
Prescribed Medication

All medications being held by MHF must be prescribed by the participant's doctor(s) through a prescription and dispensed into a blister pack(s) by a pharmacist. PRN ('as required') medications are also required to be dispensed into a blister pack.

Proper documentation of the participant's medication requirements will be kept on each participant's Supportability record: this will include the doctor's prescription, or a pharmacy printout of the medication listing, frequency, dosage, and route of ingestion. In addition, a 'Consumer Medicine Information' sheet for each prescription medication will be kept on the participant's Supportability record.

MHF responsibilities

- Staff will be provided or have access to information they require to ensure that participant's health needs are met. The result is to ensure a skilled, competent workforce who are given the correct training procedures for supervising and storing medications.
 - Orientation for new MHF staff includes 'Medication Management' training. In addition there is a 'Medication Management' or equivalent module available through the etrainu training portal.
- A list of participants medication is recorded on the '*Medication Self-Administration Monthly Form*'.
- The '*Medication Self-Administration Monthly Form*' must be signed by the staff member and participant when the medication is self-administered. Refer to 'Supervision of Participant Medication' section below.
- All medication will be stored at the manufacturer's recommended guidelines for temperature control and storage.
- Blister packs must be clearly labelled with the
 - Participant's name
 - Name of the medication included in the blister pack
 - Medication dose/details
 - Date the blister pack was dispensed.
- Once a blister pack is empty i.e., all medication has been self-administered, all the personal information (the top section) on the blister pack must be shredded or put in the confidential waste bin. The empty medication blister pack will be returned to the medication blister pack supplier.
- At the earliest opportunity, any medication discrepancies between the medication record and the dispensed medication in the blister pack must be reported via Supportability and clarified with the medical practitioner and/or pharmacist.
- If the participant is transferred to hospital while in MHF programs, staff will provide a copy of the medications that the participant is self-administering to the health service prior to transfer.

- When a participant exits the service, details of the transfer, including medications on hand at the time of exit must be recorded in the participants record. All remaining medications held by MHF staff will be given to the participant.
- If the participant did not take their medication with them at exit the staff must return the medication to a pharmacy for disposal.

PRN (as required) and Once Only Medication

At times participants may be prescribed PRN or once only medication. PRN and once only medication are to be managed in the same way as prescribed medications (see Prescribed Medication above).

PRN medications must not be given at the same time as regular medications but at least 1 hour prior to or 1 hour after the blister pack administration.

The '*Medication Self-Administration Monthly Form*' will also be completed every time a participant requires PRN medication, while noting the reason and the observed effectiveness.

Non-Prescribed Medication

From time-to-time participants will use non-prescribed medication sold over the counter at the pharmacy, the supermarket or other outlets. These medications include but are not limited to, paracetamol and cough syrups.

Participants can give these to the staff to be stored securely in the staff office. If stored by staff on behalf of the participant, any time they are taken by the participant, it should be recorded on the '*Medication Self-Administration Monthly Form*'.

Herbal and vitamin supplements should be discussed with and endorsed by the participant's doctor. They must also be recorded in the participant's notes. These will be left with the participant to store in their own room.

Systems For Managing Medication

MHF works in close collaboration with the Mental Health Clinical Team. MHF will support all participants to adhere to their medication regimes using pre-packaged medication blister packs.

The manager and staff must:

- Ensure the appropriate maintenance of records
- Ensure a shift planning system exists that identifies staff to maintain and oversee, medication administration procedures on a day-to-day basis
- Ensure all staff supervising self-administering of medication are properly inducted in the correct procedures of medication management within their scope of practice
- Ensure WHS guidelines are followed in the maintenance and storage of information about medication in the home.

Storage Of Medications

If requested by the participant, their prescribed medication, including blister packs, will be stored in a locked cupboard or cabinet, securely fixed or shown to be difficult to access by others. All staff need to maintain the storage system. Keys for the medicines cupboard or cabinet must be kept in a locked key storage box or combination safe system.

Staff on duty must ensure that the keys to the medication cupboard(s) are properly controlled. While duplicate keys may be required for use in emergencies, the number of keys should be restricted and a register of these must be kept. The keys and the procedure for handing over the keys should be clearly understood by all staff concerned.

There will be regular meetings with the clinical mental health team, and during these meetings a review of medication procedures is to be on the agenda.

Supervising A Participant Self Administering Medication

Medications are to be self-administered by the participant, one at a time. No more than one participant is to be with the staff member at the time and place of medication administration. The staff are responsible for participants receiving medication on time as prescribed and documented on their blister pack and as recorded on their '*Medication Self-Administration Monthly Form*'.

MHF staff are not authorised to make any decisions about whether a medication should be administered or withheld, unless they have received direct instructions from the Clinical Management Team - Community Mental Health Teams, ACT Government Acute Community Team or a doctor or Emergency Services.

Medications should be provided within a 2-hour period either side of the indicated time of administration. If medication is not taken within 2 hours following the indicated time of administration, then the dose should not be administered. This must be documented in the participant's record and on the '*Medication Self-Administration Monthly Form*'.

In instances where the participant refuses to take their medication, staff will try to ascertain the reason for the non-adherence. If the participant still refuses their medication, give the participant ½ hour and then try again and continue for up to 2 hours.

Staff must document incidents of participants refusing to take their medication via a journal note in Supportability. The journal should include time, reason, advice provided and, outcome in the participant's notes. The manager or their delegate must contact the health professional/case manager to inform them of non-adherence issues.

Management of leave

- **Short-Term** leave (for the day) - The participant, supervised by staff, removes the medication into a separate container for the period the participant will be absent. Separate medications into individual containers. This must be documented in a separate journal note.

- **Long-term** social leave (overnight or longer) the required medication should be cut out of the of the blister pack and given to the participant. If this is planned leave the participant should request the pharmacy provide a blister pack for the period of time of social leave. Documentation – During the period of absence an L (standing for leave) will be written against the time when the medication should be self-administered on the '*Medication Self-Administration Monthly Form*' with the date and time the medication was given to the participant.

Medication Mishaps

Where medication is not taken by the participant either because they refuse to take it or there is an MHF staff error, these need to be recorded separately in Supportability.

Medication error – MHF failing

In the event of a participant not receiving their medication, due to an error by MHF staff, it is important to report it to the manager as soon as possible to allow MHF to meet its statutory reporting guidelines with the NDIS Quality and Safeguards Commission.

This will be reported in Supportability as a **Reportable Incident** in line with the *Incident Management Framework*.

Medication refusal

If the participant refuses to take their medication or it is taken later than scheduled a Journal Note should be completed in the participant's Supportability record.

Follow up

Once everything has been reported and the right steps have been followed, actions should be taken to help prevent the same mistakes from happening again.

The manager will monitor medication errors and refusals for trends and any concerns will be discussed at team and management meetings as part of risk and work health and safety discussions.

References

ACT Government	<i>Human Rights Act (2004)</i>
Commonwealth Government	<i>Drugs, Poisons and Controlled Substances Act (1981)</i> <i>National Standards for Mental Health Services (2010)</i> <i>National Vaccine Storage Guidelines (edition 3)</i>
Richmond Fellowship	<i>Medication Policy and Procedure Feb 2018</i>

Document History				
Author	Version	Amendment	Owner	Date of Effect
A Ingram	0.1	Document Created	MHF Board	April 2019
Leanne McDonald	2.0	Document reviewed and forms/attachments tidied up.	CEO	April 2022
Corporate Services Manager	3.0	Simplified to remove all but 1 form and require reporting to be directly in Supportability. Updated with new logo and branding.	CEO	January 2024
Corporate Services Manager	4.0	Added in requirement that all staff working with participants requiring support with self-administration of medication must complete the Medication Management training.	CEO	March 2025
Corporate Services Manager	5.0	Removed requirement for consent to medication management being recorded in Schedule 1.	CEO	January 2026