



Medication Policy

Approved by the St Vincent de Paul Society NSW on 19 November 2015

Version Control

Contact names	Role / position	Version number	Date	Review date
Joanna Fanos	Policy Coordinator	1	19/11/2015	19/11/2016
Joanna Fanos	Policy Coordinator	2	17/05/2016	17/05/2019

CONTENTS

Policy Statement	3
Scope	2
Purpose	3
Definitions	3
Policy Framework	4
<i>Consent</i>	4
<i>Duty of Care</i>	4
<i>Training</i>	5
<i>Medication Documentation</i>	5
<i>Prescription Medication</i>	6
<i>PRN and OTC Medication</i>	6
<i>Schedule 8 Drugs</i>	7
<i>Medication Compliance Aids</i>	7
<i>Storage</i>	7
<i>Administration of Medication</i>	8
<i>Refusal to take medication</i>	9
<i>Medication Incidents</i>	9
<i>Disposal of Medication</i>	9
<i>Residential Aged Care Facilities</i>	10
<i>Privacy and Confidentiality</i>	10
References	10
Related Policies	10
Related Legislation	11
Roles and Responsibilities	11
Effectiveness and Review	11
Further Advice or Assistance	11

Policy Statement

St Vincent de Paul Society NSW Support Services (Support Services) is committed to improving the wellbeing of the people we assist.

Where clients require medication to treat or prevent health conditions whilst attending Support Services' services or programs, procedures for staff support will be implemented to ensure client safety and minimise risk.

Scope

This Medication Policy applies to all Support Services staff, volunteers and members working in services or programs that assist clients to manage their medication.

Purpose

The purpose of this Medication Policy is to provide guidance to non-registered health staff in the safe storage, administration and disposal of clients' medication. Registered Nurses have accountabilities under their professional registration and must also adhere to those requirements when managing medications.

Definitions

Concept	Meaning
<i>PRN medication</i>	Pro re nata medication required "as needed" in response to particular symptoms or complaints.
<i>OTC medication</i>	Over-the-counter medication available for purchase without prescription from pharmacies, supermarkets and other retailers. Examples include cough and cold remedies, paracetamol and aspirin.
<i>Prescription only medication</i>	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.
<i>Medication compliance aids</i>	Assist clients to organise and/or take their medication. These include: blister packaging (with each 'blister' containing medication needed at a specific medication administration time) and medication boxes.
<i>Schedule 8 drugs</i>	Also known as Controlled Drugs, are substances and preparations for therapeutic use which have high potential for abuse and addiction.
<i>Side effects</i>	Any effect of a drug or medicine that is in addition to its intended effect, especially an effect that is unpleasant or harmful.
<i>Adverse reaction</i>	An appreciably harmful or unpleasant reaction related to the use of a medication which predicts risk from future administration, and requires specific treatment, change in dosage or withdrawal of the medication.

Policy Framework

Clients are supported, to the degree required, to take prescribed medication.

Support Services will be safe, competent and legal in all its medication transactions for the protection of clients and staff.

Support Services acknowledges that different services and programs provide varying levels of support for clients taking medication. To minimise the risk of medication incidents occurring, services and programs should develop their own site-specific procedures regarding management of medication, with reference to this policy, professional accountabilities and any applicable accreditation standards such as RACGP and Aged Care standards.

Clients are not permitted to be involved in the provision of medication to other clients, with the exception of spouses or carers.

Managers must ensure all staff who assist with administration of client medications are oriented to this policy and local procedures, and receive appropriate training and supervision.

Consent

A client must consent to proposed medical or dental treatment, including the provision of medications. If a medical or dental practitioner believes a client does not understand the general nature of the proposed treatment and is not capable of giving informed consent they must gain consent from an appropriate substitute decision maker. Further information about seeking substitute consent to medical or dental treatment can be found [here](#).

Duty of Care

Medications are for the purpose of treating or preventing a health condition and are to be used strictly in accordance with their prescribed instructions. No medications, including PRN and OTC medication, should be given to clients without prior approval from a health professional to minimise the risk of an adverse reaction.

At services and programs where Registered Nurses (RNs) are employed, responsibility for medication administration is overseen by RNs.

Where clients' medication has been individually dispensed for them by a pharmacist on prescription, an appropriately trained staff member (who is not a registered nurse or a medical practitioner) may provide assistance to support clients to take their own medication via non-invasive routes of administration, i.e. other than giving injections and other invasive procedures. Support will be appropriate to the needs of the client.

Where non-health professional staff assist with administration, medications dispensed by a pharmacist must be blister-packed, with the exception of liquid, cream or 'dropper' medications.

Staff must be aware that when they provide such assistance, they have a duty of care, to ensure clients' safety and proper use of medicine, as is the case with registered nurses, medical practitioners and pharmacists. Failure to provide a reasonable standard of care may lead to employers and staff being held responsible in the event of an incident. Staff must report any potentially unsafe situations concerning medications to their manager immediately.

Training

All non-health professional staff with responsibility for assisting clients with their medication will receive training that provides them with the necessary skills and knowledge to confidently assist clients with medication administration or support self-administration. Essential knowledge that staff should demonstrate following training include:

- 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 in relation to medication such as PRN, prescribed medication, over the counter medication;
- correct handling of medications;
- 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;
- standard and additional infection control procedures;
- the expected effect of medications being administered, the consequences of incorrect use of medication and of main reasons for errors in medication administration; and
- understanding of duty of care in assisting clients with medication administration within scope of own work role;

Staff should also undergo refresher training on an annual basis.

Medication Documentation

A list of current prescription, PRN and OTC medication should be kept for each client being supported with medication administration. The client's doctor should complete this list and update whenever medication is changed. The [Client Medication Summary](#) template can be used to ensure all necessary information is recorded.

The client should take a copy of their medication summary to medical appointments or unplanned hospital visits so medical staff are aware of what medications the client is currently taking.

A record should be kept of all medication administered to clients and signed by staff and clients, as appropriate, at the time medication is taken. The Client Medication Administration Record template, hospital chart or similar can be used for this purpose.

Where appropriate to the level of support provided to a client, and where they have disclosed their current medication use, medication and health care may form part of a client's support or case plan.

Prescription Medication

Any prescription-only medication required for a client may only be obtained on the prescription of the client's doctor (or dentist where applicable) and dispensed by a pharmacist or a public hospital pharmacist for that client. Regularly used prescription medications must be packaged in a medication compliance aid.

Medication must only be taken by the person it was prescribed for and in the manner it was prescribed for; medication must never be given to another client or allowed to accumulate for use some time later as 'stock' medication.

Refer also to the [Possession of Substances Policy](#) regarding possession of medication without a prescription.

PRN and OTC Medication

PRN medication is to be administered when specific circumstances occur, for example, pain. Clients should not be assisted to take PRN medication unless it has been recorded on their medication summary and approved by a doctor or RN, as appropriate. This is to help prevent negative interactions with prescribed medications and possible allergic reactions. The medication summary should record:

- when the medication should be administered;
- indicators for further doses;
- safe interval between doses if a further dose is required;
- maximum number of doses within a 24 hour period; and
- circumstances when the doctor should be contacted.

Similarly, OTC medications must be approved by an RN or doctor, as appropriate, for possible negative interactions with current medications or adverse reactions prior to being taken by the client.

If a client brings PRN or OTC medication to a service or program that is not listed on their medication summary it should be stored until approved for use by the appropriate health professional.

Where PRN or OTC medication is administered, the medication record should be completed in the appropriate section, noting the time of administration.

Schedule 8 Drugs

Due to the high potential for addiction and abuse, Schedule 8 drugs will only be allowed at services where the administration of these drugs is managed by registered health staff. A list of Schedule 8 drugs is available on the NSW Health website [here](#).

Schedule 8 drugs must be stored separately to other medications in an appropriate storage unit; a sturdy cabinet, preferably a metal safe, securely attached to the floor or a wall and kept locked when not in immediate use. Where a key is used to access the Schedule 8 medication storage unit, transfer of the custody of the key must be strictly controlled, including being kept separate to all other keys.

Any loss or theft of Schedule 8 drugs must be reported to senior management and to the police.

Medication Compliance Aids

Where non-medically trained staff assist clients with medication administration, services and programs must obtain medication in the form of labelled 'blister' pack compliance aids. The advantages of 'blister packs':

- are packed by a pharmacist;
- are fully labelled by the pharmacist;
- are sealed to provide a moisture-proof container and minimise the possibility of accidental spillage and/or mix up of medication, and;
- reduces the chance of missed doses or double doses.

Storage

Where a client is capable of managing his/ her own medication, the service or program should provide a secure place for storage of the medication which is not accessible to other clients.

In services or programs where staff support clients with their medication, medication should be stored in a locked cupboard or locked room out of public and client access. The cupboard/room must be kept locked at all times except when in immediate use. Clients' medication should be stored in separate named containers or spaces to prevent mix-up.

Medications should be stored at the correct temperature, as stated by the manufacturer. Medications requiring refrigeration should be stored so as not to contaminate food, preferably in a locked container.

Clients should keep medications needed for immediate use such as Ventolin inhalers at hand for use as needed.

Administration of Medication

Wherever possible, clients should be responsible for managing and taking their medication.

Where this is not appropriate, staff (who may or may not be a registered nurse) may provide assistance in line with their training.

Medication must be administered directly from clients' own labelled packs. It must not be removed by non-health professional staff and placed in other containers, such as 'box' medication compliance aids. Any such step greatly increases the possibility of a medication administration incident.

When administering or assisting a client to self-administer medication, staff must carefully read the pharmacy label on the medication and check each of the following:

- **RIGHT PERSON**
 - **RIGHT MEDICATION**
 - **RIGHT TIME**
 - **RIGHT ROUTE**
 - **RIGHT DOSE**
 - **RIGHT DATE**
-
- the staff member assisting administration should ask the client if they would like their medication and obtain consent; for example, 'Joe would you like your medication now?'
 - the blister pack containing the medication should be handed directly to the client at the appropriate administration time;
 - if staff assistance involves removing medication from the blister pack, medication should be placed into a plastic cup and handed directly to the client;
 - staff should observe ingestion by the client;
 - following administration staff should observe the client for signs of side effects or adverse reactions, and;
 - the medication administration record should be completed as soon as practicable following ingestion of medication by the client.

All tablets and capsules should be swallowed whole unless the pharmacist advises otherwise. Many tablets must not be crushed because of the way they are formulated.

Any uncertainty about the client's medication should be clarified with the dispensing pharmacist or the client's doctor. Medical advice must also be sought prior to a client taking medication if they appear to be under the influence of alcohol or other drugs in case of a possible adverse reaction.

When a client goes out on leave, the original dispensed pack of medication should be given to the client. Clients must not be given a few doses in an

unlabelled container, such as a 'box' medication compliance aid unless filled by a pharmacist, medical practitioner or RN. The medication record should also be provided for completion by the client, or carer if appropriate.

Refusal to take medication

Clients have the right to refuse to take their medication. A client must not be forced to take medication against his or her wishes. However, clients should be encouraged to take medication as prescribed.

If a client decides not to take their prescribed medication, the staff member providing medication support should:

- encourage the client to speak with their doctor before they make a decision to stop medication;
- advise their Manager of non-compliance with prescribed medication;
- observe the client for changes in behaviour or wellbeing and report these to the Manager ;
- seek medical assistance if required, or contact the NSW Poisons Information Hotline for assistance (131 126) and;
- record all details in the client file.

Medication Incidents

If it is known that a client has missed a dose, has taken the wrong medication, or appears to be suffering an adverse reaction, the medication incident must be reported to the service or program manager. The incident must also be documented on a Client Incident Report, with a copy placed in client's file. With consent, the client's doctor should also be informed. See the [Client Incident Management Policy and Procedure](#).

The [Poisons Information Centre](#), phone 13 11 26, should be contacted if the client has taken the wrong medication or appears to be suffering an adverse reaction.

If there is concern for a client's safety or health, including when a medication overdose is suspected or known, the client must be transported to the nearest Emergency Department. If required, request an ambulance by phoning 000. Be ready to give the address of the service or program.

Circumstances surrounding the incident should be investigated to inform continuous quality improvement. The aim of investigation is to learn from the incident to prevent reoccurrence, not to punish individual staff members.

Disposal of Medication

Medication must be disposed of safely and in a manner which is not harmful to the environment. Any medications left by clients or no longer required should be sent to a local pharmacy for safe disposal.

Residential Aged Care Facilities

Residential aged care facilities (RACFs) must also 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, provides guidance for the development of procedures for RACFs.

Information is also available from [NSW Health](#) regarding requirements for RACFs under the Poisons and Therapeutic Goods legislation.

Privacy and Confidentiality

At all times, care must be taken to ensure the privacy of clients and their rights to confidentiality with regards to their medications and other health related matters.

References

[Medication Handling in NSW Public Health Facilities](#)

[ADHC Decision Making and Consent Policy and Procedures, 2012](#)

ADHC Health and Wellbeing Policy, 2016

Related Policies

Society policies relating to this policy include:

State Support Office

- [Child Protection Policy](#)
- [Code of Conduct for Members, Volunteers and Employees](#)
- [Complaint Handling Policy and Procedure](#)
- [Critical Incident Policy and Procedure](#)
- [Privacy and Confidentiality Policy](#)
- [Risk Management Framework](#)
- [Risk Management Policy](#)
- [Work Health and Safety Policy Statement](#)

Support Services

- [Client Access and Eligibility Policy](#)
- [Client Assessment and Case Planning Policy](#)
- [Client-Centred Service Delivery Policy](#)
- [Client Charter Policy](#)
- [Client Transition and Exit Policy](#)
- [Client Referral Policy](#)
- [Client Review Policy](#)
- [Client Incident Management Policy and Procedure](#)
- [Cultural Safety and Diversity Policy](#)
- [Partnerships Strategy Policy](#)
- [Possession of Substances Policy](#)

- [Quality Management Policy](#)
- [Trauma Informed Care Policy](#)

Related Legislation

Legislation relating to this policy includes:

- *Advocate for Children and Young People Act 2014* (NSW)
- *Aged Care Act 1997* (Cth)
- *Anti-Discrimination Act 1977* (NSW)
- *Children and Young Persons (Care and Protection) Act 1998* (NSW)
- *Community Welfare Act 1987* (NSW)
- *Disability Discrimination Act 1992* (Cth)
- *Disability Inclusion Act 2014* (NSW)
- *Guardianship Act 1987* (NSW)
- *Health Records and Information Privacy Act 2002* (NSW)
- *Human Rights and Equal Opportunity Commission Act 1986* (Cth)
- *Poisons and Therapeutic Goods Act 1966* (NSW)
- *Poisons and Therapeutic Goods Regulation 2008* (NSW)
- *Privacy Act 1988* (Cth)
- *Privacy and Personal Information Protection Act 1998* (NSW)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)
- *Supported Accommodation Assistance Act 1994* (Cth)
- *Work, Health and Safety Act 2011* (NSW)

Roles and Responsibilities

These policy requirements will be followed by all people included within the scope of this policy.

Effectiveness and Review

This policy is scheduled for review yearly from its date of endorsement, or as frequently as required to align with legislative or practice changes.

Further Advice or Assistance

Please speak with your Manager if you have any questions regarding this policy. You may also contact the Support Services Policy Coordinator to provide feedback on this policy.

Approval and Amendment History	Details
Original Approval Authority	SVdP Society Acting CEO, 19/11/2015
Version 2, May 2016.	Inclusion of further information around consent, documentation and planning.