Autism Abilities requires that any support worker seeking to administer S8 drugs must have specific training in administering S8 medications in order to be considered suitable for this type of support. This will be reviewed and assessed on a case-by-case basis by Autism Abilities leadership and, if approved, reviewed on a regular basis.

3. Response Actions

3.1. Client Refuses Medication

1. Respect the client's decision and document the refusal.
2. Notify the manager and/or the client's health practitioner **immediately**.
3. Update the client's Medication Support Plan and Behaviour Support Plans if refusal impacts health/safety.

Refer also to **2.1. The 7 Rights of Medication Administration**, Right 7 – Right to Refusal.

3.2 Monitoring Effects of Medication

3.2. 1 Monitor

An essential part of the support worker's role when supporting people to take medication is to monitor for any effects.

A side effect is an undesirable effect which occurs in addition to the desired therapeutic effect of a medication.

Side effects are more common when a new medication is taken, or the dose has been increased or decreased.

Common Side Effects

Common side effects include:

- Loss of appetite
- Nausea, vomiting
- Diarrhoea
- Constipation
- Fatigue
- Depression
- A heightened or lowered blood pressure
- Increased or slowed heart rate
- Rash – particularly from a topical cream
- Gradual changes such as weight loss or gain, hair loss.

A medication given to treat one disease may exacerbate another.

If you believe a person you're supporting is experiencing a side effect, support them to seek medical attention as soon as possible and complete a Medication Incident Report.

Potentially Serious Side Effects

Potentially serious side effects include:

- Heart palpitations
- Difficulty breathing
- Mental confusion
- Muscle spasm
- Seizure
- Unconsciousness
- Anaphylactic shock (more details about this are included below).

If you believe a person you're supporting has any serious side effects, you need to act quickly:

1. Call an ambulance **000**
2. Check if the person has an emergency response plan, and follow it
3. Report immediately to TAS management
4. Complete a Medication Incident Report &/or an Incident Management Report, as

directed by TAS management.

Anaphylactic Shock

In cases of severe allergic reaction, the whole body can react within minutes which can lead to anaphylactic shock.

Anaphylactic shock is serious and can be fatal.

Symptoms include:

- Difficulty or noisy breathing
- Difficulty talking / hoarse voice
- Swollen tongue
- Dizziness and/or collapse
- Swelling or tightness in the throat
- Pale and floppy (young children)
- Wheezing or coughing

If available administer an EpiPen into the thigh. Follow the instructions written on the EpiPen.

Mixing Medications

A person has an increased risk of adverse effects if they are taking multiple medications. Mixing either prescribed or over the counter can have negative effects as they interact with each other.

Only administer medication that has been prescribed or approved by a health practitioner.

It is essential that the person's General Practitioner is aware of all medications that they are taking including vitamins and herbs.

If the person is prescribed medicine by anyone other than their General Practitioner (for example, from hospital, a dentist, or a specialist), the General Practitioner must be advised as soon as possible.

3.2.2. Take Required Action

Take required action(s) if you have any concerns about the effects of medication on the person you're supporting. This may include:

- ringing Triple Zero (000) if you think it is a life-threatening situation
- notifying your manager and/or the client's family/alternate decision-maker/advocate

- ringing 24-7 MedCare on 13 92 47 or state/territory equivalent for telehealth advice; and/or
- accessing the NPS MedicineWise app (managed by the Australian Commission on Safety and Quality in Health Care).

For advice, including outside of business hours, you can also contact state specific services to speak to a registered nurse:

- NURSE-ON-CALL on 1300 60 60 24 in Victoria
- Healthdirect on 1800 022 222 in all other states.

3.2.3. Documentation

- Document symptoms and actions taken in the Medication Support Plan.
- Update any other documents as required (e.g. support plan, behaviour support plan).
- Record this as an incident on the Medication Incident Form.
- Internal and external incident reporting will be conducted by Autism Abilities management in the required timeframes and formats.

4. Medication Errors

If an error occurs,

1. Check on the client's health and wellbeing and take any immediate actions required. If you are concerned it could be a life-threatening situation, call **000 immediately**.
2. Identify the nature of the error
3. Notify Autism Abilities management, family, advocate, and/or health practitioner and follow any advice given.
4. Complete a Medical Incident Report Form and submit to Autism Abilities.
5. Autism Abilities will conduct internal and external reporting and investigation in the required timeframes and formats including reporting to the NDIS Commission (if applicable) within 24 hours.
6. Continue to check on the client's wellbeing.

Examples of medication errors and steps to take:

Missed a dose –

If it is only 30 minutes late, generally it is still ok to take. Any longer than 30 minutes and you should seek advice.

Wrong dose, time or person –

If you have given someone medication that is not meant for them, too much of a medication, or doses too close together, stay calm.

Get advice from the pharmacist that dispensed the medication (the number should be on the blister pack or original container) or the prescribing doctor.

If you cannot contact the doctor or pharmacist, call the National Poisons Helpline on 13 11 26.

Observe and reassure the person throughout the steps.

Expired medication –

If you notice that the medication is past its expiry date, let the person you're supporting know and ask if they're happy for you to dispose of it.

Encourage the person you're supporting to get the prescription refilled by seeing their doctor or pharmacist.

Dropped medication –

Never administer dropped medication.

If medication is dropped, it must be disposed of.

If an identical dose is available in the blister pack or original container, you can help them take it. Then make arrangements to replace the dose.

Medication spat out –

Once the medication has left the mouth, you need to dispose of it.

If some of the medication has been taken and there is no way to tell how much, then you need to wait until the next interval before giving any more medication.

Sudden changes – possible side effects –

It is part of the support worker's role to be aware of how the person you're supporting is feeling. If there is a sudden change in their behaviour, mood or arousal after taking medication, then it could be due to a medication side effect. If this happens, check any documentation on possible medication side effects, contacting Autism Abilities management, calling their GP or an ambulance if appropriate, and document the event.

Remember: if any of these things do go wrong, it is important that you report it as an incident using the Medication Incident Report Form and seek further advice from Autism Abilities management.

Useful numbers:

If you feel unsure, call:

- their doctor or pharmacist or
- the National Poisons Helpline on 13 11 26 or
- state specific services to speak to a registered nurse:
 - 13 HEALTH on 13 43 25 84 in Queensland
 - NURSE-ON-CALL on 1300 60 60 24 in Victoria
 - Healthdirect on 1800 022 222 in all other states.

Call an ambulance if it is an emergency.

5. Medication Storage and Disposal

- Check the medications are stored safely and securely to safeguard the client and others visiting the home. If required, assist the client or family/alternate decision-maker/advocate to obtain and use a locked box, or other suitable container or cupboard to safely store the medications.
- Store Schedule 8 medications in a lockable room and/or in a lockable storage facility firmly fixed to a floor or wall. Notify your manager if this is not in place.
- Take back any expired, unwanted or untaken medications to the pharmacist in their original packaging or in the dose administration aid.

6. Documentation and Record Keeping

- Record the date and time of medication administration on the Medication Administration Record or a pharmacy-generated Medication Chart.
- Document any changes to the client's health status and/or Medication Incidents in the Medication Support Plan and update other documents as required (e.g. behaviour support plan, support plan, complex health plan)
- Medication Support Plans must be updated as necessary to account for new allergies or side effects observed and this information escalated accordingly to the client's team.

7. Worker Training & Supervision

- Complete all required medication management training. For support workers, this includes First Aid and Cardiopulmonary Resuscitation (CPR) training. Support workers must have completed and passed this training before providing support to clients.
- Support workers providing support to clients taking high-risk medications (e.g. Schedule 8 Controlled Drugs, psychotropic and cytotoxic medications) must complete the required additional high-risk medication training. This includes completing PRN

Care Plans and PRN Intake Checklists. Support workers must be assessed as competent by a qualified health practitioner (e.g. nurse) and have passed this training.

- **Important Note: Support workers must not administer high-risk medications if they have not completed, passed and been assessed as competent by a qualified health practitioner.**
- Undertake required supervisions with your manager and discuss any concerns you have.

8. Compliance & Review

- Audit will verify adherence to this policy.
- Breaches may result in disciplinary action.
- This policy will be reviewed annually or after incidents and regulatory changes.