

Medicines Management Guide for Community Residential and Facility-based Respite Services – Disability, Mental Health and Addiction

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Introduction

This *Medicines Management Guide* is a reference tool for **managers of community residential and facility-based respite services in the disability, mental health and addiction sectors**. These organisations rely on a mostly non-regulated workforce to support people to live in the community.

As the focus is on ‘home-like’ residential services, this guide does not apply to hospital-level care.

The guidance is based on current good practice, legislation, best available evidence and published guidelines. It is consistent with the New Zealand medicines strategy, *Actioning Medicines New Zealand* (Associate Minister of Health and Minister of Health 2010).

The guide is designed to support good practice and policy development. It does not replace sound clinical judgement, organisation-specific policies and procedures, or current legislation. The appendices include resources that may be useful for operational staff and for people taking medication.

The terms ‘people’ and ‘person’ are used throughout the guide to refer to people who receive the support and services within the scope of this guide. In the health and disability sector there is a range of terms for this group, including ‘clients’, ‘patients’, ‘consumers’, ‘service users’ and ‘tāngata whaiora’.

This guide defines the non-regulated workforce as the paid staff who provide services for community residential and respite facilities within the scope of publicly funded disability, mental health and addiction services. This definition includes residential disability support workers, as well as workers in mental health and addiction services. These workers have a range of job titles, including ‘support worker’, ‘caregiver’ and ‘kaimahi’. This definition has been adapted for the scope of the guidelines from the definition of District Health Boards New Zealand (DHBNZ 2006).

Registered health professionals are subject to the requirements of the Health Practitioners Competence Assurance Act 2003 and the Social Workers Registration Act 2003. Where health professionals are employed by services within the scope of this guide, those staff are also subject to organisational policies.

This guide replaces the guidance set out in *Safe Management of Medicines: A guide for managers of old people's homes and residential care facilities* (Medsafe 1997).

This guide may be referred to in audits of relevant services against the *Health and Disability Services Standards* (NZS 8134:2008) or later versions; or in other evaluation activity related to the medicines management systems of these services.

1. Medicines management

A safe medicines management system ensures that people who live in community residential homes and facility-based respite services take their medication in a safe and timely manner and as independently as possible.

The medicines management system in these services involves managing administration and transportation, as well as receiving, reviewing, recording, storing and disposing of medicines. The responsibility for prescribing and dispensing/supply generally lies with registered health professionals outside the organisation.

Although some services may contract practising clinicians responsible for overseeing the medicines management system, in most cases the staff will be entirely non-regulated. In all instances, services need to work in partnership with the registered health professionals who prescribe and dispense/supply medication.

Policies and procedures should clearly document the responsibilities of management and support staff. They should also guide each stage of medicines management so that all those involved comply with relevant legislation, standards, regulations and guidelines.

Staff who support medicines management must be familiar with their workplace's organisational policies and procedures for medicines management. They must work within their area of experience, training and responsibility and be able to demonstrate their competence to administer medication if that is part of their role. Staff should also be aware of the roles and responsibilities of the health professionals involved in prescribing and dispensing/supplying medication.

At all times, the person who is taking the medicine is the focus of the medicines management system.

1.1 Roles and responsibilities in the medicines management system

The person taking the medicine and their whānau and family

- The person taking the medicine is involved in all aspects of their medication care and support.
- Whānau and family are involved where they have legally mandated decision-making powers, or where the person wants them to be involved.
- People should be considered competent to self-manage their medication unless a clinical opinion states otherwise.

Staff

The manager ensures that:

- suitably trained and competent staff are available to provide safe medicines management
- there are appropriate quality and risk management activities to support safe medicines management; for example, medication reviews occur at the required intervals
- the organisation's policies and procedures for medicines management reflect legislation, the *Health and Disability Services Standards*, regulations and guidelines
- staff involved with medicines management have learning opportunities to maintain their competency.

Support staff:

- support people to be independent in medicines management to the extent that they are able. Active involvement with different individuals might range from prompting them to take the medication or observing them doing so to assisting with or fully administering the medication
- follow the organisation's policy and the 'five rights': right medication, right person, right route, right dose, right time
- meet requirements for competence
- respond to any adverse event and medication error by following the appropriate quality and risk management plans and procedures
- access prescribers involved in prescribing medication.

Registered health professionals

The authorised prescriber:

- provides timely, legible, accurate and legal medicine prescriptions that meet individual needs
- provides advice and direction about the administration, monitoring and management of medicines
- considers non-pharmaceutical alternatives
- liaises with staff and pharmacists
- documents the diagnosis and the rationale for treatment
- conducts medication reviews.

The pharmacist:

- ensures the medicine supplied is accurately dispensed and labelled
- may provide documentation to sign off that the medication has been given according to prescriptions, legislation, regulations and guidelines
- provides advice and information on medicines and safe medicines management processes, including safe storage, to people taking the medicine and staff in line with policies and procedures
- provides advice on the interaction of medication and side effects, including consumer medicine information, to people taking the medicine and staff
- provides guidance if medication errors or side effects occur and consults prescriber
- provides advice and direction about administering, monitoring and managing medicines in line with policies and procedures
- works within scope of practice
- may participate in medication reviews
- provides advice on the use of over-the-counter medication.

2. Medicines administration competency

Organisational policies and procedures are needed so that, before giving medicines, staff demonstrate that they have the knowledge, understanding and practical abilities to be considered competent.

Safe practice includes:

- following organisational policy
- accurate documentation
- correct checking procedures
- accurate measurement if required
- cultural respect
- working within roles and responsibilities and relevant legislation.

For more on rights and responsibilities in certified community homes for five or more people, see the *Health and Disability Services Standards* (NZS 8134:2008) or later versions.

For a flow chart setting out safe administration practice, see Appendix A: Safe medicines administration.

3. Documentation, incident reporting and quality activities

3.1 Documentation through medicine charts and/or prescriptions

Organisation procedures should ensure staff check all prescribed medicines for the following information:

- date of issue
- name of medicine
- dosage
- frequency
- times
- route of administration
- duration of prescription (short-term medication should have an end date)
- duration of treatment (if displayed on packaging)
- date on which the medication is to be reviewed or discontinued (if displayed on the packaging)
- expiry date (if displayed on the packaging)
- special instructions for administration of medication (if displayed on the packaging).

Staff should contact the prescriber or pharmacy/pharmacist if any information is missing.

Other considerations

Other matters to consider in documentation are:

- the person's known allergies
- if provided by the pharmacy, medication information sheets about possible:
 - side effects
 - interaction with other medication
 - food or drink interactions.

Risk management

Photo identification may be used where circumstances require it; for example, in an emergency transfer to hospital where a person is unknown to hospital staff and not capable of confirming their own identity.

Duplicate name warning. Where people using the service have the same name or similar names, a warning about the duplication could be used to ensure the right person receives the medicine.

3.2 Documenting and reporting medication errors

A variety of medication errors can occur. For example, the wrong person may receive the medicine; the wrong medicine or wrong dose may be given; the medication may be given via the wrong route or at the wrong time or not given at all; or there may be an error in packaging, or incorrect documentation or sign-off.

Organisational policies and procedures should clearly state what actions staff should take when there is a medication error. They should cover how to report and document medication errors, such as by completing an incident form. They should also state that staff should inform the person taking the medication and other relevant people of the error and of subsequent action to address the error.

Through reporting, it should be possible to respond appropriately and take specific corrective action if required, as well as to identify and analyse trends. Every effort must be made to manage any adverse event resulting from the error or omission.

The procedures should also identify who to seek advice from, appropriate to the type of error involved. For example, appropriate contacts might be the organisation's own staff, clinical on-call staff, the pharmacy, general practitioner (GP) or after-hours service, emergency services (dial 111) or the National Poisons Centre.

The National Poisons Centre runs a 24-hour, 7-day, toll-free emergency telephone service: 0800 POISONS or 0800 764 766. See also its website, www.poisons.co.nz

If a review of the medication error suggests there is an issue with the medicines management system, then a system review should be undertaken and the necessary changes made. If an issue with competency is identified, then the training provided in medicines management should be reviewed to ensure it is adequate, and relevant staff should receive further training.

Documenting and reporting refused or declined medication

A procedure should cover instances where a person refuses or declines some or all of their medicines.

The procedure should provide staff with guidance on:

- informing the supervisor
- getting advice from the nurse or doctor
- documenting the refusal and advice provided, and monitoring for any change in behaviour or wellbeing
- completing an incident report if required.

In addition, any special instructions for the medication should be referred to.

Documenting dropped or spilt medication

A procedure should specify the response to dropped or spilt medication.

The procedure should guide staff to:

- never administer dropped or spilt medication, nor put it back in the container
- return dropped medication to the pharmacy for disposal
- wipe up any spilt liquid with a disposable cloth, and dispose of the cloth in an outside bin
- administer the correct dose from the remaining medication if possible
- arrange for the dropped or spilt medication to be replaced
- complete an incident report
- seek advice if required.

3.3 Quality and risk activities

Organisations should have quality and risk management systems that encourage a quality improvement approach.

Organisational policies and procedures should include:

- having a means of analysing errors, incidents and complaints to eliminate, minimise and control future medicines management risks
- auditing compliance with medicines management policies, procedures and documentation to identify and improve areas of non-compliance
- involving the pharmacist and prescribers in quality and risk management activities related to medicines, as appropriate
- measuring the satisfaction of the person, staff, prescriber and pharmacy with the medicines management processes
- reporting quality and risk activities to governance
- disseminating evidence-based information about medicines management to staff
- providing staff with opportunities for ongoing education on medicines management
- giving people taking medication and staff access to current medicine information resources, such as pharmacy-issued information sheets, the New Zealand Formulary website or the Medsafe website
- promoting awareness of legal considerations regarding roles and responsibilities and documentation.

4. Medicine effects and special instructions

Organisations need to have policies, procedures and accessible information to ensure people taking medication and staff are aware of the effects of medicines and are able to follow instructions issued by the prescriber or pharmacist.

4.1 Medicine effects

Organisations should have clear processes for support staff to alert clinical staff or management and the prescriber to effects that may be medicine-related. These should include a process for staff to access information on potential side effects and interactions from a reliable source.

See Appendix B for information for staff about adverse medicine reactions, including allergic reaction management.

4.2 Special instructions

Organisations need to ensure that special instructions for particular medicines are clear to staff and to the people taking the medication. Procedures should provide for discussion with the person and authorised provider where there are concerns about actions that may interfere with special instructions.

To inform staff, see Appendix C for sample information about medicine effects, special instructions, enteral tubes and topical medication.

To inform people taking medicines, see Appendix D for sample information about special instructions.

4.3 As required (PRN) medicines

Pro re nata (PRN) medicines, whether prescribed or sold over the counter, are used to treat specific symptoms when required.

Procedures for PRN medicines should require staff to:

- document the rationale for their use
- monitor their effectiveness and possible side effects
- document the frequency of use
- review their use and seek advice if concerns are raised.

Common PRN medicines include but are not limited to:

- laxatives
- pain medicine, such as paracetamol
- short-acting inhaled bronchodilators (eg, salbutamol)
- anxiolytics
- antipsychotics
- hypnotosedatives
- anti-nausea.

PRN and regular use

If the medicine is 'as required', there is an expectation that the person is not using it regularly or 'relying' on it. Guidance for staff on when to use PRN medicines needs to be just one part of a positive behavioural support plan. Other aspects may include structured social interactions, personalised music, exercise programmes, distraction, relaxation techniques and other non-pharmaceutical strategies.

If the person is using or requiring a PRN medicine regularly, it is important that staff know to report this so the circumstances can be considered. For example, a person who is relying on regular use of their asthma reliever inhaler may need a review for use of a preventer inhaler. Alternatively, if they have already been prescribed a preventer, they may need encouragement to use it regularly or may need to see an asthma educator to develop an asthma plan.

If a person has a change in the frequency in which they take the PRN medicine or in their experience of the symptom being treated with the PRN medicine, staff need to report that change to the prescriber in case there is something else wrong. This requirement applies to treatments for asthma, headache, eczema or any other PRN medicine.

See Appendix E for sample information for staff about PRN medicines.

5. Medication reviews

The authorised prescriber will review the person's medication at least annually, or more frequently if the person's needs change or if the prescriber considers it necessary.

Where staff are expected to be involved in medication reviews, procedures should guide them on how they can contribute.

Non-regulated staff are not qualified to assess side effects, adverse reactions, interactions or allergies. However, they should have a formal way of raising concerns. For example, staff should be aware they can raise concerns about an adverse effect, interaction or allergic reaction so the prescriber can take this information into account at the medication review. Staff concerns may also prompt an urgent review. A pharmacist conducting a medication review must follow up with the person's doctor if there is a problem.

For facility-based respite services, the person, or their supporting whānau or family, is responsible for ensuring the medication is reviewed.

5.1 Anti-psychotic medicines

People living in community facilities may be prescribed anti-psychotic medicines for a range of reasons, including:

- as treatment for mental illness
- to assist in the management of challenging behaviour.

People with challenging behaviour should be provided with behavioural support, irrespective of whether anti-psychotic medication has been prescribed.

If staff are concerned about the use of any medication prescribed to manage behaviour they should be encouraged to raise those concerns through the organisation's formal processes.

Organisations should ensure that processes are in place to:

- ensure that anti-psychotic medication is prescribed in accordance with best practice and is regularly reviewed
- encourage access to specialist dual diagnosis teams so that prescribers and others involved in an individual's care receive specialist advice
- ensure the service has access to advice on assisting people to develop positive coping strategies.

Medication may be useful alongside behavioural support.

5.2 A palliative approach

When a person enters the palliative phase of life, a medication review is necessary.

In a palliative approach to medication review, the service follows the prescriber's directions about medication related to end-of-life care.

The palliative approach involves:

- the prescriber reviewing medicines and discontinuing non-essential medicines
- starting or continuing medicines to improve comfort (eg, symptom management for pain, agitation, anxiety, nausea, vomiting, respiratory tract secretions), including anticipatory prescribing of palliative medicines
- reviewing administration routes (eg, subcutaneous or rectal administration when there are swallowing difficulties).

For some medicines, it may look like they are being prescribed to prolong life but in fact they are required for symptom control. The pharmacist's input can be invaluable in identifying non-essential medicines and advising how to safely titrate and withdraw them in conjunction with the prescriber.

The authorised prescriber might refer to the **Liverpool Care Pathway for the Dying Patient (LCP)** (www.liv.ac.uk/mcpcil/liverpool-care-pathway) as the model of care.

5.3 Decision-making and medicines

Organisational policies and procedures should make explicit to staff what the organisation's expectations are about safeguarding people's rights to make their own informed decisions around medication and Advance Care Planning (ACP), Advance Care Directives (ACD) and supported decision-making.

The organisation needs to be aware of the ethical and legal considerations regarding these concepts.

6. Controlled drugs

Controlled drugs can be of considerable therapeutic benefit. However, they can also have serious adverse effects.

Policies and procedures need to ensure staff are educated to report concerns about the impact of the medication and record their concerns according to internal policies.

6.1 Storage and security

Organisational procedures on the storage and security of controlled drugs need to include:

- keeping all controlled drugs in locked storage, which includes a lockable container in a refrigerator or locked refrigerator (if applicable)
- arranging to return expired and unused stock for safe disposal by the pharmacy
- having a system for monitoring stocks for any loss of controlled drugs, including accurate record-keeping of use and investigating and notifying the police where controlled drugs cannot be accounted for.

7. Medicine reconciliation

Medicine reconciliation procedures should describe the process for obtaining and communicating the most accurate list of all medicines a person is taking, together with details of any allergies and/or adverse reactions. The goal is to make sure the person has the correct medicines with them when they start living at the home or respite facility and when they move to other accommodation.

The scope of the procedures covers all prescribed medicines, including nutritional supplements, non-oral medicines such as inhalers, complementary medicines and non-prescription products such as over-the-counter alternative medicines.

An assigned staff member must be responsible for overseeing medicine reconciliation. Staff should undertake medicine reconciliation in cooperation with the person, prescribers and others involved in the person's support.

To prevent medication errors resulting from the transfer process, medicine reconciliation identifies:

- omissions
- temporarily stopped medicines
- medicines not restarted
- duplicated orders
- incorrect medicines
- dosage/route discrepancies
- over-the-counter medicines (eg, prescribed paracetamol plus over-the-counter pain relief).

Resources to support the reconciliation process include the person, their whānau and family, previous charts, discharge summary, dispensing pharmacy and the medical practice where the person is usually seen.

8. Medication supplies – transporting, receiving, storing and returning

The organisation is responsible for ensuring that all prescription medicines are available to administer at the times required. Procedures are needed to safely maintain the required supply of currently prescribed medicines and to remove stocks of medicines that are outdated or no longer prescribed.

Procedures should give a staff member responsibility for overseeing medication supplies. They should cover transporting, receiving, storing and returning medication supplies, as outlined below.

8.1 Transporting medication supplies

- Once an organisation receives medication from the pharmacy, organisational policy should support its safe transportation and transfer to the place where the organisation is responsible for administering it.
- Lock all unattended vehicles that are carrying medication.

8.2 Receiving medication supplies

- There must be a clear hand-over process to a designated person when medication is received.
- Check medicines against the person's reconciled medicines list.
- Keep a record of medication received.

8.3 Storing medication supplies

- Following safe transportation and transfer, store medication immediately according to the manufacturer's instructions, the pharmacist's directions and the level of risk the medication poses to people.
- Store prescription medicine safely.
- Keep all controlled drugs in locked storage.
- Store dispensed medicines in the original unit dose packs or containers in which they were dispensed. Ensure the label remains clearly dated and that staff **never** re-label the medicine.
- Check monthly for expired, damaged and unused medicines.
- Avoid opening medication earlier than necessary as some medication can be ineffective if exposed to light or air. Some medicines absorb moisture from the air.
- Establish and follow a process for checking and accounting for medication, particularly PRN medication.

8.4 Returning medication supplies

- Return unused, expired and damaged medicines, including PRN medicines, to the pharmacy for safe disposal. The medicines should be safely transported.
- Never place a medication in a bin or flush it down the toilet.
- Maintain a record of items returned.

9. Self-management of medication

People should be considered competent to self-manage their medication unless a clinical opinion states otherwise.

People may want to self-manage their medication (eg, to maintain autonomy or as part of their recovery journey or rehabilitation programme).

To determine how much support it offers, the organisation needs to work in partnership with the person and the prescriber. Matters to take into consideration are:

- what the person knows about their medication and conditions
- which medication is being taken
- how the medication is taken
- the extent to which the person finds the medication to be beneficial
- any unwanted effects the person is experiencing.

People differ in the level of support they may need or want – which may range from having no active support to being prompted or assisted to take the medicine themselves. Organisations have a duty of care to support people in how they self-manage taking their medication.

9.1 Policies to support self-management

The organisation should have policies and procedures to guide staff in supporting a person who wants to self-manage their medication. These policies and procedures should include the following.

- People should be deemed as competent to self-manage their medication unless clinical opinion states otherwise.
- Conduct a medication review at least once a year and at any time when a person's health status changes (which includes an improvement), or as determined by the prescriber.
- Conduct a review if the person does not adhere to the prescribed regimen.
- If the person is not fully self-managing their medication, designate the staff member who is responsible for clearly identifying any medication that staff must still give and mark accordingly on the medicine chart.
- Include a record of the discussion or ask people to sign an agreement on their responsibilities in self-management.
- Staff monitor and document any adverse reactions and instructions on what to do if adverse reactions occur.
- Liaise with the prescriber and pharmacist about all relevant feedback from the person and staff, including any concerns about hoarding or about diversion of medication to other people.

9.2 Storage

- Provide safe storage that is only accessible to the person and authorised staff.
- Liaise with the pharmacist regarding special storage instructions.

10. Complementary and alternative medicines

Organisations should have policies and procedures in place on supporting people who want assistance with accessing education and information about complementary and alternative medicines (CAM).

The procedures could cover:

- promoting access to resources so that people are informed of any potential risks of interactions with other medication they are taking
- encouraging and assisting people to get information so they can make informed choices
- encouraging discussion with prescribers of medications where there are concerns.

The Code of Health and Disability Services Consumers' Rights (www.hdc.org.nz/the-act--code/the-code-of-rights) sets out people's rights to informed consent and information.

11. Medication when the person is away from home

The organisation must have policies and procedures for when a person is away from their home, including the following.

- Identify in the person's file who is taking responsibility for medicines management while they are away.
- Have a process for informing whoever is supporting the person with their medication while they are away (whānau, family, friends, other support staff) about how the medication is administered.
- Liaise with the pharmacist if any change to the normal packaging is required.
- Record and sign off the medication when the person is leaving and returning to their usual residence.
- Record all medicines administered while the person has been away.

Note that the level of staff involvement in supporting a person with their medication will determine how applicable these procedures are to a particular individual.

12. Medication when providing facility-based respite

Facility-based respite services need policies and procedures (including identifying responsibilities) covering the following.

- Confirm regular medicines with the prescriber before admission.
- Document all medication on the drug chart or prescription.
- Pack all medication appropriately. Where medicine can be packed in compliance packs (eg, blister packs, robotics), request the pharmacist to pack it in this way.
- Ensure that all medication, including PRN medicines, comes with instructions.
- Check medicines against medication records each time a person enters the respite service.
- Document changes to the medicines regimen in the person's file.
- Provide the person with information and education as appropriate, and document this action on their file.
- Complete medicine reconciliation when the person exits the respite service.

The respite agreement must include the requirement to authorise and provide medication. It must also contain the contact information for the person's doctor and pharmacist.

The organisation should have a procedure to guide staff if the person enters the service without a copy of written authorisation for all medication. For example, staff may ask the person to not use respite till they obtain the authorisation for medication. Alternatively they may ask the individual who has brought the person to respite to obtain that authorisation from the person's doctor.

If the medication is not provided in an appropriate labelled container, staff should ask the person or their supporting whānau or family to resolve this situation immediately.

13. Emergency medicines and equipment

The organisation needs policies and procedures to ensure the following.

- Medical needs are identified in the person's plan.
- There is a system for managing staff education on using medication in an emergency.
- Where emergency medication/equipment is stocked, staff are trained in its use.
- An acute management plan is in place for individuals with serious conditions such as asthma, diabetes and poorly controlled clonic tonic epilepsy. These chronic health conditions may have acute episodes and having a management plan helps to minimise crises at such times.
- Specific instructions on administering emergency medication accompany the medicine. They cover when, how and by whom it is to be administered.
- There is a procedure to regularly monitor the medication expiry dates.
- There is a system to monitor how regularly these emergency medicines are used.
- At least one staff member on site has a current first aid certificate.

Also see PRN medication policies on documenting the use of 'as required' medicines.

In a medical emergency, staff should know to phone 111 for an ambulance.

Glossary

Access	Ability to obtain a service when needed within an appropriate time.
Administer medication/medicines	To give medication to a person in the correct way.
Adverse reaction	Harmful or unwanted effects of a medication that are unintended, unexpected or unplanned.
Allergic reaction	Hypersensitive response of the immune system of an allergic individual to a substance.
Antipsychotic medicines (neuroleptic)	Powerful tranquillisers used especially to treat psychosis and believed to block dopamine nervous receptors.
Best practice	A method or technique that has consistently shown results superior to those achieved by other means, and that is used as a benchmark and has been published in a reputable publication as being current 'best practice'.
Blister pack	A type of sealed, tamper-evident unit dose pack that places solid medication, such as tablets and capsules, into prescribed doses to be taken at specific times over a period. Blister packs are prepared by or under the direct personal supervision of a registered pharmacist.
Competent	Demonstrating the required ability, knowledge or authority.
Complementary and alternative medicines (CAM)	A broad set of health care practices that are not part of a country's own tradition and not integrated into the dominant health care system. Other terms sometimes used to describe these health care practices include 'natural medicine', 'non-conventional medicine' and 'holistic medicine' (WHO 2004).
Compliance pack	A type of sealed, tamper-evident blister pack that places solid medication, such as tablets and capsules, into prescribed doses to be taken at specific times over a period. Unit dose packs are prepared by or under the direct personal supervision of a registered pharmacist.
Controlled drug	Medication defined as a controlled drug in the Misuse of Drugs Act 1975.
Disability	A functioning limitation or impairment. This can include a physical, visual, hearing, intellectual or cognitive impairment and can be temporary or permanent.
Dispensing	in relation to a medicine, includes, without limitation,– (a) the preparation of that medicine for sale to the public (whether in response to the issue of a prescription or a request by an individual to be supplied with the medicine) (b) the packaging, labelling, recording, and delivery of that medicine (Medicines Act 1981).
Enteral	Within or by way of the intestine.
Entry	The point at which the person attends the first appointment or consultation or receives the first episode of service delivery.
Facility	The physical location, site or building within or from which the service is provided.
Guideline	Recommendations based on consensus agreement, expert opinion or experience. Some forms of evidence may also be included. The guideline provides the recommended approach but not the practical 'how to' details specified in the protocol or pathway.

Jejunostomy (PEJ)	Surgery that creates an opening to the middle portion of the small intestine jejunum through the abdominal wall.
Laxatives	Medication used to treat constipation by making bowel motions easier to pass.
Management	Implementing the policy determined by the governing body and coordinating the day-to-day service, to achieve the purpose and goals of the organisation.
Medication	Substances used to treat medical conditions.
Medicine	<p>A substance or combination of substances that fits into one of the following categories.</p> <ul style="list-style-type: none"> • It is presented as having properties for treating or preventing a disease, ailment, defect or injury in human beings. • It may be used in human beings in order to make a medical diagnosis or to restore, correct, maintain or modify physiological functions. • It is declared to be a medicine by a regulatory authority in New Zealand.
Medicine reconciliation	A process of identifying the most accurate list of medicines (including name, dose, frequency and route), allergies and adverse reactions for a person, and using that list to provide safe, effective care to that person at all transition points within the health and disability service. The process should include obtaining a medication history (including complementary and alternative medicines, and over-the-counter medicines. It also involves taking a history of allergies and adverse reactions from the person (or their representative) and verifying this history with the person's community pharmacist or doctor.
Medicines chart	A document in which the prescriber has recorded a person's authorised medication, specific dose and monitoring requirements, and has signed it.
Mental health and addiction service	An organisation that provides, as its core activity, assessment, treatment or support to people with mental illness or mental health problems and/or alcohol and drug problems.
Monitor	To check, supervise, observe critically or measure the progress of an activity, action or system on a regular basis in order to identify change from the performance level required or expected.
Monitoring	A programmed series of challenges and checks, repeated periodically, and carried out according to a documented policy or procedure, which demonstrates that the process being studied is both reliable and repeatable.
Nasogastric (NG)	Flexible tube passed through the nasal cavity to the stomach, used for enteral feeding.
Non-prescription medication	All medicines that are available without a prescription including some that are only available following a consultation with a pharmacist (eg, codeine containing analgesics). May include some that are usually obtained with a prescription but do not legally require one (eg, laxatives). Includes any over-the-counter and complementary medication, such as cough syrups; cold, flu and hay fever preparations; pain killers; antacids; vitamin and mineral supplements; herbal preparations and other natural remedy medicines, including traditional plant-based medicines.
Non-regulated workforce	The definition used in this guide has been adapted for the scope of the guidelines from the definition in District Health Boards New Zealand. 2006. <i>Future Workforce, The Non-regulated Workforce in the Health and Disability Sector</i> (Final).
Organisation	In this guide, a service providing community-based residential and facility-based respite in the areas of disability, mental health and addiction.
Over-the-counter medication	Medication that can be purchased without a prescription at a pharmacy or in consultation with a pharmacist. Includes cold and flu medicines, laxatives and antacids.

Percutaneous endoscopic gastrostomy (PEG)	Surgery that creates an opening in the stomach for enteral tube feedings.
Policy	A service's plan or course of action intended to influence and determine decisions, actions and other matters.
Prescription medicine	A medicine that must be prescribed by a doctor and dispensed by a pharmacist.
PRN ('pro re nata')	Non-regular medication to be administered 'as required' – that is, when certain circumstances or symptoms occur.
Procedure	Written instructions on the approved and recommended steps for a particular act or sequence of acts such as administering medication. They may be referred to as guidelines and/or work instructions.
Protocol	Specific instructions to follow (tighter than guidelines).
Qualified person	A person with the qualifications required for the job; what is required depends on the situation and needs to be identified in in-house policies, for example, on-call registered nurse, on-call service manager.
Recovery	The process of change through which people improve their health and wellness, live a self-directed life and strive to reach their full potential.
Residential services	The part of the organisation that includes overnight accommodation and may include associated support services.
Review	A formal process of updating and amending or re-planning based on evaluation of outcomes.
Risk	The chance of something happening that will have an adverse impact on objectives (AS/NZS 4360 and SAA/SNZ HB 436).
Risk management	The culture, processes and structures that are directed towards realising potential opportunities while managing adverse effects (AS/NZS 4360 and SAA/SNZ HB 436).
Safe	Free from preventable illness or harm to a person's physical or non-physical wellbeing after they have gained entry to a service.
Safety	Being safe and free from abuse, exploitation, danger, risk, harm or injury.
Self-manage	When people manage their own medication with or without any assistance from staff.
Service	An organisation's assessment, treatment, care, support, teaching, research, promotion of independence, and other inputs provided to a person.
Topical medicines	Medicines applied to the surface of the body. They include creams, ointments and drops.
Transdermal patch	An adhesive patch applied to the skin that is impregnated with medication for controlled release. Applied topically to produce a systemic effect.
Whānau and family	The family or extended family or group of people who are important to the person who is receiving the service.

References

Associate Minister of Health, Minister of Health. 2010. *Actioning Medicines New Zealand 2010*. Wellington: Ministry of Health. URL: www.moh.govt.nz/moh.nsf/indexmh/actioning-medicines-nz

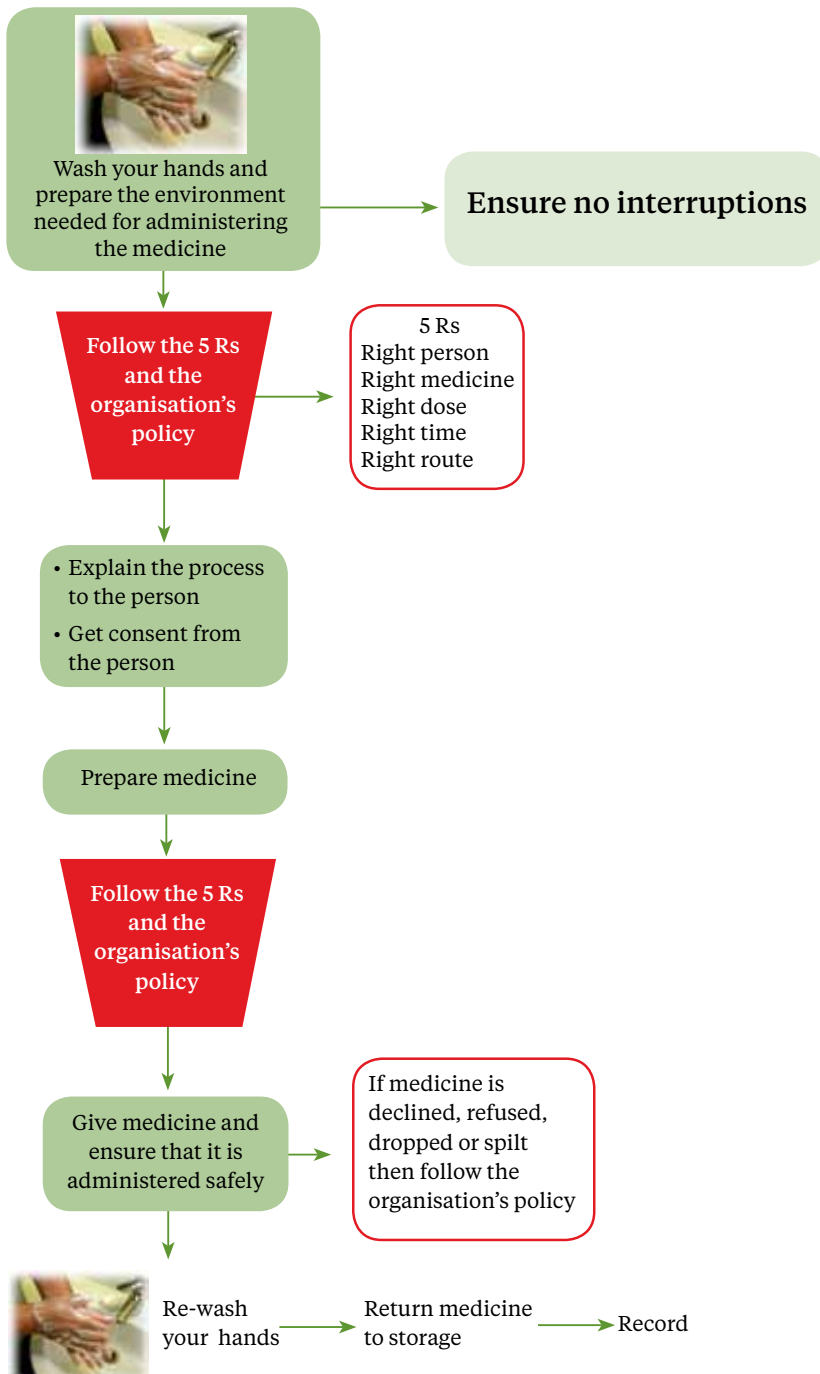
District Health Boards New Zealand. 2006. *Future Workforce, The Non-regulated Workforce in the Health and Disability Sector* (Final).

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Appendix A: Safe medicines administration – information for staff

Safe Medicines Administration



Appendix B: Adverse medicine reactions – information for staff

Adverse Medicine Reactions

An adverse medicine reaction is any unexpected, unintended, undesired or excessive response to a medicine that:

- 1 requires discontinuing the medicine
- 2 requires changing the medicine
- 3 necessitates medical intervention
- 4 results in temporary or permanent harm, disability or death.

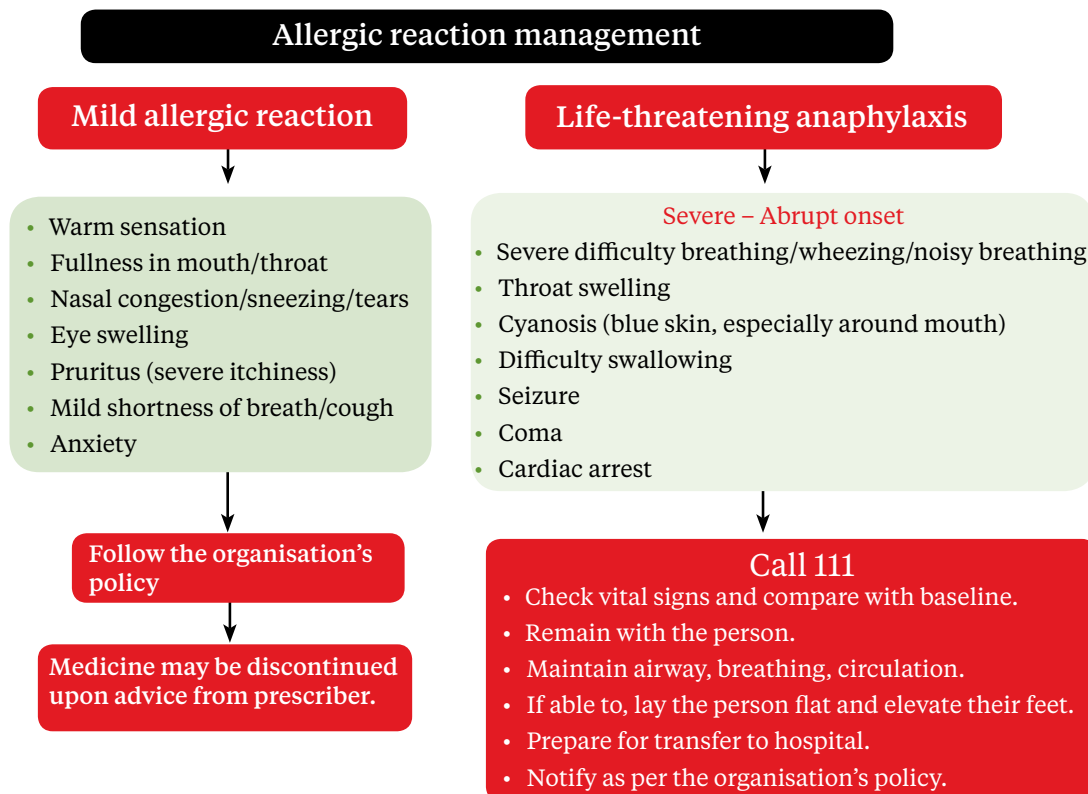
Any suspected adverse reactions should be reported to the Centre for Adverse Reactions Monitoring by a health professional.

You can find known adverse reactions to medicines from the data sheet published on the Medsafe website: www.medsafe.govt.nz/profs/Datasheet/dsform.asp

A **side effect** is a predictable effect of the medicine, and it may be desirable or undesirable.

An **adverse medicine reaction** is always undesirable and may not be predictable.

A true medicine **allergy** results in a physical allergic reaction (see below).



Appendix C: Medicine effects, special instructions, enteral tubes and topical medication – information for staff

Medicine effects

Some medicines may work well for a long time and then cause a reaction; some interact with food or alcohol. For example:

- lithium levels can vary according to the amount of exercise a person does
- diabetics need to be very careful with their blood sugar levels when they are unwell
- warfarin interacts with many medicines and some foods
- a change in smoking habits impacts on clozapine.

Always check with the pharmacist for any special instructions or cautionary labels for the medicines you are supervising. Many people need to take several medicines at once to control their condition or improve their health, which increases their risk of having a reaction.

The more medication that a person takes, the more likely it is that they will experience an unwanted effect from one medicine or a combination of them.

Be careful with medicines that are bought over the counter in the pharmacy or other shops. Always ask the pharmacist if the over-the-counter medication can be taken with any other medicines that the person is taking. Be very careful with medicines for colds, flu or pain relief as they often interact with prescription medicines.

Also be aware that some natural products will react with prescription medicines.

Information on adverse effects of specific medicines is available from the pharmacist. Consumer Medicine Information (CMI) is also available on the Medsafe website (www.medsafe.govt.nz/consumers/cmi/cmiform.asp) and the New Zealand Formulary website (<http://nzformulary.org>).

Special instructions

A person's food choice or preference for how they take the medicine may interfere with the instructions for that medicine. For example, someone may want to have a 'fizzy drink' rather than take their medicine with water as instructed. There may be special instructions regarding not eating certain foods, such as grapefruit, which could interfere with the medicine's effectiveness.

If you have concerns about actions that may interfere with special instructions, discuss them with the authorised prescriber or pharmacist and the person involved.

‘Do not crush or chew.’ Many medicines have been made with special release properties so they give a result for much longer – often all day. It is important that the person does not crush or chew them when taking them or all the medicine may come out at once, with the result that the dose is too high now and none is available for later. Such medicines will usually state, ‘Do not crush or chew’ on the label. **Any medicines with labels that include any of the following information should not be crushed or halved:** CR (controlled release), SR (sustained release), retard (retarded or slowed rate of release), CD (controlled delivery), LA (long acting), EC (enteric coated), MR (modified release), ER (extended release).

Seek advice about the route to administer the medicine based on the prescription.

If you’re not sure about administering medication after a person has consumed alcohol or illicit drugs, see your organisational policies or contact the on-call supervisor.

Enteral tubes – percutaneous endoscopic gastrostomy (PEG), nasogastric (NG) or jejunostomy (PEJ)

Medication administered through PEG, NG or PEJ tubing needs to be carried out according to the instructions of the specialist nurse, authorised prescriber or pharmacist. The dietician or speech language therapist may also have some input (about the person’s ability to take medicine orally).

Special instructions will be needed if any medication needs to be administered via the tube involving:

- SR = sustained release
- MR = modified release
- CD = controlled delivery
- EC = enteric coated
- CR = controlled released
- LA = long acting
- retard = retarded or slowed rate of release
- medicines in capsules or gels
- medicines intended for sublingual administration (under the tongue)
- liquids.

Topical medication

Topical medication is prescribed for a specific condition, such as fungal skin infection.

When using topical medication:

- record timeframes between application and the recurrence of symptoms
- monitor for effectiveness
- record frequency of application (two or three times daily) or the time between applications (no more than four hourly)
- ensure there is a known maximum number of applications per day on the instructions where itchiness is being treated
- check if there are instructions for a maximum period of use; for example, ‘for no more than 5 days’ or ‘if no improvement in 5 days, return to doctor for further assessment’
- follow instructions for application and period of use

- review the prescription regularly if prescribed for an ongoing condition (eg, eczema) to check on symptom control, which will determine whether there needs to be a change in product or frequency of use
- check the review date or date to discontinue use
- be aware that all topical medication will have an expiry date on the packaging. On ointment tubes, the expiry date is on the crimped end so you may need to unroll the tube to read it
- be aware that some topical medication has an expiry date once opened and must be discarded after a specific treatment period.

Specifically made-up ointments in pots have short expiry dates (generally three months).

Appendix D: Special instructions – information for people who are taking medication

Many medicines have special instructions with them. It is important that you do what it says on the label as there is always a reason for the instruction.

For example, the label may say, ‘Take with food’ so it does not upset the stomach. Or the label may say, ‘Take on an empty stomach’ because some medicines do not work if they get mixed up with the food in your stomach, or if there is too much acid in your stomach, as there will be just after you have eaten.

For some medicines, the label will say, ‘Take at night’ because the medicine works best when you are asleep. Or it may say, ‘Take in the morning’ because the medicine may keep you awake or because it works in best with the way your body works if you take it in the morning.

Some medicine labels say, ‘Do not eat grapefruit’ during the time you have to take the medication. If you take the medication warfarin, check the list of foods and medicines that will cause problems with it so you can avoid them, or talk about it with your pharmacist or doctor.

Medicine makers do try to make their medicines as easy to take as possible so follow their instructions.

If you think your medicine is making you feel sick, tell someone who can help you.

Appendix E:

As required (PRN) medicines – information for staff

Some people will have medicines to use when or as those medicines are required. These are called PRN medicines ('PRN' just means 'as required'). Many 'as required' medicines are for pain or sleep but some are for other situations.

Be aware that taking a PRN medicine may affect the person's regular medicines. The regular medicine may absorb faster or slower, which may result in an overdose or an underdose of a regular medicine or PRN medicine. Taking one extra medicine may lead to a side effect.

If the PRN medicine has been prescribed by the person's doctor or checked with the pharmacist, it should not interact with the other medicine directly. Be extra watchful whenever someone takes a medicine they do not usually take, whether it is a PRN or a new medicine. Taking it increases the chance of a side effect, medicine interaction or adverse reaction.

Appendix F:

Additional resources

1. Medicines management

Health and Disability Services Standards 2008, NZS 8134:2008, or later versions.

2. Medicines administration competency

Health and Disability Commissioner. 2004. *Code of Health and Disability Services Consumers' Rights*. Wellington: Office of the Health and Disability Commissioner.

URL: www.hdc.org.nz/media/24833/brochure-code-white.pdf

Health and Disability Services Standards 2008, NZS 8134:2008.

Medicines Act 1981.

Medicines Regulations 1984.

Ministry of Health. 1998. *Guidelines for Clinical Risk Assessment and Management in Mental Health Services*. Wellington: Ministry of Health in partnership with the Health Funding Authority.

Ministry of Health. 2008. *Let's Get Real: Real skills for people working in mental health and addiction*. Wellington: Ministry of Health. URL: www.health.govt.nz

Nursing Council of New Zealand. Registered Scopes of Practice. URL: www.nursingcouncil.org.nz

New Zealand Formulary (NZF) website. URL: www.nzformulary.org ('The NZF is an independent resource providing healthcare professionals with clinically validated medicines information and guidance on best practice.')

NZQA Unit Standard 23685 Version 1, Level 2, Credit 2: *Demonstrate knowledge of pre-packaged medication used in a health or disability setting*. (Trainee Assessment Portfolio, Careerforce 2008.)

URL: www.nzqa.govt.nz

NZQA Unit Standard 20827 Version 2, Level 3, Credit 2: *Support a consumer to take prescribed medication in a health or disability setting*. (Trainee Assessment Portfolio, Careerforce 2008.)

URL: www.nzqa.govt.nz

NZQA Unit Standard 26985 Version 2, Level 4, Credit 6: *Support a mental health and addiction service user to manage prescribed medication*. URL: www.nzqa.govt.nz

Te Pou o Te Whakaaro Nui, Le Va, Pasifika within Te Pou. 2009. *Real Skills Plus Seitapu – Working with Pacific Peoples*. Auckland: Author. URL: www.tepou.co.nz

The Werry Centre. 2009. *Real Skills Plus CAMHS: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*. Auckland: Werry Centre.

URL: www.werrycentre.org.nz

Health and Disability Commissioner. 2004. *Code of Health and Disability Services Consumers' Rights*. Wellington: Office of the Health and Disability Commissioner. URL: www.hdc.org.nz/media/24833/brochure-code-white.pdf

Information on medicines approval and safety monitoring: URL: www.medsafe.govt.nz/Consumers/Safety-of-Medicines/Safety-and-Quality-of-Medicines.asp

Medsafe. Consumer Medicine Information. URL: www.medsafe.govt.nz/Consumers/cmi/CMIForm.asp

Medsafe datasheets. URL: www.medsafe.govt.nz/profs/Datasheet/dsform.asp

Mental Health (Compulsory Assessment and Treatment) Act 1992.

Ministry of Health. 2011. *Medicine Cares Guide for Aged Residential Care*. Wellington: Ministry of Health.

New Zealand Bill of Rights Act 1990.

New Zealand Formulary. URL: <http://nzformulary.org>

Safe Medication Management Programme.

URL: www.hqsc.govt.nz/our-programmes/medication-safety/

State of Victoria, Department of Human Services. 2012. *Residential Services Practice Manual* 3rd edition.

3. Documentation, incident reporting and quality activities

Health and Disability Services Standards 2008, NZS 8134:2008, or later versions.

Health and Safety in Employment Amendment Act 2004.

Health Records Standard 2002, NZS 8153:2002.

4. Medicine effects and special instructions

Warfarin

Myers SP. 2002. Interactions between complementary medicines and warfarin. *Australian Prescriber* 25(3): 54–6.

Suvarna R, Pirohamed M, Henderson L. 2003. Possible interaction between warfarin and cranberry juice. *British Medical Journal* 327(7429): 1454.

Tucker ME. 2006. Drug interactions with warfarin often serious: warfarin tops the list of medication that can cause fatal drug interaction. *Internal Medicine News*.

URL: <http://findarticles.com/p/articles/mi-hb4365/is-12-39/ai-n29275799>

Diabetes medicines

New Zealand Guidelines Group. 2003. *Management of Type 2 Diabetes*. Wellington: New Zealand Guidelines Group.

PRN medicines

MASH Trust. 2011. *Medicines Care Guides for MASH Trust*. Palmerston North: MASH Trust.

Ministry of Health. 2011. *Medicines Care Guides for Residential Aged Care*. Wellington: Ministry of Health.

Adverse medicine reactions

Centre for Adverse Reactions Monitoring (CARM). 2010. *Guide to Adverse Reporting*.

URL: <https://nzphvc-01.otago.ac.nz/carm-adr/guide.php>

Strategies to minimise the overuse of antipsychotic medication

Sohanpal SK, Deb S, Thomas C, et al. 2007. The effectiveness of antidepressant medication in the management of behaviour problems in adults with intellectual disabilities: a systematic review.

Journal of Intellectual Disability Research 51(10): 750–65.

Special Issue. Expert Consensus Guideline Series: Treatment of psychiatric and behavioural problems in mental retardation. 2000. *American Journal of Mental Retardation* 105(3): 165–88.

5. Medication reviews

Waitemata District Health Board. 2010. *Medicines Reconciliation E-template*. Auckland: Waitemata District Health Board.

6. Controlled drugs

Medicines Control, Ministry of Health. URL: www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/drug-abuse-containment; from this page, you can download:

- Frequently Asked Questions: Restriction Notices v1.0 Medicines Control, Provider Regulation
- Frequently Asked Questions: Controlled Drug Prescribing Medicines Control, Provider Regulation.

Misuse of Drugs Act 1975.

Misuse of Drugs Regulations 1977.

7. Medicine reconciliation

Cornish PL, Knowles SR, Marchesano R, et al. 2005. Unintended medication discrepancies at the time of hospital admission. *Archives of Internal Medicine* 165(4): 424–9.

Health and Disability Services Standards 2008, NZS 8134:2008.

Health Quality and Safety Commission New Zealand. *Medicine Reconciliation: A guide for health professionals*.

URL: www.hqsc.govt.nz/our-programmes/medication-safety/projects/medicine-reconciliation

Health Quality and Safety Commission New Zealand. 2012. *Medicine Reconciliation Standard*.

URL: www.hqsc.govt.nz/assets/Medication-Safety/Med-Rec-PR/Medication_Rec_Standard_v3.pdf

Health Quality and Safety Commission New Zealand. 2012. *Medication Charting Standard*.

URL: www.hqsc.govt.nz/assets/Medication-Safety/Med-Rec-PR/Medication_Chart_Standard_v3.pdf

Waitemata District Health Board. 2010. *Medicines Reconciliation E-template*. Auckland: Waitemata District Health Board.

8. Medication supplies – transporting, receiving, storing and returning

Misuse of Drugs Regulations 1977.

9. Self-management of medication

Self Management - Health Navigator NZ. URL: www.healthnavigator.org.nz/self-management/

10. Complementary and alternative medicines

The Cochrane Library, Ministry of Health. URL: www.health.govt.nz/cochranelibrary/