

June 9, 2010

THE USE OF UNLICENSED ASSISTIVE PERSONNEL IN ADMINISTERING MEDICATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy regarding the discretionary use of Unlicensed Assistive Personnel (UAP) for medication administration. UAP can be nursing assistants, health technicians, etc. **NOTE:** *Personnel certified by a recognized external authority to administer medications during medical procedures are excluded from this Directive.*

2. POLICY: It is VHA policy that UAP, within a scope of medication administration, may administer medications at the discretion of the facility Director based on a written recommendation of the Nurse Executive.

3. ACTION

a. **Medical Center Director.** The Medical Center Director is responsible for authorizing the use of UAP for medication administration and for ensuring that written policies and procedures are in place that include all of the following:

(1) All UAP are under the delegated authority of a licensed clinician.

(2) All UAP complete a formal medication course and a copy of the course certificate must be placed in the employee's competency folder.

(3) The medication course includes the following principles:

(a) Proper patient identification;

(b) Procedures for routes of administration (e.g., topical, oral, rectal, gastric tube);

(c) Symbols and descriptions for medication dosages, routes and frequencies;

(d) Documentation requirements;

(e) Responsibility for reporting to a licensed clinician and facility guidance on delegated actions;

(f) Importance of timelines and adherence to medication schedules (e.g., right medication, dose, person, route, time);

(g) Infection control and safe handling of medications;

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- (h) Facility-approved abbreviations related to medication administration;
- (i) Responsibility for understanding indications for medications administered;
- (j) Medication administration safety and adverse event reporting procedures; and
- (k) Annual verification and evaluation of the UAP competency.

1. Those under the delegated authority of a registered nurse (RN) must have the evaluation and verification conducted and documented by a RN.

2. Those not under the delegated authority of a RN must have the evaluation and verification conducted and documented by a licensed supervisor, who has the competency to perform such verification and evaluation.

(4) A scope of medication administration for each individual UAP.

(a) Each UAP must have a clearly defined and documented scope of medication administration that is reflective of patient care needs within the identified environment including, but not limited to:

- 1. Identifying the patient environment where the UAP may administer medications;
- 2. Listing medications that may be delegated to the UAP to be administered according to patient care needs within the identified environment; and
- 3. Establishing conditions under which delegation of medication administration may occur.

(b) This scope of medication administration for the UAP may not include the following:

- 1. Controlled substances;
- 2. Experimental or investigational drugs;
- 3. Medications requiring dosage adjustments based on clinical judgment;
- 4. Medications whose administration requires clinical judgment (e.g., to be given as needed Pro Re Nata (PRN) medications, sliding scale insulin, etc.);
- 5. Medications, unless they are specifically delegated by a licensed clinician on a case-by-case basis, individualized for each patient (e.g., PRN topicals, antacids, laxatives, etc.);
- 6. Medications requiring specialized training for licensed clinicians (e.g., chemotherapy);
- 7. Medications requiring specialized training as determined by external accreditation standards;

8. Parenteral medications; and

9. Medications contained on the Medical Center's list of High Alert Medication.

(5) Special consideration is given to authorized UAPs to administer medications that are not dispensed in unit-of-use packaging.

(6) All UAP supervisors must annually validate that the UAP can clearly articulate signs and symptoms of adverse effects to administered medication.

(7) UAPs must demonstrate competency in teaching patients and residents the signs and symptoms of adverse effects.

b. **Chief of Staff.** The Chief of Staff is responsible for:

(1) Reviewing and approving policies and procedures defining the scope of medication administration for unlicensed personnel; and

(2) Ensuring the compliance of clinical staff with written policies and procedures.

c. **Nurse Executive.** The Nurse Executive is responsible for:

(1) Preparing a written recommendation for the UAP to administer medications at the discretion of the facility Director. This recommendation must be based on the:

(a) UAP completion of a standardized VHA approved training course;

(b) Verification of the UAP competency by a RN, or other authorized licensed non-nursing personnel; and

(c) Designated supervision of the UAP by an appropriate licensed clinician.

(2) The review and approval of policies and procedures defining the scope of medication administration; and

(3) Ensuring local labor relations obligations are followed prior to the implementation of this Directive.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Nursing Services (108) is responsible for the content of this Directive. Questions are referred to (202) 461-6700.

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7. RESCISSION: VHA Directive 2006-049 dated September 12, 2006 is rescinded. This VHA Directive expires June 30, 2015.

Robert A. Petzel, M.D.
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