

USE OF UNLICENSED ASSISTIVE PERSONNEL IN ADMINISTERING MEDICATION

1. SUMMARY OF MAJOR CHANGES:

a. Paragraph 1: Updates the policy statement to allow Unlicensed Assistive Personnel (UAP) to administer medication only if permitted by their Department of Veterans Affairs (VA) medical facility and the UAP meets directive requirements.

b. Paragraph 2: Adds responsibilities for the Chief Operating Officer, Assistant Under Secretary for Health for Clinical Services, Assistant Under Secretary for Health for Patient Care Services, Veterans Health Administration (VHA) Program Office Executive Directors, Veterans Integrated Service Network (VISN) Integrated Clinical Community Clinical Lead, VISN Directors, VA medical facility Directors, VA medical facility Chief of Staff and Associate Director of Patient Care Services, VA medical facility Medical Executive Committee Chair, VA medical facility Service Chiefs, licensed clinician, and VA UAP.

c. Paragraphs 3-8: Adds sections on UAP Medication Administration Requirements, UAP Medication Administration Limitations, Documentation, UAP Medication Administration Authority, Competency Validation, and Oversight and Accountability.

2. RELATED ISSUES: None.

3. POLICY OWNER: The Office of Clinical Services (11) and the Office of Patient Care Services (12) are responsible for the content of this directive. Questions may be referred to VHAUAPPolicy@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 2013-006, The Use of Unlicensed Assistive Personnel (UAP) in Administering Medication, dated March 5, 2013, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 2030. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective 6 months from the date of publication.

August 19, 2025

VHA DIRECTIVE 1194

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services and Chief Medical
Officer

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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USE OF UNLICENSED ASSISTIVE PERSONNEL IN ADMINISTERING MEDICATION

1. POLICY

It is Veterans Health Administration (VHA) policy that Unlicensed Assistive Personnel (UAP) must receive approval to administer medications from the Department of Veterans Affairs (VA) medical facility Medical Executive Committee (MEC) and the VA medical facility MEC be supported by the VA medical facility Chief of Staff (CoS) and Associate Director of Patient Care Services (ADPCS). It is also VHA policy that only UAP who meet requirements for properly administering approved medications, including education, certification or registration, training, and competency standards, are permitted to administer medications specific to their clinical service as described within this directive. **NOTE:** *This directive does not apply to Advanced Radiology Assistants, Nuclear Medicine Technologists, Diagnostic Radiology Technologists, Ultrasound Medical Instrument Technicians, Radiation Therapy Technologists, or Dosimetrists. Topical antiseptic solutions (e.g., isopropyl alcohol, chlorhexidine, povidone iodine) used to disinfect the skin or prep an area (e.g., prior to drawing blood) are excluded from this directive, as they are used solely as preparatory agents and not used as treatment. Any medications used to provide treatment, such as those used to irrigate or provide wound care, must be included on the Standardized Medication Profile for administration by UAPs.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Chief Operating Officer.** The Chief Operating Officer is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure the effectiveness of and compliance with this directive.

(4) Compiling and reviewing the VISN Summary Attestations, submitted by the VISN Director, of all VA medical facilities' annual VHA Directive 1194 Compliance Attestation Memoranda and taking corrective action as appropriate. Template VISN Summary Attestation available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Ensuring compliance with the 6-month post-implementation directive requirements in paragraph 8.b. via a VISN Summary Attestation.

c. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for:

(1) Supporting oversight of this directive.

(2) Collaborating with the Assistant Under Secretary for Health for Patient Care Services to:

(a) Provide VISNs and program offices guidance and resources to ensure compliance with this directive.

(b) Oversee the implementation, operation, and maintenance of this directive, UAP medication profiles, and the UAP Policy Toolkit available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Supporting the mitigation or correction of noncompliance with this directive.

d. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Supporting oversight of this directive.

(2) Collaborating with the Assistant Under Secretary for Health for Clinical Services/CMO to:

(a) Provide VISNs and program offices guidance and resources to ensure compliance with this directive.

(b) Oversee the implementation, operation, and maintenance of this directive, UAP medication profiles, and the UAP Policy Toolkit available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

e. **VHA Program Office Executive Director.** Each VHA Program Office Executive Director with purview over utilization of a UAP in provision of health care is responsible for:

(1) Reviewing and approving requests to modify or create UAP medication profiles within their purview and forwarding to VHAUAPPolicy@va.gov. See paragraph 3.b. – 3.c. for more information.

(2) Creating and maintaining UAP medication profiles for their clinical services, as appropriate on the UAP SharePoint and ensuring that approved UAP medication profiles are published on the UAP Policy Toolkit available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Developing national clinical service-specific medication administration training and competencies for UAP who are eligible to administer medications. Both documents are maintained on the UAP SharePoint at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Promoting best practices that are shared across the clinical service to ensure successful implementation of this directive and Veteran safety.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Clinical Services/CMO, the Assistant Under Secretary for Health for Patient Care Services, and Chief Operating Officer when barriers to compliance are identified.

(2) Overseeing actions to correct noncompliance at the VISN or any VA medical facility within the VISN.

(3) Sending a VISN Summary Attestation of VA medical facilities' annual VHA Directive 1194 Compliance Attestation Memoranda to the Chief Operating Officer for review. The required template VISN Summary Attestation is available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified.

(2) Ensuring the VA medical facility MEC reviews and approves the list of medications and routes for the VA medical facility's Standardized Medication Profile (SMP) at least annually. **NOTE:** *Additions to the SMP beyond what is listed in the UAP medication profiles on the UAP Policy Toolkit are prohibited; however, the VA medical facility is permitted to be more restrictive as determined by the VA medical facility MEC.*

(3) Ensuring that the VA medical facility validates and documents in each UAP's personnel folder the medication administration requirements prior to the UAP's administration of medications.

(4) Ensuring that the VA medical facility evaluates competency records for annual compliance and that appropriate action is taken when UAP competence does not meet expectations (e.g., suspend medication administration ability).

(5) Ensuring that the VA medical facility Service Chiefs make a list accessible to delegators at the VA medical facility, to identify UAP who meet UAP medication

administration requirements and are appropriate to administer medication in accordance with this directive.

(6) Completing the annual VHA Directive 1194 Compliance Attestation Memorandum and, after review by the VA medical facility MEC, submitting the Memorandum to the VISN Director. **NOTE:** *The required template Compliance Attestation Memorandum is located in the UAP Policy Toolkit, available at <https://dva.gov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. This is an internal VA website that is not available to the public.*

h. VA Medical Facility Chief of Staff and Associate Director of Patient Care Services. The VA medical facility CoS and ADPCS are responsible for:

(1) Ensuring that UAP are appropriately delegated medication administration and administer such medications in accordance with this directive.

(2) Ensuring that UAP in their direct line of authority comply with requirements and procedures outlined in this directive.

(3) Ensuring that organized medical staff oversee the UAP medication administration process.

(4) Ensuring that licensed clinicians who delegate medication administration adhere to standards of practice and provide appropriate supervision to UAP to maintain safety and quality Veteran care.

i. VA Medical Facility Medical Executive Committee Chair. **NOTE:** *This committee may also be known as the Healthcare Delivery Council, Medical Executive Body, or Medical Executive Board.* The VA medical facility MEC Chair is responsible for ensuring the VA medical facility MEC:

(1) At least annually, reviews and approves the list of medications UAP may administer and routes of administration UAP may utilize for medications submitted by the VA medical facility Service Chiefs for inclusion in the SMP to ensure applicability to the clinical services in their VA medical facility. **NOTE:** *Additions beyond what is listed in the UAP medication profiles published on the UAP Policy Toolkit are prohibited, however the VA medical facility is permitted to be more restrictive as determined by the VA medical facility MEC.*

(2) Reviews the SMP in collaboration with the VA medical facility Nurse Executive Board/Committee Chair to review and approve medications UAP may administer and routes of administration the UAP may utilize for those medications.

(3) Oversees the VA medical facility UAP medication administration process, including the appropriateness for the care and treatment of Veterans.

(4) Reviews the VA medical facility annual VHA Directive 1194 Compliance Attestation Memorandum as completed by the VA medical facility Director and returns it

to the VA medical facility Director with feedback as appropriate. **NOTE:** *The required template Attestation Memorandum is located in the UAP Policy Toolkit, available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. This is an internal VA website that is not available to the public.*

j. **VA Medical Facility Service Chief.** The VA medical facility Service Chief is responsible for:

(1) Identifying licensed clinicians and UAP within their respective clinical service that must meet requirements for UAP medication administration as outlined in this directive.

(2) Submitting clinical service-specific medications and routes of administration from the clinical service's UAP medication profile published on the UAP Policy Toolkit to the VA medical facility MEC (via any applicable VA medical facility committees) for approval and inclusion in the SMP at least annually. **NOTE:** *Additions beyond what is listed in the UAP medication profiles published on the UAP Policy Toolkit are prohibited, however the VA medical facility may decide to be more restrictive as determined by the VA medical facility MEC.*

(3) Ensuring that UAP with delegated medication administration responsibilities are trained in accordance with this directive and demonstrate knowledge and competency to safely perform medication administration.

(4) Ensuring the completion of initial and annual competency assessments for all UAP within their service line through direct observation by a licensed clinician or more senior UAP with the skill to evaluate medication administration competency prior to any medication administration. **NOTE:** *For more information on competency validation, see paragraph 7.*

(5) Ensuring that licensed clinicians who delegate medication administration provide appropriate oversight and monitoring of UAP medication administration.

(6) Annually evaluating UAP records for evidence of current and validated UAP medication administration which meet the requirements of this directive.

(7) Maintaining a list of UAP who meet requirements, along with the allowable medications and routes of administration they can administer. The list must be accessible to licensed clinicians within the specific clinical service.

(8) Ensuring corrective action is taken when a UAP's competence does not meet established requirements or when the UAP engages in inappropriate behavior (e.g., unprofessional, unethical, or high-risk), including rescinding approval to administer medication and following reporting requirements as appropriate.

k. **Licensed Clinician.** ***NOTE:** For the purposes of this directive, full clinical licensure must include medication administration. Physicians Assistants, Clinical Pharmacist Practitioners, Certified Registered Nurse Anesthetists, and Registered Nurses are not licensed independent practitioners (LIPs) but can serve as delegators. Also for the purposes of this directive, the definition of licensed clinicians does not include health professions trainees (HPTs). Pursuant to VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018, HPTs may not be assigned any required training besides the Mandatory Training for Trainees (MTT) course. Licensed clinicians who delegate medication administration (also referred to as delegators or delegating licensed clinicians) are responsible for:*

(1) Delegating administration of only approved medications by approved routes specific to their clinical service as listed in the UAP medication profiles published on the UAP Policy Toolkit and approved by the VA medical facility MEC.

(2) Assuming responsibility and accountability for the delegated medication administration activities of UAP, including ensuring the proper medication documentation in the Veteran's medication record (see paragraph 5).

(3) Ensuring the UAP is competent in medication administration prior to delegating medication administration to the UAP.

(4) Confirming they are allowed to delegate medication administration to UAP (see paragraph 6).

(5) Following the Five Rights of Delegation: right task, right circumstance, right person, right direction and communication, and right supervision and evaluation. For more information on the Five Rights of Delegation, see paragraph 11.f.

(6) Ensuring the UAP to whom they are delegating medication administration meets eligibility, competency, and training requirements to administer the medication in accordance with this directive (see paragraphs 3, 7, and 9 respectively) by accessing and verifying the list of UAP who meet requirements maintained by the VA medical facility Service Chiefs.

(7) Rescinding UAP medication administration delegation if the Veteran's condition changes, if it is determined that it is not safe for the UAP to administer medication, or if it becomes apparent the UAP is not competent to administer the medication.

(8) Completing the licensed clinician training specified in paragraph 9.

(9) Delegating UAP supervision to another appropriate licensed clinician when unable to complete supervision themselves. ***NOTE:** Licensed clinicians with delegated responsibility of UAP supervision are referred to as supervising licensed clinicians or supervisors.*

I. **Unlicensed Assistive Personnel.** *NOTE: UAP are health care team members who do not hold a license to administer medication and whose authority to administer medication and other specified clinical tasks must be delegated and supervised by licensed clinicians unless exempted from this policy (i.e., Advanced Radiology Assistants, Nuclear Medicine Technologists, Diagnostic Radiology Technologists, Ultrasound Medical Instrument Technicians, Radiation Therapy Technologists, or Dosimetrists).* The UAP is responsible for:

(1) Meeting requirements established in the clinical service's UAP medication profile and when authorization exists administering medication. UAP medication profiles are published on the UAP Policy Toolkit, available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. *NOTE: This is an internal VA website that is not available to the public.*

(2) Adhering to the specific eligibility requirements listed in their clinical service UAP medication profile published on the UAP Policy Toolkit, available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. *NOTE: This is an internal VA website that is not available to the public.*

(3) Completing UAP medication administration training as detailed in paragraph 9.

(4) Completing competency validation annually with a licensed clinician or more senior UAP who has the skill to evaluate medication administration competency. *NOTE: See paragraph 7.*

(5) Following the Six Rights of Medication Administration: right Veteran, right medication, right dose, right route, right time, and right documentation. For more information on the Six Rights of Medication Administration, see paragraph 11.m.

(6) Administering only approved and properly delegated clinical service medications and routes from the SMPs (derived from UAP medication profiles published on the UAP Policy Toolkit).

(7) Documenting medication administration in the Veteran's EHR medication record.

(8) Immediately notifying their delegator or the supervising licensed clinician of any safety concerns or changes in Veteran condition, or to resolve any questions or concerns regarding the medication administration task assigned.

(9) Refusing medication administration delegation if the task is outside the UAP's medication profile or competency, or the UAP has discussed with the delegator their rationale to not administer the medication. *NOTE: The UAP must not delegate medication administration to another UAP.*

3. UNLICENSED ASSISTIVE PERSONNEL MEDICATION ADMINISTRATION REQUIREMENTS

a. Each clinical service with UAP that administer medication must have a UAP medication profile published on the UAP Policy Toolkit. Each UAP medication profile must list the tier level, clinical service-specific eligibility requirements, medication administration safety requirements, and have a detailed SMP. UAP must meet their clinical service UAP medication profile eligibility requirements to be eligible for medication administration delegation in their clinical service. A UAP who works in multiple clinical services must meet the requirements for each clinical service's UAP medication profile. Upon delegation of medication administration, UAP must follow all medication administration safety requirements listed in this directive and in their clinical service's UAP medication profile. Only medications and routes listed on the clinical service UAP medication profile may be delegated to a UAP who meets directive requirements. The VA medical facility MEC may restrict further when creating their SMP but must not add to the SMP.

(1) **Eligibility Requirements.** There are two tiers of UAP medication profiles. Each has its own eligibility requirements.

(a) Basic Tier UAP Eligibility Requirements.

1. VHA-approved education. Must have at minimum a high school diploma or equivalent and one or more of the following:

a. VA-approved specialty training/study course that is:

(1) Externally accredited;

(2) Relevant to the clinical service; and

(3) Includes a mechanism to ensure learner validation of knowledge (e.g., testing component with passing grade).

b. Graduation from an accredited program or school relevant to the clinical service.

c. Six semester hours in subjects related to the position.

d. Nationally approved certification or registration from a professional organization that is applicable to their position. **NOTE:** *A certificate is not the same as a certification or registration and does not meet the eligibility requirement. Certification or registration is not required; however it is highly recommended.*

2. VHA Trainings. Required trainings listed on the UAP medication profile must be completed to be eligible for medication administration delegation. For more information on training, see paragraph 9.

3. Competencies. Required competencies must be validated annually. For more

information on competencies, see paragraph 7.

(b) Advanced Tier UAP Eligibility Requirements.

1. VHA-approved education. Must have, at minimum, completed a clinically relevant Associate of Science degree or technical program accredited by an agency recognized by the Department of Education or Council for Higher Education as listed in the applicable clinical service UAP medication profile in the UAP medication profile in the UAP medication profiles published on the UAP Policy Toolkit.

2. Certification/Registration. Must have a current national certification or registration from a professional organization, applicable to their clinical service and validated by VHA. **NOTE:** *A certificate is not the same as a certification or registration and does not meet the eligibility requirement.*

3. Certifications or registrations must remain current (may not be waived); if a certification or registration lapses, the UAP is prohibited from administering medications.

4. VHA Trainings. Required trainings listed on the UAP medication profile must be completed to be eligible for medication administration delegation. For more information on training, see paragraph 9.

5. Competencies. Required competencies must be validated annually. For more information on competencies, see paragraph 7.

(2) **Medication Administration Safety Requirements.** UAP must follow the medication administration safety requirements listed in their clinical service's UAP medication profile found in the UAP medication profiles published on the UAP Policy Toolkit when delegated to administer medications listed in the applicable UAP SMP.

(a) Exceptions. Specific UAP medication profiles may have exceptions to UAP medication administration limitations (see paragraph 4 for limitations). Of note, even if there is an exception to a limitation listed, the UAP is still limited to only those medications and routes listed in the applicable SMP.

(b) General Medication Medication Administration Risk Mitigations. Listed mitigations must be followed for all medications and routes listed in the applicable SMP.

(3) **Standardized Medication Profile.** UAP are limited to the discrete list of medications and routes found in the clinical service UAP medication profile's SMP. This includes specific supervision level (i.e., room supervision, area supervision, or supervision available), allowed delegators and supervisors, and additional limits and mitigations which must be followed for the specific medication and route being administered. Each SMP includes information on the following UAP criteria:

(a) Medications. A limited list of clinical service-specific medications a UAP may be delegated to administer if they meet requirements.

(b) Routes. Specific medication administration routes allowed for the medication.

(c) Supervision. The required licensed clinician supervision level (i.e., room supervision, area supervision, or supervision available) for the medication. For more information on supervision levels, see paragraph 11.p.

(d) Delegator/Supervisor. A discrete list of licensed clinicians allowed to delegate or supervise the administration of the medication.

(e) Limits/Mitigations. Limits and mitigations which must be followed to administer the medication.

b. To create a clinical service UAP medication profile a request must be approved by the appropriate VHA Program Office Executive Director. Approved UAP medication profiles are published on the UAP Policy Toolkit. **NOTE: Process details may be found in the UAP Policy Toolkit available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. This is an internal VA website that is not available to the public.**

c. To revise or amend a clinical service UAP medication profile a request must be submitted to the appropriate VHA Program Office Executive Director via the Medication Profile Change Request form located on the UAP Policy Toolkit available at <https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE: This is an internal VA website that is not available to the public.**

4. UNLICENSED ASSISTIVE PERSONNEL MEDICATION ADMINISTRATION LIMITATIONS

a. All UAP must meet the clinical service UAP medication profile requirements, stated in the UAP medication profiles published on the UAP Policy Toolkit website, to be eligible for medication administration delegation. **NOTE: Some exceptions to limitations are allowed for Advanced Tier UAP and are noted on the UAP medication profile.**

b. Only those medications and routes listed on the clinical service UAP medication profile may be administered.

c. Only those medications within the scope of the licensed clinician may be delegated to a UAP.

d. Use of standing orders or protocols is only permitted for UAP who meet requirements for clinical service UAP medication profiles which specifically list standing orders as a medication administration risk mitigation. When standing orders or protocols are approved for use, UAP must at minimum meet the same standing order or protocol requirements as licensed clinicians (e.g., requirements from The Joint Commission).

e. Prohibited medication administration practices by a UAP include:

(1) Medications requiring dosage adjustments based on clinical judgment or

calculations of dosage.

(2) Experimental or investigational drugs.

(3) Off label use of medications.

(4) Emergency use authorized medications.

(5) Controlled substances.

(6) High alert medications (unless explicitly detailed in the UAP medication profiles published on the UAP Policy Toolkit).

(7) High risk routes (e.g., endotracheal, intra-arterial, intra-articular, intra-coronary, intrapleural, intrathecal, and intraosseous).

(8) As needed orders. **NOTE:** *As needed orders, also known as Pro Re Nata or PRN orders, are orders acted on based on the occurrence of a specific indication or symptom.*

(9) Medication orders received by telephone.

(10) Signed and held medication orders. **NOTE:** *Signed and held orders are new prewritten medication orders and specific instructions from a LIP to administer medication(s) to a Veteran in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s).*

(11) Medication orders received verbally.

(a) Exceptions for verbal orders can be made in emergency medical situations and require room supervision by a licensed clinician.

(b) In emergency medical situations, when verbal orders are used, a closed loop communication process must be followed. The UAP receiving the verbal order must verbally repeat back the order to the ordering licensed clinician. The ordering licensed clinician must confirm the repeat back is correct before the UAP may proceed. Immediately following medication administration, the verbal order must be recorded, dated, and authenticated in a timely manner by the ordering licensed clinician who is authorized to write orders and is responsible for the care of the Veteran, in accordance with VA medical facility procedures and bylaws.

(c) In emergency medication situations, UAP are not permitted to administer medications without a supervising clinician and can only administer medications approved on the appropriate SMP.

5. DOCUMENTATION

a. Documentation of UAP medication administration in the Veteran's medication

record must include the medication, dose, time, route of administration, and name of person administering the medication.

b. The licensed clinician delegating medication administration is responsible for ensuring all required UAP medication administration documentation is entered into the Veteran's EHR medication record.

c. All adverse events, sentinel events, and close calls involving patient care are encouraged to be reported in the Joint Patient Safety Reporting system.

6. UNLICENSED ASSISTIVE PERSONNEL MEDICATION ADMINISTRATION AUTHORITY

a. The authority for UAP to administer medication comes from the delegating licensed clinician whose practice includes the delegation of medication administration to UAP who meet the requirements of the UAP medication profiles published on the UAP Policy Toolkit website.

b. Both the delegating and supervising licensed clinician must have a state license allowing them to delegate and supervise UAP medication administration.

c. In cases of standing orders or protocols, the VA medical facility MEC must grant the UAP authority for medication administration using standing orders or protocols.

NOTE: *In these cases, the UAP must still be supervised by a licensed clinician.*

7. COMPETENCY VALIDATION

UAP competency validation is a critical required element to ensure a UAP can safely administer medication. Competency validation assesses that the UAP has the skills, knowledge, and abilities to safely perform medication administration. Competency must be demonstrated and assessed by a licensed clinician or more senior UAP who is competent in the skills and knowledge required for the specific medication administration. Competencies must be assessed and documented at least annually. A repository of clinical service competencies is located at the UAP Training and Competencies button on the Office of Clinical Services' UAP Policy Toolkit:

<https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

8. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Oversight responsibilities as outlined in paragraph 2 of this directive for the Assistant Under Secretary for Health for Clinical Services/CMO; Assistant Under Secretary for Health for Patient Care Services; Chief Operating Officer; VHA Program Office Executive Director; VISN Director; VA medical facility Director; VA medical facility MEC Chair; VA medical facility Service Chief; and licensed clinician.

(2) The annual VHA Directive 1194 Compliance Attestation Memoranda that must be completed by each VA medical facility Director and VISN Director.

(3) Validating and documenting UAP competencies annually at the VA medical facility.

(4) Validating and documenting UAP completion of three core TMS Modules training annually at the VA medical facility.

(5) Annually evaluating UAP records for evidence of current and validated UAP medication administration which meet the requirements as dictated by this directive by the VA medical facility Service Chief with oversight from the VA medical facility MEC.

b. **Metrics.** The metrics in this directive to assess the directive's effectiveness are:

(1) UAP meet the clinical service eligibility requirements for medication administration listed in the UAP medication profile published on the UAP Policy toolkit within 6 months of directive publication and prior to administering medication.

(2) Licensed clinicians are trained on the directive within 6 months of directive publication and prior to administering medication.

(3) VHA leadership with directive responsibilities trained on the directive within 6 months of directive publication and prior to administering medication.

(4) Annually approved SMP for each VA medical facility which allows UAP to administer medication.

9. TRAINING

Training is jointly created, maintained, and provided by the Office of Patient Care Services and the Office of Clinical Services. The following training is **required**:

a. VA medical facility, VISN, and appropriate program office leadership with directive responsibilities are required to train on the contents of this directive.

b. All licensed clinicians who delegate medication administration to eligible UAP are required to train on the contents of this directive with an emphasis on delegator responsibilities (see paragraph 2.k.) prior to delegating medication administration to a UAP. **NOTE:** For the purposes of this directive, the definition of licensed clinicians does not include health professions trainees (HPTs). Pursuant to VHA Directive 1052, HPTs may not be assigned any required training besides the Mandatory Training for Trainees (MTT) course.

c. UAP who meet the clinical service eligibility requirements for medication administration identified in the approved SMP are required to train on both VHA core and clinical service-specific medication trainings within 6 months of the publication of this directive and prior to administering medication. VHA core training is jointly created

and maintained by the Office for Patient Care Services and the Office for Clinical Services. Clinical service-specific trainings and medication administration competencies are created and maintained by the program office responsible for the clinical service.

d. UAP who are delegated medication administration must annually complete core training (three core TMS modules) and competency validation, appropriate to the UAP's clinical area. As changes that impact medication administration occur, clinical service training is expected to be completed on an ongoing basis. The core trainings are:

(1) Unlicensed Assistive Personnel Directive 1194 Training Module 1-TMS ID: 131013491.

(2) Unlicensed Assistive Personnel Directive 1194 Training Module 2 - TMS ID: 131013489.

(3) Unlicensed Assistive Personnel Directive 1194 Training Module 3 - TMS ID: 131013490.

e. All UAP who currently administer medication but do not meet eligibility criteria at the time of publication of this directive are required to be trained on the requirements and the potential impact on their ability to administer medications.

10. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Manager.

11. DEFINITIONS

a. **Certification.** A certification is a credential issued by an accredited professional organization recognized by VA for an occupation, certifying that an individual has met the standards or skills to practice their profession or achieved specialized knowledge related to their profession. Certifications have ongoing requirements such as continuing education or retesting to maintain certification.

b. **Competency.** A competency is a documented demonstration that an individual has sufficient knowledge and skills necessary to perform to a defined standard.

c. **Delegation.** For the purposes of this directive, delegation is the assignment of activities or tasks related to Veteran care from a licensed clinician to UAP while the licensed clinician retains accountability for the outcome.

d. **Delegator.** A delegator is a licensed clinician who may assign medication administration to UAP who are eligible to administer medication. The delegator retains accountability for Veteran care outcomes and ensures proper supervision of the

medication administration. **NOTE:** For the purposes of this directive, licensed HPTs must not serve as delegators.

e. **Emergency Medical Situation.** For purposes of this directive, an emergency medical situation is an event in which immediate administration of medication is necessary for proper treatment of the Veteran, where delay of medical care would increase the hazard to the life or health of the Veteran and no appropriate alternative treatments or administering personnel (e.g., licensed clinicians) are available. In emergency medical situations, eligible UAP may administer the approved medications and routes for their applicable clinical service UAP medication profile under the supervision of a licensed clinician.

f. **Five Rights of Delegation.** The Five Rights of Delegation are:

(1) **Right Task.** The medication administration activity within this directive is communicated through a licensed clinician's order, within the approved practice setting, to a UAP who meets requirements.

(2) **Right Circumstance.** The delegation occurs when a UAP, who meets requirements, is the most appropriate person to safely administer the medication. The health condition of the Veteran must be stable or have direct supervision. If the Veteran's condition changes, the UAP must communicate this to the delegator, who must reassess the situation and the appropriateness of the delegation. The appropriate equipment/resources must be available, and the UAP must have the right supervision to safely accomplish the task. Also, the environment must be favorable for delegation in each situation.

(3) **Right Person.** The delegating licensed clinician, the UAP's supervisor, and the UAP are responsible for ensuring that the UAP possesses the appropriate skills, knowledge, and experience to safely perform the medication administration.

(4) **Right Direction and Communication.** Each delegation situation is specific to the Veteran, the delegator, UAP, and the practice setting. Delegators must communicate the performance expectations precisely. The UAP must report back to the delegator after the task is completed. The UAP, as part of two-way communication, must ask any clarifying questions and must refuse to administer the medication if uncomfortable with the medication administration order or medication administration. The delegator must ensure that the UAP understands that they cannot make any decisions or modifications in carrying out the medication administration order.

(5) **Right Supervision and Evaluation.** The delegator is responsible for assessing if the Veteran is a good candidate for a UAP to administer medication, supervising the delegated activity, following up with the UAP at the completion of the activity, and evaluating Veteran outcomes. In certain settings UAP medication administration supervision may be delegated to another licensed clinician; the licensed clinician must knowingly accept the supervision of the medication administration. The UAP is responsible for communicating Veteran information to the delegator during the

delegation situation. The delegating or supervising licensed clinician must be accessible to intervene as necessary and must ensure appropriate documentation of the activity is completed.

g. **High Alert Medication.** For purposes of this directive, high alert medications are medications, classes, or categories that are associated with the highest risk of single dose morbidity and mortality. Although errors may or may not be more common with these drugs, the consequences of an error are likely to cause significant harm.

h. **Licensed Independent Practitioner.** An LIP is an individual permitted by law and the VA medical facility through its medical staff bylaws to provide Veteran care services independently, without supervision or direction, within the scope of the individual's license and in accordance with privileges granted by the VA medical facility. For the purposes of this directive, Clinical Pharmacists, Registered Nurses, Physician Assistants, and Certified Registered Nurse Anesthetists, are permitted to serve as delegators.

i. **Medication.** For purposes of this policy, medications are any prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, vaccines or over-the-counter drugs; respiratory therapy treatments, parenteral nutrition, blood derivatives, and intravenous solutions (plain, with electrolytes or drugs); and any product designated by the Food and Drug Administration as a drug. This definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

j. **Medication Administration.** Medication administration is the provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the Veteran's body.

k. **Medication Administration Risk Mitigations.** Medication administration risk mitigations are safety precautions put in place to reduce the likelihood or the severity of an adverse event. Examples of mitigations include level of UAP supervision by a VA licensed clinician, role of the UAP's supervisor (e.g., Medical Doctor, Registered Nurse), proximity to emergency services, and independent-double check of medication.

l. **Registration.** A registration is the official confirmation by a professional organization recognized by VA or state law that an individual has fulfilled the requirements or met a standard or skill to practice the profession and may be required to qualify for appointment within a specific occupation within VA. ***NOTE: For the purposes of this directive a registration must have ongoing requirements for renewal.***

m. **Six Rights of Medication Administration.** The Six Rights of Medication Administration are a process where six factors are checked for accuracy to ensure safe medication administration. These factors are:

(1) **Right Veteran.** Ascertaining that a Veteran being treated is, in fact, the correct recipient for whom the medication was prescribed. Identity must be confirmed using two forms of identification.

(2) **Right Medication.** Ensuring that the medication to be administered is identical to the drug name that was prescribed (matching generic or brand name and formulation).

(3) **Right Dose.** Ensuring that the medication strength and dosage are identical to what was prescribed.

(4) **Right Route.** Ensuring that the medication is administered via the route prescribed and is appropriate for the prescribed medication.

(5) **Right Time.** Administering medications at a time that was intended by the prescriber and within acceptable medication administration times.

(6) **Right Documentation.** Ensuring each medication is recorded after the dose is administered. Any reactions, especially atypical reactions, must also be documented.

n. **Standardized Medication Profile.** An SMP is a VA medical facility approved list of clinical service-specific routes and medications derived from the UAP medication profiles published on the UAP Policy Toolkit. The VA medical facility SMP may be more restrictive than the profile provides, but it must not allow the addition of UAP positions, medications or routes outside those specified in the published UAP medication profiles.

o. **Standing Order.** For purposes of this directive, a standing order is a prewritten medication order and specific instructions from the LIP to a UAP to administer a medication under clearly defined circumstances as a medication administration risk mitigation.

p. **Supervision Levels.** For purposes of this directive, supervision levels are the varying degrees of intervention provided by a supervising licensed clinician for UAP medication administration. There are three levels of supervision:

(1) **Room Supervision.** The supervising licensed clinician is physically present in the same room (or contiguous procedure control room) while the UAP is engaged in medication administration.

(2) **Area Supervision.** The supervising licensed clinician is in the same physical area and is immediately accessible to the UAP. The supervising licensed clinician meets and interacts with the Veteran as needed.

(3) **Supervision Available.** Services are furnished by the UAP under the supervising licensed clinician's guidance. The supervising presence is not required during services, but a supervising licensed clinician, pre-identified by the delegating licensed clinician, must be in the VA medical facility, available immediately remotely (Vocera, phone, pager, etc.), and must be able to be physically present if needed.

q. **Unlicensed Assistive Personnel.** For purposes of this directive, UAP are health care team members who do not hold a license to administer medication and whose authority to administer medication and other specified clinical tasks must be delegated and supervised by licensed clinicians.

12. REFERENCES

a. 21 U.S.C. §§ 802(6), 812.

b. 38 U.S.C § 7301(b).

c. 21 C.F.R. §§ 1308.11-1308.15.

d. VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

e. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

f. UAP Policy Toolkit.

<https://dvagov.sharepoint.com/sites/VHAClinSvcs/SitePages/UAP%20Main%20Page.aspx>. **NOTE:** This is an internal VA website that is not available to the public.