



Scope of Practice Declaration and Assessment Tool - Medication Assistance for the Unregulated Health Care Worker

This package is to be used for all unregulated health care workers (UHCW) to document their scope of practice in relation to medications. It should be used to:

- Document competency and scope for UHCW involved in medication assistance
- Document where medication assistance is not within a UHCW scope of practice

Assessment Process

The assessment process is underpinned by WACHS policy: Medication Assistance by the Unregulated Health Care Workers Policy.

If your role does **not** include medication assistance, complete the attached **declaration** section of the Scope of Practice Declaration and Assessment Tool **only**.

If your manager has identified as part of your work role, you will be required to assist clients with medications, complete medication documentation and handle medication contingencies in the workplace you will need to:

1. Identify and gained a 100% pass mark in the relevant Medication Assistance for the Unregulated Health Care Worker online medication modules
2. Be assessed as competent using this Scope of Practice Declaration and Assessment Tool.

The following medication modules are available in MyLearning:

- Medication Assistance for the Unregulated Health Care Worker – Oral Medication
- Medication Assistance for the Unregulated Health Care Worker – Oral Medication 2
- Medication Assistance for the Unregulated Health Care Worker – Inhalation Medication
- Medication Assistance for the Unregulated Health Care Worker – Eye Medication
- Medication Assistance for the Unregulated Health Care Worker – Transdermal
- Medication Assistance for the Unregulated Health Care Worker – Ear Medication
- Medication Assistance for the Unregulated Health Care Worker – PRN Pain

Recognition of Current Competence

If you believe you already have the competency/qualification that you are being asked to undertake as part of your employment in WACHS you should provide evidence by completing the WACHS Recognition of Prior Learning form – available on the WACHS L&D web-site and send to the Learning and Development Coordinator in your region.

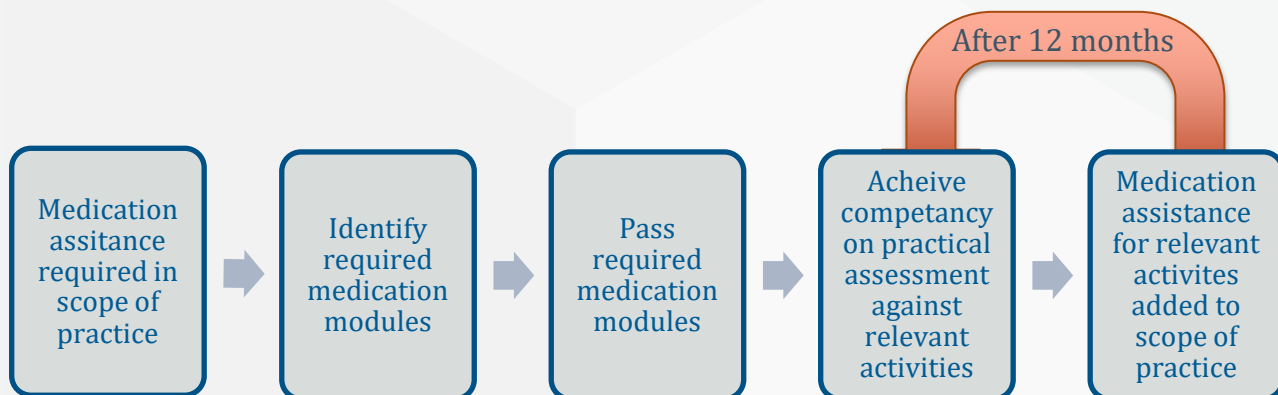
The evidence provided will be assessed on sufficiency, validity, reliability and currency of the knowledge and skills associated with the Medication Assistance Objectives and Performance Criteria.

Where enough evidence is provided, the Regional Nurse Educator will complete the relevant data entry and provide notification. Where the evidence is insufficient, the Regional Nurse Educator will recommend a pathway for knowledge and skills acquisition and assessment.

Overview of Process – Medication assistance not required in role



Overview of Process – Medication assistance required in role



Performance Criteria

Click [here](#) to access the list of WACHS Learning and Performance Objectives Medication Assistance for the Unregulated Health Care Worker.

Assessment Guidelines when medication assistance required in role

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| <p>Why must I have my skills assessed?</p> | <p>As an organisation WACHS has an obligation to ensure the workforce:</p> <ul style="list-style-type: none"> • is appropriately trained to meet the need of the organisation to provide safe and high-quality care. • works safely within their scope of practice, and have the knowledge, skills, competence and delegated authority to safely manage, handle and assist with medicines. |
| <p>Who can assess me?</p> | <p>The assessor must be a Registered Nurse at a Level 1.3 at a minimum. Your region may have further specific requirements which can be confirmed with your Regional Nurse Educator.</p> |
| <p>What is the Assessor's role?</p> | <p>The assessor will:</p> <ul style="list-style-type: none"> • Check you have achieved the 100% pass mark medications modules • Assess your performance against the established criteria • Assess your knowledge against the established criteria |
| <p>Where can the assessment occur?</p> | <p>Verbal components of the assessment can occur face to face or online</p> <p>Practical assessment must occur face to face in either a real or simulated work environment</p> |

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| <p>How am I assessed?</p> | <p>The assessor will ask you to describe or demonstrate your understanding by asking you questions and watching you perform tasks.</p> <p>This will include observation of assistance with oral medication and other medication as identified in your scope of practice.</p> <p>After completing the assessment, you will be deemed either competent or not yet competent.</p> <p>Please be aware, the assessment may be stopped immediately if an assessment is deemed potentially unsafe.</p> |
| <p>What am I assessed on?</p> | <p>The performance criteria listed within the Medication Assistance for the Unregulated Health Care Worker Program.</p> |
| <p>How do I prepare for Assessment?</p> | <p>Identify your knowledge and skills gaps utilising the performance criteria as your guide to the expectations of this competency then:</p> <ol style="list-style-type: none"> 1. Complete the relevant medication assistance online modules on My Learning 2. Read and familiarise yourself with the Unregulated Health Care Worker Medication Module Handbook linked in the medication modules. 3. Complete a “self-check” against the practical assessment form below. 4. Ask your manager or a colleague to explain anything you don’t understand or contact the assessor if you require assistance 5. Arrange a time with the assessor to complete your practical assessment. |
| <p>What if I am assessed as ‘not yet competent’?</p> | <p>Your assessor will provide confidential feedback including:</p> <ul style="list-style-type: none"> • any identified learning gaps • when reassessment would be appropriate <p>If you feel the assessment was not valid, reliable, flexible and fair you can appeal. To do this contact the Regional L&D Nurse Educator or your assessor within five (5) working days of the assessment. If this does not resolve the situation contact the Learning & Development Unit Coordinator to discuss further actions.</p> |
| <p>What if I am assessed as ‘competent’?</p> | <p>Congratulations! Your results will be recorded in My Learning and a certificate will be issued. Be sure to let your manager know.</p> |

Declaration (Program Code MAUR 003)

| | | |
|---------------|---------------|--------|
| Employee Name | Employee HE # | Region |
|---------------|---------------|--------|

Candidate's Declaration - if your role does not include medication assistance. Complete and email to your [Regional L&D coordinator](#)

In my role, I am not required to assist with medications and understand that to do so would be working outside of my scope of practice.

I am aware of the actions to take should I find any unsecured medication

I am aware of the escalation process should I have any concerns about my clients

| | |
|---------------------|------|
| Candidate Signature | Date |
|---------------------|------|

OR

Candidate's Declaration - If your manager has identified as part of your work role, you will be required to assist clients with medications, complete medication documentation and handle medication contingencies in the workplace complete this section and email to your [Regional L&D coordinator](#)

I have read and understood the details of the assessment and have completed a self-check against the criteria below

I have been informed of the conditions of the assessment and the appeal process

I agree to participate in this assessment and declare the evidence provided is my own work

I agree that details of this assessment will be forwarded to my line manager and L&D

I can perform the physical requirements within this assessment today

I am requesting a reasonable adjustment to undertake this assessment. YES NO

Reasonable adjustment is a term that refers to a measure or action taken by an education provider to enable learners with disability to participate in education and training on the same basis as learners without disability

Adjustment detail:

| | |
|---------------------|------|
| Candidate Signature | Date |
|---------------------|------|

Assessment Tool (Program Code MAUR 003)

Complete this section only if your manager has identified as part of your work role, you will be required to assist clients with medications, complete medication documentation and handle medication contingencies in the workplace

| | | | |
|---|----------------------|-----------|-------------------|
| Employee Name | Employee HE # | | |
| Evidence of module completion sighted <input type="checkbox"/> | | | |
| Ask the candidate to: | | | |
| | | Competent | Not Yet Competent |
| <ul style="list-style-type: none"> identify the policies relevant to their scope of practice and role in medication support | | | |
| <ul style="list-style-type: none"> describe the escalation process if there are any concerns (e.g., signs of deterioration, change in condition and issues with medication including expired, damaged or missing medications, missing documentation) | | | |
| <ul style="list-style-type: none"> correctly describes infection prevention and control procedures for example hand hygiene, standard precautions, transmission-based precautions | | | |
| <ul style="list-style-type: none"> correctly describes how medication should be stored and disposed of | | | |
| <ul style="list-style-type: none"> describe the response required if a client has an adverse reaction to their medication appropriate to setting | | | |
| <ul style="list-style-type: none"> describe how you would document for medication not being given or refused | | | |

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| Observe the candidate supporting 5 clients with their medication and confirm the following steps are followed: | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Locate and check the care plan and medication order | | | | | |
| Check medication including expiry date and dosage instructions. | | | | | |
| Engage the client and prepare them for medication support including gaining consent for assistance and confirming identity. | | | | | |
| Confirm no physical or behavioural changes of person prior to supporting medications | | | | | |
| Correct positioning of the client for assisting with oral medication including provision of water | | | | | |
| Checks to ensure there is the right documentation, and the right medication is given at right time, to the right person, in the right amount, via the right route. | | | | | |
| Encourage the client to participate to the best of their ability or prompts the client to take their medication at the correct time | | | | | |

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|---|--|--|--|--|--|
| Observe clients when taking medication and confirm with them their ingestion or completion. | | | | | |
| Complete accurate documentation. | | | | | |
| Clean equipment and stores medication. | | | | | |
| Observe a client for changes in condition following medication administration and report to RN as required by your organisation's procedures. | | | | | |
| Return all charts to appropriate area. | | | | | |

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| If included in scope of practice, observe the candidate supporting the client with each of these forms of medications once | |
| Demonstrates how to position client and technique used for administering eye drops . | |
| Demonstrates how to position client and technique used for administering ear drops | |
| Demonstrates how to position client and technique used for assisting with inhaler/spacer . | |
| Demonstrates how to position client and technique used for applying a topical cream | |
| Demonstrates how to position client and technique used for applying a topical patch and how to check, dispose and documenting patches present | |
| Demonstrates how to position client and technique used for administering a suppository, pessary or enema | |

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| Assessment/Outcome | |
| Assessment Date | Results Competent Not Yet Competent |
| Recommendations for further development if and timeframe for re assessment NYC: | |
| Assessors Name: | |
| Assessors Signature | Date |