



Medication Assistance by Unregulated Health 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 Support with Medication Assistance Policy for Direct Care Unregulated Health Workers should be read in conjunction with the WACHS [Medication Administration Policy](#).

This policy is applicable across all WACHS sites delivering aged care services in the community and in the residential aged care facilities.

2. Policy Statement

This document provides an outline of the required minimum standards for the involvement of WA Country Health Service (WACHS) unregulated health workers (UHW) 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 UHWs who are involved in the support, prompting and/or assistance with medications (both in residential aged care facilities and in their own homes) and is to be applied in alignment with the Aged Care Quality Standards and National Safety and Quality Health Service 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 the delegation of medication assistance, the assessment of the client/resident must comply with WACHS Medication Administration Policy. UHWs must only undertake medication assistance activities which are within their scope of practice and for which they are legally entitled to perform.

Note: that whilst Assistants in Nursing (AINs) are classified as unregulated health workers, they are governed by WA Health Assistants in Nursing Policy MP 0080/18 and as such they are only able to undertake duties as stated within this document. Therefore, for the purpose of these guidelines, assisting or prompting clients/residents with medications is out of scope for AINs.

3. Definitions

Competency	Possess the knowledge, skills and behavioural attributes to perform a task.
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: <ol 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.
Supervision	Supervision includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. There are two levels of supervision: <ul style="list-style-type: none"> • Direct supervision where the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients), and • Indirect supervision where the supervisor and supervisee share the responsibility for individual patients. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering. For details see the Nursing and Midwifery Board (AHPRA) Supervision guidelines for nursing and midwifery
Stable resident / client	Assessed by an RN as having no anticipated variations in daily care.
Unregulated Health Worker	An UHW includes: Patient Care Assistant (PCA), Community Care Worker; Support Worker and Aboriginal Health Care Worker (AHW)

4. Roles and Responsibilities

Medical Practitioners

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.

Registered Nurses

Delegation: The Registered Nurse (RN) responsible for medication administration can delegate the task to a competent UHW. Enrolled Nurses are not able to delegate to any staff.

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

- The UHW has the necessary competence and skill to provide medication administration support.
- The UHW must be willing to accept the delegation.
- A client medication authority form is in place for community clients.
- The medication is in a dose administration aid provided by pharmacist.
- Procedures are in place where medication cannot be stored in and administered from a medication aid, for example liquids and topical creams.
- Documentation is provided that supports the prompting and/or assistance of medications, for example medication history and management plan, medication order and signing sheets.
- RNs and UHWs are aware of the process for escalating and documenting medication incidents.
- The resident/client must be physiologically stable.

The registered nurse must ensure that all dose administration aids containing S4R and S8 medications meet auditable accountability requirements. They must be securely stored; balance recorded and disposed of in accordance with the mandatory storage / recording / disposal requirements for S4R and S8 medications.

Unregulated Health Workers

All WACHS UHWs must have completed the suite of on-line education modules (MAURa-g EL2) via [Capabiliti Learning Management System](#) (LMS) and have undertaken the practical competency assessment prior to assisting clients/residents with medication, equivalent qualification (e.g. HLTHPS006 Assist Clients with Medication).

WACHS eLearning modules:

- [Medication Assistance for the Unregulated Health Worker – Oral Medication](#)
- [Medication Assistance for the Unregulated Health Worker – Oral Medication 2](#)
- [Medication Assistance for the Unregulated Health Worker – Inhalation Medication](#)
- [Medication Assistance for the Unregulated Health Worker – Eye Medication](#)
- [Medication Assistance for the Unregulated Health Worker – Transdermal Medication](#)
- [Medication Assistance for the Unregulated Health Worker – Ear Medication](#)
- [Medication Assistance for the Unregulated Health Worker – PRN Pain Medication](#)

WACHS Practical assessment tool:

- [MAUR 003 \(Medication Assistance for the Unregulated Health Worker\)](#)

If unsatisfactory performance is identified, an individual plan must be developed for the UHW. If an UHW has been out of the workplace for a period of 12 months or more, they must repeat the online module and practical assessment.

The UHW may only support / prompt or assist in medication administration when they have completed the training and assessment requirements and the medications are in a dose administration aid or have been pre-packed by a pharmacist.

The UHW who assists clients with medication support and/or prompting is:

- required (prior to undertaking medication assistance) to provide evidence of completion of the WACHS Medication Assistance for the Unregulated Health Worker online modules (MAUR a-g EL2) and associated Practical Competency Assessment (MAUR 003) or received recognition of current competence by Learning and Development of an equivalent qualification), to work within their individual scope of practice as outlined in their JDF
- to ensure that their day to day practices comply with the policies and procedures of the organisation. to have their competencies observed and monitored by their supervisor/line manager
- to report any concerns or clinical incidents to the RN immediately.

The UHW must sign the appropriate Medication Record Signing sheet, Medication Chart or Blister Pak signing sheet following support/assistance with medications

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.

If a dose administration aid includes Schedule S4R, the contents of the aid may be given by the UHW (refer to WACHS [Medication Administration Policy](#)).

If a dose administration aid includes Schedule S8 medication the administration of this medication must be supported by a WACHS MR170.1 Medication History and Support Plan, where possible, to mitigate risk and allow for flexibility in those facilities that do not have a RN on site.

Schedule 8 medication must not be administered by an UHW if not in a dose administration aid.

In a community setting, the UHW is supported to provide medication assistance (see [Section 3 Definitions](#)) as delegated by an RN.

Medications must only be given and signed for:

- i. if there is a client assessment completed by an RN
- ii. a Medication Order has been completed and signed by the General Practitioner.

5. 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 [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.

All sites must comply with mandatory auditing requirements which include:

- i. where medication support is provided by an UHW only, a site procedure exemption may be required from checking the S4R 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 (refer to WA Health OD0141/08 [Code of practice for the handling of Schedule 8 medicines \(drugs of addiction\) in hospitals and nursing posts](#)).
- ii. that the UHW providing medication support must report any inappropriate breach of integrity of the dose administration aid (refer to the WACHS [Medication Administration Policy](#), Reporting of Medication Stock Discrepancies).

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 Healthcare Standards](#)

Clinical Governance Standard: 1.3 and 1.10

Medication Safety Standard: 4.1; 4.2; 4.3 and 4.4

[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)

[Occupational Safety and Health Act 1984](#) (WA)

[Therapeutic Goods Act 1989](#) (Comm.)

10. References

1. Nursing and Midwifery Board (AHPRA) [Code of ethics for nurses](#)
2. Department of Health and Ageing [Guiding principles for medication management in residential aged care facilities – A guide for residents and carers](#)
3. Therapeutic Goods Administration, 2010, Advisory Committee on the Safe Use of Medicines. Department of Health and Ageing, Canberra.
4. [WA Health Medication Chart Policy](#) MP 0078/18

11. Related Forms

[MR169A WACHS Community Aged Care Medication Order](#)
[MR170.1 Medication History and Management Plan](#)
[MR171 WA Hospital Medication Chart - Adult Long Stay](#)

12. Related Policy Documents

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

13. Related WA Health System Policies

MP 0095 [Clinical Handover Policy](#)
MP 0103/19 [Reporting of Schedule 4 Restricted and Schedule 8 Medicines Discrepancies Policy](#)
MP139/20 [Medicines Handling Policy](#)

14. Policy Framework

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

15. Appendix

Appendix 1: [Categories of medication](#)

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

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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.
All medications that are administered by the nasogastric route.	Scheduled 8 and S4R medications if in medication aid.
	Tablets and wafers if in a pre-filled pharmacy package.
Any drugs that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses.	Eye drops; ear drops; nose drops and sprays
Subcutaneous dispensed prefilled insulin pens	Topical, rectal and vaginal preparations (e.g. creams and ointments)
Medicines given via feeding tubes (e.g. gastrostomy, jejunostomy).	Enemas, pessaries and suppositories
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/Regional - Intravenous - Intramuscular Subcutaneous (excluding dispensed and prefilled syringes i.e. insulin)	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.
	Support workers may assist with peeling the back of patches and ensure that it is firmly attached to the client's skin.