



# Medication Assistance by Unregulated Health Care Workers Policy

## 1. Background

All employees are accountable for working within their designated practice and must only undertake medication assistance activities which are within their scope of practice and for which they are legally entitled to perform, educationally prepared for and competent to undertake.

The Medication Assistance by Unregulated Health Care Workers Policy should be read in conjunction with the WA Country Health Service (WACHS) [Medication Prescribing and Administration Policy](#). This policy applies across WACHS sites including small hospitals, lodges, residential aged care facilities and in the delivery of community services.

## 2. Policy Statement

This document provides an outline of the required minimum standards for the involvement of WACHS unregulated health care workers (UHCW) in the support and assistance with a client's/resident's medication. This policy ensures safety and quality for consumers and staff.

This document applies to all WACHS UHCWs who are involved in the support, prompting and/or assistance with medications (both in residential aged care facilities and in the community setting) and is to be applied in alignment with the Aged Care Quality Standards and National Safety and Quality Health Service Standards which include the Aged Care Module.

Note: Whilst an Assistant in Nursing (AIN) is classified as unregulated health care workers, they are governed by the WA Health [Assistant in Nursing Policy MP 0080/18](#) and as such they are only able to undertake duties as stated within the mandatory policy. Therefore, they are unable to assist with medication support.

## 3. Definitions

<b>Competency</b>	Possess the knowledge, skills and behavioural attributes to perform a task.
<b>Dosage Administration Aid (DAA)</b>	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. Available DAA's brands include Webster-pak®, Medico Pak®, and DoseAid®.

<b>Medication Administration</b>	May be defined as the actual giving of a medication orally, by injection, per rectum or another route.
<b>Medication Assistance</b>	Medication assistance is described as supporting the client /resident with self-medication and involves: <ol style="list-style-type: none"> <li>i. reminding and/or prompting the client to take the medication</li> <li>ii. assisting with opening of medication containers and dose administration aids for the client</li> <li>iii. other assistance not involving medication administration.</li> </ol>
<b>Stable resident /client</b>	Assessed by a Registered Nurse (RN) as having no anticipated variations in daily care.
<b>Unregulated Health Care Worker</b>	An UHCW includes: Patient Care Assistant (PCA), Community Care Worker; Support Worker and Aboriginal Health Care Worker (AHW)  Note: Whilst an AIN is classified as unregulated health workers, they are governed by WA Health <a href="#">Assistant in Nursing Policy MP 0080/18</a> and as such they are only able to undertake duties as stated within the MP. Therefore, are unable to assist with medication support.

## 4. Roles and Responsibilities

### Medical Practitioners

Medical Practitioners are responsible for ensuring that residents under their care have a current, accurate and reliable record of all medicines (including complementary medicines) prescribed on a medication chart as outlined in the WACHS [Medication Prescribing and Administration Policy](#).

### Registered Nurses

A Registered Nurse (RN) responsible for medication administration can delegate medication assistance tasks to a UHCW who has medication assistance within their scope of practice.

For an RN to delegate to an UHCW, they must first ensure:

- The UHCW has medication assistance within their scope of practice
- The UHCW is willing to accept the delegation.
- The UHCWs are aware of the process for escalating and documenting medication incidents.
- The resident/client is physiologically stable.

The RN must ensure the medication is dispensed or supplied by a pharmacist in an appropriately packaged form e.g. dose administration aid. Procedures must be in place where medication cannot be stored in and administered from a medication aid, for example liquids and topical creams.

Appropriate documentation must be provided to support the prompting and/or assistance of medications, usually:

- a medication chart (as per WACHS [Medication Prescribing and Administration Policy](#))
- a signing sheet
- for community clients a [MR169A WACHS Community Aged Care Medication Order](#).

The RN must ensure that all dose administration aids containing S4R and S8 medications are securely stored; balance recorded and disposed of in accordance with the mandatory storage / recording / disposal requirements for S4R and S8 medications to meet auditable accountability requirements. Refer to WACHS [Medication Handling and Accountability Policy](#).

### **Enrolled Nurses**

Enrolled Nurses responsible for medication administration are not able to delegate medication assistance tasks.

### **Unregulated Health Care Workers**

UHCWs must have medication assistance within their scope of practice prior to assisting clients/residents with medication. UHCW must only assist with medications as listed in [Appendix 1](#).

To have medication assistance added to their scope of practice, UHCW must:

- identify the appropriate on-line education modules via [MyLearning](#) LMS (MAURa-g EL2) relevant to their role
- complete and pass all medication modules relevant to their role
- achieve competency on practical assessment against the relevant activities on the Scope of Practice Declaration and Assessment Tool (attached to [MyLearning](#) declaration package MAUR 003).

The UHCW must achieve competency on practical assessment against the relevant activities on the Scope of Practice Declaration and Assessment Tool on an annual basis. The UHCW must:

- prepare the medication by check the person's name, that the packaging is sealed, not expired, the correct quantity is there, the correct labelling
- support the person in taking their medication allowing the person to participate as they are able
- record the person has taken their medication and any issues encountered on the appropriate documentation.

In a community setting, medication assistance must only be given by a UHCW if:

- there is a client assessment completed by an RN

- a [MR169A WACHS Community Aged Care Medication Order](#) has been completed and signed by the General Practitioner.

### 5. Compliance

All sites must comply with mandatory auditing requirements which include:

- i. where medication support is provided by an UHCW the contents of the DAA's must be checked against the medication chart by an RN at point of receipt into the healthcare facility. If the DAA contains an S4R or S8 medication, two authorised staff members are required to check the DAA in accordance with the WACHS Medication Handling and Accountability Policy. This check must be documented, including the name, strength and quantity of any S4R and S8 medicines on the tracking sheet (as per [Appendix 2](#)). Records must be retained and available for audit for a period of 5 years in accordance with the WACHS Medication Handling and Accountability Policy.
- ii. The overall management of patients own S4R and S8 medicines within the health facility must be approved by the Regional Chief Pharmacist and Regional Drugs and Therapeutics Committee (or equivalent) There is to be no more than 8 days of medication accessible to the UHCW at any a time, exemptions to this limit are to be approved in writing by the Regional Drugs and Therapeutics Committee (or equivalent).
- iii. that the UHCW providing medication support must report any inappropriate breach of integrity of the dose administration aid (refer to the WACHS [Medication Handling and Accountability Policy](#), Reporting Discrepancies section).

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 [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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.

### 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

Monitoring of the safe and appropriate administration of medications according to this document is to be achieved through evaluating:

- [DATIX CIMS](#) Medication Incidents
- Residential Aged Care Medication audits; and
- WACHS Learning and Development data

## 8. Standards

### National Safety and Quality Health Service Standards –

Aged Care Module: Action 1 and 5

Clinical Governance Standard: 1.03 and 1.10

Medication Safety Standard: 4.01; 4.02; 4.03 and 4.04

### Australian Aged Care Quality Agency Accreditation Standards –

Standard 4. Services and supports for daily living

Standard 7. Human resources

Standard 8. Organisational governance

## 9. Legislation

Carers Recognition Act 2004 (WA)

Health Practitioner Regulation National Law (WA) Act 2010

Medicines and Poisons Act 2014 (WA)

Medicines and Poisons Regulations 2016 (WA)

Work Health and Safety Act 2020 (WA)

Therapeutic Goods Act 1989 (Cth)

## 10. References

1. Nursing and Midwifery Board (AHPRA). Supervised practice [Internet]. Cited 19 January 2023.
2. Department of Health and Ageing Guiding principles for medication management in residential aged care facilities – A guide for residents and carers

## 11. Related Forms

MR169A WACHS Community Aged Care Medication Order

MR171 WA Hospital Medication Chart - Adult Long Stay

## 12. Related Policy Documents

WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy

WACHS Recognising and Responding to Acute Deterioration (RRAD) Procedure

WACHS Medication Handling and Accountability Policy

WACHS Medication Prescribing and Administration Policy

WACHS Health Record Management Policy

## 13. Related WA Health System Mandatory Policies

Clinical Handover Policy - MP 0095

Medicines Handling Policy – MP 0139/20

Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy

- MP 0103/19

## 14. Policy Framework

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

## 15. Appendix

Appendix 1: [Forms of medication suitable for UHCW assistance](#)

Appendix 2: [Receipt of DAA's tracking sheet](#)

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

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## Appendix 1: Forms of medication suitable for UHCW assistance

Only the medications included in this appendix can be supported by UHCW, and then only if the form of medication is within their scope of practice.

The medications must be dispensed or supplied by a pharmacist and labelled with:

- the brand and generic names of the medicine strength, the dose form and the quantity supplied
- specific directions for use, including frequency and dose
- the client/patient's name
- the date of dispensing or supply
- the applicable storage directions and expiry date of the medicine.

It is preferable that all oral medication should be provided in a Dosage Administrative Aid (DAA) to be administered by a UHCW.

Oral schedule 4 restricted and schedule 8 medication must be provided in a DAA to be administered by an UHCW. Schedule 4 restricted and schedule 8 medication not supplied in a DAA are not to be given by an UHCW.

<b>Medication able to be supported by UHCW with medication within their scope of practice</b>
Oral schedule 4 medications only if in a DAA
Oral schedule 4 restricted and scheduled 8 medications only if in a DAA
<b>The following forms of medication can be supported by UHCW if within their scope of practice by including in most recent Scope of Practice Declaration and Assessment Tool</b>
Eye drops (excluding S4R and S8 eye drops)
Ear drops (excluding S4R and S8 ear drops)
Inhalers with or without a spacer (excluding S4R and S8 inhalers)
Topical creams and ointments (excluding S4R and S8 topicals)
Topical patches (excluding S4R and S8 patches)

**Appendix 2: Receipt of DAA's tracking sheet**

**Health Service:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Resident Details			DAA Details			Record and check of S4R/S8 in DAA (enter in register and store securely)			DAA contents checked against medication Chart
Name	UMRN	Room Number /Location	REGULAR DAA packs received	PRN DAA packs received	DAA contains S4R's or S8	Name and strength of S4R or S8 medication	Quantity of S4R/S8	First check - RN to sign	RN to sign
Example: John Smith		RM 1	2		<input checked="" type="checkbox"/>	Temazepam 10mg	7	Sarah Martin	Paul Penny
----		----	----		<input checked="" type="checkbox"/>	Oxycodone MR 10mg	14	Sarah Martin	Paul Penny
Example: Sally Shoe		RM 2	2		<input type="checkbox"/>	----	----	----	Paul Penny
					<input type="checkbox"/>				
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