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Medication Procedures

Summary: The Medication Procedures inform accommodation and respite support workers about medication prescription and supply, administration and recording, review requirements, safety and security, monitoring for adverse effects and incidents.





Medication Procedures

Document name	Medication Procedures
Policy	Health and Wellbeing Policy
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Summary	The Medication Procedures inform accommodation and respite support workers about medication prescription and supply, administration and recording, review requirements, safety and security, and monitoring for adverse effects and incidents.
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Version control

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The subsequent final version of the first revision of a document becomes version 1.1.

Each subsequent revision of the final document increases by 0.1, for example version 1.2, version 1.3 etc.

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V1.1	September 2010	Updated to reflect Department name change
V1.2	January 2016	Formatted for Health and Wellbeing Policy and Practice Manual, Volume 2 Respite section updated to include options for managing medication issues

Table of contents

1	Procedures	4
2	Medication prescription and supply.....	5
	2.1 Responsibilities.....	5
	2.2 Checks	5
	2.3 Medication information	5
	2.4 Disposal.....	6
3	Review.....	7
	3.1 Health care reviews	7
	3.2 Domiciliary Medication Management Review	7
4	Medication Administration	8
	4.1 Consent.....	8
	4.2 Choice	8
	4.3 Compliance aids.....	9
5	Documentation.....	9
	The Medication Practice Manual.....	9
	5.1 Medication administration and emergency information.....	9
	5.2 Consumer Medicines Information sheets	10
	5.3 Medication Audits	10
	5.4 Individual sections	10
6	Administration.....	11
7	PRN medication	13
8	Safety	15
	8.1 Security	15
	8.2 Precautions.....	15
9	Monitoring	17
	9.1 Adverse effects.....	17
	9.2 Incidents	17
	9.3 Audits	18
10	Respite.....	19
11	Explanation of terms.....	21
12	Policy and Practice Unit contact details	23

1 Procedures

The ADHC Medication Procedures (the Procedures) are based on the principles of human rights and quality management found in the New South Wales Disability Service Standards (the Standards), the commitment to deliver culturally responsive services to Aboriginal people under the Aboriginal Policy Statement (the Statement), and the person centred guiding principles of the ADHC Health and Wellbeing Policy.

The Procedures are a guide for supporting people with disability to exercise their rights and entitlements under the Standards. The Procedures describe how ADHC supports people to be actively encouraged and supported to manage their own medication independently, and to provide or withhold consent for its use.

If a person does not have the capacity to consent to receiving medication, the person's medical practitioner is required to seek consent from a [person responsible](#).¹

Aboriginal and Torres Strait Islander people require support with medication management that is culturally sensitive and empowering. A person centred approach provides that support in the following ways:

- use the person's **Communication Profile** to learn the best way of communicating information about medication and its management
- understand the person's history and experiences, and difficult relationships, especially with hospitals
- ask how the whole-of-life view (life-death-life) of health relates to medication and its management
- record the name of the proper contact person to discuss medication management and provide consent for treatment
- determine which health issues that require medication are sensitive or taboo, and who to refer to if they are
- confirm whether the person or family would prefer to work through an Aboriginal Liaison Officer
- ensure that the person and family understand the effects and consequences of receiving prescribed and over-the-counter medication.

The Medication Procedures apply to support workers of ADHC operated accommodation and respite services, and community based services, who manage a person's medication or who support the person to manage their own medication.

¹ [NSW Civil & Administrative Tribunal, Guardianship Division Fact Sheet 'person responsible'](#)

References to support workers in these Procedures should be read as 'disability support workers, nurses and their line managers'. Wherever the Procedures refer to medication administration while a person is attending a community service, specific reference is made to community based support staff.

In addition to the procedures described below, accommodation support services that employ nurses have developed detailed medication procedures for nurses to follow. Nurses are required to adhere to these procedures, and to any other local procedures that are used in their services.

2 Medication prescription and supply

2.1 Responsibilities

Medical practitioners and dentists are responsible for **prescribing** medication, and pharmacists for **dispensing** medication according to the practitioner's prescription. It is the responsibility of ADHC support workers to **administer** medications according to directions provided on the packaging by the pharmacist. Every person who is involved in prescribing, dispensing or administering medications is required to document their actions in relation to the provision of medications.

2.2 Checks

When medications are received from the pharmacy they must be checked against the record of medication prescribed for the person by the doctor. All support workers must be able to check the label on the medication against the doctor's written order.

Medications that are dispensed in blister packs may be checked against the person's **Signing Sheet and Administration Record** that accompanies the blister pack (see 'Tools and templates'), the person's **Medication Profile** provided by the pharmacy (see 'Tools and templates'), or the person's **Compact Long Term Medication Chart** (Medication Chart) and the **My Medication Record** completed by the medical practitioner. Medications not dispensed in blister packs are also to be checked against the Medication Chart and the My Medication Record.

Where there is a discrepancy in the medications provided, advice must be sought from the pharmacist. If there is any change in a person's usual medication regime that has not been communicated to support workers in the 'Urgent Matter Alert' of the **Individual Shift Report** or by any other means, the pharmacist and medical practitioner must be contacted for clarification of the change. The Medication Profile is updated when medications change.

2.3 Medication information

Support workers must ensure that all medications being administered to a person, including over-the-counter medications, have approval from the person's medical practitioner. This will help to safeguard people from the effects of adverse drug interactions.

Consumer Medicines Information (CMI) sheets are developed by the manufacturer to accompany medications, and should be provided by the pharmacist when medications are dispensed. The CMI sheet contains information about the purpose of the medication, things to do or know before commencing treatment, how and when to take the medication, what to do if a dose is missed or taken twice, and the side effects.

If the CMI sheet does not accompany the person's medications, print a copy from the website (www.mydr.com.au or www.medicines.org.au) and refer to this information when administering medications, or supporting people to take their own medications.

The Medication Practice Manual includes a section for the storage of CMI sheets. Ensure a CMI sheet is present for each medication prescribed in the accommodation support service.

At least three days supply of medication should be kept on hand at all times and not more than one repeat of each prescription (or one month's supply). This should ensure that people do not run out of medications if, for any reason, support workers are unable to access the pharmacy (e.g. during floods). This practice will also avoid waste that can result from stockpiling medications as prescriptions may be changed over time.

One person's medication must not be administered to another person. No 'prescription-only' medication may be retained in an accommodation service when it is no longer required by the person for whom it was prescribed. Unused medication must be disposed of appropriately (Section 2.4).

In ADHC operated services 'stock medication' (Section 11) may only be administered by a registered nurse or a medication endorsed enrolled nurse.

2.4 Disposal

Medication must be disposed of safely and in a manner which is not harmful to the environment. Out-of-date or superseded medication, including blister packs, should be returned to the pharmacy for safe disposal. Advice on disposal may also be sought from Return Unwanted Medicines (The RUM Project) www.returnmed.com.au/

All medication disposals must be recorded for medication audits.

3 Review

3.1 Health care reviews

Health care reviews include medication, and occur during the annual health assessment conducted by the person's general practitioner (GP). Medication audits (Section 9.3) are performed by support workers during the quarterly review of a person's My Health and Wellbeing Plan, and at any time when there is a change in the person's health status.

Annual health assessments for people with intellectual disability, when conducted by the person's GP, attract a Medicare rebate (Item numbers 701, 703, 705 and 707). During the assessment the medical practitioner is required to assess the person's health, physical, psychological and social function. As part of the assessment the practitioner offers a written report to the person and carer. The report includes recommendations arising from the assessment, for example, having a formal medication review by a pharmacist (Section 3.2).

Families of centre based respite users are responsible for having their Medication Management Plan and Medication Charts (see 'Tools and templates') reviewed and updated by the medical practitioner annually, or as needed. When there is a medication change this is recorded in the Medication Chart. A Respite Care Profile Update Form is forwarded by ADHC to the family for review every quarter, and if there are any changes in a person's medications they are recorded.

3.2 Domiciliary Medication Management Review²

Where a person is taking five or more regular medications, had a significant change in medication treatment in the last three months, or is being prescribed medications from several GPs and specialists, a Domiciliary Medication Management Review (DMMR) may be appropriate (also known as a Home Medicines Review). The person's annual health assessment is a suitable time for support workers to raise this with the person's doctor, especially if the health assessment reveals any of the indicators for a DMMR described above.

The person must be referred for a DMMR by a medical practitioner and the review is performed by a trained and accredited pharmacist. The purpose of the DMMR is to maximise the benefits a person receives from the combination of medicines they are taking and to prevent adverse medicine-related events. Additional information on medication reviews can be found on the [Australian Government Health](http://www9.health.gov.au/australian-government-health) website.

When medication is prescribed to treat a particular health issue and there is little or no sign of improvement, or the medication appears to be making the problem worse, or side effects are observed, the person should be referred to the prescribing practitioner for immediate review.

² Medication Management Reviews <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NotelD&q=A41>

4 Medication Administration

4.1 Consent

The person should be encouraged and supported to be involved in decision making as far as possible according to their capabilities. The doctor or dentist must confirm that a person is capable of making a decision about receiving a particular medication before commencing treatment. If the person is not able to provide consent the practitioner must obtain consent from the person responsible or, if one is not available, request the appointment of a legal guardian with that function from the Guardianship Division³.

Consent is not required if a medication is being prescribed in an emergency. For 'major treatment'⁴ written consent must be provided by the person, person responsible or the Guardianship Division. Consent for prescribed or over-the-counter medications, or complementary therapies, may be provided verbally by the person or person responsible.

When a person is prescribed psychotropic medication as part of a documented behaviour management strategy, consent is required from the person or person responsible. If psychotropic medication is prescribed on a PRN basis, authorisation must be obtained from the Restricted Practices Authorisation Panel and the person responsible. Support workers should refer to the Behaviour Support Policy 2012 and the 2009 Behaviour Support: Policy and Practice Manual, Parts 1 and 2, for more detail on the appropriate use of ongoing and PRN psychotropic medications to manage a person's behaviour.

Support workers should refer to the Guardianship Division '[Consent to medical or dental treatment](#)' to understand the consent requirements for different types of treatment.

4.2 Choice

The person will be supported to manage and administer their medications independently within their ability. Line managers will assess a person's capacity to manage their own medication, in consultation with direct care staff, the person's medical practitioner and a family member or someone who knows the person well. The **Risk Management Checklist** (see 'Tools and templates') may be used to assist in this process.

In the same way that people in the general community have the option of purchasing cheaper generic brand medications, people in ADHC services should be given the same option. Support workers who support a person to take their own

³ As of 1 January 2014 the Guardianship Tribunal sits under the NSW Civil and Administrative Tribunal (NCAT). It is now referred to as the Guardianship Division
http://www.ncat.nsw.gov.au/Pages/guardianship/gt_matter_about/matter_guardianship.aspx

⁴ Consent to medical and dental procedures
http://www.ncat.nsw.gov.au/Pages/guardianship/gt_matter_about/consent_medical_dental.aspx

medications or who administer medications to a person with a disability, must ensure that the appropriate Consumer Medicines Information sheet for the generic brand is provided by the pharmacist to assist support workers when checking a person's medication.

If a person wants to use complementary therapies such as herbal remedies, the person should be supported to do so as far as possible. Complementary therapies may not be commenced without consulting the person's doctor to ensure that they will not conflict with current treatments, and will not compromise the person's health. All complementary therapies must be recorded in the person's medication chart.

4.3 Compliance aids

Medication compliance aids are designed to assist the person in administering their medications independently, or for support workers to manage medications for people who require assistance. An example is 'blister' packaging, a system of packaging with each 'blister' containing the dose required for every administration interval during the day, and dispensed into individually labelled packs by the pharmacist. All 'blister' packs should have a photo of the person attached.

Whenever possible, medications are to be dispensed by the pharmacist in 'blister' packs and as metered doses. [Webster-pak®](#) is generally available in pharmacies and is the preferred 'blister' packaging system in ADHC operated services.

Unsealed box compliance aids, e.g. dosette boxes, are not to be used in ADHC services where people require support to manage their medications.

5 Documentation

A list of current prescribed medication for each person must be kept at the service. The list is maintained by the person's doctor, and updated whenever a medication is changed.

The Medication Practice Manual

The Medication Practice Manual (the Manual) has been provided for the storage of all medication related documents relating to people living at the accommodation support service.

The Manual must be located with the medications and referred to and completed each time medication is administered.

The Medication Practice Manual contains the following:

5.1 Medication administration and emergency information

This information is about the safe administration of medication and what procedure to follow if a medication error occurs.

5.2 Consumer Medicines Information sheets

A Consumer Medicines Information sheet for every medication that has been prescribed for people in the accommodation service is stored here.

5.3 Medication Audits

Store completed medication audits in this section.

5.4 Individual sections

Each person has a section in the Medication Practice Manual where their own medication documents are kept:

5.4.1 My Medication Support Plan

A person centred plan which outlines the type of support the person requires when taking medication.

5.4.2 Medication Profile

A Medication Profile is requested from the pharmacist when the Webster-pak[®] is first prepared. Any pharmacy providing a Webster-pak[®] service is able to generate the Medication Profile.

The Medication Profile provides:

- identification of the person
- the name, strength and dose of each medication the person is taking
- the condition the medication is treating
- an image showing the appearance of each medication
- how and when the medication should be taken or used
- the name of the prescribing doctor and his or her telephone number
- the person's known drug allergies.

Ask the pharmacist to print the Medication Profile in colour. It is re-printed each time the person's medication changes.

5.4.3 Medication Chart

In ADHC operated accommodation and respite services, medications are to be prescribed, and their administration recorded in long term medication charts such as those produced by Compact Business Systems.

In services where a registered nurse or medication endorsed enrolled nurse is not rostered on a shift, and whenever more than one support worker is on duty, two

support workers are to check the medication before it is administered to a person, in order to minimise medication errors. The support worker who administers the medication, signs the relevant medication chart after it has been taken by the person. Common abbreviations used by doctors when writing prescriptions are listed and explained in 'Other resources'.

Additionally, when support workers are required to administer PRN (as needed) medication to a person, a record of the dose given and the time is made in the medication chart. The reason for administering PRN medication, and the result, are documented in the relevant plan for the information of the person's doctor and other support workers.

5.4.4 My Medication Record

The My Medication Record is an ongoing record of medications prescribed for the person, and includes the date a medication is ceased. This record must be maintained by the person's doctor and updated whenever a medication is changed.

NOTE: The My Medication Record is a history of the person's medications and must not be archived.

5.4.5 My Medication Reviews

Records details of medication reviews completed for the person.

5.4.6 My Medication Provider Contact Details

Contact details for medication providers such as the pharmacist, GP and allied health professional are recorded in this section.

5.4.7 Other information

Other documentation such as referrals, prescriptions, and written advice is stored at the end of the person's individual section.

Medication documents that are no longer in use are archived in the person's Blue History Folder.

6 Administration

A person who is not capable of managing their own medications independently, or with minimal assistance, will have medications administered by support workers. These may be a nurse or disability support worker. A person accessing the community may have medications administered by a community support worker or equivalent.

When medications are dispensed in 'blister' packs or metered doses they may be administered directly to the person by both nurses and support workers. When medications have not been dispensed in 'blister' packs (i.e. they are dispensed by

a pharmacist into individually labelled packs for a particular person), they may only be administered by a worker who has been educated in the procedures for administering medication. Appropriately educated support workers include registered nurses, medication endorsed enrolled nurses, and support workers who have obtained competency to undertake the procedure.

ADHC will provide training to educate non-nursing support workers in the performance of certain health care procedures, which include medication administration, when blister packs and metered doses have not been provided by the pharmacist. When support workers are required to perform a new procedure, training will be based on the premise that a person in the general community could be trained to safely perform the same procedure. The procedure will be reviewed by a panel for its suitability to be included on the Health Care Procedures Register⁵. Once a procedure has been entered on the Register, training needs for support workers are identified and training provided by an appropriately qualified person.

6.1.1 Injections

Competency training will be provided for non-nursing support workers to administer medications by injection under the same premise described above (see Health Care Procedures Register) where a person in the general community could be trained to safely perform the same procedure. This does not preclude a person administering their own medication by injection e.g. insulin. A person with disability must not be involved in administering medication to another person with disability, other than in the case of a spouse or long term carer.

Intravenous injections may only ever be administered by a medical practitioner or registered nurse.

6.1.2 Alternative routes

When a person has difficulty swallowing, alternative medication administration routes must be discussed with the person's medical practitioner. The best method for delivery of the medication should be decided with reference to the person's mealtime support plan. Other administration routes e.g. by rectum or inhalation should also be discussed with the medical practitioner or pharmacist.

All tablets and capsules should be swallowed whole whenever possible. Support workers should seek advice from the pharmacist before crushing tablets and read Consumer Medicines Information sheets provided with the medication (also available at www.mydr.com.au or www.medicines.org.au). Some tablets are not suitable for crushing because they are formulated to release the drug over time after being swallowed. Other tablets may be suitable for crushing and for mixing with thickened fluids to assist with swallowing.

⁵ http://dadhc-intranet.nsw.gov.au/client_services/apd/health_care_procedures_register

6.1.3 Contraindications

Medications are not administered if:

1. the six rights of medication administration have not been met (Section 8.2)
2. the medication has not been prescribed or recommended by a medical practitioner
3. the medication is not contained in the original packaging or blister pack
4. the packaging is damaged or the blister pack has been opened
5. the medication is past its use by date or has been damaged
6. there is any reason to believe the person has had an adverse reaction to a previous dose
7. the medication has been spilt on the floor.

If, for any reason, prescribed medication is not administered to a person, the process for reporting and managing missed medications (Section 9.2) must be followed.

6.1.4 Handling medication

To avoid handling medication, support workers should transfer doses into a medicine cup or Pil-Bob[®] when removing them from the dispensed packaging.

Particular care must be taken to avoid having skin contact or inhaling cytotoxic drugs when administering these agents. Cytotoxic drugs are most often used to treat people with cancer.

Support workers may wish to use gloves when administering medication of any kind.

7 PRN medication

PRN (*pro re nata* or as needed) medication is prescribed by a medical practitioner for a person as and when needed for treatment of a medical condition or as part of a behaviour management plan. PRN medication may be prescribed for asthma, pain relief, behaviour support, epilepsy or infection control, and can include over-the-counter medications.

PRN psychotropic medication

When a person has been prescribed PRN psychotropic medication for behaviour support by a medical practitioner, the detailed guidelines and requirements in the 2009 Behaviour Support: Policy and Practice Manual, Parts 1 and 2 must be followed (see also Section 4.1 Consent). Medications are administered in strict accordance with the person's Behaviour Support Plan or Incident Prevention and Response Plan.

Prescription of new PRN medication

When new PRN medication is prescribed, the medical practitioner must be informed if the person requires assistance taking the PRN medication. Clear and precise written directions must be obtained from the medical practitioner for the use of PRN medication, and it must be administered according to those directions. If the person has a specific medication management plan in place support workers must follow this when administering PRN medications.

The person's medical practitioner should review over-the-counter PRN medication and confirm in writing that it is appropriate for the person's use. Over-the-counter PRN medication in tablet form must be dispensed in the person's Webster-pak[®] by a pharmacist. In this way support workers can administer over-the-counter PRN medication as needed and in accordance with the medical practitioner's advice.

All PRN medication must be recorded on the medication chart as it is administered. Where support workers are in doubt about the indicators for use of PRN medication, they should seek advice from the appropriate line manager or on-call manager. This advice should be sought as soon as the reason for administering PRN medication is identified so as not to delay a response to the person's needs.

PRN medication amendments or cessation

When a medical practitioner determines that a PRN medication is to be amended or ceased the change must take place immediately. The PRN medication list must be changed and signed by the medical practitioner. If the medical practitioner cannot provide an immediate written change, she or he may make a verbal change by telephone that must be repeated to a second support worker at the time the verbal change is ordered. The medical practitioner will provide written confirmation of the verbal order as soon as is practicable. Medication changes are reported to support workers on the following shift and included in the 'Urgent Matter Alert' of the **Individual Shift Report**.

8 Safety

8.1 Security

When a person is managing their own medications they should be secured in a place that is not accessible to other people. Medications that are administered by a support worker are to be stored in a cabinet or room that is secured at all times except when in immediate use.

In a community based accommodation or other service type, all prescribed medications will be dispensed in 'blister' packs whenever possible and stored together in a secure cabinet or room. The medications may include Schedule 4 or Schedule 8 drugs and there is no legal requirement to store these separately or to maintain a register of Schedule 8 drugs in these services.

In accommodation and respite services, where registered nurses and medication endorsed enrolled nurses administer medications, they must follow the requirements of their professional registration in the recording and storage of Schedule 8 drugs.

The temperature required for storing a drug is shown on the manufacturer's label and additional advice about storage can be sought from a pharmacist. Most drugs should be stored below 25°C and some need to be stored in a refrigerator. Those that require refrigeration must be stored separately from food to avoid contamination. If medications are stored in a general household refrigerator they must be secured to prevent people from accessing medications belonging to others, or from taking their own medications before the due dosage time.

8.2 Precautions

Medications must not be transferred by support workers into other containers, such as 'box' medication compliance aids, and are to remain in the original packaging provided by the dispensing pharmacist. Transferring medications into alternative containers greatly increases the possibility of error.

When a person is going out for the day (e.g. to school, work or day program) and a medication is due during that time, the original pharmacy dispensed pack of medication should accompany the person. The person must **not** be given a few doses in an unlabelled container, such as an envelope or a 'box' medication compliance aid. The pharmacist dispensing the person's prescription may be consulted regarding the possibility of providing a special pack for day trips. Alternatively the person's doctor may be consulted regarding the possibility of changing the dosage intervals to avoid having a dose fall due during the outing.

When administering medication to a person, support workers must always check the six 'Rights'⁶:

1. Right person

Check photographic identification on the medication packs or the person's file to ensure the medication is for the right person.

2. Right medication

Check the name of the medication on the blister pack or medication packaging against the name on the medication chart for the person.

3. Right dosage

For blister packs check that the right number of tablets or pills is contained in the blister. For other medication ensure the dose is clearly documented on the pharmacist's label attached to the medication.

4. Right time

Ensure medication is being taken at the prescribed time. Some medications will have further instructions that must be followed such as, to be taken with food, 30 minutes before food or after other medications.

5. Right route

Ensure medication is taken, applied or inserted using the prescribed route. This may include oral, topical (external), by inhalation or per rectum.

6. Right record keeping

All medication must be recorded and the appropriate medication chart signed by the person administering the medication.

If an error is made with one or more of the six 'Rights' the procedures in Section 9.2 must be followed.

If a person vomits after ingesting medication at any time before the next dose is due, a doctor or pharmacist should be contacted for advice about what action to take.

If they are unavailable the Medicines Line may be contacted between 9am and 5pm, Monday to Friday on 1300 633 424. After 5pm the 24-hour [healthdirect](#) service will answer the call.

⁶ Adapted from St Michael's House Disability Service, Dublin and cited in ADHC internal document.

9 Monitoring

The person must be observed as far as possible to ensure that medications are taken by the person, and according to the medical practitioner's prescription.

9.1 Adverse effects

Support workers will observe the person and make records of any unusual state or behaviour that may be medication related. Support workers can refer to Consumer Medicine Information sheets obtained from the pharmacist or downloaded from www.mydr.com.au or www.medicines.org.au to check for common reactions to medications. Immediate advice or assistance must be obtained from a medical practitioner if a person experiences an adverse reaction to a medication. The line manager and family or guardian should also be notified.

If a medical practitioner cannot be contacted seek immediate advice from Health Direct Australia – 1800 022 222 (24 hr), the **Medicines Line 1300 633 424** or in the case of a suspected overdose the **24 hour Poisons Information Centre on 131126**, and notify the person's medical practitioner, and family or guardian, of the incident as soon as possible.

If an extreme reaction occurs **ring an ambulance on 000** and notify the person's GP and family or guardian as soon as possible. An extreme reaction could include unusual distress, collapse or cessation of breathing.

9.2 Incidents

All medication errors and medication incidents must be responded to immediately. The incident must be documented in the person's file when a dose has been missed. If a person has taken the wrong medication or is suspected of suffering an adverse reaction the person's medical practitioner should be notified. Where the error or incident has no immediate severe effect, the person's doctor or pharmacist must be contacted for advice on any further action. If they are not available contact the **Medicines Line between 9am and 5pm, Monday to Friday on 1300 633 424**. After 5pm the 24-hour healthdirect service will answer the call.

If a medication overdose is suspected or a person has ingested poison call the **24 hour Poisons Information Centre, 24 hours a day on 131126**.

It is important that all medication incidents are reported as a quality and safety measure, and to reduce the occurrence of further medication related incidents. ADHC support workers should refer to the FACS 2014 Incident Reporting and Management Guidelines for People Accessing Ageing and Disability Direct Services for details on medication incident reporting. All incidents relating to medication must be reported to the appropriate line manager or on-call manager. The person's family or guardian should also be informed.

In the event a person refuses medication, advice should be sought from the person's medical practitioner or pharmacist on the appropriate action. If half an hour or more has passed since the medication was due, the situation is to be

recorded and managed as a medication incident. If a person regularly refuses medication, support workers should develop a medication management plan or review the existing plan and develop management strategies in consultation with the person's medical practitioner. Additional information may be available from the **Medicines Line** on **1300 633 424**.

9.3 Audits

Medication audits are conducted in each unit every three months, when the **My Health and Wellbeing Plan** is reviewed. The audit includes a check of the currency of all medication orders, records of administration, supplies, and the medication support plan, if the person has one. Additional criteria for the audit are listed in the **Medication Audit Criteria** (see 'Tools and templates'). A **Medication Audit Form** template is provided (see 'Tools and templates') to guide the audit, and ensure that all aspects of medication management are reviewed.

10 Respite

Support workers employed in centre-based respite services will usually be required to assist people to manage their medications during their stay at the respite service.

The medication procedures for accommodation support services described in the previous sections are the same for centre-based respite services. The exception is that families or carers are responsible for ensuring that **Medication Charts** (either those produced by [Compact Business Systems](#) or charts provided by ADHC) and medications of respite users are updated. This advice is contained in the cover letter for the Contract of Stay that is sent to the family or carer each quarter when an offer of respite is made by ADHC.

PRN and metered doses of medications that are not provided in 'blister' packs must be dispensed for the person and fully labelled by the pharmacist. Instructions for their administration must be recorded on the Medication Chart and signed by a medical practitioner.

When verbal or written instructions about medication administration are provided by the person's family or carer, and vary from those on the pharmacy label, or there are insufficient directions on the label, the person's family or carer must provide support workers with written instructions from the person's medical practitioner.

It is not acceptable for a person's family or carer to provide respite support workers with a few doses of any medication in an unlabelled container, such as an envelope, or a 'box' medication compliance aid. Medications packaged in 'blister' packs, dispensed and labelled by a pharmacist, are widely available and people entering respite should have their medications dispensed in 'blister' packs.

The family or carer can be asked to take the person home if they arrive at respite without an updated Medication Chart, or medications that are not dispensed in 'blister' packs. To avoid this situation occurring, district staff can support families and carers to prepare for the respite stay.

A phone call to the family a week before the respite booking, to remind them to bring updated Medication Charts and medications dispensed in 'blister' packs, will help facilitate a smooth entry to the respite service.

Maintaining a register of respite documents and their review dates at the ADHC district office is another way of triggering a reminder phone call to families to get the person's Medication Chart and medications updated before the next respite stay.

Families who are more likely to arrive at respite with medications and documents that are out of date can benefit from regular advance reminders. As an extra precaution families can be asked to provide an alternative contact person of their choice, who staff can contact if the family is unavailable during the respite stay.

When pre-planning does not avoid an issue with medications, or a person enters respite as an emergency, and medications and documents are out of date, district staff should notify the family in the first instance. Alternatively the usual dispensing

pharmacy can be contacted if blister packs need to be replaced, or a request made to the person's doctor for updated medication orders, or the family is asked to administer the person's medications during the respite stay.

As a last resort, the family will be asked to take the person home because staff cannot safely provide support with medication administration. This decision is made in consultation with the line manager or on-call manager.

Families should take unused medications home at the end of each respite stay.

It should be noted that the medication management procedures for a person in permanent accommodation also apply to people who occupy respite beds but are deemed to be in permanent accommodation.

If a person using respite is being supported in permanent accommodation, support workers are to develop a My Health and Wellbeing Plan. The medication audit is then conducted by support workers every three months when the My Health and Wellbeing Plan is reviewed, and is updated as required.

11 Explanation of terms

Blister pack

A dose administration aid used by pharmacies to package prescribed medications for a person in a series of compartments or blisters. Each dosage interval has an individual blister containing the dose for a specific time of day or night, and assists the person and their carers to ensure the right medicines are taken at the right time.

Contraindication

Any reason that a medication should not be taken, including harmful interactions with other medications, the existence of a particular health condition that is incompatible with the medication, or the person's individual sensitivity to the medication.

Domiciliary Medication Management Review / Home Medicines Review

The Domiciliary Medication Management Review also known as the Home Medicines Review, is a service to people living at home in a community setting. On a recommendation from the person's general practitioner (GP), the community pharmacist assesses the person's medication regime during a home visit, and reports the findings to the GP. The person, carer and GP then agree on a suitable medication management plan.

Medication

In this policy medication refers to any substance ingested, injected, inserted, applied or inhaled that is prescribed for a person by a medical practitioner or dentist and dispensed by a pharmacist. Medication also includes pharmacy items purchased over-the-counter without a prescription, and herbal or other therapy items recommended as treatment by a complementary therapist.

Metered doses

Medications are supplied in pre-packed or metered doses that deliver a prescribed amount of the medication at each dosage interval, thereby removing the need for the user to measure liquids or count tablets. Examples of metered doses specifically refer to liquids provided in single dose amounts and inhalants in puffer packs, and can include tablets contained in blister packs.

Person Responsible⁷

The person responsible has authority to consent on behalf of a person who is incapable of providing consent to **only minor and major medical and dental treatment** (the Guardianship Tribunal website has details of minor and major treatments).

⁷ [NSW Civil & Administrative Tribunal, Guardianship Division Fact Sheet 'person responsible'](#)

A person responsible is **not** necessarily the patient's next of kin. There is a hierarchy of people who can be the person responsible. They are:

A guardian (including an enduring guardian) who has the function of consenting to medical and dental treatments.

1. If no-one as specified in item 1:
a spouse or de facto spouse or partner where there is a close, continuing relationship.
2. If no-one as specified in item 1 and 2:
a carer who provides or arranges for domestic support on a regular basis and is unpaid. (If the person is in residential care, then the carer before the person went into residential care.)
3. If no-one as specified in item 1, 2 and 3:
a close personal friend or close relative where there is both a close personal relationship, frequent personal contact and a personal interest in the patient's welfare, on an unpaid basis.

The person next in the hierarchy may become the *person responsible* if:

- a person responsible declines in writing to exercise the function, or
- a medical practitioner or other qualified person certifies in writing that the *person responsible* is not capable of carrying out their functions.

PRN medication

PRN (from the Latin *pro re nata* or 'as needed') medication is not given according to a fixed regimen but is used as needed and is usually prescribed by the practitioner.

Schedule 4 drugs

Under the *Poisons and Therapeutic Goods Act 1966*, in the public interest Schedule 4 substances should only be supplied on the written prescription of a medical practitioner or other practitioner authorised under the Act.

Schedule 8 drugs

Under the *Poisons and Therapeutic Goods Act 1966* Schedule 8 substances are addiction producing or potentially addiction producing.

Stock medication

Stock medication refers to medication that has not been individually dispensed for a person by a pharmacist on prescription.

12 Policy and Practice Unit contact details

You can get advice and support about this Policy from the Policy and Practice Unit, Contemporary Residential Options Directorate.

Policy and Practice, Service Improvement Contemporary Residential Options Directorate ADHC policyandpracticefeedback@facsnsw.gov.au
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If you are reviewing a printed version of this document, please refer to the ADHC intranet to confirm that you are reviewing the most recent version. Following any subsequent reviews and approval this document will be uploaded to the internet and/or intranet and all previous versions removed.

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