

All Customers supported by Access4u who require medication, access it safely, in the least intrusive way possible and in accordance with sound, consistent practices that are compliant with relevant legislation. This is achieved by various processes including maintenance of employee competency, promoting a person-centred framework around medication administration, maintenance of relevant records, monitoring of incidents related to medication administration and adverse events, maintaining a focus on continuous improvement in relation to medication management and adhering to principles outlined in this procedure. Access4u will:

- Support Customers to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way
- Seek informed consent for any assistance it provides in medication management
- Collect and record accurate information about Customer medication requirements and behaviours
- Store and transport medicines in keeping with the manufacturer's requirements
- Only dispense those medicines retained in the original manufacturers' or other dispensed packaging unless a dose administration aid (DAA) could help to overcome specific problems that a Customer or Mentor might face
- Ensure any Mentor providing assistance with medication are properly trained and assessed as competent to do so

The procedure section of this document lists the minimum practice requirement to be met by Access4u employees to ensure the safe management of medication. It applies to all activities involving medication,

Responsibilities and delegations

This policy applies to	Governing Body, CEO, Managers, Mentor
Specific responsibilities	<p>The Board – ensure system to reduce the occurrence of medication incidents and improve the safety and quality of medicine use, CEO – implement systems to support medication safety.</p> <p>All employees involved in the management of medication must be competent and confident as to their duties and responsibilities. To achieve this, Mentor must adhere to documented procedures that:</p> <ul style="list-style-type: none"> • Ensure correct use of medication • Ensure person safeguards (duty of care) • Meet legislative requirements • Follow instruction on required process • Ensure training and assessment of Mentor competencies are maintained • Ensure when dispensing and administering medications it is in accordance within their scope of practice and report any medication incidents on the Access4u incident report form.
Policy approval	CEO

Policy context – this policy relates to:

Standards	<i>NSQS Standards, Standard 4 Medication Safety NDIS Practice Standards</i>
Legislation	<i>Consent to Medical Treatment and Palliative Care Act 1995 Controlled Substances (Poisons) Act and Regulations 2011 Health Care Act 2008 Health Practitioner Regulation National Law (South Australia) Act 2010 Health Practitioner Regulation National Law (South Australia) Regulations 2010 Mental Health Act 2009</i>

	<i>Therapeutic Goods Act 1989</i>
Contractual obligations	Registration as a NDIS Provider
Organisation policies	Incident Management System Incident Reporting Mentor Training Policy
Forms, record keeping, other documents	<ul style="list-style-type: none"> • Medication Administration Record Form • Medication /Pro Re Nata (PRN) Record Form • Medication Authority • Medication Schedule 8 Record Count Form • Medication Schedule 4 Record Count Form • Customer Self Administration Medication Assessment

Definitions

For the purpose of this procedure the following definitions apply:-

Administration	Means the giving of a specific single dose of a medication to a person and includes the direct personal supervision of the ingestion, injection or application by enteral, topical, or parenteral routes as indicated by the medication authority.
Alternative or non-traditional medication	Is one that is not considered to be a standard orthodox treatment option by the majority of registered medical practitioners. This includes homoeopathy, herbal remedies, naturopathy, traditional Chinese medicine, vitamin and mineral supplements. When an alternative or non-traditional medication is used in conjunction with standard orthodox treatment it is termed a complementary medication.
Appropriate authority	Means a person with legal power to make decisions about medical and dental treatment for a person with a disability lacking mental capacity. This includes a Medical Agent, Guardian, Enduring Guardian or a legally specified relative (Sections 3 and 59, Guardianship and Administration Act 1993).
Chemical restraint	Chemical restraint is the use of medication for the primary purpose of influencing or controlling a person's behaviour, movement or bodily function for a non-therapeutic reason. Chemical Restraint does not include: <ul style="list-style-type: none"> • the administration of medication prescribed by a medical practitioner for the treatment of a diagnosed mental illness, a physical illness, or physical condition • pre-procedural medication for the principal purpose of reducing a person's anxiety regarding the procedure, and where the person is not resisting the medication.
Cold chain	Protocol is a system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C from the place of manufacture to the point of administration.
Medication Credentialing	Refers to the assessment of a support Mentor member who has demonstrated understanding of, and an appropriate level of skill, knowledge, understanding, ability, attitude and value base that enables the support Mentor to perform tasks within the scope and limitation of their role and responsibility.
Consent	Consent is the act of agreeing to (giving permission for) certain actions affecting one or more aspects of one's life. Commonly these include legal, financial, health, lifestyle and social aspects. A person cannot receive medical treatment without consent. People over 16 years of age can consent to treatment as long as they have the decision making capacity to do so. It is important to remember that decision-making capacity is presumed unless there is evidence to prove otherwise.
Controlled drugs	Schedule 8 (S8) drugs and poisons, otherwise known as 'controlled drugs' (where possession without authority is illegal), are substances and preparations for therapeutic use that have high potential for abuse and addiction.

Countable medications	Schedule 8 (S8) medications are subject to legislative regulation for health service providers and Schedule 4 (S4) medications or any other medications that are considered by Access4u to warrant close documented monitoring because of their high potential for illicit diversion, misuse or abuse are included in the count process.
Dose administration aid	Is a device or packing system for organising doses of medicines according to the time of administration. Different types of dose administration aids include blister or bubble packs, compartmentalised boxes, and compliance packs such as those provided by automated medication dispensing systems.
Informed consent	<p>The act of agreeing to or giving permission for certain actions affecting one or more aspects of one's life (for example, legal, financial, health, lifestyle and social). To be informed a person must be given information about the proposed activity relative to the individual situation including potential for an adverse outcome, other options and the possible results of alternative action or no action. For consent to be effective, the person should be able to communicate an understanding of the proposed activity. Consent can be refused or withdrawn at any time.</p> <p>For any Customers that are supported with medication management, the Customer or their authorised representative will provide written consent regarding assistance with medication management.</p>
Medication	Means any preparation for direct human therapeutic use or for use as an adjunct to, or in the treatment of, human illness.
Medication Authority	All people we support with administration of medication must have a supporting Medication Authority (chart). It is the report that serves as a legal record of the medication administered to a person by nursing / support Mentor and consists of a Medication Profile, Regular medication signing sheet and PRN signing sheet. All sheets of the Medication Authority should include the person's name, date of birth, medication, dose, route, time, date, any allergies and the name and signature of the prescriber. The person administering the medication signs the signing sheet at the time of administration.
Mentor	Staff that provide support to Customers also known as Support Worker(s)
Misuse / abuse of medication	Using prescribed medication for an un-prescribed purpose, for example, inappropriate administration to the person, theft of the person's medication for personal use or other illicit activity, etc
Prescriber	For the purpose of this document, prescriber shall mean a medical practitioner or dentist lawfully entitled to write a prescription or to give telephone instructions to a pharmacist for the dispensing of a medication, or to give instructions to a nurse for the administration of a medication, and prescribe has a corresponding meaning.
Prescription medications	Are those that can be obtained from a pharmacist on prescription in the individual person's name and for which a record of prescribing and dispensing is kept by the prescriber and the pharmacist.
PRN medication	'PRN' is an acronym for 'pro-re-nata' a Latin phrase used in medicine to mean 'medication given as needed' as 'as the situation arises' (i.e. the times of administration are determined by the needs of the person and not given at scheduled times.
Schedule 4 Medications	Prescription Only Medicines that should only be used or supplied on prescription (e.g. by a medical practitioner) and are available from a pharmacist. Where there is a potential for these medications to be abused or misused, the Service Manager / Team Leader may conduct a regular count of those medications (refer to Attachment B).
Self-administration of medication	For the purpose of this document, the term self-administration of medication, is when an individual is able, without assistance, to administer medication to him / herself according to the prescription or signed, written directions of the prescriber, or the supplying pharmacist's medication label. Individual ability should be based on a formal assessment.

Procedures

Support

Access4u supports Customers to maintain their independence as long as possible by assisting and enabling Customers to manage their own medication, this may include providing medication prompts, support with appropriate storage of medications, advocacy with medical practitioners regarding dose administration aids and follow-up written information to Customers who may experience language or literacy barriers and those with poor health literacy.

Collection and storage of Customer medication information

Information about Customer medication is initially collected at assessment stage and stored in the Customer's record and on the O drive.

Any changes to Customer medication should be noted in their medication profile.

The update should also include information noting who entered the update and how the information on medication change was provided.

Storage and transportation of medicines

Access4u will implement the following strategies to ensure the safe storage and transportation of medicines including, use of a locked storage box, storage and transportation in adherence to manufacturer's guidelines

Administering of medication

When medication assistance is provided, Mentor will check medication script labels to ensure the following principles are adhered to:

Mentors will (when assessed as competent to administer medication):

Check the medication 3 times

1. Before removing the medication from containers / Medi-sachet / Webster from the storage site.
2. When removing the medication from the container
3. Before administering the medication to the person

Administer medication in accordance with the 10 Rights Procedure

Mentor are required to apply the 10 rights when administering medication:

1. The right medication

The first right of medication administration is to check and verify if it's the right name of the medication on the medication form. Beware of look-alike and sound-alike medication names. Misreading medication names that look similar is a common mistake. These look-alike medication names may also sound alike and can lead to errors associated with verbal prescriptions.

2. Given to the right Customer

Ask the name of the Customer and check photo on the medication chart before giving the medication. Even if you know that Customer name, you still need to ask just to verify.

3. At the right time and frequency

Check the order for when it would be given and when was the last time it was given.

4. In the right dose/strength

Check the medication sheet and the doctor's order before medicating.

5. Via the right route

Check the order if it's oral or via enteral tube or other routes

6. In the right method

Make sure special instructions, if relevant, regarding the method of administration are followed

7. Write it down to confirm the act of administration

Make sure to write the time and any remarks on the chart correctly.

8. Remember the Customer has the right to refuse.

Give the Customer enough autonomy to refuse the medication.

9. Right Effect

Monitor the Customer following medication administration to determine that the medication has a prescribed effect. Be attentive after the medication has been administered. Be aware that potential side-effects / interactions of medications exist.

10. Right Education and Information

It is important the Customer and / or decision maker understands why the medication is required, the risks associated with the medication including known side effects and they need to do if the Customer has an unexpected reaction to the medication. It is also essential that the Customer is asked about known allergies and sensitivities.

Medication Authority and Medication Administration Record

All people supported with medication administration by Access4u Mentors **MUST** have a supporting Medication Authority and Administration Record.

These documents serve as legal records of the medication administered to a Customer by Mentors and a minimum must consist of a **Medication Profile with instructions on medications**, **Regular medication signing sheet** and **PRN signing sheet**, ideally with a Photo of the Customer affixed.

All personal, medication, prescribing and authorisation details must be legible.

Every sheet of the medication chart MUST contain the following personal details:

- a) **Full name of the Customer**
- b) **Address – current place of residence**
- c) **Date of birth (dd/mm/yyyy)**
- d) **Allergies or sensitives – yes, no or 'not known' (if yes, list allergies)**

- e) For each medication prescribed, the following details **MUST** be included:
- f) **Name** – each medication individually named (generic names to be used)
- g) **Dose** – including unit of measurement in recognized abbreviation i.e. g, mg, etc.
- h) **Corresponding signing space** to record the act of administration. Sign for single dose **OR** the contents of one multi-tablet dose from a Dose Administration Aid (DAA)
- i) **A Legend** – to provide acceptable abbreviations for recording administration anomalies

Each Dose Administration Aid provided for a Customer **MUST** include the following information, corresponding with the Medication Authority and Administration Record.

- a) **The Customer's full name and date of birth**
- b) **Name and dose of each medication**
- c) **Description of each tablet**
- d) **Time for administration**
- e) **Route of administration**

Medication Supplied on Arrival to Access4u

Medications brought into the service by Customers we support remain the property of those individuals. However, Mentors have a duty of care to ensure that the health of the people we support is not compromised by the possibility of drug interactions, unexpected side effects, possible treatment duplication and expired or deteriorated stock.

When medications are brought in, Customers / family members are to be encouraged to discuss current medication with the Mentor. Medications which are expired or not required are to be returned to the family or pharmacy for disposal.

In order for Mentor to administer medication in relation to this treatment it must be prescribed and documented on the relevant Medication Authority.

Medication Supplied on Return from Hospital or Transfer

Upon return from hospital, or transfer any medication changes are to be managed as per the medication change flow chart.

Manager is to follow up the person's discharge arrangements. Medication can be administered using the Medication Authority supplied by the hospital until reviewed with prescriber.

Over the Counter Medications

Over the counter medications are not to be administered by Mentors without a Medication Authority from the Customer's medical / dental practitioner.

Alternative or Non-traditional Medications

It is the responsibility of all Customers or their family / significant other to inform the treating medical officer of any alternative or non-traditional medications or remedies being taken.

In order for Mentor to administer medication in relation to this treatment it must be prescribed and documented on the relevant Medication Authority.

Transfer of Medication from one Container to Another

Medication is not to be transferred from one container to another.

In the situation that a medication is withheld or ceased by a doctor and there is a requirement to remove or discard medication from a pre-packed sachet, this must occur in collaboration with the Pharmacist.

Expired / Unused Medication Expired Medication

All medications in original containers must be checked at least monthly for expiry dates. All expired medication is to be returned to pharmacy as soon as possible for disposal.

Unused medication

All unused medications - including medications unused due to medication incidents, are to be returned to pharmacy as soon as possible for disposal.

When a medication has been crushed, or otherwise suspected of being compromised due to handling the method of disposal is to be clearly documented in the progress notes along with notation in an incident report.

At the completion of each session of medication management, Mentor will sign the Medication Administration Record, which will contain information regarding the Customer name, date, time, medication name, dosage and the signature of the person administering.

Where Mentor note that previous dosages have not been given or that there has been tampering with the dosage packaging, the prescribing doctor should be consulted and an incident report should be completed.

Mentor competence and training

Any Mentor involved in prescription of medication will be appropriately qualified and meet legislative and regulatory requirements.

Mentor involved in the storage, transportation, administration or prompting of medication will be trained in the Medication management policy and procedures and assessed as competent prior to undertaking any medication function.

Transportation of Medication

Medication must be transported as per manufacturer's instructions, e.g. under 25 degrees, using cold chain protocol, store out of sunlight. Access4u provides appropriate lockable transportable containers with refrigerated inserts when necessary such as a 'Medication Wallet'. Arrangement are to be made to transport the medications in an appropriate container that maintains temperature.

Storage and Security

Each Customer's medication must be kept in a separate container to that of other Customers.

All medications, whether self-administered or Mentor, must be kept in secure, lockable storage and must conform to the pharmaceutical or storage instructions given for that particular medication as indicated on the label.

Keys for such lockable storage must be safe and secure yet accessible in the event medications are required urgently.

When medications are transported, they should be transported using an appropriate, lockable container.

An allocated Mentor on shift must:

- Check appropriate medication records at the beginning and / or end of each shift or when practicable to ensure no medication was missed and accurate medication administration records have been kept.
- Refer to ***management of medication errors***.

Self-administration

Where possible, all Customers should be encouraged to achieve and maintain maximum independence to administer their own medication. The extent to which this is practicable will depend on:

- the Customer's capabilities
- the nature of the medication

An essential feature of any self-administration program is that the Customer not only has the capability to administer his / her own medication but also reliably carries out the procedure with only a reminder, guidance and / or minor physical assistance.

Formal assessment will be required to clearly assess capacity, refer to *Customer Self Administration Medication Assessment*.

Before a Customer assumes full responsibility for self-administration of medication, the Manager should be satisfied that the person knows and understands:

- the purpose of the medication
- the consequence of omitting to take prescribed medication and of taking an incorrect dosage
- about repeat prescriptions
- how and when to dispose of unnecessary medication
- when their medication regimen requires review
- not to give medications to others
- storage requirements

If Mentor have any doubt as to the Customer's comprehension of these issues, they should seek advice from their Manager (e.g. regarding the need for a formal risk assessment and or Customer Self Administration Medication Assessment).

Where a Customer is administering his / her own medication, the Mentor should take due care to ensure other Customers and / or third parties do not gain access to the medications.

Mentor Assisted Administration

In some instances, Customers may require limited assistance to enable them to self-administer medication.

This may vary from opening the container to a verbal prompt. Some Customers may be physically unable to handle part of the act of removing medication from its container and placing it in their mouth, but in all other aspects meet the criteria for self-administration.

Instructions detailing the Customer's abilities and support requirements should be in his / her support plans and supported by a *Customer Self Administration Medication Assessment*.

Medication Errors

Medication incidents / errors are to be reported as soon as possible to the Manager or their delegate. ALL medication incidents/errors must be recorded on Incident Report Form and include (but are not limited to):

- wrong medication given*
- wrong dose of medication given*
- overdose / double dose of medication occurred*
- wrong person given medication*
- Missed medication+
- Wrong route*
- Wrong preparation by pharmacy+
- Wrong time (late / early) +
- Person refused +
- Incorrect documentation (no signature)

Medication incidents / errors listed above with an asterisk *, include the requirement to seek advice from the Poisons Information Centre 131 126.

Medication incidents / errors listed above with a cross +, include the requirement to seek advice from the Pharmacy.

Useful resources in the event of an error

- 000 Ambulance in the case of an emergency
- 131126 Poisons Information Centre
- Customer's GP
- Pharmacist
- 1800 022 222 Healthdirect to speak with a Registered Nurse

A medication incident report must be completed for all medication errors.

Refer to Appendix 3 '*Management of Medication Incidents Decision Making Flow Chart*' for all medication incidents which may include:

- The Manager will decide if *further discussion and reflection* will be required by the Mentor involved in the incident to facilitate early reflection about the incident. This tool should then be left for the Manager to facilitate investigation and follow up.
- Re-credentialing

Monitor and Reporting of Desired and Undesired Effects of Medication

It is the responsibility of all Mentors, particularly for those engaged in day to day, hands-on / interactive support, to observe and report any physical, behavioural, or well-being changes in Customers they believe could be a result of medication. It is the responsibility of the relevant Manager to ensure support staff know:

- what to report
- when to report
- to whom to report
- how to report

PRN Medication

The decision for Mentors to administer PRN medication must be made in consultation with the Manager or other relevant authority and where relevant, the decision must comply with support plans and authorisation requirements for medication use i.e. as instructed on the PBSP and with PRN authority.

The circumstances around the use of PRN medications and its effect are to be recorded / reported each time it is used, including entries in the progress notes or relevant Customer records.

Recording

The purpose of any medication recording system is to maximise the benefits of safe and effective medication regimens, to minimise intrusion and inconvenience and to avoid unnecessary duplication. The Manager must ensure medication recording systems are maintained.

The medication authority and administration record must be maintained for all Customers requiring medication administration whilst being supported by Access4u.

In addition, one or more of the following documents could be used:

- Personal profile folder/medical folder (e.g. changed times, changed doses, cessation, new medication, effect of administered PRN medication, bowel charts, administration anomalies, etc).
- Progress notes.

Minimising the risk of abuse / misuse of medication

The role of supporting a Customer may require the Mentor to manage medication that include those Medications that can be open to abuse / misuse (e.g. Temazepam, Diazepam, Nitrazepam, Codeine, Midazolam, etc). Refer to Appendix 2 for a more comprehensive list of 'countable medications', this list is not exhaustive and therefore verification with prescribing Clinician and or Pharmacist is advisable.

In order to protect both Customers and staff from medication abuse / misuse, it is the responsibility of Manager or their delegate to implement the following requirements with relevant staff when a countable medication is prescribed for any person and for Mentors to follow the instructions:

1. The requirement relates to Schedule 4 and Schedule 8 PRN medications and any medications kept in original containers – see medication examples listed in Appendix 2.
2. The frequency of checks is to be determined at the Manager's discretion with a minimum requirement of daily checks, and consideration of the staffing patterns of the area.
3. Mentors is responsible to follow the process and Manager (or their delegate) is responsible for monitoring the process.
4. Manager (or their delegate) shall instruct Mentors to complete a separate form, Medication Count Sheet, for each countable medication, for each Customer. The count sheet must be utilised when receiving stock and at change of staffing shift to ensure accountability for S8 and S4 medications. The medication count sheet can be downloaded from the O Drive, and must be retained as a legal record indefinitely.

Any discrepancies of count are to be reported immediately to the Manager or delegate, and the incident reported. If a quantity of drugs cannot be reasonably accounted for, the incident must be reported immediately to the Manager.

Management of "Countable Medications" 'Drugs of Dependence' (Controlled Drugs or Schedule 8's (S8) and Schedule 4's (S4))

All S8 and some S4 drugs require accountability demonstrated through counting, and are considered “countable medication”

S8 and S4 Medications must be kept in a secured medication cabinet at all times.

Any losses of control drugs or discrepancies of count are to be reported immediately to the Manager or delegate, and the incident reported. If a quantity of S4 or S8 Medications cannot be reasonably accounted for, the incident must be reported immediately to the Manager.

The Manager is responsible for implementation of an accountability count at least once a day with consideration of the staffing model.

The Mentor is to keep the key in his / her control and possession for the duration of the shift.

At the end of the shift the delegated Mentor (if more than one Mentor on per shift) is to ensure security of the keys. This may be achieved by handing them to the delegated Mentor of the next shift or appropriate alternative method. Evidence must be maintained related to the correct count of controlled drugs.

The cabinet is to be immediately relocked after use. No person other than a delegated Mentor or his / her supervisor shall lock or unlock the cabinet or remove, add to, or interfere with any drugs in the cabinet.

Controlled drugs that require a cool temperature controlled environment are stored in a suitably labelled locked box and kept in a refrigerator.

Any losses of controlled drugs or discrepancies of count are to be reported immediately to the Manager or delegate, and the incident reported. If a quantity of Controlled medications cannot be reasonably accounted for, the incident must be managed and reported immediately as SAPOL will need to be notified by the Manager as required by legislation.

Medication Administration in Different Locations; Holidays: Day Options: Supported Employment

It is the responsibility of the Manager to establish a process with the family / day leave support service / worksite for subsequent medication storage, administration and record of administration.

If Access4u is providing support while the Customer is on holiday, then standard medication management procedures apply.

NB. For those supported in SIL, a minimum fortnight supply of medications is required at the start of each fortnight.

The reason for medication omissions should be recorded on the medication administration record. Medication errors should be reported as an incident. Any un-used medications should be returned to the pharmacy or returned to relevant family/carers.

SCHEDULE 8 List (Controlled substances)

Appendix 1

As brand names continually change, only some brand names have been listed here as examples / please note that the generic names list is also not exhaustive

OPIOIDS

- Morphine (e.g. Ms Contin®, Kapanol®, MsMono®, Anamorph®, Sevredol®)
- Oxycodone (e.g. OxyContin®, Endone®, OxyNorm®, Proladone®)
- Oxycodone / naloxone (e.g. Targin®)
- Methadone (e.g. Physeptone®, methadone liquid)
- Hydromorphone (e.g. Journista®, Dilaudid, Dilaudid HP®)
- Buprenorphine (e.g. Norspan® patches, Temgesic®, Suboxone®, Subutex®)
- Fentanyl (e.g. Durogesic®, Denpax®, Actiq®)
- Codeine • Pethidine
- Tapentadol (e.g. Palexia®)

STIMULANTS

- Dexamphetamine
- Methylphenidate (e.g. Ritalin®, Concerta®, Actiq®)
- Cocaine

SEDATIVES

- Alprazolam (e.g. Xanax®, or Ralozam®)
- Flunitrazepam (e.g. Hyprodorm®)

OTHER

- Ketamine (e.g. Ketalar®)

Note: Midazolam – Although a S4 medication, Access4u requires it to be counted on change of shift, using the same procedure as for an S8 medication.

Countable Restricted Schedule 4 (Prescription Only) Medication List Appendix 2

As brand names continually change, only some brand names have been listed here as examples / please note that the generic names list is also not exhaustive

ANALGESICS

- Dextropropoxyphene (Doloxene)
- Tramadol - Dextropropoxyphene and paracetamol (Capadex, Digesic, Paradex)
- Codeine combinations containing 15 mg or more of codeine per tablet or capsule including
- Mersyndol Forter, Prodeine, Prodeine Forte, Panadeine Extra, Panadeine Forte, Codalgin Forte.
- Fentanyl Patches

BENZODIAZEPINES

- Alprazolam (including Kalma, Xanax)
- Bromazepam (Lexotan)
- Clobazam (Frisium)
- Clonazepam (Including Paxam, Rivotril)
- Diazepam (Antenex, Ranzepam, Valium)
- Lorazepam (Ativan)
- Midazolam (including Hypnovel, Midazolam Pfizer)
- Nitrazepam (including Alodorm, Mogadon)
- Oxazepam (including Alepam, Murelax, Serepax)
- Temazepam (including Normison, Temtabs, Temaze)
- Triazolam (Halcion)

Note: Flunitrazepam is Schedule 8 so is handled according to procedure for Schedule 8 (Drugs of Dependence) medications

NON-BENZODIAZEPINE HYPNOTICS

- Zopiclone (Imrest, Imovane)
- Zolpidem (Including Stilnox, Zolpibell)

BARBITURATES

- Phenobarbitone
- Primidone (Mysoline)

PSEUDOEPHEDRINE

- Pseudoephedrine – Single ingredient (e.g. Sudafed) or combination product

Note: Midazolam – Although a S4 medication, Access4u requires it to be counted on change of shift, using the same procedure as for an S8 medication

Management of medication Incidents Decision Making Flowchart Appendix 3

The purpose of this Decision Making Flow Chart is to ensure appropriate and proportionate action following a medication administration error and prevention of future errors. All Mentors are assumed to have completed medication management training every two years. Staff who have constantly administered medication and have had no medication incidents, will need to complete the 3 online modules only, every two years. Staff who have minimally administered medication or those who had medication incidents may be required to complete the 3 online modules every 12 months or be directed to undertake the full training course. All medication incidents will need to be recorded on each staff member's personal file and reviewed periodically by the Manager.

Where a Mentor does not have medication management training on commencement, it will be arranged during induction. All new Mentors are accountable to advise the Manager at Induction if they have been involved in a medication error in previous employment that would necessitate them being re-credentialed.

Decision Making Flow Chart

The Manager will assess the error using the following approach to decide whether to enrol the Mentor in a re-credentialing process or to refer the matter to Human Resources for further investigation.

The Manager, following the Decision Flow Chart, must be satisfied that the answers to ANY of the questions below are YES in order to make a decision to require the Mentor to undergo re-credentialing.

The Manger will consider the severity of the incident and the need to refer the incident to Human Resources for further investigation. The Service Manager may consult with the Senior Manager before recommendation to the CEO.

Where the Manager decides that enrolment for re-credentialing is appropriate, they will:

1. Discuss with HR the protocol for counselling the Mentor for their under-performance if the procedure was not followed
2. Determine if the Mentor is to cease administration of medication until re-credentialing occurs
3. Conduct the counselling with the Mentor and advise them that they will now be enrolled for re-credentialing (and if required that they are not to administer medications until they have completed re-credentialing)
4. Book the re-credentialing for the Mentor
5. Advise the Mentor they will be required to complete re-credentialing within the time booked
6. Complete a file note of the counselling and directive to complete the re-credentialing
7. Monitor that the Mentor completes the re-credentialing as directed.

Further disciplinary action may be warranted if the Mentor unreasonably fails to complete the re-credentialing in the timeframe provided.

