<table>
<thead>
<tr>
<th>NAME OF DOCUMENT</th>
<th>Medication: Administration by Enrolled Nurses</th>
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<tr>
<td>TYPE OF DOCUMENT</td>
<td>Policy</td>
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<tr>
<td>DOCUMENT NUMBER</td>
<td>SESLHDPD/160</td>
</tr>
<tr>
<td>DATE OF PUBLICATION</td>
<td>March 2017</td>
</tr>
<tr>
<td>RISK RATING</td>
<td>Extreme</td>
</tr>
<tr>
<td>LEVEL OF EVIDENCE</td>
<td>National Standard 1.10 and 4.1</td>
</tr>
<tr>
<td>REVIEW DATE</td>
<td>March 2018</td>
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<tr>
<td>FORMER REFERENCE(S)</td>
<td>SESIAHS Procedure 2005/2005 and IAHS Area Policy CLIN-PRAC-01 September 2004</td>
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<td>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</td>
<td>Kim Olesen, Director, Nursing and Midwifery Services</td>
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<tr>
<td>AUTHOR</td>
<td>Robin Girle, Nursing and Midwifery Services</td>
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<td>KEY TERMS</td>
<td>Enrolled Nurse, Medication/Medicine Administration, Intravenous fluids</td>
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<tr>
<td>SUMMARY</td>
<td>This policy outlines the requirements for medication administration by Enrolled Nurses (Division 2) who hold a board approved qualification in medication administration.</td>
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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 PD2013_043 Medication Handling in NSW Public Facilities. 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
- Workforce Managers
- 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 2014).
- 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 have not completed board approved units of study for administration of medication will have a notation on their registration *(Does not hold Board approved qualifications in administration of medicines)* from AHPRA. Enrolled Nurses with this notation 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 medications by all routes **EXCEPT Intravenous**.
  - Enrolled Nurses who have not completed units of study for administration of intravenous medication must not administer or check any intravenous medication including intravenous fluids.
- 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 all routes as listed in 3.1.10. The exceptions are Enrolled Nurses who have not completed the additional required units of study for administration of IV medication.
- Must be assessed for competence 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 3.1.5
- Must only administer medications from a valid order which has been written on an approved medication chart or documented on an electronic equivalent and signed by a medical practitioner, dentist or authorised nurse practitioner.

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 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 record the administration on the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.

### 3.1.3 PRN medication

An Enrolled Nurse may administer PRN medications in accordance with [NSW Health PD2013_043 Medication Handling in NSW Public Facilities](#), or as updated.

### 3.1.4 Standing orders

An Enrolled Nurse must not administer standing orders

### 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 PD2013_043 Medication Handling in NSW Public Facilities 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 as per NSW Health PD2013_043 Medication Handling in NSW Public Facilities. 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 Keys to medication cupboards and trolleys
Enrolled Nurses without a notation may carry keys or have access to “key pad” 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 to 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 PD2013_043 Medication Handling in NSW Public Facilities.

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 accredited 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 PD2013_043 Medication Handling in NSW Public Facilities or as updated.
3.1.10 Assessment for competence in the administration of intravenous medication

In SESLHD:
- Enrolled Nurses without notation who are 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 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 competency for Enrolled Nurses who are deemed competent to administer IV medications.

3.1.11 Additional assessment for competence for Enrolled Nurses

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

- Oral
- Topical - including transdermal, ocular and aural
- Intramuscular
- Subcutaneous
- Intranasal - including nebulised
- Rectal
- +/- Intravenous

NOTE: Additional training and/or competency assessment is required in the following circumstances:
- Where facility or clinical unit guidelines allow for 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 eg. intraperitoneal,
  - The administration of medications via specialist intravenous access devices such central venous access devices, porta-caths and haemodialysis.

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 theory component of an accredited medication program may administer all of the medications listed in the facility policy for Enrolled Nurses 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.

3.1.13 Assessment of student ENs and ENs undertaking an accredited medication course

As part of their education program, Enrolled Nurses undertaking a board accredited medication course and student Enrolled Nurses are assessed in all aspects of medication administration.

The abovementioned medication administration competency assessments are completed under the following conditions:

- Evidence must be provided of successful completion of the theory component prior to medication competency assessments being attempted.
- Medication administration competency assessments may only be carried out by a Registered Nurse/Midwife who is an employee of SESLHD and fulfils the requirements prescribed by the education provider. Facilitators may also assess students in medication administration but not be responsible for supervision of their practice.
- The education provider remains ultimately accountable for the assessment of students in relation to their professional experience assessment. Refer to SESLHDPR/326 Student Clinical Placements in SESLHD facilities.

3.2 GOVERNANCE

3.2.1 SESLHD facility process

All SESLHD facilities must have a local process to ensure all 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

| Delegation       | The Registered Nurse (RN) is responsible for the delegation of nursing activities to the Enrolled Nurse. The Australian Nursing and Midwifery Council (2007) states that within the nursing context, delegation is the “transfer of authority to a competent person to perform a specific activity in a specific context”.
| Direct supervision | The Australian Health Practitioner Regulation Agency (AHPRA) 2013 states 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 supervision ... |
Indirect supervision

The Australian Health Practitioner Regulation Agency (AHPRA) 2013 states 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.

Enrolled Nurse (EN)

“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

Enrolled Nurse without notation

Enrolled Nurses who have completed all board approved units of study for administration of medication including administration of intravenous medication.

Enrolled Nurse without notation not qualified to administer medications intravenously

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.

Enrolled Nurse with notation related to medication

Enrolled Nurses who have not completed board approved units of study for administration of medication will have a notation on their registration, Does not hold Board approved qualifications in administration of medicines from AHPRA, and cannot administer or check medications in SESLHD.

Registered Nurse appraised assessor

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

- Approved medication chart
- Ward Drug Register
- NSW Medication Error reporting process (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

- Australian Health Practitioner Regulation Agency, 2015, “Supervision guidelines for nursing and midwifery”
• Australian Nursing & Midwifery Council, 2007, “Delegation and Supervision for Nurses and Midwives”
• NSW Health Policy Directive PD2013_043 “Medication Handling in NSW Health Public Health Facilities”
• NSW Nurses and Midwives’ Association, 2016, Policy on Enrolled Nurses
• Nursing and Midwifery Board of Australia, 2016, Enrolled Nurses and Medicine Administration
• Nursing and Midwifery Board of Australia, 2016, Enrolled Nurses Standards for Practice
• NSW Health Poisons and Therapeutic Goods Regulation 2008
• Nursing and Midwifery Board of Australia 2013, National Framework for the development of decision making tools for nursing and midwifery practice

7. REVISION AND APPROVAL HISTORY

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<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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| 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
                      |              | • Three draft policies incorporated into one
                      |              | • feedback from internal stakeholders
                      |              | • new directives received from NMB
<pre><code>                  |              | • scope for future extended EN roles |
</code></pre>
<p>| December 2006         | 1            | Approved by the Executive Sponsor, Director of Nursing &amp; Midwifery. Approved for release by the Area Executive Committee 5 Dec 2006 |
| September 2007        | 2            | Policy revised by Area Nursing Learning &amp; 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 &amp; Development Initiatives Manager in line with the replacement of NSW Health PD2005_206 with PD2007_077 |
| May 2010              | 4            | Policy updated by Area Nursing &amp; Midwifery Services, Learning &amp; Development Initiatives Manager in line with new model of EN education – minor changes only no Executive approvals required. |</p>
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<tr>
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<th>Description</th>
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<tr>
<td>April 2012</td>
<td>5</td>
<td>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.</td>
</tr>
<tr>
<td>September 2013</td>
<td>6</td>
<td>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.</td>
</tr>
<tr>
<td>February 2016</td>
<td>8</td>
<td>Policy reviewed and updated by SESLHD Nursing and Midwifery Practice and Workforce Unit. Ratified by SESLHD Directors of Nursing 25.02.2016.</td>
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<tr>
<td>January 2017</td>
<td>9</td>
<td>Policy reviewed and updated by SESLHD Nursing and Midwifery Practice and Workforce Unit.</td>
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<tr>
<td>March 2017</td>
<td>9</td>
<td>Endorsed by Drug and Quality Use Medicines Committee with condition that the added wording “National Inpatient Medication Chart, National Residential Medication Chart (section 3.1.1) and Documentation be amended to “approved medication chart” to cover all types of medication charts including specialist charts.</td>
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