

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Medication: Administration by Enrolled Nurses
<b>TYPE OF DOCUMENT</b>	Policy
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<b>REVIEW DATE</b>	December 2024
<b>FORMER REFERENCE(S)</b>	SESLH Procedure 2005/2005 and IAHS Area Policy CLIN-PRAC-01 September 2004
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	SESLHD Director, Nursing and Midwifery Services
<b>AUTHOR</b>	District Nursing and Midwifery Practice & Workforce Unit
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<b>FUNCTIONAL GROUP(S)</b>	Medicine Nursing and Midwifery Pharmaceutical
<b>KEY TERMS</b>	Enrolled Nurse, Medication/Medicine Administration, Intravenous fluids
<b>SUMMARY</b>	This policy outlines the requirements for medication administration by Enrolled Nurses (Division 2) who hold a board approved qualification in medication administration.

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### 1. POLICY STATEMENT

This policy specifies the scope of practice for Enrolled Nurses in relation to medication administration within South Eastern Sydney Local Health District (SESLHD) facilities.

The policy should be read in conjunction with [NSW Health Policy Directive PD2022 032 - Medication Handling](#).

The policy includes the requirements for medication assessment of Enrolled Nurses undertaking a board approved course for medication administration and student Enrolled Nurses.

### 2. TARGET AUDIENCE

- Local Health District Director of Nursing and Midwifery Services
- Facility Directors of Nursing and Midwifery
- Workforce Managers, Nurse Managers, Managers of Education
- Registered Nurses and Midwives
- Enrolled Nurses, Nurse/Midwifery Unit Managers, Nurse/Midwifery Educators and Clinical Nurse/Midwifery Educators.

### 3. POLICY

#### 3.1 CLINICAL PRACTICE

##### 3.1.1 Scope of practice for Enrolled Nurses

- Enrolled Nurses are accountable for making decisions about their own practice and what is within their own capacity and scope of practice. The Enrolled Nurse scope of practice in relation to medication administration is governed by their qualifications (NMBA 2022)
- To administer medications, Enrolled Nurses must be an employee of SESLHD (including casual pool or agency) and registered as an Enrolled Nurse (Division 2) by Australian Health Practitioner Regulation Agency (AHPRA) without a notation.
- Enrolled Nurses who **cannot** administer medicines **have the notation ‘Does not hold Board-approved qualification in administration of medicines’** on their registration, which is available on the national [register of practitioners](#). These Enrolled Nurses are **not authorised to administer or check** medications for patient administration in SESLHD facilities
- Enrolled Nurses who have completed board approved units of study for administration of medication but have not completed the additional required units of study for administration of intravenous medication will NOT have a notation on their registration. These Enrolled Nurses are authorised to administer and check medications by all routes **EXCEPT Intravenous**
- All SESLHD facilities must have local processes in place to determine the scope of practice relating to medication administration for Enrolled Nurses.

Enrolled Nurses employed by SESLHD and without a notation or restriction:

- May administer medication, including Schedule 4, Schedule 4 Appendix D and specified nurse-initiated medications via **routes listed in 3.1.10**.
- Must undergo additional assessment for practice in the administration of intravenous medication at the commencement of employment and annually as described in 3.1.9.
- **Must not administer Schedule 8 medications.**
- May be a witness for Schedule 8 medications as described in 3.1.6
- Must administer medications from a valid order in the Electronic Medication Management System (eMeds) or equivalent paper based form and signed by a medical practitioner, dentist or authorised nurse practitioner.
- May administer Nurse initiated medications as described in 3.1.2

When administering medications, the Enrolled Nurse must practice under the **direct or indirect** supervision of a Registered Nurse (RN) or Registered Midwife (RM). To ensure patient safety at all times the Registered Nurse or Registered Midwife must ensure that delegation of responsibility to the Enrolled Nurse is always assessed according to clinical context, experience and competence.

### 3.1.2 Nurse initiated medications

- An Enrolled Nurse (EN) without notation may administer [Nurse/Midwife initiated medication](#) that have been approved by the SESLHD drug committee to children greater than 16 years and adults
- The EN must confirm verbally with their supervising RN or RM prior to the administration that the medication is appropriate and safe for the patient.
- The administering nurse must document the administration appropriately.

### 3.1.3 PRN medication

An Enrolled Nurse without notation may administer PRN medications within their scope of practice in accordance with [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#) or as updated.

### 3.1.4 Standing orders

An Enrolled Nurse must not administer standing orders unless additional assessment for practice has been undertaken as per **3.1.11. Exception is [SESLHD \(Internal only\) Standing Order for Fluids for Dilution of Intravenous or Injectable Medications in All Clinical Areas](#)** as delegated and checked by supervising RN/RM.

### 3.1.5 Emergency telephone orders

An Enrolled Nurse **must not** receive medication orders via the telephone. Emergency telephone orders for medication must be received and documented by a Registered Nurse, Registered Midwife, Medical Officer or Pharmacist. Any telephone order of a medication must be verified by a second person, **preferably** a Registered Nurse or pharmacist. However, if a Registered Nurse is not available, an Enrolled Nurse without notation may verify the order.

### 3.1.6 Witnessing - Schedule 8 medications administration

Refer to [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#) or as updated. The **witness** to the Schedule 8 medication transaction MUST be a person who is **fully familiar** with the procedure. This is **preferably** a Registered Nurse/Midwife, an authorised prescriber, a registered pharmacist or an Enrolled Nurse without notation. The **witness** must be present during the entire procedure including removal and replacing of the medication from the storage unit, preparation of the medication, discarding any unused portion of the medication, recording in the Schedule 8 drug register transfer and administration to the patient.

### 3.1.7 Balance Checks – Schedule 8 medications

Balance checks of Schedule 8 medications in the drug register must be carried out according to [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#). Each routine check must be carried out by a Registered Nurse/Midwife with a witness. The witness can be a Registered Nurse/Midwife, an authorised prescriber, a registered pharmacist, or an Enrolled Nurse with or without notation.

### 3.1.8 Access to medication cupboards and trolleys

Enrolled Nurses without a notation may carry keys or have access to “keypad” lock combinations to unlock cupboards, bedside medication drawers and medication trolleys containing **Schedule 2, 3, non-Appendix Schedule 4 and unscheduled medications only**.

Enrolled Nurses **must not** carry keys or be given code, combination or swipe card access required to unlock the Schedule 8 medication storage unit or the Schedule 4 Appendix D medication storage unit. These keys must be kept separate from all other keys as per [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#).

### 3.1.9 Intravenous medications

Enrolled Nurses can only check or administer intravenous medications if they are appropriately qualified as identified in **3.1.1**. To administer intravenous medications/ fluids Enrolled Nurses without a notation must be assessed annually (3.1.10). Enrolled nurses can administer intravenous medications via peripheral route only. The only exception to this is when the Enrolled Nurse has successfully completed further training as indicated in 3.1.11.

All intravenous medications/fluids must be checked with the **supervising Registered Nurse/Midwife**. The second person checking the intravenous medication is responsible for confirming the identity of the patient, the selection of the correct medication and fluid, confirming the dose is appropriate and calculations are correct, confirming the infusion device has been correctly set, and countersigning the administration on the medication chart.

Refer to [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#) or as updated.

**3.1.10 Assessment for practice in the administration of intravenous medication**

In SESLHD:

- Enrolled Nurses without notation to be authorised to administer intravenous (IV) medication and are working in facilities/units where IV medications are administered **must:**
  - Successfully complete a practical assessment and answer two clinical scenario questions at the commencement of employment and then annually.
  - Agency and casual ENs must provide evidence of completing the required assessments as indicated above.
  - All SESLHD facilities must have local processes in place for informing agencies of assessment requirements for Enrolled Nurses.
  - In facilities/units where IV medications are not administered, assessment is **optional** and is to be negotiated by the Director of Nursing with a facility that is authorised to assess Enrolled Nurses.

There must be provision for maintaining records of annual assessment for Enrolled Nurses administering IV medications.

**3.1.11 Additional assessment for practice for Enrolled Nurses**

As a beginning practitioner, the Enrolled Nurse has been assessed in the administration of medications via the following routes:

Oral	Intranasal-Including nebulised	Nasogastric	Rectal
Topical -including transdermal ocular & aural	Subcutaneous	+/- Intravenous	Intramuscular

**NOTE: Additional training and assessment for practice is required in the following circumstances:**

- Where facility or clinical unit guidelines allow Enrolled Nurses to prepare or administer medications outside of the usual practice, there must be provision for additional training and assessment. This includes, but is not limited to:
  - The checking of blood prior to administration but not administration
  - The preparation of medications for administration in operating theatres
  - The administration of medications via routes outside of the usual practice of an Enrolled Nurse, for example. Intraperitoneal
  - The administration of medications via specialist intravenous access devices such central venous access devices, porta-caths and haemodialysis
    - [SESLHD \(Internal only\) Standing Order for Fluids for Dilution of Intravenous or Injectable Medications in All Clinical Areas](#)

**3.1.12 Scope of practice for Enrolled Nurses with notation and student Enrolled Nurses undertaking training in medication administration**

An Enrolled Nurse with a notation or student Enrolled Nurse who has successfully completed the unit of study *Administer and Monitor Medicines and Intravenous Therapy HLTENN040* may administer medications within their scope of practice under the **direct and close supervision** of the supervising Registered Nurse/Midwife. Direct and close supervision is to continue until the Enrolled Nurse or student is registered with AHPRA without notation. The supervising Registered Nurse/Midwife must be an employee of SESLHD.

**3.2 GOVERNANCE**

**3.2.1 SESLHD facility process**

SESLHD facilities must have a local process to ensure authorised Enrolled Nurses are assessed annually for intravenous medication administration. There must be provision for maintaining records of Enrolled Nurse medication training and assessment.

**3.2.2 Compliance and variance management**

All SESLHD facilities are required to undertake regular audits of policy and practice to determine compliance with NSW Ministry of Health and SESLHD policy. Variances from SESLHD policy must be addressed through the relevant incident management systems and quality improvement processes.

4. DEFINITIONS

<b>Delegation</b>	Enrolled nurses are responsible for their own practice and conduct and work under the supervision and delegation of a named and accessible registered nurse. In accepting delegated aspects of nursing care, enrolled nurses are accepting responsibility and accountability for delivery of those aspects of nursing care (ANMF, 2018).
<b>Direct supervision</b>	The Nursing and Midwifery Board of Australia (NMBA 2022) states that direct supervision is when the supervisor takes direct and principal responsibility for the nursing care provided. They must be physically present and observing when clinical care is provided.
<b>Indirect supervision</b>	The Nursing and Midwifery Board of Australia (NMBA 2022) states that indirect supervision is when the supervisor and supervisee share responsibility for individual patients. The supervisor must be present at the workplace and available to observe and discuss the care the supervisee is delivering. This will depend on the context, the needs of the consumer and the needs of the person who is being supervised.
<b>Enrolled Nurse (EN)</b>	“The EN works with the Registered Nurse (RN) as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice generally requires the EN to work under the direct or indirect supervision of the RN. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care. The need for the EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.” NMBA 2016.
<b>Enrolled Nurse without notation</b>	Enrolled Nurses who have completed all board approved units of study for administration of medication including administration of intravenous medication.
<b>Enrolled Nurse without notation not qualified to administer medications intravenously</b>	Enrolled Nurses who have completed board approved units of study for administration of medication but have not completed the required units of study for administration of intravenous medication will NOT have a notation on their registration and are authorised to administer medications by all routes except IV.
<b>Enrolled Nurse with notation related to medication</b>	Enrolled Nurses who have not completed board approved units of study for administration of medication will have a notation on their registration, <i>does not hold Board approved qualifications in administration of medicines</i> from AHPRA, and cannot administer or check medications in SESLHD.
<b>Registered Nurse appraised assessor</b>	Registered Nurses who have been approved/accredited by the education provider to assess the clinical component of the approved enrolled nurse medication administration course.

**5. DOCUMENTATION**

- National Inpatient Medication Chart, National Residential Medication Chart or electronic equivalent
- Ward Drug Register
- NSW Health Incident Reporting System (IIMS+)
- Enrolled Nurse Registration from AHPRA with academic transcript if required.
- All SESLHD Facilities must have local processes in place to determine scope of practice of Enrolled Nurses.

**6. REFERENCES**

**Legislation**

- [NSW Health Poisons and Therapeutic Goods Regulation 2008](#)

**Other**

- [NSW Health Policy Directive PD2022\\_032 - Medication Handling](#)
- [Australian Nursing & Midwifery Federation, 2021 - Delegation by Registered Nurses](#)
- [NSW Nurses and Midwives' Association, 2019 - Policy on Enrolled Nurses](#)
- [Nursing and Midwifery Board of Australia, 2022 - Enrolled Nurses and Medicine Administration](#)
- [Nursing and Midwifery Board of Australia, 2016 - Enrolled Nurses Standards for Practice](#)
- [Nursing and Midwifery Board of Australia, 2020 - National Framework for the development of decision making tools for nursing and midwifery practice](#)

**7. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
May 2005	Draft 1	Susan Boulter, EN Coordinator- SESAHS Procedure 2004/005, Susan Brown, EN / TEN Co-ordinator IAHS Procedure CLIN-PRAC-01 Sept 04  Approved by Acting Director of Nursing and Midwifery Services and Area Directors of Nursing.
March - April 2006	Draft 2	Review of former Area Health Service Policies by Susan Brown, Therese Riley EN Coordinators and Karen Patterson Area Nurse Manager Clinical Practice Development and Education in consultation with TEN Site Coordinators
August – November 2006	Draft 3	Draft policy rewritten by Bronwyn Cowan in consultation with NaMO (NSW Health), Susan Brown, Karen Patterson and site EN/TEN Coordinators. The revised draft includes <ul style="list-style-type: none"> <li>• Three draft policies incorporated into one</li> <li>• feedback from internal stakeholders</li> <li>• new directives received from NMB</li> <li>• scope for future extended EN roles</li> </ul>
December 2006	1	Approved by the Executive Sponsor, Director of Nursing & Midwifery.



**Medication: Administration by Enrolled Nurses**

**SESLHDPD/160**

		Approved for release by the Area Executive Committee 5 Dec 2006
September 2007	2	Policy revised by Area Nursing Learning & Development Initiatives Manager and TEN site coordinators in response to recommendations from RCA 107-104 and external review.
November 2007	3	Policy updated by Area Nursing Learning & Development Initiatives Manager in line with the replacement of NSW Health PD2005_206 with PD2007_077
May 2010	4	Policy updated by Area Nursing & Midwifery Services, Learning & Development Initiatives Manager in line with new model of EN education – minor changes only no Executive approvals required.
April 2012	5	Policy updated by SESLHD Nursing and Midwifery Services, Clinical Facilitator Clinical Leadership Program in line with national registration, introduction of pre-service model of education and restructure from area health service to local health district.
September 2013	6	Policy updated by SESLHD Nursing and Midwifery Services in line with national registration, changes to EN curriculum and NSW Health Policy Directive PD2005_047 obsolete.
January 2015	7	Policy updated by SESLHD Nursing and Midwifery Practice and Workforce Unit in line with replacement of NSW Health Policy Directive PD2007_077 with PD 2013_043 and NSW Health Policy Directive PD2012_064 obsolete.
February 2016	8	Policy reviewed and updated by SESLHD Nursing and Midwifery Practice and Workforce Unit. Ratified by SESLHD Directors of Nursing 25.02.2016.
January 2017	9	Policy reviewed and updated by SESLHD Nursing and Midwifery Practice and Workforce Unit.
April 2018	10	Policy reviewed and updated by SESLHD Nursing and Midwifery Practice and Workforce Unit.
July 2019	11	Policy reviewed, minor changes to language made by SESLHD Nursing and Midwifery Practice and Workforce Unit. Approved by Director Nursing and Midwifery.
July 2019	11	Formatted by Executive Services prior to tabling at August 2019 Quality Use of Medicines Committee.
August 2020	12	Policy reviewed, minor changes to language made by SESLHD Nursing and Midwifery Practice and Workforce Unit. Approved by District Director Nursing and Midwifery.
September 2021	13	Policy reviewed, minor changes to language made by SESLHD Nursing and Midwifery Practice and Workforce Unit. Approved by Acting District Director Nursing and Midwifery.
October 2021	13	Approved at Quality Use of Medicines Committee.
August 2022	14	Policy reviewed, minor changes to include Enteral route. Risk Rating reviewed and changed From Extreme Risk to High Risk by SESLHD Nurse Mangers of Education and Nursing and Midwifery Practice and Workforce unit. Approved by SESLHD Director Nursing and Midwifery.
November 2022	14.1	Updated in line with advice from SESLHD Quality Use of Medicines Committee. Approved by SESLHD Director Nursing and Midwifery.

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**Medication: Administration by Enrolled Nurses**

**SESLHDPD/160**

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December 2022	14.2	Published following approval by SESLHD Quality Use of Medicines Committee.
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