



Medication Policy

Document number: PO2020-036

Approval

Policy owner	Executive Director, Vinnies Services		
Approved by	Executive Leadership Team		
Date approved	12.05.2021	Review date	12.05.2023

Purpose

1. The St Vincent de Paul Society NSW (the Society) is committed to providing high-quality health care treatment and managing medication according to industry standards and legislative requirements to ensure the safety of the people we assist.
2. This Medication policy, procedures, and Appendices outline the Society's principles for storing, administering, and disposing of medication for the people we assist.

Scope

3. This Medication Policy applies to Society employees and volunteers working in services or programs where medication is stored, managed, or administered to the people we assist.
4. This Medication Policy applies to Society employees and volunteers who are registered health professionals working in services or programs where medication is stored, managed or administered to the people we assist.
5. This Medication Policy outlines the Society's legal obligations, ethical and best practice standards for managing medication, including:
 - appropriate management and storage of medication
 - processes for administering or supporting self-administration of medication to the people we assist and
 - requirements for using prescribed medication to address behavioural concerns. Refer to the Society's Restrictive Practices Policy and Behaviour Support Policy for further information.
6. This Medication Policy does not cover:
 - the requirements of registered health professionals (who are Society employees or volunteers) under their professional registrations and obligations. Society employees and volunteers who are Registered Nurses, General Practitioners, or other registered health professionals must also adhere to requirements under their registration and professional practice standards when prescribing, administering, or managing medication, or
 - management or storage of medication for the personal use of Society employees and volunteers.

Related Policies and procedures include:

- Behaviour Support Policy
- Counselling and Disciplinary Policy
- Code of Conduct
- Client-Centred Service Delivery Policy
- Feedback and Complaints Handling Policy
- Infection Control Policy
- Incident Management Policy
- Open Disclosure Policy
- Privacy Policy
- Risk Management Framework
- Restrictive Practices Policy
- Safeguarding Children and Young People Policy
- Voluntary Out-of-Home Care Policy

Policy principles

7. The Society places the safety and wellbeing of the people we assist at the centre of our work and health care provided by the Society.
8. The Society encourages and supports the people we assist, where possible, to manage and self-administer their medication, to maintain personal control and independence.
9. The Society recognises that some people we assist may not have the capacity to self-administer medication safely and effectively. If a parent/Guardian, nominated support person, 'person responsible' or the employee or volunteer has concerns about the person we assist's capacity to self-administer medication, the Society will:
 - conduct an assessment on the persons capacity to self-administer the medication (Refer to Self-Administration Checklist Attachment B) in consultation with the 'person responsible' and the persons' medical practitioner
 - obtain consent for the Society to manage and administer the persons' medication in the persons file within Microsoft Team or SCIS.
10. The Society requires all risks relating to medication to be assessed, reviewed, and managed according to the Risk Management Framework.
11. The Society acknowledges that people we assist may bring to a service pro re nata (**PRN**) or over the counter (**OTC**) medication to self-administer as required, e.g., paracetamol, ibuprofen, asthma, and diabetes medication.
12. The Society requires all medicines, including self-administered medicines, to be stored according to the Society's Procedures set out in Appendix 2, to maintain the quality of the medicine and the safety of the people we assist.
13. When a person ceases to use a service, the Society will store prescription medication left at the service for a maximum of 14 days or S4 or S8 medication for 3 days. The Society will attempt to contact the person we assist, family, or Guardian to return the medication.
14. The Society will return unwanted, ceased, expired medicines, or medication that is not collected to a local community pharmacy to ensure safe disposal and avoid accidental poisoning, misuse, or toxic release into the environment.
15. The Society will ensure all Society employees and volunteers managing or administering medications are appropriately trained or qualified and authorised to provide medication support.
16. The Society is committed to reducing and eliminating the use of restrictive practices. The Society will take steps to ensure restrictive practices are only used as a last resort, apply a person-centred approach, and are approved as part of a Behaviour Support Plan. Refer to the Society's Behaviour Support Policy and the Restrictive Practices Policy for further information.
17. The Society requires employees and volunteers to immediately report all medication errors, health incidents or near-miss events to their Manager or Team Leader, in line with the Society's Incident Management Policy.
18. Medication errors and near miss incidents must be disclosed to the person we assist their parent/Guardian, nominated support person or 'person responsible' in line with the Open Disclosure Policy. Health Services must report, manage and participate in open disclosures in line with the Open Disclosure Policy.

Medication as a chemical restraint (Restrictive Practice)

19. This Policy defines any medication used to address challenging behaviours, including routine dose medication, as a restrictive practice called 'chemical restraint'.
20. The Society will ensure medication used as a restrictive practice is:
 - documented in a Behaviour Support Plan written by an authorised NDIS Behaviour Support Practitioner based on a functional assessment of behaviour
 - approved by the NSW Restrictive Practices Authorisation (RPA) Panel
 - compliant with the Society's Medication Policy, Restrictive Practices Policy, and Behaviour Support Policy
 - compliant with NSW Restrictive Practices Authorisation Policy and Procedural Guide (2019)
 - reported monthly to the NDIS Quality and Safeguards Commission for NDIS participants for the use of Restrictive Practice chemical RPA as required.
21. The Society will lodge documentation required under the NSW Restrictive Practices Authorisation Policy and Procedural Guide (2019) within the NSW Restrictive Practices Authorisation Portal. Refer to the Restrictive Practices Policy for more information.

Additional reporting for NDIS

22. Society employees and volunteers must report allegations or suspicions of prohibited practices to their Manager or Team Leader immediately according to the Society's Incident Management Policy.
23. The Manager or Team Leader will ensure incidents are managed according to the Society's policies and reported as required under *NDIS (Incident Management and Reportable Incidents) Rules 2018* (Cth). If a Reportable Incident occurs or is alleged to have occurred in an NDIS service, we have the following additional reporting requirements: <https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>
 - an Immediate Notification must be submitted via the NDIS Quality and Safeguards Commission Portal within 24 hours of key personnel becoming aware of a reportable incident or allegation. Reports must be made via <https://www.ndiscommission.gov.au/providers/ndis-commission-portal19>
 - after the initial notification, you must follow additional reporting requirements. Refer to <https://www.ndiscommission.gov.au/providers/how-notify> for additional reporting requirements.
24. In NSW, medication-related prohibited practices include:
 - misuse of medication such as the dispensing or administration of medication prescribed to influence behaviour, mood, or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist, or paediatrician
 - denial of key needs, which is withholding supports such as possessions, preventing access to family, peers, friends, and advocates, or any other basic needs or supports
 - unauthorised use of a restrictive practice, i.e., administration of medication as a chemical restraint without authorisation. Refer to the Society's Restrictive Practices Policy for further information.
25. Breaches of this Medication Policy, including the use of prohibited practices, will be taken seriously and are likely to result in disciplinary action. Disciplinary action may include termination of employment and, in some circumstances, prosecution. Refer to the Counselling and Disciplinary Policy for further information.

Roles and responsibilities

26. Executive Director, Vinnies Services, is responsible for:

- overseeing communication and implementation of the Medication Policy
- monitoring open disclosure processes, disciplinary action, and ensuring mandatory reporting to the authorities, regulatory, or funding bodies is completed
- overseeing Reportable Incidents for the Society's NDIS services. Act as the Authorised Reportable Incidents Approver to the NDIS Quality and Safeguards Commission, Aged Care and Quality Commission, Australian Health Practitioner Regulation Agency (AHPRA).

27. Directors are responsible for:

- ensuring employees and volunteers receive training and support to understand their responsibilities and implement the Medication Policy
- ensuring the use of medication as a Restrictive Practices is reduced or eliminated
- monitoring and reviewing the effective implementation of this Medication Policy within their services
- authorising employees and volunteers with responsibilities related to managing medication within their service or program
- assessing, managing and reporting incidents involving medication in line with Incident Management Policy
- managing open disclosures (Higher-level response) for health services only
- reporting to external authorities, regulatory and funding bodies as required
- overseeing Reportable Incidents for the Society's NDIS services. Act as the Authorised Reportable Incidents Approver to the NDIS Quality and Safeguards Commission and ensure reporting obligations for Aged Care and Quality Commission, Australian Health Practitioner Regulation Agency (AHPRA), Department of Communities and Justice are fulfilled for their area of responsibility.

28. Senior Manager, Vinnies Service (as delegated) is responsible for:

- ensuring as the Authorised Reportable Incident Notifier that Reportable Incidents and reporting responsibilities required under the NDIS Quality and Safeguards Commission, Aged Care and Quality Commission and Australian Health Practitioner Regulation Agency (AHPRA), Department of Communities and Justice are fulfilled for their area of responsibility.

29. Managers and Team Leaders are responsible for:

- ensuring employees and volunteers understand their responsibilities and are supported to implement the Medication Policy as they relate to the service
- authorising employees and volunteers to undertake responsibilities related to the management dispensing or administering medication for the people we assist within their service or program
- ensuring the service has appropriate and secure storage facilities to store medication
- ensuring the procedures set out in this Medication Policy are embedded in service operations
- ensuring relevant employees and volunteers undertake regular training, training records are maintained, and relevant qualifications or registration are current to meet the obligations under this Medication Policy
- assessing, managing, and reporting incidents involving medication in line with the Incident Management Policy
- assessing no-harm and near-miss incidents (Lower Level response) to determine the appropriate response for health services only.

30. Society employees and volunteers involved in managing medication are responsible for:
- participating in training and seeking support from the Manager, Team Leader, or colleagues to understand and implement this Medication Policy
 - documenting actions related to managing or administering medication to the people we assist
 - reporting all incidents, errors, or near misses to their Manager or Team Leader immediately according to the Incident Management Policy
 - for health services, report and participating in open disclosure processes as outlined in the Open Disclosure Policy.

Review

31. This Medication Policy is scheduled for review every two years from the date of approval or more frequently as needed to align with legislative or practice changes.

Further assistance

32. Feedback on the Medication Policy can be provided to the Executive Director, Vinnies Services.

References

- RACGP Standards for general practices (4th edition)
- *Children and Young Persons (Care and Protection) Act 1998* (NSW)
- *Children and Young Persons (Care and Protection) Regulation 2012* (NSW)
- FACS, Restrictive Practices Guidance: Chemical Restraint
[file:///C:/Users/lwatson/Downloads/Restrictive-Practices-Authorisation-Policy%20\(1\).pdf](file:///C:/Users/lwatson/Downloads/Restrictive-Practices-Authorisation-Policy%20(1).pdf)
- FACS Behaviour Support Guidelines OOHC
https://www.facs.nsw.gov.au/_data/assets/pdf_file/0005/583511/Behaviour_Support_OOHC_Guidelines.pdf
- FACS Medication Procedure residential Disability services
https://www.facs.nsw.gov.au/_data/assets/pdf_file/0006/590694/104-Medication-Procedures-accessible.pdf
- *Guardianship Act 1987* (NSW)
- Guiding principles for medication management in the community, 2006, APAC. Dept of Health
- Medication Safety Standard, Australian Commission on Safety and Quality in Health Care
- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NDIS Quality & Safeguards Commission NDIS Practice Standards
- NSW Civil and Administrative Tribunal, Guardianship Division
- Medication Handling in NSW Public Health Facilities
- *Poisons and Therapeutic Goods Act 1966* (NSW) and *Regulation 2008* (NSW)
- *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* (Cth).

Approval and amendment history

Version	Approval authority	Date	Amendment summary
Doc 1		17/05/2016	Inclusion of further information around consent, documentation, and planning.

Doc 2	Executive Leadership Team	15/12/2020	Update of the existing Medications policy
Doc 3	Executive Director, Vinnies Services	12/05/2021	Update related to S4 and S8 medications, inclusion of Fitpacks and further guidance on safe needle management, details regarding Webster Paks.

Appendix 1: Definitions

Term	Definition
Adverse reaction	A harmful or unpleasant reaction is related to using a medication that creates risk from future administration and requires specific treatment, change in dosage, or medication withdrawal.
Administration of medication	This Medication Policy defines administering medication, as the process of giving a dose of medicine according to the directions provided on the medication packaging or pharmacist label that has been dispensed from a pharmacy.
Behaviour Support Plan	A document or series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to a person's needs. A Behaviour Support Plan should have both a preventative and a responsive focus. See the Society's Behaviour Support Policy for further details.
Blister Pack	Packaging system with each 'blister' containing the dose required for every administration interval during the day and dispensed into individually labelled packs by the pharmacist.
Child and Young Person	In this Medication Policy, 'Child' means persons between the ages 0-15, a 'young person' is any person between the ages 16-17.
Consent	Permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid, it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so. Consent also has a specific meaning under the NSW <i>Guardianship Act 1987</i> . See: www.lawlink.nsw.gov.au/opg . See also Capacity below.
Capacity	A person has the capacity to provide consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action and can communicate an intention to consent (or to refuse consent) to the decision or action. A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability. A person may have the capacity to exercise privacy rights even if they lack the capacity to make other important life decisions. See also consent.

Chemical Restraint	<p>Chemical restraint is a restrictive practice that involves using a medication or chemical substance, often referred to as psychotropic medications, for the primary purpose of influencing a person's behaviour.</p> <p>It excludes the use of medication prescribed by a medical practitioner for the treatment or to enable treatment of a diagnosed mental disorder, physical illness or condition.</p>
Employee	An employee is a paid member of staff unless otherwise specified. This includes full time, part-time, fixed-term or casual staff, contractors providing services to the Society and those engaged in the performance of duties for the Society from a labour-hire agency.
Fitpack	The Fitpack is a personal sharps container that provides storage and transportation of new syringes and equipment and a disposal compartment for used syringes or needles. Authorised health services dispense Fitpacks as part of the Ministry of Health harm minimisation strategies.
Health information	Information about physical or mental health or a disability an individual has had at any time, an individual's express wishes about the future provision of health services, any health service that has been or is to be provided to an individual, any personal information collected to provide or in providing a health service, information collected in connection with a donation or intended donation of body parts, organs or body substances, genetic information that is or could be predictive of health at any time of the individual or a relative of the individual and healthcare identifiers.
Medical Practitioner	A person registered to practise as a Medical Practitioner under the Health Practitioner Regulation National Law.
NDIS	National Disability Insurance Scheme.
OTC medication	Over the counter (OTC) medication available for purchase without a prescription from pharmacies, supermarkets and other retailers. Examples include cough and cold remedies, paracetamol and aspirin.
Person Responsible	<p>Medical and dental practitioners have a legal and professional responsibility to obtain consent to treatment before treating a patient. The patient usually gives consent. If the patient is not capable of providing consent to their treatment, the practitioner should seek consent from the patient's 'person responsible'. This is required by the Guardianship Act 1987. A person responsible is a; Guardian, Spouse or partner, Carer or Relative or friend as outlined in the NSW Civil and Administrative Tribunal, NCAT Guardianship Division. NSW Civil and Administrative Tribunal, Guardianship Division Consent to medical or dental treatment 2016</p> <p>https://ncat.nsw.gov.au/documents/factsheets/gd_factsheet_consent_to_medical_or_dental_treatment.pdf</p>
PRN medication	Pro re nata (PRN) medication required "as needed" in response to particular symptoms or complaints.
Prescription-only medication	Any medication listed in Schedule 4 or Schedule 8 of the NSW Poisons List and which is only available to the public on prescription by a medical practitioner or dentist.

People we assist	People receiving Society services, whether those services are financial or non-financial, and whether those services are delivered in the person's home, a formal setting or elsewhere.
NDIS Prohibited Practice	Prohibited practices are practices which interfere with basic human rights are unlawful and unethical in nature and are incompatible with the objects and principles of the <i>Disability Inclusion Act 2014</i> (NSW). Specific practices are defined in the NSW Government Restrictive Practices Policy 2019.
Regulated Restrictive Practice	As defined in the NDIS (Restrictive Practices and Behaviour Support) Rules. Refer to Restrictive Practices Policy and Behaviour Support Policy for further information.
Restrictive Practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person. Refer to the Restrictive Practices Policy for more information.
Restrictive Practice Authorisation	Endorsement for identified restrictive practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances. Authorisation of a restrictive practice requires: <ul style="list-style-type: none"> • Behaviour Support Plan • legal consent • authorisation by an internal Restrictive Practice Authorisation Panel.
Restrictive Practice Authorisation panel	A panel comprising as a minimum, a senior manager of an NDIS provider and a specialist in behaviour support who is independent of the service provider. The RPA Panel authorises the use of a restrictive practice based on supporting information, such as a Behaviour Support Plan.
Schedule 4 drugs	Prescription only medicine – Medicines which must be prescribed by an authorised healthcare professional (such as a doctor). They may be supplied in a hospital or bought from a pharmacy with a prescription.
Schedule 8 drugs	Controlled drug – Medicines or chemicals which have special rules for producing, supplying, distributing, owning and using them. These medicines may only be prescribed by an authorised healthcare professional who may need a special prescribing permit.
Self-administration	The term self-administration of medicines means the patient is responsible for storing and administering their medication.
Side effects	Any effect of a drug or medicine that is in addition to its intended effect, especially an effect that is unpleasant or harmful.
Volunteer	A person who is undertaking unpaid work for the Society. Within the Society and for legislative compliance all requirements of volunteers in this Medication Policy apply to members as well as all types of 'compulsory volunteers' including interns, student placements, Work for the Dole participants and mandated court orders. For the purpose of this Medication Policy, the Society does not distinguish between the roles and responsibilities of paid and unpaid Personnel unless specifically prescribed by relevant legislation.
Webster Pak	A pre-packed or metered dose of medication packed by a pharmacist that delivers a prescribed amount of medication at each dosage interval.

Appendix 2: Procedures

1. The Society acknowledges that services and programs provide varying levels of support to the people we assist with their health and medication needs, this may include storage of medication, administering medication or supporting the person we assist to self-administer medication. The procedures provide a consistent approach to managing medication across the Society's services and programs.
2. The Manager or Team Leader must ensure that risks related to storing, administering or supporting self-administration of medication are assessed and recorded within the service Risk Register. Refer to the Risk Management Framework for further information.
3. The Society considers administering medication, as the process of giving a dose of medicine according to the directions provided on the medication packaging or pharmacist label that has been dispensed from a pharmacy.
4. Society employees and volunteers must only administer medication to the people we assist engaged in the Society's services or programs, according to the local protocol and directions provided on the medication packaging and pharmacist label.
5. The Society must manage and administer or support the person we assist in self-administering their medication, under the following circumstances:
 - where the person requests the Society's support in managing and administering their medication
 - the medication is for a child or young person under the age of 12. Where medication may be required for an emergency, such as Asthma Inhaler, Epi-pens or Insulin, these must be easily accessible to the child or young person. Conditions for administering or allowing self-administration of medication for children and young people are provided within the Consent section
 - S8 Schedule drugs which have been prescribed to the person we assist. The person we assist must provide identification that matches the medication packaging
 - if a person we assist, parent/ Guardian, nominated support person, person responsible or employee or volunteer has expressed concerns that the person does not have the capacity to self-administer the medication and Attachment B- Medication Self-Administration Assessment has been completed in consultation with the persons medical practitioner and confirmed this
 - where the person is unable to store medication securely or in a locked place such as a locked cupboard, room or safe, to ensure it is not accessible to children, young people or other people we assist
 - where the person is unable to store the medication according to the manufacturer's instructions, e.g. refrigerated
 - if there is an identified risk to the person or other people we assist at a service and this arrangement is approved by the Director of the service.
6. The Society aims to implement a harm minimisation approach is aligned with the [National Drug Strategy 2017-2026](#). As a harm minimisation strategy, the person we assist may carry a Fitpack on their person or stored in their belongings. Employees and volunteers must ensure that Fitpacks which have been left at a service are disposed of according to the Disposal of Medication section of this Policy.

Consent

7. Where a person we assist has the capacity to manage their medication, they will be responsible for managing and self-administering their medication.

8. If a parent or Guardian is present, they retain the responsibility for managing and administering the medication to their child or young person.
9. If a parent or Guardian is not present, a child over 12 years of age may self-administer medication under the following circumstances:
 - medical information and parent/ Guardian consent has been obtained
 - the Manager has completed Attachment B- Medication Self-Administration Assessment and determined that the child has the maturity and capacity to self-administer their medication
 - the child is willing to self-administer their medication
 - the medication is self-administered under the supervision of an employee.
10. If a child or young person is under 12 years of age, an employee or volunteer must administer the medication.
11. If a person we assist has the capacity to manage and self-administer their medication but requests the Society's support in managing their medication, the Society employee or volunteer must:
 - make a note of the request in the person we assist's file notes, and
 - apply the procedures for managing and administering medication.
12. Employees and volunteers must obtain consent from the people we assist for all medication, medical appointments and treatment¹.
13. Where possible, consent must be obtained from the parent, carer, Guardian, 'person responsible' for a child or young person for all medical treatment and medication.
14. In New South Wales, a child or young person may not need the consent of a parent or carer in seeking medication, treatment or medications if any of the below circumstances apply:
 - the young person is over the age of 16 years
 - there is a risk of significant harm to the child or young person should the parent/carer become aware of the request for medical treatment or medication. Such as the medical treatment required for injuries caused by abuse or neglect and disclosing the child/young person's attendance may lead to further abuse or neglect, or
 - if a medical professional has assessed that the child or young person under the age of 16 years, has the ability to understand and make informed choices. The medical professional will determine if the parent's Guardian or authorised carer consent is required.
15. If a person we assist, parent/ Guardian, nominated support person, 'person responsible' or employee or volunteer has concerns that a person does not have the capacity to self-administer medication, the employee or volunteers must assess the person's capacity using the Medication Self-Administration Checklist (Attachment B) in consultation with the person's medical practitioner and 'person responsible'. Under the *Guardianship Act 1987* (NSW), a hierarchy of persons from whom the 'person responsible' for a person is to be ascertained. That hierarchy is, in descending order, a guardian, a spouse, a carer, or a close relative or friend. The 'person responsible' should be encouraged to base their decision on the wishes and preferences of the person we assist. In this situation, if the person or 'person responsible' provide consent, the Society must manage and administer or support the person to self-administer their medication². Refer to NSW Civil and Administrative Tribunal, NCAT Guardian Division Fact Sheet,

¹NSW Civil and Administrative Tribunal, Guardianship Division Consent to medical or dental treatment 2016
https://ncat.nsw.gov.au/documents/factsheets/gd_factsheet_consent_to_medical_or_dental_treatment.pdf

² NSW Government Department of Communities and Justice. Medication Procedures January 2016
<https://www.facs.nsw.gov.au/download?file=590694>

Personal Responsible for further information.

https://ncat.nsw.gov.au/documents/factsheets/gd_factsheet_person_responsible.pdf

16. If the Society is administering medication or supporting the person to self-administer their medication, the employee or volunteer must:
 - provide the people we assist with information on the Society's Medication Policy
 - ensure the medication is stored securely and according to the manufacturer's instructions
 - complete the Medication Summary (Attachment A).
17. If the Society **only** stores the medication of the people we assist, the employee or volunteer must:
 - ensure the medication is stored securely and according to the manufacturer's instructions
 - complete Personal Belonging and Money Storage consent form (at Attachment A), refer to Personal Belongings and Money Policy
 - store medication, according to the Medications Policy and Personal Belongings and Money Policy.
18. A person we assist has the right not to disclose information regarding their medical history or medication.
19. Consent is not required if a medication is being prescribed in an emergency. For all medical emergencies, '000' must be called to ensure appropriate medical treatment is provided.

Duty of Care

20. Medications must be used to treat or prevent a health condition and according to their prescribed instructions.
21. Employees and volunteers providing medication assistance have a duty of care to ensure people we assist' safety, proper use of medicine, and infection control measures. Failure to provide a reasonable standard of care may lead to the employer, employees or volunteers being held responsible for the incident.
22. Employees or volunteers that are not health professionals may assist in administering medication where:
 - the employee or volunteer has been authorised by the Manager, Team Leader or Director to undertake responsibilities related to medication and has undertaken appropriate training outlined in the Medication Policy
 - the medication has been dispensed by a pharmacist and has non-invasion administration, e.g. not an injection or
 - where Midazolam and Epi-pens are prescribed, and the employees or volunteer has a current First Aid Certificates and relevant training.
23. A registered medical practitioner should administer all medication injections. Exemptions for this include Insulin, people we assist with Diabetes are encouraged to self-administer Insulin where able. An employee or volunteer may administer midazolam and Epi-pens if they have a current First Aid Certificates and relevant training.
24. Employees and volunteers must practice hand hygiene and infection control when administering medication. Refer to the Infection Control Policy for further information.
25. Employees and volunteers must use single-use vials and ampoules wherever possible. If a multi-dose vial must be used, it must only be used for one person.
26. On receipt of a Webster Pak into a service, the employee or volunteer must ensure that the person we assists' picture is attached to the Webster Pak and that the medication matches the Medical Chart. As

appropriate, an employee or volunteer may support the person by taking a photo of the person we assist and attaching it to the Webster Pak to support the medication process.

Assisted Administration of Medication

27. People we assist must not be involved in the provision of medication to other people we assist, except for a spouse, Guardian or carer identified during the intake process.
28. Where it has been identified that the person we assist does not have the capacity to self-administer medication, an employee or volunteer (who may or may not be a registered health professional) may assist. Society employees or volunteering assisting in administering medication must:
 - where possible, ensure there are two employees or volunteers present to check the medication being administered is the correct medication for the correct person
 - only administer medication to the level of their training
 - check medication provided matches the name of the person and medication name on the packaging
 - if the medication is provided in a Webster Pak, check the persons' photo on the Webster Pak matches the person the medication is being administered to
 - only administer medication to the person it was prescribed for, and in the manner it was prescribed for
 - check the medication was prescribed by the person's doctor and, or dispensed by a pharmacist
 - ensure the medication is in the original medication packaging or a blister pack or Webster Pak provided by the pharmacy
 - comply with the local protocols regarding administering medication, e.g. process for administering medication from a blister pack
 - check blister packs against the Medication Summary (Attachment A) or Medical Chart (Attachment D) to ensure they have been packed correctly, and details of webster content have been provided on the pack. Any discrepancies must be checked with the pharmacist before administering
 - check that appropriate medical consent has been obtained.
29. Services with NDIS participants requiring assistance with self-administering medication or where the Society is administering medication, the employees and volunteers must ensure:
 - all medication, including over the counter medication, vitamin and natural remedies, are approved by the persons' medical practitioner. This is to reduce the risk of an adverse reaction or conflicts between the medications. All complementary therapies must be recorded on the persons' Medication Summary, Medical Chart or Medication Chart
 - all medication, including PRN and OTC medication, is provided in a Webster Pak to assist the Society in administering and managing the persons' medication.
30. When administering or assisting a person to self-administer medication, employees and volunteers must carefully read the pharmacy label on the medication, blister pack or Webster Pak and check each of the following:
 - **The six rights of safe medication administration:**
 - **RIGHT PERSON (for Webster Pak, check the persons' photo on Webster Pak matches the person medication is being administered to)**
 - **RIGHT MEDICATION**
 - **RIGHT TIME**
 - **RIGHT ROUTE**
 - **RIGHT DOSE**

▪ **RIGHT DOCUMENTATION**

- the employee or volunteer assisting administration must ask the person we assist if they would like their medication and obtain consent
- if the person has the capacity, the blister pack containing the medication must be handed directly to them at the appropriate administration time
- if assistance involves removing the medication from the blister pack, the employee or volunteer must wear gloves, place medication into a plastic cup, hand the cup directly to the person, and apply appropriate Infection control procedures. Refer to Infection Control policy for further information
- ask the person to take their medication immediately
- the Medication Administration Record (Attachment C) or Medication/ Medical Chart (Attachment D) must be completed as soon as practicable following ingestion of medication.

31. Employees and volunteers must not administer medication if³:

- the six rights of medication listed above are not met
- medication is not contained in the original packaging or blister pack
- the dose that should be required is missing, the Manager or Team Leader must be notified
- the packaging is damaged, or the blister pack has been opened
- the medication is past its use-by date or has been damaged
- there is a reason to believe the person has had an adverse reaction to a previous dose
- the person does not want to take or refuses their medication or
- the medication has been spilt on the floor.

32. All tablets and capsules should be swallowed whole unless the pharmacist advises otherwise. Many tablets must not be crushed or dissolved because of the way they are formulated unless authorised by a medical practitioner.

33. Medication must not be hidden in food to ensure the person we assist takes it. This is considered a restricted practice unless authorised by a medical practitioner and written into a Behaviour Support Plan. Refer to the Behaviour Support policy and Restrictive Practices Policy for more information.

34. Managers and Team Leaders must ensure that medication does not accumulate for use sometime later as 'stock' medication.

35. Medication must not be removed by non-health professional employees or volunteers and placed in other containers, such as 'box' medication compliance aids. Any such step increases the possibility of a medication administration incident.

36. Employees and volunteers must not provide medical advice unless they are a medical practitioner. The people we assist must be advised to seek advice from a medical practitioner for all medication, medical questions and advice, including the use of natural remedies or vitamins.

37. Any uncertainty about the people we assist's medication must be clarified with the dispensing pharmacist or the people we assist's medical practitioner before administering medication. Medical advice must also be obtained before administering medication to the person if they appear to be under the influence of alcohol or other drugs in case of a possible adverse reaction.

³ NSW Government Department of Communities and Justice. Medication Procedures 2016
<https://www.facs.nsw.gov.au/download?file=590694>

38. If the wrong dosage is administered from a Webster Pak, the Webster Pak must be taken to a pharmacist for repacking.

Medication as a chemical restraint (Restrictive Practice)

39. The Restrictive Practice Policy applies to all Society services, including disability support services, aged care, accommodation, and health services. Administering medication or chemical substance for the primary purpose of influencing a person's behaviour is a Restrictive Practice. The Society aims to use the least restrictive practices and reduce restrictive practices within its services and programs.
40. Only Society employees who have been authorised by the Manager may administer medication as a restrictive practice. The employee must ensure:
- a. consent is obtained from a parent or Guardian to use regulated restrictive practices on a child or young person. For individuals, 16-18 years of age consent should also be obtained from the young person themselves
 - b. the chemical restraint is administered according to the Medication or Medical Chart
 - c. the chemical restraint is administered as part of an approved Behaviour Support Plan which complies with the Medication Policy, Restrictive Practice Policy and Behaviour Support Policy
 - d. a written medication protocol is in place, developed in collaboration with the prescribing health professional, which contains specific directions and details regarding the use of the prescribed medication, for example:
 - i. the name and contact details of the prescribing health professional, the chemical and brand names of the medication
 - ii. name and contact details of the person giving informed consent for the medication, either the person or the persons' Guardian if they do not have the capacity to provide consent
 - iii. the circumstances/conditions under which the medication may be administered
 - iv. any physical examination or investigation required before administration
 - v. instructions regarding the permissible dose, how to administer it, and how often
 - vi. purpose of the prescribed medication and the desired outcome
 - vii. the likely time frame between administration of the drug and the onset of the beneficial effect
 - viii. the maximum dosage permissible in 24 hours
 - ix. possible side effects/adverse effects (e.g. on quality of life)
 - x. symptoms of overdose or complications/interactions with other medications⁴
 - e. the written protocol is available to all carers, Society employees or volunteers or other professionals who are authorised to administer or dispense the medication
 - f. regular reviews are undertaken to confirm the benefit derived from the medication by the prescribing health professional in consultation with a Behaviour Support Practitioner
 - g. any conditions placed on the Restrictive Practice Approval panel decision to authorise a chemical restraint are followed and communicated to all relevant people (e.g. person we assist, their guardian/family, Society Personnel). Conditions may include but are not limited to: a timeframe for review, further observations, assessments or review required, implementation of other behaviour support strategies, development of communication support
 - h. ensure monthly reporting to NDIS Commission for NDIS participants for the use of Restrictive Practices including chemical RPA for regular use and as required.⁵

⁴ FACS, Restrictive Practices Authorisation Procedural Guide v2.0, June 2019.

⁵ National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
<https://www.legislation.gov.au/Details/F2018L00632>.

41. The people we assist must not be forced or required to take their medication as a condition of access to a service or support unless it is part of an approved Behaviour Support Plan. Employees and volunteers may encourage the person to take their medication for their health and wellbeing.
42. If a person we assist has received a Community Treatment Order and there are concerns regarding the persons behaviour or the person refuses to take their medication, the employee or volunteer must contact the external service implementing the order. If a person we assist continues to display challenging behaviours, the employee or volunteer must complete a risk assessment and address the behaviours.
43. If a person we assist is displaying dangerous or concerning behaviours, experiencing a mental health episode or another emergency, the employee or volunteer must:
 - take steps to ensure the safety of themselves and other people by moving to a safe distance
 - contact the relevant mental health service, Acute Care Team or 000 for emergency assistance as appropriate.

Medication Storage

44. The Society strongly encourages the safe storage of all medication in our services and programs. Where possible, the people we assist should be provided with an arrangement to store and manage their medication securely.
45. When the Society is storing and administering the medication, employees and volunteers must ensure the medication is:
 - stored in a secure location such as a locked cupboard, locked room, individual storage locker or non-removable safe or in a secure box/ container at all times except when in immediate use
 - stored in a separate names container or space to prevent medication error, if stored by the Society
 - stored according to manufacturer's instructions including temperature, such as a locked cool bag or esky if taken on a day outing
 - kept away from food so as not to contaminate food where possible stored in a separate fridge appropriate to the manufacturer's instruction for the medication.
46. If the Society is **only** storing the medication for the people we assist, the employee and volunteer must also:
 - return the medication within its packaging or Webster Pak to the person we assist so they can self-administer their medication
 - complete Attachment A: Personal Belongings and Money Storage consent form, refer to the Personal Belongings and Money Policy
 - implement the storage procedure outlined in the Medications Policy and the Personal Belongings and Money Policy.
47. People we assist must keep medications required for immediate use such as Asthma inhalers, Insulin or Epi-Pens on hand for use as needed. If the person does not have the capacity to self-administer medication, an appropriate arrangement must be implemented to ensure the medication is readily available to the person.
48. If the Society is administering the medication of the people we assist and the person attends a day outing or temporarily leaves the service, the persons' medication must be provided to the employee supporting the person or the persons' guardian as appropriate. The following conditions must be met:
 - the medication must be signed over to the employee supporting the person or Guardian, as appropriate

- the medication must be in its original packaging, must be provided and
- the medication must be stored according to the manufacturer's instructions.

Management of S8 medication

49. Only Vinnies Services with employees and volunteers who are registered health professionals may store S8 medication for the people we assist. Any other service storing or administering S8 medication to the people we assist must be approved by the relevant Director. Storing and administering medication must be recorded within the service risk register.
50. Employees and volunteers must ensure:
- S8 medication is stored in a secure location such as a locked cupboard, locked room or non-removable safe and in a secure box/ container and ensure the key is strictly controlled
 - S8 medication is stored according to manufacturer's instructions
 - Attachment E- Medication Register for S8 medication is completed for each dosage which is signed in and out by two employees or volunteers at the shift changeover or end of the shift
 - in exceptional circumstances, where two employees or volunteers are unavailable to sign in or out S8 Medication, the employee must arrange with the local pharmacy or medical facility for assistance with medication storage and dosage
 - identification is provided for the S8 medication that matches the medication on the pharmacist packaging
 - S8 medication is provided in a Webster Pak, where this is possible. If at intake the medication is not in a Webster Pak, the employee or volunteer must support the person to have the medication repacked in a Webster Pak as soon as possible. Medication may be packed in a separate Webster Pak or with other medication as required.
51. Employee and volunteers must report the theft of Schedule 8 drugs stored by the Society to the Manager or Team Leader. Refer to the Incident Management Policy for more information.

Staff knowledge, skills and training

52. Managers and Team Leaders must ensure all employees and volunteers who administer medication to the people we assist receive the appropriate training, support and supervision to implement the Medications Policy.
53. Employees and volunteers must only administer medication according to their level of responsibilities and training.
54. Managers and Team Leaders must ensure that before administering medication, the employees and volunteers have the following essential knowledge:
- appropriate storage of medications
 - basic knowledge of human body systems
 - basic knowledge of commonly used medicines/drugs, including prescribed and over the counter medications
 - basic knowledge of some of the terms and abbreviations used concerning medication such as PRN, prescribed medication, over the counter medication
 - correct handling of medications
 - understanding of the Society and the services procedures
 - procedures related to medication, including documentation of medication

- relevant legislative, regulatory, Policy and industry guidelines and requirements relating to the provision of assistance with medication administration
 - infection control procedures
 - the expected effect and any side effects of medications being administered, the consequences of incorrect use of medication and the main reasons for errors in medication administration
 - understanding of duty of care in assisting people we assist with medication administration within the scope of their work role.
55. Manager and Team Leader must assess and keep a record of the employee or volunteers understanding of how to safely administer medication using the Medication Administration Checklist (Attachment G).
56. Employees and volunteers involved in managing or administering medication must also undergo refresher training on an annual basis.
57. Midazolam for Epileptic seizure must only be administered by a registered nurse or employees or volunteers with a current First Aid certificate and appropriate training.
58. Where the person we assists' medical practitioner is engaged outside of the Society, the medical practitioner must provide written confirmation regarding changes to their medication. The written confirmation must be:
- on the doctors or practices letterhead and
 - include details of the changes to medication.
59. The person we assist's medical practitioner is engaged at the Society's service or site, the medical practitioner must update the Medication Summary template (Attachment A), Medication/ Medical Chart (Attachment D) or the Society's medical system or aged care systems; Leecare, Best Practice, and Medical Director as soon as possible. The employee or volunteer must ensure all necessary information is recorded, including the following:
- name
 - medication to be given and the strength of the medication
 - dose to be administered
 - specific route
 - time to be given
 - specific instructions regarding the medication, e.g. To be taken with food.
 - commencement date of the medication
 - cessation or review date of the medication
 - medical doctors' signature.
60. Employees and volunteers must record all administration of medication within the people we assists' Medication Summary (Attachment A). The employees or volunteers must sign the Medication Administration Record (Attachment C) at the time medication is taken.
61. The employee or volunteer must advise the person to take the completed Medication Summary (Attachment A) to medical appointments to ensure that medical staff are aware of their current medication.
62. Where appropriate to the level of support and where consent is provided, the medication and health care may form part of a people we assist support or case plan.

Medication Incidents

63. If there is a concern for a person's safety or health, including medication error, suspected overdose, severe adverse reaction to a medication, ingestion of a poison, call Emergency Services on '000'.
64. If it is believed a person has ingested incorrect medication or there are concerns regarding a reaction to a medication, contact Poison Information Hotline 13 11 26 (24 hrs), *Healthdirect Australia* on 1800 022 222 (24 hrs) or the Adverse Medicine Events Line 1300 134 237 (9am-5pm AEST Mon-Fri).
65. If a person experiences an adverse reaction to a medication or a medical error has occurred, the employees and volunteer must:
 - ensure the person is provided with appropriate medical attention
 - notify their prescribing medical practitioner for advice or further action
 - immediately report all medication error and incidents to the Manager or Team leader
 - ensure the reference number of the incident report is recorded on the person's file
 - ensure external reporting to governing bodies or regulatory authorities is completed in line with the Incident Management Policy.
66. Employees and volunteers must immediately respond to, manage and report any potentially unsafe situations, concerns, errors, incidents, adverse reactions regarding medication or theft of medication belonging to the people we assist to their Manager in line with the Incident Management Policy.
67. People we assist have the right to refuse to take their medication or medical treatment. The people we assist must not be forced to take medication or medical treatment against the persons wishes.
68. If a person we assist decides not to take their prescribed medication, the employee or volunteer administering the medication must:
 - encourage the people we assist to speak with their doctor to discuss the risk of not taking the medication or review before they decide to stop taking the medication;
 - advise the Manager or Team Leader that the person has refused to take their prescribed medication
 - observe the people we assist for changes in behaviour or wellbeing and report these to the Manager or Team Leader
 - seek medical assistance if required or contact the *Healthdirect Australia* on 1800 022 222 (24 hrs) or the Adverse Medicine Events Line 1300 134 237 (9am-5pm AEST Mon-Fri) report the incident Society's Incident Management Policy.
69. The Manager and Team Leader must ensure that all medication and health treatment-related incidents are managed and reported according to the Incident Management Policy.
70. Medication errors and near miss incidents must be disclosed to the person we assist in line with the Open Disclosure Policy. Health Services are required to report, manage and participate in open disclosures in line with the Open Disclosure Policy.
71. The Society will investigate or review all incidents to ensure appropriate corrective, preventative actions and opportunities for continuous improvement are implemented. Refer to the Incident Management Policy.

Disposal of Medication

72. Employees and volunteers must dispose of all medication safely and in a manner to prevent accidental poisoning or environmental damage. Medication must not be disposed of in the services or household waste.
73. When a person leaves or ceases to use a service, the persons medication must be returned to the person we assist, the family, Guardian if the medication is current and in date. Employee and volunteers must:
- complete the Medications Return Form (Attachment F)
 - keep a copy of the form in the persons electronic, hard copy or SCIS file.
74. Any medications left at a service or program which is unwanted, expired or not collected by the people we assist, their family or Guardian after they leave a service must be taken to a local pharmacy for safe disposal. Employees and volunteers must:
- ensure prescription medications are stored for a maximum of 14 days, or S4 or S8 medication for 3 days
 - ensure medications are returned to the local pharmacy. Contact the local pharmacy for guidance on the appropriate disposal or collection process,
 - complete the Medications Return Form (Attachment F), and keep a copy of the form in the persons electronic, hard copy or SCIS file.
 - dispose S8 medication with two employees present. For all other medication, this should be completed by two employees or volunteers where possible.
75. Employees and volunteers must ensure all sharps, needles and Fitpacks left at a service are disposed of safely as aligned with the [NSW Health Needle and Syringe Program: Guidelines 2017](#). When collecting sharps, needles or Fitpacks employee and volunteers **must**:
- use tongs, a dustpan or appropriate equipment to move a used sharp (needs or syringes)
 - only dispose of sharps within the sharps container at the service or contact the local pharmacy, Needle Clean Up Hotline (1800 633 353) or local council for assistance
 - wear appropriate protective clothing, including puncture-resistant gloves and enclosed shoes
 - make sure no one is standing nearby when collecting a used needle to avoid accidental injury
 - if possible, place the sharps container on the ground
 - place the sharp end into the sharps container first
 - place disposable gloves used to collect the sharp into the waste container
 - wear puncture-resistant gloves while moving sharps, wash equipment used to collect the needle with detergent and warm water after use
 - wash outside of puncture-resistant gloves and then remove
 - wash hands with soap and water.

Employees and volunteers **must not**:

- place hands in any hidden areas such as drains, cavities or garbage bags where the content is unknown and fingers are not visible
 - hold a sharps container when someone is placing needs or syringes into the container
 - wear open toes shoes when handling a needle or syringe
 - attempt to recap, break or bend the needle.
76. If there is a needle stick injury, the employee or volunteer must:
- wash the exposure site with soap and water
 - seek medical attention as required
 - contact Needlestick Injury Hotline 1800 804 823
 - report the incident to the Manager or Team Leader for support and follow up actions as aligned with the Incident Management Policy.

Privacy and Confidentiality

77. At all times, employees and volunteers must ensure all medical and health-related matters and the system used to manage this information are managed as sensitive and confidential information.
78. All medical information is sensitive and confidential information. The Society will only enable access or disclose personal, health, or sensitive information to members of the health treatment team of the person we assist, at the person's request, or to health providers directly involved in their health or clinical care. Refer to the Society's Privacy Policy and My Health Record Policy for more information.
79. Medication and Medical records must be kept for a minimum of 7 years. Medication and medical records for children and young people must be kept for 7 years after the child or young person turns 18 years of age.

Residential Aged Care Facilities

80. Residential aged care facilities (**RACFs**) must comply with requirements specific to services operating under the *Aged Care Act 1997* (Cth). Guiding principles for medication management in residential aged care facilities, published by the Commonwealth government, guides the development of procedures for RACFs.
81. Information is also available from NSW Health regarding requirements for RACFs under the *Poisons and Therapeutic Goods Act 1966* (NSW) and *Poisons and Therapeutic Goods Regulation 2008* (NSW).

Additional NDIS Practice Standards

82. The NDIS Practice Standards provide requirements for the management of medication. Managers and Team Leader must ensure compliance with NDIS Practice Standards, including:
 - maintaining records that identify the medication and dosage required by each participant, including all information required to identify the participant correctly and to administer the medication safely
 - ensuring all workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication
 - ensuring all medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained employees and volunteers.

Attachments List:

1. Medication Summary- Attachment A
2. Medication Self-Administration Checklist- Attachment B
3. Medication Administration Record- Attachment C
4. Medication/ Medical Chart - Attachment D
5. Medication Register for S4 and S8 Medication- Attachment E
6. Medication Return Form- Attachment F
7. Medication Administration Checklist- Attachment G

Attachment A- Medication Summary



Patient Medication Profile - Community

Webstercare Profile

Mary HARRISON
 17 Moore Street
 Leichhardt
D.O.B: 22-April-1922 **Age:** 85
Sex: F
M'care No: 987654321

Allergies/Previous Adverse Reactions:
 Aspirin, Shellfish, Sticking Plaster

Diagnosis:
 Epilepsy, Angina, Hypertension, Asthma, Anxiety, Osteoporosis, Dry Eyes

Dr. Paul HANNAN
 Ph: 02 9563 4900



06/08/2007 15:15:54

Pack 1

Drug	Dose/Directions	B'fast	Lunch	Dinner	B'time	Indications/Special Instructions
Adalat 10mg Tab (Nifedipine) <small>Pink marked A10, cross-shaped BAYER logo on reverse</small>	One three times daily	1	1	1		Blood Pressure/Angina
Panamax 500mg Tab (Paracetamol) <small>Prescr As: Dymadon-P 500mg White scored marked PANAMAX</small>	One four times daily	1	1	1	1	Pain Maximum 8 per day
Epilim 500mg Tab (NaValproate) <small>Lilac round enteric coated</small>	One three times daily	1	1	1		For Epilepsy
Uremide 40mg Tab (Furosemide) <small>Prescr As: Lasix White marked FE/40 & alpha symbol on reverse scored</small>	One in the morning	1				Fluid/Blood Pressure
Alepam 30mg Tab (Oxazepam) <small>Orange marked OM/30 & G on reverse scored</small>	One at bedtime				1	Anxiety Do not take with alcohol. May cause drowsiness
Centrum Selct 50+ Tab (VtA, Bs, C, D2, E, Fe, etc) <small>Tablet</small>	One in the morning	1				General supplement

Pack 2

Drug	Dose/Directions	7.30am	Lunch	Dinner	B'time	Indications/Special Instructions
Alendro Once Weekly 70mg (Alendronate Sodium) <small>Prescr As: Fosamax Marked AN 70 Oval White Tab</small>	One on Monday morning half an hour before food	1				Osteoporosis Remain upright and do not take other drinks or medication for at least half an hour.

Non-packed Medication

Drug	Dose/Directions	B'fast	Lunch	Dinner	B'time	Indications/Special Instructions
Liquifilm Tears EyDrp (Polyvinyl alcohol) <small>Eye Drops</small>	One drop four times daily into both eyes	1	1	1	1	Dry Eyes Discard 30 days after opening

PRN Medication (When Required)

Drug	Dose/Directions	Indications/Special Instructions
Coloxyll/Senna Tab (Docusate+SenA&B) <small>Brown film-coated</small>	One when necessary for constipation	Constipation

Source: Department of Communities and Justice- Medication Tools and Templates 2016
<https://www.facs.nsw.gov.au/download?file=59>

Attachment B- Medication Self-Administration Assessment

Document to be used where there are concerns regarding the persons capacity to self-administer medication. The checklist must be completed in consultation with the person we assist 'person responsible' and their medical practitioner.



Risk checklist to assess a person's capacity to self-medicate

This checklist is designed to guide decision-making when considering a person's ability to manage his or her own medication. It is not a definitive checklist and each person's particular skills and circumstances must be considered in the assessment. The checklist is to be completed by a support worker who is familiar with the person. **If the answer to any of the skills below is 'No' the person is assessed as not capable of self-medication.**

Person's medication management skills			
Name:			
CIS No.		TRIM No.	
Skills required	Yes / No	Comments	
Identifies the time of day or a routine associated with the need to take medication.			
Ability to count or use an augmentative device for determining dosages and avoiding duplication of medication.			
Has no history of intentionally taking extra medication when distressed.			
Having recognised the time of day or need, is able to respond to prompts to take medications e.g. red sticker for morning dose, yellow for evening dose.			
Identifies the needed combination of medication at each time of day by shape and colour.			
Can explain the reasons why medication is needed and the consequences of not taking it.			
Understand that medications must not be given to other people or support workers.			
Can demonstrate the ability to record medication administration in a simulated situation.			
Demonstrates compliance with safe storage of medications and can explain why this is important.			
Demonstrates the ability to learn the correct method for taking medication e.g. oral or topical, by successfully performing			

tasks of similar difficulty e.g. applying hand cream or taking tablets.		
Skills required	Yes / No	Comments
Has the physical ability to remove medications from packaging and to take them.		
Can explain the consequences of missing a dose or taking it twice.		
Can describe the steps to be taken if a dose is missed or taken twice.		
Has a history of seeking help when unsure of what to do or when a mistake is made.		

To confirm a person's capacity for self-medication staff should complete the following risk assessment.

Risk assessment		
Risks	Likely / unlikely risk	Comment
Not taking medication		
Taking wrong medication (including wrong dose)		
Taking medication at wrong times		
Taking medication by wrong method		
Losing medication		
Giving medication to other people or support workers		

If the answer to any of the above is 'likely' the result of the risk assessment is that the person is not capable of self-medication.

RESULT OF ASSESSMENT	Person is capable of self-medication	<input type="checkbox"/> YES
		<input type="checkbox"/> NO

Date completed	
Completed by: Name & title	
Signature	
Review date	

Medication, Tools and templates, V1.2, January 2016

Source: Department of Communities and Justice- Medication Tools and Templates 2016
<https://www.facs.nsw.gov.au/download?file=59>

Attachment C- Medication Administration Record



Blister Pack – Signing Sheet and Administration Record


Pack (1 of 1) Metropolitan Pharmacy 12579C
Webstercare MMS(R) 6.8.02 12/09/06

Multi Dose webster pak **Signing Sheet and Administration Record** **Rm: 06**

Name: **HARRISON, Mary** Doctor: **Dr. Paul HANNAN**

Allergic To: **Sticking Plaster**

Medication	Dose/Batch	B'fast	Lunch	Dinner	B'time	Qty	Description
Panamax500mgTab	1 3x daily	1	1	1		21.00	Wht rnd mkPanamax
Valpro500mgTab	1 2x Daily	1		1		14.00	Lilc rnd ent-coated
Adalat 10mg Tab	1 3x daily		1	1		21.00	Pnk mKA10&BAYER rev
Uremide40mgTab	1 in Morning	1				7.00	Wht rnd mkFE/40
Alepam 30mg Tab	1 at Bedtime				1	7.00	Orng mkOM/30&G rv sod



Date Started	B'fast	Lunch	Dinner	B'time
12/09/06	Panamax500mgTab Valpro500mgTab Adalat 10mg Tab Uremide40mgTab	Panamax500mgTab Adalat 10mg Tab	Panamax500mgTab Valpro500mgTab Adalat 10mg Tab	Alepam 30mg Tab

Note: Commence recording in 'START' row then continue through to week 1 and so on.

START	MON	TUE	WED	THU	FRI	SAT	SUN
B'FAST	LUNCH	B'FAST	LUNCH	B'FAST	LUNCH	B'FAST	LUNCH
DINNER	B'TIME	DINNER	B'TIME	DINNER	B'TIME	DINNER	B'TIME
CONTINUE WEEK 1	MON	TUE	WED	THU	FRI	SAT	SUN
CONTINUE WEEK 2	MON	TUE	WED	THU	FRI	SAT	SUN
CONTINUE WEEK 3	MON	TUE	WED	THU	FRI	SAT	SUN
CONTINUE WEEK 4	MON	TUE	WED	THU	FRI	SAT	SUN






Reason Medication Not Given			
A Absent	R Refused - Residents Choice		
D Doctors Instructions	S Self-Administered		
F Fasting	W Withheld		
H Hospital	X Given but not Seen Taken		
L Social Leave (Overnight)			
M Miscellaneous			
N Nil Stock			
O Outing - Meds with Resident			

Webster-pak® Signing Sheet and Administration Record

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Product Code: 433

HARRISON, Miss Mary (LL)
MRN: 987654321
DOB: 22/04/1918
Also on: Ventolin Inhaler

Panamax500mgTab WHITE	
Valpro500mgTab LILAC	
Adalat 10mg Tab PINK	
Uremide40mgTab WHITE	
Alepam 30mg Tab ORANGE	

Source: Department of Communities and Justice- Medication Tools and Templates 2016
<https://www.facs.nsw.gov.au>

ADMINISTRATION CODES	
A = ABSENT	L = LEAVE
O = OMITTED	N = NO STOCK
R = REFUSED	N/R = NOT REQUIRED
F = FASTING	W/R = WITHHELD
W = WITHHELD	PENDING RESULTS
S = SELF ADMINISTERED	A/T = ADJUSTED
H = HOSPITAL	ADMINISTRATION TIME

24 HOUR CLOCK	
AM - MORNING	PM - AFTERNOON
1.00	1300
2.00	1400
3.00	1500
4.00	1600
5.00	1700
6.00	1800
7.00	1900
8.00	2000
9.00	2100
10.00	2200
11.00	2300
12.00	2400

LIST OF ABBREVIATIONS APPLICABLE TO THE ADMINISTRATION OF MEDICATIONS	
RELATING TO TIME OF ADMINISTRATION	
ac	Before Food
pc	After Food
mane	Morning
nocte	Night
BD	Twice a day
TDS	Three times a day
QID	Four times a day
QQH	Every four hours
stat	Immediately
PRN	When necessary
ROUTE OF ADMINISTRATION	
TOP	Topical
NG	Naso Gastric
PEG	Percutaneous Endoscopic Gastrostomy
O, PO	Orally
SCI	Subcutaneous Injection
PR	Per rectum
PV	Per vagina
IMI	Intramuscular Injection
IV	Intravenous Injection
SL	Sublingual
RELATING TO DOSE FORM	
cap, caps	Capsules
elix	Elixir
Inhal	Inhalation
inj	Injection
lin	Liniment
linct	Linctus
mist, mixt	Mixture
neb	Nebuliser
pulv	Powder
soln	Solution
supp	Suppository
susp	Suspension
tab; tabs	Tablets
tinct	Tincture
ung	Ointment
RELATING TO EYES	
G	Gutte/Drops
LE	Left Eye
RE	Right Eye
BE	Both Eyes
RELATING TO WEIGHT; MEASURE; STRENGTH	
ml cc	Millilitre
L	Litre
mcg	Microgram
mg	Milligram
g	Gram
kg	Kilogram
cm	Centimetre
GENERAL	
Q1H	1 Hourly
Q2H	2 Hourly
Q4H	4 Hourly
Q6H	6 Hourly
Q8H	8 Hourly

SOUTH AUSTRALIAN CONTROLLED SUBSTANCES (POISONS) REGULATIONS

RE: DRUGS OF DEPENDENCE (D.D.A.) REGULATIONS

Additional requirements for administration of drugs of dependence in Health Service -

The drug must not be administered to the person for a period exceeding 30 consecutive days without "Renewal of the Instructions" by the Medical Practitioner principally responsible for the treatment of the person.

Adhere Compact D.D.A. Label Ref. LTMC-SADDA 1 to the "Medication Notes" section on the Chart. If changes are not made to the drug after each 30 day period, Doctor should sign the appropriate areas on the Label. If any changes are made, the Medication order should be re-written.

- COMPACT AGED CARE PRODUCTS**
- | | |
|---|---|
| <ol style="list-style-type: none"> Long Term Medication Charts
<i>6 Months Administration</i> <ul style="list-style-type: none"> High Care (Individual Dose) Low Care (Multi-Dose) Other Charts & Associated Forms <ul style="list-style-type: none"> Respite Charts Warfarin Charts Lists for Self Medicating Residents Medication Incident Reports Chart Storage Equipment <ul style="list-style-type: none"> Binders Trays and Indexes Bookmark "Alerts" <ul style="list-style-type: none"> Return to Administer Antibiotics (Short Term) Telephone Order Outside Normal Med. Time | <ol style="list-style-type: none"> Labels <ul style="list-style-type: none"> 'Medical Director' Medication Labels - Chart Writing from doctors computer Hand-written Medication Labels Drug Alert Labels Phone Order labels Fax Order Labels R.N. / Carer Labels D.D.A. Labels - South, Aust. PRN/Progress Note Labels Self Inking Stamps <ul style="list-style-type: none"> Medication 'Ceased' Medication 'Superseded' 'Medical' 'Podiatry' 'Diversional Therapy' 'Physiotherapy' 'Doctor' |
|---|---|

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THIS IS A LOW CARE CHART
TO RE-ORDER QUOTE REFERENCE NUMBER
164842

1 2 3 4 5 6 7 8 9 10

164842

Attachment E- Medication Register for S8 medication

Employees or volunteers managing medication must complete this register when checking the count of S8 Medication. Two employees or volunteers must count S8 medication at the shift changeover or end of the shift.

Persons we assist name:						
Service/ program:						
Date	Medication	Start count/ amount	Amount/ Tablets given	End Count	Signature of employee or volunteer	Signature of employee or volunteer

Attachment F- Medication Return Form

This form is to be used when a person we assist is no longer engaged in the Society's services, programs or activities. Medication may be returned to the people we assist, the family, guardian or to a local pharmacy.

Name of the person we assist:			
Service:			
Date:			
Full name of the medication	Dosage	Amount	Reason for returning

Name of person receiving the medication: _____

Signature: _____

Name of Society employees returning medication: _____

Signature: _____

Name of Society employees returning medication: _____

Signature: _____

Attachment G- Medication Administration Checklist

This template should be used for:

- 1- Template 1: Assessment of employee and volunteer ability to safely administer medication. Following the completion of training, the Team Leader must observe each employee and volunteer (including casuals) administering the medication on 2 separate occasions and complete the checklist below. A copy of the checklist must be sent to the Manager/ Team Leader to keep on the employees or volunteers file.
- 2- Template 2: Medication Administration checklist to be utilised by employees and volunteers administering medication.

Template 1: Assessment of employee and volunteer

Key processes for administering medication	Date:	Date:	Comment
Name of employee or volunteer:			
1. Discusses who is responsible for medication administration with a colleague at a specified time.			
2. Person washes their hands/wears gloves or use a pill bob before administration. The person ensures their skin does not touch medication. Informs others that they are now administering medication.			
3. Opens the medication folder and only administers one person's medication at a time.			
4. Identifies and prepares medication according to the Six R's <ul style="list-style-type: none"> • right person • right medication • right dose • right route • right time • right record 			
5. Identifies that they have the correct person again (checks photo ID on Webster Pak)			
6. Administers the medication according to the procedure (checks medication charts for special administration requirements)			
7. Provides the medication to the person in the appropriate medication cup and tells the person that they are now giving them their tablets and explain what they are for.			
8. Stays with the person until they take their medication.			
9. Completes appropriate documentation (initials the medication administration sheet for each person)			
10. Disposes appropriately of used rubbish and equipment			
11. Stores medication correctly and locks medication cupboard.			
Team Leader Name: _____ Signature: _____			
Service Manager Name: _____ Signature: _____			

Template 2: Medication Administration checklist

Key processes for administering medication	Tick when complete
1- Discusses who is responsible for medication administration with a colleague at a specified time.	
2- Person washes their hands/wears gloves or use a pill bob before administration. The person ensures their skin does not touch medication. Informs others that they are now administering medication.	
3- Opens the medication folder and only administers one person's medication at a time.	
4- Identifies and prepares medication according to the Six R's <ul style="list-style-type: none"> • right person • right medication • right dose • right route • right time • right record 	
5- Identifies that they have the correct person again (checks photo ID on Webster Pak)	
6- Administers the medication according to the procedure (checks medication charts for special administration requirements)	
7- Provides the medication to the person in the appropriate medication cup and tells the person that they are now giving them their tablets and explain what they are for.	
8- Stays with the person until they take their medication.	
9- Completes appropriate documentation (initials the medication administration sheet for each person)	
10- Disposes appropriately of used rubbish and equipment	
11- Stores medication correctly and locks medication cupboard.	