



Medication Guideline for Direct Care Unregulated Health Workers

1. Guiding Principles

This document provides an outline of the required minimum standards for the involvement of unregulated health workers (UHW) in the support and/or administration of client medication. The guideline has been developed to ensure a standardised approach, safety and quality for consumers and staff.

This document applies to all WACHS unregulated direct care workers who are involved in the support, prompting and/or assistance of client / resident medication (both in residential aged care facilities and in their own homes) and is to be applied in conjunction with the Community Care Common Standards and the Aged Care Accreditation Standards.

The WACHS [Medication Administration Policy](#) is for application across WACHS sites including small hospitals, lodges, residential aged care facilities and in the community.

In relation to medication administration, the assessment of the client / resident must include the health care agency's medication policy, the educational preparation and competence of the unregulated care provider in medication administration, and the individual needs of the patient / resident / client. Registered Nurses (RNs), Enrolled Nurses (ENs) and UHW are accountable for their own practice and must only undertake medication management activities which are within their scope of practice and for which they are legally entitled to perform; educationally prepared for and competent to undertake.

2. Legislative Requirements

The WACHS provides safe medication administration in accordance with the National and State legislative requirements as per the:

- *Health Practitioner Regulation National Law (WA) Act 2010*
- *Medicines and Poisons Act (2014)*
- *Poisons Regulations (2016)*
- *Carers Recognition Act (WA) 2004*
- *Therapeutic Goods Act 1989*
- *Occupational Safety and Health Act 1984*

3. Definitions

Administration	May be defined as the actual giving of a medication orally, by injection, per rectum or other route.
Competency	Possess the knowledge, skills and behavioural attributes to perform a task.

Direct Supervision	Direct supervision is considered to be in the company of an RN.
Indirect Supervision	The RN is easily contactable but does not directly observe the activities.
Stable resident / client	Assessed by an RN as having no anticipated variations in daily care.
Dosage Administration Aid	A medication aid is a pre-packed medication dose in a container identified for a specific individual. It is used to support safe administration of medications. The client / resident / patient's name, medication name, dose and time the medication is to be given is to be clearly labelled on the preparation dispensed by the pharmacist. May also include a pharmacy filled aid e.g. Webster Pak.
Medication support by UHWs	Medication support is described as assisting the client / resident with self-medication and involves: <ul style="list-style-type: none"> i. reminding and/or prompting the client to take the medication ii. assisting (if needed) with opening of medication containers and dose administration aids for the client iii. other assistance not involving medication administration.

4. Roles and Responsibilities

- 4.1 The RN is responsible for medication administration and for delegating the task to a competent UHW.
- 4.2 The EN can administer medications alone within their scope of practice including oral, transdermal, topical, ear, eye, inhaled, nebulised, vaginal, rectal, sublingual, buccal and intranasal unrestricted Schedule 2, 3 or 4 medications.
- 4.3 The UHW may only support / prompt or assist in medication administration when the staff member is deemed competent by an RN and medications are in an administration aid or have been pre-packed by a pharmacist.

4.3 Unregulated Health Worker

A UHW includes: Patient Care Assistant (PCA), Assistant in Nursing (AIN), Community Care Worker; Support Worker and Aboriginal Health Care Worker (AHW).

- 4.3.1 UHWs are individually accountable for their own actions and are accountable for undertaking activities as delegated by an RN or Midwife and their employer for delegated actions (ANMC 2007).

- 4.3.2** The UHW who assists clients with medication support and/or prompting is:
- i. required to provide evidence of completion of an UHW Medication Administration Competency Package, or HLTHPS006 Assist Clients with Medication unit, to their employer delivered by an approved registered training organisation (RTO) or from an approved WACHS assessor prior to undertaking medication assistance
 - ii. never be involved in the support and/or assistance with client medication beyond their skills and training
 - iii. to ensure that their day to day practices comply with the training they have attended
 - iv. to have their competencies monitored and assessed annually by an RN in the workplace
 - v. to report any concerns or clinical incidents to the RN immediately.

- 4.3.3** A delegated UHW who has been deemed competent can assist with medication support and assistance:
- i. if stored in a medication administration aid (i.e. blister pack prepared by a pharmacist).
 - ii. where medication is not suitable for a medication aid (e.g. liquid, eye drops, ear drops, ointment, cream etc.) and the UHW has been deemed competent in the application of such medication using a standardised tool.

Documentation is signed on the appropriate Medication Record Signing Sheet or Blister Pak signing sheet.

- 4.3.4** If medication prompting / support is being provided in the community, the client / carer retains all responsibility for the purchasing, and for ensuring the availability of their medications.

- 4.3.5** If a dose administration aid includes Schedule S4R or S8, the contents of the aid may be given by the UHW (see section 18.3 of the [WACHS Medication Administration Policy](#) (Dec 2013)).

- 4.3.6** In a community setting, the UHW is supported to provide medication support (see [Section 3](#) for definition) as delegated by an RN. Medications are only given and signed for:
- i. if there is a client assessment completed by a Registered Nurse
 - ii. a Medication Order has been completed and signed by the General Practitioner
 - iii. if there is a clear, individual medication support plan provided by the RN
 - iv. the UHWs who provide care to Department of Veterans Affairs Clients (DVA) community care clients are **not** permitted to manage or administer prescribed medications as per a care plan, as outlined in the [Community Nursing Guidelines](#) 2010 (Section 6.3.2.4 page 34).

5. Complementary Medicines

Complementary medicines may contain active substances. Administration of any complementary-type medicines must be authorised by the medical practitioner and accurately documented on the medication chart.

6. Administering Schedule 4 Restricted or Schedule 8 Medications from Dose Administration Aides in Community or Aged Care Facilities

- 6.1 The resident's medication aid signing sheet (provided by the packing pharmacist) must be signed by the person providing medication support i.e. UHW.
- 6.2 All dose administration aids containing S4R or S8 medications need to meet auditable accountability requirements. They must be securely stored; balance recorded and disposed of in accordance with the usual storage / recording / disposal requirements for S4R or S8 medications.

The auditing requirements include:

- i. where medication support is provided by an UHW only, a site procedure exemption may be required from [OD 0141/08](#) from checking the S4R or S8 when contained in an individual patient's dose administration aid and must be endorsed by the Regional Chief Pharmacist, Regional Drugs and Therapeutics Committee and the Department of Health.
- ii. that the UHW providing medication support must report any inappropriate breach of integrity of the medication administration aid. Refer to section 20 of the WACHS [Medication Administration Policy](#), Reporting of Medication Stock Discrepancies.

7. Guiding Principles for Medication Management in Residential Aged Care Facilities

The WACHS Multi-Purpose Service (MPS) Residential Aged Care facilities are to follow the WACHS [Medication Administration Policy](#) to ensure safe, quality medication administration practices.

Policy and procedures are to be consistent with:

- National, State or Territory legislation and regulation
- professional practice guidelines
- the qualifications, authorisation and competencies of staff administering medicines
- evidence-based best practice (e.g. clinical or therapeutic guidelines).

Within the residential facilities and in the community, RNs can delegate medicine administration tasks to appropriately trained and competent staff, where this is permitted by relevant state or territory legislation and regulation. Where medicine administration tasks are delegated to staff by an RN, the delegated staff are to have formal training in medicine assistance, be assessed by the residential aged care facility and the RN as competent to assist with medication administration, accept the delegation and be appropriately supervised.

- For RNs who delegate these tasks, it must be in line with the policy and guidelines as mandated by the Nursing and Midwifery Board of Australia as per sections:
13 Delegation of Administration
13.2 Delegation to Unregulated Care providers
- RNs and midwives are responsible for assessing and differentiating between care that should be provided by a nurse and/or midwife and care that may be undertaken by an unregulated care provider. An RN and/or midwife may delegate the administration of dispensed medications to an UHW providing that:
 - it is permissible under the health care facility's policy
 - the UHW has been educated and deemed competent to manage medications
 - the patient / resident / client's health status is stable
 - the UHW readily accepts the delegation
- ENs are not able to delegate these tasks to UHWs.
- UHWs should be able to provide support to clients with the support and/or administration of medication;
- UHWs are to have access to training to ensure that they have the appropriate skills and knowledge to manage and/or administer medication.

8. Checklist

The following is a checklist for RNs when delegating medication tasks to support workers:

- Ensure that staff have necessary competency and skill to provide medication administration support for clients.
- A client medication consent / authority form is in place.
- There is a requirement for medication to be in a medication aid provided by pharmacist.
- Procedures are in place where medication cannot be stored in and dispensed from a medication aid, for example liquids and topical creams.
- Documentation is provided that supports the prompting and/or administration of medications, for example medication order and signing sheets.
- RNs and UHWs are aware of the process for dealing with medication incidents.
- The resident / client must be physiologically stable and the UHW must accept the delegation.

9. Training Requirements

All WACHS UHWs who support and/or administer medications must have undertaken and achieved a pass in the HLTHPS006 Assist clients with medication unit. This can be as part of Certificate 3 in Aged Care, Community Care or Individual Support.

Support workers must achieve annual competencies (delivered and assessed by an RN).

If an UHW is involved in a medication incident, or has been out of the workplace for at least six (6) months, they must repeat the competency assessments before being delegated the task of supporting and/or administering medication to a client / resident.

10. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

11. Evaluation

Monitoring of compliance with this document is to be carried out by Regional Nurse Directors and Health Service managers on an annual basis using the following means or tools:

- DATIX CIMS Medication Incidents
- Residential Aged Care Medication audits

12. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012) - 1.1.1; 1.2.1; 1.3.1; 1.3.2; 1.3.3; 1.5.1; 1.5.2; 1.11.1; 1.11.2; 1.12.1; 1.13.2; 1.14.1; 1.14.2; 1.14.3; 1.14.4; 1.14.5; 4.1.1; 4.1.2; 4.2.1; 4.2.2; 4.3.1; 4.3.2; 4.3.3; 4.4.1; 4.4.2; 4.5.1; 4.5.2

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) - 1.3; 1.10; 4.1; 4.2; 4.3; 4.4.

[Aged Care Accreditation Standards](#) – 2.7 Medication Management; 2.2 Regulatory Compliance

13. Legislation

Health Practitioner Regulation National Law (WA) Act 2010
Medicines and Poisons Act 2014
Carers Recognition Act 2004
Occupational Safety and Health Act 1984

And:

Poisons Regulations 2016 (Perth, Western Australia Government)
Poison Amendment Regulations 2010 (Perth, Western Australia Government)

14. References

Australian Health Practitioner Regulation Agency (AHPRA) [Code of Ethics and Professional Code of Conduct for Nurses](#) August 2008

Department of Health and Ageing [Guiding principles for medication management in residential aged care facilities – A guide for residents and carers](#)

Therapeutic Goods Administration, 2010, Advisory Committee on the Safe Use of Medicines. Department of Health and Ageing, Canberra.

National Inpatient Medication Chart (NIMC) Standardised Charts and Guidelines (2010)

15. Related Forms for use in Residential Aged Care Facilities

[MR171 National Inpatient Medication Chart - Adult Long Stay](#)
Datix Clinical Incident Management System ([Datix CIMS](#)) form

16. Related WACHS Policy Documents

[Medication Administration Policy](#)
[Record Management Policy](#)
[Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy](#)

17. Related WA Health System Policies

OD 0528/14 [Storage and Recording of Restricted Schedule 4 Medicines](#)
OD 0377/12 [Reporting of medicine discrepancies in public hospitals and licensed private facilities which provide services to public patients in Western Australia](#)
OD 0484/14 [Clinical Handover Policy](#)

18. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

19. Appendices

Appendix 1 - [Categories of Medication](#)

Appendix 2 - Interim Training Documents

- [Medication Competency Training Unregulated Direct Care Staff](#)
- [Medication Competency Assessment Questions](#)
- [Medication Assistance Workplace Assessment](#)

Appendix 3 - Documentation:

Temporary documentation - only to be used with **Community** clients receiving home services to ensure standardisation across WACHS.
(Note: The NIMC chart is to be used in residential aged care facilities.)

- [MR169A WACHS Community Aged Care Medication Order](#)
- [MR169B WACHS Community Aged Care Medication Plan](#)
- [MR169C WACHS Community Aged Care Medication Record](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Senior Project Officer, Aged Care (C.Hunter)	TRIM Record #	ED-CO-17-79341
Directorate:	Aged Care	Date Published:	14 March 2018
Version:	1.00		

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).

Appendix 1 - Categories of Medication

For the purpose of these guidelines the medication covered is included in the table below. Suitably trained and competent support workers can assist clients with second category medications only and only if the support worker has received training and passed competencies. For those staff who are only authorised to assist with the support of medications (**not** administration), clients can **only** be prompted and assisted with opening second category medication packaging.

First Category Medication (Health professionals only) Support workers must not provide support to clients with this medication	Second Category Medication Support workers may assist clients with this medication after receiving approved competency based training and assessment of competencies and should be reviewed on an annual basis.
	Scheduled 8 and S4R medications if in medication aid.
	Tablets and wafers.
	Eye drops; ear drops; nose drops and sprays
Subcutaneous dispensed prefilled insulin pens	Topical, rectal and vaginal preparations (e.g. creams and ointments)
	Enemas, pessaries and suppositories
Any drugs that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses.	Any drugs that are to be nebulised that have been dispensed and prepared by a pharmacist into unit doses. Metered dose inhalers that have been dispensed by a pharmacist.
Medicines given via feeding tubes (e.g. gastrostomy, jejunostomy).	
Medications given by the following routes: <ul style="list-style-type: none"> - Intrathecal (into the spinal cord area) - Intraperitoneal (into peritoneum/abdominal cavity) - Intraventricular (into ventricles of brain) - Epidural - Intravenous - Intramuscular - Subcutaneous (excluding dispensed and prefilled syringes i.e. insulin) 	Support workers may assist with peeling the back of patches and ensure that it is firmly attached to the client's skin.
All medications that are administered by the nasogastric route.	