

Ref. No.:	18.04	Issue Date:	Dec 2019
Manual:	Hospital Clinical	Revision No.:	1
Section:	Medication	Last Review:	Dec 2019
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PURPOSE

To ensure the administration of medications by Nursing and Midwifery students is performed safely, competently and in accordance with professional and statutory regulations.

SCOPE

This policy applies to all ACHA facilities.

POLICY

The ACHA Health policy on Medication administration by Nursing & Midwifery Students is:

- Registered Nursing & Midwifery Students (students) will only administer medications under the direct supervision of a Registered Nurse (RN) / Registered Midwife (RM), who is practicing within their own scope of practice.
- Enrolled Nursing Students (EN students) will only administer medications under the direct supervision of a Registered Nurse (RN) / Registered Midwife (RM) or Medication Endorsed Enrolled Nurse (EEN) who is practicing within their own scope of practice.
- Where the EEN is providing medication administration supervision to the student EN the EEN MUST:
 - be medication endorsed
 - be educated and trained in how to 'supervise' the student EN and the responsibility associated with such supervision.
 - directly supervise the student administer the medication through the entire administration process - without exception
 - only include medications where an RN is not required to administer or check a medication
 - not supervise student RN's or RM's
- All Student assessments must be signed off by supervising RN/RM. EENs are not able to sign off practical assessments.
- Safe and accurate administration of medications is carried out in accordance with the written orders of a Medical Practitioner and the manufacturer's instructions.
- All students administering medications will follow the ACHA 7 rights of medication administration, and all ACHA policies.
- Students must act in compliance with all aspects of supplying, dispensing and administering medications as detailed in the relevant state / territory laws and regulations
- Compliance with the Medication Management Guidelines for Nurses and Midwives issued by the relevant state / territory Nursing and Midwifery Boards
- All Students must function within their limits of knowledge and the guidelines issued by their education provider relating to their stage of education. They should refuse to carry out any medication administration procedures for which they have not had appropriate education.
- Students are NOT permitted to be involved in the administration of Schedule 8 medications or high risk medications, including but not limited to cytotoxic medications, IV cardiac medications and IV paediatric medications. They may observe these procedures only. Any site based variance to this must be risk assessed and clearly

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DESIGNATION	CEO, Hospital Operations
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documents / communicated.

- Students **MUST** not carry the DDA keys at any time.
- High risk medications that a student may administer **MUST** be clearly identified and individual sites may add to this list based on an individual site risk assessment.
- Students are **NOT** permitted to administer medications via the following routes / devices:
 - Intrathecal
 - Epidural
 - Arterial
 - Central Venous Access Devices (excluding situations when the student is working in a critical care unit and they have been educated appropriately on the specific device in use)
- Students are **NOT** permitted to be the second checker for any medication requiring a double check, they must be the 3rd checker. (ie 2 medication credentialed nursing staff (RN / RM / EEN / MO), one of which must be a RN / RM, + student)
- Students may only observe the process of phone orders in relation to medication ordering and administering.
- Students **MUST** only administer medications that they have prepared themselves
- Individual sites may further limit student involvement in medication administration based on their risk assessment of the patient circumstance, supervision provided and type of student cohort.
- ACHA is committed to providing appropriate care to achieve the best outcomes while ensuring patient safety, privacy and comfort.
- Appropriate use of personal protective equipment, manual handling and infection control procedures will be maintained.

Definition of a Student:

Any person, not employed by the hospital, who is undertaking student clinical work experience within the hospital, as per the current ACHA contract between ACHA and the student's Registered Training Organisation.

Only students that have undertaken specific training in relation to medication administration may undertake this practice within the work experience environment and within their scope of practice.

Prior to administering any medications the student MUST:

- Have successfully completed all of the RTO's academic requirements associated to medication administration and relevant to their stage of training.
- Have successfully completed (100%correct) a drug calculation assessment within the past 10 months. This excludes 1st year students who are undertaking a 3 year course and have not completed the relevant medication administration study, as they will only be observing medication administration in the workplace. Students may be asked to provide written evidence of the drug calculation assessment to the hospital at the commencement of their placement.

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- Understand the purpose, effect, side effects, interactions and contraindications for the ordered medication.
- Check that all requirements for a valid medication prescription have been met
- Be prepared to accept responsibility for his/her own actions

Guidelines of students involved in medication administration:

- Students MUST only administer medications that they have prepared themselves.
- Students must follow all ACHA policies when administering any medication.
- Students have no part to play in the receiving, documenting or administration of medication phone orders. They may observe this process only.
- Students have no part to play in the ordering or administration of nurse initiated medications. They may observe this process only.
- Students MUST not carry the DDA keys at any time.
- Before administering a medication, the student must ensure the SEVEN (7) Rights of Safe Medication Administration:
 - The Right Person
 - The Right Documentation and clinical context
 - The Right Drug
 - The Right Dose
 - The Right Date/Time
 - The Right Route
 - The Right to Uninterrupted Medication Administration
- Students must observe for, report and document any adverse reactions
- Students MUST co -sign the medication chart AFTER the medication has been administered

Student Scope of Practice

- Students MUST always only administer medications via routes in which they have undertaken the related education, prior to commencing their clinical placement.
- **The student's scope of practice may vary based on their course program and the specific training they have completed by the time they undertake their clinical placement. For this reason the following guidance is provided but it may be varied at an individual site level based on student circumstance and specific training organisation's curriculum.**
 - 1st year students, who are undertaking a 3 year course but have not completed their medication module and any student that cannot provide, on request, evidence of a current 100% correct drug calculation test successfully may only observe medication administration processes.
 - 1st year students that have completed medication administration training with their RTO may administer medications, if permitted by local site guidelines.
 - 2nd year students, who are undertaking a 3 year course, and Enrolled Nursing students may administer via the following routes
 - Oral
 - Inhalations / nebulisers
 - Enteral
 - Dermal / transdermal / topical
 - Intramuscular injections
 - Subcutaneous injections
 - Eye drops and ointments
 - Ear drops
 - Nasal drops / sprays
 - Sublingual
 - Buccal

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- Rectal
- Vaginal
- 2nd year students, who are undertaking a 3 year course, and Enrolled Nursing students may administer the following high risk medications to adult patients:
 - Regular dose insulin (insulin pen administration device may only be used if Autosield Safety Needle is available, otherwise an insulin syringe must be used)
 - Subcutaneous heparin
 - Subcutaneous enoxaparin

*A double checking process (i.e. the student is the 3rd person in the checking / administration) MUST be applied when these medications are administered.
 ** Additional high risk medications may be added to the above list at a site level, based on as site level risk assessment. This MUST be clearly documented and communicated to the students and hospital staff.
- 3rd year students, who are undertaking a 3 year course, 2nd year students who have completed the relevant training by the time of placement, refresher or bridging RN/RM students and Enrolled Nursing students who have undertaken the relevant studies to include IV medication administration, may administer via all of the above routes plus the following routes:
 - Intravenous via a peripheral access device
 - Intravenous via a CVC or PICC (ONLY related to 3rd year students who are working in a critical care unit and only after they have undertaken additional training at the hospital in relation to this route).

NOTE: The starting / stopping, connection / disconnection, setting / changing of rates & volumes etc. of any IV infusion or pump is considered to be part of the medication administration process and therefore MUST only be done in line with all other guidelines outlined in this policy and MUST always be done under direct supervision of a RN / RM as per all other IV administration processes.

- **Neonatal / Paediatric medications** - Administration of medications to neonatal / paediatric patients by a student is always considered to be a high risk procedure and is to be managed according to above guidelines plus any site specific policies applicable.
- **Patient Controlled IV / Epidural Analgesia** – The only involvement a student (2nd year, 3rd year and EN) may have with this infusion is the frequent / regular checking and recording of doses administered (attempts / doses received / volumes administered etc.) by the patient. This must be done under the direct supervision of the RN / RM who is also required to assess the patient in conjunction with the student. Students have no involvement with these devices once the device is unlocked and / or management of the S8 is required.

Medication Exclusions for students

- Unless otherwise determined by a site specific risk assessment and clearly documented at the specific site, a student (RN/RM or EN) **MUST NOT** be directly involved in the administration process of:
 - Any medication when there is not direct supervision of a RN / RM or EEN (if appropriate) available.
 - Any medication they are unfamiliar with or have not researched prior to administration
 - Any medication, or route of administration, for which they have not received or undertaken the relevant level of education or training to ensure safe administration. It is the student's responsibility to work within their scope of practice. They are encouraged to observe the procedure as a learning experience.

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- Medications they have not prepared (excluding documentation of administration times during an emergency situation)
- Medications via the following routes / devices:
 - o Intrathecal
 - o Epidural (excluding situations where students are checking & documenting Patient controlled epidural analgesia - attempts and doses administered etc)
 - o Arterial
 - o Central Venous Access Devices (excluding situations when the student is working in a critical care unit and they have been educated appropriately on the specific device in use)

***Observation of these procedures is encouraged as a learning experience.

- High risk medications such as, by not limited to:
 - o IV Cardiac Medications
 - o Other IV medications that are considered to be high risk by the site / unit
 - o Titrated medications (including supplemental insulin that is administered based on a sliding scale)
 - o Medications based on a protocol guideline
 - o Cytotoxic medications
 - o Schedule 8 medications (excluding situations where student is checking & documenting Patient controlled IV / epidural analgesia - attempts and doses administered etc)
 - o Emergency medications
 - o Paediatric medications, specifically via the IV route, based on site/unit specific risk assessment.
 - o Any other medications determined by the hospital / unit to be considered high risk and not appropriate to be administered by a student.

***Observation of these administration procedures are encouraged as a learning experience.

- Beyond the guidelines above hospitals may further limit or restrict student from administering medications in specific circumstances based on risk assessments undertaken.
- Where a student is excluded from administering a specific medication or via a specific route they are still encouraged to observe the procedure & to participate in the patient assessment etc. relating to the situation. They are also encouraged to theoretically work through the administration process themselves as a learning experience, considering what decisions they would make relating to the patient situation and the medication being administered. This will facilitate the student to understand the process and decision making relating to the procedure.

Supervision Guidelines

- Supervision guidelines for students preparing and administering medications.
 - RN / RM students administering any medication MUST be directly supervised by a Registered Nurse (RN) / Midwife (RM). Individual sites may choose to restrict Graduate Registered Nurses / Midwives with less than 6 - 12 months experience from supervising student medication administration based on their specific circumstances and site based risk assessment.
 - EN students administering any medication MUST be directly supervised by a Registered Nurse (RN) / Registered Midwife (RM) or Medication Endorsed Enrolled Nurse (EEN) who is practicing within their own scope of practice.
 - Where the EEN is providing medication administration supervision to the student EN the EEN MUST:
 - be medication endorsed
 - be educated and trained in how to 'supervise' the student EN and the responsibility associated with such supervision.

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- directly supervise the student administer the medication through the entire administration process - without exception
- only include medications where an RN is not required to administer or check a medication
- EENs MUST not supervise student RN's or RM's
- Supervision must extend from the time of the medication preparation / dispensing to the end of the administration time.
- **Checking of medications that would be usually be a 1 person** check is done by the RN / RM student and the RN / RM or the EN student and RN/RM or EEN.
- **Checking of medications that would usually be a 2 person check** is done by the student, the supervising RN / RM and another member of staff (i.e. RN, RM or medication credentialed EN etc.) - i.e. the student becomes the 3rd person to check the medication.
- All Student assessments must be signed off by supervising RN/RM. EENs are not able to sign off practical assessments.

Performance Management & Medication Incident Management

- The relevant Student Facilitator is to be informed of any student performance management issues related to safe medication administration. It is the facilitator's responsibility, with the support of the Education Manager / Student Co-ordinator, as necessary, to manage this issue, speaking with the student and contacting the relevant RTO as necessary.
- All medication incidents that involve a student must be immediately (or as soon as practicably possible) be reported to the Student's Facilitator and / or the Education Manager / Student Co-ordinator for the hospital.
- All medication incidences involving students MUST be recorded on RiskMan.
- Any medication error involving a student is a very serious matter and must be managed as such.

RESPONSIBILITIES

All staff are responsible for ensuring they familiarise themselves with this policy and any related attachments, which in effect, form part of this policy.

The General Manager carries overall responsibility for management of this Policy and any related attachments. The General Manager and the Directors of Nursing will ensure that the policy is compliant with all legislative requirements, and is responsible for ensuring the policy is reviewed and updated in line with the timeframes determined by the ACHA Executive, via the Executive Committee.

RELATED POLICIES & PROCEDURES

Student Nurses must comply with all other guidance as outlined in all ACHA and site specific Medication Policies including but not limited to:

- 18.01 Medication - Orders and Administration
- 18.02 Enrolled Nurse – Administration of Medication
- 18.03 Self Administration – Patient Medication
- 18.05 SGLT2 inhibitor Oral Hypoglycaemic Agents, Management of
- 18.16 Intravenous Iron Infusions
- 18.17 Standardised Medication Orders

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- 18.34 Intravenous (IV) Therapy - Medications and Infusions
- 18.49 Discharge – Dispensing Medication
- 18.51 Potassium Chloride – Storage and Administration
- 18.54 Eye Drops and Eye Ointment – Administration of
- 18.55 Oral Medication – Verbal
- 18.56 Controlled Drugs – Storage and Administration of
- 18.57 Ear Medication - Dispensing of
- 18.58 Administration of Insulin Therapy
- 18.59 Intramuscular Medication Route - Administration of
- 18.60 Oral Medication - Administration of
- 18.61 Subcutaneous Injection
- 18.66 Inhaled medication - Administration of
- 18.68 Rectal Medication - Administration of
- 18.69 Suppository Medication Via Colostomy - Administration of
- 18.70 Vaginal Medication - Administration of
- 18.71 Nasal Medication - Administration of
- 18.72 Enema Disposable – Administration of
- 18.74 Topical Medication - Administration of

REGULATORY REFERENCES

- Education Team Coordinator
- 2018 NMBA Code of Conduct for Nurses
- 2018 NMBA Code of Conduct of Midwives
- 2016 NMBA Registered nurse standards for practice
- 2016 NMBA Enrolled nurse standards for practice
- 2010 NMBA Midwifery competency standards
- Australian Commission on Safety and Quality in Health Care (2012). National Safety and Quality Health
- Service Standard 4: Medication Safety
- NMBWA Medication Guidelines for Nurses and Midwives (2010)
- Poisons Regulations 1965 Part 6 Drugs of Addiction Reg 42A
- WA Department of Health Nursing and Midwifery Office (2008). OD 0141/08 Code of practice for handling of Schedule 8 medicines in hospital and nursing posts.

REVIEW / CONSULTATION

All General Managers
Educators' Team

All Directors of Nursing
HSO Policy Consultation Group

All Quality Managers

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