

September 2, 2004

USE OF ASSISTIVE PERSONNEL IN ADMINISTERING MEDICATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy regarding the use of Assistive Personnel (such as nursing assistants, health technicians) for medication administration.

2. POLICY: It is VHA policy that the use of Assistive Personnel for medication administration is based on the recommendation of the Nurse Executive to the Medical Center Director who has authorization authority.

3. ACTION: If the facility uses Assistive Personnel for administering medication, the Medical Center Director is responsible for ensuring that:

a. Written policies and procedures are in place that include all of the following:

(1) All Assistive Personnel are under the delegated authority of a licensed clinician and must complete a formal medication course with a copy of the course certificate placed in the Assistive Personnel's competency folder. The medication course must include the following principles:

(a) Proper patient identification.

(b) Procedures for routes of administration (topical, oral, rectal, injectable, gastric tube).

(c) Symbols and descriptions for medication dosages, route and frequency.

(d) Documentation requirements.

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

(f) Importance of timelines and/or adherence to medication schedules (right medication, dose, person, route, time).

(g) Infection control and safe handling of medications.

(h) Facility approved abbreviations related to medication administration.

(i) Responsibility for understanding indications for medications administered.

(2) Verification and evaluation of competency of Assistive Personnel is based on medication administration principles, as defined in subparagraph 3b, to be conducted and documented at least annually by a registered nurse (RN).

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(3) Assistive Personnel not under the delegated authority of a RN will have competencies verified and evaluated by a licensed supervisor having the competency to perform such verification and evaluation.

(4) Assistive Personnel have a clearly defined and documented scope of medication administration. This scope of medication administration for Assistive Personnel may not include the following:

- (a) Controlled substances.
- (b) Experimental and/or investigational drugs.
- (c) Medications requiring dosage adjustments based on clinical judgment.
- (d) Medications whose administration requires clinical judgment (e.g., to be given as needed (PRN) medications, sliding scale insulin, etc.).
- (e) Medication that are not supplied in unit-of-use packaging and are required to be obtained from bulk supplies (e.g., oral liquid psycotropics, immunosupressants, etc.).
- (f) 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).
- (g) Medications requiring specialized training for licensed clinicians (e.g., chemotherapy).
- (h) Medications requiring specialized training as determined by external accreditation standards.
- (i) Parenteral medications unless the employee is certified in parenteral medication administration by a recognized external authority.

b. The Nurse Executive is responsible for review and approval of policies and procedures defining scope of medication administration by Assistive Personnel.

4. REFERENCES: None.

5. FOLLOW-UP RESPONSIBILITY: The Office of Nursing Services (108) is responsible for the content of this Directive. Questions are referred to 202-273-9237.

6. RESCISSION: None. This VHA Directive expires August 31, 2009.

S/ Arthur S. Hamersachlag for
Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

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