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The following provides examples of different laws that apply in each of Australia's state and territories.

Drugs and Poisons Acts by state and territory	
ACT	<i>Medicines, Poisons and Therapeutic Goods Act 2008</i>
NSW	<i>Poisons and Therapeutic Goods Act 1966</i>
NT	<i>Medicines, Poisons and Therapeutic Goods Act 2012</i>
QLD	<i>Health (Drugs and Poisons) Regulations 1996</i>
SA	<i>Controlled Substances Act 1984</i>
TAS	<i>Poisons Act 1971</i> <i>Poisons Regulations 2008</i>
VIC	<i>Drugs, Poisons and Controlled Substances Regulations 2006</i>
WA	<i>Poisons Act 1964</i> <i>Poisons Regulations 1965</i>

Drugs and poisons schedules and classifications

The Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) in Australia classifies substances (medicines, drugs, poisons) into Schedules, which are based primarily on the toxicity of the substance. The SUSMP is a guide used to promote a common reference point when packaging or labelling various substances, and for inclusion in the different state and territory legislation. You will see the schedule of a medication on its label, for example S2, S4 and S8.

Although you are unlikely to have to assist people with medicines that the SUSMP classifies as Schedule 8, knowing about this classification system allows you to follow organisational procedures that specify a category of drug.

Schedule 4

Schedule 4 drugs:

- ▶ are labelled as prescription-only medicine
- ▶ include cardiovascular drugs, antibiotics, diuretics, sleeping tablets, some pain killers (Panadeine Forte®) among many others
- ▶ are sometimes referred to as 'drugs of dependence', because medications such as anabolic steroids are subject to misuse and trafficking.

Schedule 8

Schedule 8 drugs:

- ▶ are labelled as a controlled drug
- ▶ are defined as substances that should be available for use but require restrictions relating to manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence
- ▶ include morphine, pethidine, oxycodone and methadone.

1B Identify lines of authority to delegate the task, accountability and actions to be taken to handle contingencies

Support workers work in partnership with other health professionals in all aspects of their role. The roles and boundaries are clearly defined and all personnel have specific responsibilities. A line of authority refers to the different levels of responsibility. For example, you will have less knowledge about and responsibility for medications than a nurse. In a residential setting where nurses are present, they take a higher level of responsibility and more liability if things go wrong. Understanding this can help you to understand why it is important to follow instructions and ask questions. It also means you know exactly the right person to ask or to report to if you are unsure.



Lines of authority in medication administration

Some services, such as residential aged care homes, will be likely to have many different professionals and workers on site. Others, such as home support settings or disability services, might rely on the worker to contact a supervisor via phone to seek help.

Lines of authority that might exist are outlined here.

Doctor

The responsibilities of a doctor may include the following:

- ▶ Assessing the person's needs and prescribes medication type, dose and frequency in writing
- ▶ Reviewing medications when changes need to be made

Pharmacist

The responsibilities of a pharmacist may include the following:

- ▶ Reviewing the doctor's order and alerts them to any discrepancies or drug interactions
- ▶ Filling dose administration aids such as Webster Paks and seals in foil according to the doctor's order
- ▶ Distributing medications and filled dose administration aids to services and homes
- ▶ Providing information about drug side effects, warnings and interactions to staff and patients
- ▶ Receiving and safely disposing of out-of-date, unused or completed courses of medicines



Single dose sachets

Single-dose sachets are also prepared by a pharmacist. They usually contain all the tablets and capsules in the correct amount for a single dose required at a certain time of day. They are often kept together on individual rolls for each person in a locked room such as a treatment room. Each dose packet is ripped away from the roll just before it is administered.

Check medication is ready for distribution

Dose administration aids must be complete, current and ready to distribute at the right time of day. If you encounter any problems, you must not continue. You should report to your supervisor without delay. For example, if you notice the wrong name is on the pack or an unexpected number of tablets are included in each section. Check for any faults in the packaging. If a DAA is broken or tampered with, it should not be used. It should be returned to the pharmacy without delay. Under no circumstances should a support worker add any tablets to a DAA. Here are the steps to follow when checking the medication.

Check medication is ready for distribution

Check that the dose administration aid has been supplied, filled and has not been tampered with.

Ensure that the dose administration aid is current, with the correct set of dates filled.

Confirm the previous dose has been taken by looking through the person's care notes. If a tablet has been missed, you need to notify your supervisor immediately.

Make sure the medication has not passed its use-by date or has spoiled. If the date has passed, the medication may no longer be effective. It could be potentially dangerous for a person to take medication that has passed its use-by date.

Look for other signs, such as a change in the medication's colour. Medication instructions may tell you what colour liquid the medication is supposed to be. If you are unsure, ask your supervisor.

Example

Dose administration aids



In Daylestone Aged Care service, support workers are only permitted to administer medication via a dose administration aid. A roll of medication sachets for each person requiring medication hangs on the wall of the lockable treatment room. The sachets have perforated edges from where they are ripped off from the remainder of the roll when medication is due. They clearly detail the name of the person and the day and time that the particular dose is due. They are filled and stocked each week by the local pharmacy. Support workers must first

check the medication chart, select the correct sachet and count the number of tablets in the sachet. This must be the exact number of tablets ordered on the medication chart for that time of day. Liquid medications are kept in the fridge or treatment room cupboard with each person's name clearly marked on the label.

Additional precautions

The following precautions should be taken, if appropriate:

- ▶ Use hand sanitisers before and after each contact with the person.
- ▶ Wear gloves, masks, gowns, and/or protective goggles when in any contact with the person or when entering their room.
- ▶ Isolate the person and dispose of all waste and clothing to be washed in separate, biological containers.

The importance of washing your hands

It is vital that you wash your hands correctly. A general hand wash should take about 30 seconds. Cuts, sores and rashes on your hands should be covered at all times.

You can download the Australian Government's 'How to Wash Hands' poster at: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55g_how_to_wash_hands_poster_130701.pdf.

You should wash your hands:

- ▶ when you arrive at work
- ▶ when your hands are soiled
- ▶ before and after touching people, their belongings or medications
- ▶ after blowing or wiping your nose
- ▶ before you leave work
- ▶ after going to the toilet
- ▶ before and after eating.

Example

Failing to follow infection prevention and control procedures

Jerry has gastroenteritis, but its symptoms often occur after the person has become infectious, and Paula, the support worker, is not aware that he is carrying the virus. She does not wash her hands after helping him to take his medications, and transfers the germs from Jerry's drinking cup to Marian, the next person who needs their tablets. Marian is frail and elderly.

In this instance, the virus that is about to show itself in Jerry is easily transferred to Marian. It may take another week for her symptoms to also appear, but in the meantime, the virus can continue to be transferred from her to other people.

Practice task 5

1. Briefly explain how infection is spread.

Part B

Read the case study, then answer the questions that follow.

Case study

Mavis, Anna and Thomas work for a disability and aged care service called Wedocare Incorporated. Mavis is a registered nurse, Anna is a support worker and Thomas is a trainee support worker. Their clients include Emma, Tommy, Ashley and Jacinta:

- ▶ Emma has a memory impairment. She takes tablets orally to help control her skin condition.
- ▶ Tammy has diabetes. She takes insulin by injection to control her diabetes.
- ▶ Ashley has an eye infection. He is taking antibiotics orally and eye drops.
- ▶ Jacinta has thrush. She has been prescribed medication for her thrush that must be administered vaginally.

The organisation has the following policies and procedures relating to medication administration.

Medication administration policy

Wedocare Incorporated is firmly committed to meeting its obligations under the *Aged Care Act 1997* (Cth), *Work Health and Safety Act 2011* (Cth), federal and state or territory privacy and freedom of information legislation as well as the Disability Services Standards.

Medication must be administered in a way that:

- ▶ maximises the health and wellbeing of all clients
- ▶ does not jeopardise the health and wellbeing of clients, staff, visitors or contractors
- ▶ keeps clients informed
- ▶ is in keeping with the preferences of clients.

Medication administration procedure

The medication administration procedure applies to all staff involved in direct care.

- ▶ Registered nurses may administer injections and other invasive medications under the written instructions of the client's general practitioner or specialist.
- ▶ Support workers may assist clients to administer medication orally, with a nebuliser or topically providing that:
 - they have received training in medication administration
 - they have been judged competent
 - a dosette administration aid is used (except for topical medication)
 - they follow the instructions in the support plan and only work under authority from a registered nurse.



Topic 2

In this topic you will learn how to:

- 2A Clarify specific assistance required to address individual needs**
- 2B Identify level and type of supervision required by person for assistance with medications**
- 2C Correctly identify and greet each person and prepare them for medication**
- 2D Check individual medications**
- 2E Check for and report changes in person prior to assistance**
- 2F Recognise when medication administration should not proceed and seek advice**

Prepare the person for assistance with administration of medication

Some medication assistance tasks will be completed quite quickly and with little time or effort. The person might need to reach a drink or to sit upright and be able to manage this on their own. Other tasks will involve further consideration of the person's needs and how you can assist them. This can include ensuring the person's comfort, privacy, access to equipment that they will need, explaining the process and providing reassurance.

Greet the person

You need to make sure the environment is comfortable for the person before they take their medication. An important skill for a support worker is to be able to help people relax or overcome their fear. An important first step is to greet the person in a friendly and welcoming manner. Wear an identification badge and always introduce yourself by name. Never assume the person knows who you are. They may have more than one support worker who looks after them.



Tell the person why you are there and what you intend to do. If they don't know what to expect, they might feel scared and object to any form of assistance. They may even refuse to take their medication because they do not trust you or do not understand what is going on. If the person trusts you, then they will have confidence in you and rely on you to act in their best interests.

Explain medication procedures

Before helping a person with their medication, never assume they know what they must do. Use open questions to clarify their level of understanding. Encourage the person to ask questions so they can be sure of their role in the procedure. If you are unsure of the answer, let them know. Find out the answer from your supervisor. The person should be able to administer the medication with the level of assistance you are permitted to provide. If they cannot, let your supervisor know.

Explaining medication procedures

Explain the route (method used to take the medication).

Show the amount of medication to be taken.

Explain any preparation procedures.

Show how to take the medication.

Communicate effectively when explaining procedures

People may not understand or they may be overwhelmed by the information provided by health professionals. It is often the role of the support worker to explain these details in plain language to make sure these instructions are understood and followed.

If a person is taking medication for pain relief, they need to understand what 'as needed' means and what will happen if the pain is not brought under sufficient control. A support worker may need to confirm that the medication is taken when pain is bad, but that there is a specific limit on how many tablets can be taken each day. If pain increases, the person needs to let staff know so that the medication can be adjusted.



2D Check individual medications

Check and confirm that a person's medication is correctly ordered before helping to administer it. Generally, the pharmacist makes up the doctor's prescription and delivers it to the home or facility. Even though the medication will have been checked by the pharmacist and then by a qualified person at the facility, the support worker must report any problems noticed with the order or medications. The workplace will have clear, documented guidelines about how to check the medication is correct when it arrives from the pharmacy and before it is given to the person.



Types of medication

While you will not need to understand the action of each medication, it is helpful to understand some terminology related to different medications and their categories.

Different types of medication include:

- ▶ antibiotics to fight infection
- ▶ antidepressants to elevate mood
- ▶ antihistamines to reduce the symptoms of allergies
- ▶ antipsychotics to reduce the symptoms of mental illness
- ▶ cardiovascular medication to adjust blood pressure
- ▶ hypnotics to reduce the effects of anxiety
- ▶ pain relievers to manage and reduce pain.

Prescription and non-prescription medication

Whether a medication is prescribed or not, you need to follow a written order if you are to assist a person to administer medication.

Medication that must be ordered by a doctor

Prescription medication is medication that has been ordered by a doctor and dispensed by a pharmacist. Most types of medication must be prescribed in this way. You must follow a written order to assist a person to take these medications.

Medication that doesn't require a doctor's order

Non-prescription medication is purchased over the counter at a pharmacy or supermarket without requiring a doctor's order. These can include drugs that are safer to self-administer, such as paracetamol. You must still be given a written order to assist a person to take these medications.

Ordered by a doctor but only taken as required

PRN medications may be prescribed or over the counter medications, but do not need to be given regularly. They include medications like pain relievers that are taken when needed. You must still be given a written order to allow these to be given to a person.

2E Check for and report changes in person prior to assistance

An important responsibility for support workers is to check regularly the person's ability to take their medication before it is given to them. You need to know how to help the person tell you if they are having difficulties. You also need to know what to do if you spot a change in their behaviour or condition. Report a change in their ability to take their medication to your supervisor or a health professional, as it may mean the level of assistance may have to be increased.



Check for physical changes in person

Physical and behavioural changes can affect a person's ability to self-administer their medications safely, or might make the medications unsuitable for administration at that time. Here are some examples of changes that you may notice prior to medication assistance that may alert you to seek further instructions from a supervisor before proceeding. Never give medications to a person whose behaviour is uncharacteristic, or who feels drowsy or faint.

Physical and behavioural changes to observe and report

- ▶ Nausea and/or vomiting
- ▶ Difficulty with swallowing
- ▶ Dizziness, weakness, feeling faint
- ▶ Uncharacteristic or sudden confusion or aggression
- ▶ Drowsiness

Observe behavioural changes in the person

Here is a list of a range of behavioural conditions or changes that may occur and what to look for. In all of these cases, you must follow procedures and notify your supervisor.

Confusion

- ▶ The person cannot remember when to take the medicine or the right dose; does not follow instructions; or hoards tablets.

Disorientation

- ▶ The person doesn't know where they are or what is happening to them.

Not sleeping

- ▶ The person is more tired than usual or is always drowsy.

Practice task 11

1. What is the drug that increases heart rate and usually involves checking the person's pulse rate before proceeding, according to the order on the medication chart?
2. A person is late to receive their epilepsy medication. When you go into the room, you notice the person is in the early stages of a seizure. Should you proceed with giving them their medication in the hope of stopping or slowing the seizure?

Click to complete Practice task 11

Summary

1. Good planning can make it easier to administer medication in an efficient, safe and client-centred manner.
2. Before administering medication, you must ensure you have visited the correct person. Identifying and greeting the person can help in this process.
3. The individual person's needs and abilities can vary, and should be confirmed.
4. Confirm the type of medication is correct.
5. Physically prepare the person and explain the procedure to them.
6. Regularly monitor the person's condition to make sure they are capable of taking the medication.
7. There are instances when it is inappropriate to administer medication regardless of the instructions in the person's care plan. For example, you must not administer medication if a person is unconscious, vomiting, has other physical changes and displays behavioural changes.
8. Physical or behavioural changes must be reported.

3B Prepare medications and support individuals with administration of medication

If you are instructed to do so, you will need to prepare medication and support the person to take it. Prepare the medication as per instructions on the medication chart or dose administration aid (DAA), remembering that every person you support has different requirements for the level of support you need to provide.

Legislation and organisational requirements

You need to work within the scope of your role description and legislative requirements when preparing medications and supporting people with administration of medication. Relevant State/territory legislation such as the ACT's *Medicines, Poisons and Therapeutic Goods Act 2008* will have regulated the way that drugs are made available and stored. Organisational procedures concerning medication also need to meet state/territory Standards for Medication Management.



Organisational policies and procedures should ensure a person's human rights are safeguarded. People have a right to consent voluntarily to procedures and medication. They have a right to information that allows them to make a decision that they consider right for them. If a person is incapacitated, state or territory legislation outlines the process for substitute consent.

Legislation governing work health and safety (WHS) guidelines for infection control, incident reporting procedures and privacy are all designed to protect people's rights and safety and will be relevant in differing circumstances.

Individual care plans

Care plans will vary according to whether they are being used in a health or community services setting. Here is an example of some, but not all, form fields that are commonly found on an individualised plan in a health care setting.

Examples of information required on a care plan used in allied health:

- | | |
|---|--|
| ▶ Personal details | ▶ Allergies |
| ▶ Insurance | ▶ Needs, health goals |
| ▶ Medicare | ▶ Actions to facilitate achievement of health goal |
| ▶ Treating doctor | ▶ Providers and their contact details |
| ▶ Details of previously existing care plan and outcomes | ▶ Review date |
| ▶ Medical history | ▶ Patients agreement/ informed consent |
| ▶ Medications | ▶ Signatures |

Ear drops

- ▶ Tuck the person's hair behind their ear and remove hearing aids, cotton wool or other obstructions.
- ▶ Ask the person to tilt their head to the side so the ear to be treated is facing up.
- ▶ Gently pull the ear up and back to make the opening as wide as possible.
- ▶ Instil the correct number of drops towards the back of the ear canal without touching the applicator or bottle to the ear. Do not insert bottle necks or droppers into the ear canal.
- ▶ If instructed, assist the person to place a small wad of cotton wool loosely into their ear to prevent the medicine running out prematurely. Do not push the cotton wool into the ear canal.

Common medications and their effects

While you are not expected to understand the uses, recommended dosages, cautions and side effects of the drugs you are helping the person to take, it can be useful to understand some of these factors about some of the more commonly taken drugs. You should never use this information to give advice to the person taking the medication. All advice regarding treatments should be given through health professionals. If the person you are providing support to asks for advice about their medications, you must refer them to their nurse, doctor or pharmacist.

Similarly, having information about some of the medications you help with does not in any way qualify you to make changes to or stop the person from taking the medication. If you have concerns, you must always seek advice.

Most medications come with warnings.

Medication warnings can come in the form of:

- ▶ common side effects caused by the medication
- ▶ contra-indications (people who should not take the medication, or who should take with caution, because of a pre-existing symptom or condition)
- ▶ dangers that can result from incorrect usage, or incorrect storage.

Paracetamol

Here is some information about paracetamol.

Purpose

- ▶ Paracetamol can be used to reduce pain and fever.

Side effects

- ▶ Paracetamol can cause nausea and vomiting.

When to avoid

- ▶ Do not use when more than three standard glasses of alcohol are taken per day, or if the person has a history of alcoholism.

Storage

- ▶ Store at room temperature away from moisture, heat and light.

Disposal

- ▶ Return to pharmacy for disposal if unused or expired.

Zoloft

Here is some information about Zoloft.

Purpose

- ▶ Zoloft can reduce anxiety and depression.

Side effects

- ▶ Side effects include drowsiness, dizziness, feeling tired, mild nausea, stomach pain, upset stomach, constipation, dry mouth, changes in appetite or weight and sleep problems (insomnia).

When to avoid

- ▶ Zoloft is not to be given to people with liver or kidney disease, seizures or epilepsy, a bleeding or blood clotting disorder; bipolar disorder, or a history of drug abuse or suicidal thoughts.

Misuse

- ▶ Overdose or sudden withdrawal can lead to anxiety, panic attacks, trouble sleeping, thoughts about suicide or hurting yourself.

Storage

- ▶ Zoloft should be stored at room temperature, away from moisture, heat and light.

Disposal

- ▶ Return to pharmacy for disposal if unused or expired.

Hydrocortisone cream

Here is some information about Hydrocortisone cream.

Purpose

- ▶ Hydrocortisone works by calming the inflammation that occurs during certain skin conditions or reactions. Hydrocortisone cream may be used for treating various skin conditions including eczema and dermatitis.

3G Observe the individual for changes in condition and report to supervisor or health professional

When prescribing the medication, the doctor takes into account the likelihood of the medication's effects. They will explain to the person why they are having the medication and whether there may be any possible side effects. They might advise the person what to look out for when they take the medication. Sometimes, however, side effects occur that are unexpected. Check the person regularly after they have taken their medication to observe any changes in their condition or any reactions they have to the medication.



Regularly check person for changes in condition and report

Checking the person regularly after they have taken their medication helps you to see whether the person is experiencing any side effects caused by the medication they are taking. Report any abnormalities immediately to your supervisor, the person's doctor, the pharmacist, a medical officer or emergency services. Your workplace may also have a helpline for staff to use.

Here are guidelines for checking, recording and reporting changes.

Identifying changes

Talk to the person and ask them how they feel. Observe their colour, mobility, mental and verbal responses and physical signs.

Making observations

A reaction may take hours, days or even weeks to happen, or it may occur soon after the person has taken the medication. For example, a person has a seizure. Sometimes it may take much longer and the changes may be small. You should observe the individual every time you visit for any changes in their condition.

Reporting findings

Let a supervisor know if you have concerns. Write down exactly what you see and what the person or their carer tells you; record these observations in the file notes or progress notes, feedback sheet, communication book, incident report form, or other documentation as specified in your workplace.



Topic 4

In this topic you will learn how to:

- 4A Report concerns with the administration of medication as required**
- 4B Identify, report, record and address reactions to medication according to organisation guidelines**
- 4C Identify contaminated or out-of-date medication and dispose of according to organisational procedures**
- 4D Identify, report and record changes in individual's condition, within essential timeframes**
- 4E Identify procedures to address/respond to changes in the person's condition or needs**
- 4F Report inconsistencies promptly and take action as instructed**
- 4G Document and address all inconsistencies according to organisation guidelines and procedures**

Handle medication contingencies

A contingency is when something doesn't go according to plan. The most important thing to remember, when any contingency relating to medication arises, is to report immediately to your supervisor. Instructions can then be given to help guide you through the problem safely, and to alert medical staff or supervisors to issues that they need to be aware of.

4B Identify, report, record and address reactions to medication according to organisation guidelines

While severe reactions to medications are not common, all medications have the potential to cause some side effects or adverse reactions. Your role is to observe, identify, report, record and address the individual's reaction to their medication within the level of your authority and by following workplace procedures.



Identify individual reactions to medication

You don't have to know about individual drug reactions, but it is important to check for any signs that are unusual or different and report them straight away. The most common side effects of medications include nausea, vomiting, and mild skin reactions to creams or lotions. More serious reactions can be varied, but are particularly dangerous and urgent if the person experiences shortness of breath or a major, sudden rash.

Other signs to report straight away include:

- ▶ changes to skin colour, such as paleness, redness
- ▶ pain, headaches
- ▶ dizziness, weakness, double vision
- ▶ itchiness
- ▶ claims of a racing heartbeat or changes to blood pressure or pulse
- ▶ confusion or uncharacteristic behaviour changes, such as aggression.

Report, record and address reactions to medication

Medication reactions can become more serious if action is not taken early. Even small signs might be the early stages of a reaction, and should be reported as soon as you can, before making the person as comfortable as possible.

Report

Notify your supervisor as soon as possible and follow any instructions you are given, including making sure the person is comfortable. Respond to further instructions given by your supervisor, such as contacting a doctor or ambulance.

Example**Identify, report and record changes in individual's condition**

Aleisha, a support worker, enters Stanley's room with his medication. He is taking pills for his high blood pressure. This is only the third day he has taken them. She chats with him for a while and he tells her the same thing three times. His face looks a little lopsided and he is slurring his words. Aleisha notices that he has wet his pants. Aleisha knows this is unusual for him.

Here is an outline how Aleisha acts in accordance with her organisation's guidelines.

Attend to person's immediate needs

Aleisha remains calm and speaks gently to Stanley. She asks him if he feels okay. She comforts Stanley and quickly cleans him up, making sure she follows personal hygiene guidelines.

Report to supervisor

She contacts her supervisor and describes the differences she has noticed in Stanley. She explains what she has observed and what she has done.

Follow instructions

The supervisor tells Aleisha not to attempt to give him medication until the doctor has been contacted. The supervisor tells Aleisha they will contact the doctor.

Record event

Ensuring the description is factual, Aleisha writes the following notes:

- ▶ When talking to Stanley at 10.08am I observed he was slurring his speech and repeating himself. His face appeared lopsided. He had been incontinent. I made him comfortable and cleaned him up.
- ▶ Withheld medication due to concern about observed changes.
- ▶ Informed supervisor at 10.12 am. Supervisor advised not to give any further medication.
- ▶ Supervisor to contact doctor.

5A Discard waste products according to organisation procedures and manufacturer's instructions

You may work in an organisation that has a dedicated medication room and uses a medication trolley, or you may work with a small number of people with support needs who require assistance with medication in their own homes. If you work in the former, cleaning up and leaving the medication area clean, tidy and hygienic improves safety and ensures that the next person to use the trolley or treatment room can commence their work in an organised way. If you work in the latter, the same attention to tidiness and hygiene protects people who share the same space as the person you are supporting.



Sometimes there won't be much waste except for empty glass bottles, plastic tubes of medicine and disposable gloves. In other cases, you may deal with vomit, soiled clothes, sharps, blood and other body fluids, as well as discarded packaging material, used cotton wool, disposable plastic cups and gloves. Make sure you are familiar with the rules for disposing of waste and follow procedures to make sure all waste products are disposed of safely and hygienically. There are particular rules regarding disposal of old or out of date medications.

Your organisation's procedures

Your particular state or territory has legislation and/or regulations in relation to disposing clinical and related waste that may be relevant. For example, the New South Wales Environment Protection Authority regards clinical and related waste as an environmental protection issue under the *Protection of the Environment Operations Act 1997* (NSW) and the *Protection of the Environment Operations (Waste) Regulation 2014*. This includes cytotoxic waste; pharmaceutical, drug or medicine waste; and sharps waste.

The Department of Health's Guiding principles for medication management reflect the National Medicines Policy. The guidelines state that considerable environmental health hazards are created if medication is disposed of through Australia's sewerage system and/or landfill stations. Therefore, to avoid accidental poisoning, medicine misuse and toxic releases into the environment, it is imperative that unwanted and expired medicines are safely disposed of.

Organisational procedures will ensure you are complying with legislation when you discard used and unused medication and equipment and clinical waste.

Replenishing DAAs

- ▶ Most services and pharmacies have regular days on which dose administration aids (DAAs) are refilled, labelled, sealed and returned to the person or the facility each week. A supervisor or health professional will be responsible for ensuring that aids are filled according to updated doctor's prescriptions.

Check the medication

If in your work setting medication is received for people with care needs, you need to know that a pharmacy will require a signed document to validate that medication was received and checked as correct. Some medication, such as Schedule 8 drugs, must be checked by two people. Details must be entered into a drug register as outlined in specific state and territory guidelines.

A workplace will have designated people who are responsible for checking the medication on arrival. This is generally done by a health professional. A support worker may check names but not the medication. A support worker can also check that the packaging is sealed, not expired, the correct quantity is there, the correct labelling. Any mistakes should be reported, recorded and fixed without delay to ensure the person receives medication in a timely manner and as prescribed.

The following explains what you need to check for when receiving supplies of medication.

Correct identification of the person

- ▶ The name of the person and their date of birth should be clearly printed on the label of packaging and dose administration aids.

Correct medication

- ▶ The content of the dose administration aid should be clearly printed on each individual blister pack (a support worker can only check the information is there, not that it is correct; a registered nurse will need to check the information against the medication chart).

Correct quantity

- ▶ The number of tablets should correspond with the numbers of drugs printed on the outside of the blister/sachet.

Signs of contamination

- ▶ Check that all blisters and packaging are sealed properly with no signs of tampering.