Preamble
This policy refers to various individuals who live at home or in low care aged care facility.

This policy in its reference includes the ill, frail, aged and disabled, who shall herein be called the ‘patient’.

The term ‘Dose Administration Aid’ refers to any medication packaging system; eg – Webster Multi Dose Blister Pack System or Dosette used for medication management in the home or residential facilities.

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] believes that:

• Patients have the right to remain safely at home, or in a low care aged care facility, with necessary support being implemented.
• Individual patient care and independence may be optimised by self-administration of medication via a dose administration aid (DAA) in the settings to which this policy refers.
• It is the role of the Registered Nurse Division 1, 3 or 4 to:
  o Assess, plan, implement, evaluate, manage and supervise all facets of medication administration, including DAA use.
  o Educate patients and carers about medications and using DAAs.
  o Utilise their knowledge of pharmacology which includes the correct route, dosage, method and time for the administration of drugs, as well as the ability to identify a range of potential side effects.

Policy

1. Unqualified personnel and medication administration
The Australian Nursing and Midwifery Federation (Victorian Branch) opposes unqualified personnel having responsibility for the administration of medication because it is an unsafe practice and not in the public interest.

2. Assessment for self-administration from a DAA
Commencement of, or continuation of, self-administration via a DAA will be deemed by the Registered Nurse Div 1, 3 or 4. Competence will be deemed when the patient has (as far as possible):

• Cognitive capacity and assessed understanding of the function of a DAA.
• Physical ability to self-administer medication from the specific DAA proposed for their use.
• Ability to communicate, and assessed understanding about the importance and timing of communicating medication side-effects to the carer, nurse or doctor.
• Can state the name(s), purpose(s) and possible side effects of the medication(s) in the DAA.
• Expressed understanding of the basis for agreeing to have their medications provided via a DAA.
• Consent for use of DAA.

3. **Assessment for carer administration from a DAA**

In the context of this policy a “carer” is a spouse, partner or significant other, **not** a paid worker.

Commencement of, or continuation of, carer-administration via a DAA will be deemed by the Registered Nurse Div 1, 3 or 4. Competence will be deemed when the carer has:

• Cognitive capacity and assessed understanding of the function of a DAA.
• Physical ability to administer medication from the specific DAA proposed for their use to the patient.
• Ability to communicate, and assessed understanding about the importance and timing of communicating, medication side-effects to the carer, nurse or doctor.
• Can state the name(s), purpose(s) and possible side effects of the medication(s) in the DAA.
• Expressed understanding of the basis for agreeing to have medications provided via a DAA.
• Agrees for use of DAA, and agrees to administer medications to the patient.

4. **DAA use in the home**

The DAA will be filled by one of:

• A Pharmacist;
• A Registered Nurse Div 1, 3 or 4, who has access to the prescription or doctor’s orders, who has assessed the client/patient’s ability to self-administer (see above); or
• A Registered Nurse Div 1, 3 or 4, who has access to the prescription or doctor’s orders, who has determined the carer’s ability to be responsible for administration of medication (see above).

A Medication Endorsed Division 2 Registered Nurse:
• May supervise self-administration, from the dose administration aid by a client.
• Must not fill a DAA.

5. **DAA use in a free standing low care facility**

Prior to DAA use, a Registered Nurse Div 1, 3 or 4 will:

• Assess the patient (see above).
• Obtain resident consent (or Next of Kin consent where the resident cannot consent themselves) to receive their medications via a DAA.

The DAA will be filled by one of:
• A Pharmacist; or
• A Registered Nurse Div 1, 3 or 4, who has access to the prescription or doctor’s orders, who has assessed the client/patient’s ability to self-administer (see above).

Where the supervisor is a non-nurse they must:
• Accept a legal duty of care.
• Ensure that the DAA is filled as outlined above.
• Ensure that the assessment for using a DAA has been performed by a Registered Nurse Div 1, 3, or 4.
A Medication Endorsed Division 2 Registered Nurse:

- May supervise self-administration, from the dose administration aid by a client.
- May use their discretion in regards to administering medicines from a DAA in an emergency situation (eg – if medicine packaged in a DAA is the only medicine the client has on admission to the facility).
- Must not fill a DAA.

6. **DAA use in a low care facility attached to a hospital or high care facility**

The supervisor of a low care facility attached to a hospital or a high care facility will be accountable to the Director of Nursing (however titled), and must be reflected in the Director of Nursing’s position description.

In these circumstances:

The DAA will be filled by one of:

- A Pharmacist, or
- A Registered Nurse Div 1, 3 or 4, who has access to the prescription or doctor’s orders, who has assessed the client/patient’s ability to self-administer (see above)

A Medication Endorsed Division 2 Registered Nurse:

- May supervise self-administration, from the dose administration aid by a client.
- Should consult with the Registered Nurse Division 1 on duty in an emergency situation.
- Must not fill a DAA.

7. **Health facility / providers DAA policies**

Where health facilities have developed policies that extend further than this policy, or give more detailed instruction than this policy, nurses shall abide by the detail of the facility / provider’s policy.

8. **Documentation**

In a residential aged care home, where residents are self-administering their medicines, nurses are required to document that the client/resident was witnessed self-administering their prescribed medicine.