

September 12, 2006

**LIMITATIONS ON THE USE OF UNLICENSED ASSISTIVE PERSONNEL IN  
ADMINISTERING MEDICATION**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy regarding the discretionary use of Unlicensed Assistive Personnel (UAP) for medication administration; UAP can be nursing assistants, health technicians, etc. *NOTE: Personnel certified by a recognized external authority to administer medications during medical procedures are excluded from this Directive.*

**2. POLICY:** It is VHA policy that UAP, within a scope of medication administration, may administer medications at the discretion of the facility Director based on written recommendation of the Nurse Executive.

**3. ACTION**

a. **Medical Center Director.** The Medical Center Director is responsible for authorizing the use of UAP for medication administration and for ensuring that written policies and procedures are in place that includes all of the following:

- (1) All UAP are under the delegated authority of a licensed clinician.
- (2) All UAP complete a formal medication course and a copy of the course certificate is placed in the employee's competency folder.
- (3) The medication course includes the following principles:
  - (a) Proper patient identification
  - (b) Procedures for routes of administration (e.g., topical, oral, rectal, gastric tube)
  - (c) Symbols and descriptions for medication dosages, routes and frequencies
  - (d) Documentation requirements
  - (e) Responsibility for reporting to a licensed clinician and facility guidance on delegated actions
  - (f) Importance of timelines and/or adherence to medication schedules (e.g., right medication, dose, person, route, time).
  - (g) Infection control and safe handling of medications

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- (h) Facility-approved abbreviations related to medication administration
- (i) Responsibility for understanding indications for medications administered
- (j) Medication administration safety and adverse event reporting procedures
- (k) Annual verification and evaluation of the UAP competency

1. Those under the delegated authority of an registered nurse (RN) must have the evaluation and verification conducted and documented by an RN.

2. Those not under the delegated authority of an RN must have the evaluation and verification conducted and documented by a licensed supervisor, who has the competency to perform such verification and evaluation.

(4) Scope of medication administration.

(a) All UAP have a clearly defined and documented scope of medication administration that is reflective of patient care needs within the identified environment including, but not limited to:

1. Identifying the patient environment where the UAP may administer medications

2. Listing medication that may be delegated to the UAP to be administered according to patient care needs within the identified environment

3. Establishing conditions under which delegation of medication administration may occur

(b) This scope of medication administration for the UAP may not include the following:

1. Controlled substances

2. Experimental and/or investigational drugs

3. Medications requiring dosage adjustments based on clinical judgment

4. Medications whose administration requires clinical judgment (e.g., to be given as needed (PRN) medications, sliding scale insulin, etc.)

5. Medications that are not supplied in unit-of-use packaging and are required to be obtained from bulk supplies (e.g., oral liquid psychotropics, immunosuppressants, etc.)

6. 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, etc.)

7. Medications requiring specialized training for licensed clinicians (e.g., chemotherapy)

8. Medications requiring specialized training as determined by external accreditation standards

9. Parenteral medications

b. **Nurse Executive.** The Nurse Executive is responsible for:

(1) The Nurse Executive's written recommendation for the UAP to administer medications at the discretion of the facility Director. This recommendation must be based on the:

(a) UAP completion of a standardized VHA approved training course.

(b) Verification of the UAP competency by an RN, or other authorized licensed non-nursing personnel.

(c) Designated supervision of the UAP by an appropriate licensed clinician.

(2) The review and approval of policies and procedures defining scope of medication administration.

(3) Ensuring local labor relations obligations are followed prior to the implementation of this Directive.

**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 September 30, 2011.

Michael J. Kussman, MD, MS, MACP  
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