

## COMPETENCIES

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Communication

9 / 10

Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

## SCOPE

These guidelines apply to the administration of Insulin and EpiPen in the community in Australia or Australian Clients visiting overseas with their Australian Support Workers.

## 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 regarding safe and acceptable administration of subcutaneous Injections in the community by Support Workers.

## BACKGROUND

Subcutaneous Injections (S/C) are considered a low risk area of injectable and this is often administered by the Client or family. The risk is very low as there are no significant blood vessels, muscles, ligament or organs that could be damaged in the process.

To this end it is considered safe for Support Workers who have achieved relevant competencies to deliver subcutaneous injections of insulin and EpiPen to administer medication.

It is imperative to have guidelines that manage risk appropriately whilst ensuring all services are delivered.

It is now acceptable under certain conditions as deemed safe by the ordering doctor for Support Workers with appropriate competency-based training and assessment to administer medication by subcutaneous injection with a skilled Registered Nurse or a person deemed competent by the provider.

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 their ability. It is further acknowledged that dignity of risk is an important part of this choice and control.

## DESIRED OUTCOME

- To reduce confusion as to when it is appropriate to use trained Support Workers to administer medication via subcutaneous injection to Clients in the community.
- Clients receive support relevant to their individual need and specifically subcutaneous injections and medication administered that limits clinical risks.
- Ensure clients receive timely intervention for anaphylactic reactions following exposure to an allergen.

# 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.

**Administration** means the act of giving a prescribed therapeutic substance orally, by injection, by inhalation, per rectum, per vagina, topically or enterally and ensuring that the substance has entered the client's body correctly.

**Assistance** means to give aid to Clients in taking their medication by either reminder, prompting or by physical assistance.

**Subcutaneous Injection (SC)** – an injection directly under the skin - It should be noted that this is considered a low risk area of injectables and is often, when possible, delivered by a Client or family. The risk is very low as there are no significant blood vessels, muscles, ligament or organs that could be damaged in the process.

**Supervision and oversight** (of the Support Worker by a registered nurse or suitably skilled person) encompasses the broad areas of monitoring of the practice, implementation and administration of medication via subcutaneous injection by the Support Worker; training and assessment of competency of the Support Worker in relation to administration of Insulin; provision of advice and guidance to the Support Worker when needed; identification of potential risks, issues and development of management strategies in relation to administration of Insulin. Supervision and oversight can be provided face to face, by video link, and by phone – and as a combination of these.

**Adrenaline Injectors** -

The common two brands of adrenaline injectors are EpiPen® and Anapen® which are typically prescribed by Doctors and Nurse Practitioners. These are used as a first line intervention in the management of an anaphylactic reaction to an exposure to an allergen.

# GUIDELINE

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

- The Client has been involved in the assessment and development of the Plan for their medication sub-cutaneous injection with a skilled Registered Nurse or a person deemed competent by the provider
- The provider has documented written or phone orders by the doctor prescribing the medication that trained Support Workers may administer by sub-cutaneous injection - see attached Doctors orders form
- That the treating doctor has been given this guideline on administration of medication by subcutaneous injection by Support Workers in the community
- The provider has appropriate policies and procedures including a training program relating to the support provided to a Client receiving subcutaneous injections and related medication
- There is a written procedure for administration of medication by subcutaneous injection by a Support Worker to the Client.
- The procedure and Doctors approval is attached to medication order and retained in the home of the Client with a copy retained by the service provider
- The skilled registered nurse or a person deemed competent by the provider has developed an Action Plan to address any incident or emergency in relation to their subcutaneous injection or medication error
- The Action Plan identifies escalation and management of any incident or emergency
- All Support Workers have completed competency-based training by a registered nurse, doctor or a person deemed competent by the provider - relating specifically to the Client injection and medication needs, managing a related incident and understanding the basic knowledge relating to the medication being delivered

The acute management of severe allergic reactions (anaphylaxis) requires a competent support worker and / or health professional who operates directly under the specific written directive for an individuals reaction to a specific allergen. In these situations:

- Staff need to be deemed competent to the specific medical directive related to an individual clients need. This needs to specify specific circumstances, dosage, treatment specifics and follow up / escalation protocols related to the client. These should include; positioning, oxygen administration is available, contacting emergency, observation, and follow up protocols if no response to first intervention.
- The medical directive must be reviewed regularly;
- Registered Nurse must ensure plan of care is updated against medical directive and available to staff;
- Staff must undergo regular training to ensure competency and familiarity with both the individuals directive and the protocols related to the directive in the situation to which it must be implemented;
- Staff must be familiar with identifying signs and symptoms (mild, moderate and severe reactions) related to an anaphylactic reaction;
- Staff supporting clients who have an anaphylactic directive must ensure that the adrenaline injector is always available and within reasonable proximity (ensure it has not expired);
- Staff with this responsibility should have current first aid certificate include competence in CPR.

The approval to implement individual services in accordance with this Guideline remains at the discretion of the treating doctor.

# 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)
- Guidelines for the handling of palliative care medicines in community services Queensland 2020
- Australasian Society of Clinical Immunology and Allergy (2021) Guidelines Acute Management Anaphylaxis. Accessed via : <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines>