Disability Services

Medication Management Framework

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Department of Communities Tasmania -
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Department of Communities Tasmania

COMMUNITIES, INFRASTRUCTURE AND - COMMUNITY AND DISABILITY SERVICES

Disability Services

Medication Management Framework

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Approval

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NOTE: This version has been updated to reflect all recent amendments to the Disability Services Act 2011 and the Poisons Regulations 2018 including those relating to administration of S8 medications (a) dexamphetamine; b) methylphenidate; or c) lisdexamphetamine by disability support workers. It also reflects circumstances in which a disability support worker may assist a person with disability who is self-managing their medication with administration of a S8 mediation.

The Medication Management Framework is referred to in regulation 127 of the Poisons Regulation 2018 as the "guidelines approved by the Secretary". A delegation of the Secretary of Health has been issued providing functions and powers to the Secretary of Communities Tasmania (or in the case of a machinery of government change the Secretary with responsibility for Disability Services.

A Determination of funded provider was made by the Secretary of Communities Tasmania in 2019. Section 4(1)(c) of the Disability Services Act 2011 determines a funded provider to include any provider of supports registered under Section 70 of the NDIS Act 2013.

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Part 1 Introduction

Medications play an important role in helping individuals to maintain health, prevent illness and treat disease. However, inappropriate, or incorrect use of medications can cause harm.

Medication management occurs at both an individual and system level. It includes:

- how medications are selected, ordered, and supplied
- how people take medications or are assisted to take them
- how medication use is recorded and reviewed
- how medications are stored and disposed of
- how medication use is supported, monitored, and evaluated.

1.1 Purpose

The purpose of the Medication Management Framework (the Framework) is to facilitate the best possible use of medications to improve health outcomes for people with disability and to promote the benefits of medications and minimise risk of inappropriate use and harm.

Through implementation of the Framework Community and Disability Services aim to:

- develop behaviours and create environments which supports safe and quality use of medications in the community
- assist individuals' in managing their own medication
- support those who in turn support people with disability, particularly Disability Support Workers and Disability Support Providers
- support Disability Support Providers to develop, implement and evaluate their own policy and procedures specific to their organisation and which are consistent with this Framework
- assist health care professionals working with people with disability
- assist individuals and those working with people with disability to act in accordance with legal requirements and contemporary standards relating to disability service provision.

1.2 Scope

This Framework is intended for use by Disability Support Providers (DSPs) and Disability Support Workers (DSW's) funded by the National Disability Insurance Scheme (NDIS) and/or funded by the Tasmanian Government. It may be used by anyone employed within those services who are involved in the support and /or administration of medication.

This Framework may also be used as a guide by the families or carers of individuals who are managing their own medication and may assist them with establishing and maintaining safe practices.

This Framework is for use in Tasmania and reflects the requirements of Tasmanian legislation and Tasmanian Government policy and procedures. Whilst general guidance may be useful in other jurisdictions, practice should be tailored to reflect the legislative and practice requirements specific to that jurisdiction.

1.3 Context

This Framework has been developed using the National Strategy for Quality Use of Medicines | Australian Government Department of Health and Aged Care[1] as a reference for developing systems, behaviours and environments that support the safe and appropriate use of medications.

The *National Standards for Disability Services*[2] have also been considered in the development of the Framework to increase a focus on rights and outcomes for people with disability.

The *Disability Services Act (2011),* the *Poisons Act (1971)*, and the *Poisons Regulations (2018)* include significant guidance for medication management practices.

This Framework compliments existing State or Commonwealth legislation. Compliance with the Framework will ensure that providers are complying with the Disability Services Act (2011) and the Poisons Act (1971) and the Poisons Regulations (2018).

The Disability Services Act (2011) was amended in July 2019 to ensure that the Act continues to apply to all providers in Tasmania, including NDIS registered providers.

The Framework is also consistent with the NDIS Practice Standards particularly Standard 4 relating to Provision of Supports including Management of Medication and High Intensity Activities (See Complex Health Care Plans).

1.4 Individual = Person with Disability

Throughout this document the term 'individual' is used to indicate the person who uses a service or support. This is primarily the person with disability. 'Individual' is used instead of words such as 'participant', 'consumer', 'client' or 'service user'.

1.5 National Disability Insurance Scheme (NDIS) & NDIS Quality and Safeguards Commission

Since 1 July 2018 the NDIS has supported Tasmanians with disability. In addition to Individual Supports which may include medication administration, NDIS participants may have specific funding related to more complex medication or high intensity personal supports.

The NDIS Quality and Safeguards Commission has operated in Tasmania since 1 July 2019. The Commission monitors compliance with the NDIS Practise Standards and Code of Conduct.

The role of the NDIS Quality and Safeguards Commission includes oversight of the use of restrictive practises. This includes Chemical Restraint. Chemical Restraint is defined as:

> "the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition."

The Quality and Safeguards Commission requires registered Disability Support Providers to report to them any use of any regulated or unauthorised restrictive practice including use of medication for management of behaviour i.e., Chemical Restraint.

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[1] Commonwealth Department of Health and Ageing. *The National Strategy for Quality Use of Medicines.* Canberra: 2002.

[2] Commonwealth Department of Social Services, *National Standards for Disability Services*. Canberra: 2013.

Part 2 Guiding Principles

Medication Administration is Person Centred

Medication management practices place individuals at the centre of planning and delivery and maximise, as much as possible, the capacity for individuals to take control of their lives.

Individual Outcomes

Medication management practices build on individual strengths and reflect individual needs, strengths, interests, goals, formal and informal support networks.

Medication management practices are informed by individualised support and/or health management plans.

Decision Making and Consent

Individuals are informed about the predicted risks and benefit of prescribed medication in a way that meets their communication needs and cognition.

Individuals are encouraged and supported to be involved in decision making as far as possible according to their capacity.

Consent is required before an individual can receive medical or dental treatment, except in an emergency.

If an individual does not have the capacity to consent to receiving medication, a legally appointed guardian or Person Responsible must provide or withhold consent on the individual's behalf.

Individuals who have capacity have the right to refuse or withdraw consent to the administration of medication.

Support for Self-Management

Individuals are actively encouraged and supported to self-manage their own medications.

Where appropriate, individuals are given the opportunity to build capacity so that they can self-manage some or all of their medications. A clearly defined and documented assessment is undertaken by a suitably qualified health professional if an individual does not have the capacity to manage their medication.

Minimal Restriction

Decisions relating to medication selection and administration should only result in the restriction of freedom of decision and action of the individual, if at all, to the smallest extent that is practicable in the circumstances.

The NDIS Quality and Safeguards Commission requires registered service providers to report to them any use of regulated restrictive practice.

Restrictive interventions involving the use of medication (chemical restraint) must be supported by a transparent, easily understood and evidence based Positive Behaviour Support Plan developed by an NDIS approved Positive Behaviour Support Practitioner in consultation with the individual, or a person nominated by the individual, persons who have expertise in the carrying out of the proposed restrictive intervention, **and** the prescriber. This plan should indicate a process for review of restrictive practices with reporting to the NDIS as required. Restrictive practices may also be guided by a decision made by the Tasmanian Civil and Administrative Tribunal.

It is important to note that authorisation of Chemical Restraint is not included in the definition of a Restrictive Intervention in the Tasmanian Disability Services Act 2011. Consent is currently provided by the 'person responsible' to the 'administration of a restricted substance primarily to control the conduct of a person to whom it is given' (Guardianship and Administration Regulation 12). However, if a DSW is responsible for administration of a medication that is prescribed for the primary purpose

of controlling behaviour, this must be reported to the NDIS Quality and Safeguards Commission and supported by a behaviour support plan.

Further information and resources relating to Restrictive Practices including Chemical Restraint are available via the Department of Communities Website and the NDIS Quality and Safeguards Website.

Quality Use of Medicines

Promote a Quality Use of Medicines approach to medication management. This means:

- selecting the best way of maintaining the individual's health and treating any illness, which may or may not include medications
- choosing suitable medications if a medication is considered necessary
- using those medications safely and effectively
- documenting the reason for administration of medications
- implementing timely and appropriate review of medications.

Medication Management is undertaken in line with written Policies and Procedures

DSPs have their own policy and procedures which support the *Disability Services Medication Management Framework* (this document), and the NDIS Practice Standards which outline practices specific to the sites, service delivery and staffing arrangements of the organisation.

Written policies and procedures relating to medication management are readily available to all staff, individuals' and others involved in supporting people with disability.

Appropriate training has been provided to all staff who are administering medication to enable them to safely administer medication.

Evaluation and Continuous Improvement

All parties involved in the management of medication including individuals with disability, prescribers, DSWs and DSPs have a responsibility to reflect on current practice, to recognise when and where problems exist, identify factors which contribute to those problems, initiate interventions, and evaluate the outcome of interventions to improve practice.

Legislation and Standards

Medications are managed in line with the Medication Management Framework and relevant Commonwealth and State Legislation and Standards including:

- *Disability Services Act (2011)*
- *Disability Services Regulations (2015)*
- *Poisons Act (1971)*
- *National Standards for Disability Services*
- *Poisons Regulations (2018)*
- *Personal Information Protection Act (2004)*
- *National Disability Insurance Scheme Act 2013 (legislation.gov.au)*
- *NDIS Quality and Safeguards Commission Practice Standards*
- *NDIS Code of Conduct*

Part 3 Roles and Responsibilities

3.1 All Parties

- Adhere to the Principles for Medication Management (See Part 2).
- Work cooperatively to ensure the safe and effective use of medications.
- Seek to understand the risks and benefits associated with the use of medications.
- Reflect on current practice, to recognise when and where problems exist, identify factors which contribute to those problems, initiate interventions, and evaluate the outcome of interventions to improve practice.
- Must comply with legislative and regulatory requirements and restrictions as listed above.
- Notify the NDIS Quality and Safeguards Commission upon the occurrence of reportable incidents where harm, or potential harm, is caused to or by a person with disability while they are receiving supports or services.

3.2 Individuals with Disability

- Work in partnership with those who support them and health professionals to develop skills and confidence to use medications appropriately and seek assistance to solve problems when they arise.
- Ask for and use information, resources and services to make decisions and take actions that enable medications, when they are required, to be chosen and used wisely.
- Become more aware of the risks and benefits of medications, the possibility of non-drug options and the importance of a healthy lifestyle.
- Not request that those who are providing them with support act outside of their scope of responsibility or in contravention of this Framework, their organisation's policies and procedures or legislative requirements.

3.3 Person Responsible

- Make decisions in the best interests of the individual relating to consent to medical and dental treatment when an individual is unable to provide consent.
- Ensure that the wishes of the individual are communicated and adhered to as much as possible.
- Work with the individual, DSP, health professionals and other carers to ensure medications are used appropriately, for their intended purpose and seek help to solve problems when they arise.
- Ask for and use information, resources and services to make decisions and take actions that enable medications, when they are required, to be chosen and used wisely.
- Become more aware of the risks and benefits of medications, the possibility of non-drug options and the importance of a healthy lifestyle.

3.4 Department of Communities Tasmania - Disability and Community Services

- Develop and implement structures, policies and procedures which support the Quality Use of Medicines.

3.5 Disability Support Providers' Responsibilities

- Comply with the DCS Medication Management Framework.
- Comply with specific requirements as follows:

3.5.1 Policies and Procedures

- Develop organisation specific policy and procedures which support the DCS Medication Management Framework and which outline practices specific to the sites, service delivery and staffing arrangements of the organisation. For example, these may outline procedures related to the needs of individuals, layout and location of the setting, staffing and supervision arrangements, constraints and resources.
- Prepare an Individual Support/Health Management Plan for each individual which detail medication management including:
    - consent arrangements i.e. Who is the person responsible?
    - individual preferences with regard to medication management and administration
    - any assessments and arrangements made with regard to self-administration
    - strategies in place for increasing the individual's capacity for self-administration.
- Provide clear information for employees about who and how to contact a more senior staff member who can assist in the event of unexpected events or for clarification.

3.5.2 Training and Competency

- Ensure that the support workers they employ meet the required level of competency to provide appropriate and safe support to a person with disability. This includes medication administration.
- Provide access to training in first aid, healthy body systems and the administration of medication that is delivered by a Registered Training Organisation (RTO) in accordance with the Australian Qualification Framework (AQF) standards.
- The minimum requirement includes the following units:
    - HLTAID011 *Provide first aid;* and
    - HLTAAP001 *Recognise healthy body systems;* and
    - HLTHPS006 *Assist clients with medication*

    Or
    - *HLTAID003 Provide first aid; and*
    - The CHCSS00070 *Assist Clients with Medication Skillset.*
- An employee may also be assessed as competent if they have a higher qualification e.g. A Registered Nurse who is acting within the scope of their employment with the DSP (i.e., employed as a Nurse).
- Qualifications which are entirely theoretical in content and have no component of practical assessment in medication administration should not be considered as meeting the required standard of competency. A DSW must demonstrate competency consistent with the Performance Standards, Knowledge Standard and Assessment Conditions required for HLTHPS006 Assist Clients with Medication before administering medication.
- If the DSW is required to undertake more complex medication administration to support a Health Management Plan, additional training relating to more complex medication administration should be arranged (see section 5.20-5.22).
- Upon completion of training DSWs must satisfy, in workplace conditions, performance and knowledge evidentiary requirements for unit's which comprise the Minimum Requirements for competency as listed above. Some elements may be assessed in a simulated environment as per the units specified assessment conditions where there is no workplace

alternative (e.g., diligent exploration of options including assessment in a different workplace).

- A review of knowledge and performance should be undertaken at least every 12 months by a suitably qualified person, for example, a senior member of staff who has current qualifications and routinely administers medication. This review may be completed by the DSWs employer as part of a performance management framework.
- Completion of refresher training every 3 years should be considered best practice. E.g., Refresher training would consist of a shorter course covering recent changes in medication policy, procedure and best practice and may include a review of competency.
- DSPs must maintain a register of employees' qualifications and current competency.
- In addition to an annual review of knowledge and performance, a reassessment may be required in the following situations:
    - an incident or error occurs that is linked to competency
    - a request is made by the DSW
    - a request is made by the individual or family
    - a request is made by a team leader / supervisor where there are performance issues relating to specific tasks
    - there is change in an individual's health or medication needs requiring a different range of competencies
    - there is a change in the individual's accommodation or environment impacting on the DSW ability to perform tasks
    - the DSW has had limited opportunity to apply previous training e.g., episodic / irregular employment.
- DSPs must have a process in place to ensure the recruitment, training and scheduling of staff who are competent in medications management.
- DSPs must not expect employees to perform tasks beyond their knowledge, skills, experience, and training or which require clinical assessment and clinical judgement.

3.5.3 Supervision

- DSPs must provide supervision of DSWs in order to ensure competent performance in carrying out the duties of their position.
- Supervision may be conducted by various means including:
    - in person
    - through use of communication methods such as telephone, email or video conferencing, where necessary.
- Supervision level, form and frequency must be established by the DSP for all work delegated to a DSW and may be determined by factors such as:
    - the task maturity of the person being supervised
    - the need to review and assess an individual's condition and progress in order to establish or alter treatment plans.
- The need to correct and develop work skills such as time management, organisation requirements, communication skills, and other factors supporting the provision of support and working within a team.

3.5.4 Safety and Quality

- Regularly review and evaluate the organisation's medications administration practice for outcomes and follow-up where required, e.g., review of incidents.

- Meet requirements under the NDIS Incident Management and Reportable Incidents Rules 2018.

3.6 Disability Support Workers

- Do not administer medications until training has been completed and they are deemed to be competent by the RTO who provided the training to administer medication. (See Minimum Requirements in 3.5.2.)
- Meet workplace health and safety responsibilities, which include taking reasonable care for their own health and safety while at work and taking reasonable care that their acts or omissions do not adversely affect the health and safety of other persons.
- Ensure they understand the Medication Management Framework and any policies and procedures related to medication management specific to the organisation for whom they work.
- Ensure that their day-to-day practices with regard to medication management comply with the policies and procedures of their employer and the training they have received and are not outside the scope of their responsibilities.
- Support individuals and administer medications according to directions provided by the treating health professional and on the packaging or label provided by the pharmacist.
- Reflect on their own skills, experience, knowledge, and limitations and inform their employers if they do not understand or feel competent in performing tasks required of them in the administration of medication.
- Participate in monitoring of their own competence by their employer.
- Do not administer Schedule 8 (narcotic) medications other than:
    - those identified as a 'specified narcotic substance' in the Poisons Regulations (2018) i.e. a) dexamphetamine, b) methylphenidate; c) lisdexamphetamine; or
    - in accordance with Regulation 128 which allows DSWs to assist an individual with disability who has decision making capacity to manage their own legally dispensed Schedule 8 medication but does not have the physical capacity to self-administer.
- Refer to Appendix 2- Extract from *Poisons Regulations 2018* for the relevant regulations that outline the circumstances and conditions under which DSWs can administer and/or support self-administration of Schedule 8 medication to individuals.

3.7 Prescribers (medical practitioners, authorised nurse practitioners, authorised health professionals, dentists)

- Are responsible for prescribing medication within their legal authority, delegation and scope of practice.
- Assist individuals' and others involved in their care to make informed decisions and learn more about their own health issues and health care.
- Use objective information, resources, and services to make decisions and take actions that enable medications, when required, to be chosen and used appropriately.
- Are responsible for obtaining consent, either from the individual or a Person Responsible who has been appointed by the Guardianship and Administration Board to act as a medical and health guardian.

3.8 Pharmacists

- Are responsible for dispensing medications safely and legally in accordance with an appropriate legal prescription.
- In a Disability Services setting, where it is known that the medication will be administered by a Disability Support Worker, Schedule 8 medications should only be those which are:
    - specified as a 'specified narcotic substance' in the Poisons Regulations (2018) i.e., a) dexamphetamine, b) methylphenidate; c) lisdexamphetamine,
    - in Secure Dose Administration Aids (SDAAs) where the administration will be undertaken by DSWs; or
    - in accordance with Regulation 128 which allows the DSW to assist an individual with disability who has decision making capacity to manage their own dispensed narcotic medication (any dispensed Schedule 8) but does not have the physical capacity to administer themselves.
- Provide counselling on the safe and optimal use of prescription medicines
- Support individuals, DSPs and DSWs in applying the Quality Use of Medicines principles.

Part 4 Medications

For the purposes of this Framework 'medication' is defined as a substance given with the intention of preventing, diagnosing, curing, controlling, or alleviating disease or otherwise enhancing the physical or mental wellbeing of individuals. Medications include prescription and non-prescription medications, including complementary health care products.

Medications are often referred to on the basis of schedules. Scheduling is a national classification system that controls how medications and chemicals are made available to the public. Medications and poisons are classified into Schedules with the Commonwealth's *Standard for the uniform Scheduling of Medicines and Poisons (SUSMP)* according to the level of regulatory controls over the availability of the medication or poison, required to protect public health and safety. These schedules are adopted under Section 14 of the *Poisons Act (1971)*. For the purposes of this Framework, medications will relate to Schedule 2, 3, 4, 4D and 8 and are defined in the SUSMP as:

- Schedule 2 – (Pharmacy Only) Substances, the safe use of which may require advice from a pharmacist, and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person. These are identified as medicinal poisons in the Poisons Act 1971.
- Schedule 3 – (Pharmacist Only) Substances, the safe use of which requires professional advice, but which should be available to the public from a pharmacist without a prescription. These are identified as potent substances in the Poisons Act 1971.
- Schedule 4 – (Prescription Only) Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription. These are identified as restricted substances in the Poisons Act 1971
- Schedule 4 Declared (S4D) – Certain Schedule 4 substances declared by the Minister for Health, that have potential for misuse and as such require more stringent regulation surrounding prescribing, dispensing and supply. These are identified as declared restricted substances in the Poisons Act 1971.
- Schedule 8 – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. These are identified as narcotic substances in the Poisons Act 1971.

The *Poisons Act (1971)* and the *Poisons Regulations (2018)* provide specific guidance about access to and administration of medications which underpins this Framework.

DSWs should not administer S8 medications other than:

- those identified as a 'specified narcotic substance' in the Poisons Regulations (2018) i.e. a) dexamphetamine, b) methylphenidate, c) lisdexamphetamine;
- or in accordance with Regulation 128 (1) which allows DSWs to assist an individual with disability who has decision making capacity to manage their own legally dispensed narcotic medication but does not have the physical capacity to administer themselves.

Items that are not considered medication and are therefore outside of scope for this Framework include:

- cosmetics
- sunscreen
- personal hygiene items such as shampoo and toothpaste
- moisturisers that do not contain an active ingredient (e.g., a topical formulation prescribed to treat a medical condition) and which are used for the purpose of skin hydration and comfort.

4.1 Information Resources

Access to current and accurate information on medications and their safe and effective use will support decision making about medications and medication management.

The individual's treating health professional(s), when practising within their scope of practice, and pharmacist(s) may act as the primary source of information about medications.

As part of safe administration practice, a DSW should have access to and have read a CMI relating to each medication being administered. **A DSW should know what medication is being administered and what the medication is being administered for.** This will reduce the risk of medication administration errors and the inadvertent use of a restrictive practice (e.g., unauthorised use of a chemical restraint).

4.2 Consumer Medicines Information (CMI)

Consumer Medicines Information (CMI) are leaflets that contain information on the safe and effective use of prescription and pharmacist only medications. The purpose of CMI leaflets are to provide information aimed at informing patients, careers and support workers to encourage better health outcomes.

CMI documents may be included in the medication package or may be provided in leaflet form by the pharmacist or medical practitioner. If not provided CMI's can be requested from the pharmacist, medical practitioner and are also available on the Therapeutic Goods Administration website.

A CMI includes:

- name of the medication
- names of the active and inactive ingredients
- recommended dosage of the medication
- what the medication is used for and how it works
- warnings and precautions, such as when the medication should not be taken
- interactions the medication might have with food or other medications
- how to use the medication properly
- side effects
- what to do in the case of an overdose
- how to store the medication properly
- name and address of the sponsor
- date the CMI was last updated.

It is recommended that individuals managing their own medication request and read CMI for all prescription and pharmacy only medications.

DSWs should request and read the CMI information for all prescription and pharmacy only medications in circumstances where they are supporting an individual to administer the medication or administering the medication.

CMI should also be available for a DSW to review in circumstances where a Secure Dose Administration Aid is used.

4.3 Prescription medications (Schedule 4, Schedule 4 Declared and Schedule 8)

Prescription medications are only available by prescription from a healthcare professional who is authorised to issue prescriptions in Tasmania. This usually refers to a medical practitioner (Doctor) but might include a nurse practitioner, dentist, or optometrist.

4.4 Non-prescription Medication

Examples of non-prescription medications include cough mixtures, simple analgesics and antacids. Some non-prescription medications can be sold only by pharmacists (pharmacist only) or in a pharmacy (pharmacy only), others can be sold through non-pharmacy outlets such as supermarkets. Non-prescription medications are also known as 'over-the-counter' medications.

Individuals who are currently prescribed prescription medication should check with their medical practitioner or pharmacist before taking any non-prescription medication to ensure they are appropriate and that they do not interact negatively with other medications.

DSWs who are supporting an individual with their medication should seek approval from a relevant health professional for common or regularly used over-the-counter medications to ensure that they are appropriate for the individual and that they do not interact negatively with other medications.

Use of non-prescription medications should be discussed at their next appointment with a medical practitioner and included on a list of approved medications and the Medication Administration Record if required regularly, for example, ibuprofen, paracetamol or hay fever medication. Instructions for administration should include:

- circumstances when it is appropriate to take the medication (indications for use)
- generic name of the medication
- route of administration
- dosing frequency
- desired effects / side effects
- dosage (including maximum dosage in a 24-hour period)
- number of days the medication can be used, where applicable.

Some non-prescription medications may also be cheaper if prescribed, depending on the individual's eligibility for a subsidy.

The individual should be reviewed by their medical practitioner if the individual requires the non-prescription medication on a regular basis or its use exceeds the maximum number of days the medication may be used.

4.5 Complementary and Alternative Medications

Complementary and Alternative Medications (CAMs) include herbal, vitamin and mineral products, nutritional supplements, homeopathic medications, traditional and indigenous medications, and some aromatherapy products. Other terms sometimes used to describe CAMs include natural or holistic medications. CAMs can be obtained easily from a wide range of sources.

Individuals may self-select or ask others to select and provide CAMs.

Like all medications, CAMs and non-prescription medications are capable of causing adverse reactions and medication interactions.

If an individual wants to use CAMs they should be supported to do so, however it is highly recommended that the individual's treating medical practitioner is consulted before commencing the therapy.

If an individual chooses to use a CAM after it has been contra-indicated by a health professional, they may do so if they are deemed to have capacity to make decisions relating to treatment (dignity of risk). If they have been assessed as not having capacity this decision should be discussed with the individual and the Person Responsible (see 5.2). In some situations, a prescriber may withdraw conventional treatment if an individual with capacity insists on continuation of a CAM where there is risk of adverse outcomes or adverse interactions with conventional treatment. This would usually only occur after discussion with the individual. A record of such a decision should be recorded.

If an individual chooses to use a complementary medication which is illegal in Tasmania, DSWs must not administer or assist with administration. It is recommended that use of all CAMs is discussed with a health professional who is prescribing medication.

4.6 Medicinal Cannabis

Medicinal cannabis can be either a Schedule 4 or Schedule 8 substance depending upon the classification of active ingredients in a product.

A DSW can administer a Schedule 4 medicinal cannabis product that is accessed via a legal prescription and has been dispensed and labelled by a pharmacist.

A DSW is unable to administer a Schedule 8 medicinal cannabis product as these are not specified narcotic substances.

A DSW can assist another person to self-administer a Schedule 8 medicinal cannabis substance if –

(a) the substance has been lawfully supplied to the other person; and

(b) the other person has the mental capacity to manage the administration of his or her own medication; and

(c) the other person does not have the physical capacity to self-administer the substance.

It is also a requirement that dispensed Medicinal Cannabis products are stored in appropriate locked storage and that the administration is included in a register.

4.7 Secure Dose Administration Aids - SDAA

A Secure Dose Administration Aid (SDAA) is a pharmacy prepared aid whereby medications are divided into sealed individual doses and arranged according to the dose schedule throughout the day. Only solid oral medications can be packaged this way.

Wherever possible dispensed medications should be retained in the original manufacturers or other dispensed packaging unless a SDAA could help to overcome specific problems that an individual or DSW may encounter. The reasons for using a SDAA should be documented.

A SDAA may be requested by an individual or recommended by a treating health professional and commenced following consultation and consent from the individual.

SDAAs should be packed and fully labelled by a pharmacist or under the supervision of a pharmacist according to the Pharmacy Board of Australia's Guidelines.

- SDAAs intended for medication administration by DSWs should not contain S8 medications other than those specified as a 'specified narcotic substance' in the *Poisons Regulations (2018)* i.e. a) dexamphetamine, b) methylphenidate, c) lisdexamphetamine; or
- in accordance with Regulation 128 which allows the DSW to assist an individual with disability who has decision making capacity to manage their own dispensed narcotic medication (any dispensed schedule 8 substance) but does not have the physical capacity to administer themselves.

A SDAA should be returned as soon as possible to the pharmacist for repackaging if there are any changes to the individual's medication.

Some SDAAs may be provided with documentation for record keeping, however it is preferred that a Medication Administration Record endorsed by the prescriber is used.

4.8 Non-packaged Medications

Medications which are not in their original packaging, or suitable packaging as supplied by the pharmacist, or in a pharmacy prepared SDAA should not be administered. The potential for error is high and it is not possible to comply with the five rights of medication administration (refer to section 5.12).

4.9 PRN Medication

PRN (pro re nata) or as needed – medication is prescribed by a prescriber for an individual as and when needed for treatment of a medical condition. PRN medication may include prescription or non-prescription medication. DSWs are not permitted to administer PRN S8 medication other than dexamphetamine, methylphenidate or lisdexamphetamine except in accordance with regulation 127(1) of the *Poisons Regulations 2018*. PRN medication should only be administered in line with the instructions provided by the prescriber. Clarification should be obtained by DSW from treating Health Professionals regarding maximum daily doses where PRN directions are provided.

4.10 STAT Medication

STAT medications are those which must be taken immediately as indicated by the prescriber.

4.11 High Risk Medications

High risk medicines have a high risk of causing serious injury or death if they are misused or incorrectly administered. They are generally medicines with a narrow therapeutic index. This means that the difference between the dose of a medicine required to achieve a desired effect (efficacy) and the lethal or toxic dose of that same medicine is very small due to its potency. A small increase in the medicine's concentration in the body could lead to toxic levels and fatal consequences.

Errors with high-risk medications are not necessarily more common, but the effects can be more devastating. The error may result from incorrect dosage, a missed dose, medication given to the wrong person, or given via the wrong route. See Part 8 relating to Medication Incidents.

The acronym **APINCH+S** is a good way of remembering or identifying high risk medications:

- **A** **A**nti-infectives
- **P** **P**otassium and other electrolytes
- **I** **I**nsulin
- **N** **N**arcotics (opioids) and other sedatives
- **C** **C**hemotherapeutic agents
- **H** **H**eparin and other anticoagulants
- **+S** **S**ystems e.g., using safe systems for administration including independent double checks, safe administration of liquid medications, standardised order sets and medication administration records.

The list is not exhaustive. There may be other medicines or practices which are of a higher risk for a specific individual.

Risk reduction strategies include adherence with the Medication Management Framework, including safe storage and record keeping, ensuring appropriate competency training for all staff undertaking medication administration or involved in the management of medications and adherence with practice advice relating to medication administration and medication incidents.

Because of the risk associated with some medications DSWs are prohibited from administering some medications e.g., most narcotics and sedatives and are prohibited from administering any injectable medications or medications which require clinical judgement.

Any medication errors, mishaps or near-misses associated with high-risk medications should be treated as a serious incident, recorded, and reviewed by the organisation and reported to the NDIS Quality and Safeguards Commission.

This is an important reason to know which medications are being administered and why they are being used.

4.12 Alteration of Oral Formulations

Some individuals may need to have oral formulations altered, for example, tablets broken or crushed to aid administration or mixed with food or liquids. The alteration is intended to assist administration and ensure that individuals receive necessary medications. ***Always check with a pharmacist first before altering the form of medications as this practice may have unsafe consequences.***

Some medications cannot be altered because this may reduce effectiveness, create a greater risk of toxicity or other harm, an unacceptable presentation to the individual in terms of taste or texture, make it difficult to ensure appropriate dosage and present a risk to work health and safety. Cross-contamination of medications is also a risk.

If an individual is having difficulty taking their medications, or they require an alteration to the standard dosage form, the individual might need alternative formulations or different medications instead. Individuals or DSWs administering medications should check with a pharmacist which oral dose medications can and cannot be altered in form and any special conditions relating to the alteration or administration of specific medications.

Medication should not be hidden in food or liquid. This is because some medications e.g., antibiotics, are not suitable for ingestion with yoghurt. Check with a pharmacist first if it is intended to use yoghurt to assist with ingestion.

4.13 Continuity of Medication Supply

Disruptions to medications supply may lead to adverse outcomes including poor symptom control and unplanned hospital admissions. To avoid disruptions, individuals and DSPs should plan ahead so that a continuous supply is available.

As a guide, at least three days' supply of medication should be kept on hand at all times and not more than one repeat of each prescription (or one month's supply). This practice should ensure that individuals do not run out of medications and will avoid waste that can result from stockpiling medications. The individual's pharmacist or health professional may also provide guidance about required supply.

It is also advisable to check the best before, use by or expiration date on products that are infrequently used or kept on hand in the event of an emergency. E.g., EpiPens have an expiry date printed on the Pen.

Part 5 Administration of Medication

The need for medication may be identified by the individual, family member, carer, DSW or a health professional. Medication will be prescribed or required in order to prevent, diagnose, cure, control or alleviate disease or otherwise enhance the physical or mental well-being of an individual.

5.1 Consent

The starting point in the process of medication administration is to establish consent from the individual to treatment.

It should be assumed that individuals have capacity to make decisions about their health and whether or not to take medication. Capacity should be assumed unless and until the individual is assessed as not having it.

Capacity can vary in the same person for different decisions and can fluctuate over time. Capacity depends on understanding, and understanding depends on effective communication, accessible information as well as cognitive abilities.

If a person does not agree with a health professional this does not mean they are incompetent, just that they have a different point of view. If an individual refuses treatment the reasons for doing so should be explored.

Capacity may need to be reassessed if there appear to be changes in the individual's level of understanding or depending on the complexity of the decision involved.

The professional providing treatment and prescribing is responsible for establishing consent for treatment and for assessing the individual's capacity. They also have responsibility for asking for any assistance if they need additional expertise in determining capacity.

It is not the responsibility of a DSW or DSP to assess capacity, however as workers may know the individual well, they are in a good position to notice changes in the individual which indicate a change in capacity. If the DSW has been supporting the individual for some time they may also be in a good position to offer background information, assist with explanations and communication between health professionals and the individual about treatment options.

If an individual lacks capacity, the health professional has a duty of care to provide treatment in the best interests of that individual, even if the individual does not agree (see 5.2).

Even if an individual lacks capacity to consent they still have the right to receive information about treatment, the main risks, and benefits of the intervention and what may happen if the individual does not have the treatment.

Consent is not required if a medication is administered by a medical practitioner or health professional in an emergency.

5.2 Substitute Consent

If the individual is not able to provide consent the practitioner must obtain substitute consent from the person responsible (including a guardian) or if a person responsible has not been defined or is not available request the appointment of a legal guardian from the Tasmanian Civil and Administrative Tribunal (TASCAT).

The person responsible has responsibility to make decisions in the best interests of the individual. Details regarding the person responsible should be included in the Individual Support Plan. To qualify as a 'person responsible' the 'person' must be a family member, close friend or unpaid carer of the individual with disability and must maintain a close personal relationship through frequent personal contact. The 'person'

must have a personal interest in the welfare of the individual with disability (see Tasmanian *Disability Services Act (2011)* section 5).

For more information about substitute consent visit the Tasmanian Civil and Administrative Tribunal website - www.tascat.tas.gov.au/guardianship

5.3 Selection of Medications

The selection of medications should reflect a Quality Use of Medicines approach:

- selecting medication wisely, including consideration of non-medication alternatives
- choosing suitable medication if a medication is considered necessary
- using medications safely and effectively to get the best possible results.

Selection should be informed by good communication between the health professional, the individual, those who support them and if appropriate the person responsible.

Prescribers need to be aware of all medications the individual is taking including those from other prescribers, non-prescription medications, and CAMs. Prescribers should also be aware of any allergies or previous negative reactions to medications.

Prescribers may be able to tailor medication selection and dose form if they have a good understanding about the individual's routine, activities and known difficulties relating to administration e.g. inability to swallow tablets without alteration in oral dose form or chewing. Prescribers should be informed where there are limitations on the medications which may only be administered with the assistance of a community nurse or other health professional.

5.4 Obtaining Medication

Once a medication has been selected, either the individual or a DSW will need to obtain the medication from a pharmacy. This should be done as soon as practicable after receipt of the prescription.

A pharmacist will prepare the medication and provide a Consumer Medicines Information sheet (CMI).

In the same way that all people in the community have the option of purchasing cheaper generic brand medications, individuals with disability should be afforded the same option. If the pharmacist supplies a generic or alternative medication this must be identified on the label with the generic name. The DSW should request that the label also state which brand the product is equivalent to. A CMI for the generic brand should be requested and provided. The pharmacist will also need to update the information on the SDAA, for example, the name and colour of the tablet.

On receipt of medication, the DSW or individual for whom the medication is intended should check:

- that all medication has been provided
- that the medication listed on the back of the SDAA or original containers match the medication listed on the medication record.

If there is a problem this must be raised immediately with the pharmacist for advice.

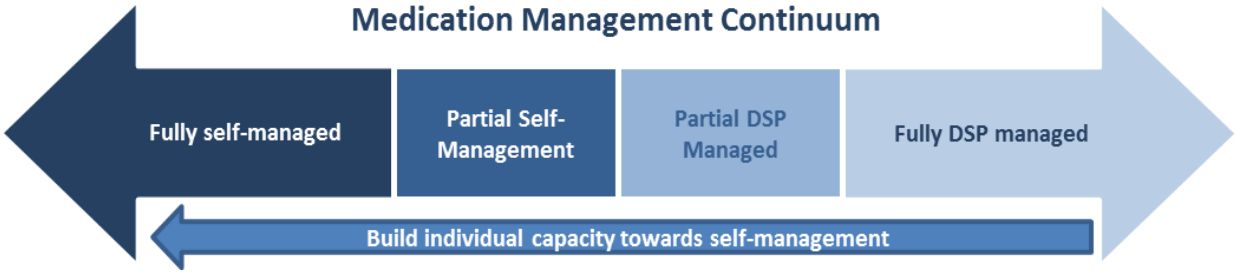
5.5 Privacy

DSPs are required to have robust systems in place to ensure that the individual's privacy and confidentiality is respected and that organisations are compliant with the *Personal Information Protection Act (2004) (Tasmania)* or the *Privacy Act (1988) (Commonwealth)*. Practice should also be consistent with NDIS Practice Standards relating to Privacy and Dignity.

5.6 Decision Making → Medication Management

Decision making relating to the management and administration of medication takes place within a continuum of involvement by the individual.

At one end individuals will completely manage and administer all their own medication. At the other end of the continuum the individual will play only a minimal role in the management and administration of their medication. There are many points of variation between these two points and the arrangement reached may be highly individualised.



Administration arrangements may change over time depending on changes to the individual's preferences, changes in the individual's capacity or changes in the type or complexity of the medication to be administered.

Individuals should be supported and encouraged to self-administer their medication.

Capacity for self-administration should be the starting point unless:

- the individual requests assistance with medication administration or
- it is established via an assessment process that the individual does not have capacity to administer their medication.

Individuals may wish to self-administer some of their medications and ask for support or full administration for others.

Medication management and administration should be documented as part of the Individual /Support Plan.

5.7 Self-Management and Administration

Where there is uncertainty about an individual's ability to safely manage and administer their medication, a competency assessment must be undertaken by a suitably qualified health care professional in consultation with the individual, those involved in the individual's care and decision making.

Capacity may vary over time and a reassessment may be required if the individual appears to be having difficulty in managing their medication.

If a DSW is concerned that an individual is having difficulty in managing and/or administering their medication, they should discuss their concerns with the individual and discuss the situation with their supervisor.

All decisions made in relation to self-administration of medication, as well as the factors contributing to the decision, are recorded in the Individual Support Plan / Health Management Plan.

5.8 Building Capacity towards Self-Management and Administration

If the assessment concludes that an individual does not have the capacity to self-manage or administer their medication it should be determined if there are strategies which will assist the individual build their skills towards self-administration.

Some individuals may require extra support with medication management for a short period of time for example, returning home from hospital, during a short-term illness or injury, but should be able to transition back to self-management and administration.

5.9 Assessment of Capacity for Self-Management and Administration

The assessment of capacity should be undertaken by a medical practitioner with support from other health professionals if additional expertise is required. The outcome of this assessment and any strategies discussed to facilitate self-administration should be recorded in the Individual Support Plan/Health Management Plan and a copy placed with the Medication Administration Record.

As a guide an assessment should cover:

- a clear indication that the individual wants to administer their own medication
- orientation of the individual in time and place
- cognitive capacity including the individual's capacity to understand:
    - how to get a prescription filled and checking processes
    - the purpose of the medication
    - instructions relating to medication administration
    - ability to read labels on packaging and identify the correct medications
    - the consequences of incorrect or missed doses and what to do if this happens
    - safe storage and disposal practices
    - side effects and what to do if these occur
- physical ability, including:
    - gross and fine motor dexterity
    - visual acuity
    - swallowing
    - communication
    - capacity to open packaging
- the likely benefits of having the individual self-administer medication and whether these benefits outweigh the risks
- the likelihood of incorrect administration occurring and the risk of harm this may cause the individual or others
- any precaution that should be taken to prevent incorrect administration
- how information such as CMI and practical help such as SDAA's may assist individuals to self-administer their medications
- if suitable and secure storage is available for medications
- demonstrated compliance with safe storage requirements to protect others
- when and who to ask for help or a review of medications.

5.10 Partial Self-Management

Individuals may wish to administer only some of their medications and may request or require assistance with others.

Some individuals may require only minimal reminding or prompting and are otherwise able to self-administer their medications. Others may require observation to ensure they are following instructions correctly.

Some individuals will require only physical assistance with administration.

5.11 Physical Assistance with self-administration

There are a wide range of practices which might be employed to support individuals who have cognitive capacity for self-administration but who have reduced physical capacity.

The following is a list of possible strategies:

- providing safe storage
- upon request from the individual the DSW may:

- take medication in its container from the area where it is stored and hand the container to the individual
- provide assistance with opening a medication container
- remove medication from a container and place it into another container or the individual's hand
- assist the individual to place the medication in their mouth
- observe the individual to ensure they do not experience difficulty in administering their medication
- assist the individual to make a record of medication administration.

DSWs are permitted to assist individuals with the administration of prescribed S8 medicines, provided the individual has the mental capacity to manage the administration of their medications but lack the physical capacity to self-administer the substance.

5.12 Administration of Medications by DSWs

If an individual is not managing or administering their own medications the Individual Support Plan/ Health Management Plan must include clear instructions about the physical assistance and supervisory role the DSW will take in the administration of medications.

DSWs are able to assist an individual with self-administration of their S8 medication, where an individual has the capacity to manage their own medication but cannot physically administer themselves. Where it is agreed that a DSW is to assist with self-administration this should be clearly documented in the Individual Support Plan/ Health Management Plan. (See Poisons Regulation 127)

It is the responsibility of the DSP to assign responsibility for medication administration to an appropriately qualified DSW. For each shift it is essential that responsibility for medication administration is clearly assigned and that the DSW has a clear understanding of who to contact if they need assistance or require clarification.

DSWs should only administer medications in a way which is consistent with their level of training and competence.

DSWs must adhere to the following checking process (the 5 Rights of medication administration – Appendix 3) to ensure the safe administration of medication: the right medication must be administered to the right person in the right dose at the right time via the right route. Following administration of medication observe the individual for any adverse reaction then complete documentation for all administrated medication:

1. **Right medication**
2. **Right person**
3. **Right dose**
4. **Right time, this includes the frequency and duration of the prescribed order**
5. **Right route and administration method as prescribed.**

Before administering medication, a DSW should as far a possible understand:

- the reason an individual is taking each medication
- how the medication is administered
- possible side effects of the medication and interactions with other medications
- be familiar with the location of all first aid equipment and how to use it
- be familiar with first aid strategies and how to administer them.

Do not administer if (contraindications):

- the five rights of medication administration have not been met
- a prescription only medication has not been prescribed or recommended by a medical practitioner

- the medication is not contained in the original packaging or a SDAA
- the packaging is damaged or the SDAA has been opened
- the medication is past its use by date or has been damaged
- there is any reason to believe that the individual has had an adverse reaction to a previous dose
- if an individual is unable to receive it, such as if they are asleep, unconscious, drowsy, vomiting or having a seizure, unless a suitable dosing form/mechanism is provided for these circumstances (i.e., intranasal medication for seizures).
- the medication has been spilt on the floor
- the DSW has uncertainty about their competency to administer the medication or is uncertain about the prescriber's instructions.

5.13 Procedure for DSW Administration of Medication

Preparation

1. Pay attention to the administration of medication and do not attend to other tasks at the same time.
2. Collect all information and equipment required.
3. Check the individual's preferences relating to medication administration.
4. Complete hand hygiene steps before and after administering medications with each individual.
5. Wear gloves if appropriate e.g., to apply ointments, creams and lotions.
6. Check that the medications are in suitable condition and have been stored properly.
7. Check use by dates on original container medications.
8. Check on the Medication Administration Record that the previous dose was administered correctly. If there are discrepancies discuss these with your supervisor:
9. Check the 5 Rights of medication administration:
    1. Right medication
    2. Right person
    3. Right dose
    4. Right time, this includes the frequency and duration of the prescribed order
    5. Right route and administration method as prescribed
10. Prepare medications – for example: altering dose form if permitted, crushing or splitting solid dose medications, dissolving powder, measuring liquid medications, placing medication in a nebuliser or spacer, placing medication from a SDAA into a cup, preparing water to assist with swallowing.

Prepare the Individual

11. Communicate with the individual that it is time for their medication – this may involve discussing the procedure, encouraging participation.
12. If required, adjust the posture, position, or clothing of the individual and seek assistance if available and required.
13. If appropriate, provide privacy and/or a quiet environment.
14. Check that the individual is able to receive medication – check for physical or behavioural changes that may be contra indicators for medication administration.

Administration of Medication

15. Administer the medication strictly according to the prescribing health professional's instructions.
16. Assist the individual to take their medication as required, in accordance with the individual's needs and documented procedures. An expanded checking process is included in Appendix 3.
17. Supervise and observe the individual when taking the medication and confirm with the individual their ingestion or completion.
18. Return unused medication and equipment to secure storage.

19. Discard any waste products associated with medication administration.

After Administration of medication - Record and monitor

20. The DSW who administered the medication must record in pen/ink the administration of each medication.
21. Monitor the individual and if there appear to be unusual or adverse reactions report these to a supervisor or health professional immediately or as soon as practicable.
22. Implement appropriate response if there is an incident (See Part 8).

If administering PRN medication for pain management, medication management may also include implementation of PRN instructions, observation of the individual's response to the medication and reporting of ongoing symptoms to a supervisor or health professional.

5.14 Uncertainty, Further Assistance or Clarification

Where there is any uncertainty about administration of medication the DSW should first speak with their supervisor, as per their organisation's policy and procedure, and/or a person who is qualified to make a clinical judgment. This may include the prescriber, usual community pharmacist or another health professional.

The individual's community medical practitioner (e.g., GP) should always be your first point of call if you need medical care and it is not a life-threatening medical emergency. Many GPs operate an afterhours on call service which can be accessed by ringing the usual phone number.

If the individual's usual GP is not available, you can also receive medical advice 24/7 by calling **1800 022 222**. This takes you to the free national Healthdirect Australia Telephone Health Advice Service where a registered nurse can provide information and advice. If needed, they can put you in touch with an on-call GP in Tasmania through the local GP Assist service.

For life-threatening medical emergencies, call 000 (triple zero).

5.15 Administration by a Community Nurse of Other Health Professional

In some circumstances it may be necessary to arrange for a community nurse or other health professional to administer medication, for example, administration of an S8 medication.

To access Community Nursing please call the Tasmanian Community Care Referral Service on 1300 769 699 or ask the individual's health professional to make a referral.

If a Community Nurse is not available for medication administration and the medication cannot be administered by a DSW it may be necessary for the medication to be administered in a health care setting. If this is an ongoing issue it should be discussed with the prescriber e.g., can the medication be made available in an alternative form or interval?

5.16 Observation of Individual Responses

If an individual is taking medication, it is important to observe them afterwards and note any unusual state of behaviour that may be medication related. The CMI obtained from the pharmacy when the prescription was filled will contain information about common reactions to medications.

The prescribing health practitioner should be contacted for a review of the individual if:

- there appears to be a worsening in the individual's health
- there is little or no sign of improvement
- the medication appears to be making the problem worse
- there are observable differences in the individual's usual state:

- changes in the airway (e.g., choking), breathing (including slowed, fast or absent breathing, colour changes) or circulation (including unexpected drowsiness, colour change and absence of pulse)
- rash
- inflammation or redness
- swelling
- headache
- skin tone
- feelings of dizziness
- slurring of speech
- nausea and vomiting
- blurred vision
- confusion
- changes in behaviour.

If an extreme reaction occurs ring an ambulance 000.

5.17 End of Shift Communication and Checking

At the end of a shift, staff should:

- check that all medication documentation is completed
- check that all medication has been administered during the shift as prescribed
- inform incoming staff of any changes to an individual's medication
- inform incoming staff of any individuals' exhibiting effects or side effects of medication and any action taken or to be taken
- note that medications have been checked and accounted for.

5.18 Refused Medication

Refused medication is when the person will not take any, or only some, of the prescribed dose.

Whilst every effort must be made to encourage individuals to take medication as prescribed, an individual must not be forced to take medication against his or her wishes; this includes tricking or deceiving individuals into taking medications.

5.18.1 Procedure when an individual refuses to take medication

- Explore with the individual why they are refusing to take the medication.
- Explain to the individual why the medication is needed.
- Wait up to 30 minutes and offer medication again.
- If refusal persists call the prescribing health professional, dispensing pharmacist, or the Poisons Information Line (24 hours a day) on 131126 and follow their instructions.
- Observe the individual for any changes in behaviour or wellbeing and report these to a supervisor.
- Call an ambulance 000 if individual safety is at sufficient risk.
- Record refusal of medication with a code R on the Medication Administration Record.
- Notify the prescribing medical professional as soon as possible after the refusal about the incident and seek advice regarding future treatment
- Notify other staff or staff working subsequent shifts.

5.19 Administration by Medical or other Health Professionals

If medication has been administered by a medical professional such as a general practitioner, community nurse or other health professional, administration should be noted on the Medication Administration Record as soon as practicable.

5.20 Health Management Plans (HMP)

Where complex and/or invasive techniques or procedures are required for the administration of medication a Health Management Plan must be prepared. A HMP sets out written instructions specific to a particular individual describing what procedures are to be performed, details how procedures are to be performed and the requirements necessary to ensure staff are competent in those procedures.

The Plan must be prepared by a relevant health care professional (e.g., a medical practitioner, a Diabetes Educator, or registered nurse) in consultation with the individual, the Person Responsible (if applicable), GP and relevant support staff. Careful consideration should be paid to the Individual's needs, lifestyle and aspects relating to affordability of medications and delivery systems for the individual.

A copy of the HMP must be attached to the Individual Support Plan.

The HMP should be reviewed at least every 12 months or more frequently if required. The HMP should also be reviewed if there have been changes in the client's needs relating to medication or their capacity to self-manage.

The HMP may be reviewed by an appropriate health care professional other than the health professional who initially developed it. This strategy reduces key person dependencies and reduces risk to the individual.

5.21 Complex Medication Administration

Complex medication administration is any form of administration arising from a Health Management Plan that is significantly different from the usual knowledge and competence required by a disability support worker.

There are a number of health conditions or administration methods for which a DSW may require additional knowledge and instruction to enable them to safely provide medication administration and personal support for specific individuals. These are also known as High Intensity support. Some examples are included in the following list:

- epilepsy – emergency management procedures which includes administration of emergency medications
- asthma – use of nebulisers, inhalers and spacers
- diabetes – administration of insulin via a subcutaneous insulin injections specified in a Health Management Plan, instruction relating to monitoring and management of blood sugar levels, and how to respond to individuals experiencing severe hypoglycemia e.g. use of GlucaGen Hypokit or persistent hyperglycemia
- use of a *Percutaneous Endoscopic Gastrostomy* (PEG) gastric feeding tube – use of the specific PEG type, preparation and administration of food replacement and medication, PEG care including process to manage a dislodged tube
- catheter and stoma care – changing collection bags, care of the entry site and monitoring requirements including process to manage a dislodged tube
- administration of enemas, suppositories, and pessaries
- use of adrenaline auto-injectors (e.g., EpiPen) for anaphylaxis
- shallow suctioning
- palliative care including use and monitoring of medication
- any other specific health condition where training needs have been identified by a health professional.

Some more complex forms of administration are covered by the NDIS Practice Standards relating to high intensity supports. Additional funding for these may also be available in an Individuals support plan.

If the DSW who has been trained to undertake complex medication administration for a particular individual is not available, administration should be arranged with a Community Nurse or other medical professional.

DSWs must not administer medication via a standard syringe, including injection of medication into IV lines or use of similar equipment that is sited intravenously. DSWs should not administer medication that requires clinical assessment or clinical judgment. DSWs who have received appropriate and individualised training from a Diabetes Educator may administer insulin via delivery systems such as insulin pens.

5.21.1 Insulin and Diabetes

Given the many variations in types of insulin and delivery devices, it is not possible to provide a single directive in this Framework relating to administration of insulin. This detail must be included in a Health Management Plan developed in consultation with the individual's doctor and Diabetes Educator. The Plan will need to consider the individual's needs, lifestyle, and ability to perform tasks relating to diabetes self-management e.g., blood glucose monitoring.

DSWs who have received appropriate training from a Diabetes Educator may administer insulin via delivery systems such as insulin pens.

5.22 Training for Complex Administration and Delivery Systems

Where a Health Management Plan has been developed that includes complex administration and delivery systems DSWs will require additional training covering the methods specified in the plan.

This training should be specific to the individual and their Health Management Plan. This training will be in addition to the previously specified training requirement (See Section 3.5.2).

If the DSW has previous training in the administration method specified in the HMP, a Health Professional may determine that no additional (or only minimal) training is required because the DSWs previous knowledge and experience is deemed to be enough. This decision should be documented. This practice will ensure that nothing specific to the individual is overlooked.

Only the individual's medical practitioner or a relevant qualified health care professional can train staff to perform the specific tasks associated with supporting the individuals HMP. As with other aspects of medication administration, knowledge and performance relating to these specific tasks should be checked annually or more frequently if needed.

5.23 Palliative Care

An individual with a life limiting illness and where the goals of care are no-longer curative, or restorative may be referred to the Department of Health Specialist Palliative Care Services (SPCS). The involvement of the SPCS will vary depending on the needs and preferences of the individual and their carer.

The person and /or their carer can be supported by SPCS in meeting their identified needs. These may include support following a decision to remain living at home.

Further information, resources, referral forms and links are available via the SPCS website

DSWs should not administer S8 medications other than:

- those specified as a 'specified narcotic substance' in the *Poisons Regulations (2018)* i.e. a)dexamphetamine, b) methylphenidate c) lisdexamphetamine; or
- in accordance with Regulation 128 which enables the DSW to assist an individual with disability who has decision making capacity to manage their own legally dispensed narcotic

medication (any dispensed schedule 8) but does not have the physical capacity to administer to themselves.

In some circumstances it may be necessary to arrange for a community nurse or other health professional to administer medication, for example, administration of an S8 medication. In some palliative care situations family members have assisted with pain medication where a DSW is not permitted to undertake administration.

For community nursing contact the Tasmanian Community Care Referral Service on 1300 769 699.

Part 6 Record Keeping

Documentation provides a record of what has been administered, when and by whom.

6.1 Medication Lists

Each individual should be encouraged to maintain a current list of all medications, including prescription, non-prescription and CAM medications. Alternatively, a list should be maintained on the individual's behalf. This list should be easily accessible to the individual and all those involved in the individual's care.

The individual's usual community pharmacist may be able to assist with preparation of a Medication List.

The list should include:

- the individual's name, address, and date of birth
- emergency contact details e.g., the name, address and phone number of the individual's GP / prescriber and pharmacy
- details of all medications the individual is currently taking, including the brand name, active ingredient, strength, form, dose, frequency, route, date started and when to stop
- an indication of what the medication is being taken for
- any allergies or previous adverse drug reactions that the individual has experienced
- the date of the most recent medication review.

A Medication List is **not** a record of administration.

The Medication List should be kept with the individual's medications and be accessible to anyone responsible for the administration of medications and others involved in the individual's care.

Consent should be obtained from the individual, or person responsible, before sharing information on the Medication List.

The Medication List should be updated if there are changes to medications.

The Medication list should be reviewed when an individual has been to hospital, an outpatient appointment or other health care facility to ensure that any changes are included.

More information about Medicine Lists and links to a paper based, electronic or smartphone based Medication List are available from the NPS Medicine wise website.

6.2 Medication Administration Record

Medication Administration Records (MAR) are a key tool for monitoring, reviewing and reconciliation of an individual's medication information and administration. MARs support safe prescribing and administration, better communication, and continuity in treatment between differing support settings. Above all MARs play a key role in reducing errors and incidents

Individuals who are self-managing their medications should be encouraged to maintain their own Medication Administration Record and may be provided with a template for this purpose. It is recommended that administration by family is noted with a code F (Family) so that it is clear who administered the medication.

Where an individual is not managing their own medication administration a MAR should be maintained on their behalf. The MAR should be a current, accurate and reliable record of all medications including prescribed, non-prescription, complementary and alternative medications used by the individual.

DSPs and health professionals should discourage the use of any alternative terminology other than Medication Administration Record for administration documentation. This will avoid duplication and confusion where workers may be employed across various organisations and locations.

Refer to Appendix 1 – Medication Administration Record – Requirements' which provides a list of the standard requirements for a MAR.

6.3 Register of S8 and S4D Medications

It is highly recommended that a register be kept that records all S8 and S4D medications. The register is to protect the supply of medications for the individual and to protect the DSW and DSP from accusations of illegal diversion of medications. A register provides a transparent and auditable record of transactions regarding these high-risk medicines.

The following list indicates best practice:

- the register should be a hard copy register bound with serially numbered pages
- all corrections are crossed out and initialled
- 'white out' or 'liquid paper' should not be used
- the record should be made in pen/ink
- pencil should not be used
- a separate page is allocated to each S8 and/or S4D medication used by an individual
- all medications received for individuals should be recorded at the time of receipt
- all medications administered should be recorded at the time of administration
- register entries should be signed by the person placing the medication into the enclosure or removing the medication from the enclosure for the individual to take their dose
- where possible, two people should be involved in the recording of S8 and S4D medications
- a register balance should be checked at the handover of shifts and signed by the persons involved in the handover.

Important - The balance of S8 and S4D medications held at any time should be the same as the balance that is recorded in the register. If there is a difference, this may indicate that there has been a medication error with a high-risk medication (See Part 8 Medication Incidents). If there is a discrepancy this should be discussed with a supervisor as soon as practicable and remedial actions taken to ensure the source of error is identified. Where potential criminal activity is identified the DSW/DSP should contact Tasmania Police.

The keeping of an S8 and S4D register is a separate activity to the Medication Administration Record.

Commercial registers are available from a number of companies. Examples include Rolls Australia, McFarlane Printing or Compact Systems Australia as they supply Drug of Addiction Books.

6.4 End of Shift Checking

Medications should be under the control of a specified individual at all times. At the end of each shift this person should check MARs to ensure that no medications have been missed and that an accurate record has been checked. This person also has responsibility for checking the Register of S8 and S4D medications.

Part 7 Periodic Review of Medications

The periodic review of medications by an accredited pharmacist will assist in maximising the benefit gained from medications, assist in the prevention of errors and promote communication between parties involved in an individual's health care. It provides an opportunity to comprehensively review all medications, including how the individual takes their medications and any difficulties or uncertainties. The individual should be the focus of the review and should consider medications in relation to the individuals' health, independence, care, and comfort.

Following consent, a GP can initiate a Domiciliary Medication Management Review (DMMR) also known as a Home Medicines Review (HMR). More information about Home Medicines Review is available at the Health Direct Website.

A Home Medicines Review is only available following a referral from the individual's GP. However, an individual or other responsible person may request a review. For individuals' who are not managing their own medication an annual HMR may be suggested as part of their Individual Support Plan.

The HMR may be undertaken by a preferred pharmacist through the individual's usual pharmacy or an independent accredited pharmacist who meets the individual's needs. The review is a collaborative approach between the consumer and appropriate members of the health care team.

Usually, a review of medications would not happen more than once every two years. However, a medical practitioner may recommend an additional review within this timeframe if there has been significant change to the individual's condition, abilities, or medication regimen. Events which might trigger a review include:

- discharge from hospital after an unplanned admission
- significant change to medication regimen
- change in medical condition or abilities (including falls, cognition, physical function)
- prescription of a medicine with a narrow therapeutic index, high risk or requiring therapeutic monitoring
- presentation of symptoms suggestive of an adverse drug reaction
- sub-therapeutic response to therapy
- suspected non-compliance or problems with managing medication-related devices
- risk of, or inability to continue managing own medicines due to changes in dexterity, confusion, or impaired vision.

Part 8 Medication Incidents

8.1 What is a Medication Incident?

A medication incident is any event where the expected course of events in the administration of medications is not followed. It may include:

- medication given to the wrong person
- incorrect medication is given
- incorrect dose is given
- incorrect time
- incorrect route
- incorrect medication has been supplied
- missing a dose
- incomplete dose
- spilt or dropped medication
- missing medication
- out-of-date medication
- individual refuses or requests not to be given medication
- lack of documentation such as assessment, consent, medication order, instruction, medication administration record
- incorrect storage of medications
- a near miss
- does not comply with the DCS Medication Management Framework.

8.2 Responding to an incident

1. Remain calm, acknowledge that an error has been made and attempt to identify the nature and cause, for example: the wrong medication has been administered, the medication is missing, medication has been dropped, the individual does not want to take their medication
2. If deemed an emergency call an ambulance
3. If appropriate administer first aid (e.g., D.R.S.A.B.C.D)
4. Inform the individual that there has been an error – if they appear unaware
5. Stay with the individual until advised that it is safe to leave them
6. Call on another staff member and/or your supervisor to provide advice and assistance
7. For non- emergencies continue to observe the individual for changes in behaviour or well-being
8. If the individual is refusing to take medication, explore with the individual why medication is being refused… attempt to explain to the individual why medication is needed… wait up to 30 minutes and offer medication again – if refusal persists move to next step
9. Call the prescribing health professional, GP Assist (1800 022 222) dispensing pharmacist or the Poisons Information Line (24 hours a day) on 131126 and follow their instructions
10. Continue to observe the individual for any adverse reaction, changes in behaviour or wellbeing.
11. Call an ambulance if individual safety is at risk
12. Record the error in the MAR and complete an incident report following your organisations procedure
13. Ensure other staff members are aware of the incident and provide information about the incident when handing over to other workers.
14. Notify the prescribing medical practitioner (e.g., GP) as soon as possible after the incident of outcome and seek advice regarding future treatment.
15. Notify the person responsible if appropriate.

16. Clarify instructions to future medication administration and ensure future supply e.g. if the incident relates to a SDAA, have the aid repacked if too much medication or the wrong medication was administered from it.

8.3 Reporting and Review of potential and adverse events

DSPs are required to have in place a procedure for collecting data about and reviewing all errors, incidents, near misses and adverse medication events. Regular review of this data will drive improvement in the quality of supports they deliver.

The Medication Error may also be considered a Reportable Incident and reported to the NDIS Quality and Safeguards Commission. The Commission monitors compliance with the NDIS Practise Standards and Code of Conduct. DSP's need to ensure they meet the requirements under the NDIS Incident Management and Reportable Incidents Rules 2018.

8.4 Misappropriation or misuse of medications (Diversion)

All individuals who are involved in the management and administration of medication need to be observant for evidence indicating misappropriation or misuse of medications. Where this occurs, medication is being diverted from its intended purpose and such behaviour must be investigated.

Any regular or recurring discrepancies involving medications or any isolated discrepancy that is not satisfactorily explained, warrants further action and investigation by an appropriate authority.

If a person suspects that an individual, member of staff or other person is misappropriating medication the matter should immediately be discussed with a supervisor.

The misappropriation or misuse of medication is a serious incident and notification should be made to the NDIS Quality and Safeguards Commission.

If it is believed that medication has been stolen a notification should be made to Tasmania Police. This is particularly important if the medication is considered High Risk.

Part 9 Medication Management 'Off Site' or Away From Home

Enabling the administration of medications whilst an individual is away from home can increase their ability to participate in social and economic life. Such activities may be a short trip such as a meal out with friends, an extended trip away with family, participation in regular daytime community access activities or admission to hospital.

9.1 Planning Ahead

Planning ahead will enhance the quality use of medications and reduce potential for errors.

Planning will need to be specific to the individual, the medications involved, who else is involved and the nature of the away from home activities.

Decision making and arrangements for off-site administration should be documented.

Factors to consider include:

- who will be accompanying the individual and what role will they play in the administration of medication
- capacity of the individual or those accompanying them to administer medication
- how long the individual will be away from home
- the prescribed medication and the degree of complexity associated with its administration
- how many doses of which medications will be required
- who will transport and store the medication
- who will be responsible for medication administration
- how is administration to be recorded
- communication between parties about medication administration.

9.2 Transport, Storage and Supply

It is important that the individual has a sufficient supply of all medication required while they are away from home.

When an individual is going to be away from home and a medication is due during that time, the original pharmacy dispensed pack should accompany the individual. Alternatively, a separate SDAA may be prepared for medication which will need to be administered at a time when the individual is not at home.

It is ***not*** safe to give the individual a few doses in an unlabelled container, such as an envelope.

Medications must be stored in accordance with the manufacturer's instructions. For example, medications that are normally stored in the fridge can be put in a small, insulated lunchbox for short periods during transportation.

9.3 Ideas to make administration easier off site

- The individual's health professional may be consulted at the time of prescribing to select a dosage interval which avoids having a dose due at a time when the individual is usually away from home e.g. a twice a day rather than three times a day dosage interval.
- Have a pharmacist prepare a SDAA specifically for off-site use or use a SDAA which allows removal of portions for off-site use e.g. Webster Pak – Flexi-Pak or Portion-Pak.
- Nominate a competent person to be responsible for medication administration.
- For medications that require refrigeration, use a small, insulated box or insulated lunch box for transport.
- Arrange for a community nurse to administer medication if family don't feel they have capacity.

9.4 Communication

Ensure that the individual or the person who will be supporting them has:

- information about the individual's health condition – why they are taking the medication
- clear information about medication administration including the 5R's of medication administration
  - right medication
  - right person
  - right dose
  - right time, this includes the frequency and duration of the prescribed order
  - right route and administration method as prescribed
- information about any recent changes in the individual's medications
- information about possible side effects and what to do
- how to sign out or collect the medication on departure and how to sign in the medication upon homecoming
- specific instructions relating to transport and storage
- instructions relating to recording of medication administration in the MAR
- instructions about what to do and who to contact if they are uncertain or there is an error or incident related to medication administration.
- Documentation

9.5 Admission to Hospital

It is very common for medication errors to occur when moving between different 'care' settings. This is a time when clear and open communication is particularly important.

During the hospital pre-admission and admission processes it is essential that the individual or person responsible provides information about all medications which are being used by the individual including prescription, non-prescription and CAMs (e.g., the individuals Medications List). Information about the conditions for which they are being used and any specific instructions should also be provided. History of allergies and adverse reactions to medications should be provided. It is recommended that a **copy** of the MAR and Medications List is provided. Other information relating to the individual's health should also be provided to assist with the hospitals management of the individual. These may include **copies** of the MAR, Health Management Plan, Meal Management Plan, Medicine List and assessments relating to consent or competency.

Individuals should also bring all medications they are currently prescribed with them upon admission. They should also bring with them any concession or entitlement cards.

The Royal Hobart Hospital has the following advice for patients –

> "Bring any medications and supplements that you take, or have taken recently, with you to hospital. This includes anything that you may have purchased from a pharmacy, supermarket or health food store. This will assist the medical staff make an appropriate assessment of your future drug therapy requirements. Please also bring any eye drops, puffers, patches, or creams/ointments that you are using. These medications will be checked by hospital staff and stored safely until you are ready to leave. Do not take your own medications while you are an inpatient unless specifically told to by the RHH nurse, pharmacist, or medical practitioner. The RHH provides the majority of the medications you will require".

9.6 Discharge from Hospital

It is equally important that the individual or person responsible receives clear information about medications upon discharge from hospital. This information will usually be provided in the form of a Medication Counselling Sheet and should be requested if one is not provided. This sheet will cover:

- which medications have been prescribed and what they are for

- instructions relating to medication administration including dose, time (including frequency and duration), route and administration method
- who is responsible for ongoing monitoring and review of the medication e.g., the individual's GP
- instructions relating to medications the individual was taking prior to admission.

Upon discharge from hospital, it is usual to receive a supply of medication or a course of medication as prescribed. If an ongoing supply is required, this should be followed up with the individuals normal GP.

Any medications (Patients Own Medications) which were brought into hospital should be returned to the individual when they leave hospital. If the person no longer takes the medication, they should be asked if they would like it to be disposed of on their behalf – but this should remain the option of the individual/person responsible. The only exception is, if return of the medication would breach the nurse/pharmacist's duty of care (i.e., returning the medication to the patient is likely to result in harm).

If a SDAA is being used the hospital pharmacy will liaise with the individual's usual community pharmacy to prepare an up to date SDAA which can be collected upon discharge.

A discharge summary will also be sent from the hospital to the individual's GP, usually within 48 hours of discharge.

Individuals may be charged a co-payment fee for medications dispensed by the hospital pharmacy department at discharge. This co-payment is based on the cost of the medication and whether the patient possesses a valid concession or entitlement card.

Part 10 Storage and Disposal

10.1 Storage of Medication

All medications, including self-administered medications, must be safely and securely stored in a manner that maintains the quality of the medication and safeguards individuals and others who live, work or may be visiting the home. Medications must be:

- stored and transported according to the manufacturer's recommendations e.g. refrigeration
- stored in accordance with legislative requirements
- stored in their original container or a pharmacy issued SDAA
- stored in a locked cupboard or room
- stored separately to antiseptics, disinfectants, and other chemicals.

Keys to the medication cabinet should always be clearly labelled and held by the person in charge of medication at the premises. A spare set of keys is kept in a secure location on site.

Generally, medications should be stored in their original container in a cool, dark, dry and secure place. Some medications require special conditions such as refrigeration. Medications that require refrigeration should be stored in a key locked container separately to avoid food contamination and if required should be stored in a lockable container in the fridge. Medication should not be stored in the door of the fridge.

Medications should be under the control of the individual if they are self-managing their medications, a specified DSW or employee of a DSP at all times. At the end of each shift this person should check MARs to ensure that no medications have been missed and that an accurate record has been checked. This person also has responsibility for checking the Register of S8 and S4D medications.

10.2 Storage of S8 and S4D Medications

S8 and S4D medications must be in a locked safe or locked secure enclosure, separate from other medications. The size and level of security required for this enclosure will depend on the number of doses held. As a guide, storage of between 20 to 50 doses of a schedule 8 substance in a medical practitioner's surgery will require a steel enclosure. The key to the enclosure is to be accessible to persons authorised to possess that schedule of substance only.

10.3 Disposal of Medications and Packaging

All medications, either in their original packaging or a SDAA, which are out of date or no longer being administered to an individual can be returned to any pharmacy for disposal. This practice is consistent with the quality use of medications and will maintain individual confidentiality, avoid accidental poisoning, misuse, and toxic release into the environment.

Care should be taken to remove or obscure identifying personal information from empty packaging.

A record must be made indicating the medication, da and method of disposal.

10.4 Safe Sharps Disposal

Sharps such as needles, syringes, picks, barrels, and lancets pose a risk of injury for anyone who may come into contact with them if they are not disposed of correctly.

Sharp waste is classified as bio-hazardous waste and must be carefully handled.

Sharps should always be:

- placed in an appropriate sharps disposal container that has rigid walls, is resistant to puncture and is sealed or *can be securely closed*
- *disposed at a sharps collection facility or sharps disposal bin*
- *kept out of* reach of children or others who may be harmed.

Part 11 Definitions

Administration	The process of giving a dose of medication to an individual or an individual taking a medication.
Adverse Medication Event	An event where a drug or medication is implicated as a causal factor in an adverse event. This encompasses both harm that results from the intrinsic nature of the medication as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medications.
Carer	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit.
Complementary and Alternative Medications (CAM)	Include herbal, vitamin and mineral products, nutritional supplements, homeopathic medications, traditional and indigenous medications, and some aromatherapy products.
Consent	The process whereby an individual consents to, or refuses, an intervention based on information provided regarding the nature and potential risk (consequence and likelihood) of the proposed intervention.
Health Management Plan	Sets out written instructions specific to a particular individual describing what procedures are to be performed, details how procedures are to be performed and the requirements necessary to ensure staff are competent in those procedures.
Complex Delivery System	A complex delivery system is any form of administration that is beyond the knowledge and competencies which are the normal pre-requisite for a DSW and may indicate the need for further training or competency development.
Consumer Medicine Information (CMI)	Brand-specific leaflets produced by a pharmaceutical company in accordance with the Therapeutic Goods Regulations to inform consumers about prescription and pharmacist-only medications. Available from a variety of sources, for example, enclosed within the medication package, supplied by a pharmacist as a leaflet or computer printout, provided by a medical practitioner, nurse, or available from the pharmaceutical manufacturer.
Container	A container includes any receptacle used for the storage of medication, inc. SDAAs.
Cytotoxic	Toxic to cells, cell-toxic, cell killing. Any agent or process that kills cells. Chemotherapy and radiotherapy are forms of cytotoxic therapy
Disability Support Provider (DSP)	An organisation funded by via the NDIA to provides specialist disability services. May also include services funded by individuals or the Tasmanian Government.
Disability Support worker (DSW)	Is an employee or agent of a Disability Services Provider or providing services voluntarily on behalf of the funded provider and who, for the purpose of medication administration, is appropriately qualified.
Dispensing	(1) Assessment of the medications prescribed in the context of the patient's other medication, medical history and the results of relevant clinical investigations available to the pharmacist; (2) selection and supply of the correct medication; (3) appropriate labelling and recording; and (4) counselling of the patient on the medication(s).

Doctor	A registered medical practitioner, such as a general practitioner, medical specialist, consultant medical practitioner or hospital medical officer.
DRSABCD	The six step first aid process is called **D.R.S.A.B.C.D** Identify immediate risks to you and the individual ***(D is for Danger)*** Quickly assess the extent of their injuries ***(R is for Response)*** Call for expert medical support ***(S is for Send for Help)*** Ensure the individual's airway is not blocked ***(A is for Airway)*** Check the patient is breathing ***(B is for Breathing)*** Administer CPR if necessary ***(C is for CPR)*** *Utilise defibrillation* ***(D for Defib)***
Formulation	The form in which a medication is presented e.g. tablet, capsule, lozenge, syrup, mixture.
Generic medication	A generic medication is defined in the Therapeutic Goods Regulations as a medication that, in comparison to a registered medication: (a) has the same quantitative composition of therapeutically active substances, being substances of similar quality to those used in the registered medication; (b) has the same pharmaceutical form; (c) is bioequivalent' (d) has the same safety and efficacy properties.
Health Professional	Member of a health profession who is registered to practice under the National Registration and Accreditation Scheme. A Health Professional may hold registration in one of the following professions: Aboriginal and Torres Strait Islander Health Practice, Chinese Health Practitioner, Chiropractor, Dental Practitioner, Medical Practitioner, Medical Radiation Practitioner, Nurse, Midwife, Occupational Therapist, Optometrist, Osteopath, Pharmacist, Physiotherapist, Podiatrist, Psychologist. Some Health Practitioners hold additional endorsement from their National Board for example, relating to an area of practice or endorsement to prescribe scheduled medications.
High Risk Medication (HRM)	High risk medicines have a high risk of causing serious injury or death if they are misused or incorrectly administered. They are generally medicines with a narrow therapeutic index. This means that the difference between a medicines desired effect (efficacy) and a lethal or toxic dose (potency) is very small. A small increase in the medicines concentration in the body could lead to toxic levels and fatal consequences. APINC+S.

Domiciliary Medication Management review (DMMR) Also known as the Home Medicines Review (HMR)	A service to individuals' living at home in the community. The goal is to maximise an individual's benefit from their medication regimen. The reviews involve a team approach including the general practitioner, the individual's preferred community pharmacy and an accredited pharmacist, with the individual as the focus. A DMMR might also involve other relevant members of the health care team, such as nurses in community practice or carers. The review allows the individual the opportunity to have a pharmacist, in collaboration with their general practitioner, comprehensively review their medication regimen in a home visit and to be central in the development and implementation of an agreed medication management plan.
Individual	The term 'individual' is used to describe the person who uses a service or support. This is primarily people with disability who use a service or support. The word 'individual' may also mean a family member or carer. 'Individual' is used instead of words such as 'consumer', 'client' or 'service user'.
Individual Support Plan	A plan outlining the preferences, needs and supports required by an individual with disability. **(a)** the outcomes that it is intended be attained by the person through the provision to the person of specialist disability services or the provision of other goods or services; and **(b)** the specialist disability services, and other goods or services, that may be required in order to attain those outcomes; and **(c)** any specialist disability services, or other goods or services, that may require; and **(d)** the rights and responsibilities of the person and any disability support provider or funded private person that provides specialist disability services to the person; and **(e)** the period for which the plan is to be in force; and **(f)** the prescribed matters if any An Individual Support Plan is prepared by or on behalf of, in consultation with, a person with disability. May also be referred to as a Personal Plan or Personal Support Plan.
Medication	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 medications, including complementary health care products, irrespective of the administered route. Medications include medications prescribed for the individual by a medical practitioner or health professional, medications purchased over the counter and complementary and alternative medications. The terms medication or medicine may be used interchangeably.

Medication Administration Record	A current, accurate and reliable record of all medications selected, prescribed and used, to support safe prescribing and administration of medications and effective communication of medications information between individuals, families and support networks, health care professionals, DSPs and between different settings.
Medication incident	Events that could have or did cause harm to an individual and where medication is likely to have been a contributing or causal factor.
Medication List	A list of all medications currently used by the individual, including prescription, non-prescription (over the counter), and complementary medications.
Non-Prescription Medication	Medication 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 outlets.
Nurse Practitioner	A nurse practitioner is an expert registered nurse who is educationally prepared to master's level and endorsed with the Nursing and Midwifery Board of Australia to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management using advanced nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. Nurse practitioners practice collaboratively with medical practitioners and other members of the healthcare team, to promote health, prevent disease and to assess, diagnose and manage individuals', family and community health needs across a range of settings. A Nurse Practitioner is also required to be authorised by the Department of Health under Section 25B of the Poisons Act 1971.
PEG	PEG stands for Percutaneous (through the skin) Endoscopic (using an endoscopic instrument) Gastrostomy (to the stomach). A medical practitioner creates a hole in the abdominal wall to allow a feeding tube to be inserted directly into the stomach. PEG is a way of receiving food and medications when there are problems with swallowing or eating. A PEG can be temporary or permanent and is used in both adults and children.
Person Responsible	If a person has a disability and is incapable of understanding the nature and effect of medical treatment, a person responsible can be appointed to give consent on that person's behalf. person responsible is defined as per the Guardian and Administration Board definition (see the Guardianship and Administration Board website)
Pharmacist	A registered pharmacist practising in a variety of settings including community, hospital, facilities etc. A person, who has completed the prescribed educational preparation, demonstrated competence for practice and is registered by the Pharmacy Board of Australia.

Prescriber	A health care professional who is authorised by legislation to issue a prescription for the supply of medications. Usually refers to a medical practitioner (doctor) but might include a nurse practitioner, dentist or optometrist.
Pro re nata (PRN) Medication	A medication that is not needed or taken on a pre-determined regular schedule but is taken in response to particular symptoms or complaints.
Quality Use of Medicine	Practices and procedures which are consistent with the *National Strategy for the Quality Use of Medicines*.
Registered Nurse	A person who is registered under the *Nursing Act (1995)*.
Scheduled Substance	Medications and poisons are classified into Schedules according to the level of regulatory control over the availability of the medication or poison, required to protect public health and safety. These schedules are referred to as the Poisons List and are adopted under Section 14 of the *Poisons Act (1971)*.
Secure Dose Administration Aid (SDAA)	A secure, sealed device or packaging system for organising doses of medication according to the time of administration. Different types of SDAAs include blister or bubble packs, or compartmentalised boxes. May also be referred to as a DAA, although a DAA may not be sealed as may not be as safe as a SDAA.
Self-Administration	The action of an individual playing a central and active role in administering a medication to themselves or where a person has mental capacity but does not have physical capacity, they may request assistance from a DSW to assist with administration as per the Poisons Regulation 2018.
Senior Practitioner	The position of Senior Practitioner was established by the *Disability Services Act 2011* (the Act) to protect the rights of people with a disability who are subject to restrictive interventions. The position ensures that appropriate standards and requirements are complied with in accordance with the Act. The Senior Practitioner: leads best practice in behaviour management techniques and develop standards and guidelines for behaviour support and restrictive interventions. monitors restrictive interventions and the requirements of the Act. provides specialist advice and consultations.
Specified Narcotic Substance	As defined in the *Poisons Regulations (2018)*. Regulation 127 (1) A specified narcotic substance refers to the following Schedule 8 medications – (a) dexamphetamine; (b) methylphenidate or (c) Lisdexamphetamine
STAT Medication	Refers to medication which must be taken immediately.

Part 12 Supporting and Reference Documents

The National Strategy for Quality Use of Medicines

Poisons Act (1971)

Poisons Regulations (2018)

Disability Services Act (2011)

Disability Services Regulations (2015)

Personal Information Protection Act (2004)

National Standards for Disability Services

NDIS Quality and Safeguard Commission

Appendix 1 Medication Administration Record (MAR)– Requirements

Requirements:

- Sections for including the individual's identification details – a complete name, date of birth
- Space for alerts, i.e., individuals with similar names
- Section that allows for signing for administration, including those medications not packed in SDAAs
- Section for allergies and previous adverse reactions.
- Section indicating that a comprehensive medication review has occurred and by whom e.g., GP or pharmacist
- Section for PRN medications
- Section for once only / STAT doses
- Section for emergency medications
- Section for nurse or DSW initiated non-prescription medications (See section 4.4 for guidance)
- Section for individual initiated medication or complementary medications
- Indication whether medication needs alteration of dose form
- Indication if the medication is considered High Risk
- Allows staff to enter the date of infrequently administered medications
- Area to include a recent photo
- A section for including contact details for the individual's GP and pharmacy
- Immunisation information
- The MAR should be signed by the prescriber.

Appendix 2 Extract from *Poisons Regulation 2018*

Version current as of 15 July 2020

127. Administration of certain substances by disability service workers

(1) In this regulation –

specified narcotic substance means –

(a) dexamphetamine; or

(b) methylphenidate; or

(c) lisdexamphetamine.

(2) A person may administer, or make available for self-administration, to another person a medicinal poison, potent substance, restricted substance or specified narcotic substance if –

(a) the person administering or making available the poison or substance is –

(i) employed by a disability services program approved by the Secretary or employed by a disability service provider who is funded by, and is the subject of a funding agreement with, the Department; and

(ii) acting in accordance with guidelines approved by the Secretary; and

(b) the person to whom the poison or substance is administered or made available –

(i) is receiving services from a disability services program approved by the Secretary or from a disability service provider who is funded by, and is the subject of a funding agreement with, the Department; and

(ii) is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and

(c) in the case of a medicinal poison, the poison has been lawfully supplied and the administration is in accordance with the manufacturer's instructions; and

(d) in the case of a potent substance, the substance has been lawfully supplied and the administration is in accordance with the instructions of a medical practitioner, dentist, pharmaceutical chemist, endorsed midwife, authorised nurse practitioner or authorised health professional; and

(e) in the case of a restricted substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised health professional endorsed midwife or authorised nurse practitioner; and

(f) in the case of a specified narcotic substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner; and

(g) in the case of a specified narcotic substance, the storage and recording of the substance is in accordance with the guidelines referred to in paragraph (a)(ii).

128. Disability service workers may assist with self-administration

A person who is employed by a disability services program approved by the Secretary or employed by a disability service provider who is funded by, and is the subject of a funding agreement with, the Department may assist another person to self-administer a narcotic substance if –

(a) the substance has been lawfully supplied to the other person; and

(b) the other person has the mental capacity to manage the administration of his or her own medication; and

(c) the other person does not have the physical capacity to self-administer the substance.

Appendix 3: SDAA Administration Checking Steps – The 5 Rights of Medication

Please refer to Parts 5.12, 5.13 and 5.14 of the Disability and Community Services Medication Management Framework.

Administer the medication strictly according to the prescribing health professional's instructions and

Check 1

Check the Medication Administration Record for errors (i.e. was the previous dose administered correctly):

- Right medication
- Right person
- Right dose
- Right time, this includes the frequency and duration of the prescribed order
- Right route and administration method as prescribed

Check 2

Check the Medication or SDAA against the Medication Administration Record

- Right medication
- Right person
- Right dose
- Right time, this includes the frequency and duration of the prescribed order
- Right route and administration method as prescribed

Check 3

Place the medication in a suitable container for administration e.g., a medicine cup. Check the cup against the Medication Administration Record:

1. Right medication
2. Right person
3. Right dose
4. Right time, this includes the frequency and duration of the prescribed order
5. Right route and administration method as prescribed

See next page

Check 4

If using an SDAA – check the medicine cup against the SDAA:

- Right medication
- Right person
- Right dose
- Right time, this includes the frequency and duration of the prescribed order
- Right route and administration method as prescribed

Check 5

Do a final check just prior to administration:

- Right medication
- Right person
- Right dose
- Right time, this includes the frequency and duration of the prescribed order
- Right route and administration method as prescribed

Observe the individual following administration and complete documentation in pen/ink.

Proceed with other steps as per section 5.13

Appendix 4: Instrument of Delegation

Department of Health

Poisons *Act 1971*

Instrument of Delegation

Delegated powers under regulation 127 of the *Poisons Regulations 2018*

for administration of certain substances by disability service workers

I, Kathrine Morgan-Wicks, being and as the Secretary of the Department of Health, acting pursuant to section 35 of the *State Service* Act *2000,* hereby delegate my functions and powers to:

(a) approve a disability services program for the purpose of regulation 127(2)(a) of the *Poisons Regulations 2018;* and

(b) approve a disability services program for the purpose of regulation 127(2)(b) of the *Poisons Regulations 2018;* and

(c) approve guidelines for the purposes of regulation 127 of the *Poisons Regulations 2018*

to the Secretary, Department of Communities.

Dated this 30 day of May 2022

Kathrine Morgan-Wicks
Secretary
Department of Health

Appendix 5: Determination of a Funded Provider

Disability Services Act 2011

Determination of Funded Provider

I, Ginna Webster, being and as the Secretary of the Department of Communities Tasmania, make the following determination for the purposes of *funded provider* in section 4 (I)(c) of the *Disability Services* Act *2011.*

funded provider includes:

any provider of supports registered under Section 70 of the *National Disability Insurance* Scheme *Act 2013* who is providing services in Tasmania.

DATED this 24th day of June 2019

Ginna Webster
Secretary


Tasmanian
Government