

Department of Health  
OFFICE OF THE CHIEF NURSE AND MIDWIFE



File No.: 20210510

# ***Guidelines for the administration of certain substances by aged-care workers in residential aged care services***

**Version 2.0**  
**2 August 2021**

## **POISONS REGULATIONS 2018**

### **INSTRUMENT OF APPROVAL**

I, Kathrine Morgan-Wicks, being and as the Secretary of the Department of Health, hereby approve Version 2.0 of the *Guidelines for the administration of certain substances by aged-care workers in residential aged care services* dated 2 August 2021 for the purposes of regulation 133 of the *Poisons Regulations 2018*.

Dated this 2<sup>nd</sup> day of August 2021



**Kathrine Morgan-Wicks**  
**Secretary**  
**Department of Health**

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## I. Introduction

Version 2.0 of these Guidelines supersede the previously published document *Guidelines for the Administration of certain substances by aged-care workers in residential aged care services* dated 1 September 2010. A Department of Health-led consultation with key industry stakeholders in the aged-care sector in Tasmania, and updates to legislation and supporting resources, has informed this revision.

These Guidelines are intended to support the administration of certain substances by aged care workers in aged care settings in Tasmania. They:

- set out procedures and parameters of responsibilities for employers and employees on acceptable practice in relation to the role of aged-care workers in administering medication to residents,
- take into account existing professional standards and relevant legislation,
- have been updated to facilitate the safe administration of medication in residential aged care facilities, and
- are designed to assist aged-care workers, nurses, pharmacists, medical practitioners and employers in understanding the legal and best practice requirements in regard to aged-care workers administering medication to residents in residential aged care facilities.

**These Guidelines apply to all residential aged care services in Tasmania funded under the Commonwealth's *Aged Care Act 1997* and *Aged Care Principles*.**

**The scope of these Guidelines is limited to the administration of oral and topical medication [medicinal poisons (Scheduled 2), potent substances (Schedule 3), restricted substances (Schedule 4), and the specified narcotic substance (Schedule 8) buprenorphine patches] by aged-care workers in residential aged care facilities.**

These Guidelines should be read in conjunction with the following:

- a) [Poisons Act 1971](#)<sup>1</sup> and [Poisons Regulations 2018](#)<sup>2</sup>
- b) [Health Practitioner Regulation National Law \(Tasmania\) Act 2010](#)<sup>3</sup>
- c) [Nursing and Midwifery Board – Guidelines - Supervision guidelines for nursing and midwifery](#).<sup>4</sup> Updated March 2021
- d) [Nursing and Midwifery Board of Australia Registered nurse standards for practice](#)<sup>5</sup>. Effective June 2016
- e) [Nursing and Midwifery Board of Australia Enrolled nurse standards for practice](#)<sup>6</sup>. Effective 1 January 2016
- f) [Nursing and Midwifery Board Decision-making framework \(DMF\) for nursing and midwifery and Decision-making framework summary - nursing](#)<sup>7</sup>. Effective 3 February 2020.
- g) Australian Government | Department of Health and Ageing, [Guiding principles for medication management in residential aged care facilities](#)<sup>8</sup>, October 2012. Updated 11 February 2020.

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<sup>1</sup> <https://www.legislation.tas.gov.au/view/html/inforce/current/act-1971-081>

<sup>2</sup> <https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079>

<sup>3</sup> <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2010-002>

<sup>4</sup> <https://www.nursingmidwiferyboard.gov.au/Search.aspx?q=supervision>

<sup>5</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>6</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

<sup>7</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

<sup>8</sup> [Guiding principles for medication management in residential aged care facilities | Australian Government Department of Health](#)

## 2. Tasmania's Poisons Regulations 2018 – regulation 133

Regulation 133 enables an aged-care worker in a residential aged care facility to administer medicinal poisons, potent substances, restricted substances and buprenorphine patches to people who are being provided with residential aged care in certain circumstances.

Regulation 133 replaces the regulation 95AE of the now-superseded *Poisons Regulations 2008*.

### 133. Administration of certain substances by aged-care workers in residential care services

(1) In this regulation –

**aged care service** has the same meaning as in the *Aged Care Act 1997* of the Commonwealth;

**residential care** has the same meaning as in the *Aged Care Act 1997* of the Commonwealth;

**residential care service** has the same meaning as in the *Aged Care Act 1997* of the Commonwealth;

**specified narcotic substance** means buprenorphine in patches for transdermal delivery.

(2) A person who is not a nurse may administer, or make available for self-administration, to another person who is being provided with residential care by a residential care service, a medicinal poison, potent substance, restricted substance or the specified narcotic substance if –

(a) the person administering or making available the poison or substance –

(i) is employed by an aged care service that provides a residential care service and is acting with the authority of the person in charge of that service; and

(ii) is acting under the general supervision or direction of a Registered Nurse; and

(iii) has met the requirements of relevant nationally accredited training modules relating to the administration and storage of medication and maintains any competency requirements of those modules; and

(iv) is acting in accordance with guidelines approved by the Secretary; and

(b) the other person is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and

(c) in the case of a medicinal poison, the poison has been lawfully supplied and the administration is in accordance with the manufacturer's instructions; and

(d) in the case of a potent substance, the substance has been lawfully supplied and the administration is in accordance with the instructions of a medical practitioner, dentist, pharmaceutical chemist, authorised nurse practitioner or authorised health professional; and

(e) in the case of a restricted substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised health professional or authorised nurse practitioner; and

(f) in the case of the specified narcotic substance, the substance has been lawfully prescribed and supplied for the person to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised health professional or authorised nurse practitioner.

### 3. Procedural Guidelines

**Identifying defined terms** - terms that have been defined within the Guidelines are identified by *italics* when the term first appears. Refer to Section 6 for the definitions.

**The following Procedural Guidelines apply to the provision of certain substances by people, who are being provided with residential aged care services, who are incapable of safely administering the substance to him or herself or who need assistance with self-administration by a person who is:**

- not a nurse,
- employed by the *residential aged care facility*, and
- is acting with the authority of the *person-in-charge* of the residential aged care facility.

#### 3.1 Role of the Approved Provider

For the purposes of these Guidelines **the approved provider** (a person or organisation approved under Part 2.1 of the *Aged Care Act 1997* to provide Government-subsidised residential aged care) is the person-in-charge. The approved provider is responsible for the quality of care provided to *residents* in their facilities and is required to comply with their responsibilities under the *Aged Care Act*. In regard to the quality of care these responsibilities include:

- providing the care and services that are specified in the *Quality of Care Principles 1997* for the type and level of aged care that is provided by the service,
- complying with the Accreditation and Quality Standards, and
- maintaining an adequate number of appropriately skilled staff to ensure that the care needs of the residents are met.

The Quality of Care Principles further specify that:

- initial and ongoing assessment, planning and management of care for residents is to be carried out by a registered nurse (3.8, Schedule 1),
  - nursing services are carried out by a registered nurse or other professional appropriate to the service (3.8, Schedule 1), and
  - medications are administered subject to the requirements of State and Territory law (3.10, Schedule 1).
- a) Consistent with the above responsibilities the approved provider is responsible for ensuring:



- that medications are handled, managed and distributed safely and in a manner that complies with legislative requirements, professional standards, these Guidelines and the Australian Government Department of Health and Ageing *Guiding principles for medication management in residential aged care facilities* 2012<sup>9</sup>.
  - that the necessary organisational policies and procedures, quality improvement systems and risk management mechanisms are in place to support safe medication management and practice,
  - the organisational policies and procedures, quality improvement systems and risk management mechanisms are consistent with legislative requirements, guidelines and relevant standards,
  - that the organisational policies and procedures, quality improvement systems and risk management mechanisms are communicated to all relevant staff and are implemented, and
  - medication management practices are reviewed on a regular basis.
- b) Policies and procedures are to be consistent with the Poisons Act and Poisons Regulations, these Guidelines and the Australian Government Department of Health and Ageing *Guiding Principles* and shall include but are not limited to:
- role and function of employees (Registered Nurses, Enrolled Nurses and aged-care workers) in medication *administration*
  - training requirements and competency assessment of aged-care workers assigned the task of medication administration
  - supervision of aged-care workers assigned the task of medication administration
  - medication administration procedures
  - documentation requirements of aged-care workers assigned the task of medication administration
  - system to report, investigate, and analyse errors, adverse reactions and side effects
  - system to regularly evaluate and review the medication management system
  - multidisciplinary (eg medical practitioner, nurse, pharmacist) review of medication management systems by a medication advisory committee as per the Australian Government Department of Health and Ageing *Guiding Principles*.

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<sup>9</sup> <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

### 3.2 Role of the aged-care worker

- a) Consistent with regulation 133 of the Poisons Regulations, an aged-care worker may administer a medicinal poison, a potent substance, a restricted substance or buprenorphine patches provided:
- the resident is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration;
  - the aged-care worker has met the education requirements (set out in 3.5) and is deemed competent to administer medication in accordance with the competency requirements (set out in 3.6),
  - the aged-care worker is acting under the supervision of a Registered Nurse;
  - the Registered Nurse on site has established that the resident's health status is *stable*,
  - a *Registered Nurse* on site has delegated<sup>10</sup> the administration of the medication to the aged-care worker,
  - the aged-care worker accepts the assignment, and
  - the administration is permissible under the residential aged care facility's medication policy.
- b) An aged-care worker who is qualified (as per 3.5 and 3.6) to administer medication is required at all times to practice under the *supervision* of a Registered Nurse. When an aged-care worker has been delegated to administer medication, the Registered Nurse **must be on site and accessible at all times** for the purposes of ensuring safe administration of medication to residents.
- Supervision may be direct or indirect:
    - direct supervision is when the Registered Nurse is physically present, observes, works with, guides and directs the person who is being supervised, and
    - indirect supervision is when the Registered Nurse is working in the same facility or organisation as the supervised person but does not constantly observe their activities. The Registered Nurse must be easily contactable and accessible.
    - The NMBA Supervision guidelines for nursing and midwifery<sup>11</sup>, *Table 1 Levels of supervision* provides additional information on the definitions of supervision and specifications.
- c) All medication administered by an aged-care worker are to be:

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<sup>10</sup> In these Guidelines 'delegation' has replaced 'assigned' based on the definition for delegation in the NMBA Registered Nurses Standards for Practice, 1 June 2016 <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>11</sup> <https://www.nursingmidwiferyboard.gov.au/Search.aspx?q=supervision>

- Lawfully *prescribed/supplied*,
  - Administered in accordance with relevant instructions;
  - ordered by the medical practitioner or authorised prescriber on the resident's *medication chart*, and
  - supplied from a pharmacy<sup>12</sup> or supplied<sup>13</sup> or dispensed<sup>14</sup> by a pharmacist or medical practitioner.
- d) An aged-care worker is **not permitted** to administer:
- *stock/imprest* medication,
  - any medication (including over the counter Schedule 2 and 3 medication) unless ordered by a medical practitioner or other authorised prescriber, supplied from a pharmacy or supplied or dispensed by a pharmacist and ordered on the resident's medication chart,
  - *PRN, stat* and *once only* medication unless a Registered Nurse has assessed the resident and delegated the administration to the aged-care worker and documented this in the resident's progress notes, and
  - medication via the following routes - intravenous, intramuscular, subcutaneous, vaginal, rectal, enteral administration (percutaneous gastronomy as well as nasogastric).
- e) Residents are to be observed for any changes to their health status, and any changes are to be reported to the registered nurse.
- f) Where a resident refuses the administration of medication the Registered Nurse is to be advised.
- g) An aged-care worker shall not make the decision to withhold a resident's medication.
- h) An aged-care worker shall not administer medication to a resident if the aged-care worker is uncertain about the resident's health status, and the Registered Nurse must be informed. The responsibility for decisions concerning the administration of medication should transfer to the Registered Nurse in the first instance.
- i) An aged-care worker is responsible for:
- requesting guidance when they need assistance,
  - performing the administration of medication in a safe and competent manner, in accordance with specified policies and procedures, and
  - communicating to the registered nurse if the task is beyond their ability to perform safely.

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<sup>12</sup> Schedule 2

<sup>13</sup> Schedule 3

<sup>14</sup> Schedule 4 and 8 substances – see 4. Scheduled Poisons Summary

- j) An aged-care worker may refuse to accept the Registered Nurse's delegation to administer medication if they believe administering the medication may be detrimental to the resident's health.

### **3.3 Role of the Registered Nurse**

- a) A Registered Nurse may delegate<sup>15</sup> to an aged-care worker the administration of oral and topical<sup>16</sup> medication [including medication supplied in dose administration aids (packed) and in their original containers (non-packed)], as ordered by a medical practitioner or other authorised prescriber for a specific resident, providing
- the resident has been assessed as unable to safely administer the medication to him/herself and therefore requires assistance
  - the aged-care worker has met the education requirements (set out in 3.5) and is deemed competent to administer medication in accordance with the competency requirements (set out in 3.6),
  - the Registered Nurse on site has established that the resident's health status is stable,
  - the aged-care worker accepts the delegated care, and
  - the administration is permissible under the residential aged care facility's policies.
- b) The Registered Nurse on site is responsible for the management of residents' medications including:
- the initial and ongoing assessment, planning and management of care for residents,
  - assessing the resident to determine their care needs and differentiating the care that should be provided by a nurse and care that may be undertaken by an aged-care worker<sup>17</sup>,
  - the appropriate delegation of medication administration to an aged-care worker,
  - ongoing monitoring and evaluation of the resident's response to medication,
  - documenting and accurately communicating that information to other health professionals such as the medical practitioner and/or pharmacist, and
  - providing a handover of care at the commencement of the next shift to ensure the oncoming nurse is aware of any changes in health status of residents<sup>18</sup>.

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<sup>15</sup> The NMBA Registered Nurses Standards for Practice, 1 June 2016, <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>16</sup> Does not include rectal or vaginal administration.

<sup>17</sup> [Nursing and Midwifery Board of Australia - Frameworks \(nursingmidwiferyboard.gov.au\)](https://www.nursingmidwiferyboard.gov.au)

<sup>18</sup> [Communicating for Safety Standard | Australian Commission on Safety and Quality in Health Care](#)

- c) The decision to delegate medication administration to an aged care worker must be based on the on-site Registered Nurse's knowledge and clinical judgement to ensure safe medication administration.
- d) The Registered Nurse on site who delegates medication administration to an aged-care worker is responsible for supervising the aged-care worker. The Registered Nurse **must be on site and accessible at all times**. The level of supervision required must be based on the Registered Nurse's clinical judgement and determined as part of the assessment prior to the decision to delegate medication administration.
  - Supervision includes providing guidance or direction, support, evaluation and follow-up for the purpose of achieving appropriate outcomes. Supervision may be direct or indirect:
    - direct supervision is when the Registered Nurse is present, observes, works with, guides and directs the person who is being supervised, and
    - indirect supervision is when the Registered Nurse is working in the same facility or organisation as the supervised person but does not constantly observe their activities. The Registered Nurse must be easily contactable and accessible.
- e) The Registered Nurse on site maintains responsibility for the resident's care even if medication administration has been delegated to the aged-care worker.
- f) The Registered Nurse is to communicate any concerns about the competence of the aged-care worker to administer medication to their manager.

### **3.4 Role of the Enrolled Nurse**

- a) An *Enrolled Nurse* cannot delegate the administration of medication to an aged-care worker.
- b) The Registered Nurse may delegate the Enrolled Nurse to assist the aged care worker in the administration of medication to a resident where necessary

### **3.5 Education requirements**

- a) Regulation 133 section (2)(a)(iii)<sup>19</sup> requires the person administering a poison or medication to have '*met the requirements of relevant nationally accredited training modules relating to the administration and storage of medication and maintains any competency requirements of those modules*;'.
- b) Course names and codes for the minimum of the Certificate III in Individual Support that relate to medication administration and storage may change and supersede CHC33015 noted below.

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<sup>19</sup> <https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS133@EN/>.

- c) A minimum of a Certificate III qualification under the National Qualification Framework is required:
  - Certificate III in Individual Support (CHC33015)<sup>20</sup> is the current qualification available
  - Please note that future relevant Certificate III qualification course codes may supersede the above prior to the scheduled review of these Guidelines.
- d) *Assist clients with medication* (In Tasmania the Certificate III in Individual Support does not cover this unit, and aged-care workers will be required to complete this separately).
- e) The approved provider is responsible for ensuring that the education requirements have been met by the aged-care worker and that Registered Nurses are informed.

### 3.6 Competency requirements

- a) Prior to administering medication at the residential aged care facility where the aged-care worker is employed, an aged-care worker who has met the training requirements outlined in 3.5 above shall be:
  - orientated to the residential aged care facility's medication policies and procedures, processes and systems, and
  - assessed and deemed competent **by a registered nurse** utilising a medication competency assessment tool.
- b) An aged-care worker is required to successfully complete an **annual** site-specific *competency* assessment in medication administration.
  - Re-education and/or competency assessment prior to this time must be undertaken if concern arises regarding the aged-care worker's competence to administer medication.
- c) Where an aged-care worker has an extended period of absence, greater than six months, from residential aged-care they are required to demonstrate competence prior to being assigned medication administration.
- d) The competency assessment is to be based on a formal assessment process that reflects:
  - the requirements of the units of competency outlined in 3.5,
  - regulation 133 of the Poisons Regulations, and
  - these Guidelines, and
  - the residential aged care facility's specific policy and procedures.

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<sup>20</sup> <https://training.gov.au/Training/Details/CHC33015>

- e) The competency assessment should include but is not limited to:
  - an assessment of knowledge and understanding of medication administration, the legal requirements and the residential aged care facilities policies and procedures,
  - relevant numeracy and literacy skills, and
  - direct observation of practice.
- f) The approved provider is to maintain records to demonstrate that the competency requirements have been met and that Registered Nurses are informed.

### **3.7 Administration of the specified narcotic substance buprenorphine**

- a) Regulation 133<sup>21</sup> provides for the administration of one Schedule 8 medication, being buprenorphine in patches for transdermal delivery.
- b) Where the resident is prescribed buprenorphine in patches for transdermal delivery, it must only be administered by an aged-care worker if:
  - Buprenorphine in the form of patches for transdermal delivery has been:
    - legally prescribed,
    - dispensed by a pharmacist in that form, and
    - ordered by the medical practitioner, or other authorised prescriber, on the resident's medication chart.
  - A Registered Nurse has checked the buprenorphine in that form out of the narcotics locked cupboard and signed the narcotic substances register and supplied the buprenorphine to the aged-care worker.
  - The aged-care worker has witnessed the removal of the buprenorphine out of the narcotics locked cupboard and countersigned the narcotic substances register that they have taken the patch for administration.
  - The administration of the patch by the aged-care worker occurs under the direct supervision of a Registered Nurse.
  - Following the administration of the buprenorphine patch the aged-care worker signs the medication chart to indicate that they have administered the buprenorphine patch.
- c) Refer to the buprenorphine product information for detailed instructions on applying, removing and disposing of the patches.

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<sup>21</sup> <https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079>

### **3.8 PRN, Stat and ‘once only’ requirements**

- a) To ensure residents have access to PRN medications at all times a Registered Nurse must be readily available.
- b) Where a resident is prescribed medication to be given PRN (‘when required’ medication), stat (at once) or ‘once only’ **the registered nurse is responsible for assessing the resident** to determine if the medication should be given.
  - Following the assessment by a Registered Nurse, the administration of the PRN, stat or ‘once only’ medication may be delegated to an aged-care worker to administer.
  - The Registered Nurse is responsible for ongoing monitoring and evaluation of the resident’s response to the PRN, stat or ‘once only’ medication to determine the efficacy of the medication and the resident’s clinical status.
  - The assessment details and outcomes are to be documented in the resident’s progress notes.

### **3.9 Medication administration records**

- a) Only medication that has been ordered by the medical practitioner or other authorised prescriber on a resident’s current medication chart are permitted to be administered by an aged-care worker.
- b) A current medication chart detailing the medication administration directions must be kept with the ‘signing sheet’<sup>22</sup> (however named) at all times. The medication listed on the medication chart, are to correlate with those listed on the ‘signing sheet’.
- c) Immediately following the administration of medications, the ‘signing sheet’ or medication chart (whichever is applicable) must be signed by the aged-care worker administering the medication.
- d) Supporting documentation (such as product information sheets) and care plans for each resident should indicate where and how body creams and lotions, eye and ear drops etc are to be applied/administered.

### **3.10 Medication ordered by telephone**

- a) An aged-care worker can confirm a verbal telephone order received from a medical practitioner by a Registered Nurse or an Enrolled Nurse who has undertaken a board-approved qualification in administration of medicines when a second health professional is unavailable.

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<sup>22</sup> A ‘signing sheet’ will normally be provided with the medication provided by the pharmacy. This sheet provides a safeguard for recording the administration of medication by staff to residents. If medications are changed a new ‘signing sheet’ will generally be issued by the pharmacy to ensure a full and complete list of the resident’s current medications.



- b) Only a 'telephone ordered' medication received and written on the medication chart by a Registered Nurse may be delegated by the Registered Nurse to an aged-care worker to administer.

## 4. Poisons Schedule Summary

Medication is classified into different schedules in the Tasmanian Poisons List according to the degree of control to be exercised over their availability to the public, in the interest of public safety. The labelling on the manufacturer's pack is an indication of the schedule listing of a medication, as outlined below.

<b>Medicinal poison</b>	<ul style="list-style-type: none"><li>- Over-the-counter pharmacy medication (that is medication sold in pharmacies only).</li><li>- Labelled "Pharmacy Medicine" (<b>Schedule 2</b>).</li></ul>
<b>Potent substance</b>	<ul style="list-style-type: none"><li>- Medication sold in pharmacies that requires assessment of the need for the medication by the pharmacist personally.</li><li>- Labelled "Pharmacy Only Medicine" (<b>Schedule 3</b>).</li></ul>
<b>Restricted substance</b>	<ul style="list-style-type: none"><li>- Prescription only medication other than Schedule 8 drugs</li><li>- Labelled "Prescription Only Medicine" (<b>Schedule 4</b>), eg cardiovascular drugs, antibiotics.</li></ul>
<b>Narcotic substance</b>	<ul style="list-style-type: none"><li>- These are drugs of a dependence producing nature and supply of this medication is restricted to reduce abuse, misuse and physical or psychological dependence.</li><li>- Prescription only medication.</li><li>- Special separate storage and recording requirements applying to these drugs.</li><li>- Labelled "Controlled Drug" (<b>Schedule 8</b>) eg morphine and oxycodone.</li></ul>

**Note:** Some 'medications' are not scheduled and are available in supermarkets and other shops. These medications are not subject to controls under the *Poisons Act* and *Poisons Regulations*. However, these substances, which may include vitamins and other complementary medicines, must not be administered to residents by aged-care workers unless written up on a resident's medication chart by the medical practitioner or other authorised prescriber.

## 5. Principles of Safe Administration of Medication

Ensuring quality outcomes for residents is the primary focus of the practice of medicine administration by Residential Aged Care Staff<sup>23</sup>, and *'This includes ensuring that the right medicine is administered to the right person in the right dose at the right time via the right route.'*

As part of a residential aged care facilities' quality improvement program, systems and procedures should be established that are designed to ensure safe administration of medication to residents and to reduce the possibility of medication errors.

The following principles should be observed on each occasion an aged-care worker administers medication to a resident. The aged-care worker must:

- adhere to the aged care service's policies and procedures,
- refer to the order on the medication chart and/or the 'signing sheet' (refer to footnote 27 above),
- follow a protocol (as determined by the aged care service) for checking the identity of the resident on each occasion that medication is administered,
- check the resident's allergies/previous adverse drug reactions before administering any medication,
- record administration of the medication at the time it is administered to the resident,
- administer each dose of the medication to the resident directly from the container supplied by the pharmacist,
- not transfer medication from one container to another or relabel a pack,
- read the pharmacy label on the dose administration aid or medication container and check:
  - Right person
  - Right medication
  - Right dose
  - Right time
  - Right route
  - Right documentation
- if there is any doubt regarding the medication or the medication order, contact the registered nurse before administering medication,
- report to a registered nurse any change in the resident's health status, including the resident's inability or refusal to take the medication,
- prepare and administer the medication for one resident at a time to reduce the risk of administering to the wrong resident, and

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<sup>23</sup> <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

- ensure the medication has been taken by the resident prior to signing the medication chart (medication should not be left by a resident's bedside or any other place to be taken later by the resident).

## 6. Definitions

For the purpose of these Guidelines the following definitions apply.

### **Administration:**

Means the situation where the medication is actually ‘applied’ to or ‘given’ so that it is taken by the resident. Administration also includes making available for self-administration.

### **Aged-care worker:**

Means a person, other than a nurse, employed by an aged care service that provides a residential care service. This may include, but is not limited to, care workers, personal care assistants/workers, health care assistants, personal care attendants and extended care assistants who are not also nurses.

### **Delegation:**

“Delegation is the relationship that exists when a RN delegates aspects of their nursing practice to another person such as an Enrolled Nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples’ needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegate decision, which includes assessment of the risks and capabilities. In some instances, delegated may be preceded by teaching and competence assessment”<sup>24</sup>. Further information and the above glossary definition can be found in the NMBA’s ‘Registered nurse standards for practice’ <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx> (2013)

For the purposes of these Guidelines the Registered Nurse can only delegate medication administration to an aged-care worker under the circumstances outlined in regulation 133.

### **Authorised prescriber:**

Means medical practitioner, dentist, authorised nurse practitioner or authorised health professional (defined in Regulation 7 of the [Poisons Regulations 2018](#))<sup>25</sup>.

### **Competency:**

Means the ability to demonstrate the requisite knowledge, skills, judgement and attitudes to perform a specific function.

### **Dispensed:**

Dispensed, in relation to medication, means medication that has been supplied by a registered pharmacist or medical practitioner, packaged and labelled with specific administration directions for an individual resident.

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<sup>24</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>25</sup> <https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079>

**Dose administration aid:**

Means a medication administration aid also known as a dose administration aid. Is a device into which medication have been dispensed, packaged and clearly labelled for an individual resident by a registered pharmacist. Medication can be packaged as either a single dose pack (one single type of medication per compartment) or a multi-dose pack (different types of medication per compartment), and the medication are packaged according to the resident's dose schedule throughout the day/week. Includes prescription, non-prescription and complementary medication. Examples of brands available include: Webster pack, PersoCare, Douglas Medication Systems, Nomad, Medico Pak.

**Employed:**

Means employed, hired, retained or contracted by the approved provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the approved provider.

**Enrolled Nurse:**

Means a person registered under the *Health Practitioner Regulation National Law (Tasmania) 2010* in the nursing profession whose name is entered on Division 2 of the Register of Nurses, kept under that Law, as an enrolled nurse

**Medication:**

Means Schedule 2 (medicinal poisons), 3 (potent), 4 (restricted) and Schedule 8 (limited to the specified narcotic buprenorphine) substances.

**Medication chart:**

Means a document prepared by a medical practitioner or other authorised prescriber authorising the administration of a scheduled substance to a person. Referred to in the [Poisons Regulations 2018](#)<sup>26</sup> (Part 1, 3. Interpretation), as a drug therapy chart.

**Once only:**

Means medication ordered to be administered once only.

**Oral medication:**

Means medication taken by mouth.

**Person-in-charge:**

Means the approved provider, a person or organisation approved under Part 2.1 of the *Aged Care Act 1997* to provide Government-subsidised residential aged care.

**PRN medication 'when required':**

Means medication which is ordered by a medical, dentist or nurse practitioner for a specific resident on a 'when required' basis and administered by a person qualified to administer medication which requires assessment and judgement to initiate.

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<sup>26</sup> <https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079#GS3@EN>

**Registered Nurse:**

Means a person registered under the *Health Practitioner Regulation National Law (Tasmania) 2010* in the nursing profession whose name is entered on Division I of the Register of Nurses, kept under that Law, as a registered nurse.<sup>27</sup>

**Resident:**

Means a person who is living in a Commonwealth-funded residential aged care facility and is receiving aged care provided by an approved provider.

**Residential aged care facility:**

Means a residential facility operated by an approved provider under the *Commonwealth Aged Care Act 1997*.

**Stable Resident:**

Means the registered nurse has established through an assessment of the resident's needs that there is no anticipated variation in the care needs of the resident on a day-to-day basis; the care needs can be managed by interventions that have predictable outcomes.

**Stat (at once):**

Refers to medications ordered to be administered immediately.

**Stock/imprest medication:**

Means a medication that has not been dispensed and labelled for an individual. These are medications that are able to be supplied to an authorised person under the *Poisons Act* and without a prescription in the case of Schedule 4 and 8 substances due to the position held by the authorised person eg nurse-in-charge of a medical institution/or ward. They are stored in their original or pharmacy supplied packaging in the stock/imprest cupboard of the residential aged care facility.

**Supervision:**

'Supervision includes managerial supervision, professional supervision and clinical focused supervision'<sup>28</sup>. For further details see the [NMBA's Supervision guidelines for nursing and midwifery \(2015\)](#).

- **Direct** supervision is when the registered nurse is present, observes, works with, guides and directs the person who is being supervised.
- **Indirect** supervision is when the registered nurse is working in the same facility or organisation as the supervised person but does not constantly observe their activities. The registered nurse must be easily contactable and accessible.

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<sup>27</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>28</sup> <https://www.nursingmidwiferyboard.gov.au/registration-and-endorsement/reentry-to-practice.aspx>

**Supplied medication:**

Means either a Schedule 2 or 3 substance supplied by a pharmacist or other authorised practitioner, being a medical practitioner, authorised nurse or authorised optometrist.

**Topical medication:**

Includes, for the purposes of these Guidelines, dermal and ophthalmic administration and application to the surface of the oral and intranasal mucosa (eg eye drops, ear-drops, inhalants, liquid lotion and cream, nose-drops, ointments, patches and powder). Topical administration does not include vaginal or rectal administration.