

Assisting clients with medication workbook

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Table of Contents

Training and assessment information	3
Assisting clients with medication	4
Legal framework.....	4
Definitions	5
Roles and responsibilities of a care/support worker when assisting clients with medications	6
Medicines.....	9
Managing medication safely	10
Dosage administration aids (DAA)	13
Definitions.....	21
Medicines references and resources	22
Appendices.....	27
Appendix 1: Australian Pharmaceutical Advisory Committee (APAC): Guiding principles for medication management in the community	27
Appendix 2: The Pharmacy Guild of Australia FAQ's	29

Training and assessment information

Welcome

Welcome to your course and Premium Health. The aim of this resource is to provide the essential knowledge and skills you require to safely administer medication to your clients.

Helping you to succeed in your course

We believe learning should be an enjoyable and challenging process and we understand that each learner is different. A variety of methods such as class participation, group discussion, scenarios, workbook exercises and opportunities for practice will help you to achieve competency.

We select our Premium Health trainers and assessors carefully. All are nurses or paramedics with appropriate qualifications, technical expertise and experience in both education and emergency first aid and in the disability or health care sector. This enables them to provide you with quality training which is grounded in experience and knowledge of the field.

Performance outcomes

On completion of this course you will be able to:

- State the definition of medicines and the ways in which medication can be taken
- Define assisting a client with medication
- Demonstrate how to use a Dose Administration Aid (DAA) and non-packed medicines
- Observing clients for safe ingestion of medicines
- Describe some common side effects to medicines
- Define what is a medication incident
- Write a medication incident report

Statement of Participation

A Statement of Participation will be issued upon successful achievement of the assessment tasks in this non-accredited course.

Evaluation of the course

A student feedback form is provided at the back of the workbook. Your feedback is important to us as we use this as part of our continuous improvement cycle. Please complete the form at the end of your course.

Premium Health's customer service

We offer you an on-going service in relation to course information and invite you to call our office on 1300 72 12 92 or email us on info@premiumhealth.com.au.

For more information about Premium Health specialised health and first aid courses, products, services and policies, access our website www.premiumhealth.com.au

Assisting clients with medication

Medicines are defined as chemical substances which are designed to have a therapeutic effect on the body. They can maintain health and wellbeing, control and prevent symptoms of disease, promote optimal function, enable the person's independence and assist in quality of life e.g. pain relief. The Australian Pharmaceutical Advisory Council (APAC) defines medicine as a substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. This includes prescription and non-prescription medicines, including complementary health care products, irrespective of the administered route. (APAC Guidelines, 2006 & 2012)

Medicines may be required for or to:

- Management of short-term or chronic conditions
- Supplement deficiencies (such as in diabetes)
- Alleviate symptoms or manage pain (such as analgesics)
- Cure disease (such as antibiotics or Tuberculosis (TB) medicines)
- Prevent disease (such as a vaccine)
- Lifestyle (such as contraceptives)

Australia has a unique system in which medicines and chemicals are grouped or classified into Schedules. It is a national system that classifies and controls how medicines and chemicals are made available to the public. The schedules indicate the degree of control required on marketing and supply.

The most common Schedules are:

- ❖ **Schedule 2 (S2)** Pharmacy Medicines. These medicines can only be supplied through a pharmacy. This category is for substances for which advice from a pharmacist may be required about its safe use.
- ❖ **Schedule 3** Pharmacist Only Medicines. These medicines must be supplied by a pharmacist and advice on its safe use is required from a professional. It is available for purchase without a prescription.
- ❖ **Schedule 4 (S4)** Prescription Only Medicines. These medicines can only be obtained with a prescription from a person who is legally permitted to prescribe e.g. a doctor, or other persons permitted by State or Territory Legislation (e.g. nurse practitioner). It is only available for supply from a pharmacist after the script is given to them.
- ❖ **Schedule 8 (S8)** Controlled Drug Drugs of addiction. These substances are available for use but there are restrictions on who can manufacture, supply, distribute, possess and use them (use to reduce abuse, misuse and physical or psychological dependence).

(See The Pharmacy Guild of Australia Australia's Frequently Asked Questions about medicine scheduling fact sheet located in Appendices)

Legal framework

The legal framework in which medications can be administered is dependent on a tapestry of legislation, regulations and guidelines across the national, state and territory landscape (e.g. Aged Care Act 1997, Disability Services Act 1986, Disability Discrimination Act 1992, Therapeutic Goods Act 1989, Privacy Act 1988 and Work Health and Safety Act 2011 and Regulations). The administration of medications must align with the relevant jurisdictional legislative and regulatory requirements as well as organisational policies, protocols and procedures.

Care workers should only provide services that are consistent with their level of training and competence. The delivery of care will depend on the consumer and their health care needs. Care workers are not authorised to make any decisions about whether the medicine should be administered and should seek assistance from their supervisor if they have any concerns about medication management. (APAC 2006 Guiding Principle 4 p 27). Delegation of the administration of medicines by registered nurses should be in accordance with policies and guidelines of the relevant health professional's regulatory authorities and state or territory legislation and regulations. (APAC 2006, Guiding Principle 4 p 27)

There should be clear instructions on a client's care plan about what steps the care/support worker will take to assist and support the client with the administration of medicine. All care workers should be guided by their organisation's

policies and procedures for the administration of medicine. Employers should be aware of their employees' levels of skill and knowledge, and provide the necessary training to ensure duty of care is met. They should not expect or require employees to perform tasks beyond their knowledge, skills, experience and training. (APAC 2006, *Guiding Principle 4 p 26*)

Definitions

There are various terms applied to medication management. It is important to understand these definitions as they outline the manner and extent of assistance that can be given to clients.

- 1) To **administer** medication means that medication is given or applied to the person or body. This can be done by either the person themselves or by someone else qualified to undertake this procedure.
- 2) **Monitoring** self-administration of medication means that a carer or support worker checks whether a client has taken their medicines as ordered by their doctor.
- 3) **Assisting** with medication usually means providing physical assistance with medication. Therefore, to assist with medication means that assistance is given to someone who is able to take their medication but requires physical assistance to do so safely and effectively.
- 4) **Self-directed care** is where a client manages their care needs according to their preferences but may require assistance with the administration of medications which includes oral and topical medicines. Carers may assist their clients with self-directed care but it does **NOT** include assisting with:
 - Injectable substances
 - Medication administered by the rectal or vaginal route
 - Medication administered via a PEG/PEJ (Percutaneous Endoscopic Gastrostomy/ Percutaneous Endoscopic Jejunostomy) tube

Why may someone need assistance with medication?

A person who requires supervision or assistance with medication usually has complex health care needs or a disability of some kind. This could be because of a physical disability e.g. arthritic hands, poor eye sight, poor coordination, Parkinson's disease, cognitive impairment e.g. short term memory loss, dementia and through an acquired disability e.g. acquired brain injury, amputation.

It is important that the client be encouraged to maintain their independence with medication administration as much as possible. A team approach regarding the client's medication support ensures the best outcome for the client. The members of the team may include the client and their family or person responsible (guardian), the service organisation and its employees, the client's doctor, pharmacist, speech pathologist, Hospital in the Home, District Nurse or Palliative care team. Communication between all members of the team should be documented.

What does the law say about assisting a client with medicines?

There are various regulations in the States and Territories about how a carer or support worker can assist a client with medication. All assistance and/or any client service agreements in place must be provided in accordance with the relevant State and Territory legislation. There are common recommendations.

These are that:

- Support/Care workers can physically assist a client to use their DAA where the person is responsible for their own medication or if an agreement is in place between the client and their service provider.
- Support/Care workers should monitor their client's medication management
- The Support/Care workers must be guided by their organisation's medication management policies and procedures, including for a suspected adverse event
- Use of Dose Administration Aids (DAAs). A DAA is a device or packaging system such as blister packs, bubble packs or sachets for organising doses of medicines according to the time of administration. (APAC 2012) They are preferable when assisting with



medication. This is because they are packed by a Pharmacist, are tamper-evident, prepared from scripts or medication charts / records and therefore have a highly reduced risk of potential for a medication error to occur

- The use of DAAs in conjunction with medication charts or records are to be used by support/care workers in assisting with medication instead of using medicine in its original packaging such as bottles. This ensures greater safety for the client as mistakes are less likely to be made.
- Care / Support worker assistance with medicine is limited to oral or topical medicines only. It is not recommended that care/support workers provide assistance with suppositories or give medication via a PEG/PEJ tube, unless they've had the appropriate training and appropriate policies and procedures are in place. Care/Support workers are **not** to give injections.

All service provider organisations should have medication management policies and procedures in place to guide safe practice and for organisational risk management. When developing these medication policies, procedures and protocols, the service provider or organisation should take into account all relevant state or territory legislation, regulations and guidelines. The policy also should identify which medicines staff are not authorised to administer. This ensures that client medication management when followed as specified by these guidelines will be done safely. The organisation also should have a current client medication record on file.

The organisation should be aware of their employee's knowledge and skill relating to safely assisting a client with medication. The necessary training for staff should be provided by the organisation to ensure that the organisation's duty of care to their clients is met. Employees should not be expected to perform any tasks beyond their knowledge, skills, experience or training. Carers or support workers should routinely follow the organisation's policies and procedures on assisting with medication.

Roles and responsibilities of a care/support worker when assisting clients with medications

As a care/support worker you:

- ✓ Are individually accountable for your own actions; and
- ✓ Have a Duty of care to the clients you support, care for, give advice to.
- ✓ Have a duty of care to clients to ensure the safe and proper use of medications.
- ✓ Must be assessed as competent to assist client/s with medications (training & assessment).
- ✓ Are responsible for gaining consent before assisting a client with medication.
- ✓ Have a general awareness of potential side effects and interactions of medications.
- ✓ Must report any medication incidents or near misses.
- ✓ Must know who to report to if - there are any circumstances or changes in clients condition (physical/behavioural)
- ✓ Must ensure you follow the 6 Rights of Medication:- The right client has the right medication at the right dose at the right time via the right route with the right record keeping/documentation)
- ✓ Are responsible for documenting the outcomes of assisting client/s with medication administration.
- ✓ Are responsible for knowing and working within the boundaries of your roles in relation to state and territory drug and poisons legislation.
- ✓ Cannot claim the status of a registered nurse or medical officer - it is illegal.

Care/support workers must work within their role in relation to medication management, to assist with medications as part of the client's personal care, once the client has been assessed by a registered nurse/doctor. Care/support workers are responsible for following instructions in the care plan to physically assist clients with medications from DAA and client prescribed containers.



Discussion point: Policies and procedures

Have you read and understood your organisation's policies and procedures? Care or support workers are bound by their duty of care to your client and your employing organisation. You are responsible for making sure that you understand and follow all policies and procedures. Following your organisation's policies and procedures will protect you and your client. You should always report any concerns to your Supervisor immediately.

Care planning

The client's care needs will be assessed, usually by a Registered Nurse, and a then Medication Management Care Plan written based on the information gained from the assessment.

This guides staff on how to assist their client with their medication and always should be followed by every carer. Following the medication management care plan ensures that the client will receive their medicine in the same way every time, no matter which staff member or person is assisting them with their medication.



Discussion point: Care plans

- Who can write a care plan?
- Why are Care Plans so important?
- Can you change anything in a Care Plan?
- **REMEMBER:** always follow your client's care plan every time

Storage of medicines in the community

Pharmacies are required to follow strict guidelines on storage of medicines in compliance with their schedules. It is also important to store medicines in accordance with the instructions on the medicine label. This applies to the Pharmacy, community or residential care setting.

Clients should be encouraged to store their medicines in a way which will protect the medicines' quality and to protect the client, their family and any visitors to the home. This means that medicines should, where possible be stored in their original container in a cool, dry and secure place e.g. in a locked box or cupboard. If the medicine is in a Dose Administration Aid, this also should be safely stored. Sometimes, medicines may require to be kept at a certain temperature e.g. insulin which means that it is stored in the refrigerator. Sharp objects such as syringes and needles need to be stored safely too. The local council or Diabetes Foundation can provide sharps containers for the disposal of used needles.



Disposal of unwanted or expired medicines

The Australian Government has a program in place for the safe disposal of unwanted or expired medicines known as "the National Return and Disposal of Unwanted Medicines Program". Through this program, pharmacies collect expired and unwanted medicines. People can return any unwanted medicines to pharmacy for disposal at no cost, this should only occur once consent has been obtained from the consumer and/or their carer. If a person dies, their medication should be returned to pharmacy for disposal. This program does not include the return of used sharps.

Organisations/Service providers should have policies and procedures in place about the safe disposal of medicines and related equipment, such as sharp objects and cytotoxic products.

Medicines, unwanted effects and drug interactions

Medicines have therapeutic effects but also may have unwanted effects. These effects fall into four categories, which are known as side effects, adverse reactions, allergy or allergic reactions and the most serious of anaphylaxis.

Additionally, some drugs also can react with each other or with some foods. This drug interaction will be identified by the client's doctor and/or Pharmacist. It must be noted in the client's care plans and on the medication chart or record.

Common examples of common medication side effects or adverse reactions to medicines include skin rashes, wheezing, nausea, dizziness, swelling, difficulty breathing, drop or rise in blood pressure or loss of consciousness.

- **Side Effects:** All medications can have side effects. These may be expected but are not necessarily harmful e.g. ventolin can cause a rapid heartbeat.
- **Adverse reactions:** These are serious or harmful effects of medicines e.g. a person may feel dizzy or there may be a fall in blood pressure.
- **Allergy:** A person may be allergic to a particular drug e.g. aspirin or antibiotics. These allergic reactions will occur every time the person takes the drug. Most drug allergies cause minor skin rashes and hives. Penicillin and related antibiotics are the most common cause of drug allergies. Other common allergy causing drugs include:
 - Anticonvulsants
 - Insulin (especially animal sources of insulin)
 - Iodinated (containing iodine) x-ray contrast dyes (these can cause allergy-like reactions)
 - Sulfa drugs
 Source: <http://www.nlm.nih.gov/medlineplus/ency/article/000819.htm>
- **Anaphylaxis:** Is the most severe form of allergic reaction, can possibly be life-threatening and is **a medical emergency**. The anaphylactic reaction develops quite quickly and the person will have severe breathing problems, fainting, itching, hives, inability to talk or hoarseness and swelling of the throat and/or tongue. If not treated quickly the client may lose consciousness.
- **Drug interactions:** The risk of interactions must be noted in the client's medication management and food and nutrition care plans and on the medication chart or record.

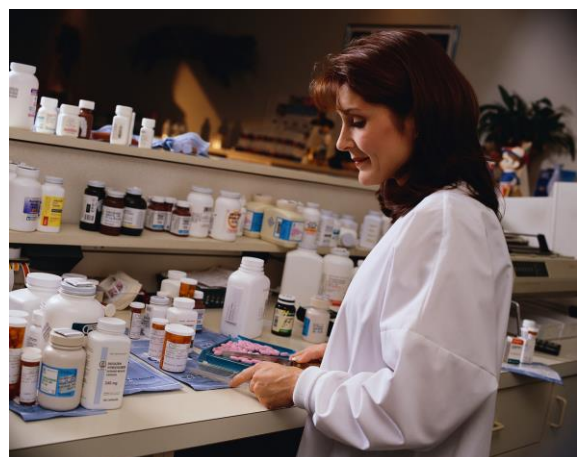
Carers or Support workers are not expected to be doctors or nurses. The best rule of thumb to apply is that, if your client is not behaving or reacting in their usual way after taking medicine, treat this as a side effect or adverse reaction and **immediately** follow the organisation's policies and procedures.

Annual medication management reviews

An annual review of a person's medication can be conducted by authorised Pharmacists. This can occur in a residential aged care setting, known as Resident Medication Management Review (RMMR) or within the community, known as Home Medicines Review (HMR). These reviews are funded by the Australian Government. The aim of the review is to look at a person's medication regime and to identify whether there is a risk of drug side effects, interactions, long-term side effects or possible toxicity and to make recommendations about safe medication orders to the client's doctor. This can include advice on alternative formulations e.g. patches or liquids, which might be a more suitable way for the client to take their medicines.

The eligibility criteria for these reviews are set out by the Department of Health and Ageing. The client's GP can refer anyone for a HMR if:

- They are taking more than 5 or more regular medicines per day
- They are on more than 12 doses of medication a day,
- Their medications have been ceased or recently changed
- The person does not seem to be responding to the medication
- The person has been recently discharged from hospital
- They are confused or worried about their medicines (or forget to take their medicines)
- They have literacy or language difficulties, dexterity problems, impaired sight, or those with cognitive difficulties such as dementia



- If they are seeing a number of different doctors, including GPs and specialists

NOTE: The home medicine review can be arranged if the client's pharmacist, nurse, the client or any other health worker requests it.



Discussion point: Assisting your client

- Who decides what medicines your client takes?
- Why is it important that the client understands why they are taking prescribed medicines?
- What is a Schedule of medicines in Australia?

Medicines

Medicines are available in a number of ways. These include by prescription, over-the-counter (OTC) or as complementary and alternative medicines (CAM). It is important to be aware that both OTC and CAM preparations have the potential to precipitate drug interactions or toxicity.

All consumers are encouraged to keep a list of their current medicines, including any prescriptions, OTC and CAM. Ideally all clients should have a Consumer Medicine Information (CMI) (Information leaflets) provided with their medications. It includes easy-to-understand detailed information on the medicine, including how to use it and any side effects and precautions in taking the drug. If the client does not have one, their supplying pharmacist can provide one. Sometimes the CMIs are on display in the Pharmacy or they can be printed out as required.

Prescription medications

Prescription medication is any medicine that needs an authorised person e.g. a doctor to prescribe it before the Pharmacist will supply it. These are usually S4 medicines. These scripts are taken to the Pharmacy where they are then supplied.

The script usually includes the following information:

- Name of client, date of birth
- Name of the medication
- Type of preparation e.g. tablets, creams
- Strength of each dose
- How often it should be taken
- When and how it should be taken
- The number of doses
- Signature and provider number of Medical Practitioner (doctor) or Nurse Practitioner



Instructions on how to take the medicine are typed on a label and stuck to the medicine by the Pharmacist. It is important to know why the medicines are prescribed. All prescription medications have an information leaflet called Consumer Medicine Information (CMI) which is available free from the Pharmacist.

Non-prescription medications

This includes any OTC, usually S2 medicines, and CAM. A script written by a doctor is not required for purchase of these preparations. These include cough syrups, cold, flu or hay-fever medication, pain-killers e.g. paracetamol, vitamin supplements, antacids, natural remedies and herbal preparations.

Ideally a client should have their use of OTC and CAM reviewed and approved by their doctor to exclude the possibility of drug interactions.

Types of medicines

Medicines can come in different forms depending on the best way for them to be taken, also known as routes. These routes are the oral, sublingual, buccal, inhaled, topical and by injection.

- ✓ *Via the Oral route* which is medication that is swallowed. Oral medication examples are pills, tablets, capsules, liquid or syrup.
- ✓ *Via the Sublingual route* which medication that is placed under the tongue to be absorbed and is NOT swallowed. It comes in the in the form of sprays, wafers or tablets. Anginine tablets are taken in this way.
- ✓ *Via the Buccal route* which is medication that is held in the mouth against the mucous membranes of the cheek (the space between the cheek and teeth) until the medication is absorbed or dissolves. Midazolam for seizure management is administered this way.
- ✓ *Via the Topical route* which is applied directly to skin, eyes, ears or nose. This includes eye and ear drops, lotions, creams, powders and ointments and patches for pain relief or for heart disease.
- ✓ *By inhalation* which is medication inhaled into the lungs in the form of sprays or powders or breathed in via devices such as metered dose inhalers (MDIs) “puffers”, rota halers and spacers.
- ✓ *Via Injection* These forms are taken by injection i.e. intravenously (by vein), intramuscularly (by injection into a muscle), subcutaneously (by injection under the skin); via a PEG tube (Percutaneous Endoscopic Gastrostomy) – a tube placed directly into the stomach.
- ✓ *Via Suppository or pessary* these medications are designed to have a direct effect on the tissue it comes in contact with or can be quickly absorbed into the blood stream. Suppositories or pessaries are given by vagina or rectally.

Some medications may be required to be mixed with water. Care workers should pay careful attention to the directions on the package.

Managing medication safely

There are several guidelines that any person dealing with medicine or assisting a client with medicine should follow routinely. This will ensure the client’s safety and protect the carer or support worker from making errors which may have a negative effect on the client. They are:

- Ensure medicine is stored safely and correctly
- Strictly follow a doctor’s medication orders
- Follow the *6 Rights of safe medication management practice* every time
- Use medication charts or records and DAAs
- Report any concerns about medicine to your Supervisor
- Always follow Infection control and hygiene practices when assisting with medicines/medications

What are the 6 Rights of safe medication practice?

Each time, every time a client is assisted with medicine, these rights should be systematically followed to ensure safety in medication assistance or administration which is:

- Right person
- Right medication
- Right time
- Right route

- Right dose or amount
- Right documentation e.g. a current medication chart signed by a doctor

By using this procedure each and every time in assisting with medication, a series of safety checks are being done. It is easy to become distracted during medication assistance. There may be background noise - the TV or radio may be up loud. Staff may be in a hurry because of running late or have something else important to attend too as well.

Medication documentation

Medication documentation must include a medication chart or record or a medication administration record and treatment sheets.

- Medication chart: e.g. Compact or Webster Medication chart completed by the client's doctor
- Medication record: a document which has the person's authorised medications, specific dose and monitoring requirements recorded and signed by the doctor
- Medication administration record: can be either a medication chart or forms signed by staff confirming that assisting with the administration has occurred
- Medication charts or records may also contain treatment sheets
- Treatment sheets are used to record medications which are not packed in a DAA, e.g. creams, lotions, powders etc.
- The treatment sheets are kept in the medication chart or record
- The care/support worker signs each treatment sheet after assisting with the application of the relevant treatment

What information is included in MEDICATION CHARTS or RECORDS

Generally the medication chart's FRONT PAGE will have the Client identification details. This includes client's name and preferred name, date of birth, a current picture with client name & date of when taken on back, doctor's particulars and pharmacy details and date the chart was commenced. Medicines not to be crushed will also be completed by the Pharmacist.

webster care **RESIDENT IDENTIFICATION CHART**

PATIENT DETAILS
 SURNAME: **HARRISON**
 First Name: **Mary**
 DOB: **22-April-1918** Age: **88**
 Room No: **06**
 Weight: **63** (Date: 21/04/06)
 Doctors NAME: **Paul HANNAN**
 Doctors Phone Number: **02 9563 4900**

OTHER DETAILS
 FACILITY NAME: **Leichhardt Nursing Home**
 MINA/ADMISSION NUMBER:
 Admission No.:
 COMMENTS: **This is the Comments Field.**

REASON MEDICATION NOT TAKEN
 (Note: When using these codes please put a circle around the code so it is not confused with a caret's initials)
 A: Absent
 D: Doctors Instructions
 F: Fasting
 H: Hospital
 L: Social Leave (Overnight)
 M: Miscellaneous
 N: Nil Stock
 O: Outing - Meds sent with Resident
 R: Refused (Resident's Choice)
 S: Self-Administered
 W: Withheld
 X: Given But Not Seen Taken

KNOWN ALLERGIES & ADVERSE DRUG REACTIONS
Sticking Plaster

DIAGNOSIS
 This is the Diagnosis Field.

Photo Date: 29/11/2001 11:18:32

DOCTOR
 - Please check details and sign to confirm that the information is correct.
 - Please ensure any changes are communicated to the pharmacy.
 Dr Signature: _____
 Date: ____/____/____

HARRISON, Miss Mary

Acknowledgement: This image of the front page of a Webstercare medication chart was sourced from the WebsterCare website <http://www.webstercare.com.au/products>

The client's known drug allergies and reactions also must be completed and signed by the client's doctor. If the client has no known drug allergies, the doctor will write No Known Allergies or NKA.

It also will include Special Considerations, which are completed by a registered Nurse (RN). These guidelines must always be followed and are usually written and signed by a RN. Examples of special considerations include things like:

- Give medication one tablet at a time
- Place the medication in the client's hand
- Allow time for the client to swallow medication
- Mix medicines with jam or similar to aid ingestion
- Client may hold medication in mouth
- If client refuses medication, wait 5 minutes and try again

A carer or support worker **cannot** legally complete the client's allergies or special considerations on the medication chart.

Each page of the medication chart must have Client ID on it including Name, DOB and Allergy/Reactions Alert.

Short term medication orders are medications which the client will need for a short while e.g. oral or topical antibiotics. There will be both a Start and Stop date which shows how long the medication should be given. Staff must always check the short-term orders page EVERY time they assist with medication to make sure that short-term medicine is not missed

The client will have regular medication orders. Legally, medication orders must be legible, signed and dated in medical practitioner's handwriting in black or blue ink. The orders must include name of medication, dose, route, frequency, start date. The orders include when and how to give medication e.g. with food, after food, at 6am, Patch On 0800 & Patch Off 2000, BD, TDS.

The image shows two examples of medication charts. The left chart is a 'NON-PACKED REGULAR MEDICATION' chart for Miss Mary Harrison. It includes a header with patient details (Name: HARRISON, Mary, DOB: 22-Apr-1918, Sex: F, MRN: 967654321, Room No: 06, Leichhardt Nursing Home) and a section for medication orders. The orders listed are Mylanite Liquid (Take 10ml three times daily) and Ventolin V50mcg Aerosol (Inhale two puffs three times daily). The right chart is a 'MEDICATION CHART' with a grid for recording medication administration over time. It includes a header with patient details and a section for medication orders. The grid has columns for time (0800, 1200, 1600, 2000) and rows for medication administration. The chart is titled 'MEDICATION CHART' and includes a note 'Attach New Month's Insert Here'.

Acknowledgement: These images of a WebsterCare medication chart orders and signing pages were sourced from the WebsterCare website <http://www.webstercare.com.au/products/>

When a doctor ceases a medication, the doctor will write in the Stop Date. The word *CEASED* is written and a line drawn through the signing boxes for that drug.

Some medication charts include information on the back page to assist the carer or support worker to properly use and understand what has been written by the doctor.

Examples of information include such things as:

- Drug Administration Codes e.g. A = Absent, R = Refused, F = Fasting, N = No stock, H = hospital;

- List of Abbreviations relating to the time of administration e.g. ac = before food, pc = after food, mane = morning, nocte = night, BD = twice a day, TDS = three times a day, QID = four times a day, QQH = every 4 hours
- For more information on recommendations for terminology, abbreviations and symbols used in the prescribing and administrations of medicines refer to : <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32060v2.pdf>

Dosage administration aids (DAA)

Dose Administration Aids are designed to assist people in safely and effectively taking their prescribed medicine. When a person has many medicines or a complicated medication regime, DAAs makes taking medication simple as the medications are grouped according to the time of day they are taken. Commonly they have 4 different times for administration of medication, breakfast, lunch, dinner and bedtime. Only solid oral medicines can be packed into a DAA. All other medication is then referred to as non-packed medication. This includes medicines formulated as drops, sprays, patches or creams.

DAAs also have the same details and information on them as on a medication chart namely:

- Client identification details, photo
- Doctor's particulars
- Pharmacy details
- Names of the medicines ordered for that day and time and information
- Which medicines can or can't be crushed
- Specific instructions about the use of the medicines such as cautionary and advisory labels.
- Examples include information about whether the medication can or shouldn't be crushed, should be kept away from light etc. It also should be labeled **KEEP OUT OF REACH OF CHILDREN**.

Examples of DAAs are Blister packs such as Webster Paks, Dosette boxes, Sachets and 7 day pill organisers. DAAs usually are packed by a Pharmacist. A Registered Nurse who follows the orders in the doctor's prescriptions or medication chart or record should only pack or repack the DAA if a Pharmacist is unable to do so. DAAs are usually tamper-evident.

DAAs last for 1 week. The pharmacist will supply the next week's DAAs the day before the current one runs out. It is important that the pharmacy be notified immediately of any changes to medicine orders. This can be done by faxing a full copy of the medication chart and giving the prescriptions to the pharmacist.

People who use DAAs should be monitored in the same way as any other client would be to ensure that they are safely administering their medication.





Multi – Dose Webster-pak®



Webster-pak® LVTM

Acknowledgement: These images were sourced from the WebsterCare website <http://www.webstercare.com.au/products/>

How to assist a client with medication

There are steps which must be systematically followed in assisting a client safely with their medicine. They are the before, during and after steps. The care/support worker must ensure clients dignity and independence throughout the procedure, as well as practicing universal precautions.

BEFORE assisting a client with medication:

- Wash and dry your hands before assisting with medication
- Discuss procedure with client
- Collect the DAA and medication chart
- Check the integrity of the pack first
- Identify client by checking photo on drug chart & DAA with the client
- Check Special Considerations
- Check for any Short term or out of regular hours medications i.e., 11.30am, 4.30pm
- Check Treatment Sheets
- Check that it is the right current medication for the right client, the right dose, the right route for the right time

DURING assisting a client with medication:

- Use a new, clean or disposable cup or spoon for medication administration
- Confirms medication is accurate by counting the number of medications listed on the blister pack and checks medication by asking client what medications they take (where appropriate)
- Remove medication from DAA
- For liquid medications, powders, ointments check the dose identification is documented on the pharmacists label
- Check that DAA has been completely emptied of medication
- Assists to ensure the medication is taken as close as possible to the time written on the pharmacists label
- State to client that their medication is to be given



- Encourage the client to take their medication if they are reluctant to do so
- Ensure client is sitting as upright as possible
- Assist client to ingest medication as per special considerations
- Provide privacy for client

AFTER assisting a client with medication:

- Stay with the client and ensure ALL medication is ingested
- Checks that the correct record keeping as per the service's policy is adhered to
- Sign for medication on chart AFTER administration of medication
- Write "R" in the chart if medication is refused and notify the supervisor
- Document reason for refusal, who was notified and any medical practitioner's instructions in the client's notes
- Refused tablet/s to be returned to pharmacy
- Secures medication appropriately and ensures adequate supplies
- Wash and dry your hands after assisting with medication

Observe your client:

- Observe the client to ensure that ingestion of medication has occurred
- Give a drink to help with swallowing
- Observe for any possible reaction to the medication

Client refusal to take their medication

If a client refuses their medication, refer to their medication management care plan. This plan will indicate how and when staff should return to encourage the client to take their medication. Staff will probably need to return anywhere between 5-15 minutes after the first attempt. If the client persists with refusal, write R (for refusal) on the medication chart or record against the refused medication and document this in the client's notes. Notify the supervisor who may advise staff to complete a medication Incident form and to notify the client's doctor and pharmacist. The refused medication must be returned to pharmacy.

Managing different types of medication

As medications can be given in different ways, it is important that the carer or support worker is familiar with and trained in the various methods of assisting with medication. This ensures that medicine will be given safely and effectively and in accordance with the organisation's policies and procedures.

Crushing medicine

For clients who have difficulty in swallowing, some medication may require breaking or crushing or capsules may need to be opened to make it easier for the client to swallow it. More correctly, this is called alteration of oral formulations. Medicine should not be altered by a carer or support worker without directions from the doctor or pharmacist. This advice should be in writing on the medication chart, DAA and clients care plan.

Crushing medication:

- Only crush medication if stated on the DAA and in the medication chart and signed by a doctor or pharmacist
- If in doubt **DO NOT CRUSH**
- Ensure that mortar (bowl) & pestle (pounder) is thoroughly clean to prevent cross-contamination
- The medicine can be crushed between two paper "patty pans" in the mortar
- Thoroughly clean mortar & pestle between each use
- Mix medication with low joule jam, yoghurt or pureed fruit to aid ingestion (swallowing)





WARNING: Some medications must **NEVER** be crushed. Crushing may affect the properties of a drug or cause an overdose because it is absorbed too quickly.

- **ONLY** crush medications if the pharmacist has clearly indicated which medications are able to be crushed on the medication chart.
- **ALWAYS** refer any concerns about whether it is safe to crush a medication to the Supervisor or the dispensing pharmacist.
- Do not take verbal advice. Always make sure that the advice is in writing and authorised by a doctor or pharmacist e.g. on a medication chart.

Patches

Adhesive patches are a common method of delivering pain relief or medication for heart conditions such as angina. Pain relief patches often are left in place for up to 7 days. The medication chart or treatment sheet will indicate when the patch should be applied and removed.

Patches for the management of angina are usually left on for 12 hours, usually on at 8am and removed at 8pm. The patch must be removed as the client needs a 12 hour period free from the medication to ensure maximum efficiency of the drug.

- Check the medication chart or treatment sheet for date / time of application and removal
- Date and initial patch first
- Do not touch the sticky side as some drug may be transferred to the staff member's skin
- Place patch on the client's upper back if they are likely to remove it
- Ensure patch is well stuck on skin
- Rotate application site & record on patch site application sheet
- Sign medication chart when patch put on and taken off
- Notify the Supervisor if a patch which has not been removed is found still in place.

Creams and powders

Creams and powders are used in the treatment of skin conditions. The creams or powders may be for fungal or bacterial skin infections which mean the cream will contain an antibiotic or the client may have ongoing skin condition such as psoriasis which means the cream will contain a corticosteroid.

- Wash and dry your hands before and after assisting with medication
- Check the treatment sheet or care plan for instructions on how much to apply to affected area
- Always wear gloves when applying creams or powders
- Remove gloves carefully – turn inside out - and dispose of in rubbish bin



Eye drops procedure

Some clients will have ongoing eye conditions such as glaucoma which is a condition in which vision will gradually deteriorate. This means that it is very important that the eye drops are not missed. In other situations, the client may have an eye infection or suffer from dry eyes.

If the client is having two or more different eye drops, allow 5 – 10 minutes between giving each eye drops to ensure the medication in the drops takes effect.

- Check the treatment sheet and short term drug orders sections for eye drops
- Label eye drops with date of opening on bottle
- Discard eye drops one month after opening



- Wash hands before and after giving eye drops
- Client given a tissue when care/support worker is assisting administration of eye drops
- Do not touch eye drop nozzle to prevent contamination
- Client tilts head back or lies down
- Lower eyelid is drawn away & eye drop/s instilled

Procedure for administering mixtures from a bottle

Cough medicines and some antiepileptic drugs are given via mixture.

- Wash and dry your hands before and after assisting with medication
- Check the medication chart or treatment sheet for the order
- Double check the dose to be given, before pouring the medication
- Use a clean medication cup
- Place medicine cup on a flat surface
- Turn the label away from the pouring side to prevent drips obscuring the label
- Accurately measure amount at eye level
- Wash medicine cup after use when medication assistance is completed



Metered dose inhalers (MDIs)

Most commonly, asthma medication is given via inhalers.

- Wash and dry your hands before and after assisting with medication
- Check the medication chart or treatment sheet for inhalers
- Check expiry date of MDI
- MDIs can be used with or without spacers
- Are preventative (purple) or fast-acting relievers (usually blue or grey)
- Shake puffer vigorously first
- Put spacer together, put puffer in one end, assist client with administering required puffs into spacer, client inhales through mouthpiece
- Spacers are washed in hot soapy water and air dried



Example of a spacer designed for use with MDIs with differently shaped mouthpieces

When things go wrong

The organisation should have policies and procedures which outline what to do in the following situations:

- Medication missing from the DAA
- Medication that has not been taken
- Medication that has dropped or split
- Medication that is past Expiry Date
- Client refuses to take their medication
- Client spits out the medication
- Client is not home at medication time
- Medication error occurs
- Medication had been ceased but there is some in the DAA

Medication errors

Medications are the most prevalent health therapy in Australia. A medication error occurs whenever any of the 6 R's of safe medicine practice has not been followed. Medication errors can occur at the prescribing (39%), transcribing (12%), dispensing (11%), or administering (38%) stage. (Bedford and Duguid, July 2012, Australian Commission on Quality and Safety in Healthcare, Standard 4 - Medication Safety)

Administering stage errors include the medicine has been given to wrong **person/client**, at the wrong **time**, wrong **dose**, wrong **route**, wrong **date** or wrong **medication**.

Examples of other medication errors include medicine missing from the DAA or that medication which has been ceased but it is still in the DAA, medicine which should have been given is still in the DAA, medicine is dropped or split, medicine is past its expiry date. If the client refuses to take their medicine, spits out the medicine or is not home at medication time, this would also be a medication error.

Support worker's response to medication errors

The organisation's policies and procedures should clearly outline the steps to be taken. Most organisations have similar responses to medication errors and will include the following points. As soon as staff realise an error has been made or identify that someone else has made an error on a previous shift, staff must:

- Notify supervisor immediately
- Supervisor will contact client's doctor immediately for advice
- Observe client closely for possible reaction.
- An ambulance may need to be called
- Complete a medication incident report, document in client's notes and give the incident report to your Supervisor

Client adverse reaction to a medication

The organisation's policies and procedures should clearly indicate what would be considered a side effect or client adverse reaction to medicine. Most organisations have similar responses to suspected side effects or reactions and will usually include the following points.

Side effect or client adverse reaction

Common side effects or reactions to medicines include rashes, wheezing, swelling, difficulty breathing, dizziness, nausea or loss of consciousness.

Support staff are not expected to have the same knowledge as a registered nurse or doctor. However, if the client is not behaving or reacting in their usual way following taking medicine, staff should treat this as a side effect or adverse reaction to medicine. This means that staff immediately follows the organisation's policies and procedures.

As soon as staff suspects that the client is having a side effect or an adverse reaction to medicine, staff must:

- Notify the supervisor immediately
- Document the nature of reaction e.g. rash, wheezing, swelling, difficulty breathing, dizziness, nausea or loss of consciousness
- Supervisor will report reaction to the client's doctor immediately
- Observe client and follow supervisors and doctors' instructions.
- **Call an ambulance – 000** - straight away if required
- **Call the Poisons Information Centre - 13 11 26** – for 24 hour emergency service and advice
- Record the incident in client's notes
- Complete medication incident report and give to supervisor

Recording and reporting guidelines

Follow the organisation's policies and procedures on reporting and documenting. Always report what has happened to the supervisor immediately. Always document what was observed and what happened. This protects both staff

and the client and will include writing in the client's notes and also completing a medication incident report form. (see following page for example)

Incident or Medication Error Guidelines

All States and Territories have a classification system that categorises Incidents/Adverse Events. Below is an example of the Department of Human Services in Victoria (DHS)

- Category 1 error – must be reported within 1 working day
 - Any error that impacts upon the client's health and safety and results in physical / psychological impairment OR incorrect administration of PRN restraint medication
- Category 2 error – must be reported in 2 working days
 - Any error that impacts upon the client's health or safety (as determined by a doctor or pharmacist informed of the error)
- Category 3 error – must be reported within 2 working days
 - An error that does not impact upon the client's health or safety
 - Medication missed without impact such as an antibiotic
 - Client refused medication without an impact on health

Protecting yourself and your clients

Carers or support workers should follow routinely the organisation's policies and procedures on safely assisting a client with medication. To ensure competency and compliance with standards, policies and procedures, organisations often require staff to complete an annual medication management competency.

Employees should not be expected to perform any tasks beyond their knowledge, skills, experience or training. This means that staff should only perform duties which are within their training, knowledge, experience and position description. The necessary training should be provided by the organisation to ensure that the organisation's duty of care to their clients is met.

Medication management safety

- Always follow infection control guidelines and use PPE when appropriate
- Always check the client's identification, Allergies and Special Considerations on the medication chart or record before assisting with medication – no matter how often you see the client. Don't assume things have not changed since you last saw them.
- Thoroughly check the medication orders and treatment sheets before assisting with medication
- Check that the number of medication orders match with the medication in the DAAs
- Always sign the chart AFTER administering medication
- Always document what you observed and what happened. This protects both you and your client
- Report what you saw. Don't write an opinion of what you thought happened

Remember: If staff don't write down what was observed and to whom it was reported; legally – this care didn't happen.

Medication Incident Report example

Who?	Client's Name						
	Client's Address						
	Person identifying Error						
	Prescribing doctor						
What happened? (please circle)	Wrong medication	Missed Medication	Wrong time or date	Wrong dose	Wrong client	Wrong route	Client refused
	Pretended to swallow medication	Spat out medication	Meds found in inappropriate place after administration	Other (describe)			
Name of medication/s			Dose	Route		Frequency	
When did it occur	Date/s	Time/s	When was the incident identified	Date/s		Time/s	
Describe the incident or error	<div></div> <div></div> <div></div> <div></div>						
Assessment & review of client	Report any physical (e.g. skin colour/warmth, breathing, conscious state) or behavioural changes in client:						
	Any Allergies or Adverse Drug reaction noted(describe):						
	Any other comments:						
Actions taken and further comments							
Date:	Name:			Signature of person completing form:			
Supervisor to complete: Incident Analysis conclusions and Action Plan							
<ul style="list-style-type: none"> Copy of Incident Report faxed Faxed Advice from Pharmacist or GP (attach Fax to Incident report) 	Name:		Signature:		Time	Date:	
Persons informed: <ul style="list-style-type: none"> Supervisor Client's Next of Kin Doctor Pharmacist 	Who		By whom		Time	Date	
FOLLOW-UP OFFICE USE ONLY Evaluation outcomes	Staff member counselled: Yes / No			Form reviewed by Supervisor or RN: Yes / No			
	Adverse drug reaction reported to ACSOM: Yes / No or N/A						
	Did the client require admission to A&E/hospitalisation: Yes / No						
	Any other comment:						
		Signature:					

Acknowledgement: This Medication Incident Report Form is a modified version of Appendix J in APAC's Guidelines for Medication Management in Residential Aged Care Facilities November 2002 3rd edition

Definitions

Absorbed:	To take something into the body, usually gradually e.g. drug is gradually absorbed into the gut
Adverse reaction:	Serious or harmful effects of medicines e.g. dizziness or a fall in blood pressure
Allergy:	A harmful reaction to a drug which occurs every time a person takes the drug e.g. aspirin or antibiotics and often cause skin rashes or swelling. Also referred to as a drug alert on a medication chart
Anaphylaxis:	Is the most severe form of allergic reaction, can possibly be life-threatening and is a medical emergency . The anaphylactic reaction develops quite quickly and the person will have severe breathing problems, fainting, hives, inability to talk or hoarseness, hives and swelling of the throat and or tongue. If not treated quickly the client may lose consciousness.
Assessed:	When a person is checked in order to find out something about them e.g. for their health or care needs. A doctor may assess someone's health. A registered nurse may assess someone's medication management care needs
Condition:	The physical and mental state of the body or one of its parts e.g. heart condition
Expiry date:	The last date on which something can be safely used
Inhalers:	A device used to assist someone to breathe in medicine
Medicine / Medication:	Medications are defined as chemical substances which have a therapeutic effect on the body. They can maintain health and wellbeing, control and prevent symptoms of disease, promote optimal function, enable the person's independence or assist quality of life e.g. pain relief
Medication chart / record:	A legal record of medicines as ordered by a doctor and supplied by a pharmacist to be taken by a client or aged care resident. It contains boxes to be signed when
No Known Allergy	Also written as NKA – means that the person has not been identified as not having an allergy or sensitivity to a drug or substance
Pharmacist:	A person who is trained to prepare and dispense medicines and to give information about how to take them and their effects. Prescriptions can only be filled by a pharmacist
Prescription (Scripts):	A doctor's written order for a scheduled medicine or other treatment. Scripts will have the name and address of the person who is prescribed the medication, name of the medication, dose and its strength, type e.g. tablets or cream, instructions on how to take the medication e.g. by mouth, inhaled, how often and for how long the medication should be taken and any repeat scripts. Scripts may say that brand substitution can occur
Side effects:	Any effect of a drug that occurs along with the main, intended effect. Side effects may be expected, can be unpleasant but not necessarily harmful e.g. ventolin can cause a rapid heartbeat

Treatment Sheet: A sheet which records non-packed medications e.g. creams or drops to be given. The treatment Sheet usually lasts for 6 months and is signed each time the treatment is given

Useful contact numbers

- In an **emergency call 000** for an ambulance
- **Poisons Information Centre, call 13 11 26** for 24 hour emergency service if you think someone has ingested a poison or taken an overdose
- **Adverse Medicines Events (AME) Line 1300 134 237** for reporting or advice on adverse drug reactions
- Medicines Line (Australia) 1300 633 424 for information on prescription, over-the-counter and complementary medicines

Medicines references and resources

Australian Government Department of Health and Ageing

Home Page: for information on health topics, Publications, Statistics and Resources, Latest News, for Consumers etc.; Australian Pharmaceutical Advisory Council publications
www.health.gov.au/

Australian Government

Department of Health and Ageing Therapeutic Goods Administration

Home Page: Safety Information, About the TGA, Information for..., Regulation, News
www.tga.gov.au

National Prescribing Service

Independent, not-for-profit and evidence based re medicines and medical tests.
<http://www.nps.org.au/>

Department of Health, Victoria

Home Page: Health Alerts, Hospitals, What we do, Publications, Site Map
www.health.vic.gov.au

Department of Human Services, Disability Services Division Victoria

Home Page: for information on DHS regions, Emergency Management, Disability, Publications, media releases; Click on Divisions, then Disability Services Division; Publications include the Residential Services Practice Manual Medication chapter.
www.dhs.vic.gov.au/home

Department of Family and Community Services

<http://www.facs.nsw.gov.au/>
Ageing, Disability and Home Care (ADHC)
http://www.adhc.nsw.gov.au/about_us
<http://www.adhc.nsw.gov.au/publications>

Better Health Channel

Home Page: Conditions and Treatments, search Medication or medicines
www.betterhealthchannel.vic.gov.au/

NSW Health, Ministry of Health, NSW Government

Home Page: Health Alerts, Hospitals, What we do, Publications, Site Map
<http://www.health.nsw.gov.au>

Medication Handling in NSW Public Health Facilities 27-Nov-2013

Consolidates best practice principles on medication procurement, storage, prescribing, supplying, dispensing and administration at NSW

Doc:PHM2006WBK.10	Version 5	Issued: May 2014	Page 22 of 30
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public health facilities with the requirements of the NSW Poisons and Therapeutic Goods Act 1966 and the Poisons and Therapeutic Goods Regulation 2008, NSW Health policies and NSW Health directives relevant to medication handling.

http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_043.pdf

Pharmaceutical Society of Australia

Home Page: Position Statements and Guidelines, Standards, Legislation, PSA Fact Sheets, Codes

Dose Administration Aids Service July 2007

Guidelines for pharmacists providing Home Medicines Review (HMR) services September 2010

www.psa.org.au/

Australian Pharmaceutical Advisory Council (APAC)

Guiding Principles for medication management in the community June 2006

Guiding Principles to achieve continuity in medication management July 2005

Guiding principles for medication management in residential aged care facilities October 2012

www.nmp.health.gov.au/advisory/apac.htm

Phone: 02 6270 1888

Fax: 02 6270 1800

Email: guild.nat@guild.org.au

Lvl 2 15 National Circuit, Barton, ACT 2600 Australia

PO Box 7036, Canberra BC ACT 2610 Australia

The Pharmacy Guild of Australia's Frequently Asked Questions about medicine scheduling

<http://www.guild.org.au/docs/default-source/public-documents/issues-and-resources/Fact-Sheets/frequently-asked-questions-nbsp-about-medicine-scheduling.pdf?sfvrsn=0>

Poisons Standard 2012 - *classification of medicines and poisons into Schedules*

<http://www.comlaw.gov.au/Series/F2012L01200>

The Secretary, Medicines and Poisons Scheduling Secretariat

GPO Box 9848

CANBERRA ACT 2601

Or by email: smp@health.gov.au

The Poisons Standard (the SUSMP) , latest amendments

<http://www.tga.gov.au/industry/scheduling-poisons-standard.htm#.UrToMPQW1qV>

Australian Commission on Safety and Quality in Health Care. Safety and

Quality Improvement Guide Standard 4: Medication Safety (October 2012). Sydney. ACSQHC, 2012

Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines, Table 2: acceptable terms and abbreviations

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32060v2.pdf>

Australian Commission on Quality and Safety in Healthcare - National Safety and Quality Health Service Standards (NSQHS Standards) Standard 4 - Medication Safety, July 2012, Presentation by G Bedford and M Duguid.

Nursing and Midwifery Board of Australia

A national framework for the development of decision-making tools for nursing and midwifery practice, July 2013

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework>

www.nursingmidwiferyboard.gov.au

Webstercare

Medication management systems – medication charts, DAAs – blister packs

17-19 Moore Street Leichhardt NSW 2040

Free call: 1800 244 358 or Phone: (02) 9563 4900

<http://www.webstercare.com.au/index.asp>

Compact Business Systems®

Head Office Phone: 1800 777 508 Fax: (07) 3376 2001

Post: PO Box 368 Sumner Park QLD 4074

Aged care products including medication charts

<http://www.compact.com.au/>

State Drugs and Poisons Acts and Regulations

Victoria

Drugs, Poisons and Controlled Substances Act 1981

Drugs, Poisons and Controlled Substances Regulations 2006

NSW

Poisons and Therapeutic Goods Act 1966

Poisons and Therapeutic Goods Regulation 2008

[Drugs and Poisons Legislation Amendment \(New Psychoactive and Other Substances\) Act 2013](#)

Queensland

The Health Act 1937

Health (Drugs and Poisons) Regulation 1996

Amendment Regulation (No 1) 2010

South Australia

Controlled substances Act 1984

Controlled Substances (Poisons) Regulations 1996

Western Australia

Poisons Act 1964

Poisons Regulations 1965

Tasmania

Poisons Act 1971

Poisons Regulation 2002

Northern Territory

Poisons and Dangerous Drugs Act 2003

Poisons and Dangerous Drugs Regulations 2010

ACT

Poisons and Drugs Act 2008

Poisons and Drugs Regulation 1993

Australia National Medicines State Territory Contacts

Victoria

Duty Officer

Drugs and Poisons Unit

Department of Human Services

GPO Box 1670N

MELBOURNE Vic 3001

Telephone: 1300 364 545 or 90961067 Fax: 1300 360 830

Website: www.health.vic.gov.au or www.health.vic.au/dpumedication_safety_committees/sites

- *Victorian Health Department Quality Use of Medicines*
www.health.vic.gov.au/qum/index.htm

New South Wales

Duty Pharmaceutical Officer
Legal and Regulatory Services
Pharmaceutical Services Unit
Ministry of Health

Telephone: (02) 93919944 Fax: (02) 93919101

Website: www.health.nsw.gov.au/medication_safety_committees/sites

- *New South Wales Clinical Excellence Commission Medication Safety*
<http://www.cec.health.nsw.gov.au/programs/medication-safety>

Queensland

Environmental Health Branch

PO Box 2368, Fortitude Valley BC, Q'ld 4006

Telephone: (02) Telephone: (07) 3328 9310 Facsimile: (07) 3328 9354 Email: ehu@health.qld.gov.au

Medicines Policy Issues:

Medication Services Queensland GPO Box 48, Brisbane, Qld 4001

Telephone: (07) 3131 6500 Fax: (07) 3131 6683

Legislation Issues:

Legislative Policy Unit GPO Box 48, Brisbane, Qld 4001

Telephone: (07) 3234 0289 Email: legislation@health.qld.gov.au Web:

www.health.qld.gov.au/legislation/default.asp

Information about medicines and poisons, as it applies to health practitioners, industry and the public in Queensland can be found on: www.health.qld.gov.au/health_professionals/medicines/

South Australia

Drug & Alcohol Services South Australia

PO Box 6, Rundle Mall, Adelaide, South Australia 5063

Telephone: (08) 8274 3333 Fax: (08) 8274 3399 Email: dassa.pharmservices@health.sa.gov.au

Website: www.health.sa.gov.au

Tasmania

Pharmaceutical Services

Department of Health and Human Services

GPO Box 125B

HOBART Tas 7001

Telephone: (03) 6233 2064 Fax: (03) 6233 3904

Website: www.dhhs.tas.gov.au/publichealth/pharmaceuticals **or Web:** www.dhhs.tas.gov.au/psbtas **Western Australia**

The Pharmaceutical Services Branch, Department of Health

PO Box 8172, Perth Business Centre, WA 6849

Telephone: (08) 9222 6883 Fax: (08) 9222 2463 Email: poisons@health.wa.gov.au

Web: www.public.health.wa.gov.au/1/872/2/pharmaceutical_services.pm or www.health.wa.gov.au

Australian Capital Territory Pharmaceutical Services

ACT Health

Howard Florey Centenary House 25 Mulvey Street,

Holder, ACT 2611

Telephone: (02) 6205 0996, (02) 6205 0997 Fax: (02) 6205 0997

Website: www.health.act.gov.au

Northern territory

Poisons Control

Department of Health and Community Services

NT PO Box 40596, Casuarina, NT 0811

Telephone: (08) 8922 7341 Fax: (08) 8922 7200

Website: www.health.nt.gov.au or Email: **poisonscontrol@nt.gov.au** Web:

www.health.nt.gov.au/Environmental_Health/Poisons_Control/

Appendices

Appendix 1: Australian Pharmaceutical Advisory Committee (APAC): Guiding principles for medication management in the community

Guiding principles for medication management in the community

JUNE 2006

These Guiding Principles aim to promote quality use of medicines and better medication management in the community. It is intended that the Guiding Principles will assist service providers to develop or evaluate policies and procedures, support those involved in assisting consumers, and support consumers to manage their medicine(s).



Guiding Principle 1 – Information resources

All health care professionals and care workers should have access to current, accurate and balanced information about medicines. This will assist health care providers and care workers to provide consumers with appropriate information, including Consumer Medicine Information (CMI), and advice about medicine use, in a timely manner.



Guiding Principle 2 – Self-administration

Consumers should be encouraged to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way.



Guiding Principle 3 – Dose Administration Aids

Dispensed medicines should be retained in the original manufacturers' or other dispensed packaging unless a Dose Administration Aid (DAA) could help to overcome specific problems that a consumer or care worker might face.



Guiding Principle 4 – Administration of medicines in the community

Health care professionals, care workers and service providers all play an important role in making sure that consumers who live at home receive suitable information and/or assistance so that they take their medicines correctly.



Guiding Principle 5 – Medication lists

Consumers should be supported in maintaining a current list of all their medicines. This list should be available and easily accessible to the consumer and all those involved in the consumer's care.



Australian Pharmaceutical
Advisory Council



Guiding Principle 6 – Medication review

Consumers are encouraged to have their medicines reviewed by members of the health care team. These reviews should follow the relevant professional guidelines.



Guiding Principle 7 – Alteration of oral formulations

Some consumers might need to have oral formulations altered, for example, tablets broken or crushed to aid administration. However, some medicines cannot be altered and the consumer might need alternative formulations or different medicines instead. These consumers should be given the help they need to guarantee their medicines are managed safely and effectively.



Guiding Principle 8 – Storage of medicines

Consumers using medicines in the community should be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home.



Guiding Principle 9 – Disposal of medicines

Consumers and/or their carers should be encouraged to return any unwanted, ceased or expired medicines to their local community pharmacy for safe disposal.



Guiding Principle 10 – Nurse-initiated non-prescription medicine

Service providers should develop policies and procedures about the safe practices related to nurse initiation of non-prescription medicines.



Guiding Principle 11 – Standing orders

The use of standing orders in the community for the administration of prescription medicines is generally discouraged. However, where standing orders are required in special circumstances, service providers should have policies and procedures in place for their use.



Guiding Principle 12 – Risk management in the administration and use of medicines in the community

Health care professionals, care workers, service providers, and consumers and/or carers should work together to manage risks and incidents associated with medicine use in the community.

The Guiding Principles document can be obtained by contacting the APAC Secretariat by phone (02) 6289 7753 or email apac@health.gov.au.

The Guiding Principles document was developed by the Australian Pharmaceutical Advisory Council and funded by the Australian Government Department of Health and Ageing

Appendix 2: The Pharmacy Guild of Australia FAQ's



The Pharmacy Guild of Australia

Frequently Asked Questions about medicine scheduling

In Australia, medicines and poisons are classified into Schedules, a national classification system that controls how they are made available to the public. Schedules have varying levels of restrictions that determine the availability of supply of a medicine or poison, in order to protect public health and safety.

Of the 9 schedule categories, pharmacy is primarily concerned with the following:



• Schedule 2

Pharmacy Medicine

Medicines, 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 licence holder.

• Schedule 3

Pharmacist Only Medicine

Medicines, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.

• Schedule 4

Prescription Only Medicine

Medicines, 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.

• Schedule 8

Controlled Drug

Medicines 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.

Q: Why are there more restrictions on the supply of certain medicines compared to others?

Varying levels of restrictions are in place because some medicines carry a greater potential to cause harm or to be misused or abused. The primary aim of the Scheduling system is to balance access to medicines and self-management of health conditions with protecting consumers from harm, particularly vulnerable consumer groups such as children.

Q: I regularly buy a certain type of medicine without a prescription, but I always have to ask for it and the pharmacy staff ask me a lot of questions before giving it to me. Why?

By law, Pharmacist Only Medicines (Schedule 3) can only be supplied from a pharmacy by or under direction of a pharmacist and must be stored in an area of the pharmacy that is not accessible to the public. Although these medicines are available without the need of a prescription, every time a Pharmacist Only Medicine is requested or supplied, a pharmacist is required to ensure the medicine is appropriate and will be used safely and correctly. If a pharmacist thinks that a particular medicine is not suitable for the condition, is unsafe for the person or is being misused, they may suggest another treatment, refuse the sale of a product and/or refer you to a doctor or health centre.

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The Pharmacy Guild of Australia

Frequently Asked Questions about medicine scheduling

Q: Why is it that some medicines no longer require a prescription?

The Scheduling classification of any medicine can be subject to review and changed if justified. Proposals to change a Scheduling classification can come from any source, but typically come from the sponsor for the supply of the medicine in Australia.

A down-schedule (e.g. prescription medicine being reclassified to non-prescription) may occur when new evidence indicates the medicine's level of risk is not as great as originally perceived and/or the potential health benefits of making the medicine more readily available outweighs any potential increase in risk.

Conversely, a medicine may be up-scheduled if evidence suggests a significant increase in the potential for abuse or misuse or the severity or frequency of adverse effects warrant further restriction. Consideration is given to any potential costs associated with an up-schedule as well as expected individual or public health benefits and risks associated with more restricted access.

Proposed changes are publicised by the Therapeutic Goods Administration (TGA) with an opportunity for comment from interested stakeholders.

The Pharmacy Guild of Australia (Guild) examines all medicines Scheduling proposals and undertakes research to provide submissions commenting on proposals identified to be of significance to community pharmacy, Guild members and/or consumers.

Q: Do the rules regarding the supply of medicines vary between the States and Territories?

Although the Schedule system is nationally based, the States and Territories manage the laws relating to the storage and supply of medicines. While for the main part they are very similar, there are some differences depending on the medicine Schedule. If you are travelling or moving interstate and are concerned about or have problems obtaining medicines, just Ask Your Pharmacist.

Q: Why can I get certain medicines from supermarkets and other outlets but others only from a pharmacy?

Medicines are not treated as normal products of commerce as they have the potential to do significant harm if used incorrectly or inappropriately. Medicines that have a greater risk are scheduled and restricted to supply from a pharmacy so that consumers have access to professional advice from a pharmacist. Medicines with the greatest risk require a prescription to authorise supply.

Community pharmacists provide professional advice about the safe use of medicines for optimal effect and are supported by a team of pharmacy assistants who are trained to ask questions in order to assist the pharmacist and assess if and when the pharmacist should be consulted.

There are some medicines (including complementary medicines such as herbal remedies and vitamins) that are exempt from scheduling which are available through non-pharmacy outlets, such as supermarkets, service stations and health food stores. These medicines have been deemed sufficiently safe to allow consumers to self-select without the need for any pharmacist advice. Risk of misadventure is managed by including cautions and warnings on the medicine pack.

Although a medicine may be exempt from scheduling, it does not indicate it is completely 'safe' or 'risk free'. If you have any concerns regarding a medicine, you should consult your community pharmacist or doctor.

If you are concerned that someone may have taken an overdose or too much of any medicine, call the Poisons Information Line on 13 11 26.

Therapeutic Goods Administration

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