



Medication Policy

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Version 2			

1. Aim

Breakaway recognises that each person with a disability who receives a service has the right to be actively encouraged and supported to manage their own medication and consent for its use.

2. Scope

This policy applies to all staff who are responsible for handling or dispensing of medications to the people we support:, families, substitute decision makers, volunteers, visitors, adults, children and young people accessing Breakaway programs.

3. Policy

The purpose of this policy is to provide guidelines for Breakaway in the storage, administration and documentation of medications;

Breakaway will be safe, competent and legal in all its medication transactions for the protection of people receiving services and staff.

The people receiving services are supported, to the degree required, to take prescribed medication.

Breakaway recognises that medications are potentially dangerous and poisonous and must be treated with all due care and safety.

Breakaway recognises that each person receiving services has the right to be actively encouraged and supported to manage their own medication (where appropriate).

All Breakaway services staff will ensure the safe and secure storage, handling and administration of medication, completion all relevant documentation and attendance at training.

Medications are for the purpose of treating or preventing a health condition and are to be used strictly in accordance with their prescribed instructions.

The handling and use of medications will be compliant with the relevant legislation and practice procedures.

4. Procedures

4.1 Check of Medication

On delivery of the new Webster Pack, the staff must:

- Check the contents of the Webster Pack against the Doctors medication printout which must show
 - The name, address and date of birth of the person we support.
 - The name of the drug, over the counter, alternative or supplementary medication.
 - The dosages as determined by the prescribing Medical Practitioner.
 - The times of administration.
 - The route of administration
 - The reason the medication has been prescribed.
 - Any specific directions for use.
 - PRN medications must clearly specify the conditions for use.
 - The signature of the prescribing Medical Practitioner.
 - Cessation date of episodic or 'short course' medication.
 - Commencement date for medication to begin.
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- Check that the actual medication in the bubbles matches the description of that medication on the back of the Webster Pak.
- When the check is complete and the staff is satisfied that the contents match the Doctors Medication printout, the staff initials and dates the back of the Webster Pack.
- If the staff finds any discrepancies they must be reported immediately to management and arrangements made to return the Webster Pack to the pharmacist for examination and re-issue if necessary.

As a staff member administering medication you should know the purpose of each drug you provide for medication. e.g. is the medication for epilepsy, blood pressure etc?

Return Records to File

Parental or Guardian's Permission

Where the person requiring medication is not able to administer their own medication and require staff assistance to administer and they are not able to consent or is a child written consent must be provided by the parent or substitute decision maker to administer medication.

4.2 Medication

4.2.1 Types of Medications

- Regular Medication – medication/s that are prescribed to an individual, and taken on a regular ongoing basis. A Medical Practitioner does not identify a cessation date.
- PRN (pro re nata) Medication - the term PRN means 'as and when needed'. It refers to the practice of giving prescribed and over the counter medication to a Service User only when required as determined by a range of observable indicators, as opposed to being part of a regular medication regime.
- Episodic Medication - refers to medication prescribed for a short period e.g. antibiotics. A Medical Practitioner will identify a cessation date.

4.2.2 Schedule of Medications:

- Schedule 2 (S2): Over the counter e.g. Paracetamol
- Schedule 3 (S3): Obtainable by the individual directly supplied from a Pharmacist with instructions.

- Schedule 4 (S4): Prescription only. The majority of medications administered by Breakaway Staff to the Service Users would fit within this Schedule.
- Schedule 8 (S8): Drugs of addiction e.g. Methadone, Pethidine, Morphine. including S8 patches.

4.3 Forms

There are three forms for recording the administration of medication:

- (a) **Webster Pack Medication Chart** for regular medication that can be contained in a Webster Pack.
- (b) **Non Webster Pack Medication Chart** for regular medication that can't be contained in a Webster Pack
- (c) **Medication Chart** for PRN medication

4.4 Administration of Medication

The only persons authorised to administer medication to a service user (apart from a service user who self-administers), are disability support workers and those so authorised by the manager. This includes, but no limited to Registered Nurses and those holding a Certificate III or IV in nursing/aged care/disability services combined with documented proof of ongoing training and competency in medication administration. Service users must not administer medication to another service user.

1. Medication should be administered to service users one at a time ie. Don't attempt to administer medication to more than one service user at a time as this can cause errors to occur.
2. Check that the Webster Pack is the correct Pack for that service user ie. check service user's name on Webster Pack.
3. Compare medication in Webster Pack with Doctors medication printout. (Details of medication type and quantity are listed on the back of the Webster Pack).
4. Select correct day and time of day on Webster Pack. e.g. Saturday / morning.
5. Punch out medication from Webster Pack. The staff member must check punched-out plastic bubble to ensure no medication has been left in Webster Pack.
6. Place medication in dispensing utensil
7. Medication is handed to service user to ingest from dispenser utensil
8. The staff member observes that all medication is taken.
9. The staff member signs the Medication Chart to record that medication has been administered with date and time.
10. In case of PRN medication the staff member must document medication type, reason for giving the medication (eg. headache) and time medication is given. This must be recorded in the service user's Notes.

4.5 Storage

4.5.1 Safe and Secure

Where staff have the responsibility for a person's medication, medications must be stored securely in a locked drawer or cabinet or a separate "medication only" fridge that is in a secure area. The drawer or cabinet must be kept locked at all times except when in immediate use. If more than one

person's medication is stored within the medication fridge it must be kept in a lockable container, in a separate distinctly labelled compartment.

There is no need to separately store S8 or S4 medication. However, staff are required to maintain a register of onsite S8 medications. This register needs to be completed at shift changeover to ensure the supply of S8 medications is correct. In services where S8 patches are administered/ worn staff are required to record the number of unused patches on site. It is also a requirement that at shift changeover an S8 patch that is being worn needs to be sighted by the staff member arriving on duty.

If there is any discrepancy with this register then the Manager must be contacted immediately. Breakaway.

Non-Active medication is to be stored in a clearly marked (i.e. Non-Active Medication) and distinctly separate compartment to the person's current or Active medication.

It is the responsibility of staff to ensure medication is stored in accordance with the manufacturers' recommended temperature range and conditions. Staff must only remove one person's medication at a time from the locked medication cabinet.

All sharps disposal containers should be securely stored either in a locked bedroom or a lockable drawer or cabinet.

Where a person we support refuses to allow the service to store medication for them, a risk assessment must be completed by the staff member in consultation with the Camp Supervisor and the Manager. The risk assessment must ensure that the medication not being stored by the service; is not presenting a foreseeable danger to that person or other clients. If this is the case, a locked drawer or cabinet should be provided and kept within the person's room or within the office, with the person we support and the coordinator both having a key.

People who are deemed capable by a medical practitioner of giving consent and capable of managing and/or administering their own medication:

- have the legal right not to disclose their medical needs with the service.
- These people should be provided with a separate lockable cabinet/storage facility that is not accessible for other people we support.

4.5.2 Secure Storage and Key Registers

Staff must ensure keys to medication cupboards and drawers are stored securely. If there are more than two (2) sets of keys to the medication drawers or cabinets, a key register of all persons with keys to the medication storage cupboard or cabinet is maintained. Spare key sets for locked medication storage should be in place to ensure that staff can access the medication.

4.5.3 Storage of medication on outings.

If a person we support is to be away from the physical location of the service at the time medication is due to be administered, that person's medication is to be taken on the activity.

If medication is to be transported with the person, it is to be stored in a sturdy, insulated bag, in a closed compartment or pocket that will offer protection to the medications from being damaged by the contents of the bag or through external accident or crushing, which may perforate blisters or damage medications.

4.6 Disposal Of Medication

Medications to be disposed must be stored in a medication disposal tin marked “for disposal”. This container is stored securely in a locked cupboard or drawer until such a time as they can be returned to the pharmacy for disposal.

Staff MUST NOT dispose of medications in either of the following methods:

- Household waste collections
- Washed down a sink or drain
- Flushed down a toilet.

5 Definitions

For the purposes of this service the following definition will apply:

Medication:

Any medicine prescribed or un-prescribed whether taken on a regular basis or as a PRN (as and when required). Medicines may be in any form ie. solid, liquid, creams & pastes or sprays. Alternative medicinal therapies of any type are to be considered as medicines and treated accordingly. ALL medications must be approved by a medical practitioner and recorded on the Doctors medication printout

Self-Medication:

A service user who is self-medication is a person who requires no assistance of any kind, including physical assistance, to take their medication.

Assisted Medication:

Any medication that requires any assistance to be given, physical or otherwise, is considered Assisted Medication.

Breakaway – all Breakaway Incorporated services and programs

Board – the governing body of Breakaway, comprised of elected or appointed members who jointly oversee the activities and legal responsibilities of the organisation

Client or Service User – Anyone using services provided by Breakaway that are not staff, volunteers or visitors

Manager – refers to the GENERAL MANAGER

Supervisor – refers to all senior staff who are responsible for supervising one or more staff members

Staff – refers to employees and volunteers of the organisation

Family – refers to the parents/caregivers of the children or young people that receive support from Breakaway

Visitor – any person who is visiting a Breakaway service who is not a staff member, client or family

Document review history

Date	Section	Change
August 2014	Version1	Version 2 developed