

[insert organisation name/logo]

Medication Policy

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Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Standard review is timetabled. | <input type="checkbox"/> Internal / organisational factors |
| <input type="checkbox"/> A gap has been identified | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy. | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review. |
| <input type="checkbox"/> External factors | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations. |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy. | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies | |
| <input type="checkbox"/> Other (please specify). | |

Additional Comments

[for example, policy now covers details related to new legislation].

Medication Policy

1. Purpose and Scope

Many people take medications to support and improve their health conditions; people experiencing mental illness may take medication to support recovery. Many people manage and take their medications independently, while others require some form of assistance or support.

[Please see where your CMO sits on the medication management continuum (separate attachment) to assist with identifying underpinning principles for your policy]

Medication management covers a number of tasks including assessing, prescribing, dispensing, administering, reviewing and assisting individuals with their medications.

The purpose of this policy is to provide guidelines for **[insert organisation name]** in medication management.

This policy does not provide detailed information on specific types of medications, the effects of medication interactions or side effects of medication.

2. Definitions

Dose Administration aids assist people 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.

Dosett boxes© or Webster packs©: are dose administration aids that are used according to individual service user needs. Medication is divided up into groups of tablets to be administered/taken at a certain time. Webster packs are also known as 'blister' packs and are sealed by a pharmacist. Dosett boxes are not sealed. Some pharmacists will make up boxes or packs on request.

Informed decision making occurs when a person with decision-making capacity makes a decision after gathering and considering relevant facts.

Prescription only medication refers to 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.

PRN medication is medication required "as needed", with particular conditions and limits.

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

Schedule 4 drugs and poisons (also known as prescription only medications) are substances and preparations supplied only on prescription and require professional monitoring.

Schedule 8 drugs (also known as Controlled Drugs) are substances and preparations for therapeutic use which have high potential for abuse and addiction.

Medication list is a list of all medicines currently used by a consumer, including prescription, non-prescription (over-the-counter), and complementary¹.

Medication review is a structured, critical examination of a consumer's medicines with the objective of reaching an agreement with the consumer about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste².

Medicine is a substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people; includes prescription and non-prescription medicines, and complementary health care products, irrespective of the administered route³.

Non-prescription medicine is available without prescription. Examples are cough mixtures, simple analgesics and antacids. Some can be sold only by pharmacists or sold in a pharmacy, others can be sold through non-pharmacy outlets⁴.

A range of health care professionals and workers are involved in medication management and the provision of support:

- Medical Practitioners – who prescribe and monitor medication;
- Pharmacists – who dispense and review medications;
- Registered Nurses (RN) – who manage and administer medications; and
- Enrolled Nurses (EN) and Care Workers – who assist with, and may administer some, medications.

3. Principles

Medication can have an important role in recovery but as recovery is a unique, individual process, the role of medication will be different for each person.

¹ Australian Pharmaceutical Advisory Council (2006, p48)

² Australian Pharmaceutical Advisory Council (2006, p48)

³ Australian Pharmaceutical Advisory Council (2006, p48)

⁴ Australian Pharmaceutical Advisory Council (2006, p48)

Medication should be thought of as a tool that a consumer can choose to use to help them achieve their personal recovery goals; it may be helpful to use medication as a way to achieve stability, which can then be a foundation of a recovery process that involves many other tools, activities and relationships.

Although people may not define their difficulties as being due to illness, they may still find the effects of medication helpful, e.g.: to keep them calm or help them sleep.

Medication can interfere with the recovery process through unwanted effects that can prevent the consumer making use of other tools, activities and relationships. Adverse and unwanted effects of medication can sometimes be worse than the problem they are intended to relieve and there is a need for the consumer using medication to be educated and made aware of possible side effects, and make an informed decision to take medication, weighing up benefits and costs in making medication choices.

Health care professionals, other service providers, **[insert organisation name]** support workers, carers, families, advocates, and guardians may all play an important role in making sure that individuals who live at home receive suitable information and/or assistance to take their medicines.

In rare and unusual circumstances it may be judged necessary for someone to be given medication against their wishes within the legal framework of the Mental Health Act. This may be an attempt to manage overwhelming difficulties or distress that are preventing the consumer from engaging with strategies to address these difficulties or to ensure safety, but the act of doing so can be traumatising and often adds to the problems of achieving personal recovery.

4. Outcomes

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

5. Functions and Delegations

Position	Task/Delegation
Board of Directors	Endorse Medication Policy. Comply with Medication Policy.
Management	Comply with Medication Policy. Ensure organisation complies with Medication Policy.

Staff	Comply with Medication Policy.
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6. Risk Management

All staff, Board members, students and volunteers and are made aware of this policy during orientation.

The Board of Directors ensures mechanisms are in place for decisions and actions relating to medication to be transparent and sound.

Staff members with medication support functions are provided with ongoing support and professional development.

Staff will carry out medication support functions only to the degree that they are authorised and competent to do so.

7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for medication management through orientation and induction processes.

This policy and supporting documents is reviewed as part of the organisations quality improvement program.

[double check relevance] **[insert organisation name]** is involved in managing, and supporting with, medications for individuals in **[eg, residential support, living in their own homes]**

[double check relevance] **[insert organisation name]** employs **[eg Registered and Enrolled Nurses (RN & EN) and support workers]** to provide support, including assistance with medications, for individuals we support.

8. Policy Detail

Individuals are primarily responsible for managing and taking their own medication. **[insert organisation name]** encourages individuals to maintain their independence in managing their own medicines.

8.1 Role of medication

Medication has a role in the recovery process, although the nature of that role varies considerably between individuals. Medication may enhance one's ability to live a

meaningful life, yet it should be used in such a way that it does not unduly impact on this ability.

Medication should also be seen as one of a range of strategies that someone can use to manage life's difficulties and should be offered in combination with other supports that build on an individual's strengths and serve to improve their overall wellbeing.

8.2 Personal goals

Medication should be used in support personal recovery goals. For some people, symptom eradication may not be the most desirable goal. [insert organisation name] provides opportunities for discussion with the consumer about what the consumer hopes to change or achieve and what role medication could play. This discussion should also include the limitations of the medication in helping people achieve their recovery goals.

8.3 Hope

In order to support hope, [insert organisation name] provides people with the message that:

- they may not have to take medication for the rest of their lives.
- recovery is a continuing process and people may find it helpful to use medication at different stages in that process.
- it is possible for many people to use less or no medication when things are going well
- it is important that people don't just stop taking medication without first discussing it with their carer, doctor and / or support worker.
- taking medication is not a sign of failure
- using alcohol, tobacco or other unprescribed substances such as cannabis can have an adverse affect on their prescribed medications.

The role that medication may play in each consumer's recovery will be regularly reviewed with them, taking account of their personal preferences and stage on their recovery journey, as well as relevant guidance and evidence on the role of medication for people with similar difficulties.

Where appropriate, [insert organisation name] will inform carers that their expectations that people will be able to stop taking medication may be unhelpful.

8.4 Relationships with mental health workers

Medication support is enhanced when individuals work in partnership with their mental health workers, with the following being very important:

- Being listened to and understood
- Choice, including access to alternative treatments, supports and therapies
- Driving, and/or feeling part of, the decision-making process
- Having access to reliable information
- Being supported in making their own choices
- Careful monitoring of medication
- Trust

8.5 Support networks and peer support

Individuals are encouraged to involve their existing support networks in helping them make decisions about medication. People in caring and supporting roles are likely to have questions and notice changes that the consumer may wish to take into consideration and can encourage the consumer to bring up these concerns with **[insert organisation name]** support workers.

Individuals are also encouraged to make use of peer support.

Pharmacists can be an invaluable source of information about medication and people will be offered the opportunity to access a pharmacist.

[insert organisation name] support workers will also have their own experiences of taking medication, both for mental health reasons and other long-term health conditions; they may be able to share these experiences in ways that inform and validate the individual's decision making process in relation to medication.

8.6 Support for personal meanings

Unlike many other conditions for which medicines are used, disagreements exist about the mode of action of psychiatric medication; does it specifically treat an underlying imbalance in brain chemistry or does it operate through a more generalised sedating or stimulant effect? Such questions relate to wider unresolved debates about the causes of mental distress and the relative role of biological, psychological and social factors.

A recovery approach does not endorse any particular framework for understanding and responding to mental distress. Rather, the importance of an individual finding a personally meaningful, acceptable and useful account of their difficulties is recognised. While it is important to respect a consumer's existing understanding, it may also be helpful for **[insert organisation name]** workers to discuss whether this

way of understanding their experiences creates any difficulties for the individual and to offer them the opportunity to discuss this in more depth.

While an individual may not prefer a biomedical explanation of their difficulties or experiences, they may still find medication useful in achieving their recovery goals.

8.7 [insert organisation name] Perspective on Clients, Psychiatrists and Medication

Individuals who take medication and their psychiatrists are considered by **[insert organisation name]** to be equal partners in making decisions about medication, although each will bring different knowledge and experience to that partnership.

For psychiatrists, knowledge and experience will principally be based on scientific theories, evidence from published research, associated guidelines and experience. When working with people with enduring difficulties this may include considerable experience of the consumer themselves.

For clients taking medication, knowledge and experience will principally be based on their personal understandings of their difficulties, how these impact on their lives, and ideas and experience on what works for them. They may also have obtained published information about medication independently, from pharmacists, websites and from contact with peers and support organisations.

[insert organisation name] holds that:

- decisions about medication should be a collaborative process in which all these sources of knowledge are represented and valued.
- there should be an ongoing dialogue through which there is discussion about:
 - whether the consumer could benefit from medication,
 - which medication would be most suitable for that individual,
 - how the consumer can use that medication to best effect within the context of their life,
 - whether the chosen medication is continuing to be of benefit after a period of time and
 - the ways in which any changes to prescribed medication should be made.
 - Their rights to have medication dosage reviewed as needed

[insert organisation name] staff will not provide advice to consumers about their medication. However, they will support consumers to seek advice from a qualified medical practitioner, such as their GP or psychiatrist.

People taking medication may find it useful to apply their knowledge and self-monitor their experiences to inform the above dialogue, through a Wellness Recovery Action

Plan, a simple numerical rating scale to evaluate the effect of medication, or **[insert strategy]**.

8.8 Supporting self-management

[insert organisation name] may source training and provide encouragement for individuals to manage and self-administer their own medication. **[insert organisation name]** has safeguards and procedures for responsible staff to observe the consumer's self administration.

[insert organisation name] supports the use of approved medication aids to assist individuals who need support to organise and/or take their medication.

Where an individual has a particularly complex medical situation, the individual is encouraged to carry personal medical information with them.

[insert organisation name] staff will **not** supervise and/or dispense and/or administer and/or provide advice about medications unless they demonstrate that they:

- are suitably qualified, and
- are familiar with **[insert organisation name]**'s Medication Policy.

8.9 Informed decision making

[insert organisation name] ensures individuals (alone or together with their person responsible, legal guardian or advocate) receive appropriate information from their prescribing doctor or dentist to make an informed decision about taking prescribed and over-the-counter medication.

[insert organisation name] staff will know where to access to current, accurate and balanced information about medicines in order to support individuals to access appropriate information about medication in a timely manner. This may include consultation with the individual's pharmacist and/or doctor.

[insert organisation name] staff will establish the individual's level of understanding of their medication including how to take it and what would happen if they don't.

Individuals concerned about a prescribed medication may be encouraged and supported by **[insert organisation name]** staff to seek a second opinion from another medical practitioner.

8.10 Administration

[insert organisation name] staff will **not** administer medications unless they demonstrate that they:

- are suitably qualified, and
- are familiar with **[insert organisation name]**'s Medication Policy.

All prescription medication is administered according to the instructions on the pharmacist's label.

Medication is administered directly from the consumer's original dispensed container by the consumer at the prescribed time.

[depending on the degree of organisational responsibility for medication administration] ...

- **[insert organisation name]** staff advise individuals that all tablets and capsules should be swallowed whole unless a pharmacist or doctor advises otherwise. If in doubt consult the pharmacist /prescriber.
- Staff must observe ingestion of the medication by the consumer.
- **[insert position]** records medication administered to the consumer on the Personal Medication Record. The consumer and the staff member sign the medication record after medication has been administered.

Injections are given only by a registered nurse, medical practitioner or dentist. However, people are encouraged to safely self-inject insulin where this is possible.

8.10.1 Self-administration

Individuals are encouraged to self-administer their medicines (including prescription and non-prescription medicines and complementary health care products).

[insert organisation name] staff respect the need for individuals to maintain their independence with the administration of their medicines.

8.10.2 Assisting administration

Medication is not transferred by staff from the original dispensed container to an envelope or dosett box. This is done by a chemist, doctor or the individual who is self administering the medication.

Staff are aware of any side effects of medication prescribed to individuals.

Over-the-counter medication is given in accordance with the manufacturer's instructions, unless otherwise instructed by a medical practitioner.

Staff administering medication must first check the pharmacy label, consumer's name, medication name, medication strength and directions for its use.

[insert organisation name] staff follow basic health and hygiene precautions when administering medication.

Individuals using the service are not involved in any way in administering medication to other individuals using the service.

PRN medication is administered in accordance with the guidelines recommended by the consumer's doctor (and documented in the consumer's file) and is not used to punish or restrain a consumer or for staff convenience. PRN medication is reviewed regularly with the consumer's doctor and relevant others.

8.11 Concern about capacity to manage medications

If there is doubt that an individual is able to safely administer and store their medicines, **[insert organisation name]** staff will take actions such as:

- implement the Advance Statement (see [Informed Decision Making Policy](#))
- **[insert other actions]**

Pharmacists can assist by dispensing medicines with labelling and packaging that facilitates their use (for example, alternative closures to child resistant closures, larger print on labels, labels in another language in addition to English).

Where individuals are unable to manage their own medicines, decisions need to be made about the most suitable person to assist them.

Where an individual is not capable of managing his/her medication, and where an individual's medication has been individually dispensed and packaged for them on prescription, an **[insert organisation name]** employee may provide assistance to support the individual to take their own medication. The type of assistance will be approved by **[insert position]** and detailed in the individual's file.

Individuals receiving support from the organisation are not permitted to be involved in the provision of medication to other individuals.

8.12 Dose Administration Aids

[insert organisation name] ensures that dispensed medicines are retained in the original manufacturers' or other dispensed packaging unless a dose administration aid could help to overcome specific problems that an individual or support worker might face.

Dose administration aids might not be suitable for all individuals and their use should be considered carefully. It is important that individuals or their carers are supported in making informed decisions about the aid that most suits their needs.

Medication is not transferred by **[insert organisation name]** staff from the original dispensed container to an envelope, dosett box or other container. This is done by a chemist, doctor or the individual who is self-administering the medication.

Role of support workers

A **[insert organisation name]** support worker will only physically assist an individual in using their dose administration aid if the individual is responsible for their own medication management, and where agreement has been reached between the individual (or authorized representative) and the organisation.

Staff assist individuals to take medication from a blister pack which has a pharmacy label attached by handing over the blister pack, or prompting an individual to remove and take the medicine, and observing the individual taking the medication.

Medication boxes are utilised by individuals for their own use in self-administering their medication. Medication boxes are filled by the pharmacist dispensing the consumer's prescription (unless the consumer is able to safely load the 'box' him/herself).

[insert organisation name] workers will have competency-based training in order to be able to support individuals in medication administration.

Support workers will support individuals to monitor their medication management and will respond appropriately if there are any suspected adverse medicine events.

Provisions for registered nurses **[if applicable, add detail]**

Safety and quality

If a support worker is to help an individual use their dose administration aid and it is evident that the dose administration aid has been tampered with, it should be returned to the pharmacist for repacking.

In the event of a dosage or medicine change where the individual is self-administering medicine from a dose administration aid, the aid should be returned immediately to the pharmacy or **[eg Aboriginal Medical Service]** for re-packing and re-delivery.

If the consumer is taking Schedule 8 medication (such as Methadone or Panadeine Forte), staff need to ensure that it is stored in a securely locked cabinet / cupboard.

Quality assurance activities should be implemented to make sure packing processes are audited regularly.

8.13 Communicating about medicines

For the majority of people living at home, their doctor is their health care manager and the main provider of health care services.

[insert organisation name] staff will, subject to the individual's consent, communicate with each other, with the individual, carer, advocate, guardian, and health care professionals about the individual's medicine.

If individuals use more than one prescriber and dispenser, they will be encouraged to share information about their medicines with the other prescribers and dispensers.

[insert organisation name] staff will encourage individuals to talk to their prescribers and pharmacists about all of their current medicines; in particular, the safe and effective use of all their prescription and non-prescription medicines, and complementary health care products, and the potential interactions between these.

Many individuals may have a family member or other person involved in their day to day support. Carers should be involved in medication administration and /or management as appropriate in individual circumstances, for example, care of children.

8.14 Prescription-only medication

[insert organisation name] assists with medication with a consumer only when it has been prescribed by a medical practitioner or dentist for that consumer.

Medication required by a consumer is obtained only through prescription from the consumer's doctor or dentist, and dispensed by a community or hospital pharmacist for that consumer.

Medication prescribed for one consumer is not used by another consumer.

Details of all medication, its use and dosage are documented in the consumer's record.

8.15 Non-prescription medication

Non-prescription medication may be taken by individuals on **[insert organisation name]** premises and will be administered as directed on the package. If symptoms persist, staff will offer support to the individual to **[eg make a Doctor's appointment]**.

Use of the following medication is also documented on the consumer's records:

- analgesics (eg paracetamol, aspirin);
- antacids;
- mild laxatives; and
- non-restricted topical agents (eg, calamine lotion).

The recommended dosage and usage are not exceeded.

8.16 Managing crises

When people are experiencing instability or crisis, it will be more difficult for them to participate in medication management, especially as they may lack capacity. However, **[insert organisation name]** will attempt to follow a recovery orientated process as far as possible.

[insert organisation name] support workers are expected to be honest about their limitations in relation to respecting an individual's wishes and, where possible, responses should be negotiated and agreed in advance. It is preferable for medication to be used in a crisis with a prior agreement in place.

[insert organisation name] considers crisis plans, and having an advocate, to be highly important when managing crises; it is important for someone independent of **[insert organisation name]** to be there who has the consumer's best interests at heart.

[insert organisation name] supports people to be prepared for crises by:

- agreeing with them in advance about the signs that they are no longer able to make choices for themselves and how they would like those around them to respond.
- encouraging them to develop a WRAP plan, advance directive or other form of crisis plan; ensuring that this is recorded and communicated to the people who are likely to be involved when a consumer has a crisis.

Where possible, **[insert organisation name]** staff will ensure individuals in crisis are:

- supported to understand the concerns,
- given information about possible options,
- asked what they would find helpful, and

- given some degree of choice, although this may be from a more restricted range of options.

8.17 Compulsory Treatment

If compulsory treatment becomes necessary, **[insert organisation name]** staff are clear about:

- why there are concerns and why medication is necessary to address those concerns.
- how it can be demonstrated that the concerns are resolved and compulsory treatment will no longer be necessary.

Individuals are offered the same information, support and opportunities for discussion and exploring other strategies that would be given at other times, and are allowed space, time and attention to express their feelings about receiving compulsory treatment.

Following the crisis or period of compulsory treatment, **[insert organisation name]** staff discuss the action that was taken with the consumer and how this can inform how they use medication and manage crisis in the future.

8.18 PRN Medication

In the event of an individual being prescribed a PRN medication, clear and precise written directions must be obtained from the Doctor covering:

- Circumstances under which the medication must be given
- Procedure for administration
- Circumstances under which a further dose can be administered and what is considered a safe interval between doses
- The maximum PRN dose
- Circumstances under which the doctor must be notified

The written instructions are included on the Personal Medication Summary in the personal file.

PRN medication will be administered according to the Doctor's written instructions and will only be given after authorisation from **[insert position]**.

Staff record the date, time and dosage when providing support to individuals using PRN Medication and ensure that the individual does not exceed the prescribed 24 hour dosage.

Administration of PRN medication will be recorded on the Personal Medication Record.

Records of PRN medication administration should be taken to the prescribing doctor at the next appointment.

8.19 Employees

[insert organisation name] does not authorise staff to administer **xxx** .

The **[insert position]** ensures that an up-to-date record of the individual's medicine is kept on the individual's file. There should be clear instructions on an individual's recovery plan about what steps the support worker will take to support an individual and/or their carer in the administration of medicine. All support workers are guided by **[insert organisation name]** policies and procedures for the administration of medicine.

[insert organisation name] is aware of its employees' levels of skill and knowledge, and provides the necessary training to ensure duty of care is met.

[insert organisation name] does not expect or require employees to perform tasks beyond their knowledge, skills, experience and training.

Support workers are not authorised to make any decisions about whether the medicine should be administered and should seek assistance from their supervisor if they have any concerns about medication management.

8.20 Medication out of supply

Where an individual runs out of their current supply of medicine, support workers will encourage, or otherwise support, the individual to seek the advice and/or assistance of their doctor, pharmacist, registered nurse, or the usual source of supply, for example, Aboriginal Medical Service, as dictated by the particular circumstances.

8.21 Medication lists

Consumers should be supported to develop and keep up to date a list of all their medicines, which is

All consumers are encouraged to keep a list of all of their current medicines, including prescription and non-prescription medicines, and complementary health care products, regardless of whether medicines are being self-administered or administered with assistance.

This list may be:

- updated by the consumer and/or carer, with assistance from a health care professional if required.
- available and easily accessible to the consumer and, subject to the individual's consent, all those involved in the consumer's care.

The medication list may include:

- The consumer's name, address and date of birth.
- The name and contact details of the consumer's doctor/prescriber and pharmacy.
- Details of all medicines the consumer is currently taking, including brand name and active ingredient, strength and form, dose, frequency, route, duration and indication.
- Any allergies and previous adverse drug reactions that the consumer has experienced.
- Details of any vaccinations the consumer has received
- An indication of whether the consumer is receiving assistance with the administration of any of their medicines.

The medication list should be kept with the consumer's medicines and be accessible at all times to the person responsible for administration of these medicines. It should be available to all involved in the consumer's care so that it can be easily produced for reference by other health care professionals or health services, for example, in an emergency.

If a medication review is conducted and there are changes to the individual's medication, the medication list should be updated accordingly

In the event that an individual returns home from hospital (or an outpatient appointment or another health care facility), details of the medication list should be compared with the medication details provided by the hospital or facility, and the medication list updated accordingly. If there are any changes to the previous medication regimen, the community pharmacist and doctor or authorised prescriber should be contacted for further instructions before medication is administered.

8.22 Medication Records

Medication records in the personal file are kept up to date, and include:

- details of how personal consent is given
- list of current prescribed and over-the-counter medication
- use of prescribed PRN medication; This includes the dosage, date and time the medication is given. This record is reviewed by the prescribing doctor
- records of medication include missed doses or wrongly taken medication.

Changes made to an individual's medication regime are communicated relevant people.

8.23 Medication review

As part of good quality care, it is essential that all medicines be reviewed regularly. Individuals may review their medication regularly with their doctor, or may participate in a comprehensive medication review involving collaboration between the consumer and/or carer and appropriate members of the health care team (for example, doctor, pharmacist, nurse, other health care professionals, Aboriginal Health Workers and Torres Strait Islander Health Workers and care workers), and/or a Home Medicines Review⁵.

At the conclusion of a medication review, the general practitioner (and/or other doctor) and consumer may develop and agree on a medicine management plan.

As these plans are the property of the consumer, the health care professional or care worker should request access to the document so that they are aware of the results of the review.

8.24 Storage and transport of medicines

[insert organisation name] encourages individuals to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home.

[insert organisation name] care workers may advise consumers that it is important to store medicines properly and in accordance with any instructions on the medicine label.

Where an individual is managing their own medication, a secure place, which is not accessible by other individuals, is made available for storage.

[depending on the degree of organisational responsibility for medication storage] ...

- Where **[insert organisation name]** staff are responsible for medication, it is stored out of easy access of people using the service.
- Personal medications are held at **[insert location]**.
- The medication cabinet is securely locked at all times in a room with limited access for individuals and staff.

⁵ Medicare Australia (2010).

- Access to the medication cabinet is restricted to appropriate personnel who are administering medication
- Medications are stored in the manner and at the temperature set down by the manufacturer or pharmacist.
- For home visits, the **[insert position]** must carry the individual's original dispensed packs to the individual's home where the medication will be directly administered.
- **[insert organisation name]** staff seek further advice from a community nurse, pharmacist or a consumer's doctor if they have concerns about transporting a consumer's medicine.

Where there is a major risk of medicine misuse, the service provider (in conjunction with other family members if appropriate/available) might need to take a lead role in making sure that the medicines are appropriately secured.

In such cases, medicines should be stored out of the consumer's reach and sight, while still being accessible to those assisting in medication management. For example, medicines could be stored in a locked box in the top of the pantry or kitchen cupboard.

Particular care will be taken to ensure that sharp objects such as syringes are stored safely.

8.25 Disposal of medicines

Medication must be disposed of safely and in a manner which is not harmful to the environment.

A consumer's medication that is no longer in use is destroyed appropriately and not accumulated for later use.

[insert organisation name] encourages individuals to return any unwanted, ceased or expired medicines to their local community pharmacy for safe disposal.

[depending on the degree of responsibility of the organisation]

- Staff are to record the medication name, consumer's name and the amount of medication to be destroyed and advise the **[insert position]** that there is medication for disposal.
- **[insert organisation name]** sends out-of-date or unused medications to the local community pharmacy for safe disposal.

Sharp objects such as needles are disposed of safely to minimise the danger of needle stick injuries to workers. **[insert method of disposal]**

Staff are to be provided with Safe Disposal of Sharps training within OHS policy.

If care workers or health care professionals identify the need for disposal of medicines, this should only occur once consent has been obtained from the consumer and/or their carer.

Following the death of a consumer, the carer or their family should be encouraged to return all of the deceased consumer's medicines to their community pharmacy for safe disposal.

8.26 When a consumer decides not to take medication

An individual must not be forced to take medication against his or her wishes.

[depending on the degree of responsibility of the organisation]

- Every effort must be made to give medication as prescribed.
- If an individual decides not to take their prescribed medication, the staff member providing medication support **[must, may]**:
 - Ask the individual why they do not wish to take their medication
 - Explain to the individual the reason for taking the medication and the possible effects on their health if medication is not taken
 - Encourage the individual to speak with the prescribing doctor before making a decision to stop medication
 - Contact **[insert position]** to advise of the individual's decision not to take the prescribed medication.
 - If required, the prescribing doctor is contacted for instructions. If the doctor is unavailable, call the after-hours doctor, pharmacist or Poisons Information Centre.
 - Observe the individual for changes in behaviour or well-being and report these to the **[insert position]** and/or doctor
 - Record all details in the Personal File.

8.27 Medication "Error"

[depending on the degree of responsibility of the organisation]

If it is known that an individual has missed a dose, has taken the wrong medication, or appears to be suffering an adverse reaction, the medication error **must** be recorded on an Incident Report Form (copy to be placed in individual's file) and the individual's GP contacted and informed of the error.

The Poison Information Centre, phone - 13 11 26, may need to be notified if the individual has taken the wrong medication or appears to be suffering an adverse reaction.

If there is concern for an individual's safety and health, including when a medication overdose and or use of alcohol and/or other illicit substances is suspected or known, the individual **must** be transported to the nearest Accident and Emergency Department. If required, request an ambulance via the emergency services, phone – 000.

A copy of any Incident Report relating to medication errors is put in the medication section of individual's file.

8.28 Medication Audit

[depending on the degree of responsibility of the organisation]

Monthly medication audits by the **[insert position]** will check that:

- Prescriptions held at **[insert organisation name]** premises are current
- Medication use-by dates have not expired (including ointments and creams)
- Medication containers are original dispensed containers and not damaged
- Storage procedures are correct
- Personal Medication Summaries are complete and current
- Personal Medication Records are complete.

Any anomalies or medication for disposal should be reported immediately to the CEO/Manager.

References

9.1 Internal

Personal Medication Summary
Personal Medication Record
Incident Report
Work Health & Safety Policy
Privacy and Confidentiality Policy

9.2 External

Legislation

Guardianship Act 1987 (NSW)
Poisons and Therapeutic Goods Act 1966 (NSW)
Poisons and Therapeutic Goods Regulation 2008 (NSW)
Work Health and Safety Act 2011 (Commonwealth)

Model Work Health and Safety Regulations 2011 (Cth)

Websites

Australian Pharmaceutical Advisory Council (2006). *Guiding principles for medication management in the community*. [http://www.health.gov.au/internet/main/publishing.nsf/Content/23D9459ECD60326FCA257391001C6CFF/\\$File/booklet.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/23D9459ECD60326FCA257391001C6CFF/$File/booklet.pdf). Accessed 21st May, 2011

Commonwealth of Australia (2010). *Implementation Guidelines for Non-government Community Services* <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-i-nongov> accessed 6th May, 2011

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Department of Human Services NSW (2011). *Standards in action*. Ageing, Disability and Home Care.

Medicare Australia (2010). Home Medicines Review. <http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp#N1007A> accessed 1st June, 2011.

Mental Health Coordinating Council NSW Inc & the Public Interest Advocacy Centre Ltd. (2011). *The NSW Mental Health Rights Manual: A Consumer Guide to the Legal and Human Rights of People with Mental Illness in NSW (3rd edition)*. <http://mhrm.mhcc.org.au/home/default.aspx> . Accessed 18th May 2011.

NSW Health (2005). Medication Handling in Community-Based Health Services/Residential Facilities in NSW - Guidelines http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_105.pdf

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9.3 Quality and Accreditation Standards

Quality and Accreditation Standards

EQuIP 4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.5: The organisation provides safe care and services.

Criterion 1.5.1: Medications are managed to ensure safe and effective practice.

Criterion 1.5.6: The organisation ensures that the correct patient receives the correct procedure on the correct site.

EQuIP 5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.5: The organisation provides safe care and services.

Criterion 1.5.1: Medications are managed to ensure safe and effective practice.

Criterion 1.5.6: The organisation ensures that the correct consumer / patient receives the correct procedure on the correct site.

Health and Community Service Standards (6th edition)

Provided by the Quality Improvement Council (QIC)

Standard 2.2: Services and programs are provided in an effective, safe and responsive way to ensure positive outcomes for consumers and communities.

Evidence questions: What is the evidence that:

f) service and clinical governance systems are in place?

m) consumer and community outcomes are documented and clear, accurate and secure consumer and program records are kept?

o) incidents, adverse events and near misses are reported, and reports are used to inform improvements?

9.4 National Mental Health Standards

Criterion 2.4: The organisation minimises the occurrence of adverse medication events within all organisation settings.

Criterion 10.5.6: Medications are prescribed, stored, transported, administered and reviewed by authorized persons in a manner consistent with Commonwealth, state / territory legislation and related Acts, regulations and professional guidelines.

Criterion 10.5.8: The views of the consumer and their carer(s), and the history of previous treatment is considered and documented prior to administration of new medication and / or other technologies.

Criterion 10.5.10: The organisation ensures that medication and / or other therapies when required, are only used as part of a documented continuum of treatment strategies.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

N/A

9.6 NSW Disability Services Standards (DSS)

2.8: Each person with a disability is provided with support in a manner which maximises his/her potential to reach personal goals.