**Medication management policy**

**Introduction**

Medications play an important role in helping individuals to maintain health, prevent illness and treat disease. However, inappropriate, or incorrect use of medications can cause harm.

Medication management occurs at both an individual and system level. It includes:

* how medications are selected, ordered and supplied
* how people take medications or are assisted to take them
* how medications use is recorded and reviewed
* how medications are stored and disposed of safely
* how medications use is supported, monitored and evaluated.

**Purpose**

The purpose of this document is to facilitate the best possible use of medications to improve health

outcomes for people with disability and to promote the benefits of medications and minimise risk of

inappropriate use and harm.

Through implementation of this policy, we aim to:

* develop behaviours and create environments which support the quality use of medications in the community
* assist individuals’ in managing their own medication
* support our staff in managing participant’s medications
* assist our staff to act in accordance with legal requirements and contemporary standards relating to disability services.

**Scope**

This framework is intended for use by our staff providing quality service to our clients who are the NDIS participants.

This framework may also be used as a guide by our clients, including families and carers, who are managing their own medication and may assist them with establishing and maintaining safe practices.

This policy compliments existing State or Commonwealth legislation.

**Guiding principles**

**Medication Administration is Person Centred**

Medication management practices place people with disability at the centre of planning and delivery and maximise, as much as possible, the capacity for people with disability to take control of their lives.

**Individual Outcomes**

Medication management practices build on individual strengths and reflect individual needs, strengths, interests, goals, formal and informal support networks. Medication management practices are informed by individualised support plans.

**Decision Making and Consent**

Individuals are informed about the predicted risks and benefit of prescribed medication in a way that meets their communication needs and cognition.

Individuals are encouraged and supported to be involved in decision making as far as possible according to their capacity. Consent is required before an individual can receive medical or dental treatment, except in an emergency.

If an individual does not have the capacity to consent to receiving medication, a legally appointed

guardian or Person Responsible must provide or withhold consent on the individual’s behalf.

Individuals who have capacity have the right to refuse or withdraw consent to the administration of

medication.

**Support for Self-Management**

Individuals are actively encouraged and supported to self-manage their own medications.

Where appropriate, individuals are given the opportunity to build capacity so that they can self-manage some or all of their medications.

A clearly defined and documented assessment is undertaken by a suitably qualified health professional if an individual does not wish to or does not appear to have the capacity to manage their medication.

**Minimal Restriction**

Decisions relating to medication selection and administration should only result in the restriction of freedom of decision and action of the individual, if at all, to the smallest extent that is practicable in the circumstances.

Restrictive interventions involving the use of medication (chemical restraint) are supported by a transparent, easily understood and evidence-based Behaviour Management Plan developed in consultation with the individual, or a person nominated by the individual, persons who have expertise in the carrying out of the proposed restrictive intervention, the prescriber, and the Senior Practitioner. This plan should indicate a process for review of restrictive practices. Restrictive practices may also be guided by a decision made by the Guardian and Administration Board.

**Quality Use of Medicines**

Promote a Quality Use of Medicines approach to medication management. This means:

* selecting the best way of maintaining the individual’s health and treating any illness, which may or may not include medications
* choosing suitable medications if a medication is considered necessary
* using those medications safely and effectively
* documenting the reason for administration of medications
* implementing timely and appropriate review of medications.

**Medication Management is undertaken in line with written Policies and Procedures**

Written policies and procedures relating to medication management are readily available to all staff, individuals’ and others involved in supporting people with disability.

**Evaluation and Continuous Improvement**

All parties involved in the management of medication including individuals with disability, prescribers and staff have a responsibility to reflect on current practice, to recognise when and where problems exist, identify factors which contribute to those problems, initiate interventions and evaluate the outcome of interventions to improve practice.

**Legislation and Standards**

Medications are managed in line with the National Standards for Disability Services and relevant Commonwealth and State Legislation including:

* Disability Services Act (2011)
* Disability Services Regulations (2015)
* Poisons Act (1971)
* Poisons Regulations (2008)
* Personal Information Protection Act (2004).

**Roles and responsibilities**

There are some responsibilities for people who are responsible for participants. This includes the staff with Sensible Health who take care and work with our clients. This includes making decisions in the best interest of clients and their medications. This includes gathering consent from these participants. It is to be ensured that wishes of the participants are taken care of. Staff should provide participants with entire information about their medications. All this information can be gathered from the Australian Medicine Handbook.

It is also responsibility of the staff including the managers to develop an individual plan for each individual which details medication management including consent arrangements. Consent arrangement involves:

* Who is the person responsible?
* Individual preferences regarding medication management and administration
* Any assessments and arrangements made regarding self-administration
* Strategies in place for increasing the individual’s capacity for self-administration.

Staff providing service to some clients are trained in attending to unexpected events.

**Training and competency**

It is ensured that support workers we employ have a level of competency to provide appropriate and safe support to a person with disability. This includes medication administration.

The minimum requirements to safely administer medications are competency in following units:

* HLTAID003 or provide first aid,
* HLTAAP001 or recognise healthy body systems, and
* HLTHPS006 or assist clients with medication

Or

* HLTAID003 Provide first aid; and
* CHCSS00070 Assist Clients with Medication Skillset.

The course Assist Clients with Medication Skill Set - CHCSS00070 is delivered by many educational institutions like TAFE Qld and others. The staff who are taking care of clients who need assistance with medication will be enrolled in the course with educational providers and made competent to deliver medications packed in webster packs.

An employee can be deemed competent if they have a higher qualification, for example a registered nurse who is acting within their scope of practice.

If a disability support worker is required to undertake more complex medication administration to support a complex health care plan, additional training relating to more complex medication administration is arranged. The above said competency course of CHCSS00070 Assist Clients with Medication Skillset is a requirement. Support workers are also assessed in workplace by regular assessments performed by the registered nursing staff. This is accompanied by a refresher training every 3 years. This is done to update latest changes in policies in medication administration.

We maintain a record of our staff’s qualifications and competencies where in any changes in their performance are noted and assessed. These records include:

* Any incidents or errors which are connected to their competency
* a request is made by the support worker
* a request is made by the individual or family
* a request is made by a team leader / supervisor where there are performance issues relating to specific tasks
* there is change in an individual’s health or medication needs requiring a different range of competencies
* there is a change in the individual’s accommodation or environment impacting on the support worker’s ability to perform tasks
* the support worker has had limited opportunity to apply previous training e.g. episodic/irregular employment

Staff should not perform tasks beyond their knowledge, skills, experience, and training or which require clinical assessment and clinical judgement.

**Supervision**

We supervise our support workers to ensure a competent performance in carrying out duties of their position.

Supervision may be conducted by various means including:

* in person
* through communication methods such as telephone, email, or video conferencing, where necessary

There are other non-clinical aspects which need development in the support staff. These are time management, organisation requirements, communication skills, and other factors supporting the provision of clinical care and working within a team.

Safety and quality evaluation is a must and regular reviews are required. These include reviews of incidents, in particular.

**Disability support workers** should abide by following:

* Do not administer medications until training has been completed and they are deemed to be competent by the educational provider to assist with medication who provided the training to administer medication.
* Meet workplace health and safety responsibilities, which include taking reasonable care for their own health and safety while at work and taking reasonable care that their acts or

omissions do not adversely affect the health and safety of other persons.

* Ensure they understand the Medication Management Framework and any policies and

procedures related to medication management specific to the organisation for whom the

work.

* Ensure that their day-to-day practices about medication management comply with the policies and procedures of their employer and the training they have received and are not outside the scope of their responsibilities.
* Support individuals and administer medications according to directions provided by the

treating health professional and on the packaging or label provided by the pharmacist.

* Reflect on their own skills, experience, knowledge, and limitations and inform their employers if they do not understand or feel competent in performing tasks required of them in the administration of medication.
* Participate in monitoring of their own competence by their employer.
* Do not administer S8 medications other than those specified as a ‘specified narcotic

substance’ in the Poisons Regulations (2008) i.e. a) dexamphetamine and b) methylphenidate.

**General practitioners/GPs** are responsible for prescribing medication within their legal authority, delegation, and scope of practice. They Assist individuals’ and others involved in their care to make informed decisions and learn more about their own health issues and health care.

They use objective information, resources, and services to make decisions and take actions that enable medications, when required, to be chosen and used appropriately.

They are responsible for obtaining consent, either from the individual or a Person Responsible who has been appointed by the Guardianship and Administration Board to act as a medical and health guardian.

**Pharmacists** are responsible for dispensing medications safely and legally in accordance with an appropriate legal prescription. Do not include S8 medications other than those specified as a ‘specified narcotic substance’ in the Poisons Regulations (2008) i.e. a) dexamphetamine and b) methylphenidate, in Secure Dose Administration Aids (SDAAs) where the administration will be undertaken by DSWs. Support individuals, DSPs and DSWs in applying the Quality Use of Medicines principles.

**Medications**

Medication is defined as a substance given with the intention of preventing, diagnosing, curing, controlling, or alleviating disease or otherwise enhancing the physical or mental wellbeing of individuals. Medications include prescription and non-prescription medications, including complementary health care products, irrespective of the administered route (Australian Pharmaceutical Advisory Council (2006), Guidelines for medication management in the community, Commonwealth of Australia, Canberra).

Medications are often referred to on the basis of schedules. Scheduling is a national classification

system that controls how medications and chemicals are made available to the public. Medications

and poisons are classified into Schedules according to the level of regulatory control over the

availability of the medication or poison, required to protect public health and safety. These schedules are included in the Poisons Act (1971) and are referred to as the Poisons List. For the purposes of this Framework medications are likely to relate to Schedule 2, 3, 4, 4D and 8 and are defined as:

* **Schedule 2** **– (Pharmacy Only)** Substances which are for therapeutic use, and which require supervision of their distribution, such that their availability to the public should be restricted to supply from pharmacies and, where there is no pharmacy service available, from general dealers in medicinal poisons.
* **Schedule 3 – (Pharmacist Only)** Substances which are for therapeutic use, and which are of a sufficiently dangerous nature to warrant their sale or supply only by medical practitioners, dentists, pharmaceutical chemists, and veterinary surgeons
* **Schedule 4 – (Prescription Only)** Substances the supply of which should, in the public interest, be permitted only by or on the prescription of a medical practitioner, dentist, or veterinary surgeon or by a pharmaceutical chemist as prescribed in the regulations
* **Schedule 4 Declared (S4D)** – Certain Schedule 4 substances declared by the Minister for Health, that have some potential for misuse and as such require more stringent regulation surrounding prescribing, dispensing and supply.
* **Schedule 8** – Substances which are capable, or potentially capable, of producing addiction or dependence.

The *Poisons Act (1971)* and the *Poisons Regulations (2008)* provide specific guidance about access to

and administration of medications covered by the Poisons List.

Support workers are only to administer S8 medications which are included in the *Poisons Regulations (2008)* and defined in those regulations as a ‘specified narcotic substance’. S8 medications which DSW are permitted to administer are limited to a) dexamphetamine and b) methylphenidate only.

**Consumer Medicines Information (CMI)**

Consumer Medicines Information (CMI) are leaflets that contains information on the safe and effective use of prescription and pharmacist only medications. The purpose of CMI leaflets is to

provide information aimed at bringing about better health outcomes.

CMI documents are produced by the pharmaceutical company that makes the particular

medications. CMI documents may be included in the medication package or may be provided in

leaflet form by the pharmacist or medical practitioner. If not provided CMI can also be requested

from the pharmacist, medical practitioner and are also available on the Therapeutic Goods

Administration website.

A CMI includes:

* name of the medication
* names of the active and inactive ingredients
* dosage of the medication
* what the medication is used for and how it works
* warnings and precautions, such as when the medication should not be taken
* interactions the medication might have with food or other medications
* how to use the medication properly
* side effects
* what to do in the case of an overdose
* how to store the medication properly
* name and address of the sponsor
* date the CMI was last updated.

It is recommended that individuals managing their own medication request and read CMI for all

prescription and pharmacy only medications.

Support workers should request and read the CMI information for all prescription and pharmacy only medications in circumstances where they are supporting an individual to administer the medication or administering the medication.

CMI should also be provided in circumstances where a Secure Dose Administration Aid is used.

**Prescription medications (Schedule 4, Schedule 4 Declared and Schedule 8)**

Prescription medications are only available by prescription from a healthcare professional with

prescribing rights. This usually refers to a medical practitioner (doctor) but might include a nurse

practitioner, dentist, or optometrist.

**Non-prescription Medication**

Examples of non-prescription medications include cough mixtures, simple analgesics, and antacids.

Some non-prescription medications can be sold only by pharmacists (pharmacist only) or in a

pharmacy (pharmacy only), others can be sold through non-pharmacy outlets such as supermarkets.

Non-prescriptions medications are also known as ***‘over-the-counter’*** medications.

Individuals who are also taking prescription medication should check with their medical practitioner

or pharmacist before taking any non-prescription medication to ensure they are appropriate and

that they do not interact negatively with other medications.

Support workers who are supporting an individual with their medication should seek approval from a health professional for all over-the-counter medications to ensure that they are appropriate for the individual and that they do not interact negatively with other medications. Health professional in this case can be the pharmacist as well as registered nurse working in the company. Support worker cannot administer any medication unless permitted from pharmacist as well as approved from the RN. This is done to keep the nursing staff in loop such that they are informed about any changes in clients/participant’s health conditions.

Use of non-prescription medications should be discussed at their next appointment with a medical

practitioner and included on a list of approved medications and the Medication Administration

Record if required regularly, for example, ibuprofen, paracetamol, or hay fever medication.

Instructions for administration should include:

* circumstances when it is appropriate to take the medication (indications for use)
* generic name of the medication
* route
* dosing frequency
* desired effects / side effects
* dosage (including maximum does in 24 hours)
* number of days the medication can be used, where applicable.

Some non-prescription medications may also be prescribed and may be cheaper if prescribed.

The individual should be reviewed by their medical practitioner if the individual requires the non-prescription medication on a regular basis or its use exceeds the maximum number of days the

medication may be used.

**Complementary and Alternative Medications**

Complementary and Alternative Medications (CAMs) include herbal, vitamin, and mineral products,

nutritional supplements, homeopathic medications, traditional and indigenous medications, and some aromatherapy products. Other terms sometimes used to describe CAMs include natural or holistic medications. CAMs can be obtained easily from a wide range of sources.

Individuals may self-select or ask others to select and provide CAMs.

Like all medications, CAMs and non-prescription medications can cause adverse reactions and medication interactions.

If an individual wants to use CAMs they should be supported to do so, however it is highly

recommended that the individual’s treating health professional is consulted before commencing the

therapy.

If an individual wishes to use a CAM after it has been contra-indicated by a health professional, they

may do so if they are deemed to have capacity to make decisions relating to treatment (dignity of

risk). If they have been assessed as not having capacity this decision should be discussed with the

individual and the Person Responsible. In some situations, a prescriber may withdraw

conventional treatment if an individual with capacity insists on continuation of CAM where there is

risk of adverse outcomes or adverse interactions with conventional treatment. This would usually

only occur after discussion with the individual. A record of such a decision should be recorded.

If an individual chooses to use a complementary medication which is illegal, support worker must

not administer or assist with administration. It is recommended that use of all CAMs is discussed

with a health professional who is prescribing medication.

**Secure Dose Administration Aids - SDAA**

A **Secure Dose Administration Aid (SDAA)** is a pharmacy prepared aid whereby medications are

divided into sealed individual doses and arranged according to the dose schedule throughout the day.

Only solid oral medications can be packaged this way.

Wherever possible dispensed medications should be retained in the original manufacturers or other

dispensed packaging unless an SDAA could help to overcome specific problems that an individual or

support worker may encounter. The reasons for using a SDAA should be documented.

A SDAA may be requested by an individual or recommended by a treating health professional and

commenced following consultation and consent from the individual.

SDAAs should be packed and fully labelled by a pharmacist or under the supervision of a pharmacist

according to the Pharmacy Board of Australia’s Guidelines.

SDAAs intended for medication administration by DSWs should not contain S8 medications other

than those specified as a ‘specified narcotic substance’ in the Poisons Regulations (2008) i.e. a)

dexamphetamine and b) methylphenidate.

A SDAA should be returned to the pharmacist for repackaging if there are any changes to the

individuals’ medication.

Some SDAAs may be provided with documentation for record keeping, however it is preferred that

a Medication Administration Record endorsed by the prescriber is used.

**Non-packaged Medications**

Medications which are not in their original packaging, or suitable packaging as supplied by the

pharmacist, or in a pharmacy prepared SDAA should not be administered. The potential for error is

high and it is not possible to comply with the six rights of medication administration.

**PRN Medication**

PRN (pro re nata) or as needed – medication is prescribed by a health professional for an individual

as and when needed for treatment of a medical condition. PRN medication may include prescription or non-prescription medication. Support workers are not permitted to administer PRN S8 medication other than dexamphetamine and methylphenidate.

**STAT Medication**

STAT medications are those which must be taken immediately.

**Alteration of Oral Formulations**

Some individuals may need to have oral formulations altered, for example, tablets broken or crushed

to aid administration or mixed with food or liquids e.g. for use with a PEG feeding tube. The

alteration is intended to assist administration and ensure that individuals receive necessary

medications. ***Always check with a pharmacist first before altering the form of medications as***

***this practice may have unsafe consequences.***

Some medications cannot be altered because this may reduce effectiveness, create a greater risk of

toxicity or other harm, an unacceptable presentation to the individual in terms of taste or texture,

make it difficult to ensure appropriate dosage and risk to work health and safety. Cross-contamination of medications is also a risk.

If an individual is having difficulty taking their medications, or they require an alteration to the

standard dosage form, the individual might need alternative formulations or different medications

instead. Individuals or DSWs administering medications should check with a pharmacist which oral

dose medications can and cannot be altered in form and any special conditions relating to the

alteration or administration of specific medications.

Medication should not be hidden in food or liquid.

Some medications eg. antibiotics, are also not suitable for ingestion with yoghurt. Check with a

pharmacist first if it is intended to use yoghurt to assist with ingestion.

**Continuity of Medication Supply**

Disruptions to medications supply may lead to adverse outcomes including poor symptom control

and unplanned hospital admissions. To avoid disruptions, team leader in association with support workers should plan ahead so that a continuous supply is available.

As a guide, at least three days’ supply of medication should be always kept on hand and not

more than one repeat of each prescription (or one month’s supply). This practice should ensure that

individuals do not run out of medications and will avoid waste that can result from stockpiling

medications. The individual’s pharmacist or health professional may also provide guidance about

required supply.

**Administration of Medications**

The need for medication may be initiated by the individual, family member, carer, support worker or a health professional. Medication will be prescribed or required in order to prevent, diagnose, cure, control or alleviate disease or otherwise enhance the physical or mental well-being of an individual.

**Consent**

The starting point in the process of medication administration is to establish consent from the

individual to treatment.

It should be assumed that individuals have capacity to make decisions about their health and whether to take medication. Capacity should be assumed unless and until the individual is assessed as not having it.

Capacity can vary in the same person for different decisions and can fluctuate over time. Capacity

depends on understanding and understanding depends on effective communication, accessible

information as well as cognitive abilities.

If a person does not agree with a health professional this does not mean they are incompetent, just

that they have a different point of view. If an individual refuses treatment the reasons for doing so

should be explored.

Capacity may need to be reassessed if there appear to be changes in the individual’s level of

understanding or depending on the complexity of the decision involved.

The professional providing treatment is responsible for establishing consent for treatment and for

assessing the individual’s capacity. They also have responsibility for asking for any assistance if they

need additional expertise in determining capacity.

It is not the responsibility of a support worker to assess capacity, however as workers may know the

individual well, they are in a good position to notice changes in the individual which indicate a change in capacity. If the support worker has been supporting the individual for some time, they may also be in a good position to offer background information, assist with explanations and communication between health professionals and the individual about treatment options.

If an individual lacks capacity, the health professional has a duty of care to provide treatment in the

best interests of that individual, even if the individual does not agree.

Even if an individual lacks capacity to consent they still have the right to receive information about

treatment, the main risks and benefits of the intervention and what may happen if the individual does not have the treatment.

Consent is not required if a medication is administered by a medical practitioner or health professional in an emergency.

**Substitute Consent**

If the individual is not able to provide consent the practitioner must obtain substitute consent from

the person responsible (including a guardian) or if a person responsible has not been defined or is

not available request the appointment of a legal guardian with that function from the Guardianship

and Administration Board (GAB).

The person responsible has responsibility to make decisions in the best interests of the individual.

Details regarding the person responsible should be included in the Individual Plan. To qualify as a

‘Person responsible’ the ‘person’ must be a family member, close friend or unpaid carer of the

individual with disability and must maintain a close personal relationship through frequent personal

contact. The ‘person’ must have a personal interest in the welfare of the individual with disability.

**Selection of Medications**

The selection of medications should reflect a Quality Use of Medicines approach:

* selecting medication wisely, including consideration of non-medication alternatives
* choosing suitable medication if a medication is considered necessary
* using medications safely and effectively to get the best possible results.

Selection should be informed by good communication between the health professional, the

individual, those who support them and if appropriate the person responsible.

Prescribers need to be aware of all medications the individual is taking including those from other

prescribers, non-prescription medications, and CAMs. Prescribers should also be aware of any

allergies or previous negative reactions to medications.

Prescribers may be able to tailor medication selection and dose form if they have a good

understanding about the individual’s routine, activities and known difficulties relating to

administration e.g., inability to swallow tablets without alteration in oral dose form or chewing.

Prescribers should be informed where there are limitations on the medications which may only be

administered with the assistance of a community nurse or other health professional e.g., support workers’ limited ability to administer S8 medications.

**Obtaining Medication**

Once a medication has been selected, either the individual or a support worker will need to obtain the medication from a pharmacy. This should be done as soon as practicable after receipt of the

prescription.

A pharmacist will prepare the medication and provide a CMI/consumer medication information.

In the same way that all people in the community have the option of purchasing cheaper generic

brand medications, individuals with disability should be afforded the same option. If the pharmacist

supplies a generic or alternative medication this must be identified on the label with the generic

name. The support worker should request that the label also state which brand the product is equivalent to.

A CMI/consumer medication information for the generic brand should be requested and provided. The pharmacist will also need to update the information on the SDAA, for example, the name and colour of the tablet.

On receipt of medication, the DSW or individual for whom the medication is intended should check:

* that all medication has been provided
* that the medication listed on the back of the SDAA or original containers match the medication listed on the medication record.

If there is a problem this must be raised immediately with the pharmacist for advice.

**Privacy**

Sensible Health has a robust system in place to ensure that the individual’s privacy and

confidentiality is respected and that we are compliant with the Privacy Act (1988) (Commonwealth).

**Decision Making**

* **Medication Management**

Decision making relating to the management and administration of medication takes place within a

continuum of involvement by the individual.

At one end individuals will completely manage and administer all their own medication. At the other

end of the continuum the individual will play only a minimal role in the management and

administration of their medication. There are many points of variation between these two points and the arrangement reached may be highly individualised.

Administration arrangements may change over time depending on changes to the individual’s

preferences, changes in the individual’s capacity or changes in the type or complexity of the

medication to be administered.

Individuals should be supported and encouraged to self-administer their medication.

Capacity for self-administration should be the starting point unless:

* the individual requests assistance with medication administration or
* it is established via an assessment process that the individual does not have capacity to administer their medication.

Individuals may wish to self-administer some of their medications and ask for support or full

administration for others.

Medication management and administration should be documented as part of the Individual Plan.

**Self-Management and Administration**

Where there is uncertainty about an individual’s ability to safely manage and administer their

medication, a competency assessment must be undertaken by a suitably qualified health care

professional in consultation with the individual and those involved in the individual’s care.

Capacity may vary over time and a reassessment may be required if the individual appears to be

having difficulty in managing their medication.

If a disability support worker is concerned that an individual is having difficulty in administering their medication they should discuss their concerns with the individual and discuss the situation with their supervisor.

**Reference**

<https://www.communities.tas.gov.au/__data/assets/pdf_file/0032/63779/6_2_Medication_Management_Framework_-_Updated_2017_Exec_endorsed.pdf>

Australian Pharmaceutical Advisory Council (2006), Guidelines for medication management in the community, Commonwealth of Australia, Canberra