

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

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:

- Providers to monitor and actively seek strategies to reduce and indeed eliminate the utilisation of psychotropic medications in clients within the community.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- Ensure that no psychotropic medication is used as a restraint or control a behaviour of concern.

BACKGROUND

- It is recognised that psychotropic medication use requires close monitoring and regular review due to the increased risk of potential adverse effects in the client and when multiple medications with psychotropic actions are combined. The use of psychotropic medications in managing behavioural and psychological symptoms of dementia (BPSD) is minimised by the implementation of non-pharmacological strategies and interventions as a first-line approach and following an individualized behaviour management plan for each client, which has been developed and agreed together with the client and/or their person responsible. Where psychotropic medications are used, the diagnosis and indication for use as well as the specific dose, frequency and maximum daily dose are specified by the prescriber, to avoid potential inappropriate use and chemical restraint.
- It is a clear requirement that all psychotropics must be authorised by a GP and consulted with client and /or the clients representative.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a service user's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

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.

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.

Competent means having been trained and assessed by a Registered or Enrolled Nurse or approved assessor as competent to safely and appropriately perform a specified task.

Psychotropic drug - A drug that has an effect on a person's mental state

Chemical restraint - is the control of a client's behaviour through the intentional use of:

- - prescribed medicines,
- - over the counter medicines, and/or
- - complementary alternative medicines.
- - Chemical restraint is:
 - - When no medically identified condition is being treated.
 - - Where the treatment is not necessary for a condition.
 - - To over-treat a condition.
- - Chemical restraint includes the use of medicines when:
 - - The behaviour to be affected by the active ingredient does not appear to have a medical cause.

GUIDELINE

- The diagnosis or indication for commencing and continuing treatment with each psychotropic medication prescribed is to be clearly documented by the prescribing Medical Practitioner in the client's notes and on medication form with the indication for treatment. Where prescribed in the treatment of behavioural and psychological symptoms of dementia (BPSD), the particular behaviours being targeted are to be specified.
- Consent is required for the use and administration of all medications, however, is particularly relevant for the use of psychotropics in the management of behavioural and psychological symptoms of dementia. The Medical Practitioner is responsible for obtaining consent from the client or their person responsible prior to the commencement of psychotropic medication used in the management of behavioural and psychological symptoms of dementia. Consent information is to be clearly documented by the Medical Practitioner and if preferred, may be subsequently also confirmed with a signed written statement of consent by the client or their person responsible.
- The use of psychotropic medications is to be monitored regularly throughout the treatment period and reviewed by the Medical Practitioner, with documentation of this review in the client's notes and/or other relevant form. More frequent review is recommended on commencement of a psychotropic medication, in particularly where used in behaviour management. This will additionally require a behaviour support plan.
- Where psychotropic medication is prescribed and being administered for behavioural problems associated with dementia, there is a record and description of the behaviours maintained to evaluate for any observed changes. This is documented in relevant organisational documentation. Changes in both mental and physical state are monitored so that evaluation of any associated adverse effects of medication may be identified.
- The use of inappropriate "chemical restraint" is not authorised. Staff trained in the monitoring of psychotropic medication use are to document and promptly report to the Manager and Medical Practitioner where any excessive adverse effects such as over-sedation or loss of mobility or other function occurs during observation and monitoring of effects that may be related to psychotropic medication use. This will require mandatory reporting responsibilities of the Provider for unauthorised restrictive practices. There is also to be documentation of the effect of the psychotropic medication on the condition or behaviour being treated, with escalation of any concerns regarding lack of effect or benefit to the manager and General Practitioner as soon as possible or more urgently where clinically assessed as appropriate.
- "Chemical restraint" without consent from the responsible person may only be used on the written or verbal instruction of the Medical Practitioner in an emergency where there may be an immediate risk of harm to the client, other clients or persons.
- The use of PRN psychotropic medication may be appropriate to minimise total psychotropic medication use, however when prescribing, the Medical Practitioner is to include on the Medication Chart order the clear indication for use as well as a dose, dosage interval and maximum dose within a 24 hour period. The Registered Nurse is to seek clarification of the indication for use from the Medical Practitioner where this is not specified or clear.

Psychotropic Medication on a pre-prescribed basis

- The use of Psychotropic Medication is considered a Restricted Practice. Although the medication must always be administered as prescribed by the medical practitioner, the recommended support strategies are authorised and monitored through the Restrictive Practice Authority mechanism.
- In this context the term Psychotropic Medication refers to any medication which affects:
 - cognition (i.e. perception and thinking);
 - mood;
 - level of arousal; or
 - behaviour. Includes psychoactive and androgen-reducing medication used to influence behaviour.
- Psychotropic medication may be prescribed by a GP, Psychiatrist or Paediatrician as part of a treatment plan for a diagnosed mental illness, seizure disorder or psychiatric disorder. Under these conditions, and where such medication is administered on a routinely, it is not a Restricted Practice.
- Psychotropic Medication must not be the primary behaviour support strategy used for a person with intellectual disability. Where used at all, it must form part of a documented support plan which has been developed in collaboration with the consultant Physician/Psychiatrist.
- Consent is always required for the administration of Psychotropic Medication. Consent is of no effect if the treatment is for a purpose other than promoting the health and well-being of the Client.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
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- External ACIA Guidelines 003 – Medication Management in the Community
- External ACIA Guidelines 004 – Administration of Oral Medications in the Community
- External ACIA Guidelines 005 – Administration of Non-Oral Medications and Non Injectable Medications
- External ACIA Guidelines 013 – Communication between Providers and Allied Health Professionals
- External ACIA Guidelines 026- Management of Behaviours of Concern in the Community
- External ACIA Guidelines 027 – Clinical Governance in the Community
- Australian Community Industry Standards ACIS