

Medication Management Policy

Policy and Procedure Manual

1. Policy

The goal of this policy is to ensure medication is handled with care and is overseen to ensure safe dispensing, storage, administration and disposal at all times.

2. Scope

Applies to all Apex Care staff that have completed their competency.

3. Overview

a. Role Responsibilities

Apex Care will:

- Implement medication practice policies and processes that are in line with current legislation and standards, reflected in this policy
- Ensure the medication policies and processes are aligned to tikanga and other specific cultural customs and values
- Implement systems to identify and document all people who receive medication support from the provider
- Register an incident report is logged for medication errors and correction action in order to mitigate their recurrence
- Clearly outline employees' responsibilities and obligations for each medication support category i.e. Independent, Prompting/supervision and Administration as below
- Ensure training is in place and employees are verified as competent to perform medication support functions
- Maintain accurate education, training and competency records
- Ensure that, where appropriate, employees access the Apex Care CNM (CNM), either onsite, by telephone or electronically
- Liaise with primary care and relevant pharmacists and prescriber's Registered authority e.g. RN
- Work within their scope of practice and understand their responsibilities in relation to medication support, including direction and delegation to enrolled nurses and the unregulated workforce
- Support and promote people's independence in terms of their medication
- Ensure people receiving support with medication have a Medication Administration Record (MAR) (also known as a Signing Sheet)
- Ensure people receiving support with medication have support plans that clearly identifies the categories of medication support they require
- Accurately communicate instructions regarding medications to support workers.

Support Worker will

- Pass an annual medication competency as appropriate
- Adhere to the support plan
- Work under the direction/delegation of an RN or delegated authority when assisting with medication
- Escalate issues or adverse events to the Apex Care CNM/person responsible
- Seek training and support as required.

It is recognised that support workers do not have specialist nursing knowledge, skill or judgement regarding medication administration. Even so, they are accountable under the Health and Disability Commissioner Act 1994 and must adhere to the Code of Health and Disability Services Consumers' Rights.

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 1 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023

b. Medication Support Categories

Providers should encourage people to actively participate in their own care. They should foster people’s independence, choice and control in relation to their medication. For the purposes of this policy, people using medication at home fall into three distinct medication support categories, following an assessment:

1. **Independent:** This person is safe to independently administer their own medication, or they have a reliable family/whānau member or friend who can assist them. The person does not require any assistance from an Apex Care staff member.
2. **Prompting/supervision:** It has been determined that the person cannot reliably remember to take their medications on their own and they do not have a reliable family/whānau member or friend to assist them. Apex Care prompts or supervises the person to safely administer medication according to the support plan developed by the CNM.
3. **Administration:** It has been determined that, due to physical, cognitive or behavioural ability, the person cannot safely administer medication, and they do not have a reliable family/whānau member or friend to assist them. Apex Care physically assists the person to safely administer medication according to the support plan developed by the CNM.

NOTE: Support plans must note the relevant category. People may move between categories over time. If a person is under 18 years of age, where a power of attorney or guardianship is in place, a separate process may be required.

c. Medication competency assessment

Best practice indicates that providers must be able to provide evidence that all staff involved in supporting people with medication are verified as competent to do so. The CNM will assess the competency of the support workers in alignment with the Medication Guidelines for the Home and Community Support Services Sector (Ministry of Health, 2019).

Competency sign-off must include the core competency minimum requirements set out here. This consists of a theory component as below. Competency training must include understanding of how to respect a person’s dignity, individuality and cultural needs and values.

Staff must receive guidance and oversight from the RN according to the individual support plans they are involved with e.g. where a person is prescribed high-risk and non-pre-packaged medications, support workers should have received specific training on this.

Apex Care staff member demonstrates their understanding of:

- The three categories of medication support:
 - Independent
 - Prompting/Supervision
 - Administration
- The five + three rights (Rs):
 - right person
 - right medication
 - right dose
 - right time
 - right route
 - right to refuse
 - right indication
 - right documentation
- Correct documentation of the type of medication
- The correct process to follow and document if:
 - the medication has specific instructions, e.g. ‘take with food’
 - the medication is not in a pre-packaged medication blister pack
 - a medication error occurs or is detected

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 2 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023

- if there was any major change from their usual health status. This could include a tangata whaiora being:
 - seriously unwell, extra hard to wake up or very confused
 - dehydrated from a very poor fluid intake, vomiting or diarrhoea
 - suddenly refusing food if this wasn't normal for them
 - has taken non prescribed medication/illicit substances/alcohol
 - In these situations, you need to discuss your concerns with Apex Care immediately, who will seek advice from a GP or pharmacist or Healthline.
- the person is refusing to take his/her medication
- the person is reporting or exhibiting side effects or adverse effects
- the medication has an expired date
- the support worker is being asked to administer medication and has not completed their medication competency
- The difference between prescribed medication and a person's own over-the-counter medication – what you can and cannot administer
- The risks associated with medication administration and how to minimise/remove them
- The importance of respecting people's dignity, individuality and cultural needs and values
- Informed consent, including people's right to actively participate in decision-making on service delivery.

d. Documentation

The Medicines Act 1981 Section 19 states that a prescription medicine may only be administered to a person in accordance with the directions of the authorised prescriber or delegated prescriber of the medicine. Any person whose medication support category is Administration or Prompting/supervision requires a signed medication order.

e. Pro re nata (PRN) or 'as needed' medications

The medication order may include pro re nata (PRN) or 'as needed' medication. If 'as needed' medication is prescribed, the designated prescriber must include clear instructions. These may include: recognising specific symptoms that suggest medication is needed; the frequency of doses; the minimum time between doses; the dose range; and the maximum dose allowed in 24 hours.

f. Medication administration record

A medication administration record (MAR) is used to document that a prescribed medication has been administered to a person. Documentation on the MAR must include the following:

- the date and time the medication was given
- the dose given (only for non-packaged medication)
- the signature or initials, name, and designation of the staff member administering the medication.

g. Medication errors

The term 'error' refers to a person taking or being given:

- the wrong medication
- medication at the wrong dose
- medication at the wrong time
- medication via the wrong route
- or not receiving the medication at all.

h. Mitigating errors

In circumstances where there is more than one person requiring medication administration living in the same house, the provider must have a system in place to ensure that staff check people's identities prior to having their medications administered.

Note: Providers could make use of photographs where circumstances require identification of a person prior to medication administration.

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 3 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023

i. Medication not administered

Reasons for medication not being administered may include:

- the person not being available
- medication being dropped or spilt
- medication missing
- the person refusing medication
- medication expired
- medication being stopped/withheld by the prescriber
- medication being stopped/withheld on advice from the CNM in conjunction with the client’s delegated authority e.g. an RN.

The MAR must show documentation to reflect why the medication has not been administered, informing the CNM of the incident and taking advice to ensure the safety of the person.

j. Adverse reactions

The World Health Organization definition of an ‘adverse drug reaction’ is ‘A response to a drug which is noxious and unintended, and which occurs at doses normally used in man’ (WHO 1972). An adverse response to medicine is always undesirable and may not be predictable. Such a response may result in temporary or permanent harm, disability or even death; it may necessitate acute admission to hospital.

In emergency situations involving adverse reactions, staff must call **111** and follow the instructions they receive over the phone. Support workers must report suspected adverse reactions to Apex Care who are responsible for reporting them to the Centre for Adverse Reactions Monitoring (CARM)

k. High-risk medications and controlled drugs

High-risk medicines are most implicated for causing serious adverse drug events. Such medications can potentially cause significant harm even when they are used as intended.

Controlled drugs are medications that are classified under the Misuse of Drugs Act 1975 and that have some potential for abuse or dependence. Prescribing of controlled drugs is more tightly controlled than prescribing of other medicines, reflecting the risk that they pose.

High-risk medications and controlled drugs include but are not limited to the following:

- warfarin
- insulin
- enteral nutrition (non-pre-packaged)
- cytotoxic medicines
- fentanyl
- morphine
- medications with a variable dose.

Administration of any high-risk medications or controlled drugs is prohibited due to the level of risk. An exception would be when working directly with a client and asked to administer a high-risk medication in consultation with the prescribing practitioner and under the close guidance of our registered nurse. This must be both medication specific and person-specific. The medication-specific guidance below provides a broad overview only.

l. Overdose and Poisoning

In the event of a person intentionally or accidental overdosing do not hesitate to contact the **National Poisons Centre (NPC) on 0800 764 766** for advice. For immediate assistance contact **111** and follow their advice. Once the person has the necessary support notify Apex Care office staff. All support workers are trained and kept up to date with basic first aid.

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 4 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023

m. Non-pre-packaged medications

This section refers to the support of people under ‘prompting/supervision’ or ‘administration’ medication categories when their medications are not in a blister pack. The following are examples of non-re-packaged medications.

- **Enteral nutrition (e.g. nasogastric feeding):** The person’s support plan/medication order must specify the appropriate quantity and frequency of enteral nutrition and supplements to be given.
- **Eye drops/ointment:** The person’s support plan/medication order must provide clear instructions, including which eye(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of eye drops and eye ointment.
- **Ear drops:** The person’s support plan/medication order must provide clear instructions, including which ear(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of ear drops.
- **Nasal sprays/nebulisers/ inhalers/oxygen:** The person’s support plan/medication order must provide clear instructions, including how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.
- **Suppositories/enemas/pessaries:** The person’s support plan/medication order must provide clear instructions, including how many dose units are to be administered and how often. Training and assessment must include the correct techniques for the safe administration of suppositories, enemas and pessaries, including the correct positioning of the person.
- **Topical preparations (eg, creams, lotions, ointments):** The person’s support plan/medication order must provide clear instructions, including how much of the product is to be applied. Training and assessment must include the correct techniques for the safe administration of topical medications.
- **Sublingual tablets/sprays:** The person’s support plan/medication order must provide clear instructions, including when and how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.

n. Supply, checking, storage and returns

The person or their family/whānau is responsible for their medication supply, checking, storage and return of medications. If the person is supported by Oranga Tamariki, processes for this will be discussed at the time of referral.

- **Supply:** Medication should be collected from the issuing pharmacy by a family/whanau member or delegated contact or delivered by the pharmacy. If the person or their family/whānau are unable to do so, and there is no other delegated person, the support worker may be required to liaise with the prescriber or the pharmacist to ensure continuity of supply i.e. when new prescriptions are required. In this instance, the service agreement/consent and support plan must specify the responsibilities of each party regarding the services to be provided, and how costs associated with delivery of medication will be met. When a new supply of medication arrives, a designated staff member must check the medication is correct according to individual medication orders.
- **Checking:** Medication orders and reconciliation are the responsibility of the prescriber. When a change in medication occurs for a person within the Prompting/supervision or Administration categories, the CNM is responsible for updating the person’s support plan and communicating changes to the support worker.
- **Storage:** Medications should be stored safely and securely in a suitable location under appropriate conditions according to the person’s social and environmental situation and pharmacy instructions. Prescribed medications must be stored in their original pharmacy-dispensed packaging. Storage considerations include:
 - storing the medicines in a place unable to be accessed by children or vulnerable or unauthorised people
 - the use of a lock box

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 5 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023

- following special instructions for correct storage. Generally, medications are stored at room temperature unless otherwise specified.

Note: According to tikanga best-practice guidelines, where fridges and freezers are used to store food, drink and medication for human consumption, they should be clearly marked and not used for any other purpose (Te Rūnanga o Ngāti Whātua 2014).

o. Personal Medications

If a staff member is taking medications while working, they need to ensure they only bring what is necessary with them e.g. If they are taking Panadol a whole box should not be brought to work, only the required doses for that shift. The person they are supporting should not see or know about these medications. All medications should be kept in their vehicles.

This policy is completed in alignment with the Medication Guidelines for the Home and Community Support Services Sector (Ministry of Health, 2019)

p. Associated Policies

- Support Plan Policy
- Rongoa Maori CAM Administration
- Recording and Reporting Policy
- Adverse Events Policy

Responsible: Clinical Nurse Manager	Document ID: P201 Version: 2	Page: 6 of 6
Creation Date: October 2020	Reviewed Date: June 2022	Next Review Date: Nov 2023