



## Complex medication administration in palliative care

### A guide for disability support workers

As a disability support worker (DSW), you have legal responsibilities around administering medication to someone for whom you care and support. It is important that you understand your roles and responsibilities to protect yourself as a carer and to ensure the fundamental human right of high-quality, safe, person-centred care for people with an intellectual disability

This document provides an overview of the national and Tasmanian legal and policy frameworks that describe what you can and cannot do when administering complex medication in palliative care.

#### Complex medication administration

Complex medication administration is any form of administration arising from a health management plan that is different from the usual knowledge and competence required by a disability support worker.

(Source: Disability Services Medication Management Framework; June 2022)

#### Disability support worker responsibilities

A DSW must receive additional training before they are permitted to administer any medication in palliative care. This training includes the use and monitoring of the medication.

A DSW may **not** administer medication in palliative care if:

- they have not been appropriately trained and deemed competent
- the medication is controlled (S8)
- the medication is to be administered intravenously via standard syringe or equipment
- medication requires clinical assessment or clinical judgement.

In these cases, the medication must be administered by a community nurse or other medical professional.



#### Schedule 8 medication administration

Schedule 8 (S8) medications are medicines that have been classified by the Australian Government as drugs of addiction.

S8 medications have important benefits but also pose a high risk of misuse and dependence.

Morphine, oxycodone and fentanyl are examples of S8 medications.

Sometimes S8 medications are prescribed to people at end of life to ease pain and provide comfort.



#### Disability support worker responsibilities

DSWs **are not legally allowed** to administer S8 medications in the context of palliative care.

If immediate pain relief is needed, DSWs must request an approved person to administer the medication.

This can be different depending on the individual's circumstances. Examples include a registered nurse, family member or informal carer.

It is important that organisations clearly document who is approved to administer Schedule 8 medications to each individual.



**More information:** See [Disability Services Medication Management Framework](#), Part 3 – Roles and Responsibilities

- 3.5.2 Training and Competency: outlines minimum training and competency levels for DSWs
- 3.6 Disability Support Workers; further clarification of role and responsibilities of DSWs

## Case Study

Some people with an intellectual disability live in supported living accommodation. However, this does not mean that they have continuous nursing and primary care support available 24 hours a day, 7 days a week.

In situations when care is critical and complex, such as at end of life, specialist support care may be brokered or brought in by the organisation. In this case, disability support workers are likely to be present during these critical times due to the social support they have provided to the person they have cared for over many years.

## Not sure what to do?

If you're in a complex medication administration palliative care situation:

- speak to your supervisor
- speak to someone who is qualified to make a clinical assessment and judgment (for example, the person's GP, organisation's RN, a specialist palliative care nurse)
- share your observations – refer to the [Communicating for End of Life – a toolkit, Stop and Watch](#) resource as a guide)
- be aware of your organisation's medication management policies
- refer to the [Communicating for End of Life – a toolkit, Navigating End of Life](#) resource to understand clinical pathways for support.

## If no one is available

For medical advice 24/7 call the free national healthdirect hotline on **1800 022 222**. A registered nurse will provide information and advice or refer you to a Tasmanian GP via the [local GP Assist](#) service.



**In an emergency  
call 000**

## Stay informed

Take time to understand the standards and legislation surrounding medication management that support your everyday practice by visiting the 'useful links' provided. Register for the [NDIS Practice Alerts](#) for up-to-date information on best-practice service delivery to people living with disability.

This guide relates to Australian and Tasmanian legislation and policy frameworks. It applies to any provider of supports registered under Section 70 of the *National Disability Insurance Act 2013* who is providing services in Tasmania.

See: [Disability Services Medication Management Framework; Appendix 5 – Determination of a Funded Provider \(p.52\)](#)

## Useful links

### Important legislation and frameworks

- [Disability Service Medication Management Framework; June 2022](#).
- [Disability Services Act \(2011\)](#)
- [Disability Services Regulations \(2015\)](#)
- [Guiding principles for medication management in the community \(June 2006\)](#)
- [National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018, s26](#)
- [National Standards for Disability Services \(2013\)](#)
- [National Strategy for the Quality Use of Medicines \(2002\)](#)
- [Personal Information Protection Act \(2004\)](#)
- [Poisons Act \(2017\)](#) (with amendments)
- [Poisons Regulations \(2018\)](#)

### Understand medication scheduling

- Australian Government. [healthdirect. Scheduling of medicines and poisons](#)
- Tasmanian Legislation [Poisons Act 1971](#) (Section 14 – Adoption and Amendment of Poison List)
- Tasmanian Government. [Disability Services Medication Management Framework; June 2022](#)