

Medications: some law & policy issues for NSW youth services

by Nick Manning

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Introduction

From time to time, youth workers have questions about medications – prescription medications and over-the-counter painkillers (eg. Panadol). There is some nervousness among youth workers because of uncertainty about the safety and legal aspects of medications.

Questions about prescribed medications mainly arise in accommodation services, but may also be relevant during camps and in emergencies at non-residential services. Non-prescription medications, in particular painkillers, can be an occasional issue for all youth service types.

This fact sheet aims to reduce the uncertainty and assist youth services in NSW to develop appropriate policies and procedures around prescribed medications and over-the-counter painkillers.

This fact sheet is part of a set, which includes:

- **Duty of care**
- **Confidentiality and privacy for youth workers**
- **Smoking: law & policy for NSW youth services**
- **Drug offences**
- **Alcohol & illegal drugs: law & policy for NSW youth services**
- **Contraband in youth residential services.**

(Full details under *More information* below).

Who is this information for?

This fact sheet is aimed at youth workers working with 12-25 year olds in a range of non-residential and residential services in NSW. (SAAP accommodation services should also refer to the standards and guidelines specific to SAAP).

The fact sheet is **not** intended for out-of-home care, childcare and children's services as there are specific health and legal issues affecting these children. Disability services should refer to **Managing medication** (see *More information* below). Other service types: check with your funding body, peak body, Department of Health or WorkCover for any regulations and guidelines specific to your service type.

Some words used in this factsheet

To understand this fact sheet you need to know what we mean by these phrases:

- *young person*: someone aged at least about 12 years old
- *youth worker / youth service*: a welfare worker / service working with young people in NSW, but not including an out-of-home care service, a disability service or a health service
- *medication / medicine*: either prescribed medication or over-the-counter products such as painkillers, vitamins, cough and cold remedies and herbal medicines
- *prescribed medication*: medication which you can only buy with a doctor's prescription
- *OTC / over-the-counter medication / non-prescription medication*: medication you can buy in a chemist or supermarket without a doctor's prescription
- *managing medications*: see the explanation below under *How to judge if a young person can manage their own medications*.

Concerns about abuse of medications

There is growing concern about both the misuse and the abuse of prescription and over-the-counter medications in Australia. Various health authorities have raised concerns recently about such things as:

- trafficking in prescription medications
- risks with alcohol and painkillers in combination
- interactions between prescribed medications and herbal remedies
- accidental overdose of paracetamol (a common painkiller)
- side-effects of ibuprofen (a newer painkiller).

Some young people distribute prescription and OTC medications readily to friends and acquaintances without warning them of possible dangers or side effects because they perceive that prescription and OTC drugs are safer than illegal and age restricted drugs. ... Young people reported they did not always read dosage and precautionary information on medication packets and some perceived that out-of-date medications were still safe to consume.

- Submission of the New South Wales Commission for Children and Young People to the Standing Committee on Children and Young People: Inquiry Into The Prescription And Use Of Drugs And Medications In Children And Young People

The abuse of prescription drugs and over-the-counter medications is only recently finding its way onto the national drug agenda in Australia. This may be commensurate with the level of abuse of prescription drugs and over-the-counter medications compared to illicit drugs, but is also indicative of the fact that relatively little is known about the extent and nature of the problem.

The Commonwealth Government's National Illicit Drugs Campaign identifies a range of drugs as problematic, including some prescription drugs. Prescription drugs identified include depressants such as sleeping pills and tranquillisers, stimulants

such as methylphenidate (Ritalin), and opioids such as morphine, codeine, and pethidine.

- Issues Paper No. 1: Background Issues

The Committee is extremely concerned about the recreational abuse of prescription drugs and medication by children and young people. The Committee has been advised that drugs that are abused in this way include analgesics, tranquillisers and sedatives. The harms associated with pharmaceutical drug abuse can include short term mild side effects, longer term dependency, and overdose. The dangers are increased when prescription drugs and medication are abused in combination with illegal drugs. ...

There does not appear to be a great deal of available information or statistics about the recreational abuse of prescription drugs and medication by children and young people in New South Wales. Although, the National Drug Strategy 1998 Household Survey reported that in the 12 months leading up to the survey, 9% of young people aged between 14-19 years had used analgesics, tranquillisers or sedatives for non-medical purposes. This was compared to 6% of Australians overall.

There is some indication that the recreational abuse of prescription drugs and medication is on the rise. A recent article in the Australian Family Physician reports a study which shows small increases in the abuse of certain forms of medication: abuse of analgesics by adolescents had increased by 3.5%, and the abuse of sleeping pills increased by 2.6%, in the period between 1995 and 1998.

- Issues Paper No. 3: Children And Young People And The Misuse And Abuse Of Prescription Drugs And Over-The-Counter Medications

NSW Parliament Committee on Children and Young People: Inquiry Into The Use Of Prescription Drugs and Over-The-Counter Medications in Children and Young People

Educating young people

Youth services can clearly play a role in reducing the harmful effects of drug misuse and abuse with appropriate policies and by educating young people.

If your service has a role in promoting young people's health, or teaching life skills, you should educate your young people about safe use of medications.

The Committee is particularly concerned that while children and young people are somewhat aware of the dangers of abusing illicit drugs, they seem comparatively unaware of the dangers of abusing prescription drugs and medication.

- Issues Paper No. 3: Children And Young People And The Misuse And Abuse Of Prescription Drugs And Over-The-Counter Medications. NSW Parliament Committee on Children and Young People: Inquiry Into The Use Of Prescription Drugs and Over-The-Counter Medications in Children and Young People

Challenges in youth service policy development

Youth services are many and varied, including supported accommodation programs, drop-in and recreational programs, crisis support, education programs and more. They include funded services which employ staff, and volunteer-run programs.

The overall client group which youth services work with, presents unique policy challenges. “Young people” in youth services can range in age from as low as 10 (and sometimes even younger) to as high as 25. Working with these three groups:

- younger children
- teenagers who, as they get older, are increasingly independent both legally and in reality
- adults

makes policy development on legal and safety issues complex.

Youth services also have some clients who are quite vulnerable to either accidental or intentional poisoning through misuse of medications and other drugs.

This wide range of programs, staffing and clientele means that there is no single legal or safety approach regarding medications in youth services. You need to write your own policy to suit your circumstances. However there are laws and regulations which will inform much of what you put in your policy, and these are outlined below.

Official guidelines

All services

There were some medication guidelines in the previous (2000) edition of **Safety Pack** (see *More information* below) and these are partly reflected in this fact sheet. (The 2004 edition of **Safety Pack** does not cover the topic of medications at all).

The NSW Ageing & Disability Department publishes a guide specifically for disability services called *Standards in action*, which includes a section called **Managing medication** (see *More information* below). Much of the material in **Managing medication** is useful for other service types, and has been reflected in this fact sheet.

Accommodation services

NSW Health has published guidelines for prescribed medications in residential services (**Guidelines for the handling of medication** - see *More information* below). This document applies to residential facilities which are operated, funded or licensed by the Ageing and Disability Department, the NSW Health Department, or the NSW Department of Community Services (eg. youth accommodation services). The guidelines are reflected in this fact sheet.

Non-accommodation services

The **Guidelines for the handling of medication** (see *More information* below) appear to be relevant to non-residential youth services such as youth centres, and in the absence of any guidelines specifically for non-residential youth services, we suggest your policy should be consistent with these guidelines.

Can youth services control young people's medication use?

Youth workers have no automatic right to control, supervise or confiscate young people's lawfully obtained medications.

Services should start from the assumption that young people are capable of managing their own medications, and only get involved if you have good reason to doubt that a particular young person can in fact safely manage their medications. To get involved, the service must have consent. The young person might give consent on the spot, or you could include something in your service rules, consent form or agreement with the young person to allow you to supervise, document, and/or lock away young people's medications in particular circumstances. However, if at any time a young person demands return of their lawfully obtained medication, you have no legal right to refuse.

If you are concerned about the young person's safety but do not have their consent to take their medications from them, it may be useful to get advice about the degree of risk. Contact one of the organisations which advise about medications (listed in *More information* below). In a medical emergency, police or health workers may have certain powers to intervene depending on the circumstances.

Illicit prescribed medications

It is an offence to possess a "prescribed restricted substance" (ie. a prescription drug) that wasn't prescribed for you (unless you have a legitimate reason such as you are delivering the medication to the person it was prescribed for). (Poisons and Therapeutic Goods Act). If a young person at your service has prescription drugs prescribed to someone else, without a good reason, you probably should apply the same policy as you do for illicit drugs. See the fact sheet **Alcohol & illegal drugs, youth services & the law in NSW** listed in *More information* (below).

Accommodation services

If your residents are tenants under the Residential Tenancies Act, you have to allow the tenant to have “quiet enjoyment” of the premises. You may not have the legal right under this Act to make rules about residents’ medications, unless perhaps the risk of misuse or abuse is high – however the law is not clear on this question.

If your residents are boarders and lodgers (without the rights of tenants), you have a lot more control over what residents do on the premises, so you can make rules regarding medications.

How to judge if a young person can manage their own medications

By “managing medications” we mean:

- dealing independently with doctors and pharmacists
- deciding what medications to take, and when, based on health practitioner advice
- taking the correct dose
- not taking other medications, alcohol or illegal drugs which might interact with the medication
- storing medications safely.

There is no official test to determine whether a young person can manage their own medications. Youth workers may have to make assumptions. With teenagers and adults, it is reasonable to assume they can safely manage their own medications, unless and until you have evidence to the contrary.

If you do have reason to question whether a young person can manage their own medications, you could resolve this uncertainty by:

- asking the young person if they manage their own medications in other situations eg. at home, school, work, out and about
- asking their parent or carer, if you are in contact with them (eg. on a consent form)
- asking the young person for confirmation from their doctor or pharmacist.

Of course if the young person has a high risk of suicide or self-harm, or high-risk recreational drug use, then you will most likely judge that they cannot safely manage their own medications. You should seek agreement for you to manage their medications for them.

Remember, you can only manage their medications for them with their agreement, or their legal guardian’s agreement. Until you get agreement, you cannot manage the young person’s medications.

Young people who can manage their own medications

If a young person is able to manage their own medications, youth workers should not take over.

According to the **Guidelines for the handling of medication**: “Where possible, residents should be responsible for managing and taking their medication.” In these situations, the service’s role would be limited to providing safe storage when necessary. See also the discussion of over-the-counter painkillers below.

In some youth work settings such as accommodation services, the service keeps details on file of the medications which young people manage themselves, in case of a medical emergency.

Should other, non-residential, youth programs have this information on file? You need to weigh up the potential safety benefits against the time involved, the intrusion into the young person’s privacy, and the degree to which young people are likely to comply with the request for information. So for example, you probably **would** keep such records for an overnight camp, but you **wouldn’t** for a drop-in service or a band night. In most (but not all) non-residential youth programs it is quite appropriate to **not ask** and therefore not know about young people’s medications.

Safe storage of self-managed medications in accommodation services

“Where a resident is managing his/her own medication, a secure place, which is not accessible to other residents, should be made available for storage of the medication. Other personal effects such as documents and money could also be stored in this place. ...

The temperature required for storage of a drug is shown on the manufacturer’s label. Advice can also be sought from a pharmacist. Most drugs should be stored below 25C (a few may be stored up to 30C). Very few need to be stored in a refrigerator. Those that do, must be kept separated from food such that the food cannot be affected.”
(**Guidelines for the handling of medication** section 4.4 page 26)

Common sense suggests that young people who manage their own medications should have their own access to that medication (independently of the youth workers). If not, there might be ambiguity about who is keeping track of the time to take the next dose. However this is not the reality in some accommodation services, where residents do not have their own locked cupboards. These services must ensure that there is no ambiguity about who (resident or worker) is responsible for managing medications.

Medications on hand

The official storage policy above does not seem to allow for medications which the young person needs to keep on hand for immediate use (eg. a ventolin puffer). We have not found any official guidelines for youth services covering this situation. One agency's own policy is:

“If the client needs to keep the medication with them for immediate access, staff will instruct the client in safekeeping procedures and will monitor the situation to ensure compliance. If in doubt, staff must get advice from the client's doctor, pharmacist or other authority.”

Young people who need assistance with medication

Legal position of youth workers assisting with medications

If a young person cannot manage their own medications, and a qualified health worker such as a nurse is not available, there is no legal obstacle to a youth worker assisting the young person with simple administration of prescribed medications.

According to the **Guidelines for the handling of medication**:

“... where residents’ medication has been individually dispensed for them by a pharmacist on prescription, a residential care staff member (who is not a registered nurse or a medical practitioner) may provide whatever assistance is necessary to enable the residents to take their medication, other than giving injections.” (section 4.2 page 25)

(See also *Over-the-Counter Painkillers* below).

The youth worker’s basic legal obligations (based on occupational health and safety and negligence law) are:

- follow all relevant laws and guidelines (eg. those outlined here)
- follow all safety policies and directions from your employer
- report all potentially unsafe situations concerning medications to your supervisor or management, and
- use reasonable care – the standard of care that a reasonable youth worker would use in the particular circumstances.

The employer is responsible for ensuring that there is a system for safe storage, administration and record-keeping, and that all staff follow safety procedures. The employer should provide training for staff in the service’s policies and procedures.

It is not clear if the employer should provide specific training on administration of medications. There is a 4 hour course for school staff called “Administration of Prescribed Medications and Asthma Treatments” - this may be suitable for welfare workers too - see under *More information* (below).

Injections

Youth workers should not give injections. *“Injections may only be administered by a medical practitioner or a registered nurse. This does not preclude a resident self-administering their own insulin.”* (**Guidelines for the handling of medication** section 4.5 page 27)

First Aid

Staff must have first aid training if required by WorkCover or your funding body. You should also consider first aid training if the risk of accidental or intentional overdose at your service is high.

If something goes wrong with medications you might need to provide first aid. WorkCover has outlined the legal position of the workplace first aid provider.

Q: Are first aiders legally liable for the initial treatment they provide?

No. First aiders have no more responsibility than is set out in the employee duties under the OHS Act. If any person hinders the provision of first aid to an injured person at work or refuses a reasonable request for such aid they may be guilty of an offence under the OHS Act.

- **First Aid in the Workplace: Guide 2001** (2001) WorkCover

Information, record-keeping & confidentiality

Consumer Medicine Information (CMI) leaflets

Soon all prescribed medications, and some over-the-counter medicines, will have a leaflet available, called a Consumer Medicine Information or CMI, with information about medications written for consumers. A young person can ask their pharmacist or doctor for a CMI for each medication they are using. Youth workers can get a CMI leaflet for a particular medication from a pharmacist or from http://nps.org.au/site.php?content=/resources/content/cons_med_info.html . Keep the relevant CMI leaflets with the young person's medications record.

Record-keeping

Keep a record of medication name, expiry date, strength, dose and times taken for each medication for each young person. If there is particular safety information you are aware of, for example information from the parent/carer, doctor, pharmacist or the Consumer Medicine Information (CMI) leaflet, keep this information with the record.

Managing medication recommends that “*Staff are aware of any side effects of medication prescribed to service users*” (10.5.3 point 19).

The young person's record should also include:

- a record of missed doses and wrongly taken medication
- an up to date list of over-the-counter medications they are taking.

This record should be available to health workers in an emergency, and to the young person's doctor and pharmacist each time they see them.

There are more details on record-keeping in the **Guidelines for the handling of medication**, and in **Managing medication**.

Confidentiality

Generally speaking, you must keep confidential all information about a young person's health, including their medical conditions and medications. Federal and NSW privacy laws, which most youth services must comply with, protect information about health and other sensitive information. In addition, NSW Public Health Act protects information about a person's HIV status. For more information about

confidentiality in youth services, see **Confidentiality and Privacy for Youth Workers** (listed in *More information* below).

Administering the medication

Before administering medication:

- Medication must be administered directly from the young person's own labelled packs. Check that the young person's name is on the pharmacist's label.
- Check the medication name and the instructions on the pharmacist's label against the young person's record.

Administering medication:

- double-check the dose (some guidelines recommend a second person does this)
- watch to see that the young person swallows the medication.

*“Note: All tablets and capsules should be **swallowed whole** unless the pharmacist advises otherwise. Many tablets **must not be crushed** because of the way they are formulated: eg*

- *some are specially coated so that they do not upset the stomach.*
- *some are ‘sustained release’ ie. they release the drug slowly over a period of time.*

If in doubt, consult the pharmacist.”

- **Guidelines for the handling of medication** section 4.5 page 28

For more guidelines on administering medications see **Guidelines for the handling of medication** and **Managing medication**.

Dosett boxes and blister packs

Medication compliance aids are containers to assist people taking several medications. Medication is divided up into groups of tablets to be taken at a certain time. Blister packs are sealed by a pharmacist. Dosett boxes are not sealed. See **Guidelines for the handling of medication**.

Safe storage of worker-managed medications

According to the **Guidelines for the handling of medication**, if the staff are responsible for managing a person's medication:

*“... it should be stored in a **locked cupboard or locked room** out of residents' access. The cupboard/ room should be kept locked at all times except when in immediate use.*

Note: In a residential facility, all residents' medication may be stored together in the locked cupboard/ room. ...

The temperature required for storage of a drug is shown on the manufacturer's label. Advice can also be sought from a pharmacist. Most drugs should be stored below 25C (a few may be stored up to 30C). Very few need to be stored in a refrigerator. Those that do, must be kept separated from food such that the food cannot be affected."
(section 4.4 page 26)

Outings, school, work etc

At a residential youth service, if staff are responsible for managing a young person's medication, you should ensure that staff at other places the young person goes during the day are informed of any medical requirements of the young person.

*" ... the **original dispensed pack** of medication should be sent with him/her if a dose needs to be taken during the day. He/she **must not** be given a few doses in an unlabelled container, such as an envelope or a 'box' medication compliance aid. The pharmacist dispensing the resident's prescription could be consulted as to the possibility of providing a small pack, appropriately labelled for the purpose of taking on day trips. The resident's doctor could also be consulted regarding the possibility of changing the dosage to only twice a day, so that the resident does not need to take a dose while he/she is out."*
(**Guidelines for the handling of medication** section 4.5 page 27)

Non-residential services

Guidelines for the handling of medication has a section for 'day centres' which provide respite day care for persons who have dementia or other conditions. It appears to be relevant to other non-residential services, such as youth centres, holiday programs and camps, for those young people who cannot manage their own medication:

*"The medication should be provided by the person's carer in its original dispensed pack (with the pharmacy label attached). It is **not** acceptable for the carer to supply a few doses of the medication to staff in an unlabelled container, such as an envelope, or a 'box' medication compliance aid. (Note that 'blister' packs which are prepared and labelled by a pharmacist could be used, if available).*

*The person's medication should be held in a **secure place** such that it cannot be accessed other than by day centre staff. ... Any dose of a medication given to the person while at the day centre must be given according to the instructions on the pharmacy label and should be noted in a record at the centre.*

Where verbal instructions from the carer regarding how the medication is to be given vary from those on the pharmacy label or there is insufficient directions on the label, the carer should be required to provide the centre staff with a confirming letter from the person's doctor."

(section 3.2, page 23)

Over-the-counter painkillers

Over-the-counter (non-prescription) medications comprise a very wide range of painkillers, vitamins, herbal medicines, cough and cold remedies and so on. Many of these products have health risks and some can interact with prescribed medications. Young people should always tell their prescribing doctor and/or their pharmacist what non-prescription medications they take. Youth workers should encourage young people to be as informed as possible about all their medications, both prescription and non-prescription.

“Over-the-counter” painkillers are painkillers (analgesics) which you can buy from chemists and supermarkets without a prescription. At the time of writing they include aspirin, paracetamol (Herron, Panadol etc), ibuprofen (Nurofen etc) and others. The regulations governing medications which are sold without a prescription change from time to time.

Are over-the-counter painkillers safe?

Australia’s official medications regulator has judged certain painkillers in certain pack sizes to be safe enough to sell to anyone (including children) in supermarkets, without a doctor’s prescription. So should youth services have any concerns about young people and painkillers?

Over-the-counter painkillers are not safe for all people at all times. There are some risks with certain doses of certain painkillers for certain people. In fact some doctor and pharmacist organisations question whether certain painkillers should be available in supermarkets at all.

Paracetamol

As a youth worker you need a basic awareness of risks associated with any painkiller young people might take. The information below, from the CHOICE Magazine website (posted July 2003), highlights some risks associated with paracetamol (Herron, Panadol etc). This is not a comprehensive guide to current knowledge about paracetamol. Known information and expert advice about risks associated with painkillers changes over time. You should check for more current information in the future. You should check the warnings on a recent pack (not old stock) and any other written product information that is available.

Paracetamol is not the only over-the-counter painkiller – it is an example only. The CHOICE website also has information on aspirin, ibuprofen and other painkillers.

Who can take it?

Paracetamol is suitable for most people, including children and babies over one month old and pregnant women. However, it’s not suitable for people with severe liver or kidney disease, and may not be advisable for people who drink heavily every day to take on a regular basis ...

Side effects and overdose

Despite its image as a 'safe' painkiller, there's a very real risk of paracetamol poisoning through overdose – whether accidental or deliberate. Overdose causes jaundice, liver failure and death. What constitutes an overdose can vary from person to person, but liver damage has been known to occur after a single dose of 14 regular tablets.

If you're taking other medication (such as a cough or cold remedy) check the label – it may contain paracetamol, which would increase your intake.

The effects of paracetamol overdose can be reversed, but you need to get treatment within 12 hours to have the best possible chance of recovery. Unfortunately there may be no symptoms for at least 24 hours – and the liver damage is usually irreversible after 10-12 hours, particularly in adults.

- Painkillers (posted 17/07/2003)

<http://www.choice.com.au/goArticle.aspx?id=103025>

Can young people have their own supply of painkillers?

There is no law preventing a young person of any age possessing over-the-counter medications including non-prescription painkillers. Youth workers can only lock them away or control their use with the young person's agreement (see *Can youth services control young people's medication use?* above).

Accommodation services

If your residents are tenants under the Residential Tenancies Act, you have to allow the tenant to have "quiet enjoyment" of the premises. You may not have the legal right to ban or control residents' painkillers, perhaps unless the overdose risk with residents is high – however the law is not clear on this question.

If your residents are boarders and lodgers (without the rights of tenants), you have a lot more control over what residents do on the premises, including what they bring in. See below under *Other youth services*.

Other youth services

Basically you have the ultimate decision about what things you allow on the premises or during your program.

So you need to make a judgement which balances the risks your particular young people face if they have painkillers with them, versus the need to avoid excessive restrictions. For example, a job skills course for 15-24 year olds probably would not ban young people keeping their own painkillers with them while they attend the course. However a refuge for 14-19 year olds with a history of abuse, self-harm and drug issues might.

Should youth services provide painkillers?

Unfortunately there is no clear answer to this question.

Painkillers for employees

As far as providing painkillers for employees is concerned, WorkCover provides these two, somewhat ambiguous and contradictory, policies:

Should paracetamol and other Scheduled or over-the-counter medications be included in any Workplace [First Aid] Kit or Module?

These are drugs requiring appropriate medical supervision and, despite their ready availability, should only be dispensed by persons with training in the administration of non-prescription medications. ...

- **First Aid in the Workplace: Guide 2001** (2001) WorkCover

Can we include analgesics (pain killers) in the first-aid kit?

These drugs have been shown to be the major source of abuse and pilfering of first-aid kits. Accordingly analgesics should be included in first aid kits only after consultation with employees and when an appropriate management plan is in place.

Employees should be responsible for carrying and dispensing their own prescribed or over-the-counter medications.

The protocol recommended for the supply of simple analgesics by a workplace first aid provider is:

- *no more than one pack of analgesic to be held in any first aid kit*
- *analgesics must remain in the original packaging containing the standard dosage and the required warning and caution statements*
- *the caution and warning statement on the pack should be communicated to the employee*
- *supply only on direct request by an employee*
- *supply limited to the recommended dose (generally up to two tablets four hourly)*
- *supply recorded in the first aid register.*

- WorkCover NSW website 10/11/2003

<http://www.workcover.nsw.gov.au/FAQs/OHSResponsibilities/FirstAid/faq9.htm>

Official policy on giving young people painkillers

There is uncertainty about whether youth services should give out painkillers to young people or not. Official regulations for the community services industry as a whole are unclear and even somewhat contradictory:

- **Safety Pack** (2000) recommended against giving over-the-counter medications in community service organisations without a doctor's instruction
- **Safety Pack** (2004) does not cover the topic of medications at all.

- WorkCover’s written material in relation to giving painkillers to **employees** (quoted above), is ambiguous, appearing to recommend against the practice, then going on to provide guidelines for workplace first aid providers.
- WorkCover, in response to a phone query about giving painkillers to **clients**, expressed concerns about the practice but referred us to NSW Health and the relevant funding bodies.
- NSW Health’s policy, **Guidelines for the handling of medication** only governs prescribed medications. According to the Pharmaceutical Services Branch, NSW Health does not currently have any written guidelines on over-the-counter medications, such as painkillers, in welfare services.
- I am not aware of any policy of youth sector funding bodies such as the NSW Department of Community Services or the Commonwealth Department of Family & Community Services.
- However, **Managing medication**, part of the standards for disability services, provides guidelines for administering over-the-counter medications, including painkillers, to clients.

(All publications are listed below in *More information*).

In fairness to these departments, the youth sector is so diverse (let alone the community services industry as a whole) that it is difficult to write a single policy covering all service types and client groups.

Should youth services give painkillers to young people?

In practice, some youth workers report that they give out painkillers in particular circumstances, while others report that they never do. In the absence of a clear guideline from relevant authorities, we leave that decision to individual agencies.

However, given that some youth workers do give out painkillers in certain circumstances, we suggest a basic precaution, for the safety of the young person and the legal protection of the agency and the individual worker.

The assumption behind the WorkCover protocol for giving painkillers to employees (above) is that employees are able to make their own decisions regarding painkillers, and that to the extent that a workplace is involved in assisting that employee, the workplace will also take certain precautions, including assisting the employee to use the product safely. So should the same approach apply with young people?

When you buy your own painkillers you (hopefully) ‘self-assess’ the appropriateness of the painkiller for yourself, using the information on the pack and your own knowledge of your health status. When a young person in a youth service takes a painkiller, this assessment should be made by:

- the young person, if they are mentally competent to do so (see *How to judge whether a young person can manage their own medications*, above)
- the young person’s parent or guardian
- a doctor, nurse or pharmacist who has information about the young person’s health.

Youth workers should avoid making such assessments themselves on behalf of young people, as they will often lack all the necessary information about the young person’s

health. In other words, never advise a young person, or imply to a young person, that painkillers in general or a particular painkiller is appropriate for them.

Young people who are competent to manage their own medications: Some youth workers argue that a young person who is capable of understanding the risks of medications is in the same position safety-wise as an employee, and the agency can provide the painkillers by following the same procedure as WorkCover recommends for employees (see *Painkillers for employees* above).

Sue is a 15 year old client of a youth service. She is working with Marco, an adolescent counsellor, to re-establish her relationship with her mother, after a year living away from home. During one session Sue complained of a headache and asked for some paracetamol. Marco knows that Sue is careful with her own health and so he got some for her. He asked her to read the warning on the pack “just to be safe”. She did so and he watched while she took one pill and returned the pack to him.

In this example Marco judged that Sue was competent to make her own decisions about medications, and he supported her to do that. He took basic precautions without treating Sue like a child.

Young people who are not competent to manage their own medications

If a young person is **not** capable of understanding the risks of medications, then youth workers should not take responsibility for judging the risks for that young person themselves.

Stu is another client of Marco’s. He is also 15 but unlike Sue, he lives a chaotic life of drugs and impulsive actions. He probably has a mild intellectual disability. When he asks Marco for painkillers, Marco refuses.

If you are not convinced that a young person is capable of understanding the risks of medications, then you have two options:

1. don’t provide non-prescription painkillers; or
2. provide non-prescription painkillers only with the consent of a parent, guardian, or on the specific recommendation of a qualified health professional. This consent or recommendation should be recent and be specific to the particular painkiller eg. paracetamol, aspirin etc, and specific to the particular young person.

Stu goes on a wilderness camp run by Marco’s service. Stu provided a consent form signed by his mother which, among other things, authorised the youth workers to provide Stu with paracetamol if required.

The same policy would apply if you don’t know the young person well.

Sam is a 15 year old who came for the first time to drop-in at Marco’s service one day. After a game of basketball he approached Marco and asked for headache pills. Marco had never met Sam and he said “Sorry I can’t give them out”.

If you don't provide painkillers to young people

There is probably no legal obstacle to a policy of **not** providing painkillers to young people in youth services. Certainly in many non-residential youth services this is the policy and it causes few if any problems.

However in residential youth services, if you do not provide painkillers to residents, some of them are likely to keep their own supply, whether this is against service rules or not. This raises the question: Does the presence of painkillers, possibly kept in an unlocked location, without the knowledge of the workers, increase the risk of accidental or intentional overdose? This risk would apply particularly to a suicidal young person, but also to a young person who cannot safely manage medications because they are too young, or because they are impaired by intellectual disability, mental illness, brain damage, drugs or alcohol? Residential services probably have a duty to safely manage the medication usage of such young people, but does this duty extend to providing painkillers so that young people don't buy their own? There is no clear answer to this question.

If you do provide painkillers to young people

There are no official guidelines for providing young people with painkillers in youth services. At the least, you should follow the protocol for providing painkillers to employees (above). **Managing medication** lists some guidelines for use of painkillers and other non-prescription medication in disability services. If youth services provide painkillers those guidelines may be useful:

11. *Use of this medication is documented on service users' records.*
12. *The recommended dosage and usage are not exceeded.*
16. *Over-the-counter medication is given in accordance with the manufacturer's instructions, unless otherwise instructed by a medical practitioner.*
28. *A list of current prescribed and over-the-counter medication is documented on the service user's record and is updated at regular intervals.*

Examples of Good Practice

The Agency ensures service users (alone or together with their person responsible, legal guardian or advocate) receive appropriate information from their prescribing doctor or dentist to make an informed decision about taking prescribed and over-the-counter medication.

- Managing medication 10.5.2, 10.5.3,

You should also follow the relevant guidelines under *Young people who need assistance with medication* above.

Which painkiller?

Your service should make an informed choice about which painkiller to purchase (ie. which drug: paracetamol, aspirin etc). In choosing an appropriate painkiller (if any) you need to consider factors about your clients, such as their:

- age range
- alcohol consumption

- possible pregnancy or breastfeeding
- possible fever or virus
- asthma
- other risk factors.

You should read whatever safety information is available from the manufacturer, and from other sources such as CHOICE magazine website. It may help to discuss this with a pharmacist. See *More Information* below.

It might be a good idea to only use packets of painkillers bought in the last few months, even if the expiry date is years away, as the warnings might change or the product might be withdrawn from over-the-counter sale completely.

Be clear that the most you should do is make a painkiller available, and available only to those people who are able to judge its appropriateness for themselves. Young people (or their parent/guardian or health professional) must still judge the painkiller's appropriateness for themselves on each occasion. If this judgement is not able to be made by either the young person or their parent/guardian or health professional, **you should not give that young person a painkiller.**

More information

Advice

Not all situations can be covered by laws and guidelines. You must always take reasonable care in the circumstances. At times this may require you to get specialist advice. For example, you may have concerns about possible effects of combinations of prescribed medications, over-the-counter medications, alcohol and/or illegal drugs in a young person's bloodstream.

You can get expert information and advice on medications from:

- the young person's **doctor** (with permission from the young person)
- **CMI: Consumer Medicine Information** – a leaflet for many medications, available from the doctor or pharmacist, or from http://nps.org.au/site.php?content=/resources/content/cons_med_info.html
- the National Prescribing Service's **Medicines Line on 1300 888 763** (Monday-Friday 9am-6pm)
- NSW Health **Duty Pharmaceutical Adviser (02) 9879 3214** (Monday-Friday 8.30am-5.30pm)
- **Poisons Information Centre 13 11 26** (24 hours)
- **a pharmacist.**

Training

The Commission for Children and Young People has recommended training for youth workers and others working with vulnerable children and young people:

The Community Services and Health Industry Training Advisory Board ensure that training programs for people working with vulnerable children and young people include assisting them to negotiate visits to the doctor and administering and monitoring medication.

- 7.4 (ii) Submission of the New South Wales Commission for Children and Young People to the Standing Committee on Children and Young People: Inquiry Into The Prescription And Use Of Drugs And Medications In Children And Young People

Several commercial and non-profit organisations provide first aid training. You could contact these organisations to see if they provide training on administration of medications.

A 4 hour accredited self paced training program, *Administration of Prescribed Medications and Asthma Treatments* was developed by the NSW Department of Education and Training in collaboration with St John Ambulance Australia (NSW) for NSW public school staff. Contact St Johns Ambulance regarding the availability of this course for welfare workers.

There are two Competency Standards in Aged Care and in Disability certificate courses called “Provide physical assistance with medication”, and “Assist with self medication”. Contact TAFE about the availability of training in these competencies.

Resources

You should check with funding bodies, peak bodies, WorkCover and the NSW Department of Health as further resources may be developed on this topic in the future.

Drugs in youth work: series of fact sheets

You can find all the fact sheets in this series on the YAPA website www.yapa.org.au under "Youth work" then "Fact sheets":

- **Duty of care** (2003) YAPA
- **Smoking: Law & policy for NSW youth services** (2004) YAPA
- **Alcohol & illegal drugs: law & policy for NSW youth services** (2004) YAPA
- **Medications: some law & policy issues for NSW youth services** (2004) YAPA
- **Contraband in youth residential services** (2003) The Shopfront Youth Legal Service
- **Confidentiality and privacy for youth workers** (2002) The Shopfront Youth Legal Service www.theshopfront.org and click on “Inform and train youth workers about legal issues” then "Confidentiality for youth workers"
- **Drug offences** (2004) The Shopfront Youth Legal Service www.theshopfront.org. Click on “Inform and train youth workers about legal issues” then "Common offences: drugs".

Other resources

- **Guidelines for the handling of medication in community-based health services and residential facilities in NSW** (1997) NSW Health Department Circular 97/10, available from Better Health Centre 02 9816 0452 or www.health.nsw.gov.au/policies/PD/2005/PD2005_105.html
- **Managing medication** (Section 10.5 of *Standards in action: Practice Requirements and Guidelines for Services Funded Under the Disability Services Act*) (1998) NSW Ageing & Disability Department <http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/>
- **Safety Pack - The community services safety pack: a guide to occupational health & safety** (2004) WorkCover www.workcover.nsw.gov.au
- **Safety Pack - The community service organisation safety pack: a guide to occupational health & safety** (2000) WorkCover & NCOSS. This edition is no longer available.
- **First Aid in the Workplace: Guide 2001** (2001) WorkCover www.workcover.nsw.gov.au
- **Frequently asked questions** (Workcover website) <http://www.workcover.nsw.gov.au/FAQs/OHSResponsibilities/FirstAid/faq9.htm>
- **Painkillers (2003) CHOICE Magazine** <http://www.choice.com.au/goArticle.aspx?id=103025>

- **Residential Tenancies Act** www.legislation.nsw.gov.au
- **Inquiry into the use of prescription drugs and over-the-counter medications in children and young people** (2002) NSW Parliament Standing Committee on Children and Young People www.parliament.nsw.gov.au/gi/commits/children
- **Submission of the NSW Commission for Children and Young People to the Standing Committee on Children and Young People Inquiry into the use of prescription drugs and over-the-counter medications in children and young people** (2002) NSW Commission for Children and Young People www.kids.nsw.gov.au
- **Ask the children: Children and young people speak about GPs and Ask the children: Children and young people speak about Pharmacists.** NSW Commission for Children and Young People www.kids.nsw.gov.au

Final word!

This fact sheet presents information from a range of sources and perspectives in one document designed to raise awareness among youth services. I am an experienced youth worker and I have researched this issue, however I have no health or legal qualifications. You should not rely solely on the information here, but should refer to the publications and authorities listed in *More information* and if necessary get qualified advice for your specific situation. The information here is not legal advice. If you have a legal problem you should talk to a lawyer before you decide what to do.

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