



HS2	Healthy and Safe Services	Medication Safety Policy and Procedures
-----	---------------------------	---

What this policy aims to do	Make sure MASS staff act responsibly and take accountability for the correct handling and administration of medication to people who use MASS services, including medication that is self-administered
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery
Who is responsible for carrying out this policy	The Director or responsible team leaders and service delivery staff
What words used in this policy mean	<p><i>'Medication'</i> means any chemical substances used to treat pre-existing medical conditions, taken in a dose prescribed by a medical practitioner and dispensed by a pharmacist</p> <p><i>'Treatment sheet'</i> is a document that has the person's authorised medications, specific dose and monitoring requirements recorded and signed by the doctor</p> <p><i>'Administration sheet'</i> is a form signed by staff confirming medication has been given</p> <p><i>'Pro Re Nata (PRN)'</i> is medication to be administered only when specific circumstances occur, for example, an epileptic seizure</p> <p><i>'Webster pack'</i> is storage of medication in separate plastic cells that separates and enables a medication dose to be individually released. Webster packs must only be filled by a pharmacist</p>
Legislation this policy is based on	<p>National Disability Service Standards</p> <p>Department of Human Services Standards</p>

	<p>Education and Training Reform Act 2006 (Vic)</p> <p>Education and Training Reform Regulations (2017)</p> <p>Worksafe Compliance Code – First Aid in the Workplace</p> <p>Victorian Child Safe Standards</p>
Other relevant policies	<p>H13 Duty of Care</p> <p>HS8 Positive Behaviour Support</p> <p>HS5 Freedom from Abuse and Neglect</p> <p>HS3 Health Promotion</p> <p>HS1 Client Health Care Needs</p> <p>HS15 First Aid</p> <p>HS12 Client Incident Reporting</p> <p>HS7 Information Privacy</p>

Version	Date	Author/Editor	Approved by	Notes
1.0	26/8/2016	Peter Lane		
1.1	31/5/2018	D Stephenson		Update format
1.2	28/3/2019	D Stephenson	S.Reeves	Update VRQA
1.3	01/05/2020	C Trenfield	S.Reeves	Review edits

Medication Policy

As part of the duty of care owed to clients, MASS staff are required to administer first aid, including assisting clients to take medication, within the limits of their skill, expertise and training. All MASS staff who administer medication must have been trained in how to do it safely and effectively.

Parents, carers or guardians are required to provide all relevant medical information about a client that is receiving services from MASS and provide a list of medications that are prescribed for the client. For clients who are not in permanent care or accessing Specialist Disability Accommodation, the medications will be provided by the parent, carer or guardian to MASS with instructions on each medication on the time to be taken, dosage, the period for which the authorization is valid, appropriate storage requirements and any special instructions. A treatment sheet will be created for each client requiring medication and it is part of an Individual's Health Support Plan.

Only medication on a person's treatment sheet that has been completed and signed by their medical practitioner and dispensed by a pharmacist will be administered to a person. Staff will never prescribe any medication or other remedies (herbal or natural) or any over the counter medications (purchased at a pharmacy or other outlet).

MASS will ensure a log or record is retained for all medication administered. Such records should be retained within the client's medical record on their file. It is good practice for medication to be administered and recorded in the presence of two staff members.

In the case of an emergency, authorization to administer medication may be given verbally or, if parents, carers or guardians cannot be contacted, by a registered medical practitioner. Medication may be administered to a client without authorization in case of an anaphylaxis or asthma emergency.

MASS will retain records of authorizations as part of the Individual Health Support Plan.

In the case of serious health conditions, (anaphylaxis, asthma, epilepsy, diabetes, etc) the authorization to administer medication (including self-administration where this is authorized) will be included as part of the client's Individual Health Support Plan.

When considering whether it is appropriate for the self-administration of medication, MASS will consult with the parents, carers or guardians and the client's health practitioner taking into account the age of the client and any other considerations. The self-administration of medication must be authorized in writing. MASS will put procedures in place to manage the self-administration of medication including arrangement for supervision and record keeping where required.

Where possible, MASS should store self-administered medications. Factors to take into consideration when permitting clients to carry their own medication should include:

- Whether the client requires immediate access to the medication, eg insulin
- Any special storage requirements e.g refrigeration
- The risk of unsafe access to medication by other clients.

MASS must store medication in its original container and according to the written instructions provided. MASS should ensure the quantity of medication is at a practical minimum, that the storage is secure and only accessible by authorized staff. It is recommended that medications are not kept in classrooms, first aid kits or Evacuation Packs.

Medication must only be administered to the client named in the written authorisation, except in a life-threatening emergency when for example a client is having an asthma attack and their puffer is not immediately available.

Staff will only administer over the counter medications or other remedies (natural, herbal) with the authority of the person's treating doctor (where an adult) or the parent or guardian of a child.

In distributing medication, MASS must protect the client's privacy and confidentiality to avoid any stigmatization.

MASS will have procedures to minimise risk in medication handling and administration.

Medication Procedures

Medication

- ☑ All MASS staff who administer medication must have been trained in how to do it safely and effectively. Staff attendance at such training will be recorded and reviewed regularly to ensure all staff are current
- ☑ If a MASS staff member is to directly administer medication, the most senior staff member or the staff member specially delegated will take responsibility for this
- ☑ Before MASS staff administer medication, they will make sure their hands and all equipment are clean
- ☑ All medication will be dispensed from a Webster pack filled by a pharmacist, with the exception of medication that must be taken as a liquid or inhaled. The Webster pack will be clearly labelled with the full name and photograph of the person who has been prescribed the medication, as well as clear information about how much medication is to be given, when and any special instructions.
- ☑ MASS staff will check the Webster pack to make sure previous doses were administered correctly and completely
- ☑ Staff will check before administering medication, and cross check if two staff members are present. Staff will ensure the '6 Rs' of medication administration are observed:
 1. Right person: name on the medication matches the person receiving it
 2. Right medication: matches that documented on the treatment sheet.
 3. Right dose: number of tablets, amount of liquid, number of puffs from an inhaler. Proper measuring equipment must be used to make sure people get the right dose of liquid medication
 4. Right time: breakfast, lunch, dinner, before bed; taken before or after food
 5. Right route: swallowed, applied to skin or inhaled
 6. Right documentation: the administration sheet accurately records the day and time the medication was given; is signed by the person administering; and witnessed by a second staff member where available
- ☑ Medication will be taken to the person and administered directly from the Webster pack, bottle or tube, using the approved medication equipment to minimize the risk of medication being spilt or lost
- ☑ Staff will stay with the person to observe they have received the medication as prescribed
- ☑ MASS staff will make sure medication is stored safely and securely, in locked cupboards or locked containers for refrigerated medication
- ☑ If anyone using a MASS service shows signs of distressing side effects or an allergic reaction to medication, staff will contact an ambulance/the doctor immediately
- ☑ Staff will only administer over the counter medications (medications that can be purchased from a pharmacy, such as aspirin or paracetamol) or other remedies (natural,

herbal) with the authority of the person's treating doctor (where an adult) or the parent or guardian of a child

- ☑ MASS staff will check with Manager 'On Call' or the person's treating doctor before giving someone a second dose of any non-prescription medication where the first dose has not managed the condition within the recommended time frame
- ☑ Staff will ensure that there is always at least two weeks of medication supply securely stored (unless the medication has a short 'use by' date)
- ☑ Staff will make sure all medication is reviewed by the service user's doctor at least once every six months and that the results are recorded

PRN Medication

- ☑ All PRN medication must be documented on a person's treatment sheet with clear instructions written by the treating doctor on when it is to be used, the correct dose and how it should be taken
- ☑ All PRN medication must be stored separately from routinely administered medication
- ☑ All staff will follow the doctor's instructions and never give more than the prescribed dose
- ☑ If the PRN medication is used as part of a behaviour support plan, staff will discuss it with the Team Leader and follow MASS positive behaviour support policy. The number of times PRN medication is administered for behaviour management control will be analysed when reviewing the person's behaviour support plan in conjunction with behavioural specialists and treating doctors
- ☑ All PRN medication administration must be documented
- ☑ Incorrect or unauthorized administration of PRN restraint medication must be reported as a reportable incident to the NDIS Commission

Self-administration

- ☑ If an adult client chooses to administer their own medication, where safe to do so MASS staff will respect and support their choice and will also protect people's health and safety
- ☑ Where possible MASS staff will support adult service users in developing the skills and knowledge to administer their own medication safely and according to their doctor's instructions
- ☑ If there is any doubt or discussion about a person's ability to make an informed decision, staff will discuss the situation with the person's family, guardian or advocate as appropriate and record this discussion
- ☑ If an adult service user is going to administer their own medication, staff will make sure:
 - The person understands and accepts the responsibilities
 - An agreement about self-administration is written and signed by the person or their guardian/advocate and doctor (with the doctor given a copy to keep).

Mistakes with medication

- ☑ If any mistakes happen with the administration of medication, staff will immediately contact Manager 'On Call' to explain the situation to the service user and/or their family, guardian or advocate
- ☑ If a medication has been missed, staff will contact Manager 'On Call' to obtain advice regarding the missed dose, record the advice on the client file and follow through with the advice
- ☑ If an additional dose of medication has been given, staff should immediately monitor the health of the person, call Manager 'On Call' to obtain medical advice and **call emergency services (000) if there is a deterioration in the person's health**. The incident should be immediately reported to the Director/Team Leader and a Client Incident Report form completed.
- ☑ If medication is dropped on the floor it is to be safely discarded and Manager 'On Call' or the local pharmacist contacted to obtain advice. Staff must not give medication from a Webster pack packaged for a different day or time as a substitute without clear instructions from a medical or pharmaceutical specialist. The incident should be recorded on a Client Incident Report.
- ☑ Lost medication or medication that has been removed from a Webster pack without being recorded on the treatment sheet must be immediately reported to the Director or Team Leader, an incident report completed and notes made on the client file
- ☑ Where the pharmacy has made an error in the medication, staff should immediately contact the pharmacy for instructions and new supply of medication. The incident must be reported to the Director or Team Leader and Client Incident Report form completed.
- ☑ All medication incidents will be discussed at team meetings to learn from the mistakes and work together to minimize the risk of reoccurrence.