H&H Care SA Pty Ltd

SUPPORT WORKER TRAINING & WORKPLACE PROTOCOL

Medication Assistance and Reporting Concerns

Supporting Safe Medication Practices, Participant Independence and Wellbeing

Training Category: Medication Safety, Medication Assistance, Incident Reporting and Participant Health

Applies To: All H&H Care SA Support Workers, SIL Staff, Team Leaders and Care Coordinators

Service Settings: Supported Independent Living (SIL), In-Home Support, Personal Care and Community Participation

Document Type: Staff Training Article and Proposed Workplace Protocol

Review Frequency: Annually or following changes to medication requirements, NDIS guidance or organisational policies

Document Status: Draft for Management Review and Approval

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1. Purpose

At H&H Care SA, medication safety is an important part of providing high-quality, person-centred disability support.

Many NDIS participants require regular medication to manage health conditions, maintain wellbeing or prevent complications.

Support workers may assist participants with medication as part of their daily support responsibilities. However, medication assistance must always be provided safely, respectfully and within the worker's training, competency and authorised responsibilities.

Medication errors, missed doses, incorrect administration or failure to recognise adverse reactions can place participants at significant risk.

The purpose of this protocol is to ensure H&H Care SA support workers understand how to:

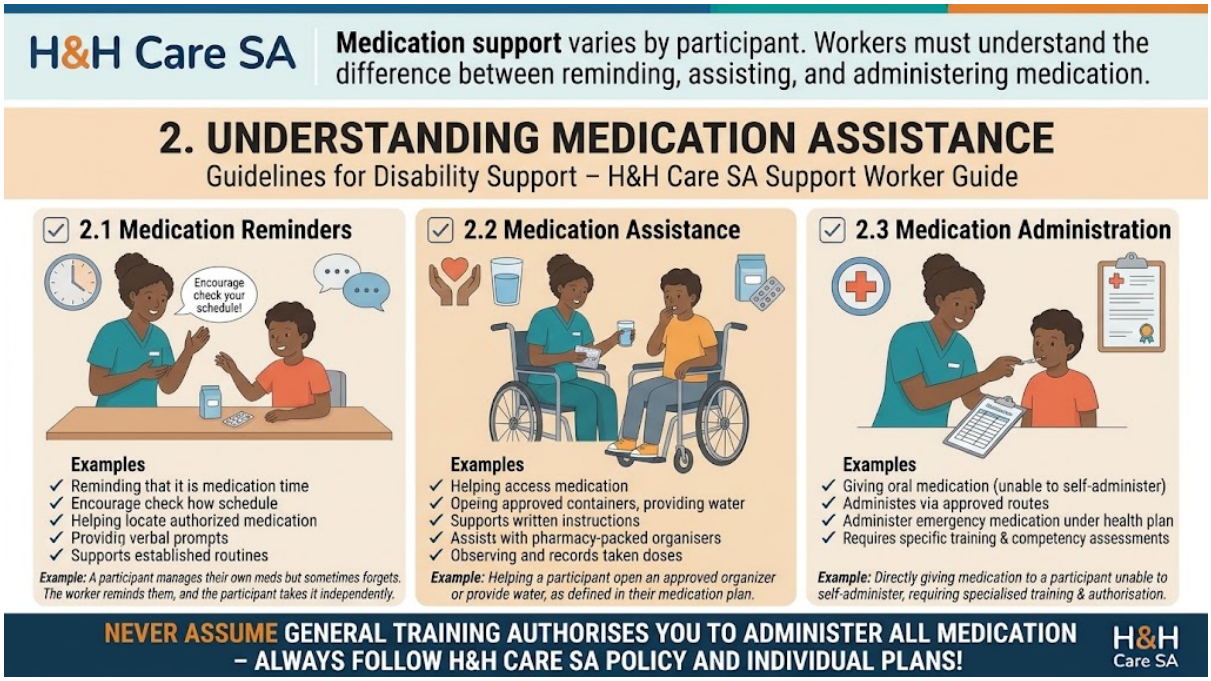
1. Support participants with medication safely.

2. Respect participants' independence, dignity and consent.
3. Follow individual medication management plans.
4. Recognise possible medication errors and adverse reactions.
5. Respond appropriately to missed or refused medication.
6. Report medication-related incidents and concerns promptly.
7. Maintain accurate medication records and ShiftCare progress notes.
8. Work within their professional responsibilities and competency.

Our guiding principle:

Right Medication – Right Participant – Right Time – Right Support – Accurate Reporting.

2. Understanding Medication Assistance in Disability Support



Medication assistance refers to helping a participant manage or take their prescribed medication according to their individual support needs.

The level of assistance required differs between participants.

Some participants can manage their medication independently but benefit from reminders.

Others may require physical assistance, supervision or medication administration by an appropriately trained and authorised person.

Support workers must understand the difference between reminding, assisting and administering medication.

2.1 Medication Reminders

Medication reminders involve prompting a participant to take their medication without directly administering it.

Examples include:

- Reminding the participant that it is medication time.
- Encouraging them to check their medication schedule.
- Helping them locate their medication when authorised.
- Providing verbal prompts.
- Supporting the participant to follow their established routine.

Example:

A participant independently manages their medication but occasionally forgets the morning dose.

The support worker reminds the participant that it is time to take their medication.

The participant independently identifies and takes the medication.

2.2 Medication Assistance

Medication assistance may involve practical support with medication-related tasks under an approved plan.

Depending on the participant's needs and the worker's authorisation, this may include:

- Helping the participant access their medication.
- Opening an approved medication container.
- Providing water.
- Supporting the participant to follow medication instructions.
- Assisting with an approved medication organiser or pharmacy-packed dose administration aid.
- Observing and recording medication taken where required.

The exact tasks permitted must be clearly defined in the participant's medication plan and organisational procedures.

2.3 Medication Administration

Medication administration involves giving medication to a participant and may require specific training, competency assessment and authorisation.

Examples may include:

- Giving oral medication to a participant unable to self-administer.
- Administering prescribed medication by an approved route.
- Administering emergency medication under an individual health plan.

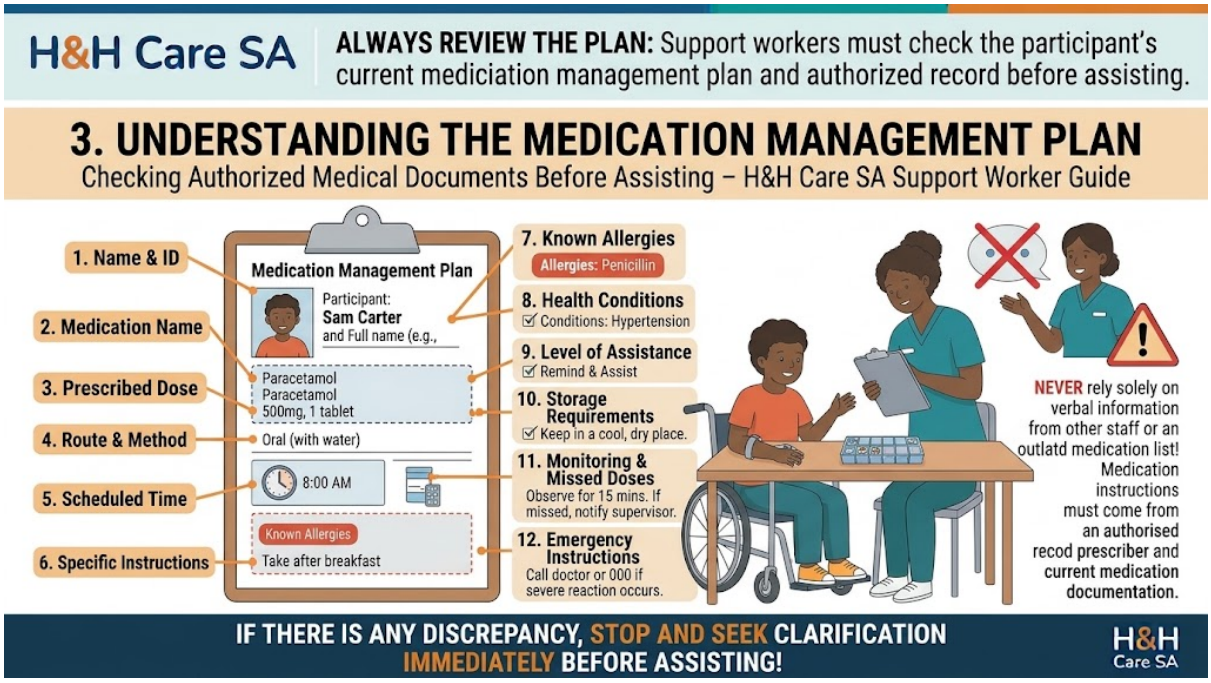
Some medication tasks involve higher risks and require additional clinical oversight or specialised training.

Important: A support worker must never assume that completing general medication training automatically authorises them to administer all medications.

Workers must follow H&H Care SA's approved medication policy, individual participant plans and applicable professional requirements.

3. Understanding the Medication Management Plan

Before assisting with medication, support workers must review the participant's current medication management plan and authorised medication record.



Relevant information may include:

- Participant's full name and identification details.
- Medication name.
- Prescribed dose.
- Route of administration.
- Scheduled administration time.

- Specific instructions.
- Known allergies.
- Relevant health conditions.
- Level of assistance required.
- Storage requirements.
- Monitoring instructions.
- Procedures for missed or refused doses.
- Emergency response instructions.

Medication instructions must come from an authorised prescriber and current medication documentation.

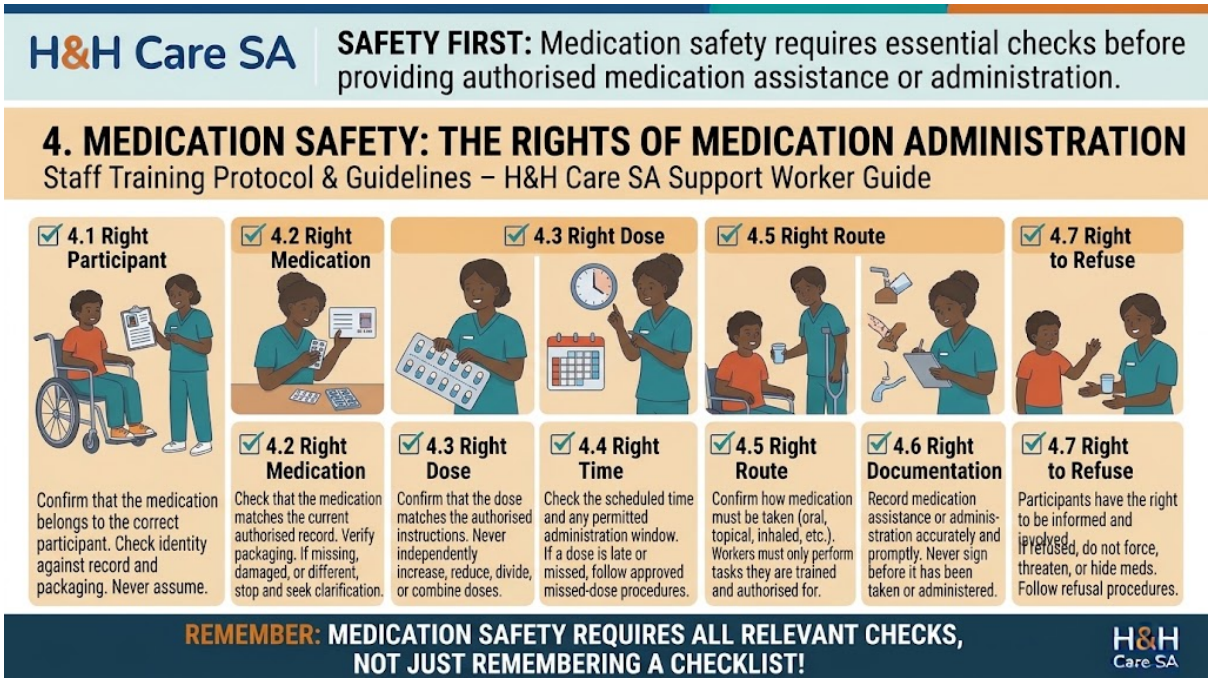
Workers must not rely solely on verbal information from another staff member or an outdated medication list.

Example:

A participant's medication schedule changes following a medical appointment.

The support worker must not independently implement an unverified change. The updated prescription or authorised medication instructions must be confirmed and the relevant records updated through the approved process.

4. Medication Safety: The Rights of Medication Administration



Medication safety involves a series of essential checks before providing authorised medication assistance or administration.

4.1 Right Participant

Confirm that the medication belongs to the correct participant.

Check the participant's identity against the medication record and packaging.

Never assume medication belongs to a participant simply because it is stored in their room.

4.2 Right Medication

Check that the medication matches the current authorised medication record.

Verify the name and relevant packaging details.

If the medication is missing, unclear, damaged or appears different from the record, stop and seek clarification.

4.3 Right Dose

Confirm that the dose matches the authorised instructions.

Never independently increase, reduce, divide or combine doses.

Do not alter medication unless the task is specifically authorised and supported by appropriate instructions.

4.4 Right Time

Check the scheduled medication time and any permitted administration window.

Do not give medication earlier or later than authorised without appropriate guidance.

If a dose is late or missed, follow the approved missed-dose procedure.

4.5 Right Route

Confirm how the medication must be taken or administered.

Examples include oral, topical, inhaled or other prescribed routes.

Workers must only perform medication tasks for which they are trained, competent and authorised.

4.6 Right Documentation

Record medication assistance or administration accurately and promptly in the required medication record.

Documentation must reflect what actually happened.

Never sign a medication record before the medication has been taken or administered.

4.7 Right to Refuse

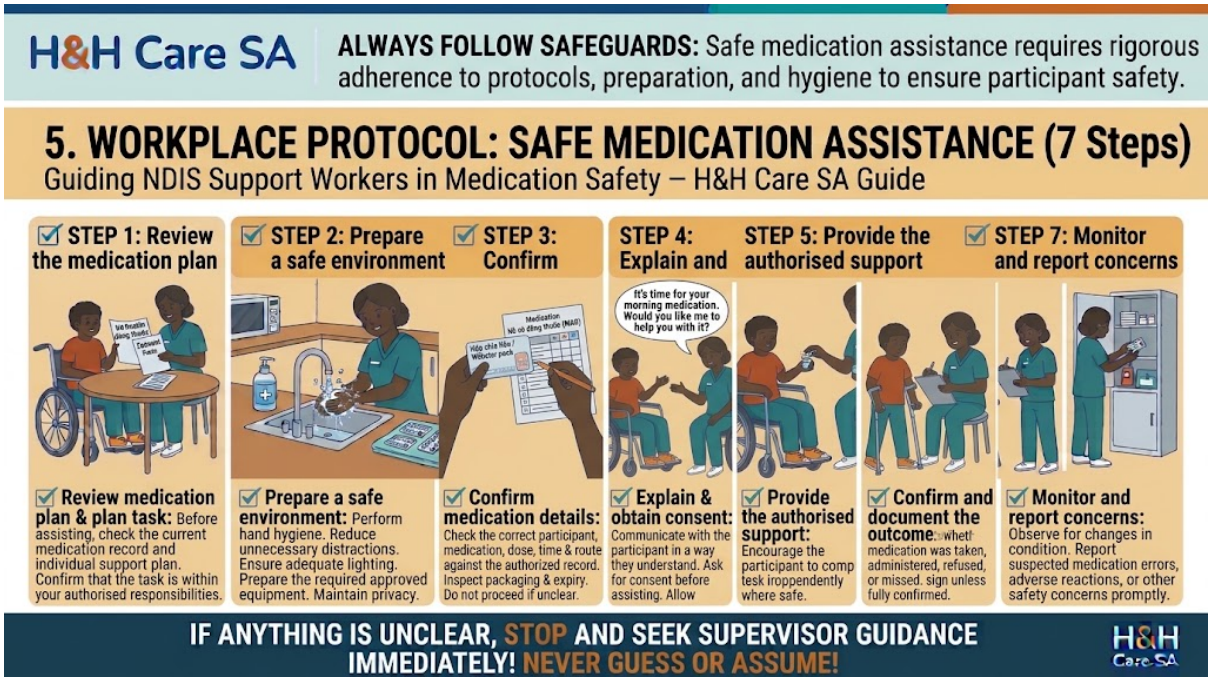
Participants have the right to be informed and involved in decisions about their medication.

If a participant refuses medication, workers must not force, threaten, deceive or conceal medication in food or drinks.

Follow the refusal procedure, consider decision-making and consent requirements, and seek appropriate advice.

Remember: Medication safety requires all relevant checks, not just remembering a checklist.

5. Workplace Protocol: Safe Medication Assistance



Step 1: Review the medication plan

Before assisting, check the current medication record and individual support plan.

Confirm that the task is within your authorised responsibilities.

Step 2: Prepare a safe environment

- Perform hand hygiene.
- Reduce unnecessary distractions.
- Ensure adequate lighting.
- Prepare the required approved equipment.

- Maintain participant privacy.
- Avoid interruptions during medication checks.

Step 3: Confirm medication details

Check the correct participant, medication, dose, time and route against the current authorised record.

Inspect packaging and expiry information where required.

Do not proceed if any important information is unclear or inconsistent.

Step 4: Explain and obtain consent

Communicate with the participant in a way they understand.

For example:

"It's time for your morning medication. Would you like me to help you with it?"

Allow time for questions or responses.

Step 5: Provide the authorised level of support

Encourage the participant to complete tasks independently where safe and appropriate.

Only provide the assistance or administration that is authorised in the plan.

Step 6: Confirm and document the outcome

Record whether the medication was taken, administered, refused, missed or otherwise not completed, using the required medication documentation system.

Do not record a dose as taken unless this has been appropriately confirmed.

Step 7: Monitor and report concerns

Observe for relevant changes in the participant's condition.

Report suspected medication errors, adverse reactions or other concerns promptly.

6. Supporting Participant Independence and Choice

Medication assistance should promote independence rather than unnecessary dependence.

Some participants may be able to:

- Remember medication times with a phone alarm.
- Identify their medication.
- Retrieve an approved medication pack.

- Open medication packaging.
- Take medication independently.
- Communicate concerns about side effects.
- Participate in reviewing medication routines.

Workers should encourage independence according to the participant's abilities, preferences, medication plan and risk assessment.

Example:

A participant can independently take medication from a pharmacy-packed dose administration aid but needs a reminder.

The worker should provide the agreed reminder rather than automatically taking over the process.

Independence must never compromise medication safety.

7. Recognising Medication-Related Concerns

Support workers must remain alert to changes that may indicate medication problems.

They are not expected to diagnose adverse drug reactions, but they must recognise warning signs and seek appropriate assistance.

7.1 Possible Medication Side Effects

Possible concerns include:

- Unusual drowsiness.
- Dizziness.
- Nausea or vomiting.
- Diarrhoea or constipation.
- Headache.
- New skin rash.
- Increased confusion.
- Changes in balance.
- Unusual agitation.
- Changes in appetite.
- Unexpected weakness.

These symptoms can have many causes and should not automatically be attributed to medication.

7.2 Serious Reactions

Potentially serious warning signs include:

- Difficulty breathing.
- Swelling of the tongue, lips or throat.
- Collapse or loss of consciousness.
- Severe allergic reaction.
- Seizures or significant changes in seizure activity.
- Severe confusion or sudden neurological changes.

Emergency response: Call 000 for serious or life-threatening symptoms. Follow the participant's emergency plan and provide first aid within your training.

Do not wait for management approval before calling emergency services when immediate emergency assistance is required.

8. Responding to Missed Medication

A missed dose may occur because:

- The participant forgot.
- The participant was asleep.
- Medication was unavailable.
- The participant was away from home.
- Staff did not complete the scheduled task.
- There was a documentation or communication problem.

Required worker response

1. Check the medication record and establish what is known.
2. Do not automatically give the missed dose.
3. Do not double the next dose.
4. Follow the participant's missed-dose instructions.
5. Seek timely advice from the appropriate pharmacist, prescriber or health professional where needed.

6. Notify the supervisor according to organisational procedures.
7. Document the circumstances and actions taken.
8. Complete an incident report where required.

Example:

A worker arrives at 9:00 am and discovers that a scheduled 8:00 am medication dose may not have been taken.

The worker must not simply administer it without checking the relevant instructions and obtaining appropriate advice.

The priority is to establish the safest next step.

9. Responding to Medication Refusal

Participants may refuse medication for many reasons, including:

- Fear of side effects.
- Difficulty swallowing.
- Unpleasant taste.
- Personal beliefs.
- Feeling unwell.
- Lack of understanding.
- Previous negative experiences.
- A desire to make their own decisions.

Correct approach

- Remain calm.
- Respect the participant.
- Explain the medication's purpose only within your knowledge and authorised role.
- Ask whether the participant wishes to explain their concern.
- Offer appropriate communication support.
- Avoid pressure or confrontation.
- Follow the medication refusal procedure.
- Seek clinical advice when required.

- Document the refusal accurately.

Example:

A participant refuses morning medication because they feel nauseated.

The worker should not force the medication.

Instead, the worker should acknowledge the concern, assess whether urgent medical help is required, follow the refusal procedure and seek appropriate advice.

A participant's refusal must not be recorded as medication successfully taken.

10. Medication Errors and Near Misses

A medication error is an event involving medication that may cause inappropriate medication use or harm.

Examples include:

- Medication given to the wrong participant.
- Incorrect medication.
- Incorrect dose.
- Incorrect route.
- Medication given at the wrong time outside authorised instructions.
- Missed medication.
- Duplicate administration.
- Medication given despite a documented contraindication or allergy.

A near miss is an error identified before it reaches the participant.

Example of a near miss:

A worker notices that a medication pack belongs to another participant before it is opened or administered.

Although no medication was given, the incident should still be reported under the organisation's incident management process.

Responding to a medication error

1. Ensure the participant's immediate safety.
2. Call 000 if there are serious or life-threatening symptoms.

3. Seek prompt clinical advice, even if the participant currently appears well, because some medication errors may cause delayed harm.
4. Notify the supervisor immediately.
5. Follow instructions from the appropriate health professional.
6. Preserve relevant packaging and records.
7. Document factual details.
8. Complete the required incident report.
9. Participate in follow-up and prevention measures.

Important: Never conceal a medication error or alter records to make it appear that the correct procedure was followed.

11. Medication Storage and Security

Medication must be stored according to pharmacy instructions, participant needs and H&H Care SA procedures.

Workers should ensure:

- Medication is stored at the required temperature.
- Storage areas are secure where required.
- Medication is protected from moisture and excessive heat.
- Medication remains appropriately labelled.
- Different participants' medications are not mixed.
- Expired or damaged medication is reported.
- Medication access arrangements respect participant rights and safety.

Special storage or recordkeeping requirements may apply to certain medicines.

Workers must not remove, borrow, share or dispose of medication without appropriate authorisation.

Medication must never be used for staff convenience, punishment or behavioural control.

12. Medication Assistance During Community Outings

Participants may require medication support while shopping, attending appointments or participating in recreational activities.

Before an outing, workers should:

- Review the participant's medication schedule.
- Check whether medication assistance is required during the outing.
- Confirm that authorised medication is available if needed.
- Follow approved transport and storage procedures.
- Maintain privacy.
- Know the relevant emergency response instructions.
- Ensure required medication documentation is completed.

Example:

A participant has medication scheduled during a community outing.

The worker should follow the approved medication plan and ensure that the required support arrangements are in place before leaving.

Medication must not be transferred into unlabelled containers for convenience.

13. Medication Assistance in SIL Accommodation

In shared SIL homes, medication management requires particular attention.

Support workers must:

- Keep each participant's medication and records clearly identifiable.
- Avoid confusion between participants.
- Follow individual medication schedules.
- Maintain privacy during medication assistance.
- Respect different levels of independence.
- Complete accurate medication documentation.
- Communicate outstanding concerns during handover.
- Report discrepancies immediately.

Example:

Two participants receive morning medication at similar times.

The worker must complete the required identity and medication checks separately for each participant.

Never rely on memory or assume that similar packaging contains the same medication.

14. Documentation in ShiftCare and Medication Records

Accurate documentation supports continuity of care, medication safety and accountability.

Medication administration or assistance must be recorded in the designated medication record, such as a Medication Administration Record (MAR), where required.

ShiftCare progress notes may provide additional information about participant wellbeing, medication concerns or follow-up actions.

Example 1: Routine medication reminder

"Arrived at 9:00 am. Participant was preparing breakfast. Provided the agreed reminder regarding morning medication in accordance with the support plan. Participant independently accessed and took medication from their approved medication pack. No concerns were reported or observed during the shift."

Example 2: Medication refusal

"At approximately 9:15 am, participant declined the scheduled morning medication and stated they were feeling nauseated. Respected the decision and did not attempt to force administration. Followed the medication refusal procedure and notified the supervisor. Relevant medication documentation was completed."

Example 3: Missed medication

"During the morning medication check, identified that the scheduled dose had not been documented as taken. Medication was not administered pending clarification. Contacted the supervisor and sought guidance through the approved process. Relevant records were updated to reflect the confirmed outcome."

Example 4: Possible adverse reaction

"At approximately 10:30 am, participant appeared unusually drowsy and reported dizziness. Assisted participant to sit safely and monitored their condition while arranging appropriate clinical advice. Supervisor was notified. Observations, advice received and subsequent actions were documented."

Example 5: Medication discrepancy

"During the medication check, identified a discrepancy between the medication packaging and the current medication record. Did not proceed with administration. Contacted the supervisor for clarification and followed the approved escalation process. Medication was not given until the discrepancy was appropriately resolved."

Training reminder: These are examples only. Staff must document actual events and must never copy sample notes as records of completed care.

Important: A ShiftCare progress note does not replace the medication administration record or formal incident report when either is required.

15. Reporting Medication Concerns: H&H Care SA Protocol

Medication-related concerns must be escalated according to their seriousness.

Level 1: Emergency

Examples:

- Severe allergic reaction.
- Serious breathing difficulty.
- Collapse or unresponsiveness.
- Life-threatening medication reaction.

Action: Call 000, provide appropriate first aid, follow the emergency plan and notify management as soon as safely practicable.

Level 2: Urgent Medication Concern

Examples:

- Suspected incorrect dose.
- Duplicate administration.
- Medication given to the wrong participant.
- Significant unexpected symptoms.
- Missed time-critical medication.

Action: Seek prompt clinical advice, ensure participant safety, notify management and complete required documentation.

Level 3: Non-Emergency Concern

Examples:

- Repeated reminders required.
- Participant reporting mild ongoing side effects.
- Medication supply running low.
- Difficulty opening medication packaging.
- Unclear medication documentation.

Action: Report through the appropriate process, arrange follow-up and document the concern.

Important: If the seriousness of a concern is uncertain, seek professional advice promptly. A concern initially appearing minor may require urgent action depending on the medication and participant's condition.

16. Communication and Shift Handover

Medication-related information must be communicated accurately between workers.

Relevant handover information may include:

- Medication refusal.
- Missed or delayed doses.
- Suspected side effects.
- Changes in participant presentation.
- Medication supply concerns.
- Updated medication instructions.
- Outstanding clinical advice.
- Medication incidents requiring follow-up.

Example handover:

"Participant declined the morning medication and reported nausea. The supervisor was notified and clinical advice was requested. Please review the medication record and follow the documented instructions before providing further medication assistance."

Workers must not rely solely on verbal handover to communicate medication changes.

All changes must be supported by the appropriate authorised documentation.

17. Professional Responsibilities and Boundaries

H&H Care SA support workers must:

1. Follow the participant's medication management plan.
2. Work only within their training, competency and authorisation.
3. Respect participant consent and decision-making rights.
4. Check medication details carefully.
5. Never independently change prescribed medication.

6. Never administer another participant's medication.
7. Never conceal errors or concerns.
8. Maintain accurate documentation.
9. Seek appropriate clinical advice when needed.
10. Report medication incidents promptly.
11. Maintain confidentiality.
12. Participate in ongoing medication safety training.

Workers must never use medication as an unauthorised restrictive practice or for staff convenience.

18. Practical Training Scenarios

Scenario A: Participant refuses morning medication

A participant refuses medication because they do not want to take it.

Correct response: Respect the refusal, explore concerns without pressure, follow the medication plan, seek appropriate advice and document the outcome.

Incorrect response: Force the medication or secretly mix it into food.

Scenario B: Worker finds an extra tablet

A worker notices an unexpected tablet in a pharmacy-packed medication compartment.

Correct response: Stop, do not administer the questionable medication, seek clarification and report the discrepancy.

Incorrect response: Assume the extra tablet is correct and proceed.

Scenario C: Participant becomes unusually sleepy

A participant becomes significantly more drowsy than usual.

Correct response: Assess immediate safety, seek urgent medical assistance if indicated, notify the supervisor and document observations.

Incorrect response: Assume the participant is simply tired and ignore the change.

Scenario D: Medication has run out

A worker discovers that a participant has no remaining supply of an essential prescribed medication.

Correct response: Promptly notify the appropriate person, follow the medication supply procedure and seek clinical advice if a dose may be missed.

Incorrect response: Borrow medication from another participant or wait several days without reporting.

Scenario E: Incorrect medication is given

A worker realises that medication was administered to the wrong participant.

Correct response: Obtain immediate clinical guidance, call emergency services if indicated, notify management, monitor according to professional advice and complete an incident report.

Incorrect response: Conceal the error because the participant appears well.

19. Staff Knowledge Check

Question 1: Can a support worker change medication doses if they believe the prescribed dose is too high?

Answer: No. Medication changes require appropriate prescribing authority and authorised documentation.

Question 2: What should a worker do if a participant refuses medication?

Answer: Respect the refusal, follow the participant's plan, seek appropriate advice and document the outcome.

Question 3: Is it acceptable to give a double dose after a missed medication?

Answer: No. Never double a dose unless specifically directed by an authorised prescriber through the appropriate process.

Question 4: Should a medication near miss be reported?

Answer: Yes. Near misses should be reported according to organisational incident management procedures to help prevent future harm.

Question 5: Can ShiftCare progress notes replace a Medication Administration Record?

Answer: No. The required medication record must be completed separately unless the approved system formally incorporates the relevant medication documentation.

Question 6: What should a worker do if a participant has severe breathing difficulties after medication?

Answer: Call 000 immediately, follow emergency procedures and provide appropriate first aid.

20. Responsibilities of Supervisors and Management

H&H Care SA supervisors and managers should:

- Maintain current medication policies and procedures.
- Ensure participant medication plans are available and accurate.
- Verify staff training, competency and authorisation.
- Arrange appropriate clinical oversight for higher-risk medication tasks.
- Ensure medication records are completed correctly.
- Review medication errors and near misses.
- Support timely access to pharmacists and prescribers.
- Maintain effective incident reporting processes.
- Address recurring medication safety concerns.
- Provide refresher training and competency assessments.

Management should ensure that staff can report medication errors and safety concerns without fear of inappropriate retaliation, while maintaining accountability for safe practice.

21. Daily Medication Safety Checklist

Before, during and after providing medication assistance, workers should consider:

- Have I reviewed the current medication plan?
- Am I trained, competent and authorised for this task?
- Have I confirmed the correct participant?
- Have I checked the medication, dose, time and route?
- Is the medication packaging and documentation consistent?
- Has the participant been informed and provided consent?
- Am I providing only the authorised level of assistance?
- Have I completed the required medication record?
- Have I recognised and responded to any concerns?
- Have medication discrepancies, refusals or incidents been reported?
- Have important follow-up instructions been communicated during handover?

If an essential safety check cannot be completed, stop the medication task and seek appropriate guidance.

22. H&H Care SA Commitment to Medication Safety

At H&H Care SA, safe medication assistance is an essential part of protecting participant health, dignity and wellbeing.

Every support worker has a responsibility to follow approved procedures, respect participant rights, recognise medication-related concerns and report incidents promptly.

Medication safety depends on careful checks, clear communication, accurate documentation and professional accountability.

Our commitment:

We check before assisting.

We respect consent and independence.

We recognise changes and concerns.

We report errors honestly and promptly.

We place participant safety above convenience.

H&H CARE SA – SUPPORT WORKER TRAINING

Topic: Medication Assistance and Reporting Concerns

Core Message:

"Check Carefully – Assist Safely – Respect Choice – Report Promptly."

Document Status: Proposed workplace protocol and training material. Requires management review and approval, including alignment with current medication policies, participant-specific health plans, staff competency requirements and applicable NDIS and South Australian requirements.

Reference Frameworks:

- NDIS Code of Conduct
- NDIS Practice Standards
- NDIS Quality and Safeguards Commission guidance
- Relevant NDIS high intensity daily personal activities requirements

- Applicable South Australian medication, health and safeguarding requirements
- Individual medication management plans and authorised prescribing instructions