



Medication Administration Policy

Purpose

The purpose of this policy is to establish guidelines and procedures for the safe and accurate administration of medications within our home and community care service in compliance with Australian legislation, regulations while promoting and supporting client independence in all aspects of medication assistance.

This Policy supports safe and appropriate use of medication assistance in the event clients require support as per the Guiding Principles for Medication Management in the Community –developed by the Australian Pharmaceutical Advisory Council.

Medications make a significant contribution to the treatment and prevention of disease, increasing life expectancy and improving quality of life for people; they also have the potential to cause harm and inappropriate or incorrect use of medicines can have adverse effects on a person’s health.

Coastal Care (CC) adopts a medication management approach that is effective, safe and promotes the quality use of medicines by:

- Complying with all relevant legislation and standards
- Advocating a partnership and systems approach with all stakeholders
- Linking medication use and medication management to its continuous improvement management and risk management plan

Scope

This policy applies to all Coastal Care staff members involved in the administration of medications within our organisation.

Policy Statement

CC is dedicated to delivering high-quality homecare services to the ageing and people with disabilities. This policy defines our procedures for safe and accurate administration of medications within our home and community care service in compliance with Australian regulations and best practices.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



Procedure

Prescribed medication

All medication must be prescribed or ordered by a licenced practitioner (a licenced practitioner may be a medical Doctor or another prescriber), dispensed by an authorised pharmacist and be part of a routine medication management regimen for the client.

Support workers will provide medication assistance when it is an agreed support; and has been discussed as part of the support planning process and is listed on the client's support plan.

In addition, staff are required to understand the scope of the agreed support and that any associated risks identified are assessed and managed.

Designated staff members trained in medication administration will be responsible for dispensing and administering medications as prescribed.

Clients and their families will be informed about medication administration procedures, potential side effects, and any necessary precautions.

Responsibilities

Managers will ensure that:

- all staff on the client's program are made aware of medication information provided by a doctor
- all staff are aware medication shall not be administered at intervals more or less than prescribed.

Support Workers

The role of the Support Worker is to assist clients to be as independent as possible in all elements of medication assistance and to be compliant with the policy.

Support Workers are not to assist with medication support if the dose has been dispensed from a Dosage Administration Aid (Dosette or Webster-Pak) by a friend or family member.

If support requirements are unusual or out of the usual scope of practice, site or line managers must liaise with treating health professionals to document the support requirements, confirm these with management escalation points and provide information / training for Support Workers.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



1. Medication Management

The safe support of medication management practices requires the following to be in place.

1.1. Client Rights and Responsibilities.

Rights

1. Each client has the right to choose their own General Practitioner and Pharmacist
2. Self-administer their own medications if they choose to, and have the cognitive and physical ability to do so
3. Have their medication support provided by appropriately trained staff in a manner which maintains their personal dignity and safety
4. Consent or refuse to take a medication
5. Confidentiality in relation to medications regime
6. A medication storage system which maintains their privacy as well as the efficacy and security of their medicines

Responsibilities

1. All Client's must provide information prepared by a doctor provided by the prescribing doctor

that describes the level of support required on a medication assessment form:

- when and how to assist with their medication
 - special assistance instructions
 - common sensitivities and allergies to look for
 - The details of the type of support must be included in the Client Profile and Support Plan along with a risk assessment to manage any risk that might be related to the medication assistance support
2. A medication consent form has been completed and signed by both parties
 3. Clients must have a medication list of all of their current medicines, including prescription, non- prescription medicines and complementary medicines provided by the prescriber or pharmacist.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



4. The client’s medicine list should be accessible at all times to any person/s responsible for administration / support of medicines. It should also be accessible in the event of an emergency e.g. client unexpected hospital admission.

5. Clients should self-administer their medication if they have been assessed and approved by

their doctor as being capable. A Coastal Care Manager will seek the advice of a doctor if there is doubt as to a client’s capability to continue self-medicating via a Webster-Pak or Dosette box.

6. Clients / or delegated persons are responsible for payment for all medications and where possible have an account set up with their preferred Pharmacist.

2. Medication Assistance

When assisting with medication staff must follow the 6 Rights

Right Person

You should always check the name and the photographic identification on the medication packs

or the person's file to ensure the medication you are administering is for the right person.

Right Medication

You should always 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, you should always check that the right number of tablets or pills is contained in the blister.

For other medication, you should always ensure the dose is clearly documented on the pharmacist's label, attached to the medication.

Right Time

You should always ensure medication is being taken at the prescribed time. This may include being taken:

- With food;
- 30 minutes before food;
- After other medications.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



Right Route

You should always check the instructions for how medication is taken, applied or inserted to ensure you use the prescribed route. This may include oral, topical (external), by inhalation or per rectum.

Right Documentation

You should ensure that all medication for a person is recorded on the Medication Chart and that the Medication Chart is always signed immediately after administering the medication.

- o Right client (including name and photograph)
- o Right day
- o Right time
- o Right number of tablets/drops (as documented on the rear of the Webster Pack or medication package and recorded on the medication list)
- o Right route - for example, oral, topical, nasal, eye drops, rectal.
- o Right documentation

Staff sign Medication Administration From immediately following administration.

- Record routine and all Webster packed administration with a tick in the appropriate time

period followed by the number of tablets administered

- Record PRN and non-Webster Packed medication using the appropriate code

3. Medication Storage and Supply

3.1. Clients in supported accommodation houses must have medications in a Dosage Administration Aid (where appropriate) when Support Workers are assisting the administering of medications. The

only exception is where the client spends the majority of time outside the facility and other service providers/carers takes all responsibility for administering medications, however it is preferable if the DAA pack accompanies the client in this circumstance. This must be documented in the care plan.

3.2. Dosette boxes may also be used in some community settings and must be filled by a Pharmacist

or Registered Nurse.

3.3. Storage of packs should be in a cool dry place <25o Celsius or as per instructions from Pharmacist. Medications that are required to be stored in a fridge must be stored in an appropriately safe environment and the temperature of the fridge checked daily – 4o Celsius or below.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



3.4. Supported Accommodation clients who administer and store their own medicines must work with the House Manager to ensure all medicines are safely stored and secure from accidental access by others. If the House Manager assesses medication stored in a residents’ room as being a potential risk to other clients, a request may be made that the medication be kept in a locked area.

3.5. Where clients are independent in medication administration, they are to have their Blister packs available to them – safely stored to prevent access by other clients or visitors.

3.6. Where medications are out of date or unused, these should be returned to the Pharmacist for correct disposal.

4. Recording Medications

In accommodation, a medication chart must be signed to indicate the dose has been given.

Common abbreviations used in CC Medication charts can be found in the Appendix of this policy and procedure.

5. Medical Practitioners / Other Prescribers / Pharmacists

5.1. Medical Practitioners

5.1.1 Medical practitioners and other prescribers must review medicines they prescribe to a

Client on an annual basis to ensure effectiveness and therapeutic purposes where there are four or more medications prescribed.

5.1.2 Where Schedule 8 medications are prescribed, the prescribing medical practitioner should review and monitor the effectiveness of this medication on a quarterly basis to confirm it is still suitable and meeting the desired therapeutic outcomes.

5.1.3 General Practitioners and other prescribers should provide an updated list of all medication each time medication is reviewed or adjusted preferably on the company drug chart but these can be done using the doctors / prescribers’ own template.

5.1.4 The medication list should explain the purpose of the prescribed medication and the time it is to be used for e.g. – 1 week, 5 days or ongoing.

5.1.5 Where medication is being used as part of a behaviour management strategy and may be considered a Restrictive Intervention (RI), this must be reviewed in line with the NDIS (Restrictive Practices and Behaviours Support) Rules 2018 (see the Coastal Care Restrictive Practices Implementation and Reporting Guideline)

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



WHSM-Work Health and Safety Management
Medication Administration

5.1.6 Medication lists must note the purpose of Restrictive Practice Medications

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



5.2. Pharmacists

5.2.1. Pharmacists must check the prescribers instructions, package the medications and label them clearly with information that identifies the client including name and address, the name of the medication (and generic name if it used), the dose, the time and day the medication is to be given and any special instructions e.g. before, with or after food. The pharmacist shall provide information about any generic medications that have been dispensed in place of a 'brand name' medication.

5.2.2 Community pharmacists can undertake an annual home medicines review, and this process is recommended when Support Workers are supporting clients with medication support.

5.2.3 Pharmacists should include an expiry date on any prescribed PRN medication that is provided in blister packs for administering to a client when it is required, noting that a medications expiry may be affected once removed from its original packaging.

6. Chemical Restraint

Consideration should be given to the intention and purpose of the medication being prescribed and if the primary purpose of the medication is to manage behaviour this may be considered a

Restrictive Intervention.

All instances of medication being prescribed as a chemical restrictive intervention should be reviewed in line with the NDIS (Restrictive Practices and Behaviours Support) Rules 2018. A Positive Behaviour Support Plan must be in place if and when medications are given for this purpose.

7. Incident Reporting

All medication incidents must be immediately reported to a Coastal Care manager and documented as per the Coastal Care Incident Management Process.

A medication incident includes:

- Giving the wrong medication
- Giving the wrong dose
- Giving it to the wrong person
- Giving a dose at the wrong time
- Administering via the wrong route
- A client refuses to take the medication
- Missing a dose
- Incorrectly packed or Webster pack tamper or damage

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



- Administration of medication for non-authorized RI purposes

8. Schedule Medications

8.1. Schedule 8 - Schedule 8 Poisons (labelled 'Controlled Drug') are medicines with strict legislative controls, including opioid analgesics – for example, pethidine, fentanyl, morphine (MS-Contin®, Kapanol®), oxycodone (Oxycontin®, Endone®), methadone (Physeptone®) and buprenorphine.

8.2 Schedule 4 - Schedule 4 Poisons (labelled 'Prescription Only Medicine') include most other medicines for which prescriptions are required – for example, local anaesthetics, antibiotics, strong analgesics (such as Panadeine Forte®) – and that are not classified as Schedule 8 poisons, as well as benzodiazepines.

8.3 Schedule 2 and 3 poisons - (labelled 'Pharmacy Medicine' or 'Pharmacist Only Medicine', respectively) include some local anaesthetics and analgesics that are commonly referred to as over-the-counter medicines – for example Panadol (Codeine products are not available over the counter Inc. Panadeine or hayfever tablets can only be bought in a pharmacy.

8.4 When a client requiring medication administration support is prescribed an S8 medication, staff must complete a weekly checking and reconciliation process. This will include:

- The number or amount of the 'S 8' medication received will be recorded on the medication administration sheet by the House Manager (or delegate) and a second staff member.
- Each week the number of S 8 medicines administered will be checked and reconciled with the number of medicines remaining and the number that were originally received.
- The information will be recorded on the client's Medication Administration Form.

8.5. Any discrepancy must to be reported as a Record of Event and escalated to the Residential Services Manager immediately

8.6. If the S8 medication is ceased any remaining medicines must be returned to the dispensing pharmacist for disposal.

9. Medication Training

All Support Workers providing care services to clients requiring assistance with medication administration must be competent to assist the client and trained in, and follow, the guidelines for safe medication assistance. Workplace training and assessment is available to all staff and must be completed prior to assisting with medication.

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



VARIATIONS

Coastal Care reserves the right to vary, replace or terminate this policy from time to time.

RELATED DOCUMENTS

- Workplace Health and Safety
- Managing Challenging Behaviours
- Critical Incidence Management
- Incident Reporting
- Client Consent Form
- Infection Control

Relevant Standards and Legislation

Aged Care Standards – Standard 3

NDIS Practice Standards – Standard 4

NDIS (Restrictive Practices and Behaviours Support) Rules 2018

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>



Appendix

Basic medication terminology

Acceptable term or abbreviation	Intended meaning
Dose frequency or timing	
Mane	In the morning (usually at or before breakfast)
Midday	At midday
Nocte	At night
qd; d	Daily
bd	Twice a day
tds,tid	Three times a day
qid	Four times a day
4, 6 or 8 hrly	Every 4, 6 or 8 hours
PRN	When required
Stat	Immediately
Ac	Before meals/food
bc	After meals/food
Route of administration	
PO	Oral
top	Topical
b.e	Both eyes
instill	Drop into
(L) e or (R) e	Left eye or Right eye

Medication Administration POLICY PROCEDURE		Version:	1.0-23
Endorsed by:	CEO	Effective Date:	12/04/2023
Person Responsible:	Service Manager	Next Revision Date:	12/04/2025



WHSM-Work Health and Safety Management
Medication Administration

NEB	Nebuliser
INH	Inhaler
SL, Subling	Under the tongue
Relating to dose or form	
gutt	drops
pulv	powder
soln	solution
supp	suppository
susp	suspension
Tab/ tabs	tablets
Caps	Capsule
MDI	Metered dose inhaler
pess	pessaries
Oint	Ointment
Units of measure and concentration	
g	gram
L	litre
mg	Milligram(s)
mL	Milliliter(s)
MICROg or mcg	Microgram(s)
mg/L	Milligram per litre

Medication Administration POLICY PROCEDURE		Version:	1.0-23
Endorsed by:	CEO	Effective Date:	12/04/2023
Person Responsible:	Service Manager	Next Revision Date:	12/04/2025



WHSM-Work Health and Safety Management Medication Administration

<i>Medication Administration POLICY PROCEDURE</i>		<i>Version:</i>	<i>1.0-23</i>
<i>Endorsed by:</i>	<i>CEO</i>	<i>Effective Date:</i>	<i>12/04/2023</i>
<i>Person Responsible:</i>	<i>Service Manager</i>	<i>Next Revision Date:</i>	<i>12/04/2025</i>