



# Medications Policy

## Scope

This policy applies to anyone involved in the delivery of Brook RED NDIS services and supports.

## Purpose

To provide guidance on the best use of medications including its storage, administration and documentation.

## Principles

Appropriate medication management promotes improved health outcomes for NDIS 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. It is Brook RED employees' role is to assist NDIS Participants to safely and appropriately self-administer their medication.

To reduce the likelihood of medication errors, the six 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 documentation.

## Policy

### Responsibilities for employees:

- Attend required training for supporting NDIS Participants with medications
- Ensure the safe storage of medications
- Ensure the safe disposal of expired or contaminated medications and medications no longer required
- Use Medications Logs provided to record medications given
- Be familiar with the NDIS Participants known behaviours in order to understand their usual behavioural patterns and report any unusual behaviours or adverse side effects
- Promptly report any concerns, issue or incidents to the Team Coordinator
- Seek advice from management if ever in doubt about their own medication knowledge, skills or capabilities

### Medication responsibilities for management:

- Ensure all employees involved in supporting NDIS Participants to self-administer their medications are appropriately trained and kept up to date with relevant legislations and professional standards
- Ensure employees work within their scope of practice

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- Provide appropriate support and direction to employees in the event of medication concerns, issue or incidents
- Any incident involving medications must be reported to the appropriate management who will refer the incident to the NDIS Participant's medical team when required

## Procedure

- Follow rules of hand hygiene before assisting administering medications – this includes the use of hand wash
- Before assisting to administer a medication, check expiry date of medication to ensure in-date status
- Prescribed or routine medications must be packaged in a DAA or its originally dispensed packaging (if not practicable for a DAA)
- NDIS Participants should not use any medications from a broken DAA where there is evidence of tampering
- Medications which must be in their original dispensed packaging (not a Webster-Pak) include:
  - Liquids and syrup
  - Granules and powders
  - Creams and ointments
  - Nasal sprays, nebulisers and inhalers
- Medications can be dangerous and can cause adverse side effects reactions – Employees need to be alert for abnormal reactions, allergies, hypoxia, behavioural changes or loss of consciousness
- If conditions or reactions escalate, attend to person, notify a health professional, or call an ambulance in event of emergency

## Medication documentation

- All medications must only be used in accordance with their prescribed instruction
- Each prescribed medication requires a doctors medication print out of completed medication chart with the following:
  - Name, address and date of birth of the participant
  - Any known allergies of the person
  - 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)

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## Medication consent

- All NDIS Participants are encouraged and supported to manage their own medication and must consent for its use
- All Brook RED NDIS Participants self-administer their medication. From time to time, we may assist with medication, in this case, written consent is required before a NDIS 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 NDIS Participant who is unable to consent themselves

## Staff competence and Training

- Staff involved in the storage, transportation, assistance with administration or prompting of medication will be trained in the Medications Policy and procedures and they must be assessed as competent prior to undertaking any medication function
- The medication training is completed online and followed up by the Senior Lifestyle Facilitator
- Training and competency assessment will be conducted on an annual basis or following a significant medication incident

## Assisting participants with medication

- Many Brook RED NDIS Participants have Schedule 4 (prescription only medicine) medication that they self-administer
- NDIS Participants are encouraged to work with staff to ensure medication is stored safely and securely
- Staff are to remind and prompt NDIS Participants at the time they are to administer their medication
- To lower the chance of medication errors staff are to assist one participant to self-administer their medication 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
- Authorised person assisting participants to self-administer drugs of addiction must be trained in the administration of medication

## Storage of medications

- Brook RED has a responsibility to participants and staff that is stored safely
- Medications must be stored in their original dispensed packaging
- Prescription only and restricted medications that NDIS Participants self-administer 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 participants current or active medication
- A risk assessment and appropriate action should be undertaken if it is identified that the security and storage of medications presents a potential risk to the NDIS Participant, employee or organisation

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## Medication disposal

- Medication for disposal is any medication that is expired or no longer required - This must be returned to the pharmacy
- Medication for disposal must not be
  - Place in rubbish bin
  - Washing down the sink
  - Flushed down the toilet
- Empty medication packets will be kept in Sharps Containers and taken back to the pharmacy once full to protect the person's privacy

## Medication errors

- Any medication errors must be recorded using the General Incident Form and forwarded to the Team Coordinator
- If a NDIS Participant refuses their medication, record this using the General Incident Form and forward it to the Team Coordinator

## Definitions of Terms Used

### DAA (Dosage Administration Aid)

A dosage administration aid (DAA) is a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule. A Webster-Pak is one example of a commonly used DAA which is a blister pack type packed at the pharmacy. Using a DAA can help reduce the likelihood of medication errors

### Medication Error

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in our control or the control of a participant. Medication errors include:

- Incorrect packaging or labelling
- Incorrect storage
- Incorrect dosage
- Missed dosage
- Wrong route of administration
- Administration to the wrong person
- Administration of the wrong medication
- Split or dropped medication
- A participant refusing their medication

### PRN, pro re nata

A Latin phrase which means "as needed".

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## Scheduling

Scheduling is a national classification system that controls how medicines and poisons are made available. Medicines and poisons are classified into Schedules according to the level of regulatory control over the availability of the medicine or poison required to protect public health and safety.

- Schedule 2 (pharmacy medicine) - Pharmaceuticals supplied from a pharmacy.
- Schedule 3 (pharmacist only medicines) – Pharmaceuticals which must be supplied by a pharmacist in a pharmacy.
- Schedule 4 (prescription only medicine) – Medicines that can only be obtained with a prescription. This category is for substances for which the use or supply should be by the order of persons permitted by law to prescribe (doctor, nurse or other medical officer) and should only be available from a pharmacist on prescription.
- Schedule 8 (controlled drug) – Drugs of addiction. Medicines that require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical addiction.

## References

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

## Document Control and Record of Changes

Version	Effective Date	Approved by	Summary of Change	Date of Next Review
Version 01	September 2019	Eschleigh Balzamo	Introduction of new policy	January 2020
Version 02	June 2021	Eschleigh Balzamo	Review and Update	June 2023

The General Manager has overall responsibility for this policy. If there are any questions regarding this policy, please direct these to the Business Services Manager or General Manager.