Every Human Disability Services Pty Ltd
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The Ethical Support Service that helps you embrace what makes you Unique

Medication Policy

This policy provides guidance on the best use of medications including its storage, administration and documentation, promotes improved health outcomes for participants, and minimises risks of inappropriate use or harm. As some medications are potentially dangerous, all medications must be treated with due care and safety.

To reduce the likelihood of medication errors during administration, the eight rights of medication are recommended when administering all types of medication. The six rights are:

1. Right person
2. Right medication
3. Right dose
4. Right time
5. Right route, and
6. Right position
7. Right documentation
8. Right to refuse

Medication safety

To maintain safe use of medication:

- follow rules of hand hygiene before administering medications—this includes the use of an alcohol hand rub or a soap and gloves
- before administering a medication to a patient, check expiry date of medication to ensure in-date status
- prescribed or routine medications must be packaged in a Dose Administration Aid (DAA) or its originally dispensed packaging (if not practicable for a DAA)
- do not dispense any medication from a broken DAA where there is evidence of tampering
- medications which must be in their original dispensed packaging (not a Webster-pak or other DAA) include:
    - liquids and syrup
    - granules and powders
    - creams and ointments
    - nasal sprays, nebulisers, and inhalers
- before crushing any medication, check with the prescribing doctor or pharmacist prior as crushing some medications for administration can reduce efficiency or make the medication poisonous
- medications can be dangerous and can cause adverse side effects or reactions—workers need to be alert for abnormal reactions, allergies, hypoxia, behavioural changes, or loss of consciousness
- always check a person's allergy or sensitivity status prior to administering medication
- if conditions or reactions escalate, attend to participant, notify a health professional, or call Triple Zero (000) in event of emergency.

Medication documentation

All medications must only be used in accordance with their prescribed instruction.

Each prescribed medication requires a doctor's medication print out or completed medication chart with the following details:

- name, address and date of birth of the participant
- any known allergies of the participant
- name of medication
- dosages as determined by the prescribing doctor
- times of administration
- route of administration
- the reason why it has been prescribed
- any specific directions for use
- PRN (as needed) medications must specify conditions for use
- name, contact number and signature of the prescribing doctor
- BD—twice a day, TDS—three times a day, QID—four times a day, Mane—morning, Nocte—night
- cessation date of episodic or 'short course' medication
- commencement date for medication to begin
- pharmacy contact details (where it was packaged).

Medication consent

All participants are encouraged and support to manage their own medication and consent for its use.

If we are administering, written consent is required before a participant can receive medication, except in an emergency.

Written consent by a substitute decision maker is required if we are to administer medication to a participant who is unable to consent themselves.

Written consent by a parent is required if we are to administer medication to a participant who is a child.

Young people and children over 14 years should be supported to consent for medication use themselves if they are considered to have an appropriate level of understanding.

Medication administration

S4 and S8 medication must only be administered by authorised persons—this is a legal requirement (except for participants who self-administer). Authorised persons administering drugs of addiction must be trained in the administration of medication.

Medication must only be administered to one participant at a time.

A pill dispenser device such as a Pil-Bob should be used to dispense pills for administration from a DAA such as a Webster-pak.

All tablets and capsules are to be counted after dispensing from DAA or Webster-Pak prior to administering the medication

Storage of prescription-only and restricted medications

Directives in this section are legal requirements for storing Schedule 4 (S4) and Schedule 8 (S8) medications. The Australian Government Department of Health has strict guidelines for these medications which include storage, periodic inventories, drug register entries, loss of drugs, order and supply, administration, destruction of old stock/unwanted stock.

All S8 medications are to be kept in a locked cupboard of approved construction and firmly fixed to the premises (S4 and S8 medications cannot be kept in a fridge).

Central stock of S4 and S8 medications must be recorded in a drug register of all stocks received and stock transferred.

Storage of over-the-counter medications

Directives in this section are regarding the storage of S2 and S3 medications.

- all medications we are responsible for must be stored in a locked draw, cabinet or medication fridge in a secure location
- any non-active medication must be stored in a separate compartment labelled “non-active” from a participant’s current or active medication
- a risk assessment and appropriate action should be undertaken if is identified that the security and storage of medications presents a potential risk to the participant, worker, or organisation.

Medication disposal

All medication that is expired or no longer required must be returned to a pharmacy for disposal.

- Medication for disposal must not be:
- placed in rubbish bins
- washed down the sink
- flushed down the toilet.

Sharps disposal containers should be securely stored either in a locked room or lockable drawer or cabinet.

Medication errors

Follow the Manage incident internally process for any medication errors.

Follow the Manage incident internally process if a participant refuses their medication.

Medication responsibilities for workers

The responsibilities of workers are to:

- attend required training for supporting participants with medications
- ensure the safe storage of medications
- ensure the safe disposal of expired or contaminated medications and medications no longer required
- be familiar with the participant's known behaviours in order to understand their usual behavioural patterns and report any unusual behaviours or adverse side effects
- promptly report any concerns, issues, or incidents to key management personnel
- seek advice from key management personnel if ever in doubt about their own medication knowledge, skills, or capabilities.

Medication responsibilities for key management personnel

The responsibilities of key management personnel are to:

- ensure all workers involved in supporting participants with medications are appropriately trained and kept up to date with relevant legislation and professional standards
- provide adequate resources to enable training, assessment and reassessment of workers involved in supporting participants with medications
- ensure personnel work within their scope of practice
- provide appropriate support, direction and referral to workers in the event of medication concerns, issues or incidents.
- two audits per year are required for each S4 and S8 drug register
- any incident involving S4 and S8 medications must be reported to the appropriate key management personnel, pharmacist, Department of Health, and police.

Related Regulations

- Therapeutic Goods Act 1989 (Cth)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Related Documents

- Medication risk management form