MEDICATION MANAGEMENT POLICY AND PROCEDURE

Version 2.0: July 2026

MEDICATION MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure Bilingual Care:

- provides safe and effective medication management to all applicable consumers
- upholds duty of care principles that require staff to maintain a high level of competency when reminding consumers about, supervising the intake of, or administering medication and
- places consumers at the centre of planning and delivery and maximises, as much as possible, their capacity to control their service provision.

It applies to all Bilingual Care staff and meets relevant legislation, regulations and Standards. This policy and procedure also aligns with the 12 Guiding Principles of the Department of Health and Aged Care's *Medication Management in the Community Guiding Principles (2022)* [1]. It should be used in conjunction with Bilingual Care's *Clinical Governance Framework.*

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Person*
- *Standard 3. The Care and Services*
- *Standard 5. Clinical Care*

Definitions

Antimicrobial Resistance and Stewardship – antimicrobial resistance poses one of the most important risks to our health today and occurs when an organism develops resistance to an antimicrobial that is used to treat it. Antimicrobial Stewardship is a practice that has been shown to decrease inappropriate antimicrobial usage, improve consumer outcomes, and reduce adverse consequences of antimicrobial use.[2]

Dose Administration Aids – pharmacy prepared aids whereby solid oral medications are divided, sealed, and packaged according to the dose schedule throughout the day. Dose administration aids are fully labelled by a pharmacist and used where persons may have specific problems preventing them from managing their medications in the original manufacturers packaging. Dose administration aids can be blister packs, sachet systems and compartmentalised boxes.

[1] Australian Government Department of Health and Aged Care, 2022, *Guiding principles for medication management in the community*, Australian Government, viewed 28 August 2025, https://www.health.gov.au/sites/default/files/2022-11/guiding-principles-for-medication-management-in-the-community.pdf.

[2] Australian Commission on Safety and Quality in Health Care 2023, *Antimicrobial Stewardship*, Australian Commission on Safety and Quality in Health Care, Sydney, NSW, accessed 28 August 2025, https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship

Medication Administration - If a person is unable to independently manage their medication, staff may need to ensure that the person gets offered or is given their medication. Administration of medicines is one, all, or a combination of the staff member doing the following:

- deciding which medicine(s) have to be taken or applied and when this should be done
- being responsible for selecting the medicines
- giving a person medicine to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it and
- giving medicines where the staff member must possess the appropriate training and qualifications to do so, including regular ongoing competency assessments.

Medication Assistance – as with prompting, the person is assessed as being able to self-medicate, and is in control of their medicines but needs assistance with simple mechanical tasks, these can include:

- ordering repeat prescriptions from the General Practitioner's surgery
- picking up prescriptions
- collecting dispensed medicines from the pharmacy
- bringing medicines to a person at their request so that they can take the medicines
- opening bottles or packaging at the request and direction of the person who is going to take the medicine
- reading labels and checking the time at the request of the person who is going to take the medicine and
- ensuring the person has a drink to take with his or her medication.

Medication Prompting - reminding or encouraging a person to take their medication. The person is still in control of their medicines and may decide not to take them or to take them later. Prompting can be useful when a person knows what medicines to take and how to take them but may simply forget the time.

Medicine - covers a broad range of products that are used to prevent, treat, monitor, or cure a disease. This includes but is not limited to prescription, complementary and non-prescription medicines[3].

Non-Packaged Medication – any medication that is not in its original packaging as supplied by the pharmacist. This type of medication is not to be administered due to the potential risks involved.

Non-Prescription Medicine – any medication that has been purchased or obtained without a formal general practitioner/hospital prescription, often referred to as 'over the counter' medicines. This includes complementary and alternative medications, supplements, homeopathic medications and complementary medication (deemed illegal).

Open Disclosure - open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological, or social, resulting in loss of quality of life, impairment, suffering, injury, disability, or death. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure

[3] Australian Government Department of Health and Aged Care, 2022, *Guiding principles for medication management in the community*, Australian Government, viewed 28 August 2025, https://www.health.gov.au/sites/default/files/2022-11/guiding-principles-for-medication-management-in-the-community.pdf.

is a discussion and an exchange of information that may take place over several meetings. Further information can be found in the *Aged Care Open Disclosure Framework and Guidance*.[4]

Prescription Only Medication - any medication listed in Schedule 4 or Schedule 8 of the Poisons Standard (No. 3) June 2020, and which is only available to the public on prescription by a medical practitioner or dentist. Some Schedule 4 and Schedule 8 (S8) medications have additional controls on possession or supply due to the likelihood of abuse, misuse, and diversion. Extra controls on Schedule 4 medications are contained in Schedule 4 Appendix D (S4D).

Pro Re Nata (PRN) Medication – medication prescribed by a health professional for a person to take as needed. PRN medication can include prescription and non-prescription medications. Persons requiring support to manage PRN medications must be referred to a Registered Nurse for management.

Scheduled Medicines – a national classification system used to control how medicines and poisons are made available for the public. These medicines and poisons are categorised into appropriate Schedules according to the level of regulatory control over their availability.

Supporting Self Medication – supporting a person with their self-medication means the person is cognitively aware, has been educated about and accepts responsibility for their own medication regime. For various reasons however the person is unable to take the medication out of the container and/or requires assistance with drinking to take the medication.

Policy

The health, safety, and wellbeing of all Bilingual Care staff and consumers is of utmost importance, including in the management and administration of consumers' medications.

Bilingual Care acknowledges that medication management practices build on individual strengths and reflect individual needs, interests, and goals, and formal and informal support networks. Medication management also requires a community approach, where all stakeholders (partners) come together to support safe outcomes for consumers[5].

All medication management practices for each consumer are informed by individual *Care Plans*.

Bilingual Care will assist consumers to manage their medication based on the following order of preference:

1. the consumer self-manages all aspects of their medication
2. the consumer is supported or assisted by their family or support network to manage all aspects of their medication
3. the consumer manages their medications with Bilingual Care staff providing medication prompting
4. the consumer manages their medications with Bilingual Care staff providing medication assistance or

[4] Australian Commission on Safety and Quality in Healthcare, 2014, *Australian Open Disclosure Framework: Better Communication, a Better Way to Care*, ACSQH, Australian Government, accessed 28 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care.

[5] Australian Government Department of Health and Aged Care 2022, *National Medicines Policy*, Australian Government, viewed 28 August 2025, https://www.health.gov.au/sites/default/files/2022-12/national-medicines-policy.pdf

5. Bilingual Care staff manage and administer medication for the consumer.

Procedures

Medication Plans

Consumers' medication needs should be identified during initial assessment and planning processes (see the *Initial Assessment and Care Planning Policy and Procedure*). Medication requirements must be clearly documented by the consumer's regular health practitioner or prescribing/referring medical practitioner. If a consumer does not have this at the point of intake and assessment, this information must be obtained from the health practitioner, by or with consent from the consumer. Medication requirements can be provided in the form of a Health Summary, that specifies the complete list of medications, and the dosage, time and route of administration a consumer is prescribed.

Once this information has been provided or obtained, a Medication Plan must be developed by the Clinical Advisor using Bilingual Care's *Medication Plan and Consent Form*. The Plan should include:

- the consumer's name and date of birth
- the type of medication/s required, including the name and whether staff prompting, assisting or administration is required and
- consent from the consumer for appropriately qualified and trained staff to prompt, assist with or administer the medication as per the pharmacist's/medical practitioner's instructions and on the medication packaging.

Medication requirements are to be reviewed and updated at least annually. A Health Summary from the health practitioner can be requested by the Clinical Advisor to confirm any changes to a consumer's medication requirements.

If there is any uncertainty about a consumer's prescribed medication requirements, this must be escalated to the Clinical Advisor immediately, who will follow up and seek clarification from the consumer's medical practitioner or an authorised prescriber.

Consent

When providing medication management, Bilingual Care staff must first ensure the consumer has provided consent via a *Medication Plan and Consent Form*. The *Medication Plan and Consent Form* provides detailed information about the medications, the type of support required and consent for Bilingual Care to provide medication management.

Consumers must be informed about and helped to understand Bilingual Care's medication management processes in a way that meets their communication needs and cognition.

Staff must ensure consumers are involved in decision making as far as possible according to their capacity, including supporting and encouraging them to self-administer their medication as the first step, where appropriate.

If a consumer is unable to provide consent to medication management support, an authorised person responsible for making health-related decisions must provide consent on their behalf.

Staff must establish each consumer's preferences regarding the staff supporting them with their medication management, how that occurs, any cultural or other diversity considerations, and how much involvement the consumer would like to have, prior to commencing support.

Capacity Determination

Where Bilingual Care is uncertain about a consumer's ability to safely manage and administer their own medication, a capacity/competency assessment can be completed by a qualified health care professional (such as a General Practitioner) in consultation with the consumer and those involved in their care.

Given capacity can vary over time, a review is to be completed regularly by a qualified health care professional to determine if the consumer's capacity has changed.

Where appropriate, consumers should be supported to implement strategies to work towards improving their capacity to self-administer and manage their own medications.

Dignity of Risk

All consumers, regardless of their level of capacity, have the right to make decisions about their care, including decisions that involve varied levels of risk.

Bilingual Care respects all consumers' wishes and preferences relating to the risks they choose to take.

Where a consumer makes choices about their medication management that involve a potential risk of harm, staff are responsible for ensuring they understand the risk, and how it can be managed, to ensure they can live the way they choose. To ensure Bilingual Care's legislative and duty of care responsibilities can be met, including managing risks to the health and safety of staff and others, staff must work together with the consumer and any other relevant stakeholders to determine solutions that are least restrictive of the consumer's choice and independence.

Access to medication management support required by the consumer must not be withdrawn or denied solely based on a dignity of risk choice that has been made by the consumer.

All determinations and assessments in relation to a consumer's choice and dignity of risk with respect to medication management are to be documented as per Bilingual Care's *Consumer Case Notes Policy and Procedure*.

Staff Training and Requirements

Bilingual Care, as per its *Training and Development Policy and Procedure*, will ensure all staff have the required level of competency to provide appropriate and safe support relevant to consumers' needs. This includes when providing medication management support.

Bilingual Care must have a process in place to ensure consumers are supported by staff who are competent in medication management, through its recruitment, training, and scheduling processes.

Where support workers are required to assist consumers with their medications, they will first be provided with education about Bilingual Care's policies and procedures around medication management by the Clinical Advisor. This provides Bilingual Care with an opportunity to further confirm that support workers have the necessary level of skills, knowledge, and competency prior to undergoing medication management training with a Registered Training Organisation.

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All staff assisting consumers with medication management must have competently completed training in the following, delivered by a Registered Training Organisation (RTO):

- a minimum qualification of a Certificate III (Individual support or equivalent)
- First Aid
- CPR
- Recognise Healthy Body Systems and
- Assist Clients with Medication.

In addition, before providing medication management support to a consumer, they must also:

- be trained in Bilingual Care's medication management policies and procedures
- pass an online medication administration unit and
- participate in a group training session led by the Clinical Advisor.

If staff are required to undertake more complex medication administration to support an individual's complex health *Care Plan*, additional training relating to more complex medication administration must be arranged, and a suitably trained staff member must assist the consumer until this occurs.

Staff must participate in a review of their medication management knowledge and performance at least every 12 months, undertaken by a suitability qualified staff member.

Bilingual Care may also provide refresher training to staff should the following occur:

- an incident or error occurs that is linked to medication management competencies
- a request is made by a staff member
- a request is made by the Clinical Advisor where there are performance issues relating to specific medication management tasks
- there is a change in a consumer's health or medication needs requiring a different range of competencies or
- there is a change in a consumer's accommodation or environment, impacting on staff ability to perform medication management tasks.

In addition, Bilingual Care will ensure all staff involved in medication management complete refresher training at least every 3 years, including coverage of recent changes in medication management practices and review of competencies.

As an alternative to the above, an employee may also be assessed as competent if they have a higher qualification, for example a Registered Nurse who is acting within the scope of their employment.
Support workers can assist with self-administered medication only if they:

- have completed relevant medication administration competencies
- follow all relevant State/Territory Drug Acts and Regulations
- follow the requirements of the consumer's *Care Plan* and *Medication Plan and Consent Form* as well as the procedures set out in this *Medication Management Policy and Procedure*.
- is working under the delegation of the Clinical Advisor or appropriately qualified RN.

If the support worker does not meet the above requirements, they must not assist with medication. The Clinical Advisor will allocate another suitably qualified worker to provide medication support.

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Important Notes

When prompting, assisting, or administering medications, staff undertaking this duty must know the reasons consumers are on medications, to reduce risks and complications. This includes (depending on their scope of practice) knowing medication side effects, adverse reactions, allergies or allergic reactions and anaphylaxis.

While staff may be trained in medication management, they are not a regulated health professional (such as a doctor or Registered Nurse) and have limited clinical knowledge. Therefore, they must be trained to:

- recognise when a consumer is not behaving or reacting as expected after taking medication
- treat this as a side effect or adverse reaction and
- immediately follow Bilingual Care's escalation policies and processes.

Information about Side Effects

The consumer's doctor or pharmacist are the best people to seek guidance from about medication effects and side effects. Staff may also source information about medication side effects from the medicine's Consumer Medicine Information (CMI) leaflet. The CMI leaflet is generally provided by the pharmacist, particularly when prescribing a new medicine. The pharmacist can provide a copy if requested.

The NPS Medicine Service has an online search function that can be used to find CMIs. Go to https://www.nps.org.au/medicine-finder to search for the medicine's CMI.

Staff must report any concerns or complications immediately to the Clinical Advisor or a member of the Leadership Team and call 000 where the matter is considered a medical emergency.

Restricted Medications

Where a consumer is taking an S4D or S8 medication, the Clinical Advisor will (with the consumer's consent) provide them with education regarding Scheduled Medicines and their associated risks (including the extra precautions required).

When Bilingual Care is involved in assisting, administering, or storing S4D or S8 medications, staff will count the medications upon each service delivery and document this in consumer files. The Clinical Advisor will review consumers' files weekly to ensure there is no misuse. If the count is out, a *Medication Incident Report Form* must be completed and investigated as per Bilingual Care's *Consumer Incident Management Policy and Procedure*.

The Clinical Advisor will encourage the consumer to keep S4D or S8 medications in a location that is out of sight and is not easily accessible by others, such as in a secured bag, a dedicated draw or cupboard. However, Bilingual Care understands it is the consumer's choice regarding where and how they keep their medication.

Upon the consumer's agreement or where it is a clinically identified risk, the Clinical Advisor will refer them to a Behaviour Support Practitioner to develop or update their *Behaviour Support Plan* to reflect this practice. Where locking S4D and S8 medications away is approved, the Clinical Advisor will be responsible for developing a security plan for any key or code access to the medication, as well as who will have access. The Clinical Advisor must include this detail in the consumer's *Care Plan*.

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PRN Medications

Where applicable, staff should consider the use of non-pharmacological options prior to prompting, assisting, or administering a PRN. When a PRN has been administered, staff must document why it has been taken and the result it had on the consumer.

Non-prescription Medications

A consumer or their supporter can ask about the relief of minor ailments, symptoms or conditions. This may result in a request to use non-prescription (over-the-counter) medications or creams. Non-prescription medications may include:

- oral paracetamol for pain
- antacid for indigestion
- docusate sodium plus senna for constipation

Any requests from the consumer or their carers to have non-prescription medication/s that are not on the consumer's *Medication Plan and Consent Form*, must be raised with the Clinical Advisor for further advice and instruction. Requests for non-prescription medications may be due to temporary ailments or could indicate there is a change/deterioration in the consumer's health which will trigger a review.

Antimicrobials (i.e., antibiotics)

Bilingual Care consumers receive routine health care, physical examinations, immunisations, assessments, and treatments for health conditions from their General/Health Practitioner or similar. This includes the prescription of medications, including antibiotics/antimicrobials.

Whilst Bilingual Care is not responsible for the prescription of consumer antimicrobials, it ensures that all staff overseeing and supporting consumer medication management are educated on antimicrobial resistance, to allow them to report concerns about any constant/increasing prescription of antimicrobials to consumers.

Where a staff member is supporting a consumer's medication management in relation to antimicrobials, they must encourage the consumer to complete the full course prescribed even if symptoms have improved or resolved. This reduces the risk of resistance and ensures the effectiveness of the treatment.

Should staff report concerns in relation to consumers antimicrobials, the Clinical Advisor is responsible for communicating with the consumer and/or their representative and with the consumer's treating health practitioner (with the consumer's consent).

See Bilingual Care's *Antimicrobial Stewardship Policy and Procedure* for more information.

Consumers Self-administering and Managing their Own Medications

Where a consumer has indicated through their initial assessment and planning processes that they are capable and confident to self-administer their medication, Bilingual Care will support and encourage them to manage and administer their own medication where appropriate.

Where required, the Clinical Advisor will request written advice from a consumer's medical practitioner or authorised representative, notifying that the consumer has appropriate training and skill to assume responsibility for managing their own medication.

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Staff members will monitor the consumer's capacity to self-administer and manage their own medication and escalate any concerns to the Clinical Advisor (see also *Capacity Determination*).

Consumers Unable to Self-administer their Own Medications

Staff members are to provide the consumer with the agreed upon assistance (prompt, assist or administer) as per the signed *Medication Plan and Consent Form* and in line with the consumer's *Care Plan*.

Staff must also check the following when prompting, assisting, or administering medications:

- the medication had the right effect on the consumer
- the medication's expiry date (ensure more is available if needed)
- the currency of assessments (especially around consumers' capabilities) and
- whether the consumer requires further education on the medications they take

Types of Management

1. Prompting Medication

Given consumers still remain in control of their medicines, this type of management is where staff simply remind the consumer of the need to take their medications.

The consumer's *Care Plan* must clearly stipulate the time of day for the staff member to prompt the consumer, regardless of whether the consumer chooses not to take them or take them later.

Staff remind the consumer of the time of day and ask them if they have taken their medication. This may occur as a stand-alone service or part of other services provided.

Prompting does not include:

- pouring out liquid medication
- popping tablets out of containers
- physically handling tablets or medicines
- selecting the medicine for the consumer
- advising which medicine to take or
- explaining dosage, applying creams, or giving injections.

Staff are required to complete the *Medication Management Checklist* for each prompting service to demonstrate correct processes have been followed.

2. Assisting with Medication

Staff are to assist consumers who can retain control of their medication management however need assistance with the mechanical tasks associated.

Assisting with medicines can include:

- take medication in its container from the area where it is stored and hand the container to the consumer as requested
- assist with opening a medication container (e.g. unscrewing lids) as requested by the consumer
- remove medication from a container and place it into another container (such as a Pil-

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Bob) or the consumer's hand as requested
- observe the consumer to ensure they do not have trouble administering their medication
- assist the consumer to make a record of the medication taken.

Before assisting consumers with their medication, staff must first check that the medication is correctly labelled with:
- the consumer's name
- the name and strength of the medication
- dosage and frequency, and
- route of administration

Bilingual Care's support staff can assist a consumer with self-administering medication if:
- the consumer's medical condition/s are stable
- there is a current *Medication Plan and Consent Form* in place including a medication plan signed by the prescribing/referring medical practitioner
- the *Care Plan* includes contraindications (interactions and side effects) and emergency contacts and
- if a blister pack is used, it has been filled by a registered Pharmacist, or
- it is over-the-counter medication or a prescribed/non-prescribed cortisone or topical cream, and
- if assisting with a sub-cutaneous injection this must be pre-filled

If the above criteria are not met, then an appropriately qualified and experienced RN or EN must assist the consumer. Support staff must not make any decisions about medication administration. If there are any concerns about a consumer's medication requirements, they must contact the Clinical Advisor before proceeding. The Clinical Advisor can evaluate the consumer holistically to review what medications they take and whether the strategies in place are effective or if further review/re-assessment is required.

Staff are required to complete the *Medication Management Checklist* for each assistance service to demonstrate correct processes have been followed.

3. Administration of Medication

If consumers have been assessed as unable to administer or manage their medication, the *Care Plan* and *Medication Plan and Consent Form* must contain clear instructions about the physical assistance and supervisory role the staff will take in the administration of medications.

The level of support a consumer requires varies and will regularly need to be reviewed throughout their time receiving care.

All medication to be administered by staff must be prescribed by the consumer's health practitioner and within its original packaging or a Dose Administration Aid.

An up-to-date pharmacy/health practitioner's list of the consumer's current medications must be kept with the medications to be administered. This list must be updated with each medication change the consumer experiences.

Staff are to follow their accredited training in medication management in relation to the rules for safe administration of medication.

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Prior to administering medication, staff must prepare the consumer by communicating and discussing the procedure, encouraging participation where possible. Staff must also establish the consumer's preference relating to medication administration, complete all personal hygiene steps and prepare all resources required.

Staff administering medication must ensure they follow the Medication Rights:

- the ***right medication*** is being administered
- the medication is being administered to the ***right person***
- the ***right dose*** is being administered
- the medication is being administered at the ***right time***
- the ***right route and administration method*** are being used as prescribed
- the ***right documentation*** is being completed
- it is being administered for the ***right reason*** and
- the consumer displays the ***right response*** following administration.

Staff administering medication must also support the consumer's ***right to refuse*** their medication but must document this clearly on a *Medication Incident Report Form*.

Staff must also check the following when prompting, assisting, or administering medications:

- the medication had the right effect on the consumer
- whether the consumer requires further education on the medications they take
- the medication's expiry date (ensure more is available if needed)
- the currency of assessments (especially around consumers' capabilities) and
- evaluating the consumer holistically to review what medications they take and whether the strategies in place are effective.

Before administering medication, staff should as far as possible understand:

- the reason the consumer is taking each medication
- how the medication is to be stored and administered and
- the possible side effects of the medication and interactions with other medications, and
- how to use their first aid equipment and strategies if required.

Staff must not administer medication to consumers if:

- the above processes have not been followed
- the medication is past its use by date or has been damaged
- the consumer is asleep, unconscious, drowsy, vomiting or having a seizure or other immediate health concern or
- the staff member identifies a medication administration error from the previous administration service (i.e., missed medication from previous staff member visiting).

Following each administration service staff must monitor the consumer for any adverse reactions and complete the *Medication Management Checklist* to demonstrate correct processes have been followed.

Medication Refusal

Consumers have the right to refuse their medications at any point during prompting, assisting, or administering.

If a consumer refuses to take any medication, staff are encouraged to:

- explore with the consumer why they are refusing to take the medication
- explain to the consumer why the medication is needed

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- wait up to 30 minutes and discuss again
- if refusal persists contact the Clinical Advisor for further instruction and
- record the consumer's refusal in their *Medication Management Checklist* and complete a *Medication Incident Report Form* immediately.

Reviews

Medication reviews must be undertaken periodically, or at the request of a consumer. At minimum, reviews must occur:

- at initial assessment and planning
- as part of scheduled reviews depending on the consumer's needs, or at least annually
- if the consumer is transitioning between services and/or service providers
- when there is a change in the consumer's diagnosis or there is a deterioration in behaviour, cognition or mental or physical condition
- when the consumer is acutely unwell
- when there is polypharmacy and the potential to deprescribe
- when a new medicine is commenced, or a change is made to an existing medicine or to the consumer's *Medication Plan and Consent Form*
- following an adverse that is potentially related to medicines or
- if requested by the consumer

Consumers have the right to request a review of their medication at any time. The Clinical Advisor will inform consumers they may request a review of their medication as part of the initial assessment and assessment reviews process.

If a medication review is requested or required, staff will inform the Clinical Advisor. The Clinical Advisor will coordinate a referral to the consumer's treating healthcare professional/prescribing practitioner if required, with the consumer's consent.

Any recommendations or changes to the consumer's medication will be supported by the Clinical Advisor by ensuring the consumer has an updated *Medication Plan and Consent Form* and informing and/or training staff of the consumer's updated medication requirements.

Restrictive Intervention – Use of Medication (Chemical Restraint)

Where a consumer has a plan in relation to the management of behavioural issues that involve restrictive interventions including the use of medication (chemical restraint), only staff who have expertise and the appropriate qualifications are permitted to carry out the proposed restrictive intervention. These plans and management methods must be documented in the consumer's *Care Plan* and consent documents.

For more information on Bilingual Care's restrictive intervention processes refer to the *Use of Restrictive Practices Policy and Procedure*.

Alterations to Medication

Some medications may have a reduction in effectiveness or a greater risk of toxicity or other harm if they are altered. Altering oral dose forms of medicines should be avoided. If a consumer has swallowing difficulties, suitable alternative formulations (or medicines) should be explored and requested from the consumer's prescribing practitioner.

If alternative medicinal options are not possible, prior consent must be obtained in writing from the consumer's pharmacist or health professional and noted within the *Medication Plan and*

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Consent Form prior to staff altering any medications. This includes crushing or breaking tablets.

Medication is not to be hidden in food or liquids.

Staff will provide consumers with the information and help they need to ensure their medicines can be administered safely and effectively.

Prohibited Practices

Staff must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.

Staff must not administer medication to a consumer who is clearly objecting in an informed manner unless there is an approved protocol in place (see '*Restrictive Interventions'*).

Staff must not administer medications to consumers in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the consumers.

Staff must not leave medications of any type in an area where they are unsupervised and accessible to unauthorised people.

Medication Management Documentation

All consumers must have a completed *Medication Plan and Consent Form* on file.

A *Medication Management Checklist* is to be maintained for each consumer who receives support with medication management from Bilingual Care.

The *Medication Management Checklist* must be kept in the consumer's home, easily accessible by staff.

The *Medication Management Checklist* must:

- detail the consumer's name, address and any allergies or adverse drug reactions
- detail the type of management required (prompt, assist, administer)
- allow the staff to record the date, time, source of the medication and type of support provided
- remind staff to perform the medication ***Rights*** and confirm they have done so
- allow the staff to record any observations of the consumer before, during and after and
- provide space for the staff member to list and sign their name as the person responsible for that medication support delivered.

Phone Orders

When there is no documented clinical alternative, and a consumer's medical practitioner is unable to visit in person or send through a medication order via other means (fax, email), a verbal or telephone order from a medical practitioner can be completed.

When the medical practitioner is providing a phone order for a medication, the person receiving the call must:

- be a Registered Nurse or higher qualified health practitioner accompanied by a second Bilingual Care staff member
- repeat the order back to the medical practitioner

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- have the second staff member confirm the order with the medical practitioner
- clarify when the medical practitioner will provide the prescription to a pharmacist and which pharmacy that will be (name, address and contact details are required).

The phone order should be documented on the consumer's *Medication Checklist* and must include the following:

- consumer's name
- the date the order is prescribed
- reason for administration
- medical practitioner's name
- signatures of the **two staff** who confirmed the phone order
- route, time, and frequency the medicine is administered and
- the initials of the person administering the medicine.

Where the phone order is to cease a medication, the person receiving the instructions may endorse the medication documentation accordingly with the words 'ceased as per phone order', along with the prescriber's name, signature, date, and time. Both the Registered Nurse or higher qualified health practitioner and a second staff member must confirm that a medication is ceasing, as per the points above.

Within 24 hours of a phone order, the medical practitioner should provide the pharmacist with a prescription. This should be accompanied, within a reasonable timeframe, by a signed version of the phone order. This might be achieved by:

- the Registered Nurse or higher qualified health practitioner or second staff member emailing or faxing the completed order through to the medical practitioner's office
- the Registered Nurse or higher qualified health practitioner or second staff member visiting the medical practitioner's office or
- the medical practitioner attending Bilingual Care's office or the consumer's home.

If a phone order is not confirmed by the medical practitioner's signature within seven days, a *Medication Incident Report Form* must be completed.

Medication Labels

Medication must be labelled at all times and include the consumer's name and prescribed dosage, which matches the medical practitioner's orders. If it is identified that the medication label does not have the correct details or dose, then the Clinical Advisor must work with the consumer and/or pharmacist/medical professional that has dispensed the medication to have the label corrected as quickly as possible.

If the label cannot be corrected before the next dosage is due, the Registered Nurse or higher qualified health practitioner will ensure that the staff member administering the medication has been provided clear and explicit instructions on the correct dose and that the staff member is competent to assist/administer the medication. The consumer's *Medication Plan and Consent Form* must clearly specify the correct dose with a note that the current label is incorrect and to contact the Clinical Advisor if there is any uncertainty about the correct dose.

Any over the counter medications, including vitamins and minerals, must also have a label attached.

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Storing Medications

Consumers managing their medication are to 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. Medicines should be stored in their original container in a cool (preferably below 25°C), dry and secure place, according to the medication's Consumer Medicines Information (CMI) leaflet and manufacturer's instructions.

Bilingual Care does not store any consumer medications on behalf of consumers.

When medication needs to be transported, it should be placed in an appropriate storage container where required.

Medication that has been temperature compromised must not be administered and should be disposed of (see *Disposing of Medications* section below). If medication is compromised due to storage conditions, staff must notify the Clinical Advisor and complete a *Medication Incident Report Form* in accordance with Bilingual Care's *Consumer Incident Management Policy and Procedure.* The Clinical Advisor will liaise with consumer's treating healthcare professional/prescribing practitioner to arrange replacement of the compromised medication as soon as possible.

In relation to restricted prescription only medicines, Bilingual Care will store these medications in a location that is not easily accessible to the public and locked. Staff will count the medications during every access and document with the Clinical Advisor reviewing weekly to ensure there is no misuse. If staff or the Clinical Advisor recognise the count is out, they will complete an incident form and investigate as per Bilingual Care's *Consumer Incident Management Policy and Procedure*.

The Clinical Advisor will be responsible for the keys/security code for any locked containers that store medication. A spare key will be kept with the Clinical Advisor. If any of the keys are lost/stolen or the security of the medication storage is compromised, then new keys (and spare key) will be arranged.

Safe and Secure Transportation and Storage of Medications in the Community

To ensure consumers can participate in activities and outings within the community without the restriction of their medication schedule, Bilingual Care has processes in place to provide this support. These processes are based on the requirement that prior to activities and outings within the community the consumer has provided consent for Bilingual Care staff to provide medication management support and the level required.

Self-Managed Medications

Where a consumer self-manages their medication, they will be responsible for the safe and secure transportation and storage of their medications while outside their home. During service and support planning discussions, Bilingual Care will ensure consumers are aware of the support available should they require it.

Medication Prompt/Assist/Administration

When a consumer requires medication prompt/assist/administration and have a community outing during that time, the staff providing support need to be aware of the consumer's current medication management plan and be adequately qualified to provide the

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prompt/assist/administration. See Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure, Care Review Policy and Procedure,* and *Training and Development Policy and Procedure* for further information.

Prompt – where a consumer can safely and securely transport and store their own medications while outside of the home, however, requires a prompt to remind them, staff are responsible for prompting them to pack the medication/s, offer support to transport/store the medication and prompt the consumer to take the medication while out in the community.

Assist – where a consumer can safely and securely transport and store their own medications while outside of the home, however, requires assistance to take them, staff are responsible for assisting them to pack the medication/s, offer support to transport/store the medication and assist the consumer to take the medication while out in the community.

Administration - where a consumer has signed consent for Bilingual Care to administer medication, staff are responsible for the safe and secure transportation and storage of the medication while assisting the consumer outside of the home. Staff are also responsible for their usual medication administration duties whilst out in the community.

S4D/S8 medications – due to the restrictions and risks involved with these types of medication, Bilingual Care staff are to work with consumers in the first instance to manage the need for these medications in the home as much as possible, to avoid taking them out into the community. If, however, these types of medications need to be transported with the consumer while outside of the home the below processes apply.

Transportation

Where Bilingual Care staff are responsible for transporting and storing a consumer's medication while outside of the home, the medication must be transferred into an appropriate secure container that has a secure and watertight lid and is labelled with the consumer's name.

The container must maintain the quality of the medicine and in accordance with any instructions on the label (for example a cooler bag/insulated lunchbox for medication usually kept in the refrigerator). Where medication is delivered intravenously, Bilingual Care staff must ensure to also have a portable sharps container to transport with the medication being taken from the consumer's home.

Staff should seek further advice from the Clinical Advisor, pharmacist, or a consumer's treating practitioner/doctor if they have concerns about transporting a consumer's medication.

Where medication is removed from its original container/medication pack into a sealed transportable container, staff must count the medication and clearly document all medication that is being transported in the consumer's *Medication Management Checklist*.

Staff must use a secure bag/satchel to house the transported medication out of plain sight or access to the public.

Documentation

Bilingual Care staff remain responsible for all usual medication management duties whilst supporting a consumer out in the community as per the instructions within this policy and procedure pertaining to medication prompting, assistance and administration.

Staff must document all steps taken in relation to transporting and storing medication removed

from a consumer's home, as well as the medication management support offered whilst in the community and the return of all required medication back to the consumer's home at the cessation of the service.

Any medications that were transported from the consumer's home must be re-counted, documented clearly in the consumer's *Medication Management Checklist* and returned to their previous location.

Disposing of Medications

Medication must be disposed of safely and in a manner that is not harmful to the environment. See Bilingual Care's *Waste Management Policy and Procedure* (Pharmaceutical Waste) for further details on the appropriate disposal method.

Incident Management and Reporting

Where staff have any concerns or questions about a consumer's medication management or their responsibilities they must report to the Clinical Advisor for guidance. This includes reporting on:

- any change or potential change in the consumer's health status or
- any concerns in relation to consumers being continuously prescribed antibiotics for long term use.

In the event of a medical incident, contact the Clinical Advisor and call 000 where the matter is considered a medical emergency.

Medication Errors

Where a consumer has been given incorrect medication (wrong dose, wrong time, wrong date, wrong way/route, or wrong medication), this must be immediately reported to the Clinical Advisor. Medication errors can include:

- giving the wrong medication
- incorrect dosage (too much or too little)
- delays or incorrect timing
- failing to give a prescribed medication or a required dose
- giving medication that causes an allergic reaction when the allergy was known or could have been identified
- any unexpected, harmful reaction to a medication, even if administered correctly
- administering medication without recognising potential contraindications or drug interactions
- incorrect labelling or providing the wrong instructions on how to take the medication
- medication that has been lost, stolen or incorrectly stored or
- using expired medication.

The staff member must observe the consumer's reaction/s to determine the extent of effects on the consumer. If for any reason the Clinical Advisor cannot be contacted, or if the consumer's reaction to the incorrect medication is severe or life threatening, an ambulance must be called.

Incidents relating to medication refusal, misuse, errors or similar should be recorded on a *Medication Incident Report Form* and reported in accordance with Bilingual Care's *Consumer Incident Management Policy and Procedure*. An investigation will be undertaken to determine the cause and ways to prevent future errors occurring. Outcomes from investigations will be

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discussed with the consumer in an open and transparent manner, as per Bilingual Care's *Open Disclosure Policy and Procedure*.

Any incidents that result in a medical emergency for a consumer are to be responded to as per the consumer's individual *Care Plan* and within the staff scope of practice (first aid, clinical knowledge, etc.). Medical emergencies must be reported to the Clinical Advisor.

Where a consumer's health is deteriorating, staff must call 000.
A copy of the consumer's *Medication Plan and Consent Form* / Health Summary is to be provided to the attending emergency services personnel.

Care Plan Review

Where an incident is a result of a consumer's health deterioration, their *Care Plan* must be reviewed immediately, as per the *Care Review Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Antimicrobial Stewardship Policy and Procedure*
- *Clinical Governance Framework*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Care Review Policy and Procedure*
- *Consumer Case Notes Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Training and Development Policy and Procedure*
- *Use of Restrictive Practice Policy and Procedure*
- *Waste Management Policy and Procedure*
- *Medication Plan and Consent Form*
- *Medication Incident Report Form*
- *Medication Management Checklist*
- *Care Plans*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

Version No.	**Issue Date**	**Document Owner**
2.0	**02/07/2026**	**MD**
Version History		
Version No.	**Reviewed Date**	**Revision Description**

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