

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Nursing and Midwifery Services
AUTHOR	District Nursing and Midwifery Practice & Workforce Unit
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FUNCTIONAL GROUP(S)	Medicine Pharmaceutical Nursing and Midwifery
KEY TERMS	Enrolled Nurse, Medication/Medicine Administration, Intravenous fluids
SUMMARY	This policy outlines the requirements for medication administration by Enrolled Nurses (Division 2) who hold a board approved qualification in medication administration.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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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 Ministry of Health Policy Directive - 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 and Midwifery
- 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 2016).
- 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 and check 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 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 only administer medications from a valid order which has been written on an approved National Inpatient Medication Chart, National Residential 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/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 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 Ministry of Health Policy Directive - PD2013 043 Medication Handling in NSW Public Facilities](#), 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 Sodium Chloride 0.9% for reconstitution and dilution of parenteral medications in all clinical areas \(Adult patients\)](#) 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 Ministry of Health Policy Directive - 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 Ministry of Health Policy Directive - 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 Access 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 Ministry of Health Policy Directive - PD2013_043 Medication Handling in NSW Public Facilities](#).

For facilities that have swipe card access to S8 and S4D medications the Enrolled Nurse must remain the witness, as per 3.1.6.

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 Ministry of Health Policy Directive - PD2013_043 Medication Handling in NSW Public Facilities](#) or as updated.

3.1.10 Assessment for practice 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 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
- Topical - including transdermal ocular & aural
- Intranasal - including nebulised
- Rectal
- Intramuscular
- Subcutaneous
- +/- Intravenous

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 eg. intraperitoneal,
 - The administration of medications via specialist intravenous access devices such central venous access devices, porta-caths and haemodialysis.
 - [SESLHD Standing Order for Sodium Chloride 0.9% for reconstitution and dilution of parenteral medications](#)

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 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.

3.1.13 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 above mentioned 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

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

<p>Delegation</p>	<p>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).</p>
<p>Direct supervision</p>	<p>The Nursing and Midwifery Board of Australia (NMBA), 2016 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.</p>
<p>Indirect supervision</p>	<p>The Nursing and Midwifery Board of Australia (NMBA), 2016 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.</p>
<p>Enrolled Nurse (EN)</p>	<p>“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.</p>
<p>Enrolled Nurse without notation</p>	<p>Enrolled Nurses who have completed all board approved units of study for administration of medication including administration of intravenous medication.</p>
<p>Enrolled Nurse without notation not qualified to administer medications intravenously</p>	<p>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.</p>
<p>Enrolled Nurse with notation related to medication</p>	<p>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.</p>

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.
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5. DOCUMENTATION

- National Inpatient Medication Chart, National Residential Medication Chart or electronic equivalent
- 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

Legislation

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

Other

- [NSW Ministry of Health Policy Directive - PD2013_043 Medication Handling in NSW Public Facilities](#)
- [Australian Nursing & Midwifery Federation, 2021 - 'Delegation by Registered nurses'](#)
- [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](#)
- [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"> • Three draft policies incorporated into one • feedback from internal stakeholders

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		<ul style="list-style-type: none"> • new directives received from NMB • scope for future extended EN roles
December 2006	1	Approved by the Executive Sponsor, Director of Nursing & Midwifery. 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.