H&H Care SA Pty Ltd	**Form20. Medication Support and Administration** **Australian Government Support at Home Program**	
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Policy and procedure 20
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA assesses and authorises medication support, follows valid medicine instructions, records delivery and responds to refusals, errors and harm. It distinguishes support for self-administration from administration by an authorised competent worker or nurse.

Document control	Details
Policy number	HH SAH MED 020
Version and status	1.0 — Draft for Director and Clinical Lead RN approval
Prepared	24 October 2026
Policy owner	Director and Clinical Lead RN
Approved by	Director: Huy Le RN: Thi Ngoc Bich Tran
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Nurses, workers, coordinators and approved contractors providing or arranging medicine-related support

1 Purpose and scope

Respect the client's right to manage their medicines where able and willing. Provide only the assistance actually assessed and agreed. A general service agreement, family request, dose pack or course certificate does not independently authorise medicine administration. All tasks require a lawful basis, client consent, valid directions, appropriate competence and safe clinical oversight.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other approved registered providers. It includes prescribed and non-prescription medicines, topical products, inhalers and other routes only where specifically authorised. Injections, enteral medicines, controlled medicines, infusions and emergency rescue medicines require additional task-specific controls and procedures before being offered. This policy is not a prescription or authority to provide every route.

2 Responsibilities

The Director approves the service scope and resources and confirms relevant South Australian legal and contract requirements. The Clinical Lead RN assesses support needs, verifies instructions and competence, establishes supervision and monitoring and coordinates with the prescriber/pharmacist within scope. Only an appropriately authorised prescriber initiates or changes prescribing decisions; pharmacist advice assists medicine safety but does not replace a required prescription.

Workers follow their approved role, stop when uncertain and report changes, omissions or errors immediately. The Coordinator matches visits to required timing, confirms supply and backup arrangements and informs The Fig Trees. Agree clinical accountability, prescribing/pharmacy contacts, record sharing and after-hours cover in writing. Provider authorisation to fund a visit is separate from clinical and legal authority to give medicine.

Assessment role definitions and consent

3 Determine the required support

Level	Meaning and limits
Self-administration	Client selects and takes/manages medicines independently. Record any agreed observation or supply support; do not assume observation proves every dose was taken.
Prompting or reminding	Remind the client of the agreed medicine time while the client remains responsible for choosing and taking the medicine. Record prompting accurately, not as administration.
Assistance with self-administration	Practical help under an assessed plan, such as reading a label or opening packaging at the client's direction where lawful and appropriate. Assess the actual activity; the word assistance does not remove administration risks or duties.
Administration	Giving a dose to the client, with associated selection/checking/preparation and monitoring as applicable. Requires specific lawful authority, current instructions, competence and clinical arrangements; do not relabel it prompting.

At intake and on change, assess the client's wishes, decision-making and communication support, understanding, dexterity, vision, cognition, swallowing, allergies, medicine regimen, timing and risks. Identify what the client/family actually does and who is responsible between visits. Arrange specialist or prescriber/pharmacist review where required. Do not assume dementia removes all decision-making ability or that a family member has unrestricted authority.

4 Individual medication support plan

Specify the support level for each task, permitted routes, responsible worker role, current authorised chart/instructions, storage, supply, timing, observation, escalation and continuity. Record medicines allergies and known adverse reactions, or verified no-known-allergy status, rather than leaving ambiguity. Define tasks that are excluded and what to do if instructions or medicine are missing.

5 Workforce authority and consent

Nurses must have current registration, relevant competence and lawful scope. Check any EN medicine-education notation or restriction and confirm appropriate RN supervision. For support workers, the Director and RN must confirm the task is lawful in South Australia and acceptable under the provider arrangement, assess competence and document any required delegation and supervision before deployment. RN sign-off cannot expand legal authority.

Seek ongoing informed consent. Explain the support and relevant information accessibly; support client questions to the prescriber or pharmacist. Refusal is not permission to force a dose. Do not hide medicines in food or drink to overcome refusal. Any proposed covert administration requires specialist legal/clinical review of consent and authority and separate safeguards; routine staff must not improvise it.

Current instructions supply and storage

6 Verify medicine directions and changes

Before H&H administration begins, obtain a current, legible and authenticated medicine chart or other clinically and legally valid instructions approved for this service. It must clearly identify the client, medicine, strength, formulation, dose, route, time/frequency and relevant limits, dates and prescriber authority. Identify PRN indications and monitoring. Keep the current medicine record accessible with a clear version and source.

Reconcile medicine information through the appropriate clinician/pharmacist at commencement, discharge and regimen changes. Include non-prescription, complementary and regularly used topical medicines. Resolve discrepancies between chart, labels, dose packs, discharge lists and family reports before the affected dose; seek timely advice for essential medicines rather than simply omitting them without escalation.

Workers must not prescribe, transcribe a change as though they are the prescriber or accept an unauthenticated family message as a medicine order. Telephone/verbal orders are restricted to people legally authorised to receive them, under a separate approved process with verification, read-back, recording and required written confirmation. Unregulated workers must not treat a phone message as permission to change a dose.

7 Dose administration aids and supply

A pharmacy-prepared dose administration aid may support safety but is not the sole authority for administration or proof it is current. Check the client label, date/time compartment, packaging integrity, medicine information and agreement with current authorised instructions. Follow the task-specific procedure for identifying contents; do not guess from tablet colour, appearance or memory.

Do not remove or add tablets to a dose pack to implement a change, use an unlabelled container or repack medicines for later use outside a separately authorised pharmacy/clinical process. Obtain a pharmacist or authorised practitioner's safe interim arrangement and updated instructions. Plan timely repeat supplies and separate out-of-pack medicines with clear directions to prevent omission or duplication.

8 Storage transport and disposal

Agree secure storage that protects children and others and preserves the client's lawful access and independence. Follow labels and manufacturer conditions, including refrigeration where required; record temperature monitoring where indicated. Do not store medicines in hot vehicles, share medicines or use expired, damaged or unidentifiable supplies.

Any worker collection/transport requires consent, an authorised task, secure custody and documented handover. Controlled medicines need specific South Australian legal and clinical controls, stock reconciliation and incident response; establish these before service. Do not assume a universal two-signature rule covers every setting or that a home exemption removes all controls.

Return unwanted medicines through an approved pharmacy pathway with client authority and records. Do not flush, discard in ordinary waste or take them for personal use. Segregate discontinued stock safely and clearly while arranging return without altering the historical record.

Safe administration and higher risk situations

9 Administration procedure for approved tasks

- Confirm the correct client using suitable identifiers, current consent, allergies/adverse reactions and the latest authorised instructions. Check for a change in condition or swallowing that makes the planned task unsafe.
- Check the right medicine, formulation, strength, dose, route, time and indication, including previous doses and maximum limits. Verify the medicine is due and has not already been given by the client, family or another service.
- Check expiry, integrity, preparation requirements and storage. Use the appropriate measuring device and IPC/aseptic technique; do not prepare several clients' doses together or leave prepared doses unattended.
- Prepare and give only within approved competence and instructions. Explain the action, position the person appropriately and follow swallowing and route-specific directions.
- Observe the relevant administration or taking of the medicine within the assessed role, without coercion. If not taken or not confirmed, record that fact; do not sign it as given.
- Record promptly after actual administration, including time, dose, route and author, and any refusal, omission, issue or required observation. Never pre-sign or sign another person's work.
- Monitor and document effects as directed, provide handover and escalate changes or concerns directly. Do not leave a new adverse effect only in routine notes.

10 PRN and time critical medicines

PRN means as needed. Instructions must specify the indication, dose/route, minimum interval, maximum cumulative dose and period, relevant assessment and monitoring, when to seek advice and any approval needed. Check doses given through other products/services and record reason, actual dose/time and outcome. If the decision requires clinical assessment beyond worker scope, obtain the designated clinician's advice first.

Do not give PRN medicine for staff convenience, routine sedation or to override refusal. Where a medicine is used primarily to influence behaviour, assess restrictive-practice implications with qualified advice and apply applicable lawful safeguards. A prescription, family request or PRN label alone does not resolve those duties.

Identify time-critical medicines in the individual plan, with clinician-set acceptable windows and missed-dose actions. Roster to those needs and arrange backup. Workers must not decide a universal late-dose window, double a dose or change the next dose to make up for a missed visit.

11 Swallowing crushing and other special tasks

Do not crush tablets, open capsules, mix into food/drink or alter a formulation unless medicine-specific pharmacist advice, required prescriber authorisation, consent and the current plan permit it. Some modified-release or other products are unsafe to alter. Dysphagia or enteral delivery requires a specific assessed plan and trained authorised staff. Do not force oral medicine or give it to someone who cannot safely swallow.

For insulin, anticoagulants, opioids, patches and other higher-risk medicines, establish medicine-specific procedures, independent checking where required, monitoring and emergency contacts. Do not create a generic sliding scale or dose calculation in a blank template. Patch application/removal and disposal must be traceable to avoid duplicate dosing.

Refusals errors adverse effects and continuity

12 Refused missed unavailable or uncertain dose

Respect refusal, ask about the reason without pressure and offer appropriate support. Record refusal and obtain timely RN/prescriber/pharmacist advice based on the medicine and client risk. Do not conceal a dose in food, threaten consequences or sign a refusal as administration. Repeated refusals require client-centred review rather than punishment.

For a missed, vomited, spilled, unavailable, possibly duplicated or uncertain dose, stop and obtain appropriate clinical/pharmacist advice before any replacement or catch-up dose. Do not repeat a dose simply because you cannot see it recorded or the person vomited. Document the facts, source of advice, action, follow-up and responsible person. Escalate supply or visit gaps promptly to the Coordinator and provider.

13 Error overdose or adverse reaction

Protect the person and seek clinical help immediately. Call 000 for collapse, abnormal breathing, severe allergic symptoms, marked deterioration or another emergency. For suspected wrong medicine, dose or poisoning, contact the Poisons Information Centre on 13 11 26 promptly, even if symptoms are absent, as well as the relevant clinician. Emergency help must not wait for manager permission.

Record the medicine, strength, estimated amount, route, time, symptoms and actions actually known. Keep packaging and relevant records available for clinicians. Do not induce vomiting, give a remedy or alter subsequent doses independently. Follow advice and arrange a confirmed monitoring/transfer plan with a competent person.

Notify the RN, manager and registered provider immediately, complete incident and medication records and use open disclosure. Assess SIRS and other reporting under Policy 9 according to actual circumstances; a medication error is not automatically reportable under every scheme. Do not erase the record or privately resolve an error to avoid scrutiny. Consider TGA adverse-event reporting through the appropriate practitioner/process where indicated.

14 Review and handover

Handover dose history, changes, omitted/refused doses, PRN effect, adverse reactions, supply and outstanding actions using Policy 8 and a lawful sharing basis. Agree the interface with family and other providers to prevent duplication. At hospital admission/discharge, reconcile current instructions and supply before affected tasks resume; an old pack must not be assumed current.

The RN reviews changes in ability, symptoms, repeated refusals/errors and the need for prescriber/pharmacist review. Management ensures authorised staffing, time, supplies, competence and after-hours cover. Record unmet needs and obtain written service variations without delaying urgent protective care. Review the individual plan on its scheduled date and promptly after any material change.

Individual medication support and readiness plan

MED F01 | Complete with the client, RN and relevant prescriber/pharmacist. Attach current valid directions. This form is not a prescription or independent medicine order.

Client identifiers: _____
Plan author role date/version: _____
Client consent and decision support/authority: _____
Allergies/adverse reactions and source: _____
Current authenticated chart/instruction reference/date: _____
Prescriber and pharmacist contacts: _____

Support control	Individual instructions
Self-manages/prompts/assistance/administration	_____ _____
Permitted tasks/routes and excluded tasks	_____ _____
Worker roles competence and supervision	_____ _____
Timing critical medicines and backup	_____ _____
Supply DAA/out-of-pack and storage	_____ _____
PRN assessment limits and effect review	_____ _____
Swallowing/clinical plans and monitoring	_____ _____

Family/other service responsibilities and duplicate-dose prevention: _____
_____
Refusal missed-dose or discrepancy advice pathway: _____
After-hours RN/clinical backup and actual cover: _____
Emergency: 000 Poisons Information Centre: 13 11 26
Manager/provider contacts and reporting: _____
RN clinical readiness approval/date: _____
Provider service authorisation reference: _____
Worker task sign-off and instruction acknowledgement: _____
Client copy and secure record location: _____
Review date and earlier triggers: _____

Medication event and PRN recording templates

Medication support and administration event record

MED F02 | Use with the valid chart or approved MAR/eMAR, not instead of prescriber directions. Use one attributable entry for each medicine/event, expanding as needed.

Client identifiers: _____
Current authorised order/chart reference and date: _____
Allergies/reactions checked and source: _____
Medicine strength formulation dose and route as ordered: _____
_____
Scheduled date/time and actual event date/time: _____
Task: Prompt / Assistance / Administration / Other specified: _____
Consent and relevant checks: _____
Outcome: Given / Self-taken observed / Prompt only / Refused / Omitted / Unknown
Reason for non-administration or uncertainty: _____
_____
Advice sought and actions person/time: _____
Monitoring and client response: _____
Follow-up owner and deadline: _____
Worker name role authentication and entry time: _____
Second check if required by procedure: _____

PRN reason dose and effect record

MED F03 | Use only with valid PRN orders and assessment/role approval.

Client identifiers and PRN order reference: _____
Medicine and ordered indication: _____
Symptoms/assessment and relevant non-medicine support: _____
_____
Last dose/all sources checked and limits verified: _____
Clinical authorisation if required person/time: _____
Actual medicine dose route date/time: _____
Effect review time observations and response: _____
_____
Adverse effects or lack of effect and escalation: _____
Further advice/action and responsible person: _____
Worker authentication/role: _____

Do not use an ambiguous tick or blank entry as evidence of administration. Retain corrections and late entries under Policy 8. Do not sign future doses or doses administered by someone else.

Medication incident follow up and governance

Medication incident and reconciliation checklist

MED F04 | Link INC F01 and clinical records. Do not delay emergency help.

Client/incident reference: _____
Error/near miss/adverse effect and awareness time: _____
Medicine details actual/possible dose and time: _____
Client condition and immediate care: _____
000/Poisons/clinician advice and times: _____
Manager/RN/provider notified and times: _____
Monitoring/handover accepted by/time: _____
Current chart supply and duplicate-dose risks reconciled by: _____
Open disclosure and reporting assessment references: _____
Root causes/actions/owner/due date: _____
Effectiveness review and closure approval: _____

15 Implementation and quality controls

Before approval, confirm South Australian legal authority and approved worker tasks/routes; agree RN/EN supervision and provider responsibilities; approve valid chart and MAR/eMAR arrangements; and establish prescriber, pharmacist, after-hours, supply and poison-response pathways. Assess practical competency for each task, including consent, checking, documentation, errors and emergency escalation. Do not authorise a new route based solely on an online certificate.

As internal controls, review urgent medication exceptions each service day and immediately when risk requires; management and the RN review incidents, refusals, PRN outcomes, supply gaps and training needs monthly. Audit a risk-based sample of instructions, administration evidence, delegation and actual practice quarterly. Reassess competence at least annually and earlier after changes or concerns. Apply shorter professional, medicine-specific and legal requirements. Verify corrective actions and preserve confidentiality and retention/legal-hold controls.

16 References and related policies

Policies 1 to 19; medication task procedures, clinical governance, condition-specific and rescue plans. Aged Care Act 2024 and Rules 2025; Controlled Substances Act 1984 (SA) and relevant regulations; Health Practitioner Regulation National Law, professional standards, consent and privacy requirements; The Fig Trees agreement and variations. Check legal requirements relevant to the actual substance, route and worker.

- Department of Health, Disability and Ageing — Guiding Principles for Medication Management in the Community, current collection. https://www.health.gov.au/resources/collections/guiding-principles-for-medication-management-in-the-community-collection
- Commission — Safe and quality use of medicines. https://www.agedcarequality.gov.au/strengthened-quality-standards/clinical-care/safe-and-quality-use-medicines
- NMBA — Enrolled nurses and medicine administration and current decision-making framework. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurses-and-medicine-administration
- healthdirect — Accidental overdose of medicine. https://www.healthdirect.gov.au/medicines/accidental-overdose-of-medicines

- SA Health — Medication safety resources, adapted to approved home-care scope. https://www.sahealth.sa.gov.au/

Official guidance and emergency advice number checked 24 October 2026. This policy does not authorise prescribing or establish that every hospital/residential rule applies to private homes. Director and RN must approve task-specific arrangements before implementation.

Director approval: _____ Clinical Lead RN approval: _____
Effective date: _____ Next review: _____
Version 1.0 — Draft prepared 24 October 2026; approval and implementation pending.