



Director of Forensic Disability

POLICY

Title: Assisting Clients to Meet their Medical Needs

1. Policy Statement

Clients will be supported to access doctors and health practitioners to meet their medical needs. The Forensic Disability Service (FDS) will comply with legislative requirements and provisions regarding supporting clients to access medication. This includes provisions within the *Forensic Disability Act 2011* (the Act) and the *Medicines and Poisons Act 2019*.

2. Purpose

This policy outlines the relevant provisions of the Act, the *Medicines and Poisons Act 2019* and the Director of Forensic Disability Policy in relation to supporting clients to access appropriate health care and prescribed medication.

This policy:

- ensures that clients' health needs are monitored and proactively addressed;
- ensures that clients will safely access all prescribed medication in a manner that meets legislative requirements;
- provides an overview of the requirements of the Act regarding medication; and
- outlines legislative requirements in the *Medicines and Poisons Act 2019* that are relevant in assisting clients to take medication.

3. Scope

This policy applies to the FDS. The Administrator, Senior Practitioner, Authorised Practitioner and other persons performing a function or exercising a power under the Act must comply with this policy.

This policy must be implemented in a way that is consistent with the purpose and principles of the Act.

4. Authorising Legislation

Section 91 of the Act.

5. Policy

Relevant legislation governing management of medications within FDS are:

- a) the *Medicines and Poisons Act 2019* – which legislatively governs the administering of most medicines at the FDS; and

- b) the Act – which identifies a range of decision makers, recordkeeping obligations and special provisions in relation to behaviour control medication.

5.1 Admission to FDS

Where a client has a medical condition, information pertaining to how this condition presents, the treatment required and any specialist reports will be accessed and provided to the FDS. A thorough review of the client's medication regime will occur to determine whether it can be legislatively and operationally supported at the FDS. A client cannot be supported at the FDS if they require **involuntary** treatment to support a mental health diagnosis.

Where a client is being considered for admission to the FDS, the use of, and ongoing need for, any Regulated Behaviour Control medication must be determined. Where it is likely this medication will be necessary, the Administrator must make a decision as to whether arrangements can be made to administer this medication within the FDS in accordance with the Act (refer to *Director of Forensic Disability Policy– Regulated Behaviour Control* and related Procedure).

The FDS must request medical reports and information regarding current medication prescribed and its purpose at the time of the client's admission to the FDS. The Administrator must request this information be provided prior to the transfer occurring, and where possible, request at least two weeks medication be provided on transfer. The FDS must ensure the client's medication chart is updated based on the information received.

5.2 Accessing health services

The Administrator must ensure that all clients are engaged with a General Practitioner, dentist and any other health practitioner they may require as soon as practicable after their admission to the FDS. Clients' health needs will be considered as part of their Individual Development Plan (IDP) and approaches to proactively manage health needs will be identified and implemented. Access to health services will be available to all clients, irrespective of their current conditions to access the community. In-reach health services will be accessed where clients are unable to access the community.

Support strategies will be identified with the client and their stakeholders to respond to the specific health support needs. Responses to health needs of clients must reflect the informed choices of the client, or be based on knowledge of the person by their allied person or, if appointed, their guardian for health matters.

Each client must be supported to have an annual comprehensive health assessment. The Comprehensive Health Assessment Program (CHAP) is a tool designed to help minimise the barriers to healthcare for people with intellectual disability and is recommended for use with each client.

A client's cultural needs should always be considered in meeting their health care needs and in informing health care decisions. This may include sourcing culturally appropriate health practitioners, consulting with culturally appropriate external bodies, ensuring appropriate staff are able to support medical appointments or ensuring clients understand the decisions and processes regarding medical plans.

5.3 Individual Development Plans

Client IDPs must include information in relation to how each client's health and wellbeing support needs are being addressed at the FDS. Where specific plans have been developed to address medical, or health and wellbeing needs, these should be referred to in the client IDP and located in the client's file. Such plans may include instructions as to how to monitor and manage specific conditions or how to assist a client to take specific Pro Re Nata (PRN) medication.

Support approaches to promoting a client's health and wellbeing should be evident in IDPs and may include strategies to promote good mental health, healthy sleeping patterns, healthy eating and fitness. Approaches may involve monitoring habits and implementing programs and activities, within and outside the FDS to support a client's individual health and wellbeing goals. Where appropriate, clients should be supported to develop the skills and ability to manage their health needs independently, in anticipation of their return to community living.

In accordance with the Act (section 15(3)(a) and (b)), the IDP must include the details of any medication prescribed for the client by a doctor; and state the intervals of not more than 3 months for regularly reviewing the client's medication.

5.4 Obtaining, taking and storing medications

5.4.1 'Agents and carers supplying or administering medicines'

The *Medicines and Poisons Act 2019* (section 51) contains provision allowing the FDS to lawfully help a client to take medical practitioner prescribed medications. At the FDS, these medications are predominantly dispensed by the pharmacy in dose administration aids (e.g. Webster type blister packs) for each client.

5.4.2 Medication storage and administering

Medications must be stored securely, appropriate to the group to whom they belong. For clients at the FDS, their medication must be stored in a locked draw/cupboard/refrigerator that can only be accessed by FDS staff who are involved in assisting with a client's medication. Only medications that have been prescribed and dispensed for specific clients can be kept on site.

Medication must be administered in accordance with the administration aids (e.g. Webster packs) or, in the absence of an administration aid, the approved label of the medicine.

Medication in pill, capsule or tablet form must be administered in dose administration aids (e.g. Webster packs) provided by a pharmacist. Medication in other forms e.g. liquid medication, topical medication and transdermal patches must be administered in the original packaging. This medication must be labelled correctly with the client's full name, full directions and instructions for use.

All medication dispensed in its original packaging will contain an expiration date. For other medications such as those stored in a dose administration aid, the pharmacist must include an expiry date on the pack. Under no circumstances can medication past its expiry date be used. All medication that is no longer required, discontinued or has expired must be returned to a pharmacist for disposal.

5.4.3 Refusal of medication

Each client must be supported to understand the purpose of their medication and assisted to take their medication using strategies that take into account their individual support needs. If a client refuses to take their medication, the staff member must report any refusal and advice must be sought from the client's health care professional or pharmacist about the missed dose. A Senior Practitioner should also be advised of the refusal to assist in exploring new strategies to minimise this reoccurrence. There should be a note made on the medication administration record to indicate that the medication was refused by the client.

Support strategies should be developed for a person who regularly refuses to take their medication, and the client's prescribing doctor may need to be consulted about other medication options.

5.5 Medication review

The Act provides for the review of forensic disability clients' medication. The Act sets out timeframes in which medication must be reviewed by the relevant medical practitioner. The FDS must ensure that the intervals for regularly reviewing medication are accurately recorded in the client's IDP.

The relevant provisions that outline medication review within the Act are:

- Section 15(3)(b) – The IDP must state the intervals of not more than three months, for regularly reviewing the client's medication as required under sections 52 and 145.
- Section 52(1)–(4) — Review of client's behaviour control medication – The Senior Practitioner must ensure, where a client has been prescribed behaviour control medication, a psychiatrist regularly reviews the need for, and appropriateness of, this medication. The review must be carried out at a minimum every three months and a record of the review will be documented in the client file by the psychiatrist.

If requested by the Director, the Senior Practitioner must ensure a psychiatrist conducts an immediate review of the client's behaviour control medication (refer to *Director of Forensic Disability Policy – Regulated Behaviour Control and Director of Forensic Disability Procedure – Regulated Behaviour Control: Use of Behaviour Control Medication*).

- Section 145(1)–(4) — Review of client's medication – The Senior Practitioner must ensure where a client has been prescribed medication, a doctor regularly reviews the need for, and appropriateness of, this medication. The review must be carried out at a minimum every three months and a record of the review will be documented in the client file by the doctor. If requested by the Director, the Senior Practitioner must ensure a doctor conducts an immediate review of the client's medication.

Regular reviews must be documented in the client's file and, where relevant, inform the client's IDP and/or health care plans.

5.6 Behaviour Control Medication

Section 44 of the Act defines 'Behaviour Control Medication' of a forensic disability client as the use of medication for the primary purpose of controlling the client's behaviour. Using medication for the client's health care is not 'Behaviour Control Medication'. The Senior Practitioner must ensure the treating Doctor provides clarification as to the purpose of medication, i.e. whether a medication is for behaviour control or to treat a health condition.

Chapter 6 (Regulation of Behaviour Control) Part 2, Division 1 outlines the necessary legislative provisions for Behaviour Control Medication under the Act. This includes offence provisions, prescription and administration of behaviour control medication, obligations of the Senior Practitioner, review of the medication and detail regarding consent.

The Director has issued a Policy and Procedure specifically related to regulated behaviour control (refer to *Director of Forensic Disability Policy – Regulated Behaviour Control* and *Director of Forensic Disability Procedure – Regulated Behaviour Control: Use of Behaviour Control Medication*).

5.7 Recording systems for medications

The structured and effective recording of medication is essential to ensure compliance with legislative provisions, best practice and minimising the potential for medication errors at the FDS. The FDS must develop records that ensure all aspects of prescribing, administering and recording medication for clients at the FDS can be accurately documented.

5.7.1 Master Medication List

A Master Medication List must be utilised to document all client's medications, both current and ceased. This Master Medication List must:

- clearly record all medications, including long term, short term and PRN;
- record the purpose for the medication, including clarifying the reason for the medication (i.e. indicating if it is for treatment of a diagnosed mental illness, physical condition or, where necessary, if the primary purpose is to control the person's behaviour);
- identify the date a medication is prescribed;
- record the frequency, times and route of medication;
- identify any medication alert issues such as allergies or adverse reactions;
- record the proposed cease date of the medication where known;
- record the date when the medication has ceased; and
- include a space for comments regarding the medication (including specific clarifications relating to FDS requirements).

The Master Medication List must have a place for the prescribing doctor to sign alongside each prescribed medication, next to the start date and cease date. Where there is any change to a medication (including dose, frequency, times or type of medication), this must be noted on the medication list by indicating the previous medication has ceased and a new entry completed for the updated medication.

5.7.2 Medication Administration Record

The FDS will ensure an effective Medication Administration Record is developed that clearly outlines the client's current medication, and is signed by the appropriately trained staff assisting the client to take the medication. The Medication Administration Record should be tailored to use with the packaging system employed by the pharmacy through which it is provided.

The Senior Practitioner must ensure there is a daily verification system in place that checks the administered dose against the medication list and Medication Administration Record. The verification system must ensure that the correct number of pills, capsules, tablets etc were

administered. The Medication Administration Record must document that checks have occurred.

5.7.3 Pro Re Nata Medication

Clients may be prescribed Pro Re Nata (PRN) medication by a suitably qualified medical practitioner for a medical condition. Where a client is prescribed PRN medication, the FDS must ensure an appropriate PRN support plan is developed and implemented for the client. The PRN support plan will outline:

- the name and purpose for the medication;
- any strategies to be implemented prior to the client being supported with PRN medication;
- the indicators that will be seen by the staff member that prompt the need for the PRN;
- the prescribed directions for the PRN use;
- a record of progress; and
- the authorisation process for the PRN medication.

Administering PRN medication will require oversight and approval from a suitably qualified staff member. The FDS must provide guidance to staff in relation to who must provide approval and the authorisation process that must occur prior to administering client PRN medication.

5.7.4 Review of medication regimen

A client's medication must be reviewed by a health practitioner on at least a three monthly basis and this review must be documented in the client file. The FDS must develop a form to be completed by the health practitioner on a three monthly basis to evidence this review. The form must include the date of review, the health practitioner's signature, any comments and the next review date. This form will be completed alongside the Master Medication List which will document any detailed changes to medication.

5.7.5 Progress records

To ensure critical information is provided to the treating health practitioner and to assist with medical reviews, records must be maintained documenting any observations made regarding the client's response to treatment/medication and in relation to the condition for which a treatment/medication has been prescribed. Clients must be observed for possible side effects of medication, as identified by the health care professional or pharmacist.

6. Training of staff

The Administrator must ensure staff undertake appropriate medication training and demonstrate competency prior to undertaking duties related to administering medication to FDS clients. Training should be reviewed on a regular basis to ensure it remains aligned to best practice in overall administration and support of clients to take medication.

The Administrator should identify an appropriate staff group who are responsible for overseeing regular medication support at the FDS. This will ensure there is support and oversight available to staff who are administering medication to the clients. The FDS must have systems to manage all medication emergencies, and ensure staff are aware of their role and notification process, such as notifying a Senior Practitioners (on call) or emergency services.

7. Roles and responsibilities

Senior Practitioner

The Senior Practitioner must:

- ensure a client's health and wellbeing needs are met, record the details of any medication prescribed and ensure intervals for review are recorded in each client's IDP;
- ensure health and medical services are proactively planned and, as health issues arise, responded to in a timely manner;
- ensure medication reviews occur on at least a three monthly basis;
- ensure medication is stored correctly; and
- ensure record keeping requirements are maintained.

Administrator

The Administrator must:

- request medical reports and information regarding medication prescribed and its purpose at the time of their admission to the FDS; and
- ensure training is provided to staff and competency demonstrated prior to undertaking duties related to administering medication to FDS clients.

Date of approval: 09 January 2023

Date of operation: 01 February 2023

Date to be reviewed: 01 February 2026

Designation: Director of Forensic Disability

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