



CASS Group- Disability Services

MANAGEMENT OF MEDICATION

Policy Code: 1123

MANAGEMENT OF MEDICATION

Policy Statement

CASS Disability Services is committed to safe and effective prescription, storage, transportation, and administration of medication for participants that is consistent with legislation and regulation. Participants receiving service from CASS will be encouraged, supported and assisted to safely manage and administer their own medication, where possible.

Each service has the duty of care to provide all appropriate support and assistance to each participant to ensure that his/her medication is administered in strict accordance with the prescription of documented instruction of his/her medical practitioner and/or other health professional.

Information, training and support will be provided to staff and participant to ensure that participant's medication is appropriately and safely administered, properly documented and audited.

The privacy, dignity and confidentiality of each participant will be respected at all times.

Procedure:

This policy and procedures apply to all staff involved with medication management at accommodation setting, day program centre and/or at participant's home.

1. Responsibilities:

1.1 CASS Disability Services' management and coordinators will:

- Gather information from the participant, their family and significant people or service providers about the cultural and linguistic background of the participant on an ongoing basis. This information should be reflected in the planning and provision of the services and support of the participant.
- Ensure that all informed consent for any assistance it provides in medication management
- Ensure relevant guidelines and procedures on medication management are up to date and staff members are fully explained of the information
- Ensure any staff providing assistance with medication are properly trained and assessed as competent to do so

1.2 CASS Disability Services' staff members will:

- Provide all appropriate support and assistance to each participant to ensure that their medication is administered in strict accordance with the prescription or documented instructions of their medical practitioner, or directions specified on over-the-counter



medications.

- Adhere to the guidelines and procedures as set out by the provision of service.
- Undergo the required training and competency assessment in medication management.

2. Minimum Practices Standards for Medication

- 2.1 Participants manage and administer their own medication where appropriate.
- 2.2 Staff members provide all appropriate support and assistance to each participant to ensure that their medication is appropriately and safely administered.
- 2.3 All participant medication is appropriately secured/ stored in a locked cabinet (at accommodation/ day centre setting)
- 2.4 The management and administration of all participant medication is properly documented on the appropriate medication chart, where applicable.
- 2.5 All excess, expired or deteriorated medications are properly disposed of by return to the pharmacy.
- 2.6 Participant's medication list should be accessible at all times. It should be available to all involved in the participant's care /service so that it can easily be produced for reference by staff, other health care professionals, especially in the case of an emergency.

3 Definitions

- 3.1 *Dose Administration Aid (DAA)* like dosette or Webster Packs are pre-packed medication dispensers that are made up according to individual participant needs. Medication is divided up into groups of tablets/ capsules to be taken by the participant on certain days and specific times. Webster packs are made up and sealed by a pharmacist according to the participant's prescriptions. dosette boxes are not sealed but should also be made up by a pharmacist.
- 3.2 *Subcutaneous Injection* refers to an injection beneath the skin (e.g. insulin injection).
- 3.3 *PRN* (pro re nata) refers to medications prescribed for use as required (or when necessary) and which are to be administered according to the directions of the medical practitioner and recorded as with the same practice when assist to administrate other regular medication.
- 3.4 *Self-Administration and Management* is where a participant who is said to self-administer and manage their own medications includes a participant who needs no assistance or support from staff members to do so, It also includes a participant who can instruct and supervise their staff members to carry out tasks such as opening a medication container (e.g. a bottle or dosette box) for them to remove one or more prescribed tablets or capsules, or measuring out the prescribed volume of liquid medication from a bottle and placing the prescribed medications in the participant's hand.

4 Procedures for Medication Management

4.1 Participant Self-Administering and Managing his/her Own Medication

- 4.1.1 Participant's choice of self-administering and managing his/her own medication should be recorded in his/her personal file, health care plan or individual plan.



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- 4.1.2 Participant is encouraged to safely manage and administer his/her medication (including prescription and non-prescription medicine and complementary health care products), despite assistance with medication is not an identified service need.
- 4.1.3 Participant is encouraged to talk to his/her medical practitioner, prescribers and pharmacists about all of the current medicines that he/she is consuming; and have access to accurate information about the medicines including how to take it and what would happen if taken incorrectly.
- 4.1.4 Participant is educated to securely store and record his/her medication. (e.g. access to a locked drawer to store medication and/ or as required by manufacturer instructions).
- 4.1.5 Participants should be encouraged to return any unwanted, ceased or expired medicine to his/her local pharmacy for safe disposal. Medication should not be accumulated for later used.
- 4.1.6 Staff who finds a participant having difficulty in administering his/her medicines should inform their supervisor so a formal assessment can be organised with a health professional (e.g. sudden/progressive change of health condition, after returning home from hospital).
- 4.1.7 All support strategies should be trialled with the participant in order to maintain his/her independence in managing his/her medicines. Strategies might include the provision of DAA – Webster, blister, bubble pack or compartmentalised/ dosette boxes of pre-packed medication.
- 4.1.8 Injection should only be given by a medical practitioner, registered nurse or other health practitioners. However, participant should be encouraged to safety perform self-injection where possible.

4.2 Participant Unable to Self-Administering and Managing his/her Own Medication

- 4.2.1 The policy of CASS is that participant's medication should be contained in and administrated from a Webster pack, or a dosette box dispensed by a pharmacist.
- 4.2.2 Staff members are to provide the participant with whatever physical or other assistance is necessary and appropriate to enable the participant to take their medication, unless the concerned participant objects.



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- 4.2.3 With the participant's or his/her representative's written consent, the coordinator will maintain on-going contact and communication with his/her medical practitioner, other related health care professionals and direct care workers to ensure the appropriate assistance is provided to ensure safely manage and administer of participant's medication.
- 4.2.4 Staff can assist participant to manage his/her medication by unscrewing bottle lids, removing tablets from DAA which include: - Webster pack, a doesette box; or individual (clearly labelled with instruction) bottles dispensed by a pharmacist.
- 4.2.5 Staff who have received training and are assessed as competent may assist participant in administering medication in the form of drops, liquids, ointments, lotions, patches and sprays (e.g. assist in applying medication patches and creams, give Participants inhalers and instil eye/ ear drops and over the counter liquid medications).
- 4.2.6 When assisting participant to handle medication, staff must wash their hands and ensure that the work area and any equipment to be used are clean. Gloves must be worn to cover cuts, sores and other skin breaks when applying ointments, creams and lotions.
- 4.2.7 Before assisting participant in administering the medication, staff must check the following: -
- The right medication.
 - The right person.
 - The right time.
 - The right dose, and
- to adhere to the guidelines and procedures as set out by the provision of service.
- 4.2.8 Staff must ensure the medication is given as close as possible to the scheduled time; and should remain with the participant until satisfied that that he/she has consumed the dose. Any possible side effects, if they occur, should be recorded and reported promptly to the family carer, supervisor, participant's medical practitioner or pharmacist.
- 4.2.9 If a mistake is made in the administration of medication, staff must contact the participant's medical practitioner or pharmacist for information and instructions. The incident is investigated; an incident report completed, and actions implemented where require preventing future incidents.
- 4.2.10 If the participant's medical practitioner or pharmacist cannot be contacted, then the **Poisons Information Centre (Tel.: 131 126, 24 hours a day)** should be contacted.
- 4.2.11 Staff should have access to accurate and current information about the medicines the participant is consuming; including how to take it and what would happen if taken incorrectly. They should be given clear instructions by their supervisor on participant's personal record / health care plan/individual lifestyle plan/medication record in the steps to assist and support the participant in the administering of his/her medication.
- 4.2.12 Staff should receive competency-based training on medication management; to ensure that participant's medication is properly monitored and documented.
- 4.2.13 Staff should ensure participant's medication is securely stored, e.g. locked filing cabinet or cupboard; properly documented and recorded in participant's personal record / Individual Lifestyle Plan/ medication record. All medicine should be properly stored with manufacturer instructions.



- 4.2.14 Staff should report to their supervisor if they have any concerns and uncertainty about management of participant's medication. With the participant's or his/her representative's consent, the coordinator will consult from his/her GP to seek further assistance in his/her medication management.
- 4.2.15 When the participant runs out or about to run short of his/her current supply of medicine, staff should seek advice and/or assistance of the participant's medical practitioner, pharmacist, or usual source of supply of medication.
- 4.2.16 A written statement is required from the participant's GP or guardian, if they have the responsibility for the control of the administration and management of a participant's medication.
- 4.2.17 Medication must not be given out or administered to a participant by another participant in any circumstances.
- 4.2.18 If the assistance in participant's administering of medication is not performed in his/her residential premises, staff should advise participant that they must carry the original container with the dispensing information on it with him/her.

5 Practice Requirement for the Administration of Medications

- 5.1 All medication (whether prescription, PRN or over the counter) must be administered in strict accordance with the directions of the prescribing medical practitioners or the manufacturers, as appropriate and record on the appropriate medication chart.
- 5.2 All tablets and capsules are to be taken/ swallowed whole unless otherwise directed by the prescribing medical practitioner. Crushing or cutting some tablets or capsules may affect the way the medication works and cause side effects. Water is the preferred liquid to be taken with medication.
- 5.3 All participant medications are to be taken or administered from the original containers or packages in which they were originally dispensed.
- 5.4 In all cases, staff must check that the Webster packs or dosette boxes dispensed for participant by a pharmacist are fully labelled, inclusive of each participant's name, a recent photo of participant (Webster pack), their medical practitioner's name, dosage and clear instructions for administration and prior to administration checked against the medication chart.
- 5.5 If one or more prescribed medications for a participant are provided by a pharmacist in individual packages, staff are not to transfer the medication to a dosette box or container. Only a pharmacist can carry out this task for the participant.
- 5.6 Medication prescribed for a participant should not be used by another participant.
- 5.7 Where appropriate, participants can be trained to self-administer medication such as insulin. Such training or instruction must be provided by the participant's medical practitioner or a registered nurse/ nurse practitioner. If a participant is unable to self-administer medication such as insulin, staff who have been trained and certified as competent by a medical practitioner or RN in the required technique, may deemed suitable to administer such medication.



5.8 Staff should only physically assist the participant to managing his/her medicines with the provision of DAA – Webster, blister, bubble pack or compartmentalised/ dosette boxes of pre-packed medication.

6 Procedure for PRN Medications

6.1 If a participant is in receipt of PRN (i.e. medications to be taken as required), it must be administered in strict accordance with the directions of the participant's medical practitioner and indicated PRN protocol.

6.2 When PRN medication is finished, staff must ensure that the prescribing medical practitioner documents the specific circumstances under which such medication should be taken/given, the maximum dosage to be taken and the frequency of administration, on the participant's medication chart.

6.3 When PRN is used for behaviour management, confirm that the use of PRN medication is appropriate to the current situation (i.e. according to a written Behaviour Support Plan, either interim/ comprehensive one, and consent has been given for its use) and is consistent with the instructions of the prescribing psychiatrist/ medical officer.

6.4 Check the name and strength of the medication shown in the medication chart and the participant's own labelled PRN medication.

6.5 Check that the participant's name on the PRN medication is for the participant to whom staff member is going to administer the medication.

6.6 Staff must follow the directions for the use of the PRN medication (according to the instruction of the medical practitioner of reasons such medication is to be administered), and ensure that the PRN protocol is strictly adhered to.

6.7 Every time a staff member assist to administering PRN medication, it must be recorded on the participant's medication chart, participant's notes and complete an incident report (if required).

7 Over the Counter Medications

No over-the-counter medication can be given to any participant as a PRN unless outlined in a PRN protocol or specifically prescribed and charted by a medical practitioner. When administered, this must be documented on the participant's medication chart and participant's notes and complete an incident report (if required).

8 Medication Records

8.1 For participant who require assistance in medication management, staff is responsible to ensure all medication have been safely and properly taken by participant; and appropriately recorded and documented.

8.2 Records must be maintained on all medication taken by or administered to participants; to ensure that the overarching duty of care and legislative responsibilities of CASS and its staff are met.



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8.3 Records must be updated whenever the medication, dosage, frequency or time of administration, have changed.

8.4 Participant medication record must include name of the participant, medication, dosage, time, date and the manner or circumstance in which such medication is to be taken by or administered to the participants. These details should be entered by each participant’s medical practitioner or pharmacist where possible.

8.5 If a mistake is made in the administration of medication (e.g. missed doses or wrongly taken medication), staff must contact the participant’s medical practitioner or pharmacist for information and instructions. The incident should be properly documented in the incident report and participant’s personal record.

9 Prohibited Practices

It is prohibited to:

- Administer a medication that is not prescribed in accordance with this policy. This includes “over-the-counter” type of medication.
- Assist to administer medication to a participant who is clearly objecting in an informed manner, unless there is an approved protocol. Where staff are unable to encourage the participant to take the prescribed medication, and where the taking of the medication is critical, the medical practitioner/ and or the prescriber has to informed for follow up action.
- Assist to administer medications to participants in a manner which is clearly for staff convenience and not reflecting the set guidelines or needs of the participant.
- Leave medications of any type in an area where they are unsupervised and accessible to participant or unauthorised persons.

Documents related to this policy	
Related Policies	Duty of Care
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> • CASS DS Participant Medical Record/Medication List • CASS DS Medical Record Form • CASS DS Participant’s One-off Prescription or Non-prescription Medication Record • CASS DS Parent/Authorised Person Requests Staff to Administrate Non-prescription Medication to Participant Form



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	<ul style="list-style-type: none"> • CASS DS Participant’s Regular Medication Record • CASS Incident Report Forms • CASS PRN Medication Record • Doctor visit report • Medical attendance record • CASS Medication Handling Procedure
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Reviewing and approving this policy		
Frequency	Person responsible	Approval
3 years	Unit Head	HAS & DS Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review due
Version 1	1 June 2014	HAS & DS Committee	31 May 2017
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Version 3	November 2020	HAS & DS Committee	November 2023