

# 053 – MEDICATION POLICY OPERATIONAL POLICY



<b>POLICY TITLE:</b>	<b>053 – MEDICATION POLICY</b>		
<b>VERSION:</b>	001	<b>DATE EFFECTIVE:</b>	27/05/2020
<b>AUTHORISED BY:</b>	Chief Executive Officer	<b>DATE REVIEWED:</b>	27/05/2020

## PURPOSE

To ensure that medication is managed safely and effectively according to Regulatory Guidelines outlining ARC’s practices to ensure safe assistance, storage and documentation.

## SCOPE

This policy applies to all ARC employees and participants covering both prescribed and non-prescribed medication and any complementary and alternative therapies authorised.

## IMPLEMENTATION

Prior to commencing employment with ARC all support staff are required to undergo medication training. This involves completion of online and face to face training. Training is recommended to be refreshed a minimum every 2 years or earlier upon request from coordinator/manager. This shall be monitored by a member of Corporate Services.

Upon each participant commencing services with ARC they will be supported to fill in a medication access information form. This form outlines what assistance they require and how best to promote independence when accessing medication.

## GUIDING PRINCIPLES

- All ARC employees have a ‘duty of care’ to participants and others to ensure the safe management and assistance of medication.
- All medications have documented authorisation/consent before being allowed to be assisted by an employee of ARC this includes prescription, non-prescription medications. PRN medication and any complementary or alternative therapies also required appropriate authorised documentation and specific details of assistance.
- Employees will receive medication assistance training to support safe practices. This is to protect the participant, the employee and others. Training records will be maintained by the organisation.
- Privacy and confidentiality of any information relating to a participant’s medication must be maintained at all times, this includes when assisting a participant, storage of the medication, medication records and in any discussions.
- Employees will have access to current information and resources about medications.
- ARC recognises the rights of participants to be actively encouraged and supported to manage and administer where possible their own medication to their level of ability.
- Dispensed medications should be retained in their original packaging or other dispensed packaging
- ARC maintains individual participant files for medication both in site locations and electronically held.
- ARC acknowledges that a participant has the right to refuse medication, ARC employees will follow appropriate guidelines to ensure the safety and wellbeing of the participant.
- ARC will ensure staff are trained in areas of medication assistance. This training will be delivered by the Health Facilitator, or an alternative appropriate health professional will be sourced to provide this.
- All medication information held on a participants file is reviewed as a minimum within 2 years to ensure information is up to date, accurate and reflects the participant’s needs and requirements in this area.
- ARC undertakes medication audits/risk assessments as needed to ensure safety around medication management.

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- ARC provides all employees on induction, information and contact details for various health related services and emergency contacts to be used as appropriate and necessary.

## RECORDING OF MEDICATION

It is integral that all medication given is recorded. This record must reflect the 7 Rights of medication.

- The right Person
- The right Medication
- The right Dose
- The right Time
- The right Route
- The right Method
- The right Documentation
- The Right to Refuse

ARC has a suite of medication recording forms to cover the scope of services provided. These documents ensure appropriate and suitable recording sheets are available for recording of any medication assistance. Employees are advised that accurate, legible records are required. ARC will retain all medication records in line with regulatory requirements. It is important that all staff are familiar with the medication that they are assisting participants with along with any potential side effects. Staff are required to review any changes to participant's medication/documentation.

## MEDICATION IN SIL ARRANGEMENTS

- ARC participants must have medication authorisation forms completed by two ARC representatives.
- The authorisation must come directly from the participants GP or other suitable medical practitioner
- Supported Accommodation Medication will be dispensed from a Webster Pack as prepared and labelled by the pharmacist. Staff to then assist as per Webster Pack Instructions and record.
- In the case of short term prescription medication this may be dispensed from original packaging.
- In the event that a participant wish to purchase over the counter medication for use and they require assistance, authorisation must be sought by a medical professional i.e. their General Practitioner, Pharmacist or 13 HEALTH
- Upon the collection of a participants Webster pack from the pharmacy it is required to be checked and signed for by two staff and ensure that relent documentation is maintained. This does not replace the Support Workers commitment to check if the medication is correct at time of administration.

## ASSISTING WITH MEDICATION

Where the need for assistance is identified/requested, the level of required assistance will be evaluated and determined by the participant/carer/guardian along with health professional/coordinator/manager.

**Independent:** The Participant independently takes their medication and support staff are only required to document that it has been taken. This may be through direct observation or by observing that the medication is no longer in its packaging and therefore documented accordingly.

**Partial Assistance:** The participant requires some assistance to take their medication. The assistance required will be outlined in their health and medical documentation.

**Full Assistance:** The Participant requires full medication assistance to ensure medication is taken and this is outlined in their health/medical documentation.

## MEDICATION ERRORS AND INCIDENTS

It is a requirement of ARC that any medication error or incident is acted on immediately and is reported and documented as an incident report by the person who is first aware of the error or incident, in the event of an emergency, a coordinator/manager must be notified immediately once the situation is controlled. It is integral that appropriate medical advice or direction is sought and actioned with immediacy.

In the event of a medication error or medication incident the worker must seek medical advice. If the situation appears to be an emergency an ambulance must be called immediately.

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If the situation is not an emergency, advice relating to medication errors and incidents should always be sought in the following order.

1. The participants Health Care Professional (General Practitioner) or Pharmacist
2. If the participants GP or pharmacist is not available, contact any of the following:
  - The adverse medicines event line on 1300 134 237 regarding suspected side effects from a medication
  - 13 HEALTH on 13 432584 (24 hours) regarding health concerns that are not an emergency but are considered serious
  - The QLD poisons information centre on 13 11 26 (24 hours) regarding drug overdoses or suspected overdoses. Situations may include if a service user has taken too much of their own medication, taken a wrong medication or taken a medication via the wrong route.
3. All advice and instructions given must be documented and if necessary emergency instructions must be followed immediately. (If action is not required immediately contact the Coordinator prior)

All incidents and errors are reviewed and monitored regularly by the leadership team of the organisation, and can identify any additional training requirements, patterns, risks or actions that need follow up. Any unexplained discrepancies involving medication is actioned and followed up by a coordinator/manager and will be reviewed by the leadership team of ARC to ensure any appropriate action is taken. Adverse reactions and/or side effects observed by an employee of ARC will be treated as a medical incident and therefore requires reporting and documenting so immediate appropriate action is taken to ensure the safety of the participant.

## STORAGE AND DISPOSAL

All medication must be stored as per directions and out of the reach of children, in a cool, dry location or refrigerated if required. All ARC sites must have medication locked in a secure, lockable storage that is not accessible to anyone not authorised to have access. All medication as previously stated to only be dispensed from original packaging or pharmacy dispensed medication. All medication that is no longer required or is unwanted, ceased or has expired should be returned to a pharmacy for safe disposal.

## REGULATED RESTRICTIVE PRACTICE

In the event that a participant who receives services from ARC is prescribed medication to modify behaviour this must be accompanied by a PBSP and reporting of the use of this medication will be required at the end of each month. Refer to Restrictive Practice Policy for more information.

## REFERENCES

- NDIS Quality and Safeguards Framework
- NDIS Quality Indicator Guidelines 2018
- Guideline for Medication Assistance QLD Gov.
- Health Drugs and Poisons Regulation 1996
- Disability Services Act 2006
- Disability Services Regulation 2008
- Human Services Quality Standards

## AUTHORISATION

This Policy is approved and issued by:



**Benjamin Keast**

Chief Executive Officer

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