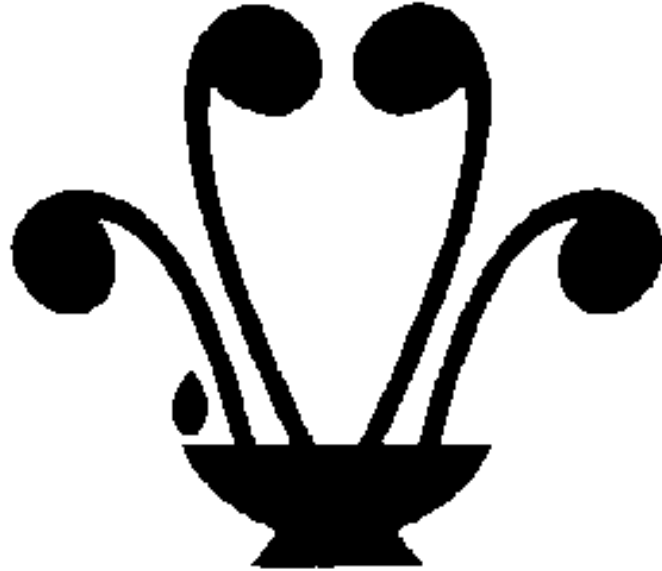


**GUIDELINES FOR THE
ADMINISTRATION OF
MEDICATIONS BY
NON-NURSES IN NON-
HEALTH SETTINGS**

**NURSES ASSOCIATION
OF NEW BRUNSWICK**



Mission

The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

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This document, which sets out the guidelines for the administration of medications by non-nurses in non-nursing settings, replaces the 1992 version of the Nurses Association of New Brunswick document entitled *Policy Framework for Administration of Medications*.

Effective May 2002

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INTRODUCTION

The administration of medications is a complex function requiring knowledge of physiology and pharmacology to make appropriate professional clinical judgements. Medication administration has traditionally been considered a nursing function within the context of the health care system, where registered nurses maintain overall responsibility for managing the administration of medications. There are, however, situations where medications are administered by non-nurses in settings outside of the formal health care system including special care homes, correctional facilities, public schools and daycare facilities.

Normally, registered nurses are not employed in these non-health settings, since it has been determined that professional nursing judgement is not required in monitoring the client. However, when a change in client condition, in any of these settings, indicates a need for professional nursing care, registered nursing services should then be accessed through transfer of the client to the local hospital or nursing home, or arrangements made for in-residence professional nursing care from such services as the extra-mural program or nursing services of a home health care agency. The setting, the client profile, as well as the nature and level of service provided are crucial factors in determining a safe, practical and affordable approach to medication administration.

The following guidelines were developed by the Nurses Association of New Brunswick (NANB) to provide direction to persons and agencies operating outside the formal health care system involved in medication administration. The framework is intended to guide the development of appropriate policies, standards, and responsibilities related to practical and affordable means for the safe administration of medications to clients in these non-health care settings.¹

¹ Nursing homes in New Brunswick are outside the jurisdiction of the formal health care system; however, their client population has care needs that have been determined to require the professional judgement and care provided by registered nurses. In nursing homes, registered nursing assistants (RNAs) are authorized to administer medications to nursing home clients, in accordance with the *NANB Criteria for Delegation of Nursing Tasks to RNAs in the Nursing Home Setting*. In the nursing home setting, therefore, the aforementioned NANB criteria supersede the guidelines contained in this document.

ASSUMPTIONS

The following five assumptions, reflecting the values and beliefs of registered nurses, provide a basis for sound decision-making in the area of medication in non-health care settings:

1. A comprehensive health care system offers a range of services on a continuum from community-based to institutional care;
2. Individuals, families and communities are active partners in primary health care. The public accesses support for self-care through community-based services;
3. Client need is the primary determinant of the nature, level of service and appropriate location for service delivery;
4. Clients entering the formal health and community support network are assessed by health care and social service professionals. This ensures that individuals are directed to the level and nature of service that is most beneficial for their needs; and
5. There is a process in place whereby client needs are reassessed at appropriate intervals to ensure service levels meet identified needs.

DEFINITION OF NON-HEALTH CARE SETTINGS

Non-Health Care Agencies

There are settings outside the formal health care system in New Brunswick where services of registered nurses are not provided because the client profile does not indicate the need for ongoing, on-site professional nursing supervision or provision of care. In these situations, non-nurse personnel may administer medications, in accordance with established policies, designed to ensure public safety. Examples of non-health care settings where individuals may require medications, but where registered nurses may not be employed, include public schools, correctional facilities, residential camps, daycare facilities, and various residential-social facilities.

Residential-Social Facilities

There are situations where the line between a health care agency and a non-health care agency seems blurred. These facilities operate within a residential-social model and include as special care homes, community residences and group homes. Care delivered within the context of a person's private home also poses special considerations. In cases where the distinction between a health care facility and residential-social facility is not clear, one must take into account the client profile, the level of care required and the predictability of the outcome of care.

Provincial residential facilities as well as group home clients have been determined to have health care needs that are stable, with predictable responses to treatment. Their stable health care needs are secondary to their social needs. The goal of care in adult residential facilities is the "attainment and maintenance of the resident's optimal personal level of functioning, self care, and independence" (*Standards and Procedures for Adult Residential Facilities*, Department of Family and Community Services, February 2002). Typically, clients in special care homes require a protected housing environment, social stimulation and/or minor assistance with self-care, but do not need regular **on-site** nursing supervision. These clients have decreased physical and/or mental faculties with level 1 and level 2 care needs. Primarily these clients require supervision and/or assistance with activities of daily living and provision for meeting psychosocial needs through social and recreational services. Staff providing services to these clients generally have knowledge and skills acquired through a variety of programs including home care worker, special care worker, health care aid, human services or nursing assistant.

Clients in community residences primarily have level 3 and level 4 care needs which have been determined to not require the **on-site** professional care available through the nursing home setting. Staff providing services in this setting require specialized knowledge acquired through successful completion of a human services or nursing assistant program to meet the long-term care needs of clients with mental illness, behaviour management disorders, brain injuries, autism, and so forth.

Group homes provide services to special needs youth, and to young offenders, and offer respite care for families with special needs children.

GUIDELINES FOR ADMINISTRATION OF MEDICATIONS BY NON-NURSES

In settings where client profiles dictate that professional nursing judgement is not required in monitoring care, medications can be administered by non-nurses in those settings in accordance with the following guidelines:

Self-Administration

Self-administration should be the main method of medication administration in settings where professional nursing services are not provided. Non-nurses may assist individuals to self-medicate through such means as removing caps or covers, passing a container to the client, or helping to assemble equipment.

Administration by Authorized Personnel

When self-administration is not possible, properly trained personnel authorized by their employer may, in accordance with agency policies and procedures, administer medications to persons in their care according to the following guidelines:

1. **written consent** for the administration of medication must be granted by the individual or by the person with legal authority/power of attorney;
2. **over-the counter medications** may be administered in accordance with the advice of a physician (if the individual is currently under the care of a medical practitioner) and pharmacist or nurse; and
3. **prescription medications:**
 - 3.1 oral and topical prescription medications may be administered in accordance with a physician's directions,
 - 3.2 injectable prescription medications may be delegated to non-nurse personnel in accordance with the following principles (NANB *Guidelines for Delegation of Nursing Acts to Family Members*, 1996):
 - 3.2.1 a registered nurse conducts a nursing assessment to determine the client's care requirements,

- 3.2.2 a registered nurse conducts an evaluation to determine the competency of the personnel designated by the agency to perform the act,
- 3.2.3 instruction is provided by a registered nurse, which is client-specific and not transferable, and
- 3.2.4 provision is made for follow-up by a registered nurse.

Employer Responsibility

Employers are legally responsible for hiring appropriate staff and for establishing and maintaining policies and procedures that are suitable to the specific needs and circumstances of the clientele served. To ensure the safety of clients, policies and procedures must address the following:

- client consent/authorization to administer medications;
- quality control system providing for a safe, secure system for the acquisition, storage, control and administration of medications; and
- proper documentation of all medications administered, and any adverse reactions. Medication incidents must also be recorded in a client's file. Those clients receiving prescription medications must have a copy of the physician's current order, or copy of each prescription in their file. Each order/prescription must detail the date of the order, name of the medication, dosage, route of administration and frequency.

Employers must ensure that personnel authorized to administer medications receive adequate preparation regarding the scope and limitations of their responsibilities to safely assume this function.

GLOSSARY

The following definitions are taken from *Standards and Procedures for Adult Residential Facilities*, New Brunswick Department of Family and Community Services, February 2002.

Level 1 care indicates clients who are generally mobile but require availability of supervision/assistance on a 24-hour basis to prepare for, or complete their personal care and instrumental activities of daily living. Client interventions do not require complex skills or equipment. Clients may require some professional care/supervision but it can be provided through office visits, clinics or home visits.

Level 2 care indicates clients who may require some assistance or supervision with mobility. They require more individualized assistance/supervision with personal care and activities of daily living. Clients participate, but require prompting, guidance or assistance throughout the activity. Interventions require some complexity in skills and knowledge concerning personal care, behaviour modification, appropriate responses in various situations, and recognition of deterioration in health (physical/mental) status. Clients may require some professional care/supervision but it can be provided through office visits, clinics or home visits.

Level 3 care indicates clients who have a medically stable physical or mental health condition, or functional limitation and require supervision on a 24-hour basis. Clients may participate in personal care or activities of daily living but require prompting, guidance, assistance throughout the activity of someone else to perform the activity. The client may require supplementary professional health care/supervision at times provided on site or at other locations including a hospital, mental health centre. Interventions require specialized knowledge and skills and the use of specialized equipment may be necessary.

Level 4 care indicates clients who have a medically stable physical or mental health condition, but where difficulties with cognition and/or behaviour require supervision on a 24-hour basis. Clients may display aggressive behaviour toward self and/or others. Clients may participate in personal care, activities of daily living and health related activities but could require maximum assistance and/or someone else to perform the activity. The client may require supplementary professional health care/supervision at times, provided on site, or at other locations including a hospital, mental health centre. Interventions require specialized knowledge and skills and the use of specialized equipment may be necessary.