THE AUSTRALIAN

Requirements Directory

Medication Administration

by Disability Support Workers

A concise national overview of jurisdictional frameworks, qualification positions and provider responsibilities.

VERSION 1.0

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Developed by the Medecs Clinical Team

About this directory

This directory consolidates written information provided by relevant government departments and published government material provided by those departments about medication administration by disability support workers in Australian community disability settings. The jurisdiction summaries were developed by the Medecs Clinical Team and are current to August 2026.

> **IMPORTANT DISTINCTION**
> Permission under medicines legislation does not, by itself, demonstrate that a worker is trained, practically competent and organisationally authorised to administer medication safely.

IMPORTANT DISCLAIMER

This directory provides general educational information only. It is not legal, clinical, regulatory or compliance advice and does not determine whether a worker may administer medication in a particular situation. Requirements may vary according to the jurisdiction, participant, medication, route of administration, support activity and service environment.

Medecs has not independently reviewed or interpreted the legislation referenced in the departmental information. Legislation and government guidance may change after publication. Providers remain responsible for checking current requirements and ensuring workers are appropriately trained, practically competent, participant-specifically instructed, supervised and organisationally authorised. Professional advice should be obtained where required. Medecs makes reasonable efforts to accurately represent the information provided but does not warrant that it is complete, current or applicable to every circumstance.

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The national position

Medication administration by disability support workers sits within two overlapping systems: state or territory medicines legislation and the provider's obligations under the NDIS Practice Standards. The legislative wording and terminology are not uniform across Australia.

WHAT THE REVIEW FOUND

Outside Tasmania, the government responses reviewed did not identify a specific medication qualification prescribed for disability support workers. This is not the same as saying training or competency is unnecessary.

What remains the provider's responsibility

- Check current legislation, medication directions and restrictions applying to each participant and medication.
- Respect the participant's rights, privacy, preferences and informed decision-making when planning and providing medication support.
- Maintain accurate participant-specific records that clearly identify the medication, dosage and information required for safe administration.
- Provide relevant medication learning and participant-specific instruction, including medication effects, side-effects and the steps to take following an error, adverse effect or medication incident.
- Verify practical competency and formally authorise workers to provide medication support in a safe and competent manner, with care and skill, within their role and the provider's policies and procedures.
- Ensure medications are identifiable, differentiated, stored safely and securely, and accessible only to appropriately trained and authorised workers.
- Monitor medication effects and act promptly on safety concerns. Record, report, review and learn from medication incidents to prevent harm and improve the quality and safety of supports.

Sources: NDIS Quality and Safeguards Commission, *NDIS Practice Standards and Quality Indicators—Management of Medication*; and *NDIS Code of Conduct*.

Tasmania has a distinct position

Tasmanian legislation expressly addresses disability service workers and providers. The May 2016 Disability Services Medication Management Framework identifies RTO-delivered training, including the unit HLTHPS006 or an equivalent pathway, workplace competency and ongoing review.

National source

NDIS Quality and Safeguards Commission, NDIS Practice Standards and Quality Indicators—Management of Medication, accessed August 2026.

Jurisdiction directory

Australian Capital Territory

ACT legislation specifically authorises an assistant to administer medication to an assisted person in the community when the legislative conditions are met.

- Section 361 permits administration in specified circumstances, including medication packed in a dose administration aid and given according to its instructions.
- The statutory definition of medicine includes controlled medicines, including Schedule 8 medicines.

QUALIFICATION AND PROVIDER RESPONSIBILITY No specific medication qualification for disability support workers was identified in the ACT Government response. Providers must determine and document training, practical competency, participant-specific instruction and authorisation.

GOVERNMENT INFORMATION SOURCE Written information provided by the ACT Health and Community Services Directorate, August 2026.

New South Wales

NSW legislation contains a general carer provision. NSW Health advised that disability support workers may fall within it because they are not excluded, provided the statutory conditions are met.

- The provision may extend to Schedule 8 medicines.
- NSW public-health medication policy should not be presented as governing community disability providers.
- Review this position when the Medicines, Poisons and Therapeutic Goods Act 2022 commences on 5 November 2026.

QUALIFICATION AND PROVIDER RESPONSIBILITY No specific medication qualification for disability support workers was identified in NSW Health's response. Providers remain responsible for training, competency, instruction, authorisation and governance.

GOVERNMENT INFORMATION SOURCE Written information provided by the NSW Ministry of Health, August 2026.

Jurisdiction directory

Northern Territory

NT legislation permits another person to possess and administer a lawfully supplied Schedule 4 or Schedule 8 medicine to the participant in accordance with a health practitioner's instructions.

- Section 76 applies to medicine lawfully supplied for the participant.
- Disability support workers are not separately named in the provision.
- NT Health advised that training requirements are addressed through applicable industry and workplace-safety requirements.

QUALIFICATION AND PROVIDER RESPONSIBILITY NT Health identified no specific medication qualification for disability support workers. Providers must determine training, supervision, practical verification and authorisation and retain evidence of capability.

GOVERNMENT INFORMATION SOURCE Written information provided by Medicines and Poisons, Public Health Division, NT Health, August 2026.

Queensland

Queensland legislation contains an exemption for a person acting as a carer to assist with prescribed and dispensed medication when the assistance is consistent with the dispensing-label instructions.

- Section 51 addresses agents and carers supplying or administering medicines.
- Disability support workers are not expressly identified as a separate category.
- The departmental response did not expressly clarify the Schedule 8 position or any additional controls.

QUALIFICATION AND PROVIDER RESPONSIBILITY No specific medication qualification for disability support workers was identified in Queensland Health's response. Providers must document training, competency, participant-specific instruction and authorisation.

GOVERNMENT INFORMATION SOURCE Written information provided by the Medicines Approvals and Regulation Unit, Queensland Health, May 2026.

Jurisdiction directory

South Australia

SA advised that its medicines legislation does not impose medication-administration requirements specifically on disability care workers in community or home settings.

- Sections 18 and 18A address administration of Schedule 4 and Schedule 8 medicines.
- A care worker may administer medication lawfully prescribed and supplied for that participant.
- Additional controls apply in health service facilities; provider procedures may exceed the legislative minimum.

QUALIFICATION AND PROVIDER RESPONSIBILITY SA Health identified no specific medication qualification for disability support workers. Providers must establish appropriate training, competency, authorisation, documentation and oversight.

GOVERNMENT INFORMATION SOURCE Written information provided by Policy and Legislation, SA Health, August 2026.

Tasmania

Tasmanian legislation expressly identifies disability service workers and disability services providers. Regulation 127 permits administration or assistance in defined circumstances, subject to medical directions and applicable guidelines.

- The worker must act according to the medical practitioner's directions and applicable guidelines.
- The participant-capacity conditions in regulation 127 must be satisfied.
- Amendments commencing 17 June 2026 removed the former restriction to specified narcotic substances; other conditions remain.

QUALIFICATION AND PROVIDER RESPONSIBILITY The May 2016 Framework identifies RTO-delivered training, including HLTHPS006 or an equivalent pathway, workplace competency and ongoing review.

GOVERNMENT INFORMATION SOURCE Publications provided by the Pharmaceutical Services Branch, Department of Health, Tasmania, August 2026.

Jurisdiction directory

Victoria

Victorian legislation does not identify disability support workers as a separate authorised professional group. General possession and administration provisions may apply when medication has been lawfully supplied and statutory conditions are met.

- Regulation 7 addresses possession of Schedule 4, 8 and 9 poisons by a person acting for the person supplied.
- Regulation 103 sets conditions for administration to another person.
- Workforce capability remains governed through applicable NDIS and provider arrangements.

QUALIFICATION AND PROVIDER RESPONSIBILITY Victorian Health advised that legislation does not prescribe a specific medication qualification or course for disability support workers. Providers must evidence training, practical competency, instruction and authorisation.

GOVERNMENT INFORMATION SOURCE Written information provided by Regulatory Compliance and Operations - Health and Medicines and Poisons (Practitioners), Victorian Department of Health, August 2026.

Western Australia

WA legislation contains a carer provision applying to paid and unpaid people assisting with a patient's healthcare. It can include a community disability support worker.

- Section 14(4)(e) permits a carer to possess Schedule 4 or Schedule 8 medicine for administration to the patient.
- The medicine must be prescribed and dispensed for the participant and administered according to instructions.
- An authorised health professional must be involved where medicine has not been dispensed for the individual patient.

QUALIFICATION AND PROVIDER RESPONSIBILITY No specific medication qualification for disability support workers was identified in WA Health's response. Providers determine worker suitability, competency, authorisation and documentation controls.

GOVERNMENT INFORMATION SOURCE Written information provided by the Medicines and Poisons Regulation Branch, Western Australian Department of Health, August 2026.

From legislative permission to workforce assurance

A provider's responsibility does not end when legislation allows a person acting as a carer, assistant or other person to administer medication. Safe practice requires an organisational pathway that connects learning, practical performance and authorisation.

1 LEARN
Build the worker's medication knowledge and practical skills.

2 VERIFY
Assess whether the worker can apply those skills safely and consistently.

3 AUTHORISE
Define and document what the worker is authorised to do within the organisation.

4 REPORT
Maintain workforce evidence and visibility of gaps, reassessment and improvement actions.

How Medecs can help

Medecs brings experienced Registered Nurse leadership across the medication capability pathway—from clinically developed education and competency verification to individual outcomes, organisational reporting and recommendations for improvement.

- National virtual delivery
- Clinically developed medication education
- Clinical Nurse-led practical competency verification
- Individual verification records and organisational reporting
- Recommended next steps, refresher and reassessment pathways

REQUEST A MEDICATION PROGRAM QUOTE
Start a conversation about your jurisdiction, workforce and medication-support environment.

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