

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 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.

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 oral 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 and assessment to administer oral 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.

DESIRED OUTCOME

- To maintain a quality and safe standard of care
- To reduce confusion as to when it is appropriate to use trained support workers to administer oral medication to clients in the community

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.

Oral Medication means any medication taken by mouth - this includes tablets in their whole form, crushed tablets and liquid medication

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services through a funded government program.

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.

Blister pack means a sealed oral medication pack prepared by a pharmacist (it is commonly referred to as a Webster Pack)

Box medication, Dose Administration Aid means a box with slots that can be filled with oral medication - it is divided into days and times - commonly referred to as a Dossett Box

Own medication means prescription or over the counter medication for the Client

Prompt means encourage or remind client

GUIDELINE

ACIA recommends all service providers address medication administration through their risk management program and recognise client 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.

Policies for Oral Medication Management

A comprehensive and accessible set of policies and procedures around medication management should be in place to govern the processes and adequately safeguard the client. This approach should be seen as a collaborative and responsive set of processes that engage client, staff and governance systems to ensure it is accessible, robust and up-to-date.

Processes must be documented to support the management of medicines prescribed to be taken 'when required' (PRN) which are usually prescribed to treat short term or intermittent medical conditions or symptoms. It is not the role of a support worker to aid in decision making of PRN medications, and a Registered Nurse must be actively engaged where staff are involved in PRN medication.

Medicines for the management of seizures are administered using following strict and individualised client plans whilst under the supervision of a health professional. Staff engaged in seizure management are required to have additional training to manage medications in an emergency involving seizures and against the specific client plan.

Staff should prompt, assist and / or administer medicines only when they have specific training as deemed appropriate by the organisation by persons deemed competent to undertake such training. This training must be reviewed and evaluated regularly against organisational policies.

Client's own medication - In the case of a client's own medication, a support worker:

- May NOT fill a 'box' medication compliance aid (Dose Administration Aid)
- May prompt the Client to take their own oral medication
- Should take precautions to ensure that the medication is current
- For prescribed medication - that the label correctly identifies the client
- The dosage on the pharmacy label is adhered to
- Comply by the 10 Rights of Medication Management

A Registered Nurse is able to:

- Fill a 'box' medication dose administration aid (if required)
- Provide training to the support worker on the administration of oral medication from a client's labelled pharmacy container

It is recommended that a Registered Nurse or a person deemed competent by the provider:

- delivers competency-based training to the support worker on the administration of oral medication
- Signs off on the competency of the support worker in their ability to administer oral medications safely and accurately
- Has an Action Plan in place if an error should occur.

Support workers may administer, oral medication:

- from a blister pack
- from 'box' medication compliance aid filled by a pharmacist, doctor/dentist or Registered Nurse
- directly from the client's labelled pharmacy container

Support workers must:

- Have completed competency-based training in the administration of oral medications that includes being informed and aware of the risks associated with altering the oral dose form of a medication
- Be aware that they must 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
- Document the administration of medication as per the requirements of the service provider organisation
- Report any medication errors

Note: The safest form of oral medication is a blister pack, followed by administration directly from the client's labelled pharmacy container

RESOURCE DOCUMENTS

- 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