

Management of Medication Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported with their medication needs in a way that promotes their independence, safety, and personal choice. Medication support will be delivered in a respectful and person-centred manner, recognising each participant's right to make decisions about their health and wellbeing.

Some participants may manage their own medications entirely, while others may require assistance. This policy outlines how support is provided, ensuring that every step—from medication prompting to administration—is clearly understood, documented, and performed in a way that safeguards both the participant and staff. It also supports transparent communication with families, health professionals, and authorised representatives.

2.0 Scope

The policy applies to all staff who support participants with medication.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to manage their medications safely and with dignity. This includes promoting participant independence and decision-making wherever possible, while ensuring medication is handled correctly and in accordance with legislative, regulatory, and best practice requirements.

Where participants request help with their medication, the type of assistance must be clearly documented in their support plan, and consent must be confirmed. All staff providing medication support must be trained, hold a valid NDIS Worker Screening clearance, and follow protocols for medication handling, documentation, and secure storage. Any changes to medication must be clearly communicated and recorded.

Where a participant cannot provide informed consent, substitute decision-maker arrangements must be documented. Any use of medication for restrictive purposes (including PRN medications with behavioural intent) will only proceed where authorised under a Behaviour Support Plan and in compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

Participants, carers and their advocates can be confident that all medication errors—such as missed doses, incorrect administration, or refusal—will be responded to in line with the Incident Management and Reportable Incidents Policy. Serious errors will be escalated to the NDIS Commission where required.

The optional NDIS Medication Purpose Form may be used with a medical practitioner to help clarify the intended purpose of prescribed medications. This tool is available to enhance communication and understanding but is not mandatory.

SilaCa Tasmania Pty Ltd follows the Twelve Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council to promote consistency, safety, and continuous improvement in medication practices.

4.0 Definitions	
Term	Definition
Medication support	Involves: - reminding, or prompting, a participant to take medication - assisting with opening medication containers - providing other assistance, not involving medication aid
Medication assistance	Involves: - storing of medicines - opening medicine container/s - removing the prescribed dosage (from an approved container) - giving the medication as per instructions

5.0 Roles and responsibilities

Only staff who have completed medication competency training and hold a valid NDIS Worker Screening clearance will administer or assist with participant medications. A minimum of annual competency assessments and ongoing supervision will be implemented to maintain safe practice.

SilaCa Tasmania Pty Ltd:

- has policies and procedures in place for medication administration, storage, errors and incidents
- will provide the necessary training to the staff, which includes the effects and side-effects of medications, and the safe and secure methods for medication storage, in addition to medication safety

- will document the staff member's level of skill and knowledge of medication safety, storage and administration through a yearly competency assessment
- ensures a trained staff is available to perform tasks that are within their knowledge, skills and experience
- issues clear instructions (with the participant's consent) outlining the steps required to help the participant with their medication. These instructions will include, but are not limited to:
 - medication name and strength, where applicable
 - form of medication, e.g. tablets, suppositories, liquid
 - dose, route, frequency
 - allergies/adverse drug reactions the participant is aware of
 - prescriber's name printed on the medication, date and signature

SilaCa Tasmania Pty Ltd's qualified delegate will:

- undertake responsibility for medication management
- conduct and facilitate training sessions for qualified staff concerning medication support, assistance and administration
- provide annual training incorporating:
 - safe and timely medication administration
 - recording and monitoring medication
 - safe storage of medication
 - prevention of errors or incidents
- ensure staff follow professional guidelines in the delivery of medications

The staff will:

- follow the Management of Medication Policy and Procedure and all other related medication policies
- participate in annual training
- provide services that are consistent only with their level of training and competence
- seek advice from the Manager where doubt exists
- follow the instructions from the Manager or their qualified delegate and as per support plan requirements
- seek instruction from the Manager when a medication requires refilling

6.0 Procedure

SilaCa Tasmania Pty Ltd will (with the participant, carer or advocate's consent) liaise with the family or support network, general practitioner, pharmacist, registered nurse or enrolled nurse to clarify aspects of medication management.

The staff providing medication support will make sure to:

- identify the participant
- note the medication is current, and the label correctly identifies the participant
- administer oral medication, either from a:
 - dosage administration aid (DAA)
 - 'box' medication device filled by a pharmacist, doctor or dentist or SilaCa Tasmania Pty Ltd's Manager
 - participant labelled pharmacy container
- record the service in the participant's support plan
- monitor the participant for any adverse side effects of the medication

6.1 Safety considerations

The participants are observed for any changes to their health status, and changes are reported to the Manager.

Participants retain the right to refuse medications. Staff must respect this choice and seek advice from Manager and relevant health professionals. Supported decision-making practices will be applied to ensure participants are involved in decisions about their medications to the fullest extent possible. Where a participant refuses medication administration, the SilaCa Tasmania Pty Ltd's Manager is to be advised. Relevant health professionals (i.e. doctors and registered or enrolled nurses) will be consulted.

A staff member shall not decide to withhold a participant's medication unless certain about the participant's health status. The staff must consult with the Manager before withholding medication and follow the Manager's decision in consultation with relevant health professionals (e.g. doctor, registered or enrolled nurse).

Medications are to be stored to maintain the quality of the medicine and safeguard the participant, family, and visitors in their home. SilaCa Tasmania Pty Ltd may assist a participant, carer or advocate in obtaining and using a locked box, another suitable container, or cupboard.

6.2 Documentation

The staff is to record the date and time of medication administration and their signature and printed name on our medication chart or the pharmacy-generated medication chart.

Staff record any change in the participant's health status or medication incidents in the participant's health record.

6.3 Adverse drug reactions

- Adverse drug reactions must be reported immediately to the SilaCa Tasmania Pty Ltd's Manager.
- The Manager will immediately inform the general practitioner/nurse and document actions taken in the participant's health record.
- An adverse drug reaction is an incident and must be recorded on a Medication Incident Report Form and in the participant's health record, including symptoms and actions taken.

All adverse drug reactions are considered critical incidents and must be reported under the NDIS Incident Management and Reportable Incidents system. Where a participant is harmed or placed at serious risk, this must be escalated immediately as a Reportable Incident.

6.4 Medication errors

Staff who detect an error (including an error in dosage, time, frequency or type of medication administered to, or taken by, a participant) must:

- identify the nature of the error
- notify the Manager and the qualified delegate
- follow the advice from Manager or the qualified delegate
- complete an Incident Investigation Form
- monitor the participant for any adverse events that the error may cause

All medication errors, including near misses and refusals, must be reported as incidents. Serious errors and medication-related harm must be reported to the NDIS Commission as a Reportable Incident. Continuous Improvement processes will analyse medication incidents to identify patterns and prevent future risks.

6.5 Staff training for medication assistance

All staff providing medication assistance will also receive training in safeguarding participants from medication-related harm, including recognising signs of chemical restraint, supported decision-making, and identifying/reporting medication-related abuse or neglect.

The qualified delegate and health practitioners train staff to assist or support the participants in medication procedures. A Registered Training Organisation (RTO) will deliver all necessary registered training following the Australian Qualification Framework (AQF) Standards (e.g. first aid).

SilaCa Tasmania Pty Ltd ensures that appropriate staff hold current first aid and cardiopulmonary resuscitation (CPR) qualifications. This training will allow them to correctly respond when monitoring any adverse reactions that require action, intervention and escalation. An SilaCa Tasmania Pty Ltd support staff has relevant skills, experience, and competency level to provide an appropriate and safe support to a participant.

Our staff participate in regular supervision by a qualified delegate to strengthen their understanding of medication procedures and affirm their knowledge and practice.

SilaCa Tasmania Pty Ltd conducts an annual competency in medication management and administration practices for their support staff. Details will be recorded in the staff files, where appropriate. SilaCa Tasmania Pty Ltd's annual training will include, but will not be limited to, high-risk medication education as outlined below.

6.6 High-risk medication

Appropriate staff members will be trained and educated on the hazards and risks associated with high-risk medications that participants may consume. The PRN Protocols will be followed by staff at all times.

As required, staff will be trained to complete a PRN Care Plan and PRN Intake Checklist.

SilaCa Tasmania Pty Ltd training will incorporate the following topics for their support workers, where necessary for each participant's individual needs and specified in their support plans:

- PRN psychotropic medications
- Schedule 2 medicine (over-the-counter pharmacy medicine)
- Schedule 3 medicine (pharmacist-only medicines)
- Schedule 4 medicine (prescription-only medicines)
- Schedule 8 medicine (controlled drugs)
- Cytotoxic medications

Psychotropic medications, especially those used on a PRN basis, may constitute a restrictive practice (chemical restraint). Such use must be authorised under the NDIS Restrictive Practices and Behaviour Support Rules 2018, included in the participant's Behaviour Support Plan (if applicable), and reported to the NDIS Commission as required.

Schedule 8 medications and high-risk medications will be reviewed at least quarterly or when there are changes in the participant's condition, in collaboration with health professionals, and recorded in the participant's support plan and medication chart.

6.6.1 Schedule 8 (controlled drugs)

Doctors and pharmacists have strict guidelines and reporting requirements related to issuing any Schedule 8 drug (e.g. number of tablets, number of treatment days, specific personal details on the participant and reporting requirements). We will gain any permits to treat a person with Schedule 8 drugs if legislation requires.

Staff who care for (or are assisting in the care of) a participant who has prescribed and dispensed medicine is authorised to possess that medicine for the specific purpose for which it was supplied.

A participant must not direct or incite a registered health practitioner to do anything in the practitioner's practice of the health profession that amounts to unprofessional conduct or professional misconduct. Staff must only give medication as prescribed.

A registered nurse may only delegate medicine administration to someone appropriately qualified to administer medicine. The registered nurse may use their professional judgment about administering a medicine themselves or delegate the administration to another nurse or personal care worker with appropriate qualifications or scope of practice to administer the medicine by the specified route.

Enrolled nurses (who do not qualify for medicine administration approved by the Nursing and Midwifery Board of Australia) and personal staff (with appropriate medicine administration training) may, in some circumstances, be competent to administer medicine under the delegation of a registered nurse. If a registered nurse judges that an enrolled nurse or personal care worker is not appropriately qualified to administer the medicine to a particular resident, they should administer it themselves or delegate it to appropriately qualified personnel. Appropriate supervision must be provided.

6.6.1.1 Storage

Schedule 8 poisons must be stored in a lockable room and/or in a lockable storage facility firmly fixed to a floor or wall. A steel drug cabinet is not mandated because of the prevalence of dose administration containers. However, a steel drug cabinet:

- is strongly recommended for the storage of Schedule 8 poisons in original containers
- is strongly recommended for the storage of Schedule 8 poisons that cannot be packed into dose administration containers
- is required for the storage of Schedule 8 impost medicine, where health services permit is held
- maybe required (for example, for larger quantities of Schedule 8 poisons), if directed

6.6.1.2 Procedure

The registered nurse must check for the following:

- written instruction of a medical practitioner or another authorised practitioner (the most common option)
- oral instructions of a medical practitioner or another authorised practitioner if, in the opinion of the practitioner, an emergency exists (for example, telephone orders)
- a written transcription of the emergency instructions by the person who received them
- directions for use on a container supplied by a medical practitioner, pharmacist or authorised practitioner (meaning administration of a person's own lawfully supplied medicine)

A registered nurse and witness remove stock from a drug safe and enter the drug register according to the dose required on the medication chart. Both persons then witness the supply to the different registered nurses who may administer the medication without a second person checking at the bedside.

The trained and qualified administrator must:

- confirm the identity of the participant
- administer the correct medication and fluid (if relevant)
- check the calculations are correct and appropriate for the dose
- make the correct dosage settings and adjustments to a rate-limiting device, such as an infusion pump
- countersign the administration on the medication administration chart by the registered nurse who supplied the medication against that of the administering registered nurse occurs
- countersigning of the amount of any medication discarded by the registered nurse in the room occurs

7.0 Related documents

- Authority to Act as an Advocate Form
- Code of Conduct Agreement
- Complaints and Feedback Policy and Procedure
- Complaints and Feedback Form
- Doctor's Medication Order Form - Subcutaneous Injections
- Drug Register for Controlled Drugs
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Management of Medication Policy and Procedure
- Medication Incident Report Form
- Self-Administration of Medication Assessment Form
- Medication Plan and Consent Form
- PRN Care Plan
- PRN Intake Checklist
- PRN Protocols
- Support Plan
- Easy Read - Planning With You
- Service Agreement
- Privacy and Confidentiality Agreement
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Worker Orientation Checklist
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis
- Reportable Incident, Accident and Emergency Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

8.0 References

- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff 2015 (Commonwealth)
- ACIA Administration of Oral Medications in the Community by Support Staff 2017 (Commonwealth)
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006 (Commonwealth)
- The Medication Management Framework (Poisons Regulations 95AA January 2018)
- Twelve (12) Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council (June 2006 updated January 2012)
- NDIS Quality and Safeguards Commission 2018
- NDIS Provider and Registration and Practice Standards 2020
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Code of Conduct 2018
- NDIS Practice Standards and Quality Indicators 2021
- Australian Commission on Safety and Quality in Health Care Medication Safety Guidelines
- NDIS Safeguarding Framework

Medication Management (swallowing difficulty) Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants who experience swallowing difficulties receive safe, respectful, and person-centred support with medications. This includes recognising risks associated with choking and ensuring participants are supported in ways that uphold their dignity, autonomy, and individual health needs.

Some medicines may contribute to swallowing difficulties or increase choking risk due to side effects such as drowsiness or dry mouth. It is essential that staff understand these risks and follow safe medication and mealtime practices to prevent avoidable harm. This policy outlines the procedures in place to support participants safely and effectively while maintaining their right to informed choice and involvement in their care.

2.0 Scope

The policy applies to all staff who support participants with medications that may affect swallowing.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting the health, safety, and wellbeing of all participants by ensuring that medications linked to swallowing difficulty are managed with care, competence, and in accordance with participant rights. All support provided will be aligned with the NDIS Practice Standards, the NDIS Code of Conduct, and safeguarding responsibilities.

Participants will be supported to make informed decisions regarding medication and mealtime management. Where a participant lacks decision-making capacity, a legally appointed guardian or representative will be consulted. All medication support will be delivered with informed consent and documented in the participant's support plan.

Staff must complete training specific to dysphagia and safe medication practices and be alert to signs of swallowing difficulty. Where medication contributes to ongoing swallowing problems or sedation, staff must report these concerns promptly so that a medical review can be arranged.

Managers are responsible for ensuring that competent staff are available to provide this support, and that appropriate risk assessments, communication protocols, and participant-specific plans are in place.

All suspected or actual choking incidents must be reported and managed under the organisation's Incident Management and Reportable Incidents Policy and Procedure, in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

4.0 Procedure

Staff must be aware that people taking antipsychotic medicines may be at particular risk of muscular reactions that can affect swallowing:

- in the first few days after starting the medicine
- after an increase in the dosage of antipsychotic medicine or
- when they have been taking antipsychotic medicines for a long time or taking combinations of antipsychotic medicines or antipsychotic medicines in combination with other drugs that can affect swallowing

All staff involved in supporting participants at risk of swallowing difficulties must complete:

- Medication competency training, including awareness of medicines affecting swallowing.
- Mealtime Management and Choking Prevention training, including recognising early signs of aspiration.
- First aid and emergency response training, including responding to choking and aspiration events.
- Staff competencies will be assessed annually, and practical refreshers provided, including simulated choking response drills.

Manager or their delegate will review any medication that may cause swallowing problems within the first week, after increases in medication and at least annually during support plan review.

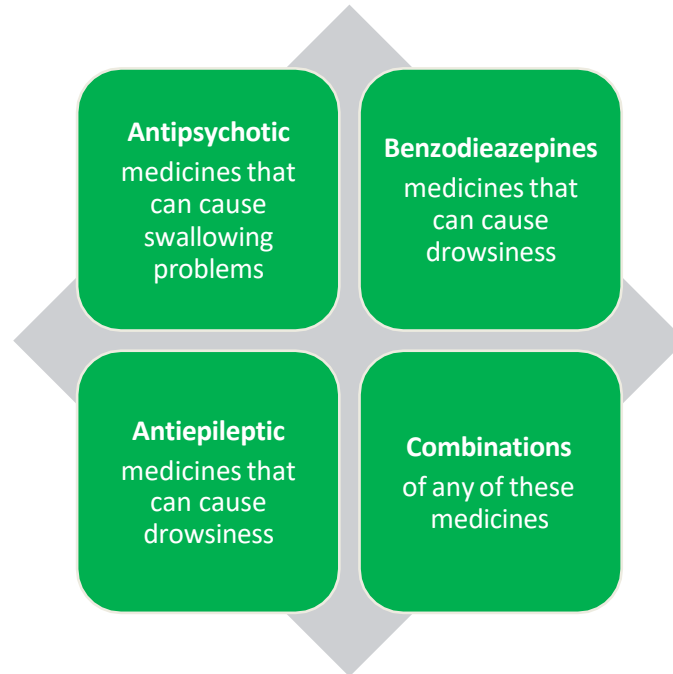
When a person's swallowing problems persist while taking these medicines, staff must inform Manager or their delegate, who will speak to the prescribing medical practitioner to get a medical review.

The Manager or their delegate must also consider the following:

- whether the medicine should continue to be prescribed to the person
- whether the current medicine could be changed to another medicine of the same type
- if the medicine is to continue - whether the dose can be reduced, or if dividing the dose over the day may reduce swallowing problems
- whether to seek an independent medical review, particularly if the person requires medical attention for aspiration pneumonia, experiences frequent coughing or sounds 'gurgly' or chesty during or after meals

4.1 Medications associated with swallowing problems

The major types of commonly prescribed medicines that have the potential to affect swallowing and cause problems while eating or drinking are:



4.1.1 Antipsychotic medicines associated with swallowing problems

The antipsychotic medicines listed below can cause swallowing problems.

- Aripiprazole (e.g. Abilify)
- Asenapine (e.g. Saphris)
- Chlorpromazine (e.g. Largactil)
- Flupentixol (e.g. Fluanxol)
- Haloperidol (e.g. Haldol, Serenace)
- Lurasidone (e.g. Latuda)
- Olanzapine (e.g. Zyprexa, APO-Olanzapine)
- Paliperidone (e.g. Invega)
- Quetiapine (e.g. Seroquel)
- Risperidone (e.g. Risperdal, Rixadone)
- Trifluoperazine (e.g. Stelazine)
- Ziprasidone (e.g. Zeldox)

4.1.2 Benzodiazepine medicines associated with drowsiness

The benzodiazepines listed below can cause drowsiness and influence swallowing by association, especially during eating.

- Alprazolam (e.g. Alprax, Kalma, Xanax, Zamhexal)
- Bromazepam (e.g. Lexotan)
- Clobazam (e.g. Frisium)
- Clonazepam (e.g. Rivotril, Paxam)
- Diazepam (e.g. Ducene, Valpam)
- Flunitrazepam (e.g. Hypnodorm)
- Lorazepam (e.g. Ativan)
- Midazolam (e.g. Hypnovel)
- Nitrazepam (e.g. Mogadon, Alodorm)
- Oxazepam (e.g. Alepam, Murelax, Serepax)
- Temazepam (e.g. Normison, Temaze, Temtabs)

4.1.3 Antiepileptic medicines associated with drowsiness

The antiepileptic medicines listed below can cause drowsiness and influence swallowing by association, especially during eating.

- Carbamazepine (e.g. Tegretol, Teril)
- Clonazepam (e.g. Rivotril, Paxam)
- Gabapentin (e.g. Neurontin, Nupentin, Pendine, Gabaran, Gantin)
- Lamotrigine (in combination with other medicines, e.g. Elmendos, Lamictal, Lamidus, Lamitrin, Lamogine)
- Phenobarbital (e.g. Phenobarb)
- Pregabalin (e.g. Lyrica)
- Valproate (in combination with other medicines, e.g. Epilim, Valpro)
- Vigabatrin (e.g. Sabril)

4.1.4 Commonly prescribed medicines that can affect swallowing

Preliminary data has identified that the three most commonly prescribed medicines for behaviour support are associated with swallowing problems. These medicines are:

- Risperidone (antipsychotic)
- Sodium valproate (antiepileptic)
- Olanzapine (antipsychotic)

4.2 Ongoing Monitoring and Early Detection

Staff will monitor participants for any signs of swallowing difficulty, including coughing during meals, changes in voice quality (gurgling), chest infections, drooling, refusal to eat, or unexplained weight loss.

Any concerns must be documented in the participant's records and escalated to the Manager, who will arrange for medical and speech pathology review as required.

Changes in swallowing status will trigger an immediate review of the participant's Support Plan, Mealtime Support Plan, and Medication Plan.

4.3 Capacity, Consent, and Supported Decision-Making

Before implementing or continuing medications known to increase swallowing risks, the participant's capacity to consent will be assessed.

Where participants cannot provide informed consent, their legally appointed decision-maker will be engaged.

Supported decision-making strategies will be applied, including using Easy Read materials, visual aids, and trusted support persons to help participants understand their medications and risks.

All consent will be documented in the Medication Plan and Consent Form.

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Mealtime Support Plan
- Management of Medication Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Person-Centred Supports Policy and Participant Service Charter of Rights
- Advocacy Support Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Independence and Informed Choice Decision-Making Policy and Procedure

6.0 References

- NDIS Practice Alert – Medicines associated with swallowing problems (November 2020)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- United Nations Convention on the Rights of Persons with Disabilities
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Safeguarding Framework
- Speech Pathology Australia Mealtime Management Guidelines
- Australian Commission on Safety and Quality in Health Care – Standard 4: Medication Safety and Standard 5: Comprehensive Care

Polypharmacy Policy

1.0 Purpose

The purpose of this policy is to ensure that participants who are prescribed multiple medications receive safe and well-informed support. Taking several medications at the same time (polypharmacy) can increase the risk of side effects, interactions, and health complications. This policy outlines how staff will support participants to manage their medications with confidence and clarity, including the importance of regular reviews to ensure treatments remain necessary, effective, and safe.

We aim to support participants to make informed decisions about their medication use, understand potential risks, and involve qualified health professionals in regular medication reviews to reduce the likelihood of harm.

2.0 Scope

The policy applies to all staff supporting participants who take multiple medications.

3.0 Definitions

Term	Description
Polypharmacy	Polypharmacy is the concurrent use of multiple medications (often defined as five or more medications) to treat one or multiple concurrent conditions. It includes using all prescription medicines, over-the-counter medicines, and complementary medicines. Polypharmacy use is significantly higher in people with disability. It is partly because people with a disability are more likely to have multiple health conditions, such as epilepsy, diabetes, stroke, heart problems, high blood pressure, and arthritis than the general population.
Psychotropic polypharmacy	Psychotropic polypharmacy is the concurrent use of two or more medications that can affect the brain's function. Psychotropic medications are 'any drug capable of affecting the mind, emotions, and behaviour.' The three main classes of psychotropic medicines are antidepressants, anti-anxiety agents (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Psychotropic polypharmacy is common in people with autism or an intellectual or developmental disability. Although people with these disabilities are more likely to receive

Term	Description
	medications because of co-existing mental health problems, medications are often prescribed without a diagnosis of a psychiatric disorder. Antipsychotics are also frequently prescribed to manage behaviours of concern, such as self-injury or aggression.
Home Medicines Review (HMR)	A Home Medicines Review (HMR) is a collaborative medication review for people in the community. It aims to maximise the patient's benefit from their medication regimen and prevent medication-related problems. A referral from a GP or medical specialist is required. An accredited pharmacist interviews a participant reviews their medications, and reports to the participant's doctor. It is fully subsidised by Medicare for eligible patients and is available every 24 months to any person at risk of or experiencing medication-related adverse effects.
Supported Decision-Making	An approach where participants are supported to make their own decisions, including about their medications, to the fullest extent possible.

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to manage their medications safely, with dignity, autonomy, and in line with their individual needs. We recognise that polypharmacy can pose serious health risks and will ensure that participants' medication use is regularly reviewed by a medical practitioner or pharmacist every 3 to 6 months, or as otherwise clinically advised.

Staff will support participants to attend medication reviews, understand the purpose and effects of their medications, and make informed choices. Where participants do not have capacity, substitute decision-makers will be consulted and supported decision-making processes will be followed.

All staff involved in supporting participants with medications must hold a valid NDIS Worker Screening clearance and complete appropriate training, including understanding polypharmacy-related risks and procedures for reporting medication incidents.

This policy aligns with the NDIS Practice Standards, the NDIS Code of Conduct, and our Management of Medication Policy and Procedure. Staff must:

- ensure medications are administered only with informed consent.
- record all medications, doses, and support requirements clearly in the participant's support plan.
- store medications securely and ensure only trained staff have access.
- be aware of potential interactions, side effects, and signs that may indicate adverse reactions.

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Approved by: J Croft - Director **Next review date:** 31/07/2026

- promptly report concerns or incidents in accordance with our Reportable Incident, Accident and Emergency Policy and Procedure

All medication support must be documented, and any changes, refusals, or concerns must be escalated to the Manager and addressed in collaboration with the participant's health team.

4.1 Home Medicine Review

If clinically necessary, a Home Medicines Review can occur more frequently than 24 months in the following scenarios:

- a significant change to a participant's medication regimen in the past three months
- change in medical condition or abilities (including falls, cognition, and physical function)
- prescription of a medicine that may be more likely to cause harms
- symptoms that suggest an adverse drug reaction
- inadequate response to medications
- suspected non-compliance or problems with managing medications

Participants and their chosen representatives will be supported to be actively involved in Home Medicines Reviews, including preparing questions, reviewing medications, and understanding outcomes. Reviews will involve collaboration between GPs, pharmacists, behaviour support practitioners, and allied health professionals where relevant.

4.2 Risks associated with polypharmacy

Participants are among those most at risk of polypharmacy due to comorbid health conditions and the common use of several medicines of the same class (e.g. antipsychotics). A medical practitioner should conduct a medication review every 3–6 months or when requested by the participant, their carer or other health or disability professionals.

The use of multiple antipsychotics can increase the risk of:

- movement disorders
- hormone disorders
- sexual dysfunction
- obesity
- diabetes
- stroke and heart attack
- memory issues
- falls
- sedation.

Despite the risks associated with polypharmacy, it may be the most appropriate treatment, particularly for people with multiple conditions.

To ensure participants receive the correct medications, a medical practitioner and pharmacist review all medications to assess each drug in need, current and recommended dosages, the benefit versus risk of potential adverse effects or other side effects, and possible interactions between medications.

Where psychotropic polypharmacy is identified, a Behaviour Support Practitioner and relevant medical specialists will be consulted to assess if a restrictive practice is occurring. If so, necessary authorisations and behaviour support plans will be implemented.

5.0 Procedure

Before Review:

SilaCa Tasmania Pty Ltd will:

- Assess participant's capacity to engage in medication decisions.
- Document participant consent or involvement of substitute decision-maker.
- Support participants to understand the purpose of the review using Easy Read materials or communication aids.

During Review:

SilaCa Tasmania Pty Ltd will:

- Ensure involvement of GP, pharmacist, and where appropriate, behaviour support practitioner or speech pathologist.
- Discuss alternative strategies where risks are identified (e.g., dose reduction, non-pharmacological interventions).

Post Review:

SilaCa Tasmania Pty Ltd will:

- Update Support Plan, Medication Plan, and Risk Assessment Form with outcomes.
- Monitor participant for any adverse effects following changes.
- Report any identified restrictive practices to NDIS Commission as required.
- Document all communications and outcomes in participant records.

If participants receive multiple medications, SilaCa Tasmania Pty Ltd will:

- arrange for a medical practitioner or pharmacist to review these every 3 to 6 months as a participant may experience adverse effects when they take multiple medications
- arrange to have their medications reviewed by a pharmacist through the HMR program if participants take five or more medications (or two or more antipsychotics)
- keep a record of when participants last had their medications reviewed

- ensure that participants, carers and support staff have ready access to a full list of the participant's current medicines. Information can be accessed via [NPS MedicineWise App](#) or electronic medication records such as [My Health Record](#)
- make an appointment with a medical practitioner if staff suspect that a participant may be experiencing adverse effects due to medications, particularly if there has been a recent change in medication
- support participants during the review in a manner that suits their needs
- document the review and its outcomes in the support plan
- management to review the outcome and retrain staff, as required

6.0 Monitoring and Continuous Improvement

Medication reviews, including polypharmacy reviews, will be monitored by management. Incident trends, adverse reactions, and safeguarding concerns related to medications will be reviewed quarterly as part of the Risk Management and Continuous Improvement processes. Participants and their advocates will be invited to provide feedback on medication-related supports.

7.0 Related Documents

- Management of Medication Policy and Procedure
- Medication Incident Report Form
- Self-Administration of Medication Assessment Form
- Medication Plan and Consent Form
- PRN Care Plan
- PRN Intake Checklist
- PRN Protocols
- Support Plan
- Privacy and Confidentiality Agreement
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis
- Reportable Incident, Accident and Emergency Policy and Procedure
- Participant Safeguarding Policy
- Independence and Informed Choice Decision-Making Policy and Procedure
- Mealtime Management Policy and Procedure (where relevant)

8.0 References

- NDIS Practice Alert – Polypharmacy
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- United Nations Convention on the Rights of Persons with Disabilities
- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff 2015 (Commonwealth)
- ACIA Administration of Oral Medications in the Community by Support Staff 2017 (Commonwealth)
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006 (Commonwealth)
- The Medication Management Framework (Poisons Regulations 95AA January 2018)
- Twelve (12) Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council (June 2006 updated January 2012)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct 2018
- Australian Commission on Safety and Quality in Health Care – Medication Safety Guidelines
- Speech Pathology Australia guidelines (where mealtime and swallowing are affected by medications)
- NDIS Safeguarding Framework

Respiratory Depression Medication Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants are supported safely when prescribed medications that may increase the risk of respiratory depression. This includes medicines that affect the central nervous system, such as sedatives, antipsychotics, anticonvulsants, and opioids.

This policy guides staff to monitor participants' health and well-being, reduce the risk of medication-related harm, and respond appropriately to early warning signs. Participants will be supported to make informed choices about their medication use and emergency plans will be developed to respond to incidents. The overall aim is to protect health, uphold dignity, and prevent avoidable harm.

2.0 Scope

The policy applies to all staff who support participants taking medications linked to respiratory depression.

3.0 Definition

Term	Definition	Cause
Respiratory depression	- characterised by slow and ineffective breathing and can lead to increased carbon dioxide in the body and reduced oxygen availability. - a serious and sometimes life-threatening condition if it is not monitored and managed effectively. - can precede serious cardiovascular conditions such as respiratory arrest (cessation of breathing), cerebral hypoxia (insufficient oxygen to the brain) or respiratory acidosis (high levels of acid in the blood due to increased carbon dioxide in the body), which can lead to premature death.	- It can be caused by the side effects of medicines and can result from inappropriate dosing or drug-to-drug. Medicines that can increase the risk of respiratory depression include benzodiazepines such as midazolam or diazepam, particularly when combined with other psychotropic medicines such as antidepressants, antipsychotics, anticonvulsants or sedatives such as phenobarbital. - Opioids on their own or in combination with other psychotropic medicines are also associated with a significant risk of respiratory

Term	Definition	Cause
		depression. People with a disability may be at an increased risk because of pre-existing physical risks for breathing problems.

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to ensuring participants receive safe and informed support when prescribed medications that may cause respiratory depression. This includes ensuring all relevant risks are identified, managed, and responded to promptly in line with individualised support plans.

SilaCa Tasmania Pty Ltd will ensure that all staff involved in administering or monitoring these medications:

- understand the risks associated with central nervous system depressants.
- are trained in identifying early signs of respiratory depression.
- follow emergency protocols where health concerns arise.
- support participants to make informed choices and involve substitute decision-makers when required.

High-risk medicines include:

- benzodiazepines (e.g. diazepam, oxazepam),
- antipsychotics (e.g. quetiapine),
- anticonvulsants (e.g. gabapentin, pregabalin),
- opioids (e.g. codeine, oxycodone), and
- any combination of the above.

All support plans must include emergency procedures and identify when to escalate concerns, including calling emergency services. Staff must observe, record, and report any physical or behavioural changes that may indicate respiratory distress or reduced breathing capacity.

All participants must have a clearly documented emergency plan, and staff must be familiar with the procedures to follow during a suspected incident. Managers must ensure staff are trained in both medication safety and emergency response practices.

This policy aligns with the [NDIS Code of Conduct](#) and the [NDIS Practice Standards](#), including:

- Access to supports
- Human resource management
- Incident management

- Independence and informed choice
- Information management
- Responsive support provision
- Risk management
- Safe environment
- Support planning

All medication risks, incidents, or near misses must be recorded and escalated in accordance with SilaCa Tasmania Pty Ltd's Incident Management and Reportable Incidents Policy and Procedure. Support planning and medication reviews must be regularly updated to reflect changes in the participant's condition, medication use, or preferences.

5.0 Procedure

5.1 Risk of respiratory depression

Risk assessment and identification will involve collaboration with healthcare professionals, including GPs, pharmacists, and behaviour support practitioners, especially where psychotropic medications are prescribed. Staff must immediately escalate any identified risks to the Manager, who will coordinate with the participant's health team for a review. Where mealtime safety or swallowing is impacted, referral to a speech pathologist must occur.

Staff monitoring participant medication must know the medical risk related to respiratory depression, including the high-risk cohort, who have the following characteristics:

- aged over 55 years
- experience obstructive sleep apnoea
- obese
- severely compromised status of health
- multiple comorbid health conditions
- prescribed more than one opioid, benzodiazepines, antipsychotics, antidepressants and other psychotropic drugs
- experience daytime drowsiness
- impaired kidney or liver function
- smoke
- history of opioid dependence, drinking alcohol while taking prescribed opioids

The following medication is identified as increasing the risk of respiratory depression:

- Benzodiazepines such as midazolam, diazepam (Valium), and lorazepam
- Opioids such as oxycodone, codeine, and fentanyl
- Polypharmacy with medicines that compromise kidney or liver function

- Psychotropic polypharmacy (two or more medicines that affect the CNS (antipsychotics, antidepressants, sedatives and anticonvulsants)
- Combinations of any of the above increase the risk further and increase the risk of drug-to-drug interactions

5.2 Supporting participants

Before commencing medications that may cause respiratory depression, SilaCa Tasmania Pty Ltd will ensure that:

- Participants are supported to make informed choices using Easy Read materials and supported decision-making.
- Capacity assessments are conducted when necessary, and consent is documented.
- Substitute decision-makers are involved where participants lack capacity.
- A collaborative health team (GP, pharmacist, behaviour practitioner if relevant) reviews the medication plan.
- Medication use for behavioural purposes (psychotropics) will be assessed for restrictive practice status and appropriate authorisation sought.
- All consent and review outcomes are documented in the Participant Medication Plan.
- SilaCa Tasmania Pty Ltd will:
 - support participants prescribed medicines that can cause respiratory depression by being aware of the risks and how to respond to potential emergencies.
 - support participants to make an appointment with their medical practitioner or pharmacist if they report or are observed experiencing adverse effects due to medicines, particularly if there has been a recent change in medicine.
 - support participants, where appropriate, to follow up on medication review appointments. Especially when a participant commences taking a new medicine, the prescribing doctor may recommend specific timeframes for review of its effectiveness and potential adverse effects.
- Review participants who take multiple medicines (or polypharmacy) every 3 to 6 months by a medical practitioner or pharmacist (See Polypharmacy Policy and Procedure). This review will:
 - identify the need to assess the effectiveness, potential interactions and risk versus benefit profile of all medicine and any associated adverse effects. If the participant intends to be on a combination of long-term medicines, Manager will consider a Home Medication Review (HMR) with a pharmacist who can identify potential drug interactions.

Note: Participants are eligible for medicine reviews with a pharmacist to ensure their medicine is safe and effective. A medical practitioner can provide the participant with a referral for this medicine review.

5.3 Emergency Response

SilaCa Tasmania Pty Ltd has emergency plans to identify and manage risks to participants. Workers should follow the emergency plan regarding when to call an ambulance or seek medical assistance. An expert medical review is required to ensure the plan is accurate and reliable.

5.4 Record keeping

Each participant must have current health, and medical records ready to be taken to the hospital should a participant require emergency treatment allowing doctors and hospital staff to identify current medicines and potential medicine-related adverse events. The participant can obtain their medication history from their regular pharmacy and request a new copy when there is a medication change. This document must be easily accessible for staff to send with the participant. Staff must keep participants' information on site.

In the event of respiratory depression, staff must immediately follow the participant's Emergency Health Management Plan and call emergency services. An incident report must be completed and escalated to management for review and action. All critical incidents, including respiratory distress requiring ambulance or hospitalisation, will be reported as per NDIS Incident Management and Reportable Incidents Rules 2018. Post-incident, a review and debrief will be conducted, and participant safeguarding actions implemented.

All health records, medication charts, and consent forms must be up to date and readily accessible to staff for emergency use. A copy of the participant's medication list must be available to emergency responders. Staff are required to review and update participant health records after every medication review or change.

5.5 Training

Workers providing medication must be trained in how the medication that may cause respiratory depression about:

- the administration of those medicines
- the risks of medicines associated with respiratory depression
- guidelines on responding to potential emergencies, particularly related to using medicines associated with respiratory depression

All staff administering or supporting participants on CNS depressants must complete training on:

- Safe medication administration
- Recognising and responding to respiratory depression
- Safeguarding and incident reporting

- Chemical restraint identification and compliance
- Training completion and competency must be recorded annually

Manager will identify staff and organise relevant training by a trained professional.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Transitions of Care between Disability Services and Hospitals Policy and Procedure
- Polypharmacy Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Advocacy Support Policy and Procedure

7.0 References

- NDIS Practice Alert: Medicines that can cause respiratory depression: <https://www.ndiscommission.gov.au/rules-and-standards/quality-practice>
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Me and my medication - Council for Intellectual Disability (cid.org.au)
- Me and my doctor - Council for Intellectual Disability (cid.org.au)
- MedicineWise app - NPS MedicineWise
- Keep track of medicines and access important health info anytime and anywhere, especially in emergencies
- Medicine Finder, NPS medicine wise
- Symptom Checker | healthdirect
- Safe use of mental health medications | healthdirect
- Risks associated with benzodiazepines, SA Health
- Benzodiazepines - Better Health Channel
- Opioid medicines - safety, prescribing, side effects | healthdirect
- Opioid medicines and chronic non-cancer pain - NPS MedicineWise
- Psychotropic Medication Resources (unsw.edu.au)
- Opioids_Narcotics+for+chronic+pain.pdf (squarespace.com)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Primary and Community Healthcare Standards (2021-2023)
- NDIS Safeguarding Framework
- Speech Pathology Australia guidelines (relevant for swallowing and aspiration risks)