

# Care and Service Provision in the Community

### PRACTICE GUIDELINES

PURPOSE

# COMPETENCIES



## SCOPE

This guideline applies to the provision of paid community care and service provision, including nursing and allied health supports in the community subsequent to a request for service and allocation of funding. They are relevant Australia-wide or when a client 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. This guideline is to assist service providers (organisations and individuals), clients, stakeholders, and funders when determining qualifications, skills, and competencies required to complete various care and service provision requirements, duties, tasks and interventions provided in the community in the provision of safe, high quality and consistent nursing, allied health, care, support and services to Clients.

## BACKGROUND

Historically in Australia, most nursing, care or support services were delivered in the acute and sub-acute settings and in the community by Registered Nurses. However, the past three decades has seen unprecedented growth in the amount and type of care, support and services being provided in the community.

Factors contributing to this shift have been:

- Organisational governance approaches;
- Technological advances;
- Clients choices to remain at home;
- Hospital bed management and workforce shortages;
- Increasing research to guide safe care and service provision in the community with supervision and accountability.

As the community services industry has grown, the resultant review of the competencies required for safe service delivery has led to significant shifts in nursing care and service delivery practices particularly in the community. There are acts, legislation and guidelines written by government departments that address aspects of these changes.

Practices in the community, service provision funding to increase the scope of workforce in this sector and growth of formal qualifications. Whilst there is documentation and reports that identify the ongoing limitations of such activities and processes, along with choice of clients to have care by support workers as opposed to health professionals.

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.

# DESIRED OUTCOME

To maintain a quality and safe standard of care and services; To ensure accountability; and

To reduce confusion as to the roles and responsibilities of:

- Support workers, carers and relevant other support roles
- Registered and Enrolled Nurses
- Allied Health professionals

## DEFINITIONS & SUPPORTING INFORMATION

**Community Support and/or Service** is defined as the provision of paid supports and services in a Client'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.

**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.

IV means an intravenous injection (directly into a vein).

IM means an intramuscular injection (directly into a muscle).

SC means a subcutaneous injection (directly under the skin).

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.

# GUIDELINE

#### Service Provider

As a part of any support service delivered by support workers the service provider will:

- Assess initial support needs with the Client
- Determine whether the service requires a Registered Nurse and/or a support worker
- Develop plans with identified outcomes
- Identify education needs for support workers.
- Provide relevant competency-based education and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks and interventions
- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the Client

It is recommended that *higher risk* support worker duties be delivered under the direction and supervision of a Registered Nurse.

#### Service by a Registered Nurse

#### A paid Registered Nurse is required to:

- Change a suprapubic catheter
- Change an indwelling catheter
- Change a tracheostomy tube (with a 2<sup>nd</sup> person also present)
- Attend complex wounds (as determined by a Registered Nurse)
- Attend PEG changes
- Fill a 'box' medication dose administration aid if necessary
- Administer injections that are:
  - o Intravenous IV
  - o Intramuscular IM
  - Subcutaneous SC *if specifically ordered by the doctor that a Registered Nurse must deliver*

#### Specific to subcutaneous injections

- The administration of subcutaneous injections (SCI) is considered a low risk area of injectables
- It is often delivered by a Client or family/friend
- 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 as described in ACIA External Guideline o11 – Subcutaneous Injections in the Community by Support Workers
  - 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 SC injection or medication error
  - The Action Plan identifies escalation and management of any incident or emergency

#### Support Workers

- Support workers may NOT:
  - Perform any duties that must be attended to by a Registered Nurse (as outlined above)
- Support workers <u>may</u>:
  - Perform any task on the plan, apart from those that must be performed by a Registered Nurse, after having completed competency training and being signed off as competent in the task by the service provider.
- Support workers <u>must</u>:
  - Follow the plan as provided by the service provider
  - Report to their supervisor any changes or variations for advice
  - Not change any plan
  - o Identify and report to their supervisor any gaps in their ability to deliver the required service

# RESOURCE DOCUMENTS

- External ACIA Guideline 004 Administration of Oral Medication in the Community
- External ACIA Guideline 005 Administration of non- oral and Injectable 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