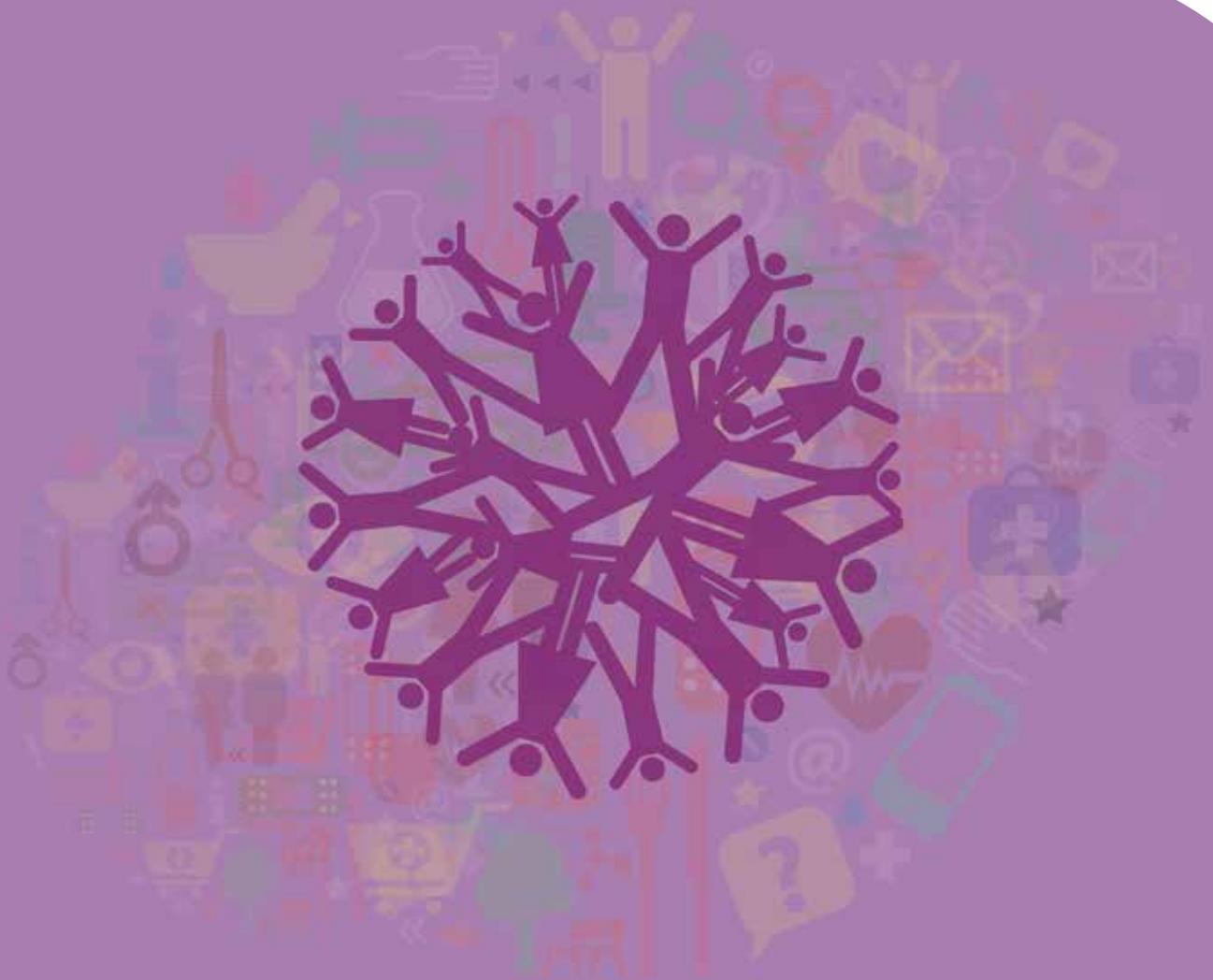


# HLTHPS006

## Assist clients with medication

Release 2



*Learner guide*

HLTHPS006

# **Assist clients with medication**

Release 2

**Learner guide**

Aspire Version 1.5



## Copyright Warning

This product is copyrighted to  
Aspire Training & Consulting  
(ABN 51 054 306 428).

Aspire Training & Consulting owns all copyright to its products. Except as permitted by the *Copyright Act 1968* (Cth) or unless you have obtained the specific written permission of Aspire Training & Consulting, you must not:

- reproduce or photocopy this product in whole or in part
- publish this product in whole or in part
- cause this product in whole or in part to be transmitted
- store this product in whole or in part in a retrieval system including a computer
- record this product in whole or in part either electronically or mechanically
- resell this product in whole or in part.

Aspire Training & Consulting:

- invests significant time and resources in creating its original products
- protects its copyright material
- will enforce its rights in copyright material
- reserves its legal rights to claim its loss and damage or an account of profits made resulting from infringements of its copyright.

## Version control and modification history

Version	Release date	Modification
Release 2, version 1.1	April 2017	First release
Release 2, version 1.2	October 2017	Updated medication abbreviation table
Release 2, version 1.3	May 2018	Corrected wording on p37
Release 2, version 1.4	August 2020	Updated Drugs and Poisons Acts table on p4
Release 2, version 1.5	June 2022	Update to the 'rights' information on pp 70–72

Aspire is committed to developing quality resources that meet the needs of our customers. However, occasionally Aspire finds, or is notified of, errors. Please refer to our website at [www.aspirelr.com.au](http://www.aspirelr.com.au) to see if there are any updates that may be relevant to you.

Every effort has been made to ensure the information in this book is accurate; however, the author and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations used in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional.

All websites referred to in this unit were accessed and deemed appropriate at time of publication.

Aspire Training & Consulting apologises unreservedly for any copyright infringement that may have occurred and invites copyright owners to contact Aspire so any violation may be rectified.

### HLTHPS006 Assist clients with medication Release 2

© 2017 Aspire Training & Consulting  
PO Box 5107, Bentleigh East, VIC 3165 Australia  
Phone (03) 9820 1300

First published April 2017  
Reprinted (with amendments) October 2017  
Reprinted (with amendments) May 2018  
Reprinted (with amendments) August 2020  
Reprinted (with amendments) June 2022

Cover design Rewind Creative  
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street,  
Port Melbourne VIC 3207

e-ISBN 978-1-76059-895-2 (PDF version)  
ISBN 978-1-76059-893-8

# Contact details

## Participant

Name: .....

Start date: .....

Phone number: .....

Email: .....

## Work location

Name: .....

Address: .....

Postal address: .....

Workplace supervisor name: .....

Phone number: .....

Fax: .....

Email: .....

## Registered Training Organisation (RTO)

Name: .....

Address: .....

Postal address (if different): .....

Phone number: .....

Fax: .....

RTO contact name: .....

Mobile: .....

Email: .....

# Contents

<b>Before you begin</b>	<b>vii</b>
<b>Topic 1 Prepare to assist with medication</b>	<b>1</b>
<b>1A</b> Establish scope of own ability to provide assistance with medication according to regulatory and organisational guidelines	<b>2</b>
<b>1B</b> Identify lines of authority to delegate the task, accountability and actions to be taken to handle contingencies	<b>9</b>
<b>1C</b> Confirm that equipment and all forms of medication to be administered are complete, ready for distribution and up to date	<b>14</b>
<b>1D</b> Confirm with supervisor the authority to proceed with assisting in the processes to deliver medication	<b>20</b>
<b>1E</b> Follow infection prevention and control procedures	<b>22</b>
Summary	<b>25</b>
Learning checkpoint 1: Prepare to assist with medication	<b>26</b>
<b>Topic 2 Prepare the person for assistance with administration of medication</b>	<b>31</b>
<b>2A</b> Clarify specific assistance required to address individual needs	<b>32</b>
<b>2B</b> Identify level and type of supervision required by person for assistance with medications	<b>34</b>
<b>2C</b> Correctly identify and greet each person and prepare them for medication	<b>37</b>
<b>2D</b> Check individual medications	<b>42</b>
<b>2E</b> Check for and report changes in person prior to assistance	<b>46</b>
<b>2F</b> Recognise when medication administration should not proceed and seek advice	<b>49</b>
Summary	<b>50</b>
Learning checkpoint 2: Prepare the person for assistance with administration of medication	<b>51</b>
<b>Topic 3 Support individuals with administration of medication</b>	<b>55</b>
<b>3A</b> Prompt the individual to take medication at correct time	<b>56</b>
<b>3B</b> Prepare medications and support individuals with administration of medication	<b>58</b>
<b>3C</b> Make checks to ensure correct person, medication, time, amount and route	<b>70</b>
<b>3D</b> Oversee and observe people taking medication and confirm completion	<b>73</b>
<b>3E</b> Implement documented procedures for medication not being administered or absorbed	<b>75</b>
<b>3F</b> Complete medication administration records according to organisation procedures and regulatory requirements	<b>77</b>
<b>3G</b> Observe the individual for changes in condition and report to supervisor or health professional	<b>80</b>
Summary	<b>82</b>
Learning checkpoint 3: Support individuals with administration of medication	<b>83</b>
<b>Topic 4 Handle medication contingencies</b>	<b>87</b>
<b>4A</b> Report concerns with the administration of medication as required	<b>88</b>
<b>4B</b> Identify, report, record and address reactions to medication according to organisation guidelines	<b>92</b>
<b>4C</b> Identify contaminated or out-of-date medication and dispose of according to organisational procedures	<b>95</b>

<b>4D</b>	Identify, report and record changes in individual's condition, within essential timeframes	<b>98</b>
<b>4E</b>	Identify procedures to address/respond to changes in the person's condition or needs	<b>103</b>
<b>4F</b>	Report inconsistencies promptly and take action as instructed	<b>104</b>
<b>4G</b>	Document and address all inconsistencies according to organisation guidelines and procedures	<b>107</b>
	Summary	<b>109</b>
	Learning checkpoint 4: Handle medication contingencies	<b>110</b>
<b>Topic 5 Complete medication distribution and documentation</b>		<b>113</b>
<b>5A</b>	Discard waste products according to organisation procedures and manufacturer's instructions	<b>114</b>
<b>5B</b>	Collect and dispose of used equipment, discarded medications/applicators and rubbish	<b>118</b>
<b>5C</b>	Follow infection control guidelines when cleaning and storing medication containers and administration aids	<b>121</b>
<b>5D</b>	Follow organisation's arrangements and procedures to replenish dose administration aids and supplies of medications	<b>124</b>
<b>5E</b>	Store medication charts, care plans or treatment sheets according to organisation procedures	<b>127</b>
<b>5F</b>	Complete medication storage procedures in compliance with legislation and own role responsibility	<b>129</b>
	Summary	<b>132</b>
	Learning checkpoint 5: Complete medication distribution and documentation	<b>133</b>

## Before you begin

This learner guide is based on the unit of competency *HLTHPS006 Assist clients with medication*, Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: [www.training.gov.au](http://www.training.gov.au).

## How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
<b>Learning content</b>	<ul style="list-style-type: none"> <li>▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.</li> </ul>
<b>Examples and case studies</b>	<ul style="list-style-type: none"> <li>▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints.</li> <li>▶ Case studies highlight learning points and provide realistic examples of workplace situations.</li> </ul>
<b>Practice tasks</b>	<ul style="list-style-type: none"> <li>▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.</li> </ul>
<b>Video clips</b>	<ul style="list-style-type: none"> <li>▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: <a href="http://www.aspirelr.com.au/help">www.aspirelr.com.au/help</a></li> </ul> 
<b>Summary</b>	<ul style="list-style-type: none"> <li>▶ Key learning points are provided at the end of each topic.</li> </ul>
<b>Learning checkpoints</b>	<ul style="list-style-type: none"> <li>▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.</li> </ul>

## Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> <li>▶ Understanding your job role, organisational procedures and legal responsibilities</li> <li>▶ Managing your work and seeing how well you are going and making goals for yourself at work</li> <li>▶ Seeking professional development opportunities for continuous improvement</li> </ul>
Reading	<ul style="list-style-type: none"> <li>▶ Understanding how documents are presented and being able to navigate through documents</li> <li>▶ Understanding industry- and job-specific terminology</li> <li>▶ Interpreting key information in relevant documents</li> <li>▶ Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>▶ Planning, drafting and writing reports and documents</li> <li>▶ Communicating through written letters, email and online</li> <li>▶ Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>▶ Clarifying instructions</li> <li>▶ Providing information</li> <li>▶ Supporting others through encouragement, negotiation and conflict resolution</li> <li>▶ Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>▶ Calculating costs, weights, measurements of height and distance</li> <li>▶ Interpreting measurements</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>▶ Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>
Planning and organising	<ul style="list-style-type: none"> <li>▶ Planning your workload and commitments</li> <li>▶ Implementing tasks</li> <li>▶ Completing work on time</li> <li>▶ Knowing how to deal with hazards and risks</li> </ul>
Making decisions	<ul style="list-style-type: none"> <li>▶ Understanding and applying decision-making processes</li> <li>▶ Reviewing the impact of your decisions</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>▶ Identifying problems</li> <li>▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome</li> </ul>
Innovation and creation	<ul style="list-style-type: none"> <li>▶ Recognising opportunities to develop and apply new ideas</li> <li>▶ Generating ideas by thinking of new ways to do something</li> <li>▶ Making suggestions to improve work</li> </ul>

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> <li>▶ Efficiently using digitally based technologies and systems correctly and safely</li> <li>▶ Accessing, organising and presenting information</li> <li>▶ Using equipment correctly and safely</li> </ul>

## What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Prepare to assist with medication	1A Establish scope of own ability to provide assistance with medication according to regulatory and organisational guidelines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify lines of authority to delegate the task, accountability and actions to be taken to handle contingencies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Confirm that equipment and all forms of medication to be administered are complete, ready for distribution and up to date	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Confirm with supervisor the authority to proceed with assisting in the processes to deliver medication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Follow infection prevention and control procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Prepare the person for assistance with administration of medication	2A Clarify specific assistance required to address individual needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify level and type of supervision required by person for assistance with medications	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Correctly identify and greet each person and prepare them for medication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2D Check individual medications	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Check for and report changes in person prior to assistance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Recognise when medication administration should not proceed and seek advice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Support individuals with administration of medication	3A Prompt the individual to take medication at correct time	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Prepare medications and support individuals with administration of medication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Make checks to ensure correct person, medication, time, amount and route	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Oversee and observe people taking medication and confirm completion	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Implement documented procedures for medication not being administered or absorbed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Complete medication administration records according to organisation procedures and regulatory requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3G Observe the individual for changes in condition and report to supervisor or health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Handle medication contingencies	4A Report concerns with the administration of medication as required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	4B Identify, report, record and address reactions to medication according to organisation guidelines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Identify contaminated or out-of-date medication and dispose of according to organisational procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Identify, report and record changes in individual's condition, within essential timeframes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Identify procedures to address/respond to changes in the person's condition or needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4F Report inconsistencies promptly and take action as instructed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4G Document and address all inconsistencies according to organisation guidelines and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	Topic 5 Complete medication distribution and documentation	5A Discard waste products according to organisation procedures and manufacturer's instructions
5B Collect and dispose of used equipment, discarded medications/applicators and rubbish		<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
5C Follow infection control guidelines when cleaning and storing medication containers and administration aids		<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
5D Follow organisation's arrangements and procedures to replenish dose administration aids and supplies of medications		<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
5E Store medication charts, care plans or treatment sheets according to organisation procedures		<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
5F Complete medication storage procedures in compliance with legislation and own role responsibility		<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## Topic 1

In this topic you will learn how to:

- 1A Establish scope of own ability to provide assistance with medication according to regulatory and organisational guidelines**
- 1B Identify lines of authority to delegate the task, accountability and actions to be taken to handle contingencies**
- 1C Confirm that equipment and all forms of medication to be administered are complete, ready for distribution and up to date**
- 1D Confirm with supervisor the authority to proceed with assisting in the processes to deliver medication**
- 1E Follow infection prevention and control procedures**

## Prepare to assist with medication

Most people who work in community services roles see medication assistance as an area where enormous care must be taken, because of the potential harm that can be caused by medication errors. Providing assistance with medications is a task that cannot be taken lightly and that should first involve thorough training and supervision. However, support workers who are anxious about taking on this role should also keep in mind that important and effective measures have been taken by governments and services to reduce the risk of error. These include the introduction of pre-packaged and sealed dose administration aids, put together and delivered by local pharmacists; laws about careful supervision of workers who do not have specific health training; and other regulations and processes to help you ensure the safety and wellbeing of the person you are supporting at all times.

Rather than being responsible for *administering* medications yourself, the focus is on the role of supporting a person to *take their own* medications. This is called self-administration. By following all instructions and training carefully, and by asking questions or reporting concerns, you will be able to help the people you support take their medications as safely as possible.

# 1A Establish scope of own ability to provide assistance with medication according to regulatory and organisational guidelines

The scope of your role refers to what you are allowed to do, and what you are not. You are responsible for understanding both your responsibilities and limitations. These are contained in your workplace's policies and procedures, your job description, and in federal and state laws and regulations.



It is your duty of care to understand and follow rules about safe medication support, along with hygiene, storage and safety guidelines, to reduce the chance of any harm to yourself or others. There will always be a person in the workplace or on call to provide assistance in case you are unsure of how to act in certain situations. Reporting and questioning when you have concerns about medications should not only be expected in this role, it should be actively encouraged. Like learning to drive a car, learning to assist safely with medications takes time and practice under close supervision. Never undertake any of these tasks until you feel confident and certain of where and how to seek help when you need it.

## Legislation related to the administration of medication

Every area of the administration of medication is governed by federal and state or territory legislation. Legislation or Acts are laws that have been passed in parliament. There are Commonwealth laws that apply to the whole of Australia as well, as state or territory-based laws. All community services workplaces are governed by strict laws relating to medication or drug supply, distribution, storage, administration, delegation and reporting. These Acts, regulations and guidelines are in place to ensure that medication is always given to people correctly and safely. By understanding the rules under which you operate, you can identify the level of authority you have, and what you can and cannot do.

Following are the key legislative Acts relating to medication, depending on your specific work setting.

### **Aged Care Act 1997 (Cth)**

- ▶ In relation to medication delivery, this Act explains what residential aged care facilities and staff must do to ensure safe administration, storage and follow-up of medication delivery, and to ensure the person receiving support is able to uphold their rights, such as the right to refuse medication, or the right to seek further information about their medications.

### **Home and Community Care Act 1985 (Cth)**

- ▶ The *Home and Community Care Act 1985 (Cth)* sets out guidelines for home and community care services and how they should be delivered in the community.

### **Work Health and Safety Act 2011 (Cth)**

- ▶ The *Work Health and Safety Act 2011 (Cth)* outlines the responsibilities that employers and workers have to ensure work is carried out safely and in a healthy environment. This includes the tasks involved in administering and managing medication.

## **Disability services legislation**

Each state and territory has its own disability Act. You can often find summaries of these in printed material around your organisation, or in Easy English versions to help the people you support to understand their rights. These will provide information about the person's rights to receive or refuse medications. The National Standards for Disability Services are federal guidelines for providing services that promote the safety of people with a disability, wellbeing and independence in areas such as medication administration.

There are two main Commonwealth laws that protect everyone in Australia from discrimination based on disability. They are the *Disability Discrimination Act 1992 (Cth)* and the *Disability Services Act 1986 (Cth)*. They overlap with state and territory laws and prevent the same kinds of discrimination. Workers must comply with both sets of laws.

Here are laws that apply for each state and territory:

- ▶ Australian Capital Territory – *Disability Services Act 1991*
- ▶ New South Wales – *Disability Inclusion Act 2014*
- ▶ Northern Territory – *Disability Services Act 2008*
- ▶ Queensland – *Disability Services Act 2006*
- ▶ South Australia – *Disability Services Act 1993*
- ▶ Tasmania – *Disability Services Act 2011*
- ▶ Victoria – *Disability Services Act 2006*
- ▶ Western Australia – *Disability Services Act 1993*

## **State-specific laws and codes**

Each state and territory has its own drugs and poisons legislation and regulations. The contents of these laws vary. Common inclusions are handling procedures for different categories of medication, who can administer medication, and when medication can be administered. Your organisation's policies should be written with these laws taken into account, so while it is not necessary for you to know the drugs and poisons laws themselves from beginning to end, they can be a good source of information if you would like to confirm or understand more about the relationship between the policies of your service and the laws it (and you) must follow.

The following provides examples of legislation that applies in each of Australia's state and territories. Regulations and amendments have been made to several of these Acts.

<b>Drugs and Poisons Acts by state and territory</b>	
<b>ACT</b>	<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>
<b>NSW</b>	<i>Poisons and Therapeutic Goods Act 1966</i>
<b>NT</b>	<i>Medicines, Poisons and Therapeutic Goods Act 2012</i> <i>Medicines, Poisons and Therapeutic Goods Regulations 2014</i>
<b>QLD</b>	<i>Health (Drugs and Poisons) Regulations 1996 part of the Health Act 1937</i>
<b>SA</b>	<i>Controlled Substances Act 1984</i>
<b>TAS</b>	<i>Poisons Act 1971</i> <i>Poisons Regulations 2018</i>
<b>VIC</b>	<i>Drugs, Poisons and Controlled Substances Act 1981</i> <i>Drugs, Poisons and Controlled Substances Regulations 2006</i>
<b>WA</b>	<i>Medicines and Poisons Act 2014</i> <i>Medicines and Poisons Regulations 2016</i>

## Drugs and poisons schedules and classifications

The Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) in Australia classifies substances (medicines, drugs, poisons) into Schedules, which are based primarily on the toxicity of the substance. The SUSMP is a guide used to promote a common reference point when packaging or labelling various substances, and for inclusion in the different state and territory legislation. You will see the schedule of a medication on its label, for example S2, S4 and S8.

Although you are unlikely to have to assist people with medicines that the SUSMP classifies as Schedule 8, knowing about this classification system allows you to follow organisational procedures that specify a category of drug.

### Schedule 4

Schedule 4 drugs:

- ▶ are labelled as prescription-only medicine
- ▶ include cardiovascular drugs, antibiotics, diuretics, sleeping tablets, some pain killers (Panadeine Forte®) among many others
- ▶ are sometimes referred to as 'drugs of dependence', because medications such as anabolic steroids are subject to misuse and trafficking.

### Schedule 8

Schedule 8 drugs:

- ▶ are labelled as a controlled drug
- ▶ are defined as substances that should be available for use but require restrictions relating to manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence
- ▶ include morphine, pethidine, oxycodone and methadone.

## Codes of practice

Certain professions and companies work under codes of practice, which are designed to offer practical guidance in following an Act of legislation and working ethically. They can be developed and overseen by government departments such as Safe Work Australia, or industry and professional bodies, such as the nurses' boards in each state. While codes of practice directly relating to medication administration apply mainly to registered health professionals such as doctors, nurses and pharmacists, rather than directly to support workers, it is helpful to understand the limits and requirements of the role of the professionals who supervise you. For example, nurses must only delegate medication duties to a person who they feel is capable of carrying out the role safely. You must listen to and respect their directions if they delegate the task to another worker, even if you feel that you are trained to perform it, or even if you feel more experienced than the other worker.

You are also responsible for following the instructions given to you under the workplace health and safety (WHS) code of practice in your state or territory. This can include safe practices such as working in a well-lit area while administering medication, disposing of waste correctly and using appropriate hygiene processes to protect yourself and others from illness and infection.

Further information about Safe Work Australia codes of practice is available at: <http://aspirelr.link/whs-act-australia>

## Workplace policies concerning administration of medication

Unlike an Act of legislation, which is written into the law, a policy is developed by the organisation itself, and outlines its own particular requirements, processes and rules in keeping with legislation. Policies can take the form of practical guidelines for ensuring that the legislation is followed. Like an Act, a policy must always be followed carefully and exactly.

They can include processes that your own organisation feels is the safest way to follow these laws, given its own unique differences, such as staffing, resources, forms for reporting and recording, and the setting, such as home or residential support. While it is not expected that you read every Act of legislation relating to your job role, it is very important that you read and are familiar with the organisations policies. In most cases, following policy means that you are also following the law. Policies and procedures might be accessed via a printed copy, such as a policy folder, or online, such as via the organisation's intranet. If you can't locate the policies, ask someone to show you where they are kept.

Directives that might be included in an organisation's medication policy include the following:

- ▶ Who is responsible for supervising, administering, and documenting medications in the organisation
- ▶ Contingencies (or unexpected events) that must be reported and how this is done
- ▶ How you should go about delivering medications, such as using a dose aid and other resources
- ▶ Limitations to your role, such as administering injections, or taking part in the count of Schedule 8 poisons

## Duty of care

All support workers have a duty of care to support people to receive their medication, as prescribed by the doctor, dispensed by the pharmacist, and as instructed by the supervisor or health professional in charge in a timely, clean and safe manner. Meeting your duty of care does not mean you are required to understand everything about the medication, its effects, or side effects. This is the role of health professionals such as doctors and nurses who have done a considerable amount, usually years, of training to understand the use, effects and warnings relating to each type of drug. However, it does mean that you are expected at all times to follow legal and organisational standards; to ask questions if you are unsure, and report problems, concerns or mistakes immediately. It is never your duty of care to act outside of your role, even in an emergency. You must ensure that you notify the right person in the case of any difficulty in working within the policy.

## Understand scope of own ability within organisation

The scope of your role refers to what you are allowed to do, and what you are not. Medication policies will vary within different organisations, and it is likely that any new workplace will ensure that you are well trained in their own specific procedures and medication equipment. It is very important to remember that each workplace will have different expectations of you in regards to assisting with medication. However, there are regulations that apply to all workplaces. One of these is that your workplace must ensure you are appropriately trained and confident in medication assistance. Medication *assistance* is not the same as medication *administration*. Your role in medication assistance is to observe and provide physical support *where needed* to help people take their prescribed medication themselves under supervision from a health care professional. Here are some things to remember.

### Understand your role

- ▶ Assisting a person you support to take their medications comes with responsibilities to proceed only when you understand fully and feel confident in following the organisation's guidelines and training. You must be first trained and assessed as competent before assisting with medication. It is very important to know what you are not permitted to do, and when to ask for help or confirmation.

### Know your limitations

- ▶ No one expects you to be a doctor or nurse in this role. Remember, you will not be required to understand everything about the medications themselves, their side effects or their specific actions. You must never give injections or administer medication without an order, although you may be trained to help with oral medications such as tablets or capsules from a prepared dose administration aid.

### Ask for help when unsure

- ▶ There will always be support available to you, along with clear policies and guidelines that are safe when followed correctly. It is your responsibility to question any instruction that seems unclear, inappropriate or unreasonable. You should always ask questions of a senior member of staff if anything seems unusual, different, or concerning about the person or their medication orders.

## Identify your own role

There are several sources of information in the workplace about your role and how to perform it in relation to medication assistance. Your supervisor is usually the best source for specific questions and concerns.

Special instructions can sometimes be present on packaged medications such as creams, liquids and aerosols. You are unlikely to be helping with oral medications such as tablets and capsules taken straight from the bottle. These will be pre-packaged and instructions will be contained on the dose administration aid or medication chart.

### Finding information about your role and responsibilities

- ▶ You need specific training before you can assist with medications. Your supervisor must observe you helping competently with different types of medications on several occasions.
- ▶ Medication policies and procedures should be easily available for you to access and follow.
- ▶ Your role might also be included on your job description, but this can be overridden by the registered nurse in charge, who will delegate the role of assisting or administering medications.
- ▶ Speak to your supervisor and watch others perform these tasks, asking questions and observing closely.
- ▶ The medication chart is used to give clear and specific instructions about the person, time, frequency, dose, route and special considerations for each medication.

### Example

#### An aged care home's medication policy

Here is an example of organisational guidelines for assisting with medication at an aged care home.

#### Service medication policy

- ▶ Support workers must complete the three day, in-house training program prior to any assistance with medication.
- ▶ Support workers must follow the support plan at all times.
- ▶ Medication assistance must be recorded in progress notes.
- ▶ The person's non adherence to the support plan must be reported and recorded.
- ▶ Support workers may only assist with medications via Webster Pak filled by the pharmacist.
- ▶ Support workers must never administer medication through injection or rectal or vaginal insertion.

# Practice task 1

1. Is it sometimes necessary to ignore an Act of legislation, such as when there are unexpected situations in the workplace, or when you have received instructions from your supervisor that are not the same as the legislation?

.....

.....

.....

2. Which document would be more important for a support worker to read from beginning to end: an Act of legislation about drug and poison administration, or the organisation's medication policy? Why?

.....

.....

.....

3. Which professional usually has the final say in delegating medication tasks in a residential service?

.....

4. What is the name of the Act that applies to all workers in a residential aged care setting, and covers all areas of support including rules about administering medications?

.....

5. Does a support worker's duty of care mean that it is sometimes necessary to work outside of their job role and training regarding medications, such as administering an injection in an emergency?

.....

.....

**Click to complete Practice task 1**

# 1B Identify lines of authority to delegate the task, accountability and actions to be taken to handle contingencies

Support workers work in partnership with other health professionals in all aspects of their role. The roles and boundaries are clearly defined and all personnel have specific responsibilities. A line of authority refers to the different levels of responsibility. For example, you will have less knowledge about and responsibility for medications than a nurse. In a residential setting where nurses are present, they take a higher level of responsibility and more liability if things go wrong. Understanding this can help you to understand why it is important to follow instructions and ask questions. It also means you know exactly the right person to ask or to report to if you are unsure.



## Lines of authority in medication administration

Some services, such as residential aged care homes, will be likely to have many different professionals and workers on site. Others, such as home support settings or disability services, might rely on the worker to contact a supervisor via phone to seek help.

Lines of authority that might exist are outlined here.

### Doctor

The responsibilities of a doctor may include the following:

- ▶ Assessing the person's needs and prescribes medication type, dose and frequency in writing
- ▶ Reviewing medications when changes need to be made

### Pharmacist

The responsibilities of a pharmacist may include the following:

- ▶ Reviewing the doctor's order and alerts them to any discrepancies or drug interactions
- ▶ Filling dose administration aids such as Webster Paks and seals in foil according to the doctor's order
- ▶ Distributing medications and filled dose administration aids to services and homes
- ▶ Providing information about drug side effects, warnings and interactions to staff and patients
- ▶ Receiving and safely disposing of out-of-date, unused or completed courses of medicines

### **Division 1 nurse**

The responsibilities of a division 1 nurse may include the following:

- ▶ Completing and ensuring accuracy of documentation, such as times of day each medication is to be given
- ▶ Supervising all medication administration and responds to incidents
- ▶ Ensuring all policies relating to medication administration, storage, documentation are followed
- ▶ Delegating medication administration to suitable qualified and competent staff
- ▶ Contacting doctor in case of concerns or side effects
- ▶ Administering injections, schedule 8 poisons (drugs of addiction) and other drugs only to be administered by a registered nurse

### **Division 2 nurse (medication endorsed)**

The responsibilities of a division 2 nurse may include the following:

- ▶ Taking some of the above responsibilities in the absence of division 1 nurse (such as a hostel)
- ▶ Administering all forms of medications according to instructions and training
- ▶ Documenting and reporting administration and problems or concerns

### **Supervisor (community-based support)**

The responsibilities of a supervisor may include the following:

- ▶ Delegating job role via support plan, such as support workers' role to administer via a dose administration aid
- ▶ Ensuring tasks comply with the organisation's policies and the law
- ▶ Receiving reports and questions about concerns or incidents and clarifies information in person or by phone and responding accordingly

### **Support worker with medication training**

The responsibilities of a support worker with medication training may include the following:

- ▶ Following all instructions, policies, training and delegation in medication tasks
- ▶ Reporting any problems or concerns
- ▶ Reminding the person to take medications if they are self-administered
- ▶ Usually assisting with medications only via an approved dose administration aid

### **Person receiving support services**

The responsibilities of a person receiving support services may include the following:

- ▶ Exercising their right to refuse medication, should they need to
- ▶ Alerting staff to any side-effects or problems with taking medication
- ▶ Following instructions regarding safe storage of own medication

## Roles and responsibilities of support workers

You have a duty of care to follow your organisation's policies to protect the safety of people with care needs, and to report your concerns, but you are not accountable for the work of people with different roles.

Here is an outline of your own roles and responsibilities in medication assistance.

### Ethical responsibilities

- ▶ Only perform tasks that you are given authority to do.
- ▶ Report and record instances where the person refuses to take medication.
- ▶ Provide the person with choice and control; do not force people to take medication against their will.

### Check documentation to confirm the person's needs and abilities

- ▶ Read the medication chart.
- ▶ Find out about and monitor the person's ability to:
  - ▶ swallow tablets with liquids or soft foods
  - ▶ administer their own medications, such as understanding orders and opening pill bottles
  - ▶ report any side effects or problems to staff.
- ▶ Do not assist in administering medication if the person has difficulty with any of the items above without seeking further advice from your supervisor.

### Provide assistance

- ▶ Follow the instructions in the job description, medication chart or provided by supervisor within the scope of your permitted role only
- ▶ If you do not understand the instructions or do not feel competent in carrying out the instructions, do not proceed.

### Assist with reviews

- ▶ Record the administering of medication in charts, file notes, progress notes, communication books and incident reports.
- ▶ Provide information verbally during case conferences and other meetings.

### Ensure safety

- ▶ Ensure that the right person is given the right medicine, in the right dosage, at the right time, through the right route and with the right documentation completed.
- ▶ Ensure you account for all medication
- ▶ Report any concerns about the medications or changes in the person's behaviour, appearance, temperature, breathing and general wellbeing.
- ▶ Follow WHS guidelines relating to infection control and waste disposal.

## Identify the right person to take action in handling contingencies

A contingency is something that doesn't go to plan. You are never expected to solve problems or take action when something unexpected happens relating to medications. It is the law that someone more qualified must be available to you quickly and easily if you feel something might go wrong. It is important to keep a list of who you should contact if a difficulty arises. If you work in a person's home, the list should be easily accessible.



You need to explain to the supervisor or nurse in charge exactly what has happened so they can make a decision. For example, is it crucial the person take the dosage that was missed? What is the medication is refused? Should you be concerned that something doesn't look right with the number of tablets packaged in the dose administration aid? Provide all relevant information.

In most cases, the supervisor will contact other people but in some circumstances they may ask you to do this. For example, you may be requested to contact a doctor, a pharmacist, or even an ambulance. Even a problem that seems minor to you could have a major consequence for the person you support. Always remember that the person will be safer if someone who is qualified to make health decisions is able to make their own judgement about your concerns.

### Example

#### Identify lines of authority



Polly works in a residential disability service, supporting a group of four people with mild intellectual disabilities in their house. Judy, who has Down syndrome, is one of the people who live in the house. She takes two tablets twice a day for her high blood pressure. Judy has been taking these tablets for many years, and knows what she must do. Polly's role is to remind Judy to take the tablets, and to ensure that she takes them from the right place in the dose administration aid, a heat-sealed blister pack.

Polly does not have a direct supervisor at the house, but she knows that if she has any concerns about the way the tablets are packaged, she must ring the pharmacist who fills and seals the blister packs. If she has questions about her role, or is worried about Judy not taking the tablets correctly, she must ring her supervisor, who is on-call via phone 24 hours a day. If she has any urgent health concerns, she can ring Judy's doctor or an ambulance. This information, along with updated phone numbers, is all listed in a place that Polly can access quickly.

## Practice task 2

1. Which of the following has a higher level of authority: a registered nurse (division 1), or a registered nurse (division 2, medication endorsed)?

.....

2. Who is responsible for deciding what type of medication a person should have?

.....

3. Is it permissible to go directly against the orders of a person in authority if you are certain they are wrong about a medication issue?

.....

4. Can a pharmacist or nurse question the amount of medication a doctor has ordered if they are concerned?

.....

[Click to complete Practice task 2](#)

# 1C Confirm that equipment and all forms of medication to be administered are complete, ready for distribution and up to date

Equipment required to help a person administer their medication can be varied. It can be very simple, from requiring only the dose administration aid, such as a blister pack, that is kept locked in the person's bedside drawer. It can be more involved, such as requiring a lockable drug trolley that is wheeled around, and contains all of the medications, administration equipment, gloves, rubbish receptacles, and medication charts needed to help administer medications to all the people who require support in a workplace or area. It can sometimes also be quite complex or technical, such as oxygen equipment, inhaler machines, or even digital drugs trolleys, only opened when the correct information is entered into a computer.



When you have accessed all the required equipment prior to beginning the task, and made sure it is in clean, working order, there is less chance that you will need to leave the person or the trolley unattended and at risk. It is also more time-efficient to be prepared with everything you will need before the task begins.

## Basic medication terminology

In order to assist people with administering their medication you will need to learn basic medication terminology and abbreviations used in care plans and by supervisors. A booklet called *Working words in aged care* is available in some aged care homes and on the internet. It has a large list of common words and phrases that are used when providing health care to older people.

Workers must be able to accurately read, understand and interpret relevant medical/medication terminology and commonly accepted medication abbreviations. Here is a list of common medication abbreviations and their meanings.

Abbreviation	Meaning
8 hrly	Every 8 hours
4 hrly	Every 4 hours
TDS	Three times a day
Nocte	At night
Mane	In the morning
NEB	Nebulised

Abbreviation	Meaning
PRN	When required
Stat	Immediately
6 hrly	Every 6 hours
QID	Four times a day
BD	Twice a day
PO	Oral

Abbreviation	Meaning
PR	Per Rectum
Cap	Capsule
Inj	Injection
Supp	Suppository
g	Gram(s)
L	Litre(s)
Microg	Micrograms

Abbreviation	Meaning
Subling	Sublingual (under tongue)
MDI	Metered dose inhaler
Pess	Pessary
Tab	Tablet
mg	Milligrams
mL	Millilitres
mmol	Millimole

## Prepare equipment

Check that the required equipment is clean and ready for use. This may include looking through the drug trolley to ensure all equipment such as applicators, gloves, measuring cups, cotton wool, pill cutters and nebulisers are fully stocked and clean. If you are not using a trolley, such as when a person self-administers and has all that is required in a locked drawer by their bedside, you might need to collect only the medication chart, gloves, and a pen, depending on the type of medication to be administered. The following equipment might need to be collected, stocked and cleaned prior to use.

Here is some more information about preparing equipment.

### Medication chart

Medication charts (sometimes called treatment sheets) contain all of the information required about each person's medications. Their purpose is to order medication, ensure that people receive the correct medication, provide instructions to the person administering the medications, and record that the medication has been given. They are important records that require you to sign or initial the time and date that each dose was given. You must have the medication chart in front of you while assisting with medication – it is never appropriate to prepare medications from memory.

### Check trolley is clean and stocked

A drug or medication trolley is used to take medication from room to room. Most drug trolleys contain lockable compartments containing medication charts, the medications themselves, (usually in dose administration aids put together by the pharmacist, apart from those needing to be refrigerated), and most necessary equipment. Locate the keys to open a cupboard or trolley where the medication is stored, usually carried on the person in charge.

Ensure that the trolley surfaces are clean prior to use, and that you have a clean rubbish bag with you, usually kept at the side of the trolley. Keep a pen on the trolley so that you can immediately sign the medication chart.

### Disposable gloves

Disposable gloves are worn to apply topical treatments such as creams onto the skin, when you are potentially in contact with body fluids, such as saliva, and for use when you are cleaning up spills. They are usually kept in good supply on the drug trolley. It is important to ensure disposable gloves are easily accessible.

Cleaning supplies such as paper towels can be stocked to avoid walking away from the trolley when spills occur.

### Spoons and cups

- ▶ Spoons are sometimes used to deliver liquid medicines.
- ▶ Medication cups (sometimes called Mickey cups) are used to take the medication from the drug trolley or dose administration aid to the person.
- ▶ Larger cups can be used to give water to the person to swallow oral medication.
- ▶ Water jugs can be filled to pour water for each person.

### Speciality medication equipment

- ▶ A pill crusher/mortar and pestle can be used to crush medication (when instructed).
- ▶ A tablet divider or pill cutter is used to cut tablets in half
- ▶ Measuring cups should be used to measure liquid medication.
- ▶ A nebuliser can be used to add moisture or air to inhaled medication (such as Ventolin), and usually kept with the person.

## Check the medication is correct

To make sure the medication is correct you need to confirm the type of medication and that it matches the description and instructions in the documentation.

The following outlines ways you can check the medication is correct.

### Confirm medication type

Confirm the type of medication the person is to use. This might be capsules, eardrops, eye drops, inhalants, liquid, lotion or cream, nose drops, patches, powder, tablets or wafers. The medication may include medicines prescribed by a doctor as well as non-prescribed medicines that can be bought over-the-counter; for example, cough mixtures, painkillers and antihistamines. Medication could also include complementary treatment such as herbal medicines, homeopathic medicines, health food supplements and nutritional supplements.

### Confirm instructions

You need to be sure the medication to be given matches what is written on any documentation supplied. Check the instructions that have been given to the person. The name of the medication and the administration instructions will be printed on the label of the medication and on the person's medication care chart. You will have been given this information by your supervisor. Remember to check the person's name on the label or the dose administration aid.

## Check labels

The label must be legible and clearly indicate:

- ▶ name of the person and the name of the medication
- ▶ strength and the dose to be taken
- ▶ route
- ▶ times at which it should be taken.

## Dose administration aids

To help ensure maximum safety of medication delivery, tablets and capsules can be organised into compartments for each day and for the time they are to be taken by a pharmacist, heat sealed using special machines at the pharmacy, and delivered to the person's home or service. This type of packaging is referred to as a dose administration aid (DAA). They can be called blister packs, Webster Paks (a trade mark or brand name), or medication sachets, depending on the type of system used. They are a safe and easy way to administer medication, and are very commonly used in community services settings.

The DAA used depends on the dispensing pharmacy, the requirements of the person receiving care and the organisational requirements. The regulations and legislation related to the use of DAA may differ in various states and territories. Check and clarify your workplace policies and procedures to confirm the requirements for using DAAs. In most workplaces, support workers are not permitted to administer medication from bottles or packs, only from DAAs. Here are some different types of DAAs.

### Dose administration aids



#### Dosette boxes

The refillable plastic dosette box is divided into compartments. The days of the week and times to take the pills are printed at the top of the box. Medicines for each day are placed in the box by a health professional, such as a district nurse or pharmacist. A plastic sliding lid covers all the tablets, and they are removed at the time they are ordered to be taken. Dosette boxes are not as safe or reliable as heat sealed DDAs, as they can easily be changed or tampered with.



#### Blister packs

A blister pack is prepared by a pharmacist and sealed with tamper-evident packaging. All tablets that need to be taken at a certain time are sealed together into a section of the pack. The back of each section lists the date and time they are to be taken, the number and description of the tablets in each bubble. When it is time to take the medication, the tablets are pushed through the foil into a medicine cup or the person's hand. It is immediately obvious if a pack has been tampered with because the foil will be broken.



### Single dose sachets

Single-dose sachets are also prepared by a pharmacist. They usually contain all the tablets and capsules in the correct amount for a single dose required at a certain time of day. They are often kept together on individual rolls for each person in a locked room such as a treatment room. Each dose packet is ripped away from the roll just before it is administered.

## Check medication is ready for distribution

Dose administration aids must be complete, current and ready to distribute at the right time of day. If you encounter any problems, you must not continue. You should report to your supervisor without delay. For example, if you notice the wrong name is on the pack or an unexpected number of tablets are included in each section. Check for any faults in the packaging. If a DAA is broken or tampered with, it should not be used. It should be returned to the pharmacy without delay. Under no circumstances should a support worker add any tablets to a DAA. Here are the steps to follow when checking the medication.

### Check medication is ready for distribution

Check that the dose administration aid has been supplied, filled and has not been tampered with.

Ensure that the dose administration aid is current, with the correct set of dates filled.

Confirm the previous dose has been taken by looking through the person's care notes. If a tablet has been missed, you need to notify your supervisor immediately.

Make sure the medication has not passed its use-by date or has spoiled. If the date has passed, the medication may no longer be effective. It could be potentially dangerous for a person to take medication that has passed its use-by date.

Look for other signs, such as a change in the medication's colour. Medication instructions may tell you what colour liquid the medication is supposed to be. If you are unsure, ask your supervisor.

### Example

#### Dose administration aids



In Daylestone Aged Care service, support workers are only permitted to administer medication via a dose administration aid. A roll of medication sachets for each person requiring medication hangs on the wall of the lockable treatment room. The sachets have perforated edges from where they are ripped off from the remainder of the roll when medication is due. They clearly detail the name of the person and the day and time that the particular dose is due. They are filled and stocked each week by the local pharmacy. Support workers must first check the medication chart, select the correct sachet and count the number of tablets in the sachet. This must be the exact number of tablets ordered on the medication chart for that time of day. Liquid medications are kept in the fridge or treatment room cupboard with each person's name clearly marked on the label.

## Practice task 3

1. Why is it important to prepare all equipment prior to proceeding?

.....

.....

2. Give three examples of equipment that might need to be ready for use prior to commencing medication assistance.

.....

.....

.....

3. What is the purpose of a medication chart?

.....

.....

4. What is the purpose of medication cups?

.....

.....

5. Who is responsible for filling a dose administration aid?

.....

.....

**Click to complete Practice task 3**

# 1D Confirm with supervisor the authority to proceed with assisting in the processes to deliver medication

Support workers need permission to assist people to take their medication. Your role is to supervise and help a person take their prescribed medication under supervision from a health care professional. You must never change or add to the prescribed treatment. You must never give injections or carry out invasive procedures, although you can administer medication from a prepared dose administration aid if you are trained to do so and only under the express supervision and authority of the person in charge of your area on each day. Under no circumstances must you administer medication without permission.



## Check your role before proceeding

The following is a suggested procedure for double-checking your authority to proceed with assistance with medication, and clarifying the processes that must be followed at the beginning of your work shift.

Checking that you are authorised to proceed with medication assistance:

- ▶ Ensure that your training complies with the organisation's requirements for assistance with medication.
- ▶ Check your job description and/or work plan for instructions about medication assistance.
- ▶ Confirm with your supervisor or person in charge that you are required to assist with medication.
- ▶ Check with your supervisor where anything is unclear, such as the times that medications are given.
- ▶ Ask about any differences in procedures for that day, such as people who are fasting or out for the day.
- ▶ Check the support plans for each person you support for any updates.
- ▶ Follow additional instructions as they are given.

**Example** **Follow authority to proceed with assisting in the processes used in delivery of medication**

Fran has been assisting with medications for several years, but she understands that the nurse in charge must make the final decision about who will take this responsibility each shift. Fran asks the nurse in charge at the beginning of her shift whether this task will be required of her this particular day. If the role has been delegated to another worker, Fran understands that the nurse has the right to make this decision, and she does not question her authority.

# Practice task 4

- 1. Provide two examples of tasks that are not the role of the support worker in medication administration.

.....

.....

.....

.....

- 2. Who must confirm a support worker’s role in providing medications prior to each shift?

.....

**Click to complete Practice task 4**

# 1E Follow infection prevention and control procedures

An important requirement when handling medication is to make sure that both you and the person taking the medication follow personal hygiene procedures. You must help to maintain a clean, hygienic environment at all times to prevent infections from spreading. This includes cleaning and storing equipment and medication to prevent damage and misuse. Infection is spread through tiny micro-organisms, such as bacteria and viruses, which can be spread through contact with a person's saliva or other body fluids.

Your workplace policies will provide clear information about workplace specific requirements. All workplaces have strict guidelines for work health and safety developed from the *Work Health and Safety Act 2011* (Cth). The law explains what an employer and employee must do to keep their workplace safe and hygienic. The regulations are enforceable, which means that if they are not followed, employers and employees can be fined.



## Infection control procedures

To prevent infections spreading, it is important to follow guidelines and procedures that are set out in the work health and safety policies and procedures in your workplace. The risk of infection or cross-contamination is significantly reduced when medication is taken, or creams and lotions are applied, in a clean environment. Strict hygiene procedures must be followed where there is an increased risk present, such as an open or weeping skin wound.

Here is some more information on infection control procedures.

### How cross infection occurs

Cross infection occurs when a germ is carried from one person to another person or people. For this to happen, there needs to be a germ and a person to carry that germ to one or more people. One of the most common ways of transferring germs or infections is contact with an infected person or surface or inhaling airborne germs caused by coughing or sneezing.

### Avoiding cross infection

It is your duty of care to prevent cross infection by using standard safety precautions. Always keep in mind that sick or aged people might not have a strong immune system and they might be infected more easily than a healthy person. A support worker can contaminate a person while helping them take their medication if they have not followed safety precautions. Workplaces recommend that you do not go to work if you have an infectious disease you can spread to others; for example, flu, gastroenteritis or a common cold.

## Medication hygiene procedures

The organisation's policy will provide clear guidelines for ensuring hygiene rules and procedures are followed. These might include the following.

### Hygiene practices to remember when assisting with medications

- ▶ Ensure the area is clean before commencing.
- ▶ Wash your hands before direct contact with a person, before and after handling medication, and during clean-up.
- ▶ Ensure the person washes their hands before and after handling their own medication.
- ▶ Avoid touching medications, and wear gloves when applying liquid medication, cleaning blood or other body fluids, dealing with broken, dry or red skin or touching the mouth or eyes.
- ▶ Cover wounds and protect your own broken skin.
- ▶ Use clean equipment for each application. Clean equipment with hot, soapy water and a sterilising agent before and after it has been used to kill germs.
- ▶ If equipment can't be appropriately cleaned, use disposable items such as disposable cups, spoons, tumblers and paper towels.
- ▶ Wash all equipment after use, including bottles and tubes used to hold medication liquids and creams.
- ▶ Recap eye drops and eardrops immediately after use and store correctly. Dispose of contaminated waste products immediately.

## Standard and additional infection control precautions

Standard precautions are those that are taken for every person, in every setting, by every staff member. Standard precautions are adequate protection when assisting most people with medications.

Additional precautions are used when there are reasons to add an additional layer of protection for yourself or others, such as when certain infections, such as gastroenteritis or hepatitis are known or suspected to be present.

Here is more information about precautions that should be taken.

### Standard precautions

The following precautions should be taken regularly:

- ▶ Wash hands between significant contact with people you support, such as at the start and end of assisting a person with medications.
- ▶ Wear gloves only when in potential contact with body fluids, such as saliva, vomit, blood and when applying creams or lotions.
- ▶ Dispose of non-infectious waste in general waste bins, and waste that contains body fluids in infectious waste (yellow) containers.

**Additional precautions**

The following precautions should be taken, if appropriate:

- ▶ Use hand sanitisers before and after each contact with the person.
- ▶ Wear gloves, masks, gowns, and/or protective goggles when in any contact with the person or when entering their room.
- ▶ Isolate the person and dispose of all waste and clothing to be washed in separate, biological containers.

## The importance of washing your hands

It is vital that you wash your hands correctly. A general hand wash should take about 30 seconds. Cuts, sores and rashes on your hands should be covered at all times.

You can download the Australian Government’s ‘How to Wash Hands’ poster at: <http://aspirelr.link/how-to-wash-hands>

You should wash your hands:

- ▶ when you arrive at work
- ▶ when your hands are soiled
- ▶ before and after touching people, their belongings or medications
- ▶ after blowing or wiping your nose
- ▶ before you leave work
- ▶ after going to the toilet
- ▶ before and after eating.

**Example**

**Failing to follow infection prevention and control procedures**

Jerry has gastroenteritis, but its symptoms often occur after the person has become infectious, and Paula, the support worker, is not aware that he is carrying the virus. She does not wash her hands after helping him to take his medications, and transfers the germs from Jerry’s drinking cup to Marian, the next person who needs their tablets. Marian is frail and elderly.

In this instance, the virus that is about to show itself in Jerry is easily transferred to Marian. It may take another week for her symptoms to also appear, but in the meantime, the virus can continue to be transferred from her to other people.

## Practice task 5

1. Briefly explain how infection is spread.

.....

.....

.....

.....

2. Name two things that can be done to avoid cross infection in relation to medication assistance.

.....  
 .....

3. When are standard precautions required?

.....  
 .....

4. When might additional precautions be required?

.....  
 .....

**Click to complete Practice task 5**

## Summary

1. Laws that must be followed in the health care industry include the *Aged Care Act 1997* (Cth) and the *Work Health and Safety Act 2011* (Cth).
2. Standards set by agencies act as an additional source of information on safe medication administration.
3. Organisational policies, procedures, charts, job descriptions and care plans can provide more information about roles and responsibilities.
4. Preparing all equipment required helps to ensure safe and effective assistance is given.
5. Dose administration aids are the most common method of delivering medication.
6. Medication comes in different forms.
7. A support worker must check their level of authority and actions to be undertaken if a difficulty arises.
8. Personal hygiene procedures should be followed at all times to prevent cross infection and to protect the wellbeing of all staff and people receiving care.
9. Standard precautions should be used at all times and additional precautions should be used when required.

# Learning checkpoint 1

## Prepare to assist with medication

This learning checkpoint allows you to review your skills and knowledge in preparing to assist with medication.

### Part A

1. In the right-hand column, state whether an appropriately trained support worker is allowed to do each task.

Task	Can a support worker do this task?
Open bottles and remove tablets	
Place the medication in the nebuliser	
Warm medication in hands before using, when appropriate	
Dissolve medicine in water under pharmacist's instruction	
Hide medicine in food where indicated by the health professional	
Crush or divide tablets where indicated by the pharmacist	
Give injections	
Help the client to fit a mask	
Get medication from a fridge and bring to room temperature before administering, when appropriate	
Give more medication than instructed	
Measure the amount required	
Replace medication when a mistake has been made in preparation	
Get the medicine and open the compartmentalised box, blister pack or sachet that has been prepared by the relevant health care professional	

2. Explain what is meant by duty of care.

.....

.....

.....

3. Give two examples of a support worker’s duty of care in relation to helping administer medication.

.....

.....

.....

4. List two reasons why it is important to follow organisational policies and procedures based on jurisdictional and regulatory requirements when accessing and completing documentation to assist with medication.

.....

.....

.....

5. There are strict laws and regulations in each state about the storage and handling of schedule 8 drugs, or drugs of addiction. Which act of legislation in your own state or territory would you be most likely to find information about what the law says in relation to these drugs?

.....

6. What is the name of the code of practice that relates to safe practices when moving your body or pushing heavy items?

.....

7. Provide the standard abbreviation for the following:

- a. Twice a day
- b. Metered dose inhaler
- c. In the morning
- d. Every four hours
- e. Oral

.....

.....

.....

.....

.....

.....

## Part B

Read the case study, then answer the questions that follow.

### Case study

Mavis, Anna and Thomas work for a disability and aged care service called Wedocare Incorporated. Mavis is a registered nurse, Anna is a support worker and Thomas is a trainee support worker. Their clients include Emma, Tommy, Ashley and Jacinta:

- ▶ Emma has a memory impairment. She takes tablets orally to help control her skin condition.
- ▶ Tammy has diabetes. She takes insulin by injection to control her diabetes.
- ▶ Ashley has an eye infection. He is taking antibiotics orally and eye drops.
- ▶ Jacinta has thrush. She has been prescribed medication for her thrush that must be administered vaginally.

The organisation has the following policies and procedures relating to medication administration.

#### **Medication administration policy**

Wedocare Incorporated is firmly committed to meeting its obligations under the *Aged Care Act 1997* (Cth), *Work Health and Safety Act 2011* (Cth), federal and state or territory privacy and freedom of information legislation as well as the Disability Services Standards.

Medication must be administered in a way that:

- ▶ maximises the health and wellbeing of all clients
- ▶ does not jeopardise the health and wellbeing of clients, staff, visitors or contractors
- ▶ keeps clients informed
- ▶ is in keeping with the preferences of clients.

#### **Medication administration procedure**

The medication administration procedure applies to all staff involved in direct care.

- ▶ Registered nurses may administer injections and other invasive medications under the written instructions of the client's general practitioner or specialist.
- ▶ Support workers may assist clients to administer medication orally, with a nebuliser or topically providing that:
  - they have received training in medication administration
  - they have been judged competent
  - a dosette administration aid is used (except for topical medication)
  - they follow the instructions in the support plan and only work under authority from a registered nurse.

- ▶ ‘Assist’ may include:
  - opening containers
  - organising equipment such as tumblers and water jugs
  - guiding client’s hands
  - applying ointment as per instructions on the client’s care plan.
- ▶ ‘Assist’ must not include:
  - direct assistance with swallowing medication
  - pouring medication into client’s mouth.
- ▶ Trainee support workers may only administer medication in the presence of and under instructions from a registered nurse.

**Medication administration procedure**

1. Read the client’s care plan.
2. Confirm the requirements fall within your duties.
3. Arrange medication and equipment.
4. Take standard infection control procedures such as hand washing.
5. Inform the client about the medication.
6. Confirm the client’s identity.
7. Check the medication type, dose, frequency and dose.
8. Prepare medication according to pharmacist’s instructions.
9. Check expiry date.
10. Check for signs the medication has been spoiled.
11. Assist with medication administration.
12. Confirm medication has been ingested or completed.
13. Watch for adverse reactions.
14. Seek help if issues arise.
15. Update the client’s progress notes and medication chart.
16. Clean and/or dispose of waste as appropriate.

1. Identify the staff that can help each of the clients with medication administration, and explain what each is allowed to do.

.....

.....

2. Select one of the people supported by the organisation and identify the equipment required to administer their medication.

.....

.....

3. Describe what infection-control procedures must be followed for the client you selected.

.....

.....

4. Identify a law Thomas would break if he administered medication without supervision.

.....

5. Where might policies and procedures be kept so that they can be accessed by staff?

.....

6. The staff at Wedocare find that equipment, such as gloves, is not always available. Describe how this situation could be avoided.

.....

.....

7. Which piece of national legislation would the infection control policy be guided by?

.....

8. Are the support workers permitted to assist with medications without initial instructions to do so?

.....



## Topic 2

In this topic you will learn how to:

- 2A Clarify specific assistance required to address individual needs**

---

- 2B Identify level and type of supervision required by person for assistance with medications**

---

- 2C Correctly identify and greet each person and prepare them for medication**

---

- 2D Check individual medications**

---

- 2E Check for and report changes in person prior to assistance**

---

- 2F Recognise when medication administration should not proceed and seek advice**

---

## Prepare the person for assistance with administration of medication

Some medication assistance tasks will be completed quite quickly and with little time or effort. The person might need to reach a drink or to sit upright and be able to manage this on their own. Other tasks will involve further consideration of the person's needs and how you can assist them. This can include ensuring the person's comfort, privacy, access to equipment that they will need, explaining the process and providing reassurance.

## 2A Clarify specific assistance required to address individual needs

When supporting a person to take medication, you first need to identify the level and type of support needed. While it is good practice to encourage self-administration to promote independence, there may be instances where people require additional support. A person may have impairments or disabilities that make it hard for them to get to their medication, open the containers or pour medication without spilling it. Every person is different, and it's important not to make assumptions about what the person can or cannot do.



### Clarify assistance required

If a person you support is self-administering their medication, they may require less assistance but a certain amount of supervision. For example, you may have to guide a person's cup to their mouth, assist them to press on a metal canister when inhaling medication such as Ventolin, or provide an adaptive device, such as a bottle opener, to help them administer their own medication.

Ask the person, their family, other support workers, your supervisor, or access the support plan or notes to confirm what assistance is appropriate.

Find out:

- ▶ the type of assistance required, such as helping only with physical tasks when the person has difficulty
- ▶ the level of assistance required, such as such as merely reminding the person to take their medication, or opening the bottles for a person with arthritis
- ▶ the equipment required by the person to take the medication, such as medicine cups or special utensils
- ▶ any assistance the person might need to sit upright or to access water or food to help them swallow the medications.

**Example**

**Clarify specific assistance required to address individual personal needs from the support plan**

In many instances, the only support you need to give a person who is self-administering will be to make them physically comfortable so they can take their medication without any restrictions. In the following example, the worker plays a role in ensuring Fatima has what she needs to apply the medication and reminding Fatima to take her medication. Fatima administers the medication herself.

**Care plan**

**Name:** Fatima Leri

**Date of birth:** 13 March 1922

**Medication:**

- ▶ Sorbolene cream to be applied topically q.i.d.
- ▶ Fatima will apply the cream herself.
- ▶ Worker to assist by:
  - Ensuring Fatima has access to glasses
  - Arranging a washcloth to ensure Fatima’s hands are clean
  - Reminding Fatima to apply her medication
  - Helping Fatima remove the lid from the bottle

## Practice task 6

1. Should a support worker take over any tasks that a person can do themselves if it is quicker or easier to do it for them?

.....

2. What type of assistance might a person who can administer their own medications need?

.....

.....

**Click to complete Practice task 6**

## 2B Identify level and type of supervision required by person for assistance with medications

A person may be encouraged to be as independent as possible in their lives but may need assistance with some medication; for example with eye drops.

It is important to check the person's physical and cognitive condition so you know whether they will need specific assistance. Remember, all people you support are different. Find out the type of assistance each particular person needs, such as help with opening bottles or using a special nonslip cup. In all instances, you must ask the person what they need and explain to them what you are going to do so they are prepared. Remember, you must work within your role, responsibilities and level of authority. Always check with your supervisor if you are unsure.

Here are some medical conditions along with appropriate support you may need to provide.

### Arthritis or stroke

The person may have difficulty in gripping, turning or opening objects. Specific assistance required might include:

- ▶ opening a bottle or removing tablets
- ▶ measuring liquids
- ▶ placing a cup to the person's mouth
- ▶ using a non-spill cup for fluids.

### Difficulty speaking

The person may have difficulty in making themselves understood and communicating distress or discomfort. They may also have difficulty in communicating their consent. Specific assistance required might include:

- ▶ considering using devices, such as a communication board
- ▶ allowing time and paying extra attention to visual cues.

### Difficulty swallowing

The person might have difficulty in swallowing. Specific assistance required might include:

- ▶ crushing tablets with the authorisation of a general practitioner or nurse
- ▶ encouragement and help to swallow water with the medications.

### Dementia or intellectual disability

The person may not understand why or when they need to take their medication. Specific assistance required might include:

- ▶ reminding the person when to take medication
- ▶ explaining in plain language the purpose of their medication and the consequences of missing their medication or taking an incorrect dose.

## Provide encouragement and make the person comfortable

In some instances, you need to encourage the person to take their medication. You may need to give a physical demonstration of how they should administer the medication. Make sure the person is comfortable when assisting them with their medication.

Tips for making sure the person is comfortable:

- ▶ Make sure there is sufficient light to read the label of the medication.
- ▶ Make sure their reading glasses are nearby or they have a magnifying glass to help them if needed.
- ▶ Ensure dentures, if worn, are clean, in place and fit well.
- ▶ Ensure the person is sitting if they are swallowing medication (never be lying down when swallowing medication)
- ▶ Adjust the person's posture or position to ensure they are sitting upright with their head and chin forward
- ▶ Use cushions or pillows to make the person comfortable
- ▶ Use a knee table so the person doesn't have to lean forward
- ▶ If they are in bed, prop them up with pillows or a raised bed head if available.

### Example

#### Identify level and type of supervision required by person for assistance with medications



Karen has been asked to assist Ruth with her medications taken from her dosette box that has been filled by the district nurse. The medication chart states that Ruth, who has early dementia, needs to be observed taking her medications, and to ensure that she takes the correct dose from the right space in the box. Karen prompts Ruth to take the medications, but notices that she has difficulty remembering how to use it. After Karen gestures to the right day on the box lid, Ruth is able to complete the rest herself.

## Practice task 7

1. Explain the type of assistance that a person who has had a stroke might require.

.....

.....

.....

.....

.....

.....

.....

2. What types of assistance might a person with dementia require?

.....

.....

.....

.....

3. What preparation might a person need to administer their own medications? Give three examples.

.....

.....

.....

**Click to complete Practice task 7**

# 2C Correctly identify and greet each person and prepare them for medication

For safety reasons, correct identification of the right person is vital. The people you support need to be physically and emotionally ready to take their medication. Greeting them appropriately and giving them an opportunity to ask questions and confirm their wish to take their medications can help them to prepare. You need to make sure the environment is comfortable for the person before they take their medication. An important skill for workers involved in direct support is to be able to help the person relax or overcome any concerns. You also need to know how to help the person if they are in pain.



## Identify the person

Providing a person with the wrong medication or someone else's medication can have serious consequences. For this reason you should always identify the person prior to administering medication and never administer medication if there is any doubt about the identity of the person. Be careful during this process. Although you might think that people can identify themselves, they could be confused, they might have a hearing impairment or they may be unable to understand English. These people may respond with a routine 'yes' when you ask if they are a certain person. Here are four important steps to follow when confirming someone's identity.

### 1. Ask the person to identify themselves

- ▶ Give the person the opportunity to identify themselves. For example, after introducing yourself, you could say, 'I'm looking for Shane Caulfield'. Make sure you include the surname. You could also say, 'Could you please identify yourself before I help you with your medication?'

### 2. Look at a photograph

- ▶ There should be a current photograph on the medication chart or dose administration aid. Check the photograph matches the person you are speaking with.

### 3. Look at the person's details

- ▶ Make sure the person's name and date of birth are the same as the name and date of birth on the medication chart and the medicine container.

### 4. Confirm the identity with another staff member

- ▶ You may need a nurse or other staff member to confirm the person you see is the correct one and they have been assessed as being able to take their medication. Another staff member may introduce the person to you or point the person out to you.

## Greet the person

You need to make sure the environment is comfortable for the person before they take their medication. An important skill for a support worker is to be able to help people relax or overcome their fear. An important first step is to greet the person in a friendly and welcoming manner. Wear an identification badge and always introduce yourself by name. Never assume the person knows who you are. They may have more than one support worker who looks after them.



Tell the person why you are there and what you intend to do. If they don't know what to expect, they might feel scared and object to any form of assistance. They may even refuse to take their medication because they do not trust you or do not understand what is going on. If the person trusts you, then they will have confidence in you and rely on you to act in their best interests.

## Explain medication procedures

Before helping a person with their medication, never assume they know what they must do. Use open questions to clarify their level of understanding. Encourage the person to ask questions so they can be sure of their role in the procedure. If you are unsure of the answer, let them know. Find out the answer from your supervisor. The person should be able to administer the medication with the level of assistance you are permitted to provide. If they cannot, let your supervisor know.

### Explaining medication procedures

Explain the route (method used to take the medication).

Show the amount of medication to be taken.

Explain any preparation procedures.

Show how to take the medication.

## Communicate effectively when explaining procedures

People may not understand or they may be overwhelmed by the information provided by health professionals. It is often the role of the support worker to explain these details in plain language to make sure these instructions are understood and followed.

If a person is taking medication for pain relief, they need to understand what 'as needed' means and what will happen if the pain is not brought under sufficient control. A support worker may need to confirm that the medication is taken when pain is bad, but that there is a specific limit on how many tablets can be taken each day. If pain increases, the person needs to let staff know so that the medication can be adjusted.



## Explain route, amount of medication and conditions

Provide information on the route, amount of medication and conditions so that a person who is about to administer their own medication understands the procedure.

### Explain the route

- ▶ The method used to take the medication might be by the mouth; rubbing on the skin; placing drops in the eyes, ear or nose or other methods such as by injection or a nebuliser. Support workers must not give injections and can only place medicine in a nebuliser if allowed under workplace policies and procedures. Your role is to observe and make sure the medication instructions have been completed.

### Show the amount of medication to be taken

- ▶ The amount of medication the person is to take is written on the label and may be documented on their care plan or chart, or the blister pack. Make sure you understand instructions so you can explain them; for example, a cream may say to use sparingly. Check the person's supply to ensure they have sufficient medication.

### Explain any conditions

- ▶ Confirm whether the medication instructions give any warnings or advice about preparing, taking or following up after taking the medication. Make sure the person understands. Examples of warnings include the following:
  - Do not eat food for a specific time; for example, no food for one hour after taking the medication.
  - Must be taken with water.
  - Use only if blister seal is intact.
  - Do not take with antacids.

## Explain any preparation procedures

You may have to do something to prepare the medicine and make sure the medicine is taken according to the instructions. Make sure you explain what the instruction means. Here are some guidelines to help you to explain the instructions to the person.

### Prepare medication

To prepare medicine, the tablet may have to be:

- ▶ crushed to a powder to make it easy to take
- ▶ divided to make it easier to swallow
- ▶ taken before meals
- ▶ taken with food.

### Follow instructions

Some medicine must never be crushed, as this makes it less effective and may even cause mouth ulcers. Some medication is slow-release and should not be removed from the capsule – the contents of a capsule can be spilt if cut open. Sometimes, the doctor may advise that the instructions can be altered to help the person take the medicine; for example, taking a tablet with a food like jelly.

## Report issues

If a person tells you they can't take the medication as instructed, you must tell your supervisor and record it in the appropriate document such as the communication book or care notes. The information will be passed on to the doctor, who will alter the instructions if necessary.

## Show how to take the medication

You need to explain exactly what the person has to do and when they have to do it. Consider the following factors when showing a person how to take medication.

### Refer to instructions

The instructions you are given on the care notes and medication containers will tell you exactly how the medication is to be administered. Your role is to repeat the written instructions you have been given. First, show the person the chart, compartment box or label that tells them what they have to take and when.

### Show and explain

Physically demonstrate what they have to do. For example, if they have to put in eye drops, show them how to take the cap off, tilt their head back, open their eye, put the dropper close to their eye and squeeze the container to release a drop.

You also need to explain what they have to do, for example: 'Tilt your head a little to the side so the eardrops will get in. Keep your head tilted for about 10 seconds so the drops have a chance to go into the ear. If you put your head up immediately, the drops might run out.'

### At person at home

A large medical chart placed in a prominent position is ideal for helping a person take the correct dosage. You might enlarge the information on the label or draw pictures to indicate the correct dosage. If you believe vision impairment is a concern, make sure you discuss this with your supervisor as it may result in a revised care plan for the individual.

### Provide suggestions

You may need to make suggestions to a person who complains they can't take all their tablets at once. For example, you might suggest they have a short break between each tablet, they could take the larger capsule a little later than the others, or ask their doctor whether there is another form of the medication that would be easier to take.

**Some tips**

- ▶ Tell the person to try not to blink when putting in eye drops.
- ▶ Tell them to put a cotton wool ball in the ear after putting in eardrops to prevent the liquid dripping out.
- ▶ Have a favourite food ready for them to eat after they have taken the medicine (if this is allowed).
- ▶ Show them how to put a mask on so there are no gaps.
- ▶ Show them a 20 cent coin (or whatever is appropriate) so they know how much lotion to apply.
- ▶ Show them how to carefully remove the backing from a patch to prevent it sticking to itself.

**Example**

**Correctly identify and greet the person**



Anna is an aged care worker. This is her first visit to Mrs Ling in her home. She knocks on the door and when a woman answers, Anna shows her identification badge and says, 'Hello. I'm Anna from Pyrenees Shire. I'm looking for Mrs Rose Ling'.

'I am Mrs Ling', the woman replies.

Anna says, 'Your sister Lilly told me you were looking forward to me coming today. I'm here to help you with your medication.'

'That's right. Come in.'

Anna goes into the living room. She sees a family photo on the shelf. 'Which one is you?' she asks.

Mrs Ling quickly points herself out. 'You look as if you are having a great time,' says Anna. 'Now let's look at your medication chart.'

## Practice task 8

1. Give an example of why it is important to greet a person before assisting with medications.

.....

2. What could happen when a person is greeted with 'Hello, are you [their name]?' rather than asking them for their name?

.....

.....

3. List two other ways can help you to identify the person.

.....

.....

**Click to complete Practice task 8**

## 2D Check individual medications

Check and confirm that a person's medication is correctly ordered before helping to administer it. Generally, the pharmacist makes up the doctor's prescription and delivers it to the home or facility. Even though the medication will have been checked by the pharmacist and then by a qualified person at the facility, the support worker must report any problems noticed with the order or medications. The workplace will have clear, documented guidelines about how to check the medication is correct when it arrives from the pharmacy and before it is given to the person.



### Types of medication

While you will not need to understand the action of each medication, it is helpful to understand some terminology related to different medications and their categories.

Different types of medication include:

- ▶ antibiotics to fight infection
- ▶ antidepressants to elevate mood
- ▶ antihistamines to reduce the symptoms of allergies
- ▶ antipsychotics to reduce the symptoms of mental illness
- ▶ cardiovascular medication to adjust blood pressure
- ▶ hypnotics to reduce the effects of anxiety
- ▶ pain relievers to manage and reduce pain.

### Prescription and non-prescription medication

Whether a medication is prescribed or not, you need to follow a written order if you are to assist a person to administer medication.

#### Medication that must be ordered by a doctor

Prescription medication is medication that has been ordered by a doctor and dispensed by a pharmacist. Most types of medication must be prescribed in this way. You must follow a written order to assist a person to take these medications.

#### Medication that doesn't require a doctor's order

Non-prescription medication is purchased over the counter at a pharmacy or supermarket without requiring a doctor's order. These can include drugs that are safer to self-administer, such as paracetamol. You must still be given a written order to assist a person to take these medications.

#### Ordered by a doctor but only taken as required

PRN medications may be prescribed or over the counter medications, but do not need to be given regularly. They include medications like pain relievers that are taken when needed. You must still be given a written order to allow these to be given to a person.

## Forms of medication

Medications come in different forms, designed to ensure the best possible effect is provided, and that the person is able to take the medication with as little discomfort as possible. The medication order includes details about the form the medication comes in, such as capsules or liquids. To be able to check the medication, you need to make sure you are familiar with the type of medication the person uses.

Some common forms of medication include the following.

### Capsules, tablets and wafers

Capsules, tablets and wafers are taken by mouth, and designed to slowly dissolve and release their contents after the person has swallowed. Capsules contain powdered medication sealed within a dissolvable outer layer. Tablets are compressed into a smooth shape for ease of swallowing. Wafers can be chewed or allowed to dissolve in the mouth.

### Eardrops, eye drops and nose drops

Eardrops, eye drops and nose drops come in liquid form and are applied to only the part of the body instructed

### Inhalants

Inhalants are medications that are breathed in to treat the person's respiratory system (airways and lungs), such as Ventolin or oxygen.

### Liquids

Medications that come in liquid form and are swallowed, and can be easier for people with swallowing problems to take.

### Lotions, creams, ointments and powders

Lotions, creams, ointments and powders are sometimes called 'topical' medications, and are applied to the skin's surface to combat infection or provide relief. Lotions are the most liquid form of topical application, and are quickly absorbed into the skin. Creams are usually thicker and are slowly massaged until absorbed. Ointments are generally designed to sit thickly on the skin, and can often be covered with a dressing to avoid contamination of bedclothes and clothing. Powders are applied according to directions to treat fungal infections on some parts of the body.

### Patches

Patches are applied to the skin with an adhesive surface to provide a slow and steady release of medication. Follow the manufacturer's instructions for handling and disposing of these. Store at room temperature away from heat and moisture. Some medication patches, such as a methylphenidate transdermal patch, must be stored securely.

### Pessaries and suppositories

These medications are usually only allowed to be administered by a person specifically trained to do so. Pessaries are medications administered via the vagina. Suppositories are administered via the rectum. Health professionals such as nurses are usually required to complete these tasks, but in some settings, you may be specially trained to do so. Check with a supervisor who will know the workplace policies.

## Handle medications correctly

Medications must be handled in the correct way.

### Keep to these standards when handling these common forms of medication

- ▶ Pessaries and suppositories should be kept in a locked cupboard out of direct sunlight. They are usually kept in a fridge or cool area.
- ▶ Powder should be kept dry.
- ▶ Liquids should never be poured back into the container.
- ▶ Some ointments can cause skin irritation. Take care that you do not contaminate surfaces with spilled ointment.
- ▶ Some inhalants contain steroids. Workers must wash hands after coming in contact with these and people taking the medication should wipe their face.
- ▶ Tablets and capsules should not be touched with hands – dispense them into a container. Do not break capsules open and pour onto food, as the person may not get entire dose.
- ▶ Don't touch wafers when administering – dispense into a cup.

## Check individual medications

Regardless of the form of medication or its purpose, whether it has been prescribed or purchased over the counter, check the medication and ask the person's permission before proceeding.

You will need to check the following.

### Instructions

Check the medication chart to determine the form of medication the person will be taking, such as tablets or liquid. The dosage instructions must be clearly written on the order. The name of medication, dosage instructions and time on the order must correspond with the instructions on the dose administration aid or bottle/tube. The correct number of tablets or medications must be present in the dose administration aid.

### Storage requirements

If it is stored at the wrong temperature, the medicine might be damaged by chemical changes. Some medication needs to be refrigerated. If the lid is left off for too long, bacteria might contaminate the medicine.

### Expiry date

Check the expiry date. If the date has passed, the medication may no longer be a benefit to the person. It could be potentially dangerous for a person to take medication that has passed its use-by date.

**Colour**

Check for any change in the medication’s colour. For example, a change in the colour of eye drops could mean they have passed their expiry date and should no longer be used. It could also mean they have not been stored at the correct temperature. Medication may lose its efficacy if it has been incorrectly stored. There may be a description of the medication kept with dose administration aids. Medication instructions may tell you what colour liquid medications are supposed to be. If you are unsure, ask your supervisor.

**Separation**

Check medication has not separated. For example, creams and emulsions are made of oil and water-based mixes; the mixture may start to separate if it has been stored in a hot place.

**Example**

**Check individual medications**



Geraldine sees an order on the medication chart that confuses her, because she can’t see the medication in question in the dose administration aid. The number of tablets does not match either. She asks her supervisor to clarify, and finds that one of the medications ordered comes in liquid, rather than tablet form. Her supervisor shows her that it says ‘liquid’ on the medication chart next to the order. She finds where the liquid is kept, in the bottom of the medication trolley.

**Practice task 9**

1. Do support workers need to study the effects of every medication that you administer via a dose administration aid?

.....

2. What is a PRN medication?

.....

.....

3. How is a medicated patch applied?

.....

.....

4. What is a topical medication?

.....

**Click to complete Practice task 9**

## 2E Check for and report changes in person prior to assistance

An important responsibility for support workers is to check regularly the person's ability to take their medication before it is given to them. You need to know how to help the person tell you if they are having difficulties. You also need to know what to do if you spot a change in their behaviour or condition. Report a change in their ability to take their medication to your supervisor or a health professional, as it may mean the level of assistance may have to be increased.



### Check for physical changes in person

Physical and behavioural changes can affect a person's ability to self-administer their medications safely, or might make the medications unsuitable for administration at that time. Here are some examples of changes that you may notice prior to medication assistance that may alert you to seek further instructions from a supervisor before proceeding. Never give medications to a person whose behaviour is uncharacteristic, or who feels drowsy or faint.

#### Physical and behavioural changes to observe and report

- ▶ Nausea and/or vomiting
- ▶ Difficulty with swallowing
- ▶ Dizziness, weakness, feeling faint
- ▶ Uncharacteristic or sudden confusion or aggression
- ▶ Drowsiness

### Observe behavioural changes in the person

Here is a list of a range of behavioural conditions or changes that may occur and what to look for. In all of these cases, you must follow procedures and notify your supervisor.

#### Confusion

- ▶ The person cannot remember when to take the medicine or the right dose; does not follow instructions; or hoards tablets.

#### Disorientation

- ▶ The person doesn't know where they are or what is happening to them.

#### Not sleeping

- ▶ The person is more tired than usual or is always drowsy.

### Mood changes

- ▶ The person is more irritable than usual or refuses to take the medication.

### Showing signs of stress

- ▶ The person does not sleep; is angry; or physical changes have occurred, such as a rash.

### Substance abuse or misuse

- ▶ The person is combining medications or taking alcohol with medication

## Impact of physical or behavioural changes on administering of medication

Physical or behavioural changes can be dangerous, which is why it is crucial that you notify your supervisor as soon as you identify a change in the condition of a person who you are providing care to. If a person is vomiting they will not be able to keep their medicine down, which could have serious consequences. If they feel dizzy, they may faint and hurt themselves.

If a person's hands have become swollen, they may have difficulty opening their medication and be unable to take it. If their vision has been affected, they may not be able to read the medicine label or chart clearly.

You need to monitor the individual's condition every time you visit. You can do this in a number of ways. Ask the person how they are feeling; observe them and listen to them. You can ask the person directly about their medication; if, for example, they have taken their medication today, and whether they have plenty left.



## Report changes in the person

Some medications can lead to drowsiness, and to changes in the heart and digestive systems. Sometimes a sudden physical change might be impacted further by the person taking medication. For example, if a person is complaining of a racing pulse and heart palpitations, the medications they are about to take might possibly increase these symptoms to a dangerous level. If a person is vomiting, they might not be able to absorb the medication. A person who is trained to understand the effects and actions of the drugs should be notified before administration of any medications, so that an informed judgement can be made about whether the person should proceed with administration.

Here are some guidelines to assist you in acting on changes.

### Reporting changes

- ▶ Report changes to the nurse, supervisor or doctor and wait for direction and guidance.
- ▶ Your supervisor or the person's doctor will assess the person to see whether they are able to take their medication or to self-medicate.
- ▶ A support worker is not qualified and is not authorised to diagnose the problem or initiate further treatment.
- ▶ Record what you have observed or what the person tells you about how they feel.

### Example

#### Report changes in behaviour



Maria attends Mr Wallis's room to give him his morning medication. When she arrives, she finds that he cannot remember her name, is unsure of where he is, has wet his trousers and is very angry and aggressive when she asks him if he feels okay. Maria knows these things are very unusual for Mr Wallis, as he is usually a very astute, polite and quiet man. She knows that these are signs that something is probably wrong with him.

She knows that she should not give him his medication until she has reported these changes to her supervisor, and a doctor has seen him. She reassures Mr Wallis and tries to make him comfortable before calling her supervisor.

## Practice task 10

1. Explain why it might be dangerous to give medication to a person who is drowsy.

.....  
.....

2. Who is the best person to decide if it is safe for a person with support needs to take their medications if their behaviour is unusual?

.....  
.....

3. Give two examples of physical changes that should be reported prior to medication administration.

.....  
.....

**Click to complete Practice task 10**

## 2F Recognise when medication administration should not proceed and seek advice

Other more serious changes and circumstances exist where you should not proceed, and instead seek the help of a supervisor or health professional. They can then make a decision about how to respond based on their training and knowledge. Some drugs will have special instructions that must be followed before administering, such as checking the person's pulse prior to administering certain types of heart medications, and seeking help if there are any concerns.



### Recognise when medication should not proceed

Here are some further examples of when you should seek help before proceeding with medication assistance.

#### When the person doesn't meet medication requirements

- ▶ Some drugs such as digoxin, which is taken to increase heart function, will always be given with special instructions to check the person's pulse rate first. Proceeding if the pulse rate is higher than the limits given in the instruction can cause harm to the person. Other examples include medication that is given only after a blood test determines the rate it should be given.

#### When a person has reduced levels of consciousness

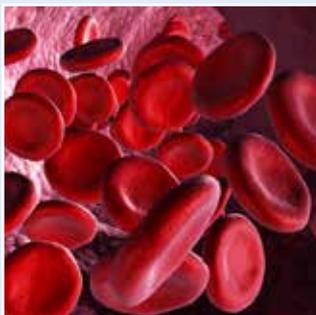
- ▶ A drowsy, unconscious person or a person who is having a seizure cannot swallow tablets or other forms of medication, and should never be given oral medications, even if you think they are ordered to treat the signs of the condition.

#### When the person is choking or coughing

- ▶ Tablets or medications can cause serious damage if the person aspirates or chokes on them.

#### Example

#### Recognise when medication administration should not proceed



Warfarin is a medication that comes in tablet form that has the effect of reducing the chance of blood clots through a blood-thinning action. Doctors need to take a great deal of care when ordering warfarin, usually requiring a regular blood test to ensure the levels have not gone too high. Support workers should always check the order carefully, and seek help before giving any medication that requires this type of intervention. Do not proceed until you have been given special instructions.

## Practice task 11

1. What is the drug that increases heart rate and usually involves checking the person's pulse rate before proceeding, according to the order on the medication chart?

2. A person is late to receive their epilepsy medication. When you go into the room, you notice the person is in the early stages of a seizure. Should you proceed with giving them their medication in the hope of stopping or slowing the seizure?

[Click to complete Practice task 11](#)

## Summary

1. Good planning can make it easier to administer medication in an efficient, safe and client-centred manner.
2. Before administering medication, you must ensure you have visited the correct person. Identifying and greeting the person can help in this process.
3. The individual person's needs and abilities can vary, and should be confirmed.
4. Confirm the type of medication is correct.
5. Physically prepare the person and explain the procedure to them.
6. Regularly monitor the person's condition to make sure they are capable of taking the medication.
7. There are instances when it is inappropriate to administer medication regardless of the instructions in the person's care plan. For example, you must not administer medication if a person is unconscious, vomiting, has other physical changes and displays behavioural changes.
8. Physical or behavioural changes must be reported.

## Learning checkpoint 2

# Prepare the person for assistance with administration of medication

This learning checkpoint allows you to review your skills and knowledge in preparing the person for assistance with administration of medication.

### Part A

#### Case study

Lara is a support worker at Kalinga Nursing Home working with people in varying stages of dementia. She asks a nurse to tell her where Mrs Maria Simms is. The nurse points to the tea room and says, 'Over there'.

Lara is not sure which lady the nurse points to, but does not want to bother the nurse further. She approaches the lady she thinks the nurse pointed to and says, 'Are you Mrs Simms?'

The client says, 'Yes, I am.' Lara administers Mrs Simms's medication to the client.

Another worker enters the room and says, 'Mrs Langveldt isn't due for medication'.

Lara gasps and says, 'That's Mrs Simms!'

1. In this situation, the person was incorrectly identified. How could the situation have been avoided through a more appropriate greeting?

.....

.....

.....

.....

2. What should Lara do now?

.....

.....

3. Give two examples of the reasons why greeting a person before medication assistance is an important part of the process.

.....

.....

.....

## Part B

Read the case study, then answer the questions that follow.

### Case study

Jackson is required to self-administer the following medication:

- ▶ Ventolin through a spacer
- ▶ Cortisone in tablet form
- ▶ A medicated patch for his heart condition

1. Give three examples of physical and cognitive skills Jackson would need to be able to successfully self-administer.

.....

.....

.....

2. How would you find out whether he had these skills?

.....

.....

.....

3. What could happen if Jackson was permitted to take his medication without taking into account physical changes such as pain?

.....

.....

.....

4. How would you respond if Jackson appeared quite confused prior to helping him with his medications?

.....

.....

.....

5. How would you know if Jackson was no longer able to self-administer or required support?

.....

.....

6. Jackson says that he is concerned about the side effects of diarrhoea that his medication has been giving him. What would be an appropriate response?

.....

.....

7. For each of the medications listed, identify the route through which it is taken:
- a. Ventolin
  - b. Cortisone
  - c. Patch

.....

.....

.....





## Topic 3

In this topic you will learn how to:

- 3A Prompt the individual to take medication at correct time**
- 3B Prepare medications and support individuals with administration of medication**
- 3C Make checks to ensure correct person, medication, time, amount and route**
- 3D Oversee and observe people taking medication and confirm completion**
- 3E Implement documented procedures for medication not being administered or absorbed**
- 3F Complete medication administration records according to organisation procedures and regulatory requirements**
- 3G Observe the individual for changes in condition and report to supervisor or health professional**

## Support individuals with administration of medication

After initial preparations, you should be ready to assist the person receiving support services to administer their medication according to procedures and instructions from health professionals. These might begin with merely prompting the person to take their medications. They may need support to check that they are taking the correct dose, and the correct medication at the right time. Occasionally you might find that the person resists and that you need to support them to ensure medications are taken when required. Follow-up always needs to include observation of the person to ensure the medications have been taken safely and without problems or side effects.

# 3A Prompt the individual to take medication at correct time

Prompting is a reminder. It can come in the form of simply telling the person the time, so that they remember to take their medications themselves. For people you support who are able to take their own medications, this simple prompting might be all you are required to do. Other times, such as when the person has memory loss, prompting might need to be increased to physical cues, such as opening the medication drawer, or showing the medications to the person.



## Prompt the individual to take medication

Prompting needs to be respectful of the person's own ability to take charge of their own medications, rather than being controlling or insistent.

Here are tips for respectful prompting.

### Be respectful

- ▶ Always treat the person with respect and in an age-appropriate way. Don't talk to adults with intellectual disabilities or cognitive impairments in the same manner you would talk to a child.

### Be inclusive

- ▶ Use inclusive language that encourages the person to feel part of the process. Phrases such as 'are you happy to take your medicine now?' can prevent them from feeling powerless and excluded from the process.

### Communicate clearly

- ▶ You may need to modify your language and communication style to suit the person. For example, to help people with hearing impairments, speak clearly and make sure they can see your lips. Provide information in small simple chunks to people with intellectual disabilities and memory impairments. Consider using illustrations and mime to help people with limited English-speaking skills.

### Encourage routine

- ▶ Encourage the person to develop a routine and to use lists. These strategies can be particularly helpful for people with short-term memory impairment.

## Confirm the time for medication

Consider the following factors when confirming the correct time for administering medication. You may also need to explain the meaning of terms that you have learnt, such as b.d., PRN and mane.

**Instructions**

The instructions on the label indicate when the medication should be taken. This might be once a day, with food, after meals, in the morning, at hourly intervals or when needed. Sometimes, the instructions only say, 'Three times daily'. Usually, the doctor or pharmacist will decide when this should be. Often, it is as soon as they get up in the morning, before lunch-time and before dinner. Keep in mind any other instructions such as 'before meals'. You should make sure they understand it has to be taken before they begin to eat. Explain what instructions such as 'four-hourly', mean. When do you start the four hours? Do you count the hours at night as well?

**PRNs**

Medication that is not prescribed to be taken at a specific time is known as PRN medication, and is often used for pain relief. It is important to follow the instructions for PRNs, and ensure the person understands when they can safely take them. You need to know how the person should take the medication (such as with food, crushed) and the safe interval between doses (minimum number of hours). Though people have the right to make their own decisions about when to take their medication, support workers have a duty of care to see they take their medication as the doctor has prescribed. You must let your supervisor know if a person wants to take their medication more or less frequently, to avoid potential harm.

**Example**

**Prompt and reassure the person**



Tamara checks her support plan and determines that she should prompt Lucy to take her tablets at 3 pm. She goes into the day room and says, 'Hi Lucy! It's 3 pm, would you like some help to take your tablets now?' Lucy has an intellectual disability and is always worried that her medication will cause her to choke. Tamara reassures her, reminding Lucy that there is less chance of choking if she is relaxed, takes only one tablet at a time, and drinks plenty of fluid with the tablet.

## Practice task 12

1. What does prompting mean?

.....

.....

2. Why is it important to have a good routine with medications?

.....

.....

**Click to complete Practice task 12**

# 3B Prepare medications and support individuals with administration of medication

If you are instructed to do so, you will need to prepare medication and support the person to take it. Prepare the medication as per instructions on the medication chart or dose administration aid (DAA), remembering that every person you support has different requirements for the level of support you need to provide.

## Legislation and organisational requirements

You need to work within the scope of your role description and legislative requirements when preparing medications and supporting people with administration of medication. Relevant State/territory legislation such as the ACT's *Medicines, Poisons and Therapeutic Goods Act 2008* will have regulated the way that drugs are made available and stored. Organisational procedures concerning medication also need to meet state/territory Standards for Medication Management.



Organisational policies and procedures should ensure a person's human rights are safeguarded. People have a right to consent voluntarily to procedures and medication. They have a right to information that allows them to make a decision that they consider right for them. If a person is incapacitated, state or territory legislation outlines the process for substitute consent.

Legislation governing work health and safety (WHS) guidelines for infection control, incident reporting procedures and privacy are all designed to protect people's rights and safety and will be relevant in differing circumstances.

## Individual care plans

Care plans will vary according to whether they are being used in a health or community services setting. Here is an example of some, but not all, form fields that are commonly found on an individualised plan in a health care setting.

Examples of information required on a care plan used in allied health:

- ▶ Personal details
- ▶ Insurance
- ▶ Medicare
- ▶ Treating doctor
- ▶ Details of previously existing care plan and outcomes
- ▶ Medical history
- ▶ Medications
- ▶ Allergies
- ▶ Needs, health goals
- ▶ Actions to facilitate achievement of health goal
- ▶ Providers and their contact details
- ▶ Review date
- ▶ Patients agreement/ informed consent
- ▶ Signatures

## Prepare equipment if required

In some situations equipment is needed in preparation for assistance with medication. The person you are assisting with medication may be able to independently organise equipment they need. In some situations, however, you may need to prepare equipment. If this is the case, gather what you need ahead of time. This makes it easy to get the medication ready for the person and can help to prevent mistakes. The person will be more relaxed if everything is available and ready for them. Ensure all equipment is clean and ready to use. This is important to prevent cross-infection.

Here is a list of equipment that you may need to use and when you might need to use it.

### Gloves

- ▶ Disposable gloves may be needed if:
  - you or the person need to apply topical treatments
  - you are in contact with body fluid
  - when you are cleaning up.

### Keys

- ▶ Keys to open a drawer, cupboard or trolley where medication is stored.

### Spoons, cups and towels

- ▶ Spoons in the correct measurement
- ▶ Paper cups to dispense medication from original container just prior to the person taking it.
- ▶ Cups and water jug to give water to person to swallow oral medication.
- ▶ Paper towels to dry equipment and to wipe spills.

### Dosage

- ▶ Pill crusher/mortar and pestle to crush medication when a person finds it hard to swallow.
- ▶ Tablet divider or pill cutter to cut tablets in half if the person finds it hard to swallow larger tablets.
- ▶ Measuring cups to measure liquid medication.

### Containers

- ▶ Containers for used equipment
- ▶ Containers for used paper goods and disposable items
- ▶ Containers to store all used equipment prior to washing; for example, teaspoons
- ▶ Containers to dispose of used disposable equipment and paper goods

## Support individuals with administration of medication

Self-medication requires the person to take their own medication with only the support they need. Remember to do only what you have been trained and instructed to do. Don't be tempted to take over from the person any part of the administration procedure yourself, unless there are specific instructions for you to do so, even if it seems quicker or easier to do it yourself. Remember the following regulations that always apply.

You are not allowed to:

- ▶ assist a person to remove medication from the DAA until you are assessed as competent
- ▶ give an injection
- ▶ place medication in a nebuliser or give a suppository or pessary unless allowed under workplace policies and procedures
- ▶ initiate any treatment (this is the task of a doctor or, in some cases, a registered nurse)
- ▶ assist a person to remove tablets from an unmarked bottle or container.

## Medication and guidelines for administration

Here is a summary of a list of medicines and some guidelines for their administration. Ask your supervisor to explain anything you don't understand.

### Tablets and capsules

- ▶ Tablets may be able to be split if too big to swallow. Follow the instructions.
- ▶ Where possible, the person should be in an upright or semi-upright position when taking oral medication.
- ▶ Dispense into a medicine cup and hand to the person with a glass of water.
- ▶ Some tablets may be crushed and mixed with small amounts of custard or jam to disguise the taste. You need to have permission to do this. Do not place tablets in food as part of a meal, as the person might not finish their meal.
- ▶ Crushed tablets must be given as soon as possible after crushing to prevent chemical interaction.
- ▶ Allow sufficient time for the person to swallow the tablet or capsule.
- ▶ Capsules should be swallowed whole with water.
- ▶ If indicated, capsules can be opened and mixed with food.

### Liquids

- ▶ Shake the bottle gently.
- ▶ Check the instructions again for the correct amount and measure into a measuring cup or spoon and assist the person to drink, if necessary.
- ▶ Once they have swallowed the medicine, check the cup to make sure they have not left any behind. It is important the person takes the whole dose.

### Wafers

- ▶ Place wafer on the tongue (it is an oral disintegrating medication). It will dissolve in the mouth and can be swallowed with saliva.

## Other types of medication

Here are some guidelines for helping a person to administer other types of medications.

### Nasal sprays

- ▶ Spray into nostrils as indicated on the label.

### Medicated patches

- ▶ Must be applied to a dry, clean, non-hairy area. Avoid applying patches to areas with cuts or rashes.
- ▶ Apply the sticky side to the skin. Press firmly and do not rub.
- ▶ Apply to alternate sides each time you replace the patch.

### Topical medication

- ▶ Identify the correct area to apply the treatment.
- ▶ Only use the amount prescribed.
- ▶ Ointment should be patted onto the skin – do not rub.
- ▶ Gloves must be worn to prevent absorption through your own skin.

### Inhalers

- ▶ Shake the capsule.
- ▶ The person should be sitting upright.
- ▶ Ask the person to take a deep breath of the inhaler as it is pressed.
- ▶ If using a spacer, press the inhaler into the spacer and then ask the person to take several normal breaths of the contents.

### Eye drops

- ▶ Keep eye drops at the temperature recommended on the packaging.
- ▶ Eye drops expire one month after opening – the date when the bottle is opened should be written on the bottle.
- ▶ Identify the correct eye to instil the medication into (if only one eye).
- ▶ Clean the eyes before the procedure.
- ▶ Ask the person to lean comfortably with their head back.
- ▶ Use the 'no touch' technique. Do not touch the eye with the tip of the bottle.
- ▶ Gently pull down the lower eyelid.
- ▶ Instil the correct number of drops into the middle of the inside area of the lower eyelid.

## Ear drops

- ▶ Tuck the person's hair behind their ear and remove hearing aids, cotton wool or other obstructions.
- ▶ Ask the person to tilt their head to the side so the ear to be treated is facing up.
- ▶ Gently pull the ear up and back to make the opening as wide as possible.
- ▶ Instil the correct number of drops towards the back of the ear canal without touching the applicator or bottle to the ear. Do not insert bottle necks or droppers into the ear canal.
- ▶ If instructed, assist the person to place a small wad of cotton wool loosely into their ear to prevent the medicine running out prematurely. Do not push the cotton wool into the ear canal.

## Common medications and their effects

While you are not expected to understand the uses, recommended dosages, cautions and side effects of the drugs you are helping the person to take, it can be useful to understand some of these factors about some of the more commonly taken drugs. You should never use this information to give advice to the person taking the medication. All advice regarding treatments should be given through health professionals. If the person you are providing support to asks for advice about their medications, you must refer them to their nurse, doctor or pharmacist.

Similarly, having information about some of the medications you help with does not in any way qualify you to make changes to or stop the person from taking the medication. If you have concerns, you must always seek advice.

Most medications come with warnings.

Medication warnings can come in the form of:

- ▶ common side effects caused by the medication
- ▶ contra-indications (people who should not take the medication, or who should take with caution, because of a pre-existing symptom or condition)
- ▶ dangers that can result from incorrect usage, or incorrect storage.

## Paracetamol

Here is some information about paracetamol.

### Purpose

- ▶ Paracetamol can be used to reduce pain and fever.

### Side effects

- ▶ Paracetamol can cause nausea and vomiting.

### When to avoid

- ▶ Do not use when more than three standard glasses of alcohol are taken per day, or if the person has a history of alcoholism.

**Misuse**

- ▶ Overdose can result in damage to liver.

**Storage**

- ▶ Paracetamol should be stored at room temperature away from heat and light.

**Disposal**

- ▶ Return to the pharmacy for disposal if unused or expired.

## Aspirin

Here is some information about aspirin.

**Purpose**

- ▶ Aspirin reduces pain and fever, especially arthritis pain; it can be used to prevent stroke and other cardiovascular disease.

**Side effects**

- ▶ Aspirin can lead to kidney or liver damage.

**When to avoid**

- ▶ Aspirin is not to be used for children, pregnant women and people with a history of stomach ulcers or bleeding.

**Misuse**

- ▶ Aspirin can lead to stomach upset or bleeding if the enteric coated tablet is crushed or chewed.

**Storage**

- ▶ Aspirin should be stored at room temperature, away from moisture.

**Disposal**

- ▶ Return unused or expired medication to pharmacist.

## Frusemide (Lasix)

Here is some information about frusemide.

**Purpose**

- ▶ Frusemide reduces fluid retention and can be treated for high blood pressure. The person excretes excess fluid through urinating.

**Side effects**

- ▶ Frusemide can cause allergic reactions, dehydration.

**When to avoid**

- ▶ Doctors will undergo a full medical check and possibly a blood test prior to ordering.

**Misuse**

- ▶ Overdose can lead to irreversible hearing loss.

**Storage**

- ▶ Store at room temperature away from moisture, heat, and light. Furosemide liquid medicine should be used within 60 to 90 days after opening the bottle.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

## Lipitor

Here is some information about Lipitor.

**Purpose**

- ▶ Lipitor is used to treat high cholesterol.

**Side effects**

- ▶ Side effects can include muscle or joint pain, diarrhoea, Nausea and vomiting, can interact with grapefruit juice and cause serious effects.

**When to avoid**

- ▶ Lipitor should not be used for children, pregnant or breastfeeding mothers, or people with liver disease.

**Misuse**

- ▶ Overdose can cause liver damage, and can cause serious reactions when mixed with other drugs.

**Storage**

- ▶ Store at room temperature away from heat and light. Do not divide or crush.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

# Metoclopramide

Here is some information about metoclopramide.

## Purpose

- ▶ Metoclopramide is often used to treat nausea.

## Side effects

- ▶ Metoclopramide can cause allergic reactions.

## When to avoid

- ▶ Metoclopramide must not be taken for more than 12 weeks at a time. It must not be given to people with allergies to the drug, stomach bleeding, and epilepsy. Do not drink alcohol during use.

## Misuse

- ▶ High or extended doses can cause serious damage to muscles. Can react with many other medications, including over the counter medications.

## Storage

- ▶ Room temperature away from moisture, heat and light.

## Disposal

- ▶ Return to pharmacy for disposal if unused or expired.

# Lactulose

Here is some information about lactulose.

## Purpose

- ▶ Lactulose is liquid medication used to treat constipation and maintain bowel function. It softens stools and reduces constipation.

## Side effects

- ▶ Side effects can include bloating, belching, flatulence, abdominal discomfort such as cramping, and dehydration in the elderly and infants.

## When to avoid

- ▶ Lactulose should be used with caution in diabetics.

## Misuse

- ▶ Diarrhoea and dehydration can occur as a result of overdose.

**Storage**

- ▶ Store at room temperature away from moisture, heat and light.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

## Zoloft

Here is some information about Zoloft.

**Purpose**

- ▶ Zoloft can reduce anxiety and depression.

**Side effects**

- ▶ Side effects include drowsiness, dizziness, feeling tired, mild nausea, stomach pain, upset stomach, constipation, dry mouth, changes in appetite or weight and sleep problems (insomnia).

**When to avoid**

- ▶ Zoloft is not to be given to people with liver or kidney disease, seizures or epilepsy, a bleeding or blood clotting disorder; bipolar disorder, or a history of drug abuse or suicidal thoughts.

**Misuse**

- ▶ Overdose or sudden withdrawal can lead to anxiety, panic attacks, trouble sleeping, thoughts about suicide or hurting yourself.

**Storage**

- ▶ Zoloft should be stored at room temperature, away from moisture, heat and light.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

## Hydrocortisone cream

Here is some information about Hydrocortisone cream.

**Purpose**

- ▶ Hydrocortisone works by calming the inflammation that occurs during certain skin conditions or reactions. Hydrocortisone cream may be used for treating various skin conditions including eczema and dermatitis.

### Side effects

- ▶ Side effects include a change in the colour of skin, or increased growth of hair in areas where the cream is used and contact dermatitis (a localised rash or irritation to the skin).

### When to avoid

- ▶ Avoid using during pregnancy. Avoid use if the person has scabies, an allergy to hydrocortisone or any of the other ingredients, rosacea (flushing of the skin on the face), dermatitis or psoriasis. Hydrocortisone should not be used for more than seven days at a time.

### Misuse

- ▶ Using more than the correct amount of cream may thin the skin so it damages easily. It may also allow the active ingredient to pass through the skin and affect other parts of the body, especially in infants and children, if used under a nappy or airtight dressing and during pregnancy.

### Storage

- ▶ Keep out of the reach and sight of children. Store below 25 °C. Do not freeze.

### Disposal

- ▶ Return to pharmacy for disposal if unused or expired.

## Warfarin

Here is some information about warfarin.

### Purpose

- ▶ Warfarin is an anticoagulant (blood thinner) that reduces the formation of blood clots. Warfarin is used to prevent heart attacks, strokes and blood clots in veins and arteries.

### Side effects

- ▶ Warfarin can cause severe and sometimes fatal bleeding. Take care when brushing teeth or shaving. Avoid drinking grapefruit juice, which can interact with warfarin.

### When to avoid

- ▶ Blood clotting tests will need to be performed regularly. Warfarin is only given according to a daily dosage that relies on blood test results. People with a history of stomach or bowel bleeding, high blood pressure, stroke, serious heart disease, anaemia, cancer, certain genetic factors or kidney problems are prescribed warfarin with caution or not at all.

**Misuse**

- ▶ Overdose can lead to severe bleeding. Symptoms of bleeding problems include unusual bruising, bleeding gums, bloody or coffee ground-like vomit, coughing up blood, dizziness, increased bleeding from cuts, increased menstrual or vaginal bleeding, nosebleeds, pain, swelling, or discomfort, pink or brown urine, red or black stools, unusual headaches or weakness.

**Storage**

- ▶ Warfarin should be stored at room temperature away from heat and light.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

## Ventolin

Here is some more information about Ventolin.

**Purpose**

- ▶ Ventolin is a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs. It assists the person with asthma and other lung conditions to breathe more easily. Ventolin is inhaled via a nebuliser or inhaler.

**Side effects**

- ▶ Common side effects include nausea, tremor, heart palpitations and dry mouth.

**When to avoid**

- ▶ Not for children under four years old. Doctors might avoid use in people with heart disease, high blood pressure, or congestive heart failure; a heart rhythm disorder; a seizure disorder such as epilepsy; or diabetes.

**Misuse**

- ▶ Overdose symptoms may include nervousness, headache, tremor, dry mouth, chest pain or heavy feeling, rapid or uneven heart rate, pain spreading to the arm or shoulder, nausea, sweating, dizziness, seizure (convulsions), feeling light-headed or fainting.

**Storage**

- ▶ Ventolin should be stored at room temperature away from heat and light. When handling Ventolin, take care not to puncture the canister. The cap should be replaced after use. Clean the inhaler once a week according to the directions in the extra patient leaflet.

**Disposal**

- ▶ Return to pharmacy for disposal if unused or expired.

**Example**

**Prepare medication to suit the person’s individual needs**



Carole, a support worker, has been asked to visit Mr Lennox. It is the first time he has required assistance with his medication. After greeting him and establishing a good rapport, Carole explains that it’s time for him to take the medication and what she will do to help him. At this point, Mr Lennox becomes agitated and refuses to take the tablets. ‘I don’t like the taste,’ he says.

Carole knows it is important that he takes the medication. She reassures him the tablets are easy to take and he will be able to do it on his own. Carole asks her supervisor if it is okay for Mr Lennox to have the tablets with some jelly. Once this is approved, Mr Lennox agrees to take the medications. Carole documents this in the file notes.

## Practice task 13

1. What is the meaning of self-administration?

.....

.....

2. Is it okay to cut or crush a tablet without clear instructions from your supervisor or doctor first?

.....

3. Why do you need to wear gloves when applying creams?

.....

.....

4. Describe one important part of the procedure for instilling eye drops.

.....

.....

**Click to complete Practice task 13**

# 3C Make checks to ensure correct person, medication, time, amount and route

Using the 'rights' formula has become a standard and effective way to help you to remember each important check that should be made. These are used to decrease the likelihood of a mistake. If you remember this formula every time you are assisting with medication, the chances of making a mistake will be greatly reduced.

Some organisations use five rights, and others use nine. Remember, you have authority as an assistant; if in doubt, speak to your supervisor.

Always check with your supervisor if you don't understand anything or need to clarify an instruction. The Five Rs are outlined in more detail here.

The 'rights'	Explanation
<b>The right person</b>	Check that you are assisting the right person by looking at the photo by the DAA; you can also confirm their name by asking them or by looking at their identification bracelet.
<b>The right medication</b>	Check that you are assisting with the correct medication. Read the labels on bottles, and ensure that the name of the medication matches that on the order.
<b>The right time</b>	Check that the medication is being administered at the correct time. The time will be clearly written on the medication chart and DAA. Some medications have side effects like sleepiness or dizziness, which means they may only be given at night. Other medications must be taken before or with food. When a person is self-administering, they may need to be reminded and prompted. Encourage them to develop a routine and to use lists
<b>The right route</b>	<p>Check that the medication is being administered via the correct route; for example, orally (via the mouth), sublingually (under the tongue), nasally (into the nose), ocularly (into the eyes), topically (onto the skin), rectally (into the anus), vaginally (into the vagina).</p> <p>The medication chart or label will explain how the medication is to be administered.</p> <p>Sometimes, the instructions will be in an abbreviated form that your supervisor may need to explain to you.</p>
<b>The right dose</b>	<p>Where there is a dosage documented (e.g., for powders, inhalants, creams, etc.), check that you are assisting with the correct dosage.</p> <p>Drugs will only be effective if the correct dosage is given. If, for some reason, you find it hard to read the medication chart, do not proceed. Contact your supervisor, the doctor or the pharmacist.</p> <p>If you are helping to pour a liquid, use a measuring cup with clear indications on the sides, and measure the dose in millilitres (unless an alternative measurement is specified).</p>

The additional 4 rights are listed below:

<b>The right of the client to refuse</b>	The client/patient has the right to say they do not want to take their medications. This is their right, but you must document it and notify your supervisor/the nurse in charge as per the policy and procedures related to assisting with medications.
<b>The right of the client/patient to know what the drug is for</b>	The client/patient has the right to understand what they are being given. If you do not know what is being administered, tell them you will find out from your supervisor/the nurse in charge. Otherwise, have somebody more knowledgeable come and explain.
<b>The right documentation</b>	You must document that you have assisted with medication on the medication administration record/chart, and (as per policies and procedures) on the support/support plan and/or progress notes.
<b>The right drug preparation</b>	You must be sure that the medication is administered after being prepared the correct way. For instance, some pills have an enteric coating on them that ensures a slow release of the drug. These cannot be crushed or cut.

## Assist with PRN medication

PRN stands for the Latin term ‘pro re nata’, which means ‘as required’. Medication prescribed as PRN should only be given on an ‘as needed’ basis; that is, only in circumstances as directed by a doctor and pharmacist and in accordance with organisational procedures. Check to make sure there are clear directions from the doctor on PRN medication. Do not exceed the amount of medication indicated in the order.



### Example

#### Medication order specifies correct information

Here is an example of a medication order. The last column requires a signature or initials of the person who gave or assisted with the medication.

Time	Medication	Dose	Route	Signed
0800	Panadeine	li	Oral	RT
0800	Lactulose syrup	10 mls	Oral	GS
1200 (midday)	Cortisone cream 5mg	Apply sparingly	Topical to affected areas	AE

# Practice task 14

1. List the Nine Rs.

.....

.....

.....

.....

.....

.....

.....

2. How do you ensure you have the right time?

.....

.....

3. Can you give a person as much medication from a PRN order as they need?

.....

.....

**Click to complete Practice task 14**

# 3D **Oversee and observe people taking medication and confirm completion**

Supervision and assistance does not mean forcing the person to take the medication. You do need to make reasonable efforts to assist the person, particularly where they might have trouble swallowing, if they are confused, or where it is known that the person does not like taking medication but knows they must take it. Whatever the situation and whatever strategy you use, supervision can help ensure that the correct amount has been successfully taken.



## **Oversee and observe people taking medication**

People may not take medication for many reasons, including that they do not like the taste or they may have a problem with their mouth. It is important to know if there is a barrier to medication being administered so that issues can be addressed. Oversee people as they administer their own medication.

### **What to do when observing administration of medication**

- ▶ Explain the process for taking medication and why it is important. This may improve understanding and cooperation.
- ▶ A person is more likely to cooperate when they feel they are in control of the situation and have a say in their own healthcare management.
- ▶ Observe the person taking the medication.
- ▶ Watch for the swallowing reflex in the person's throat. This is generally a good indicator that they have swallowed the tablets.
- ▶ Offer adequate fluids. Extra water might be needed to swallow large tablets.
- ▶ Provide help when needed or asked and within authorised procedures, such as offering one tablet at a time.
- ▶ Give the medication with food if they dislike the taste of the tablet (if authorised by the doctor).
- ▶ If taste is an issue, offer them something they like to eat or drink immediately after they have taken all the medication (if authorised by the doctor).
- ▶ Respectfully ask them if you can check their mouth, if you suspect they haven't swallowed the medication.

## Observe the person completing their medication

Assist the person where directed, so you can be sure all the instructions have been followed. Make sure the medication has been ingested or completed. If this is not done, the medication will not be fully effective. In some cases, this may be harmful to the person. Never assume the person has successfully taken their medication. Do not walk away before you are sure they have finished the medication in whatever form it comes in. By observing closely you will not have to rely on asking the person if they have completed administering medication, a question that some people do not like to be asked.

Observe to ensure:

- ▶ all the tablets have been dissolved and swallowed
- ▶ all the recommended medicine in the box or sachet has been used
- ▶ all the drops have been taken
- ▶ the correct amount of lotion has been applied
- ▶ the patch is securely in place.

Example

### Support a person to take their medications and confirm completion



Mrs Kokodis does not like the taste of her tablets. After she has taken them, she sometimes hides them in her mouth and then spits them out once she is alone. She gets very upset if people ask to check her mouth. Marco is sensitive about staying with her until he is sure the tablets have been swallowed, sitting with Mrs Kokodis and talking to her about his day. Once he thinks she has swallowed the tablets, he asks her a few questions and listens to her speaking clearly so that he can be sure her mouth is clear.

## Practice task 15

1. Why is it important to supervise a person after you have given them their medication?

.....

.....

2. How can you help a person to swallow their tablets if they don't like the taste?

.....

.....

.....

Click to complete Practice task 15

# 3E Implement documented procedures for medication not being administered or absorbed

It is expected that sometimes administration of medication might not go according to plan. The person might refuse to take their medications; they might spit them out; they might feel unwell and expel the unabsorbed medication while vomiting. Missing one or two doses of a medication in most cases won't cause harm to the person, but following the procedures correctly ensures that others are aware of the problem and attempts can be made to help avoid it in future.

## Respond to medications not being administered or absorbed

You should always record any difficulties or failure to administer medications in the file notes, after immediately reporting to a supervisor.

Here are some of the reasons why medication administration or absorption might not be completed, and how you might be asked to respond.

### Hoarding tablets

- ▶ If possible and with permission, check cupboards or drawers for hidden medication.
- ▶ The support worker should at all times respect the individual's rights, privacy and dignity when searching for medication they suspect has been hoarded.
- ▶ Document and report your actions and findings to your supervisor.

### Swallowing difficulties

- ▶ Do not continue with the administering of the medication.
- ▶ Report the swallowing difficulties immediately to the supervisor or doctor.
- ▶ The medication might need to be changed to a more suitable form; for example, liquid, wafer or patch instead of a tablet.
- ▶ The medication may need to be crushed or split if appropriate. Seek permission first.
- ▶ The person might benefit from taking the medication with custards or jams – seek permission first.
- ▶ Report ill-fitting dentures to a supervisor

### Refusal

- ▶ If mistrust of staff is the issue, identify yourself and explain the procedure for administering the medication.
- ▶ Remind the person why their doctor has prescribed the medication; how it will benefit them; and what might happen if they don't take it.
- ▶ Inform your supervisor immediately if they continue to refuse to take their medication.
- ▶ It is usually the right of the person to make the decision of what medication to take. Never criticise this decision, even if you don't agree with it.
- ▶ If you are not sure what to do, do not give advice; instead, arrange for a registered nurse, doctor or pharmacist to counsel the person.

**Dislikes taste**

- ▶ Mix tablets with food to disguise the taste.
- ▶ Only mix with a small portion of food, because the person may not finish their food and you won't know how much medication was left behind in the food.
- ▶ Have a favourite food or drink ready to take the taste away once the medication is taken.
- ▶ Check with your supervisor whether the medication can be changed to a more suitable format; for example, a tablet instead of liquid.

**The medication is vomited**

- ▶ Report to a supervisor immediately and alert them to your knowledge or suspicion that the medication was not absorbed.

**Example**

**Implement documented procedures for medication not being administered or absorbed**



Anna goes to Mrs Chustz's room to assist with her medication. She finds a tablet on the floor that looks like it has been sucked and spat out. She asks Mrs Chustz where the tablet came from. Mrs Chustz looks embarrassed and says she doesn't like the tablets because they are big and she has to hold them in her mouth before she can swallow them. She says they taste disgusting and she can't get the taste out of her mouth afterwards. She doesn't want to cause trouble so she has been spitting them out as soon as the staff member leaves her room.

Anna says she will talk to her supervisor about the problem. She makes a verbal report of what she saw to her supervisor, and then writes the incident down in the file notes as workplace procedures mandate. As a direct result of Anna's report, the doctor has now changed the order to a syrup form of the same medication.

## Practice task 16

1. Is it okay to let one or two small incidents of untaken medication go unreported?

.....

2. How do you respond if a person refuses to take their medication after you have explained why it is important?

.....

.....

**Click to complete Practice task 16**

# 3F Complete medication administration records according to organisation procedures and regulatory requirements

Evidence that medication is taken as prescribed should be recorded and signed by the worker who assisted with the administration. These documents might include a medication administration form or file notes. It is also important to document if the medication was not given or completed or if there is an error.



You must report and record exactly what you have observed when the person takes their medication. Your records will be read by your supervisor, the person's doctor and other support workers and members of the person's healthcare team. It is a legal requirement to document what you have observed. Your observations may be needed as evidence if there is a mistake made, or if a person has a negative reaction to medication that causes them harm.

Accurate record-keeping is essential so there is a permanent record of what took place. Health professionals must understand what medication has been given and whether there were any side effects.

## Complete medication administration records

Here is a guide to what should be documented after you have supported someone to take their medications.

### What you should document

- ▶ Whether all ordered medications were taken
- ▶ The time they took the medications
- ▶ Whether the medication was ingested or completed successfully; and if not, what occurred
- ▶ The support you gave to encourage the administration of the medication
- ▶ Any reaction the person had to the medication
- ▶ Any further comments or observations you feel need to be recorded

## Store medication charts and documentation according to organisational procedures

Documentation about a person's medication (in their care plan, medication chart, treatment sheets or other documents) contains their name, date of birth, diagnosis and details of current treatment. It must be kept in a safe and secure place at all times. Legislation on privacy is clear and exact. Legal action may be taken if these guidelines are not followed.

You must know how to use and store records correctly. Don't talk about a person's details to anyone other than their supervisor and other members of the healthcare team.



### Medication charts

The following is an example of a medication administration form that records the date, time and amount of the medication given. For the purpose of this example, no specific medicines are named. Some organisations require support workers only to sign that the person has ingested the content of multi-packed DAAs and not for each individual tablet taken. Print your name and sign next to it for easy identification. Find out what the specific requirements are in your workplace.

Name: John Milicic			Date of birth: 3/09/37	
Medication name	Amount	Time given	Ingestion completed/not completed	Name and signature of worker
Antibiotic	X 1	9.30 am	Completed	Kerry Burns
Antacid	25 ml	9.35 am	Completed	Kerry Burns
Analgesic	X 2 PRN	9.45 am	Not completed – spat out.	Kerry Burns

**Example**

**Complete medication administration records according to organisation procedures**

The following is an example of a file note you may need to complete. This example is for a PRN medication. You need to record the reason the person asked for the medication and the action taken. It is important to always check, document and report the efficiency and effectiveness of the medication administered after a period of time; for example, 30 minutes later.

**Care notes**

**Date:** 23 October 2016

**Name:** Mr Bert Koch

**Time:** 10.30 am

**DOB:** 3 October 1939

**Comments**

Mr Koch says he is having trouble taking the tablets – he says they are too big. He asked me to grind them up first. I explained I was not allowed to do this. I told him that the doctor said these must not be crushed. I then told him I would call the supervisor who will ask the doctor whether the tablets can be taken with food. Notified Megan (supervisor).

**Follow-up**

Supervisor advised not to crush the tablets but to place in yoghurt. Have done this. Mr Koch took the tablet.

**Signature:** *Angelina Dowrey* (support worker)

**Print name:** Angelina Dowrey

## Practice task 17

1. If you have made a mistake and there is no chance that anyone else will notice, is it better to say nothing to avoid getting into trouble?

.....

2. Explain your response to Question 1.

.....

.....

3. Give three examples of what you should document in the person’s file after medication assistance.

.....

.....

.....

.....

**Click to complete Practice task 17**

# 3G Observe the individual for changes in condition and report to supervisor or health professional

When prescribing the medication, the doctor takes into account the likelihood of the medication's effects. They will explain to the person why they are having the medication and whether there may be any possible side effects. They might advise the person what to look out for when they take the medication. Sometimes, however, side effects occur that are unexpected. Check the person regularly after they have taken their medication to observe any changes in their condition or any reactions they have to the medication.



## Regularly check person for changes in condition and report

Checking the person regularly after they have taken their medication helps you to see whether the person is experiencing any side effects caused by the medication they are taking. Report any abnormalities immediately to your supervisor, the person's doctor, the pharmacist, a medical officer or emergency services. Your workplace may also have a helpline for staff to use.

Here are guidelines for checking, recording and reporting changes.

### Identifying changes

Talk to the person and ask them how they feel. Observe their colour, mobility, mental and verbal responses and physical signs.

### Making observations

A reaction may take hours, days or even weeks to happen, or it may occur soon after the person has taken the medication. For example, a person has a seizure. Sometimes it may take much longer and the changes may be small. You should observe the individual every time you visit for any changes in their condition.

### Reporting findings

Let a supervisor know if you have concerns. Write down exactly what you see and what the person or their carer tells you; record these observations in the file notes or progress notes, feedback sheet, communication book, incident report form, or other documentation as specified in your workplace.

## Observe changes closely

The more you find out, the more information you will be able to tell your supervisor. You need to report the person's condition immediately if there is any doubt the individual cannot take their medication safely and according to the instructions.

Here are guidelines to assist you in acting on changes.

### Observe, report and act as required

- ▶ Report changes to the supervisor or doctor and wait for direction and guidance.
- ▶ Your supervisor or the person's doctor will assess the person to see whether they are able to take their medication or to self-medicate.
- ▶ A support worker is not qualified and is not authorised to diagnose the problem or initiate further treatment.
- ▶ Record what you have observed or what the person tells you about how they feel
- ▶ If the person is unconscious, you should immediately notify emergency services.

### Example

#### Listen to a person explain changes in their condition and report to supervisor

Jack reports that he feels nauseous. He says, 'I feel like I could vomit. My head feels as if it will split today'. The care worker, Shania, responds, 'That's no good,' and continues with other duties. Ten minutes later another worker, Elizabeth, notices Jack's distress. She calls for a supervisor, who calls an ambulance.

Jack suffers a stroke, which results in partial paralysis in the muscles in his arm and one side of his face. This could have been avoided if Shania has paid more attention to the warning signs of stroke and sought help earlier.



## Practice task 18

1. Why should you check a person regularly after they have taken their medication?

.....

.....

2. Do all side effects occur straight away after taking the medication?

.....

3. In the case of severe side effects that has led to an emergency, who should be contacted?

.....

**Click to complete Practice task 18**

## Summary

1. The Five Rs are a memory aid to ensure medication is taken by the right person at the right time, in the right dose, via the right route and with the right documentation.
2. Support workers must follow the legislation and workplace policies and procedures for preparing and administering medication at all times. They have a duty of care to ensure they do not place the person in any danger or cause them harm.
3. There are various ways of assisting a person to take their medication, ranging from verbal prompting through to direct assistance.
4. Support workers must never force people to take their medication and must ensure medication is taken and ingested.
5. Reporting and documentation procedures must be followed if the medication is not taken as expected.
6. Support workers must watch for and report adverse reactions to medication. All actions taken must be documented in case notes, progress notes or incident reports.

# Learning checkpoint 3

## Support individuals with administration of medication

This learning checkpoint allows you to review your skills and knowledge in supporting clients with administration of medication.

### Part A

1. Use the following table to describe three areas to check before you proceed with the task of assisting a client take their medication. Explain why you must do this.

Items to check	Reason for checking

2. What documentation should you access to check the procedures for administering the medication? What else should you record on this chart?

.....

.....

3. In the period after administration, what changes might you be looking for in the person to tell you that they might be experiencing a reaction or side effects? Give three examples.

.....

.....

.....

## Part B

Read the case study, then answer the questions that follow.

### Case study

Rose is the support worker whose role it is to assist Mr Svendal to take his lunch time medication. He hates taking the tablets. He can do most of the task himself, but Rose must check that he has taken the right tablets and that he has swallowed them completely. His medication is contained in a blister pack. Rose reads the following instructions on the back of the dose section of the blister pack:

- ▶ Thursday 10 May 201, 12 noon
  - ii Paracetamol o (round white)
  - i aspirin o (small, round blue with hard coating)
  - i Frusemide o (oval; light blue)
- ▶ Tablets to be taken with water; do not crush

1. List the checks that need to be made before assisting Mr Svendal.

.....

.....

.....

.....

.....

.....

.....

.....

2. List the equipment Rose will need to use.

.....

.....

.....

.....

3. Explain how Rose should prepare the medication.

.....

.....

.....

4. How many tablets need to be counted out?

.....

.....

.....

5. Describe the support Rose will give Mr Svendal.

.....

.....

.....

.....

.....

.....

6. Outline the purpose and side effects of each medication Rose will be administering.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

7. How would Rose go about prompting Mr Svenadl to take the tablets?

.....

.....

8. Mr Svendal asks Rose to break the Frusemide into half, as he is having difficulty swallowing it. How would she proceed?

.....

.....

9. How will Rose be certain that the tablets have been swallowed?

.....

.....

.....

10. Mr Svendal has refused to take the Frusemide, saying it makes him get up and down to the toilet too much. How would Rose respond?

.....

.....

.....

11. Give two examples of changes Rose should be looking out for after the administration, and explain what she would do if she noticed them.

.....

.....

.....



## Topic 4

In this topic you will learn how to:

- 4A Report concerns with the administration of medication as required**
- 4B Identify, report, record and address reactions to medication according to organisation guidelines**
- 4C Identify contaminated or out-of-date medication and dispose of according to organisational procedures**
- 4D Identify, report and record changes in individual's condition, within essential timeframes**
- 4E Identify procedures to address/respond to changes in the person's condition or needs**
- 4F Report inconsistencies promptly and take action as instructed**
- 4G Document and address all inconsistencies according to organisation guidelines and procedures**

## Handle medication contingencies

A contingency is when something doesn't go according to plan. The most important thing to remember, when any contingency relating to medication arises, is to report immediately to your supervisor. Instructions can then be given to help guide you through the problem safely, and to alert medical staff or supervisors to issues that they need to be aware of.

# 4A Report concerns with the administration of medication as required

Medication contingencies can be minor or major, but all have the potential to cause problems. A missed tablet can lead to medications not having the desired effect over time. If too much medication is taken, overdoses and other adverse reactions may occur. Stopping medication suddenly can also produce undesirable effects such as anxiety, confusion, shakiness and nausea. Here are some examples of problems or concerns to report.

## Possible contingencies

- ▶ A person may refuse to take their medication.
- ▶ A tablet or capsule may drop on the floor.
- ▶ The person may have an unexpected reaction.
- ▶ There may be problems with the medication's expiry date or contamination.
- ▶ The person might be away and not able to take their medication as ordered.
- ▶ The person might be fasting for a test or surgery.
- ▶ The tablet is missing from the dose administration aid.
- ▶ The order is difficult to read.
- ▶ A person might become unwell before or after taking a medication.
- ▶ Something just doesn't seem right.

## Report concerns with the administration of medication

In most cases, medications are taken without incident. However, occasionally, due to human error, problems with equipment or with the health of the person, problems or concerns can arise. Failure to take the prescribed medication as directed can result in a number of complications. For example, if an insufficient dose is taken, the medication may not produce the desired effect. If too much medication is taken, overdoses and other adverse reactions may occur. Stopping medication suddenly can also produce undesirable effects such as anxiety, confusion, shakiness and nausea. Always report these problems verbally to a supervisor as soon as possible, and follow up with written documentation.

Some factors that may prevent individuals from taking their medication as prescribed are outlined here.

### **Refusal**

People may refuse to take some or all of their medication. Some may not understand the benefits of the medication or may be suffering adverse effects. They may not want to admit they have a particular condition.

### **Incomplete ingestion**

Some people may have a condition, such as dysphagia, that makes it hard for them to swallow tablets. They may have a gastrointestinal complaint that causes them to vomit. Changes in the gastrointestinal system and the metabolic system can also prevent medication from being properly absorbed.

### **Missed doses**

People may miss their doses because of memory issues or because they have not yet formed the habit of taking their medication at prescribed times. If medication is missing, it may indicate that a person has inadvertently taken or been administered more than their prescribed dose.

## **Identify issues with medications**

To identify issues, you may need to ask the person questions, look for evidence in their environment and observe their behaviour, as outlined here.

### **Ask questions**

Sometimes a person you support will need to take their early morning medication before you arrive. You might ask them whether they have taken it. They may tell you, for example, that the pill fell and disappeared under a cupboard. Ask them specific questions to get an answer; for example, 'Have you taken all your tablets today? How many tablets have you taken?'

### **Look for evidence**

You may need to look around their home or room to see whether there is any medication in their rubbish bin or on the floor. You may find they are consistently applying more lotion than necessary and the tube is nearly empty.

### **Observe behaviour**

When you are ready to assist individuals with self-medicating, you may find they refuse to take the tablet, despite your encouragement. If they administer the medication, they might vomit it up, take only half of a tablet or leave most of a liquid medication in the glass.

## Report and follow-up on concerns

You must immediately report any concerns you have about any difficult in the person taking their medication. Follow organisational procedures and protocols and the instructions and guidance you are given. Remember, you are not the one to make a decision about what to do next. For example, you must not decide to give the individual the next dosage in place of the one they missed or give them an extra tablet if they have been unable to take the first.

Here is what to do when reporting your concerns.

### Report to supervisor

You must always contact your supervisor immediately, explain the situation and wait for their instructions. The information the supervisor receives from you about the situation may lead to an adjustment of the person's care plan or a change in their medication.

### Follow up on feedback

The supervisor will give you feedback and explain the follow-up action. For example, your supervisor may tell you not to do anything until they have received advice from the doctor. Then they will call you back and advise what to do. In other situations, they may respond immediately and tell you to give the person another tablet.

## Example

### Medication contingency policy

A contingency is any situation that is unexpected, such as lost, damaged or missing medication, or a medication mistake. The following sample policy provides instruction for managing a medication problem.

#### Armadale Care Service medication contingency policy

- Notify your immediate supervisor without delay.
- Explain to the supervisor what has happened.
- Follow instructions given.
- Call an ambulance if you have been instructed to do so.
- Call an ambulance if you believe the situation could be life-threatening.
- Record what has happened in the file notes.
- Complete an error or incident report form.

## Practice task 19

1. What is a contingency?

.....  
.....

2. Give two examples of medication contingencies.

.....  
.....

3. Give one example of a complication or problem that can arise because of a medication error.

.....

4. What response should follow any type of drug error?

.....  
.....

**Click to complete Practice task 19**

# 4B Identify, report, record and address reactions to medication according to organisation guidelines

While severe reactions to medications are not common, all medications have the potential to cause some side effects or adverse reactions. Your role is to observe, identify, report, record and address the individual's reaction to their medication within the level of your authority and by following workplace procedures.



## Identify individual reactions to medication

You don't have to know about individual drug reactions, but it is important to check for any signs that are unusual or different and report them straight away. The most common side effects of medications include nausea, vomiting, and mild skin reactions to creams or lotions. More serious reactions can be varied, but are particularly dangerous and urgent if the person experiences shortness of breath or a major, sudden rash.

Other signs to report straight away include:

- ▶ changes to skin colour, such as paleness, redness
- ▶ pain, headaches
- ▶ dizziness, weakness, double vision
- ▶ itchiness
- ▶ claims of a racing heartbeat or changes to blood pressure or pulse
- ▶ confusion or uncharacteristic behaviour changes, such as aggression.

## Report, record and address reactions to medication

Medication reactions can become more serious if action is not taken early. Even small signs might be the early stages of a reaction, and should be reported as soon as you can, before making the person as comfortable as possible.

### Report

Notify your supervisor as soon as possible and follow any instructions you are given, including making sure the person is comfortable. Respond to further instructions given by your supervisor, such as contacting a doctor or ambulance.

**Record**

You then need to complete the correct form, such as a file note, a communication book, an incident report or an adverse drug reaction form. Detail exactly what happened, describe what you have done and what follow-up is required so everyone involved in the person’s care understands the situation. Remember to include the date and time of the reaction. Print and sign your name. Write clearly, accurately and in brief sentences. Keep to the point. Do not make any suggestions or personal statements. For example, write ‘Agnes has a rash’, not ‘I think Agnes has a rash because she ate oysters, which always disagree with her, though it could be the new medication’.

**Example**

**Report an individual’s reaction to medication**

Geoff visits Audrey, a woman receiving support services. Audrey’s doctor has recently altered the dose of her medication. While Geoff is working with Audrey, she takes her medication. She vomits immediately after she swallows. Geoff takes the following steps to care for Audrey’s immediate needs:

- ▶ He comforts Audrey while putting gloves on.
- ▶ He then cleans the area while Audrey showers in privacy.
- ▶ He calls his supervisor, who informs him she will call a doctor. She promises to call Geoff as soon as she has consulted with a doctor. She asks Geoff to remain with Audrey until he receives other instructions.
- ▶ When Audrey returns from the shower, Geoff explains the situation.

Geoff then writes the following notes.

**Care notes**

Date: 3 November 2016	Name: Audrey Brit
Time: 9.15 am	DOB: 13/10/36
Details	
Audrey took her medication as prescribed at 9.00 am. At 9.01 am, she vomited. Notified supervisor at 9.07 am who directed me to stay with Audrey until she had consulted a medical professional for further instructions.	
Signature: <b>G Wilson (worker)</b>	
Print name: Geoff Wilson	

## Practice task 20

1. Do all medications have potential side effects?

.....

2. What are the most common side effects of medication?

.....

3. Give an example of a side effect you should observe and report.

.....

4. Where should drug reactions be recorded?

.....

.....

**Click to complete Practice task 20**

# 4C Identify contaminated or out-of-date medication and dispose of according to organisational procedures

Medication may lose its efficacy if it has been incorrectly stored, contaminated by bacteria or other substances, mixed together or past its use-by date. For example, eye drops, eardrops, insulin and some antibiotics may change, become toxic and/or dangerous for a person to take. Reporting and disposal of these medications in the correct way can reduce the chances of a person becoming unwell. Clear guidelines should be available in your workplace to explain how to dispose of medication. It is also important to follow state or territory guidelines regarding the disposal of pharmaceutical waste. If you are not sure how to correctly dispose of a particular medication, check with the pharmacist.



## Contaminated and out-of-date medication

Medication can undertake chemical changes if it has passed its use-by date or if it has been incorrectly stored. Some medication must be stored at a certain temperature; for example, below 25 °C. Medication can also be affected by heat, dampness, direct sunlight and interaction with other tablets.

It can also be contaminated by dirt and bacteria in various ways. This can happen when a packet is opened accidentally, a lid of a bottle is not closed properly or the opening of a container touches a body part. It can be contaminated when unused medication is poured back into the bottle, patches are opened accidentally and are not used immediately, or the medication container is tampered with.

## Identify contaminated or out-of-date medication

It is unsafe for a person to take expired, contaminated or damaged medication. You must not use medication after its expiry date. It may have lost its medicinal impact; that is, it may not be as effective and may no longer benefit the person. It could also be potentially dangerous for a person to take medication that has passed its use-by date or that is contaminated; for example, the chemical structure of the medication may have changed and it could be toxic. It should be disposed of in an appropriate manner.

Here is more information on identifying contaminated or out-of-date medication.

### Check the expiry date

All medication must have an expiry date on the original container or label. If you can't find it, don't use the medication. The date may be written as: 'exp 05 15', meaning it expires in May 2015. Some medication will have a batch number; for example, the bottom of the box might say B/N Y52323 exp: 11/2015, meaning the batch number is Y52323 and the expiry date is November 2015.

### Never mix medications

Never mix medication from different containers, as they may have different expiry dates. The containers will have different batch numbers and if, for some reason, the medication is recalled by the manufacturer you won't be able to establish the batch number of the contaminated or damaged medication.

### Observe changes

If you notice changes in the medication's colour, consistency, odour, or if it contains sediment, check first with your supervisor before proceeding.

## Reduce the chances of using contaminated or damaged medications

Here are some tips for dealing with medication to reduce the chances of using expired, contaminated or damaged medication.

### Follow these guidelines

- ▶ Never use out-of-date medication.
- ▶ Do not use medication if there are signs of tampering. If you suspect tampering, alert the supervisor and pharmacist.
- ▶ Check for a change in colour, appearance or smell. If you are unsure, ask your supervisor.
- ▶ Never administer medication if you think it is contaminated or damaged.
- ▶ Store medication correctly. Most medication should be stored out of direct sunlight in a cool, dry, secure place.
- ▶ Store at the right temperature. Many types of medication need to be stored in the fridge.
- ▶ Discard any medication not kept at the correct temperature (for example, eye drops accidentally left on the shelf).
- ▶ Heat and dampness can badly affect medication. Never store medication in the bathroom.
- ▶ Only use medication from original bottles or containers. Do not take medication from an unlabelled container.

## Dispose of medication according to organisational procedures

You should never discard medication in the garbage bin, down the toilet or sink. Children and pets could get hold of expired medication thrown out with the garbage. The medication can trickle through to water supplies when it ends up in landfills. Flushing down the toilet may kill helpful bacteria in the environment and could harm aquatic life in the ocean. Wastewater treatments do not remove medication residue. Send expired or contaminated medication back to the pharmacy. This includes

medication that you suspect has been stored incorrectly. Fold used, contaminated or expired medicated patches in half, sticky sides together, and discard with clinical waste.

**Example**

**Poor practice in medication disposal**

The following actions are examples of poor practice:

- ▶ Lara put a bottle of expired medication in the rubbish bin. She should have sent it back to the pharmacy.
- ▶ Andy poured the bottle of medication that had passed its use-by date down the toilet. He should have returned it to the pharmacy.
- ▶ John placed a tablet that fell on the floor back into the bottle. He should have disposed of the tablet, recorded his actions and contacted his supervisor.
- ▶ Sunil recognised that medication had reached its expiry date so he threw it out with the household rubbish. He should have returned it to the pharmacy.
- ▶ Nigel suspected the new tablet packet had been tampered with, as a corner had already been opened. He decided to use the tablets anyway.



## Practice task 21

1. Give an example of how a drug could become contaminated.

.....

2. Why should you not give medication that is past its use-by date?

.....

3. What should you do if you think medication might have been stored incorrectly?

.....

4. What should happen to medication that has expired?

.....

.....

**Click to complete Practice task 21**

# 4D Identify, report and record changes in individual's condition, within essential timeframes



Medications can have an effect on a number of body systems and organs. Sometimes these effects can be unpredictable even to trained medical professionals, such as the treating doctor, especially if the person is taking multiple types of medications. Being able to understand the general signs of illness and the parts of the body that can be affected means you can report anything that seems unusual or different about the person, both before, during and after the administration of medication.

As well as the signs of illness, you need to know the person's medical issues and specific medication. By referring to the person's medication chart, workers can plan the checks that need to be made before assisting with medication; for example, a blood pressure check before administration of an antihypertensive. They can then identify, report and record changes in the person's condition within the timelines that allow decisions to be made.

## Identify changes in the person's condition

It is essential that these changes be reported before proceeding with any further medications, and as soon as possible. Here is a summary of the major categories of changes that may occur in the body before, during or after a person takes medications.

### Integumentary systems

- ▶ The integumentary system comprises the skin, glands and sensory nerves. Look out for the following changes in skin colour:
  - Pale
  - Red flushed
  - Greyish blue
- ▶ A rash is usually red in colour and could be a small raised area on the skin. The skin could feel hot and the rash might be burning or have itchy, red blotches.
- ▶ Swelling can be present in the face, lips, mouth, eyes, hands and feet.

### Respiratory and digestive systems

- ▶ Breathing difficulty may be the result of choking or swelling of the airways. Other respiratory problems include:
  - increased speed of breathing
  - very slow, interrupted breathing.

### Digestive systems

- ▶ Common digestive problems include:
  - abdominal cramps and diarrhoea
  - nausea and vomiting
  - constipation.

### Vision

- ▶ Common vision problems include:
  - blurred vision
  - double vision
  - puffy eyes
  - sensitivity to light.

### Musculoskeletal and central nervous systems

- ▶ The person may:
  - be unstable on their feet or feel like fainting
  - complain of numb feet
  - be unusually aggressive, emotional, confused or disorientated
  - have trouble comprehending words, using appropriate words, or speaking clearly
  - have headaches or dizziness.

## Report changes in the person's condition

Here are some general rules to follow when reporting and recording changes in a person's condition.

### Reporting

Contact your supervisor or the person in charge immediately if you notice a change in a person's condition. Clearly explain the situation. Do not proceed to give any medication until you receive further directions. You will be given advice and instructions about what to do from your supervisor. This may involve calling an ambulance or making the person comfortable until medical help arrives. The supervisor will give you feedback and explain the follow-up action that needs to occur.

In an emergency situation, make sure you follow policies and procedures regarding applying first aid or calling emergency services. Report emergencies as soon as possible.

## Recording

After you have followed instructions, record what has happened, any verbal instructions you received and what you did. Based on your information, the supervisor may decide to monitor the person's condition, withhold medication for a while or manage their over-the-counter medicines differently.

Documentation may include a file note, a communication book, an incident report form or an adverse drug reaction form. Remember to be accurate, clear and only record what you see. Focus on the facts – things that you have seen, heard or smelt. It is never appropriate to provide your interpretation or your opinion.

## Policies and procedures

Your actions should be guided by:

- ▶ emergency procedures
- ▶ medication policy
- ▶ incident reporting policy and procedure
- ▶ duty of care
- ▶ documentation policies and procedures
- ▶ privacy and confidentiality policies and procedures
- ▶ infection control
- ▶ risk management.

## Medication policy

A medication policy for a disability services unit should provide guidance about the responsibilities of supervisors and support staff in relation to identifying, reporting and recording changes in the person's condition or needs.

You can read the medication management Standard that underpins medication policies and procedures in disability services in Tasmania at:  
<http://aspirelr.link/medication-management-disability-tas>



**Example****Identify, report and record changes in individual's condition**

Aleisha, a support worker, enters Stanley's room with his medication. He is taking pills for his high blood pressure. This is only the third day he has taken them. She chats with him for a while and he tells her the same thing three times. His face looks a little lopsided and he is slurring his words. Aleisha notices that he has wet his pants. Aleisha knows this is unusual for him.

Here is an outline how Aleisha acts in accordance with her organisation's guidelines.

**Attend to person's immediate needs**

Aleisha remains calm and speaks gently to Stanley. She asks him if he feels okay. She comforts Stanley and quickly cleans him up, making sure she follows personal hygiene guidelines.

**Report to supervisor**

She contacts her supervisor and describes the differences she has noticed in Stanley. She explains what she has observed and what she has done.

**Follow instructions**

The supervisor tells Aleisha not to attempt to give him medication until the doctor has been contacted. The supervisor tells Aleisha they will contact the doctor.

**Record event**

Ensuring the description is factual, Aleisha writes the following notes:

- ▶ When talking to Stanley at 10.08am I observed he was slurring his speech and repeating himself. His face appeared lopsided. He had been incontinent. I made him comfortable and cleaned him up.
- ▶ Withheld medication due to concern about observed changes.
- ▶ Informed supervisor at 10.12 am. Supervisor advised not to give any further medication.
- ▶ Supervisor to contact doctor.

## Practice task 22

1. What response should occur when a person shows signs of a skin rash?

.....  
.....

2. When a physical problem occurs, is it a good idea to record what you think might have happened, such as which drug you think caused the change?

.....

3. What is the general rule for when an ambulance should be called?

.....  
.....

**Click to complete Practice task 22**

# 4E Identify procedures to address/ respond to changes in the person's condition or needs

While you must not make any decisions about how to address a person's changed conditions, you do need to know what to do in the short term that is within your scope, and then to be able to follow health professionals' advice and instructions. You may be required to assist the person to person remain comfortable during treatment or consultation by a doctor.

## Identify procedures to address changes in condition

Be sure to follow instructions and guidance – you are not permitted to make a decision about what to do next, give any medical advice or opinions or attempt to treat the person yourself. For example, you must not decide to give them an extra tablet if they have vomited the first one. The health professionals involved with the individual will decide the best course of action to take.

You can support the team by reporting changes in the individual's condition to your direct supervisor and following the changed instructions they give. You may be instructed to call an ambulance, a family member or a doctor; place pillows to support the individual's head; cover them with a blanket; or sit with the person and provide reassurance.

**Example**

**Respond to changes in condition**

Georgia has noticed that one of the people she supports, Trish, has suddenly become short of breath after taking a new medication. Her breathing is fast and shallow, and she appears distressed. Georgia calls for help. An ambulance is called and Georgia sits with Trish while they wait, holding her hand and providing her with reassurance. When the nurse asks Georgia to help set up the oxygen, Georgia follows all instructions.



## Practice task 23

1. Who makes decisions about treating a person for health concerns?

.....

2. What is the main role of a support worker during an emergency?

.....

.....

**Click to complete Practice task 23**

# 4F Report inconsistencies promptly and take action as instructed

It is essential that the health professional in charge of the person's wellbeing knows the medication they have prescribed is being administered correctly, in the correct dosage and at the right time. If the medication administration varies in any way from the instructions of the health professional, these variations are called inconsistencies. It is part of a support worker's role to identify and report without delay any inconsistencies in the way the medication is administered.



## Report inconsistencies

The following explains the types of inconsistencies that may exist in medication.

### Incorrectly dispensed tablets

- ▶ Tablets are missing from the multi-dose administration aid.
- ▶ Extra tablets are packed.
- ▶ Medication is not delivered.
- ▶ The wrong identification is on the medication container.

### Incorrect prescription

- ▶ The prescription is not renewed in time.
- ▶ The wrong dose is prescribed; and the person receives the wrong treatment.
- ▶ The wrong medication is prescribed; and the person receives the wrong medication.

### Expired/damaged medication

- ▶ Tablets fall on the floor.
- ▶ The person accidentally opens a sealed package.
- ▶ The person adds tablets to a container or pours different medications into the same bottle.
- ▶ Medication is affected by heat and dampness.
- ▶ Medication is kept in an unlabelled container.

### Not correctly taken

- ▶ Medication that should not be crushed or broken is crushed or broken.
- ▶ Instructions are not followed correctly, such as take with/without food.

**Staff or individual error**

- ▶ The wrong medication is removed from the container.
- ▶ Medication is given to the wrong person.
- ▶ The person takes medication at the wrong time.
- ▶ Medication was given but unsigned and the next worker does not know and gives the medication.
- ▶ Medication is not given at all.

**Take action where inconsistencies are found**

Your organisation may give details of procedures to follow in their documents for risk management or incident reporting procedures. Inconsistencies or errors in drug ordering, packaging or administration, along with how you should respond in each situation, are outlined here.

**Incorrectly dispensed tablets**

- ▶ Immediately notify your supervisor.
- ▶ Advise the person not to take the medication until the supervisor is notified and the situation is clarified by the pharmacist.
- ▶ If the medication is not packed correctly, it should be returned to the pharmacist for checking and repacking.

**Incorrect prescription**

- ▶ Encourage the person to get their medication from one doctor only and to get all their treatments from the same pharmacy. Errors like this might be picked up before medication is dispensed.
- ▶ If any of these errors occur, they must be reported according to your organisation's guidelines.

**Expired/damaged medication**

- ▶ Assist to check expiry dates and any signs of tampering or contamination.
- ▶ Make the person aware of the risks in taking contaminated medications
- ▶ Return the medication to the pharmacist for correct disposal.
- ▶ Report contaminated, damaged or expired medication to your supervisor.

**Not correctly taken**

- ▶ Check notes, ask other staff or ask the person questions to find out more.
- ▶ Tell your supervisor, who may notify the doctor.
- ▶ Make the person aware of the importance of taking the medication as prescribed.

**Staff error**

- ▶ Report any errors immediately to the supervisor, even if it was made by someone else.
- ▶ Document the incident and the person it was reported to.

**Example**

**Report inconsistencies to supervisor**

Herbert has recently been prescribed a medication for the short-term treatment of a duodenal ulcer. His doctor has prescribed an effervescent (fizzy) form, as he thinks this could be easier for him than swallowing capsules. The prescribed method is to dissolve the tablet in half a glass of water. Herbert doesn't like taking this, as he says it 'tickles his nose and throat' and he doesn't like the feel of it. Sometimes he doesn't wait until the tablet is fully dissolved because he just wants to 'get it down as quickly as possible'. There is often a residue on the bottom of the glass and he refuses to mix the remainder and finish it off. His support worker, Valerie, lets her supervisor know and makes a note of this in the file notes so that the health professionals know that he might not be getting the full effect of the medication.



## Practice task 24

1. What types of inconsistencies might be noticed? Give three examples.

.....

.....

2. Should all staff errors be reported, or only errors you have made?

.....

3. What would be the appropriate response to noticing that the dose administration aid has an inconsistent number of tablets compared to what is printed on the packaging?

.....

.....

**Click to complete Practice task 24**

# 4G Document and address all inconsistencies according to organisation guidelines and procedures

Any inconsistencies, errors or actions that have occurred must be documented in the appropriate form. Record the date and time of the situation, who was involved, what happened and to whom you reported the situation. A written record is essential so everyone who reads the notes is clear about what happened and can make an informed decision about what to do. A health professional may need to get in touch with you to discuss what occurred.



## Document all inconsistencies

Documentation must follow the organisation's policies, and it may later be used in investigations or complaints. It must therefore be as accurate and carefully recorded as possible. Here are standards to follow when documenting inconsistencies.

### Be objective

- ▶ Information must be correct and objective. Only record what you know. Don't make up what you think may have happened.

### Include relevant details

- ▶ Don't include any information that is not directly associated with the situation, but write as much relevant information as you can.

### Use correct abbreviations

- ▶ Follow your organisation's procedures for using abbreviations. Abbreviations are not generally allowed except for units of measurement or accepted medical terminology. When in doubt, write words out in full.

## Forms and incident reports

Specific documentation used can vary between industries and employers. However, you may be required to fill out, provide information to, update or access documents. Use the organisation's forms. There may be separate documents for different situations.

An incident report form may be used in a court, so make sure it is factual and accurate. It is used to record details about specific incidents. It can also be used to identify trends that need to be dealt with to prevent future harm to the person involved and other individuals.

Most incident reports forms need:

- ▶ the date, time and location of the situation, and the people involved
- ▶ specific details, such as what occurred, changes in the individual's condition and who the situation was reported to
- ▶ action taken by you, and actions suggested by the person it was reported to
- ▶ any outcomes as a result of these actions
- ▶ the name and signature of the person completing the notes or form.

## Adverse drug event reports

An adverse drug event report might be used instead of or as well as an incident report. This report should include information about the inconsistency in medication, dose, route, frequency and the outcome. Details should be given about the effects on the person, including whether the adverse reaction was temporary or permanent. It should also include information about the action taken.

Adverse drug event reports can be used as a reference by medical professionals to prevent a recurrence of the problem. It can also be used at an organisational level to identify issues associated with the administration of medication.

### Example

#### Document inconsistencies

Joy notices that the medication that was supposed to have been given to May on the morning shift has not been removed from the dose administration aid, even though it has been signed as having been given. Joy rings her supervisor, and then records what she has noticed on an incident report.



## Practice task 25

1. What types of abbreviations are allowed to be used in file notes?

.....

.....

2. What is an adverse drug event report?

.....

.....

[Click to complete Practice task 25](#)

## Summary

1. Refusal, incomplete ingestion and missed or missing doses are contingencies that can have serious consequences.
2. People can react to medication in a range of unexpected and unpredictable ways.
3. Concerns regarding refusal, incomplete ingestion and missed or missing doses must be recorded and reported.
4. Complications from contaminated, expired or damaged medication can be avoided by disposing of these medications appropriately.
5. Changes in a person's condition can affect the way they respond to medication.
6. All inconsistencies noticed should be reported immediately
7. All documentation must be accurate, and only be concerned with the facts.

# Learning checkpoint 4

## Handle medication contingencies

This learning checkpoint allows you to review your skills and knowledge in handling medication contingencies.

### Part A

1. Explain why it is important to document medication errors and inconsistencies.

.....

.....

2. Describe the first step to take when discovering an inconsistency or mistake in medication management.

.....

3. Explain what might happen if a person uses out-of-date medication.

.....

.....

### Part B

Read the case study, then answer the questions that follow.

#### Case study

Lionel Francis asks for some pain relief at 2pm. Jessica, who is a new support worker to the service, goes straight to the cabinet and unlocks it to take out some paracetamol. She takes a tablet of a medication called Pramin from one of the bottles of medication intended for another client. She says to Marie, another support worker who has been watching her, that she thinks that is the same thing as paracetamol. She then administers this to Lionel. She leaves the tablets on the table.

1. Outline three areas in which Jessica has not followed correct procedure. Give reasons for your answer.

.....

.....

.....

- Pauline, a support worker on the next shift, hears what happened from Marie, who saw the incident. Using the following template, create a record to reflect this situation as it might have been related by Marie to Pauline.

Incident report	
Date:	Name of client:
Time:	
Description of the incident	
Who was it reported to?	
Signature:	
Print name:	

## Part C

Read the case study, then answer the questions that follow.

### Case study

Pat is employed as a Home Support Programme worker for Jinnup Shire visiting clients in their homes. This morning, Pat was assisting Tony with ointment for a fungal infection on his foot. He couldn't reach to do this himself. Pat had been shown by a nurse how to apply the ointment. The instructions on the tube read:

- ▶ Ensure affected area is clean and dry.
- ▶ Apply sparingly between and underneath toes.

Pat completed the procedure as per the instructions. Less than five minutes later Tony reported a burning sensation on the right foot. The entire foot felt hot and there was a red blotch about the size of 20 cent piece.

- What should Pat do first in this situation?

.....

- What might Pat do while she is waiting for her supervisor to give her further instructions?

.....

.....

.....





## Topic 5

In this topic you will learn how to:

- 5A Discard waste products according to organisation procedures and manufacturer's instructions**
- 5B Collect and dispose of used equipment, discarded medications/applicators and rubbish according to instructions**
- 5C Follow infection control guidelines when cleaning and storing medication containers and administration aids**
- 5D Follow organisation's arrangements and procedures to replenish dose administration aids and supplies of medications**
- 5E Store medication charts, care plans or treatment sheets according to organisation procedures**
- 5F Complete medication storage procedures in compliance with legislation and own role responsibility**

## Complete medication distribution and documentation

Completing medication assistance correctly involves leaving all areas clean, ensuring that documented records of what you have done are able to be followed up when needed later. Waste products should be discarded in the correct way. All surfaces that drugs and other substances may have been in contact with need to be cleaned thoroughly to avoid cross infection and to make the job of the next person using the medication trolley quicker and easier. Documentation is an important part of your legal obligations, and must be completed according to organisational procedures.

# 5A Discard waste products according to organisation procedures and manufacturer's instructions

You may work in an organisation that has a dedicated medication room and uses a medication trolley, or you may work with a small number of people with support needs who require assistance with medication in their own homes. If you work in the former, cleaning up and leaving the medication area clean, tidy and hygienic improves safety and ensures that the next person to use the trolley or treatment room can commence their work in an organised way. If you work in the latter, the same attention to tidiness and hygiene protects people who share the same space as the person you are supporting.



Sometimes there won't be much waste except for empty glass bottles, plastic tubes of medicine and disposable gloves. In other cases, you may deal with vomit, soiled clothes, sharps, blood and other body fluids, as well as discarded packaging material, used cotton wool, disposable plastic cups and gloves. Make sure you are familiar with the rules for disposing of waste and follow procedures to make sure all waste products are disposed of safely and hygienically. There are particular rules regarding disposal of old or out of date medications.

## Your organisation's procedures

Your particular state or territory has legislation and/or regulations in relation to disposing clinical and related waste that may be relevant. For example, the New South Wales Environment Protection Authority regards clinical and related waste as an environmental protection issue under the *Protection of the Environment Operations Act 1997* (NSW) and the *Protection of the Environment Operations (Waste) Regulation 2014*. This includes cytotoxic waste; pharmaceutical, drug or medicine waste; and sharps waste.

The Department of Health's Guiding principles for medication management reflect the National Medicines Policy. The guidelines state that considerable environmental health hazards are created if medication is disposed of through Australia's sewerage system and/or landfill stations. Therefore, to avoid accidental poisoning, medicine misuse and toxic releases into the environment, it is imperative that unwanted and expired medicines are safely disposed of.

Organisational procedures will ensure you are complying with legislation when you discard used and unused medication and equipment and clinical waste.

## Manufacturer instructions for disposal of waste products

There may not be guidance on safe disposal of each medication being used by people you are providing support to. New medications are developed and prescribed continuously. General guidelines in procedural documents and the manufacturer's instructions for disposal will provide guidance. Always consult your supervisor if you are not sure about how to dispose of waste.



## Collect disposable items and dispose of correctly

To reduce the risk of contamination, always dispose of any waste materials associated with medication. Some medications can be harmful to others, even if left behind in small doses.

Follow the documented procedures and guidelines that explain what you must do to dispose of rubbish. This can include making sure that waste is placed into the correct receptacle. Always look around to check whether any waste is left lying on the ground or on the trolley as you complete your task. Disposable items such as plastic cups, tissue paper and cotton wool should be collected in a rubbish bag as you work. Any waste still left at the end of your tasks are then collected together and placed in the correct container.

Here are some suggestions about discarding disposable equipment.

### Discarding disposable equipment

- ▶ Disposable cups and spoons, paper towels used for cleaning and packaging waste should be discarded in the general rubbish bin.
- ▶ Cotton wool that has been in contact with body fluid or wounds should be placed in infectious waste.
- ▶ Gloves can be put into general waste unless contaminated with body fluids, such as blood or vomit.
- ▶ Sharp equipment must be put in a labelled sharps container and not into general rubbish.

## Disposal of contaminated, unused or expired medication

Disposing of old medicines incorrectly can have serious consequences, including detrimental effects on the environment. If medication goes into general rubbish, children and pets could get hold of it. When disposed of into landfill, it can trickle through to rivers, lakes and water supplies. There are strict environmental and safety guidelines for the disposal of medical wastes, so you must follow the policies and procedures that apply in your workplace. Here are some general rules regarding the disposal of medication.

### Unused medicines

Unwanted, expired or out-of-date medication must be returned to a pharmacy for safe disposal. Your organisation may have a storage area for holding these while waiting for collection.

### Undigested tablets

The person may not ingest a tablet properly; they may spit it out or it may fall out of their mouth. These should be disposed of in infectious waste receptacles.

### Used patches

Used patches used to deliver heart medication must be folded in half, sides stuck together and placed in the infectious waste container.

## Disposal of medication containers

The following explains how to dispose of used medication containers, bottles or tubes.

### Rules for discarding used medication and containers

- ▶ Containers with medication residue should be discarded in clinical waste bins.
- ▶ Organisations are obliged to provide clinical waste bins and should have a contract for their safe removal.
- ▶ Some dose administration aids are suitable for multiple uses and should be returned to the pharmacist when empty.
- ▶ Containers that have the person's details printed on them should be sent back to the pharmacist or shredded on-site to protect people's privacy.
- ▶ All used medicine bottles, tubes and other containers should be washed, then placed into a regular rubbish bin.
- ▶ In a community setting, a person has the right to place containers in an ordinary bin and remove the label prior to doing so.
- ▶ Never throw away out-of-date medicines in the rubbish. They must be returned to the pharmacy.

### Example

#### Discard old medication according to organisational procedures

Rachael finds that Mrs Johnson's liquid medication expired a few days ago, according to the date on the bottle. She tells Mrs Johnson that she will let her supervisor know. The supervisor shows Rachael the box that is kept in the treatment room to store unused medications, so that they can be collected and returned to the pharmacy the next time the pharmacist comes in. The supervisor re-orders a new bottle of the liquid, which arrives later that afternoon. A note is made on Mrs Johnson's medication chart that she received the medication late.



## Practice task 26

1. Why is it safer to dispose of rubbish as it is collected, rather than leaving it in a pile on the trolley?

.....

.....

2. How is a used medicated patch disposed of once it has been removed from the person's skin?

.....

.....

3. What could happen if unused liquid medication is flushed down the sink?

.....

.....

[Click to complete Practice task 26](#)

# 5B Collect and dispose of used equipment, discarded medications/applicators and rubbish

In a residential care setting, there will be waste disposal containers for different types of waste, like sharps containers, bins for material with blood on them and recycle bins for cardboard, paper and glass. These may be located on the medication or treatment trolleys, in medication rooms or in individual's rooms. In a person's home, you may have to give them special containers for waste. If not, you should ask permission to use their own recycle and rubbish bins. Disposing of waste in the incorrect bin can cause extra cost to the organisation, as well as risk of cross infection to the community, and contamination of the environment.

## Discard waste products correctly

Here are some examples of waste receptacles.

### Waste receptacles



#### General waste

In a facility, waste that is not likely to be contaminated by body fluids is kept in general waste containers. These might appear black or dark green in colour, and be labelled 'general waste' or 'non-infectious waste'. These bins can accept waste that includes packaging, paper towels, used medicine cups, and gloves that are not contaminated with body fluids.



#### Infectious waste

Sometimes called biological or hazardous waste, these containers are usually bright yellow in colour. They are used for waste that might contain body fluids, such as blood, vomit or faeces.



#### Cytotoxic waste

These bins are usually purple in colour and are less commonly seen in community services facilities. They are required to be used to discard waste that might be contaminated with chemotherapy drugs, or the body fluids of a person who is taking chemotherapy drugs. It is very unlikely that you will be asked to administer these types of drugs, but you might be involved in supporting a person who is on a course of chemotherapy drugs.



**Sharps**

Any biological waste that includes sharp ends, such as syringes, needles and intravenous equipment, must be discarded in these bright yellow plastic bins. They are usually located on the medication trolley and in the treatment room. Although you are not permitted to assist with any medications that involve injection, you might come across a needle that has been inadvertently left behind. These must be discarded carefully to avoid risk of infection or injury from an uncapped needle.



**Recycle bin**

Usually blue in colour, these bins accept paper and cardboard waste only.

**Example** **Place waste in designated receptacle following medication assistance**

Jack is cleaning up after providing medication assistance for three different people. He used the medication trolley and returned it to the treatment room. There are three different types of waste that need to be placed in the correct receptacle left behind on the trolley. The first type of waste is a cardboard box that contains gloves, but is now empty. This is placed into the recycle bin. A piece of cotton wool that had been taped to someone's arm after the nurse had earlier taken a blood sample contains a few drops of blood and is disposed of carefully in the biological waste container. Jack puts his used gloves and some paper towel into the general waste bin.



**Practice task 27**

1. A used syringe with needle intact has been found at the end of someone's bed. This is not good practice by the nurse who administered the injection, and needs to be disposed of immediately. What type of bin should this be taken to and disposed of?

.....

2. Give three examples of items you might put into the general waste bin.

.....

.....

.....

3. What types of waste are contained in cytotoxic waste bins?

.....

.....

4. Is it acceptable to place an old newspaper that a person has asked you to dispose of while you are assisting with their medications, into a blue recycle bin?

.....

5. What is the usual colour of biological waste bins that contain body fluids and other infectious waste?

.....

.....

**Click to complete Practice task 27**

# 5C Follow infection control guidelines when cleaning and storing medication containers and administration aids

All equipment and medication must be cleaned and stored correctly to prevent damage and misuse, in accordance with industry health regulations and the organisation's infection control guidelines. You will be told what to do when you first start work. Ask your supervisor if you are in doubt about a procedure.



## Infection control

Your workplace is likely to use standard precautions for infection control or have plans to prevent infection. Additional precautions are taken only when dealing with a person who has lowered immunity or is carrying a highly transmissible infection. For a person with a blood-borne disease, extra precautions are necessary if blood or body fluids cannot be contained. Additional precautions would involve using a gown and gloves at all times.

Standard precautions have been developed nationally and internationally to reduce passing on infection. Employers are required by the state or territory governments to use these precautions. Complying with standard precautions means treating everyone as potentially infectious.

### Reasons for treating everyone as potentially infectious

- ▶ Infectious people may not show any signs of infection.
- ▶ Infections are often only determined by laboratory tests.
- ▶ Infections can be transmitted to others before being detected.

## Reduce chances of infection when handling containers

You may not know when a person has an infection, so you should always act as though they do and follow standard procedures to reduce the chance of transmitting infection in the course of your work.

Standard procedures for reducing the chance of infection:

- ▶ Wash hands regularly.
- ▶ Maintain skin care.
- ▶ Wear gloves.
- ▶ Handle and dispose of sharps effectively.

## Maintain medication trolleys

All medication equipment must be kept clean and free from bacteria and viruses to prevent infection. Most workplaces have a maintenance and cleaning schedule to ensure equipment gets cleaned properly on a regular and scheduled basis. Make sure you understand where the schedule is kept, the information it contains and what your responsibilities are.

The following provides further information on cross infection and how to clean trolleys.

### Cross infection

Because they are used to administer medication for more than one person, trolleys have the potential to cause cross-infection if not managed properly. Cross-infection occurs when a germ is carried from one person to another and causes an infection; for example, gastroenteritis.

### Cleaning

All areas of the trolley must be continually cleaned and kept neat and tidy. Germs have the potential to stay hidden for a long time and can even become more active and efficient over time. Wear disposable gloves and clean up any spills with a cloth. At the end of the day, the trolley should be cleaned with a sanitising liquid. Empty waste containers attached to the trolley and dispose of waste in the appropriate bins.

## Clean medication containers and administration aids

Some medical equipment will need to be cleaned and disposed of, such as applicators for lotions and ointments, measuring cups, mortar and pestle, nebulisers/spacers, tablet divider, teaspoons, drinking glasses and water jugs. Other types of equipment will just need to be cleaned and maintained, as explained here.

### Maintaining and cleaning equipment

- ▶ Equipment such as medication cups, tumblers and teaspoons should be used for one person only before recleaning or disposal.
- ▶ Equipment must be washed at the end of the round in hot soapy water, or a dishwasher to ensure the water temperature is high enough to kill germs.
- ▶ If medication residue is present on equipment, it should be wiped off with a paper towel prior to washing.
- ▶ All paper towels used for cleaning residue should be disposed of in the general waste bin.
- ▶ The mortar and pestle and tablet cutter must be cleaned properly between individuals and different medications to prevent contamination and harmful drug interaction from residue.
- ▶ Equipment such as nebulisers should be used only for the same person.
- ▶ A spacer used to administer aerosol medication must be cleaned between procedures with hot soapy water and left to dry before storage.

## Store medication containers and administration aids

Unused disposable medication cups can be stored inside the trolley, as long as they have not been in contact with any medications or other contaminants, and only when they are clean and dry. Non-disposable containers used for medication delivery must only be put away once they are completely dry, since germs can breed on wet or damp surfaces, particularly when they are not exposed to light or sunlight, such as in a closed cupboard or trolley.

## Clean a mortar and pestle in accordance with guidelines

A mortar and pestle is used to grind or crush medications where this has been ordered. If traces of medication have been left inside after use, these traces can be mixed into the drugs that are then crushed later for another person. Even the smallest trace of a drug is enough to cause serious problems to a person who might have an allergy or reaction to another person’s medication.

# Practice task 28

1. Can disposable medication cups be reused?

.....

2. How is a spacer cleaned?

.....

.....

3. Why is it important not to store equipment while it is wet?

.....

.....

**Click to complete Practice task 28**

# 5D Follow organisation's arrangements and procedures to replenish dose administration aids and supplies of medications

People should be able to receive their medication when they need it. Medication should not be interrupted because stock isn't available or medication is not dispensed on time. There must be a system for prompt dispensing, delivery and administration of medication. A pharmacist is responsible for dispensing medication in a timely manner. This can include the dispensing of new or repeat prescriptions. Many residential care facilities have a service agreement with a pharmacy outlining requirements that need to be met to ensure people receive their medication correctly and on time.



## Replenish dose administration aids and medication supplies

Make sure you understand the procedure for delivering a prescription to a pharmacist and for obtaining a repeat prescription in line with your organisation's policies and procedures. A service might be available for delivery of medication outside scheduled times to cover emergencies or changes in treatment.

### Prescription delivery

- ▶ You might be involved in having a prescription filled by a pharmacist. For example, after a doctor prescribes a medication, a support worker might then fax the prescription to a pharmacy. The pharmacist will collect the original prescription when medication is delivered. A prescription must be sent to the pharmacist as soon as possible so the medication can be dispensed and the treatment started.

### Repeat prescriptions

- ▶ Many prescriptions written by doctors include instructions about how long the person is to continue receiving the medication. This may mean the medication is provided a number of times and is known as a repeat prescription. These prescriptions might only need to be given to the pharmacist once, or might need to be present each time the prescription runs out. To enable timely dispensing, a system should be in place between the doctor, the pharmacist and the person with care needs to ensure the pharmacist has a current script at all times. A new doctor's order is required once all repeats have been completed.

### Replenishing DAAs

- ▶ Most services and pharmacies have regular days on which dose administration aids (DAAs) are refilled, labelled, sealed and returned to the person or the facility each week. A supervisor or health professional will be responsible for ensuring that aids are filled according to updated doctor's prescriptions.

## Check the medication

If in your work setting medication is received for people with care needs, you need to know that a pharmacy will require a signed document to validate that medication was received and checked as correct. Some medication, such as Schedule 8 drugs, must be checked by two people. Details must be entered into a drug register as outlined in specific state and territory guidelines.

A workplace will have designated people who are responsible for checking the medication on arrival. This is generally done by a health professional. A support worker may check names but not the medication. A support worker can also check that the packaging is sealed, not expired, the correct quantity is there, the correct labelling. Any mistakes should be reported, recorded and fixed without delay to ensure the person receives medication in a timely manner and as prescribed.

The following explains what you need to check for when receiving supplies of medication.

### Correct identification of the person

- ▶ The name of the person and their date of birth should be clearly printed on the label of packaging and dose administration aids.

### Correct medication

- ▶ The content of the dose administration aid should be clearly printed on each individual blister pack (a support worker can only check the information is there, not that it is correct; a registered nurse will need to check the information against the medication chart).

### Correct quantity

- ▶ The number of tablets should correspond with the numbers of drugs printed on the outside of the blister/sachet.

### Signs of contamination

- ▶ Check that all blisters and packaging are sealed properly with no signs of tampering.

**Example**

**Follow the organisation’s arrangements and procedures to replenish supplies of medication**

Daniel is a support worker. He notices that Graham has a liquid medication that has almost run out and can only be used for one more dose. He reports this to his supervisor, who asks Daniel to fax a copy of the prescription to the pharmacy. Daniel records on a register that the prescription has been faxed.

The pharmacy later delivers the medication to the facility. The nurse in charge then signs for the delivery, updates the organisation’s records, and stores Graham’s medication safely and securely as per organisational procedures.



## Practice task 29

1. Why is it important to act when a medication container has a couple of doses left, rather than when it is empty?

.....

.....

2. What is a repeat prescription?

.....

.....

3. Who replenishes dose administration aids?

.....

**Click to complete Practice task 29**

# 5E Store medication charts, care plans or treatment sheets according to organisation procedures

Documentation about a person's medication, such as their support plan, medication chart, treatment sheets or other documents, contains the person's name, date of birth, and sometimes their diagnosis and details of current treatment. This information is sensitive and must be kept in a safe and secure place at all times, in line with privacy laws. After using any type of documentation, it must be safely stored away in a place where unauthorised persons are not able to access it.



## Store documentation correctly

A staff member in charge is usually responsible for keeping the key to storage areas, which must be returned to the responsible person as soon as possible. Here are examples of safe storage guidelines relating to sensitive information and documentation.

### Trolley

In some services, medication files are locked in a compartment of the medication trolley.

### Treatment room

Medication records kept in treatment rooms should be stored in a lockable cupboard, which should remain locked when not attended.

### Person's own room

Some people keep medication in their room, which may be kept with their medication chart. Make sure the chart is not left where an unauthorised person can access it.

### Digital filing system

Documents kept in a digital filing system should be password-protected and available only to authorised staff.

**Example**

**Store documentation**

Hilary is a community and home support worker. She is visiting Mrs Leopold. She makes sure medication records are not lying around or visible when Mrs Leopold's family visits. After completing the medication assistance, Hilary returns the records to the locked cupboard where Mrs Leopold keeps her medications.



## Practice task 30

1. Give an example of sensitive information that might be contained in a medication chart.

.....

2. Give two examples of where medication charts might be stored.

.....

.....

**Click to complete Practice task 30**

# 5F Complete medication storage procedures in compliance with legislation and own role responsibility

A crucial part of health care is to make sure all medication stored on the premises is stored safely, securely and correctly. There are strict medicines and poison control laws about who has access to drugs and how they must be stored to ensure everyone's safety. Laws differ between states and territories, so make sure you are familiar with the legislation in your state or territory. You also need to be familiar with the manufacturers' guidelines for storing medication and the procedures your workplace has in place.



Correct storage means the medication is managed according to legislation and is secure at all times, so only authorised people have access to it. Medication must also be stored at the correct temperature so it does not get damaged.

## Complete medication storage procedures

Medication must be stored according to legislation. This means it is stored in a safe, locked area that only authorised people have access to. Most facilities have a key register that records the number of the key and who is responsible for it. This is usually the registered nurse or senior staff member on duty. If another person needs access, the authorised person does the unlocking so the key doesn't leave their possession. It should not be possible for visitors, children or unauthorised staff to access the storage area. In the home, medication should be kept out of reach of other people, such as visitors.

Specific guidelines are prescribed for the management and storage of controlled drugs such as Schedule 8 drugs. These are drugs of addiction, including opiates (such as morphine) and benzodiazepines (such as Valium) and except in very unusual circumstances, such as in hostels or country facilities where a nurse is not available, are usually only permitted to be handled, checked and stored by qualified nurses and health professionals. You will be very unlikely to be involved in assisting with or storing these types of drugs.

## Follow storage instructions

Most medication has specific guidelines provided by the manufacturer in relation to correct and safe storage. In general, no medication should be stored in direct sunlight. Most medication can be damaged by heat or dampness, and therefore should never be stored in a bathroom cupboard. Some medication is required to be kept in a fridge between 1 °C and 4 °C. Others must be kept below 25 °C – around

room temperature. If medication is not stored under these conditions, it can result in chemical changes that reduce the medication's effectiveness. When in doubt, you should seek the advice of a registered nurse, doctor or pharmacist.

Never store or allow people to store medication in anything but its original container or the approved dose administration aid from the manufacturer or pharmacist. For example, an older person might ask you to transfer tablets from a blister pack into a bottle, to make it easier for them to take when they are alone later. Without their original labels and warnings, these medications are at high risk of being administered in the wrong way. Expired, damaged and contaminated medication should not be stored in a person's room or in the drug trolley. It must be returned to the pharmacy for correct disposal.

## Store medications in a person's home

Some people live in independent units or in their own home where they manage their own medication. Make sure these people know how to correctly store medication. The reason for any storage guidelines should be explained to the person to increase the chance of their cooperation. This includes keeping medications well out of the reach of children or family members with dementia or other cognitive impairments. The pharmacist might also provide them with a list of special requirements for each medication.

A person managing their medication independently should be advised to:

- ▶ store medication in a safe, secure place
- ▶ store medication at the right temperature
- ▶ never mix medication in containers
- ▶ keep medication in original containers
- ▶ not use someone else's medication.

## Store medication for travelling

A support worker may be involved in storing medication if the person is travelling; for example, when they go on a holiday or transfer to another facility. When this happens, their medication should be packed and sent with them. If they are going on holiday, you should take extra care to ensure the person and/or relatives understand how to correctly use and store medication. Medication that must be kept in a fridge should be transported in a cooler bag with ice.



## Practice task 31

1. In a facility, who is usually responsible for keeping the main keys to drug storage areas?

.....

2. List two examples of conditions that might cause chemical damage to medications.

.....

.....

3. What would be an appropriate response if a person asks you to pour a liquid medication into a new bottle to make it easier for them to apply?

.....

.....

4. What might happen if a person stores drugs in their own home in a low, unsecured cupboard or shelf?

.....

.....

**Click to complete Practice task 31**

## Summary

1. Well-maintained medical equipment is an essential part of supporting people safely.
2. All equipment and medication must be cleaned, sanitised and stored correctly to prevent damage and misuse.
3. Medication that is out of date or no longer required must be returned to the pharmacy.
4. Waste must be disposed of according to guidelines and using the correct receptacle.
5. All workers must help to maintain a clean, hygienic environment at all times to prevent infection from spreading.
6. Follow your organisation's maintenance and cleaning schedule to ensure equipment is cleaned properly on a regular and scheduled basis.
7. Follow the workplace's system so medication is promptly dispensed by the pharmacist and delivered to the centre or individual.
8. Medication charts and other documentation should be stored so they can be accessed easily by authorised personnel but cannot be accessed by unauthorised personnel.
9. All medication must be stored safely, securely and correctly.
10. Controlled drugs must only be managed and stored by qualified nurses or health professionals.

# Learning checkpoint 5

## Complete medication distribution and documentation

This learning checkpoint allows you to review your skills and knowledge in completing medication distribution and documentation.

### Part A

1. Complete the column on the right, indicating what receptacle should be used for each type of waste.

Waste	Correct disposal
Glucometer needles	
Bloodstained tissues	
Cotton wool balls soaked in water	
Gloves used to administer drops to a person with conjunctivitis	
Empty cardboard packaging	
Plastic drink container	

2. Explain why medication containers and administration aids must be cleaned and sanitised.

.....

.....

.....

.....

3. Describe what could happen if an organisation had insufficient stocks and supplies.

.....

.....

4. What should happen to medications that are left over and unneeded after a person has gone home?

.....

.....

## Part B

Read the case study, then answer the questions that follow.

### Case study

Loriana is finishing up her medication assistance tasks for the day. One of the other staff members is waiting for the medication trolley, and Loriana feels she must clean up quickly. She cuts some corners in the process:

- ▶ She puts all rubbish, including expired medications, into a plastic bag and decides she will throw it all into the general waste bin.
- ▶ She stores all dose administration aids together in a pile in the bottom drawer of the trolley, without putting them back into alphabetical order underneath the appropriate name tab.
- ▶ She puts all medication charts in a pile on the lounge room table.
- ▶ She puts all liquid medications and eye drops into the cupboard without checking the labels for storage instructions.
- ▶ She does not clean the trolley and leaves used mixture cups on the top of the trolley.

For each point above, give one example of something that could go wrong, or an undesired result of her actions. Use the following table.

Action	Possible consequence
<p>Puts all rubbish, including expired medications into a plastic bag and decides she will throw it all into the general waste bin.</p>	
<p>Stores all dose administration aids together in a pile in the bottom drawer of the trolley, without putting them back into alphabetical order underneath the appropriate name tab.</p>	
<p>Puts all medication charts in a pile on the lounge room table</p>	
<p>Puts all liquid medications and eye drops into the cupboard without checking the labels for storage instructions.</p>	
<p>Does not clean the trolley and leaves used mixture cups on the top of the trolley</p>	

