

COMPETENCIES



SCOPE

This guideline applies to the administration of non-oral and non-injectable medication in the community in Australia or Australians visiting overseas with their Australian support workers. This includes:

- Ear and eye drops
- Metered aerosols, space inhalers and turbo-halers
- Suppositories
- Rectal or vaginal medications
- Transdermal medication
- Nebulisers
- Enteral medication/feeds
- Topical medications

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist service providers (organisations and individuals), Clients, stakeholders, and funders to determine qualifications, skills, and competencies required for support workers to administer non-oral and non-subcutaneous medication safely in the community in the provision of safe, high quality, and consistent services to Clients.

BACKGROUND

Historically medication administration was considered the role of a Registered Nurse. This was due to lack of guidelines or legislation regarding support workers safe practice in the delivery of the medication. However, risk analysis by government departments and changes in legislation such as various Poisons Acts and the Boarding Houses Regulation 2013 has identified the skill and competencies required for this task. This has led to significant shifts in practice. It is now acceptable for support workers with appropriate competency training, supervision and assessment to administer non-oral and non-injectable medications. It should be noted that there is no prohibition under any Poisons Act in Australia for a person to administer or assist in the administration of a medication prescribed by an authorised prescriber and labelled for the Client by a registered pharmacist.

As Client involvement and service direction has increased it is imperative to involve the Client in all aspects of the service delivery and the direction of their services to the level of their ability. It is further acknowledged that dignity of risk is an important part of this choice and control.

Guidelines, policies legislation and reports written by government and non-government organisations have been used as source documents for this policy. Research has considered legislation and reports in all states and territories of Australia.

DESIRED OUTCOME

- To maintain a quality and safe standard of supports and services delivered
- To reduce confusion as to when it is appropriate to use trained support workers to administer non oral and non-injectable medication to Clients in the community

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Medication means any substance which is supplied by a pharmacist or doctor, or dispensed by a pharmacist on the prescription of a doctor, or supplied directly by the doctor, and has a label attached to it. The term also includes any over the counter medication or natural therapy products.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Prompt means encourage or remind client

GUIDELINE

ACIA recommends all service providers address medication administration through their risk management program and recognise consumer directed care and dignity of risk.

Rights for Medication Management

1. Right Client
2. Right Drug
3. Right Route
4. Right Time
5. Right Dose
6. Right Form
7. Right Reason
8. Right Action
9. Right Documentation
10. Right Response

Person-Centred Care

Person-centred care places the client at the core of what the service does. It provides the right support at the right time to enable clients to lead their lives in as safe and in as fulfilling way as possible. Person-centred care involve a multidisciplinary and collaborative approach between key stakeholders, including carers and family.

Clients should be actively engaged and empowered to ensure their goals are supporting their needs and priorities to support self determination and choice and / or control. Fundamental to this is the right to be treated equally and supported to meet their individual goals, including the right to refuse medications and services.

Policies and procedures should be in place in order to outline the parameters of the assistance that can be provided should be in place to support this, and a safe system to support such approaches.

Client Choice and Self Administration

Clients have freedom of choice in relation to their pharmacist, Medical Practitioner, medical and healthcare team and how their medicines are managed. Clients may choose to self administer medicines with or without the support from care staff, where the risks of doing so have been comprehensively assessed and regularly reviewed. Any changes to this risk assessment must be recorded and arrangements for self administration of medicines kept under review. Medicines are only administered with the client's consent and the client has the right to refuse medicines. Policies must outline the process for obtaining consent and strategies to be undertaken if a client refuses medicines. The clients Medical Practitioner should be actively engaged with this process.

Risk assessment for medication management should include but is not exclusive to other such factors;

- Clients choice;
- Degree of assistance, including physical, dexterity and cognitive;
- Clients cognitive capabilities, including understanding of the medication requirements, timing management and processes for correct medication management;
- Clients literacy to read and interpret labels and medical instructions;
- Safe and correct storage requirements; and
- Where required the responsibilities and role of staff in this process.

ACIA recommends all service providers address medication administration through their risk management program and recognise consumer directed care and dignity of risk.

Client's own medication

In the case of a clients' own medication, a support worker who is NOT a registered nurse, endorsed enrolled nurse, doctor, dentist or pharmacist:

- May provide any assistance as is necessary for the client to take their own medication

At the client's request, a support worker can administer some forms of medication, if every precaution is taken to ensure that:

- The medication is current
- For prescribed medication, that the label correctly identifies the client
- The dosage indicated on the label is adhered to
- The medication is administered via the right route

Support workers must:

- Have completed competency-based training and assessment in the administration of non-oral and non-injectable medications
- Be aware that they have a responsibility to ensure the proper use of medication
- Report any changes or variations in the client's health and wellbeing and medication orders to their supervisor
- Report when medication is refused
- Not give any medications to a client that has not been ordered for that Client
- Not administer medication outside of their level of training and competency
- Document the administration of medication as per the requirements of the service provider organisation

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- External ACIA Guideline 004 – Administration of Oral Medication in the Community
- External ACIA Guideline 011 – Subcutaneous Injections in the Community by Support Workers
- Therapeutic Goods Act (1989)
- Therapeutic Goods Regulation (1990)
- National Medicines Policy (2000)
- Health Practitioner National Law
- National Health Act (1953)
- Medicines, Poisons and Therapeutic Goods Act 2008 (ACT)
- Medicines, Poisons and Therapeutic Goods Regulation 2008 (ACT)
- Poisons and Therapeutic Goods Act 1966 (NSW)
- Poisons and Therapeutic Goods Regulation 2008 (NSW)
- Medicines, Poisons and Therapeutic Goods Act 2012 (NT)
- Medicines, Poisons and Therapeutic Goods Regulations 2014 (NT)
- Medicines and Poisons Act 2019 (QLD)
- Health (Drugs and Poisons) Regulations 1996 (QLD)
- Controlled Substances Act 1984 (SA)
- Controlled Substances (Poisons) Regulations 2011 (SA)
- Poisons Act 1971 (TAS)
- Misuse of Drugs Act 2001 (TAS)
- Poisons Regulations 2018 (TAS)
- Drugs, Poisons and Controlled Substances Act 1981 (VIC)
- Drugs, Poisons and Controlled Substances Regulations 2017 (VIC)
- Medicines and Poisons Act 2014 (WA)
- Medicines and Poisons Regulations 2016 (WA)
- Guiding Principles for Medication Management in Community 2006 (Australian Pharmaceutical Advisory Council)
- Guiding principles for medication management in residential aged care facilities – October 2012, Department of Health and Ageing, Australian Government
- Guidelines for the handling of palliative care medicines in community services Queensland 2020

