

AUSTRALIAN CEREBRAL PALSY ASSOCIATION (ACPA)

Recommended Least Restrictive Principles and Practices for the Administration of Medication to People with Disabilities in Community Based Settings

*Adopted at the 116th ACPA General Meeting
Canberra, 20 May 2003*

INTRODUCTION

Organisational members of the Australian Cerebral Palsy Association (ACPA) provide accommodation support to people with cerebral palsy and other similar disabilities, including those with high support needs.

Much has changed in the disability sector over the past 20 years. The advent of disability services legislation at Commonwealth and State / Territory levels, from the mid 1980s to the early 1990s, set new visions for people with a disability and the organisations that have responsibility for providing their services. This led to a conscious move away from the 'medical' model that involved registered nurses as managers of disability services.

ACPA member organisations strongly believe that:

- ◆ Any move from the 'community model' of accommodation support back to the 'medical model' infringes the rights of people with a disability and erodes their freedom.
- ◆ People with a disability are not 'unwell' and, while many may have health management plans, these should not be a preoccupation of service provision.
- ◆ People with a disability expect to be able to lead regular lives in the community.
- ◆ People with a disability have the right to access generic, community-based health care. While no one would deny the importance of specialised knowledge, this should not inadvertently lead to unnecessary marginalisation of people with disabilities. Moreover, mainstream health agencies need to become more aware of, and responsive to, people with disabilities.
- ◆ Organisations, families and, most especially people with a disability, expect to receive services that assist with community inclusion, developing new skills, accessing adaptable technology and so on. This focus forms the basis of job descriptions for community support workers, job descriptions that are not dominated by health requirements.

ACPA member organisations providing supports to people with a disability living in group homes in the community have a priority focus on the health and wellbeing of clients, including the safe administration of medication. Over many years, organisations have developed, monitored and reviewed their principles and practices that detail how this will occur. Organisations can clearly demonstrate that suitably trained non-nursing staff can and do competently administer medication. This ensures that people with a disability are supported in ways that allow them to achieve the highest levels of independence and participation in the community, while their optimum safety and wellbeing is maintained.

Some organisations are at different points / stages in their approach to the management of administration of medication, depending on local circumstances and the timing of relevant State / Territory legislation and guidelines. Organisations also have to be guided by the policies and procedures set down by relevant government department/s and authorities, which vary from State to State (current documents are listed at Appendix A).

The key principles and practices that follow are based on initial information provided by ACPA members for the paper, *Administration of Medication in Disability Group Homes* (Version 5, 10 April 2002), and on comments made on the first two drafts of this document dated May 2002 and March 2003.

A note about terms

- 'client' refers to the individual with a disability living in a disability group home; attending school; staying in respite accommodation; pursuing participation in community activities etc
- 'record' refers to the client's health record
- 'staff' refers to non-nursing staff, including direct care workers, support workers and supervisors
- 'medical model' refers to a focus on treating the 'illness' of people with a disability, historically those living in segregated, congregated institutional settings and / or reliance on nursing staff for personal care / medication etc
- 'community model' refers to a focus on supporting people with a disability to lead lives within the community, in the 'least-restrictive' way

RECOMMENDED KEY PRINCIPLES

Administration of medication in disability group homes is guided by:

- ⇒ Individual client assessment (in conjunction with the client, family, doctor and other health professionals)
- ⇒ A clear, contextual Health Care Plan / written medication order from the medical practitioner

- ⇒ Authorisations from the client, family, guardian or statutory health attorney
 - ⇒ Access to appropriate health professional to provide back-up advice and support for clients with more complex health care needs, as and when needed
 - ⇒ Competency based training for staff
 - ⇒ Ongoing assessment and monitoring of staff implementation practices by responsible management staff
 - ⇒ Initial self-auditing process, internal organisational audit, and written recommendations for improvement
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RECOMMENDED KEY PRACTICES

Guidelines are developed and provide clear processes for all areas, including the following.

Obtaining authorisation

- How and when authorisations are obtained and from whom
- How authorisations are recorded, checked and updated

Keeping Records

- What, how, where and when medication data is recorded and by whom
- Who is authorised to access clients' health records and how this occurs
- How immunisation records are kept current by the client's doctor
- How the transfer of information about a client's medication occurs

Administering medication

- Who prescribes, provides and stores medication
- Who is authorised to administer medication
- How medication is administered
- How possible side effects are identified, recorded and monitored
- How medication is accurately and consistently recorded and tracked at the time of administration for each client

- How staff link themselves to external resources for expert advice, including Poisons Information Centre, hospital pharmacy departments and local health centres

Assisting clients on medical visits

- Role of staff when accompanying clients to medical appointments, including:
 - Supporting clients to make informed decisions about their own health with the assistance of the doctor or other appropriate professional
 - Ensuring the focus remains on clients during appointments and that they are afforded due respect
 - Ensuring the privacy and dignity of clients
 - Ensuring doctors' and health professionals' instructions and treatments are understood

Managing risk

- Accessing 24-hour phone support from appropriate health professionals
- Obtaining information on possible side effects and applying this to individual client's medication
- Documenting and reporting medication incidents and changes in clients' health status
- Reporting medication issues and incidents and follow-up action
- Obtaining trend data and identifying areas for improvement from incident reporting

Client involvement in administering own medication

- Assessing clients on their ability to self-medicate by an appropriate health professional such as a registered nurse
- Safely maintaining the client's independence, health, wellbeing and safety
- Annually reviewing assessment and administration procedures

Storing medication

- Safe storage of and access to medication
- Access to medication for self-administration by clients

- Disposal of expired medications

Staff competencies and training

- Staff induction program, training on all aspects of administration of medication and orientation to individual client's needs
- Access to additional training arranged through appropriate professionals, such as dietitian, doctor, speech pathologist, as and when required
- Assessment of staff skill levels by health professionals (such as registered nurse, medical practitioner) using competency-based assessment tools
- Staff performance reviews, including monitoring of administration of medication
- Remedial training, as and when required

Monitoring and reviewing

- Annual medication audits to monitor correct procedure implementation and recommendations for service improvement, including:
 - incident trends (eg, medication errors)
 - training
 - compliance
 - Results of the medication audit known by all involved staff, parents and / or guardians, and comments sought
 - Appropriate changes to medication procedures in line with best practice and audit report recommendations
 - Staff training to implement identified changes
 - Staff development program, including formal review of all staff competencies every 12 months, using a prescribed competency assessment standard
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ABOUT ACPA

The Australian Cerebral Palsy Association (ACPA) is a national non-profit association that represents the interests of people with cerebral palsy and similar disabilities. Its members are both individuals and organisations.

Formed in 1953, ACPA plays a significant role in promoting the needs of individuals with disabilities, their carers and the organisations that provide their support services. Throughout Australia, members of ACPA provide services to nearly 40,000 children and adults with disabilities, including in over 2,000 schools. Over 4,000 people (full time equivalent) are employed to provide services in areas such as accommodation, respite, therapy, equipment prescription and manufacture, community access and employment. Many also undertake specific projects, carry out research and conduct training.

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APPENDIX A

STATE AND TERRITORY LEGISLATION, GUIDELINES AND OTHER RELEVANT DOCUMENTS – May 2003

AUSTRALIAN CAPITAL TERRITORY

- *Privacy Act 1989*
- *Health Records (Privacy and Access) Act 1997*
- *Better Practice Guidelines for Medication Management* Manrex /Webster

NEW SOUTH WALES

- *Guidelines for the handling of medication in community based health services and residential facilities in NSW* NSW Health Department Circular 97/10 (www.health.nsw.gov.au/fcsd/rmc/cib/circulars/1997/cir97-10.pdf)
- *The Administration of Medication in Residential Facilities* Nurses Registration Board (www.nursesreg.nsw.gov.au/medicatn.htm)
- *Inquiry into prescription and use of drugs and medications in children and young people* NSW Parliament Committee on Children and Young People

NORTHERN TERRITORY

- *Joint Agreement on Personal Care Guidelines* Australian Red Cross NT, Darwin Branch; Council of the Aging NT; Darriba Nurri Aboriginal Community Options Program; Community Health Nursing; Darwin Adult Assessment and Coordination Team; Australian Nurses Federation, NT Branch; Carpentaria Disability Services

QUEENSLAND

- *Health (Drugs and Poisons) Regulation 1996*
- *Carer's Guidelines (Residential Care Facilities, Public Health Services, Queensland Health* – Note: although still in draft, these guidelines are the framework and standard for use in Queensland until the long-awaited final document is released

SOUTH AUSTRALIA

- *State Nurses Act*
- *Controlled Substances Act*
- *Guidelines for the Credentialling of Community Support Workers*
- *Standards for the Delegation of Care to care Workers in Disability Services* (Draft, January 2003) Social Justice & Country Division, Department of Human Services, South Australia
- *Operational Guidelines and Performance Indicators for Service Provider agencies for the implementation of standards for the Delegation of Care to Care Workers in*

Note: In South Australia, there is a strong commitment to the 'credentialling' model. This involves delegation of a clinical task by a recognised health professional to a care worker. This delegation is underpinned by clinical health assessments, documented management plans and the use of competency-based training and evaluation. The Disability Services Office in South Australia is developing standards for credentialling and adherence to these will be a requirement for all service providers in receipt of Government funding that undertake the credentialling practice.

TASMANIA

- *Poisons Act 1971*
- *Poisons Regulations 1975*
- *Guidelines for the Administration of Medication for People with Disabilities in Community Based Disability Services* Department of Health and Human Services

VICTORIA

- Policies and Procedures – Department of Human Services:
 - Medication
 - Epilepsy – Administration of Rectal Valium
 - Restraint and Seclusion
- Victorian Standards for Disability Services
- Disability Services Self-assessment System

WESTERN AUSTRALIA

- *Nurses Act* and regulations
- *Poisons Act* and regulations
- Nurses Board of Western Australia – medication recommendations