

Medication oversight, governance, and administration in intellectual disability services: legislative limbo

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What I will cover

- The NDIS Commission
- State and territory legislation
- Nationally recognised Medication training
- Levels of support
- Medication risks
- Medication complexity



The NDIS Quality and Safeguards Commission

‘an independent agency established to improve the quality and safety of NDIS supports and services’

‘provides guidance and best practice information to NDIS providers on how to comply with their registration responsibilities’

‘Provides a nationally consistent approach to quality and safeguards under the NDIS Quality and Safeguarding Framework

Has its core functions and framework set out under NDIS National Disability Insurance Scheme Act 2013



What does the NDIS have to say about Medication Administration?

From the National Disability Insurance Scheme (Quality Indicators) Guidelines 2018:

26 Management of Medication

Outcome: Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
- (2) All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.
- (3) All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers

Other Medication related Guidelines from the NDIS Commission

Subcutaneous injections *Where dose is calculated and measured...additional oversight arrangements are required...dose is checked by health practitioner prior to being administered*

Polypharmacy Home Medicines Review (practice alert)

Epilepsy Staff should have completed medication-specific training to be able to administer emergency medications such as midazolam; providers should have protocols that guide decision-making when administering PRN medication

Complex Bowel Care Providers will support their workers to administer laxatives, enemas or suppositories according to procedure

Medications associated with respiratory depression (practice alert)

Medications associated with swallowing problems (practice alert)

Restricted Practices – Chemical Restraints

State and Territory medicines, poisons, and therapeutic goods legislation

State/ Territory	Act	Regulation
Australian Capital Territory	Medicines, Poisons and Therapeutic Goods Act 2008	Medicines, Poisons and Therapeutic Goods Regulation 2008
New South Wales	Poisons and Therapeutic Goods Act 1966	Poisons and Therapeutic Goods Regulation 2008
Northern Territory	Medicines, Poisons and Therapeutic Goods Act 2012	Medicines, Poisons and Therapeutic Goods Regulations 2014
Queensland	Health Act 1937	Health (Drugs and Poisons) Regulation 1996
South Australia	Controlled Substances Act 1984	Controlled Substances (Poisons) Regulations 2014
Tasmania	Poisons Act 1971	Poisons Regulations 2018
Victoria	Drugs, Poisons and Controlled Substances Act 1981	Drugs, Poisons and Controlled Substances Regulations 2017
Western Australia	Medicines and Poisons Act 2017	Medicines and Poisons Regulations 2016

State and Territory medicines, poisons and therapeutic goods legislation and their application to disability services

State/ Territory	Keywords (disability, disabilities) found within definitions	Applicable to disability services?
Australian Capital Territory	Residential disability care facility— means a residential facility that provides disability care to people with disabilities	Yes
New South Wales	Not found	No
Northern Territory	Not found	No
Queensland	Nursing Home means a facility, other than a hospital or private residence, at which accommodation and nursing or personal care is provided to persons who, because of disability , disease, illness, incapacity or infirmity, have a continuing need for care	Yes
South Australia	Health Service Facility means a hospital, nursing home or other facility at which a health service is provided for the public or any section of the public for the purpose of curing, alleviating, diagnosing or preventing the spread of any mental or physical illness, disease, injury, abnormality or disability	No
Tasmania	Persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or by any other disability	Yes
Victoria	Not found	No
Western Australia	Not found	No



Tasmania

- Disability Services Medication Management Framework
- Mandatory qualifications with medication component
- Training for 'complex medication administration'
- Clear guidelines around limitations to scope of practice

Australian Capital Territory

Disability Care means care that is provided to a person with a **disability** in a residential facility in which the person is also provided with accommodation that includes— (a) appropriate staff to meet the nursing and personal care needs of the person; and (b) meals and cleaning services; and (c) furnishings, furniture and equipment for the provision of the care and accommodation.

Residential disability care facility—

(a) means a residential facility that provides **disability care** to **people with disabilities**;



South Australia

Health Service Facility means a hospital, nursing home or other facility at which a health service is provided for the public or any section of the public for the purpose of curing, alleviating, diagnosing or preventing the spread of any mental or physical illness, disease, injury, abnormality or **disability**



Western Australia

Hospital means a private hospital or a public hospital

Residential care facility means any premises used to provide residential care to care recipients by an approved provider as defined in the Aged Care Act 1997 (Commonwealth);



Northern Territory

Hospital means:(a) a hospital as defined in section 5 of the Medical Services Act 1982; or (b) a private hospital as defined in section 4 of the Private Hospitals Act 1981

Residential Facility means a residential facility for which an approval is in force under the Aged Care Act 1997

Declared Place The CHO may, by Gazette notice, declare a health centre or clinic to be a place to which Part 2.6 applies.

Example of declared place: A health clinic at a custodial correctional facility as defined in section 11(1)(a) of the Correctional Services Act 2014



Victoria

High level residential care has the same meaning as it has in the Aged Care Act 1997 of the Commonwealth.

Hospital means the following—

- (a) a public hospital within the meaning of the Health Services Act 1988;
- (b) a denominational hospital within the meaning of that Act;
- (c) a private hospital within the meaning of that Act;
- (d) a day procedure centre within the meaning of that Act;

Queensland (now superseded legislation)

Institution means a detention centre, hospital, nursing home or prison

Nursing Home means a facility, other than a hospital or private residence, at which accommodation and nursing or personal care is provided to persons who, because of **disability**, disease, illness, incapacity or infirmity, have a continuing need for care



New South Wales

In 2008, the NSW Poisons regulation defined **hospital** as: a public hospital, public institution, private health facility or nursing home

It no longer includes 'residential centre for disabled persons' as it no longer pertains to them



NSW Health Policy

- According to NSW Poisons Legislation
- Previously: Medication Handling in Community-based Health-services/ residential facilities (NSW Health, 2005):
 - community based health services and in residential facilities such as group homes, boarding houses and hostels'
- Then: 'Medication Handling in Public Health Facilities' (NSW Health, 2013):
 - Public Health Organisation health facilities including hospitals, institutions, clinical services, outpatient clinics, community health centres, day centres and domiciliary services within the NSW Health system's jurisdiction

Nationally recognised medication training units

Course	Course	Core/ elective	Who for	Key words/ points
HLTHPS006 – assist clients with medication	Cert iii individual support Cert iv disability	Elective	Disability support workers and Assistants in Nursing	Support client to self-administer
HLTHPS007 - Administer and monitor medications	Cert iv disability	Elective	Disability support workers and Assistants in nursing	Administer medications to people and monitor. Delegation from relevant health professional
HLTENN007 - Administer and monitor medicines and intravenous	Diploma of Nursing	Core	Enrolled Nurse	Administer and monitor medications. Calculating dosages and monitor. Assessing for effectiveness.
NURS 2040 - Pharmacology in Nursing	Bachelor of Nursing	Core	Registered Nurse	Medication administration. Pharmacokinetics and pharmacodynamics. Actions and reactions.

Non-nationally recognised training

Training provider	Name of course	Online or Face to Face	Intended audience	Comments
National Disability Services	Assist with Medication	Online	'anyone who, as part of their work role, is required to assist clients with medications'	Assisting clients who self-administer their own medications
Premium Health	Assisting clients with medication	Face to face	Support workers	Safely assist a client to use a dose administration aid
Silverchain	Assistance with medication	Online theory, face to face competency assessment		Safely and effectively administer medication in the workplace
Various	Course in Supporting People with Disability to Use Medications (22558VIC)	4 hours online followed by 1 day face to face workshop	Current disability support workers	Equip the existing disability support workforce with strategies to ensure that people with a disability take and use medication in accordance with the documented medication chart/treatment sheet developed by their medical practitioner Start date: 29/May/2020

Training required by state and territory

State	Training required	Limitations
Tasmania	HLTAID003 Provide first aid HLTAAP001 Recognise healthy body systems CHCSS00070 Assist Clients with Medication Skillset (must be trained by an RTO)	DSWs should not administer medication until they have completed these units of competency DSWs should not administer medication that requires clinical assessment or clinical judgement
Queensland	CHCCS305A - Assist clients with medication (help is given in accordance with this unit)	Assistance given if residents ask for help in taking their medication
Victoria	CHCCS305A – Assist client with medication (checklist provided that can contribute to this unit)	No indication it is mandatory to have completed this competency
Western Australia	No information available	
South Australia	No information available	
New South Wales	No information available	
Australian Capital Territory	No information available	



Medication complexity – level of support

- Self-administration
- Assisted administration
- Administration by others



Self- administration of medication

Tasmania - Where appropriate, individuals are given the opportunity to build capacity so that they can self manage some or all of their medications. A clearly defined and documented assessment is undertaken by a suitably qualified health professional if an individual does not wish to or does not appear to have the capacity to manage their medication.



Assisted Administration of Medication

- Physical assistance
- Prompting

Administration by others

It is the position of the Australian Nursing and Midwifery Federation that:

1. The administration of medicines is a function of registered nurses, enrolled nurses and midwives. To promote safe care and competent practice a suitably qualified nurse or midwife must administer medicines to individuals who are:

- unable to self-administer;
- unable to take responsibility for decisions about when to take medicines and when not to take medicines.

Registered Nurses Standards for Practice:

- Standard 1: RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks



Risks: the 'participant'

- “unsafe medication practices and medication errors are a leading cause of avoidable harm in health care systems across the world” (WHO, 2017)
- In Australia 250,000 hospitalisations (or 2–3% of hospitalisations) annually relate to medication related problems
- 50% of this harm is preventable



Risks: disability support worker

- Potentially life-threatening actions
- Some disability support workers are left feeling underprepared for medication administration
- risk of disciplinary action (and job loss) in the event of making medication errors



Risks: Nurses working in Disability Sector

- Direct administration of medication
- The accountability of 'delegation '
- The ambiguity of 'supervision'



Medication complexity



Medication complexity – polypharmacy

- Significantly increased likelihood of polypharmacy
- Practice alert: polypharmacy



Medication complexity – Forms of medication

- eye drops
- ear drops
- Sachets
- Wafers
- ampoules (can be for nebulised, injectable, nasal or buccal administration)
- dermal patches
- Suppositories
- enemas



Medication complexity – routes of administration

- Oral
- Sublingual
- Buccal
- Aural
- Ocular
- Inhaled
- Intranasal
- Rectal
- Dermal
- Enteral



Conclusions

- Medication in disability services is in a legislative limbo
- People with disabilities, disability support workers, disability nurses and disability organisations at risk
- Reinstatement of robust medication framework required
- Nationally recognised training suitable to the level of support and complexity of role should be mandated