Registered Nurses Division 2 and intravenous administration

A primer paper June 2008

Nurse Policy Branch: Building capacity and capability in the Victorian nursing workforce
Registered Nurses Division 2
and
intravenous administration

A primer paper
June 2008

Nurse Policy Branch
Department of Human Services
Foreword

To meet the Victorian community’s future demand for health services in the context of projected shortages of all health workforce groups, including nurses, governments, organisations and health professionals are exploring different ways to ensure that the skills of nurses are used to maximum advantage. In particular, nurse recruitment and retention, work satisfaction, role development, more-effective utilisation of the nursing skill mix, generating data to underpin funding and program policy, and other innovative measures have been explored.

The Division 2 Strategy is a key component of the Nurse Policy Branch Integrated Nurse Workforce Policy Framework that offers both short-term and long-term benefits for public health service providers and health consumers. Division 2 registered nurses are essential and valued members of the health care team, working alongside Division 1 registered nurses to deliver health care across a variety of service settings and clinical environments.

The purpose of the Division 2 Strategy is to ensure that Division 2 registered nurses are a viable and attractive workforce option in a wide range of public health services and settings, and for them to be educated, competent and enabled to work effectively as part of the nursing team.

Developing the practice capability of Division 2 registered nurses has been part of a longer-term agenda for Victoria and the Nurse Policy Branch. Past activities include amendments to legislation, a program of financial support for medicines endorsement training, provision of funding for public health services seeking to enhance the role of Division 2 registered nurses and introduction of policy initiatives. Further developing the medicines capability of Division 2 registered nurses to include intravenous administration offers a way forward in the future.

In April 2008, the Nurse Policy Branch and the Nurses Board of Victoria (NBV) jointly convened the Division 2 Intravenous Reference Group with representatives from the key stakeholder groups including the ANF, employer groups, training providers, Division 2 registered nurses and others. The reference group was established to advise on the capability of Division 2 registered nurses to administer intravenous medication and undertake associated care activities.

As a first step, the Nurse Policy Branch prepared a Primer Paper for the Reference Group. Based on feedback from the group, this Primer Paper has now been produced for a wider readership. The purpose of this Primer Paper is to enable nurses, professional groups and employers to engage in informed debate and discussion of the issues. The Primer Paper includes background information and facts about IV administration by enrolled nurses in other states. It is based on a detailed mapping of regulatory, educational and workplace policy frameworks that authorise, enable, support and sustain their practice in this area which was undertaken in preparation for the Reference Group.

Incorporating intravenous administration in the practice of Division 2 registered nurses will be a policy change in a regulatory sense and a substantial change in culture and practice for Division 2 registered nurses, their colleagues and employers. In line with the requirements of the Health Professions Registration Act 2005, the NBV is consulting with stakeholders, including nurses, to inform the development of regulatory policy, guidance and standards on the matter.

The Nurse Policy Branch unreservedly supports the development of Division 2 registered nurses’ practice in intravenous administration, but recognises that change of this nature can be threatening to some, particularly when it is seen to encroach on traditional professional roles. I would encourage all nurses to appreciate the potential benefits for the Victorian public and to keep these central to their consideration of the broader issues and discussions.

It is important when any change to practice is contemplated that the interests of the public remain the focus of consideration. Ensuring that Division 2 registered nurses are properly educated, competent, authorised and supported in their day-to-day practice in medicines administration is therefore pivotal to the dialogue.

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Introduction

The challenges involved in building the capacity and capability of the Victorian nursing workforce to meet the ever-changing demands of an evolving health care system are significant. Key stakeholders from all sectors are grappling with the complexity of the issues.

The Department of Human Services (the Department) projects a shortfall of 11,203 full-time equivalent (FTE) nurses by 2011-12 (DHS 2004, p. 61). Over a number of years, Victoria has responded to projected demand for nurses by implementing a range of short, medium and longer-term measures to build both the capacity and the capability of the nursing workforce. Particular focus has been on nurse recruitment and retention, improving the working lives of nurses, developing the roles of nurses, more-effective utilisation of the nursing skill mix within organisations, generating data to underpin funding and program policy, and other innovative measures.

Division 2 registered nurses (Division 2 nurses) are essential and valued member of the health care team, working alongside Division 1 registered nurses (Division 1 nurses) to deliver health care services across a variety of service settings and clinical environments. The introduction of medicines endorsement has been pivotal in developing roles and practice for the Division 2 nurse workforce. Further developing their capability to include administration via the intravenous (IV) route is a necessary precursor to increasing their utilisation in the Victorian nursing workforce, and is one component of the solution to projected demand for nurses in Victoria’s health system.

With commencement of national qualifications in the new Health Training Package (HLT07), skill-mix ratios arising from recent enterprise bargain agreements, and increasing interest from employers in roles for endorsed Division 2 nurses, there is a nexus of opportunity for stakeholders to agree on a framework of support to enable and sustain safe practice by Division 2 nurses in IV therapies. This includes IV administration of medicines, fluid and blood products, and associated care activities. In this paper, IV administration is used to refer to this competency set.

How to use this paper

In line with the requirements of the Health Professions Registration Act 2005, the Nurses Board of Victoria (NBV) is consulting with stakeholders, including nurses, to inform the development of regulatory policy and guidance. The purpose of this Primer Paper is to enable nurses, professional groups and employers to engage in informed debate and discussion of the issues.

The first section of the paper includes background information and facts about IV administration by enrolled nurses in other states to locate the current discussion.

The second section of the paper discusses the elements that might comprise a framework for safe and competent practice in IV administration by Division 2 nurses. The paper also prompts consideration of the impact of Division 2 intravenous practice on the workplace and those things that will need to be in place at the organisational level to support skill mix change and new roles for Division 2 nurses.

Footnotes have been included throughout the text with additional commentary, references, web-addresses and active hyperlinks (if you elect to read the electronic version) to further reading to supplement understanding of the context.

The appendices include a detailed mapping of regulatory, educational and workplace policy frameworks that authorise, enable, support and sustain practice in this area. This information was compiled in consultation with nurse regulatory authorities and chief nursing officers in health departments in the states and territories and is accurate and up to date as of 16 July 2008. It is recognised that this information changes frequently as the states and territories pursue their own agendas for change.
Background

The Nurses in Victoria: A Supply and Demand Analysis 2003-04 to 2011-12 report projected a progressive rise in demand for nurses within the public sector over the forecast period and expected that approximately 5,000 FTE or 6050 additional Division 1 nurses would be required by 2011-12. Demand for Division 2 nurses was also projected to rise. By 2011-12, the report forecast that 1,969 FTE or 2,492 additional Division 2 nurses would be required to meet demand1.

Remodelled workforce projections that take into account the recruitment of an additional 8061 (full-time equivalent) nurses into the public sector since 1999, and new state and Commonwealth-funded training places for Division 1 and Division 2 nurses, indicate that the gap between demand and supply is only partially addressed by these measures.

Over a number of years, Victoria has responded to projected demand for nurses by implementing a range of short, medium and longer-term measures to build both the capacity and the capability of the nursing workforce. Particular focus has been on nurse recruitment and retention, improving the working lives of nurses, developing the roles of nurses, more-effective utilisation of the nursing skill mix within organisations, generating data to underpin funding and program policy, and other innovative measures. These activities are all components of the Nurse Policy Branch Integrated Nurse Workforce Policy Framework.

Developing the practice capability of Division 2 nurses has been part of a longer-term agenda for Victoria and is a key element of this integrated approach to planning and developing a flexible and responsive health workforce – an approach that encourages best use of available resources, stimulates innovation and facilitates more-effective planning and funding2.

The path to endorsement

In other states and territories, nurses equivalent to Victoria’s Division 2 nurses are known as enrolled nurses (ENs). The Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Enrolled (Division 2) Nurse describe them as:

an associate-level nurse who demonstrates competence in the provision of patient-centered care as specified by the registering authority’s licence to practice, educational preparation and context of care.

The Nurses Board of Victoria (NBV) describes the role of the Division 2 nurse as:

one that works in collaboration with registered Division 1, 3 and 4 nurses and midwives who delegate or assign care... they are able to exercise problem-solving and decision-making strategies about the changing conditions of those whom they care for.

Historically, a number of barriers have prevented Division 2 nurses from being widely utilised across the full spectrum of health settings. These include restrictive legislation, prescriptive regulation of practice, training limitations, industrial agreements, funding policy, professional culture and health service conventions, and resistance to change.

In 1999, the Minister for Health requested that the NBV undertake a study into the expansion of the role of the Division 2 nurse in relation to medication administration. The tensions inherent in developing Division 2 practice were acknowledged in the Department of Human Services Nurse Recruitment and Retention Committee Report 20013.

In 2001, the department established a working group to examine extending the scope of Division 2 nurses’ practice. Priority was given to introducing medicines administration into the Division 2 nurses’ practice to bring Victorian nurses closer in line with the practice of ENs in other states.

In April 2002, the then Minister for Health, the Hon. John Thwaites MP, accepted in principle the group’s recommendations and requested that the NBV develop formal guidelines relating to all aspects of the matter.

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1 A new supply and demand analysis is planned for 2008-09
2 The development of the department’s Division 2 registered nurse workforce is a central area of the department’s ongoing workforce strategy; focused and coordinated via the Integrated Nurse Workforce Policy Framework.
To enable medicines administration by Division 2 nurses, a number of complex and interrelated strands of work proceeded in parallel to:

- amend the legislation
- develop guidance for nurses
- develop a training program that would meet industry, professional and regulatory expectations and prepare nurses adequately for their medicines administration practice
- develop a communications strategy to inform nurses, employers and the public
- develop an implementation/transition plan.

Importantly, the key stakeholders were consulted and engaged with each strand of activity. Table 1 highlights some of the key milestones in the process.

<table>
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<tr>
<th>Year</th>
<th>Event</th>
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| 2001 | Nurse Recruitment and Retention Report recommended medicines administration by Division 2 nurses  
The Department’s Steering Group formed |
| 2002 | Steering Group reports to the Minister for Health  
Eight recommendations accepted in principle |
| 2003 | Amendments occur to the Nurses Act 1993 and Drugs, Poisons and Controlled Substances Regulations 1995  
Nurses Board of Victoria releases its Guidelines - Delegation and Supervision for Registered Nurses and Extended Scope of Practice for the Division 2 Nurse  
Nurses Board of Victoria releases its Guidelines - Extended Scope of Practice for Division 2 Nurses to Administer Medication  
Course for medicines endorsement accredited by NBV and commenced delivery (enteral and topical administration only)  
First Division 2 nurses endorsed |
| 2005 | Nurse Policy Branch funds nine health services to undertake projects in relation to Division 2 nurse practice capacity – Enhanced Scope of Practice |
| 2006 | Additional routes of medicines administration (subcutaneous and intramuscular) are added to endorsed Division 2 nurse practice  
200-hour accredited training program (supersedes the 190-hours program); 20-hour bridging program  
NBV Code of Guidance - pursuant to amendments to the Drugs, Poisons and Controlled Substances Act 1981 |
| 2007 | Nurses Board of Victoria develops Scope of Practice for Nursing and Midwifery  
Revised Code of Guidance  
New Health Training Package (HLT07) released containing Certificate IV, Diploma, Advanced Diploma-level qualifications for enrolled nurses including units of competency for medicines administration and intravenous fluids administration/management  
Nurse Policy Branch conducts the Division 2 Directions Forum outlining its Division 2 Strategy |

**The legislative and regulatory framework**

In 2004, the Nurses Act 1993 and Drugs, Poisons and Controlled Substances Regulations 1995\(^4\) were amended, thereby providing the legislative authority for endorsed Division 2 nurses to administer medicines, including schedule 4, 8 and 9 poisons, in Victoria.

To assist the implementation process, the NBV developed:

- Guidelines - Delegation and supervision for registered nurses and extended scope of practice for the Division 2 nurse; and
- Guidelines - Extended scope of practice for Division 2 nurses to administer medication\(^5\).

Together with the legislation and statutory regulations, these companion documents provided a regulatory framework, clarifying practice standards, scope and limitations to Division 2 practice, and

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\(^4\) The Drugs, Poisons and Controlled Substances Regulations 1995 sunset, the Act was amended and new regulations made in 2006

\(^5\) Both guidelines have been superseded
articulating NBV expectations of all nurses in relation to medicines administration by Division 2 nurses. Both of these documents have since been superseded by more contemporary guidance (see below).

**Accredited training**

In response to wide industry and professional consultation, it was agreed that there should be standardised and accredited training for Division 2 nurses in medicines administration for endorsement purposes. Development of a course was funded by the Victorian Government Office of Training and Tertiary Education (OTTE). The development process included consultation, communication and collaboration with key stakeholders and experts.

The course (and development process) met the standards for quality in the national vocational education and training system as outlined in the Australian Quality Training Framework\(^6\). Courses and course providers for this purpose are also accredited by the NBV, providing an additional layer of quality and safety to ensure that educational standards meet professional, regulatory and industry expectations.

The first 190-hour course provided Division 2 nurses with the underpinning knowledge, experience and competence required for endorsement by the NBV. The course prepared the nurse to administer medicines, including schedules 4, 8, and 9 poisons and drugs of dependence, administered via topical and enteral routes (see Appendix 1). Accredited courses commenced delivery in 2004 and the first Division 2 nurses were endorsed in the same year.

**Administration by injection**

In 2006, in response to government, employer and professional interest, a working group was convened to examine and revise the regulatory framework to enable endorsed Division 2 nurses to administer medicines by injection. At the time, concerns were voiced by some stakeholders about the safety and efficacy of Division 2 nurses administering medicines by IV injection. Intramuscular and subcutaneous injections were subsequently incorporated into endorsed Division 2 practice.

To support safe and competent practice, the NBV accredited course was extended to 200 hours to include content related to medicines administration by injection. A 20-hour bridging program was also approved by the NBV to provide up-skilling for those nurses with enteral and topical endorsement, but without training and competence in administration by injection.

In 2007, the NBV consulted with the profession, government, industry and other key stakeholders to produce revised guidelines, which superseded its guidance on medicines administration by Division 2 nurses and their supervision.

- **Guidelines: Delegation and Supervision for Registered Nurses and Midwives**\(^7\)
- **Guidelines: Scope of Nursing and Midwifery Practice**\(^8\)

Together, these companion documents establish the current framework of guidance for nurses, midwives and their employers in making decisions about all aspects of their professional practice and further developing their practice and roles.

**Health Training Package**

In 2007, the revised Health Training Package (HLT07) was approved after an extensive period of national consultation. HLT07 incorporates for the first time, nationally-agreed qualifications for Division 2 nurses and enrolled nurses in other states. The Certificate IV qualification from the HLT07, approved by the NBV for registration purposes in Victoria, includes the required units of competence to enable newly-qualified Division 2 nurses to be endorsed with first registration. This qualification commenced delivery in Victoria in 2008. Competency units from the HLT07 have also superseded the Victorian post-registration courses for medicines endorsement with expiry of their accreditation status.

**Dose administration aids**

In 2004, the NBV, in conjunction with the Pharmacy Board of Victoria, published revised guidance for all registered nurses, pharmacists, employers, approved providers and pre-registration students with respect to practice when administering medicines from dosage administration aids (DAAs).

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\(^6\) AQTF [http://www.training.com.au/portal/site/public/menuitem.91cdaeb7a2bc0e22cd9ae78617a62d6c](http://www.training.com.au/portal/site/public/menuitem.91cdaeb7a2bc0e22cd9ae78617a62d6c)

\(^7\) See also [http://www.nbv.org.au/media/43986/guidelines%20for%20scope%20of%20practice.pdf](http://www.nbv.org.au/media/43986/guidelines%20for%20scope%20of%20practice.pdf)

The May 2007 version articulates the NBV position that nurses, including endorsed and non-endorsed Division 2 nurses, administering medicines from DAAs:

- are accountable for their practice
- should be aware of the legislative requirements, practice standards and ethical responsibilities
- should participate in and be aware of decisions made by the organisation’s Medication Advisory Committee (however titled) and the organisation’s medication policy(ies)
- should be aware that a particular DAA may not suit all clients
- ensure that the client or their representative has agreed with their medication being dispensed in a DAA
- in an aged-care service, ensure that administration is performed in accordance with the Code for Guidance Management of the Administration of Medications for High-Care Residents in an Aged-Care Service (2006)
- have the appropriate level of knowledge, skill, experience and competence to perform the medication activity9.

Currently, the NBV is seeking feedback with a view to clarifying their published guidelines.

**Code for Guidance**

In 2006, pursuant to section 36E of the Drugs, Poisons and Controlled Substances Act 1981, the NBV issued its Code for Guidance for nurses managing the administration of medicines to aged care residents10. The Act requires a Division 1, 3 or 4 nurse to manage the administration of any drug of dependence, schedule 4, 8 or 9 poison supplied on prescription to a high-care resident in an aged-care service, and requires that they do so in accordance with the provisions set out in the code.11

The code was subsequently revised in July 2007 through a consultative process12. The NBV provides guidance in interpreting the code, including the board’s expectations of nurses with respect to the delegation of medicines responsibilities (such as administering from a DAA) to Division 2 nurses who are not endorsed, and answers frequently-asked questions about implementing the code in practice, often with reference to the Commonwealth’s aged-care standards.13

**The current context**

As of July 2008, the NBV reports that there are 20,209 Division 2 nurses in Victoria14. This accounts for twenty-five per cent of all registered nurses15. Collectively, 3,693 Division 2 nurses (approximately eighteen per cent) have completed accredited training and have been endorsed to administer medicines within the guidelines and limitations set by the NBV. There is ongoing demand for accredited training in medicines administration by Division 2 nurses and evidence that both they and their employers are investing in training to develop this skill set.

Medicines administration has impacted on the way Victoria’s health services think about the health workforce and plan services. Increasingly, endorsed Division 2 nurses are being embraced as part of the solution to local nursing workforce and service demand. There is growing evidence that they are being employed across a wide range of settings and services and are taking on a range of clinical roles. Some health services have seized the opportunity, actively recruiting Division 2 nurses and developing innovative approaches to team work and delivery of services.

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10 See also http://www.nbv.org.au/media/43971/code%20for%20guidance.pdf
15 ibid
In considering how to incorporate Division 2 nurses into the skill mix, organisations have been looking creatively at the roles Division 2 nurses undertake, planning for transition and dedicating resources to ongoing education and professional development for all who are involved in and impacted by workforce change.

Since the implementation of endorsement, the Victorian Government has provided more than $4.2 million to subsidise the costs of accredited training for medicines endorsement. In addition, Division 2 nurses in the public sector have been able to apply for funding towards the cost of undertaking medicines endorsement training through the Nurse Policy Branch Division 2 Paid Study Leave Program.

Furthermore, in response to calls for assistance from the sector, in 2005-06, the department’s Enhanced Scope of Practice (ESOP) project funded a number of health services to develop local organisational frameworks to support the introduction of new roles for endorsed Division 2 nurses across a range of service settings and clinical environments.

A framework for developing nurses’ practice

The National Nursing and Nursing Education Taskforce (N3ET) Scopes of Practice Commentary Paper (2005) argues that professional practice is continuously evolving in response to a range of factors. Indeed, practice is enabled and in some cases limited by statutory regulation, professional standards, codes and guidelines, education, training and competencies, professional indemnity and insurance, professional and workplace culture, government policy, workplace relations and technology (2005, p.29). Accordingly, in developing Division 2 nurse practice, consideration needs to be given to a framework that authorises, enables and sustains IV administration practice over time.

An enabling framework

The NBV Guidelines: Scope of Nursing and Midwifery Practice provide a consistent framework to guide decisions by nurses about their professional practice. The NBV describes the guidelines as ‘allowing registered nurses and midwives to take the initiative in managing and expanding their current scope of practice, rather than being bound by rigid rules which may not apply across many areas where they now find themselves working’ (NBV, 2007).

The guidelines acknowledge that health professional practice is continually evolving from the point of entry to practice through negotiation amongst professional groups or with employers, the emergence of new practice areas or the need to develop new practice capabilities through delegation. In developing practice and roles for nurses in Victoria, the guidelines advocate a thorough and consistent approach which gives due consideration to:

- evidence that change will improve health outcomes
- legislation, regulation, policy and professional standards that support practice and role development
- frameworks to support safe practice (for example, quality and safety, risk and performance management frameworks)
- acceptable levels of education and competence assessment
- individual preparation, competence and confidence.

Evidence that change will improve health outcomes

Demand for IV practice capability

In the current context of projected nurse shortages, health services and workforce planners are increasingly looking to utilise Division 2 nurses with IV capability in innovative workforce and service delivery solutions. There is, therefore, a compelling case in support of IV administration by Division 2 nurses.

16 Copies of the ESOP project reports are available from the Nursing in Victoria website at http://www.health.vic.gov.au/nursing/home
18 NBV Annual Report 2006-07
Firstly, at a national level, system pressure is being exerted by the Commonwealth Government to address surgical waiting lists, creating an urgent need for growth in the health workforce in related areas. Expansion of services such as renal, surgical, emergency and oncology are concurrent state priorities imposing further duress on workforce supply. In addition, as more health services move to implement the skill mix provisions arising from recent enterprise bargaining agreements for nurses, there is likely to be increased demand for Division 2 nurses and further evolution of Division 1 nurses’ practice to manage the care of more-complex clients.

To provide the required care to an inpatient population with increasing complexity and acuity, it is foreseeable that Division 2 nurses will need to be equipped with IV capability so that, as part of the nursing team, they can routinely and competently administer IV medicines and fluids (including blood products), insert IV access and perform IV-related care activities.

Division 2 nurses with this skill set will be deployable as part of the health professional team in a wide range of service areas such as renal, maternity services, emergency departments, peri-operative, oncology, acute medical and surgical services. Flowing on from this, a greater range of Division 2 roles in acute health services is likely to support career progression opportunities, increase job satisfaction, employability and mobility, and may contribute to the retention of Division 2 nurses in Victoria.

The process of reshaping nursing practice and competence is not unfamiliar to nurses, but is one that requires a constant renegotiating of the professional relationship between nurses in the divisions of the register. This entails not only adopting a collegiate and professional approach to inform the way the nursing team works in the practice setting, but also the way nurses work as part of an inter-professional team.

Rather than prescribing boundaries and detailed guidance on such matters, the NBV Guidelines: Delegation and Supervision for Registered Nurses and Midwives provide all registered nurses with a principle-based approach to making decisions about delegation and supervision of nursing activity. The guidelines also clarify responsibility and accountability for practice. The NBV expects nurses to draw on the principles outlined in the guidelines in exercising their professional judgment to determine the extent to which supervision and direction is required for safe practice and quality outcomes.

**Precedence for practice**

Preliminary scoping of EN practice in the eight Australian states and territories (jurisdictions) establishes the precedence for IV administration of medicines and fluids by Division 2 nurses in Victoria.

The scoping shows that there are a number of differences between the states and territories with respect to schedules of poisons, administration of fluids with or without additives, and administration of blood products. While this is the case, there is evidence that ENs administer IV medicines, manage IV fluids and therapies, and insert IV access as part of their routine practice.

Notably, in three jurisdictions (Australian Capital Territory, Tasmania and Western Australia), the nurse regulatory authorities have policies or guidance related to IV administration by ENs. South Australia and the Northern Territory do not have policies and are silent on the matter. The Nurses Board of Western Australia has a policy on IV medicines administration by ENs. In several jurisdictions, the board position is that IV administration by ENs is a matter for employers. Nurses in these jurisdictions are required to practice within their scope and capability and make professional judgements about when an activity is outside their scope of practice. In some jurisdictions, New South Wales for example, policy about EN medicines and IV practice is generated through government directives and pertains to nurses working in public health services.

Until recently, the Queensland Nurses Council (QNC) provided detailed policy and guidance with respect to enrolled nurses’ medicines administration practice including practice in IV administration. In March 2008, the council decided to withdraw the policy. The QNC position is that there is a robust regulatory framework in the Health (Drugs and Poisons) Regulation 1996 and the Scope of Practice Framework for nurses and midwives 2005, which supports organisations in developing appropriate policies and procedures regarding EN medication administration. QNC’s policy recognises that ENs with endorsement authorising medication administration are professional health practitioners who are accountable for their

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For example: The Nurses (Victorian public health sector) Multiple Business Agreement 2007-2011

practice and who work within the relevant legislation and their scope of practice – applying the same principles as they would to other areas of their practice.

Further detail is in appendix 5, which provides an overview of the approaches and key variations in regulation of EN IV administration practice adopted by the state and territory regulatory authorities.

Victoria is currently the only state where Division 2 nurses (ENs) are not authorised or enabled to practice IV administration of any kind.

With the move towards national registration of the health professions, there is a sound case for bringing the practice of Victoria’s Division 2 nurses closer in line with the practice of ENs in other jurisdictions. While there are some anomalies and differences in practice, the other jurisdictions have successfully made this transition. For some, IV administration has been an established and routine part of EN practice for many years.

**Legislation, regulation, policy and professional standards that support practice and role development**

The current legislative framework that authorises medicines administration by endorsed Division 2 nurses in Victoria needs no further amendment for administration of medicines and fluids by IV routes.

- Under section 22 of the *Health Professions Registration Act (HPRA) 2005*, if the NBV is satisfied that a Division 2 nurse is qualified in medication administration, the board may endorse the registration of the nurse to that effect.

- The *Drugs, Poisons and Controlled Substances Regulations 2006* (r.4) defines the term ‘nurse’ as including ‘a person registered in Division 2 of that register whose registration is endorsed under section 22 of the *Health Professions Registration Act 2005*’.

Under these provisions, endorsed Division 2 nurses are authorised with respect to medicines administration to the same extent as Division 1 nurses. Scope of practice limitations for Division 2 nurses are determined through NBV policy and differentiated through the endorsement process.

**The endorsement process**

Division 2 nurses who have successfully completed an accredited training program can apply to the NBV (and pay the prescribed fee) to be endorsed. Endorsement on the public register and registration certificate functions as the mechanism for differentiating between the training that has been completed with respect to medicines administration. NBV’s position is that endorsed Division 2 nurses’ medicines practice is limited by the content or limits of the particular training program that has been undertaken; that is; only those nurses who had completed accredited training in medicines administration by injection are deemed to have the necessary competence to administer medicines by these routes.

Currently, ENs and Division 2 nurses who have completed their qualifications and medicines training in other states may apply for endorsement in Victoria. The NBV uses two mechanisms to ensure that their scope of practice is equivalent to Victorian regulatory standards.

- Additional knowledge and competence may be required to achieve equivalence; for example, in areas such as administration of schedule 8 poisons.

- Limitations are placed on practice through the endorsement process; that is, an EN who has routinely administered IV medicines will be limited to practice within the sphere of competence acquired through medicines endorsement training in Victoria20.

**Supervision of Division 2 IV practice**

The level of supervision that would provide for safe practice and quality outcomes is a matter that merits careful consideration. The NBV Guidelines: Delegation and Supervision for Registered Nurses and Midwives provides a principle-based framework for determining appropriate levels of supervision of and by nurses, that takes into account the degree of risk associated with a particular nursing activity. The guidelines allow for flexibility based on individual practice circumstances and context and rely on the exercise of professional judgement. Evaluation of the risks associated with IV administration and how

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20 The NBV Guidelines: Scope of Nursing and Midwifery Practice do not apply to dimensions of practice that are regulated through other mechanisms; for example, medicines administration by Division 2 nurses.
these risks are managed in other jurisdictions is a first step in determining if further supervision requirements or conditions beyond those outlined in the board’s guidance are merited (see Appendix 5).

**Frameworks to support safe practice**

Administration of medicines is an area of health professional practice with associated and recognised risk. It is therefore vital that there is a robust framework of policy and guidance ensuring safe practice for IV administration by Division 2 nurses and quality outcomes for the Victorian community.

Determining the elements of a framework and how they sit together is one of the key challenges. Past experience with introducing medicines endorsement points to a framework that might include accredited training that is competency based, with a formal regulated endorsement process, clear guidance about practice standards and professional expectations. Together, these provide employers and the public with a degree of certainty about the competence and capability of individual nurses.

For best effect, such a framework also needs to operate within and articulate with other national and state programs and mechanisms that address risk and quality use of medicines at a systems level, including the:

- National Medication Safety Breakthrough Collaborative (NMSBC)\(^{21}\)
- Quality Use of Medicines (QUM)\(^{22}\)
- Victorian Medicines Advisory Council (VMAC)\(^{23}\).

The VMAC, for example, has a key role in leading application of the National Medicines Policy and the National Strategy for QUM in Victorian hospitals and at the interface with primary care settings. Projects are underway in such areas as:

- medication incident reporting
- National Inpatient Medication Charts
- high-risk medicines, register of emergency and life-saving drugs
- standing orders
- Quality Use of Medicines Indicators Initiative.

The VMAC strategic goals include medicines practice, implementing systems for monitoring trends and applying interventions to promote continuous improvement in medicines management, enhancing systems and processes that promote quality use of medicines and promoting standardisation of the medicines management cycle. These goals are founded on the premise that through the application of best practice systems across health services, quality outcomes are assured.

At the organisational level, health services have a responsibility to manage clinical risks through clinical governance frameworks that link to:

- risk management
- organisational policy and procedures
- quality and safety mechanisms
- performance management systems.

It is an expectation and routine accreditation requirement that health services have mechanisms in place to safely support clinical practice by health practitioners and to manage clinical risk.

**Potential risks associated with Division 2 IV practice**

In the past, two concerns have been raised in relation to Division 2 medicines administration practice regarding:

- potential risk to patient safety, standards of health care and health outcomes
- potential risk of exploitation of Division 2 nurses by unscrupulous health service providers.


Initial scoping indicates that in other states where EN practice includes IV administration, regulatory authorities do not report a notable incidence of complaints about professional conduct or sentinel events related to this area of practice. Nor is there increased reporting through centralised sentinel event reporting mechanisms. There is no evidence indicating that IV administration by properly-trained and authorised endorsed Division 2 nurses would be more risky in the Victorian context.

Similarly, the regulatory authorities do not report notable incidences of ‘holding out’ (holding out a nurse to have qualifications, registration or endorsement that they do not currently hold), nurses working in contravention of the terms or outside their scope of registration, or of (employers) directing or inciting unprofessional conduct (it would be considered unprofessional conduct for a nurse to practice beyond their authorised scope or sphere of capability).

With respect to exploitation, Division 2 nurses (like all health professionals in Victoria) are afforded protection in the provisions of the Health Professional Registration Act 2005\(^2\)\(^4\) . Specifically, section 84 (3) requires that:

\[
\text{‘a person must not arrange for a health practitioner [in this case, a non-endorsed Division 2 nurse] whose registration is not endorsed under a provision of Division 2 of Part 2 to work as a health practitioner whose registration is endorsed under that provision...’}
\]

The mechanisms that currently support and provide structure to Division 2 nurses’ practice in medicines administration, in conjunction with the system-wide mechanisms to manage safe medicines practices by all health practitioners in the organisation, provide a sound basis on which to build more-specific frameworks for IV administration and associated care activities by Division 2 nurses.

**Acceptable levels of education and competence assessment**

Prior to 2008, in the absence of national qualifications, different approaches to education and training in the area of IV capability for ENs have been adopted by the states and territories. This is compounded by variations in the minimum qualification level for EN/Division 2 initial registration.

Commencing in 2008, the HLT07 contains nationally-agreed qualifications for the EN and Division 2 nurses for registration and further training purposes, including Certificate IV, Diploma and Advanced Diploma-level qualifications. These nursing qualifications also include nationally-agreed units of competency in medicines administration including IV medicines (see Table 2):

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit of competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLTEN407A</td>
<td>Administer a range of medications</td>
</tr>
<tr>
<td></td>
<td>This unit of competency is 120 hours in duration. It encompasses the skills and knowledge required of Division 2 nurses to administer a limited range of medications. This unit does not feature in the HLT43407 Certificate IV in Nursing (Enrolled/Division 2 nursing) curriculum.</td>
</tr>
<tr>
<td>HLTEN507A</td>
<td>Administer and monitor medications in the work environment</td>
</tr>
<tr>
<td></td>
<td>This unit of competency is 180 hours in duration. It encompasses the skills and knowledge required of Division 2 nurses to administer and monitor medications and evaluate their effectiveness for patients within a health environment.</td>
</tr>
<tr>
<td>HLTEN519A</td>
<td>Administer and monitor intravenous medication in the work environment</td>
</tr>
<tr>
<td></td>
<td>This unit of competency is 100 hours in duration. It encompasses the skills and knowledge required of Division 2 nurses to administer and monitor IV medications and their effectiveness for patients within the nursing context.</td>
</tr>
</tbody>
</table>

Depending upon the baseline qualification and endorsement status, the nurse may be required to undertake additional units of competency.

The scoping activity indicates that, with the exception of Victoria, Tasmania\(^2\)\(^5\) and New South Wales, the states and territories have included (in addition to competency units for medicines administration) HLTEN519A Administer and Monitor Intravenous Medication in Nursing Environments into pre-registration


\(^2\)\(^5\) Nurses Board of Tasmania is currently considering replacing the existing accredited program with units from the Health Training Package.
courses, as an educational and competency-based platform for ENs to care for patients with IV access and requiring IV medicines or fluids (appendix 4).

In adopting HLTEN519A as the training required for IV administration, the NBV may need to give specific guidance to training providers about the scope of the Range Statements that must be included in the content and delivery to ensure that NBV requirements are met. Consideration might also need to focus on whether the required knowledge and skills cover off on the range of clinical activities that employers and the profession agree should be incorporated into the division 2 scope of practice.

The regulatory authorities have indicated that these units of competency will over time be introduced (if not already) in lieu of current training programs, thereby ensuring standardised training, assessment and competence. This in turn, will prepare the ground for more-nationally uniform practice by ENs.

While the Certificate IV qualification currently includes the pre-requisite units of competency for HLTEN519A, there is considerable interest in whether there will be opportunities and pathways for Division 2 nurses and nurses from other states who have completed different qualifications. Indeed, there is a cohort of Division 2 nurses who gained registration through hospital-based programs prior to the delivery of qualifications through the VET sector. Table 3 sets out options for the educational preparation for IV competence, based on the various starting qualifications and endorsement status of groups of Division 2 nurses in Victoria. This shows that Division 2 nurses, regardless of the year of their initial qualification for registration, should have access to an educational pathway to attain medicines endorsement.

Table 3: Suggested educational pathways to IV competence

<table>
<thead>
<tr>
<th>Pathway 1: Division 2 registered nurse, no medicines endorsement – prior to accreditation expiry</th>
<th>Course/Unit of competency</th>
<th>Module/Unit Code</th>
<th>Nominal hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Course in medication administration for Division 2 registered nurses in Victoria (until accreditation expires)</td>
<td>21506VIC</td>
<td>200</td>
</tr>
<tr>
<td>2.</td>
<td>Administer and monitor intravenous medication in the nursing environment</td>
<td>HLTEN519A</td>
<td>100</td>
</tr>
</tbody>
</table>

Pathway 2: Division 2 registered nurse, Cert IV qualification without medicines endorsement – HLT07 Bridging Program

<table>
<thead>
<tr>
<th>Step</th>
<th>Course/Unit of competency</th>
<th>Unit Code</th>
<th>Nominal hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Analyse health information</td>
<td>HLTP501A</td>
<td>30</td>
</tr>
<tr>
<td>2.</td>
<td>Administer and monitor medication in the work environment</td>
<td>HLTEN507A</td>
<td>180</td>
</tr>
<tr>
<td>3.</td>
<td>Administer and monitor intravenous medication in the nursing environment</td>
<td>HLTEN519A</td>
<td>100</td>
</tr>
</tbody>
</table>

Pathway 3: Division 2 registered nurse (Cert IV), endorsed (oral & enteral)

<table>
<thead>
<tr>
<th>Step</th>
<th>Course/Unit of competency</th>
<th>Module/Unit Code</th>
<th>Nominal hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Administer subcutaneous and intramuscular injections</td>
<td>21506VICA</td>
<td>20</td>
</tr>
<tr>
<td>2.</td>
<td>Administer and monitor intravenous medication in the nursing environment</td>
<td>HLTEN519A</td>
<td>100</td>
</tr>
</tbody>
</table>

Pathway 4: Division 2 registered nurse (Cert IV), endorsed (oral, enteral, SC & IM) – includes Division 2 nurses holding new Certificate IV qualifications from the HLT07

<table>
<thead>
<tr>
<th>Step</th>
<th>Course/unit of competency</th>
<th>Module/Unit Code</th>
<th>Nominal hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Administer and monitor intravenous medication in the nursing environment</td>
<td>HLTEN519A</td>
<td>100</td>
</tr>
</tbody>
</table>

* Nominal hours refers to the number of hours assigned to undertake a unit of competency including assessment
** Based on the 2008 state training rate of $10.42 per student contact hour

26 The NBV Division 2 Registered Nurse Intravenous Administration: Discussion Paper (July 2008) provides the board’s recommended education pathway.
In considering these options, it is noted that a Diploma is the base qualification for registration of ENs in the states and territories where ENs currently practice IV administration in some form. According to the Australian Qualifications Framework, diploma-level units and qualifications prepare candidates to think and make decisions in the workplace to a higher level than the Certificate IV.

### Table 4: Distinguishing workplace outcomes for diploma and Certificate IV

<table>
<thead>
<tr>
<th>Certificate IV</th>
<th>Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• demonstrate understanding of a broad knowledge base incorporating some theoretical concepts</td>
<td>• demonstrate understanding of a broad knowledge base incorporating theoretical concepts, with substantial depth in some areas</td>
</tr>
<tr>
<td>• apply solutions to a defined range of unpredictable problems</td>
<td>• analyse and plan approaches to technical problems or management requirements</td>
</tr>
<tr>
<td>• identify and apply skill and knowledge areas to a wide variety of contexts with depth in some areas</td>
<td>• transfer and apply theoretical concepts and/or technical or creative skills to a range of situations</td>
</tr>
<tr>
<td>• identify, analyse and evaluate information from a variety of sources</td>
<td>• evaluate information using it to forecast for planning or research purposes</td>
</tr>
<tr>
<td>• take responsibility for own outputs in relation to specified quality standards</td>
<td>• take responsibility for own outputs in relation to specified quality standards</td>
</tr>
<tr>
<td>• take limited responsibility for the quantity and quality of the output of others</td>
<td>• take some responsibility for the achievement of group outcomes</td>
</tr>
</tbody>
</table>


The Victorian Certificate IV in Nursing includes six (6) diploma-level units of competence to ensure that candidates acquire the necessary knowledge, skills and competence for medicines endorsement and includes the pre-requisite units for undertaking HLTEN519A. Whether this combination of units of competence provides sufficient grounding for IV practice and the types of job roles that division 2 nurses will undertake in acute care settings, is a matter for careful consideration.

### Individual preparation, competence and confidence

Division 2 nurses are health professionals and as such, the NBV expects that they work within their scope of practice, taking into account the contextual and organisational factors that might enable, limit or constrain their practice at a particular time.

The principles outlined in the NBV Guidelines: Scope of Nursing and Midwifery Practice include that nurses and midwives are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice. Similarly, when seeking to integrate activities into their practice, nurses and midwives must ensure that:

- they have the necessary educational preparation and experience to do so safely
- their competence has been assessed by a qualified, competent health professional or health service provider
- they are confident of their ability to perform the activity safely
- they have the necessary authorisation or certifications and organisational support (p.4).

Furthermore, the NBV expects that all nurses are responsible for maintaining their competence to practice. All nurses are required to declare their competence to be eligible for annual registration renewal, and the NBV’s new guidelines for nurses and midwives for continuing professional development alerts nurses to maintain a professional development record that may be periodically audited.

### Challenges for Victoria

Reshaping nursing practice at the system level is always challenging. Historically, nursing practice has been continually evolving – this evolution is both necessary and desirable so that professional practice is always contemporary, grounded in evidence and relevant to the context and trends in health service delivery.

The case for introducing IV practice is strong, as is the case for a framework to authorise, support, enable and sustain safe practice in IV administration by Division 2 nurses. In saying this, the case for professional regulation or limitations to practice should demonstrate that the benefits to the community of practice regulation outweigh the costs or burdens. In addressing this issue, consideration needs to be given to:

- whether IV administration of medicines and fluids is sufficiently risky that it warrants regulation
- whether regulation is warranted, and what level or type of regulation is proportional to the degree of risk
- what regulatory measures would protect the public interest and who should be responsible
- whether the benefits outweigh the burden of regulating Division 2 IV practice.

Overcoming professional and cultural resistance is one of the key challenges for Victoria. Victoria’s experience with medicines endorsement reinforces that, while there is general receptiveness to practice evolution in the sector, there may also be resistance where change is perceived as a personal or professional threat, or a threat to service quality and health outcomes. Effective communication, consultation and engagement of the stakeholders, both at system and organisational levels, will be essential to work through the issues and agree on the details of what a framework for safe practice might look like.

With a framework in place, implementing change will present its own challenges. Victoria’s experience with introducing medicines endorsement indicates that health services sometimes need prompting and assistance to make the transition.

There is a genuine concern from the aged care sector that with up-skilling there will be greater demand for Division 2 nurses in acute health services. This may draw Division 2 nurses from aged-care services, exacerbate recruitment issues and may impact on service quality in the sector. Monitoring of training numbers will be required to ensure sufficient supply. Attention to recruitment and retention strategies in the sector will also be necessary. For example, aged-care services could participate in traineeship programs or offer assistance to employees to undertake post-registration training to specialise in aged care or related areas of practice.

Access to training and the associated financial considerations are viewed as a barrier to individuals and organisations. Governments, employers and individuals may need to find ways of sharing the burden when they each stand to benefit from increased clinical capability. Additional training in IV administration represents a substantial financial investment. Not all nurses will want or need to have this capability and it will be important to continue to value and provide career pathways for Division 2 nurses who work in areas where IV practice may not be required.

Appropriate recognition and remuneration for nurses is likely to be a concern for nurses and industrial bodies. This is a vexing issue, when practice for all nurses is continually evolving – new practices become the norm and other practices disappear from the practice repertoire. IV administration will be seen as a marked change in Victoria. In other states, however, where it is part of everyday practice, additional entitlements are not attached.

While there are likely to be tensions, there is also a requirement to look objectively at the issues, and balance the needs and interests of all the stakeholders with the need to provide the Victorian community with access to health services. Experience dictates that the best outcomes are likely to result from a consultative approach which takes into account the concerns and views of stakeholders, the professional and organisation culture, impacts on health services and the broader health workforce, and most importantly, the risks and benefits for Victorians.

At this juncture, given the pressures on the Victorian health system, there is an imperative to look creatively at roles for Division 2 nurses that utilise and develop their knowledge and skills to effectively and efficiently deliver health services as part of the nursing team. With the introduction of new national qualifications for ENs in the HLTO7, NBV policy and guidance, there is a nexus of opportunity to introduce IV administration to Division 2 practice.
Appendices

Appendix 1: Medicines administration routes

<table>
<thead>
<tr>
<th>Route</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteral</td>
<td>With or by way of the intestine, usually introduced by a feeding tube</td>
</tr>
<tr>
<td>Intramuscular (IM)</td>
<td>Injection of medicine directly into a muscle</td>
</tr>
<tr>
<td>Intravenous (IV)</td>
<td>Introduction of medicine directly into a vein by injection or infusion</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Subcutaneous (SC)</td>
<td>Introduction of medicine directly beneath the skin</td>
</tr>
</tbody>
</table>

Appendix 2: Scheduled poisons

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule 2</td>
<td>Pharmacy Medicine – substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.</td>
</tr>
<tr>
<td>Schedule 3</td>
<td>Pharmacist Only Medicine – substances, the safe use of which requires professional advice, but which should be available to the public from a pharmacist without a prescription.</td>
</tr>
<tr>
<td>Schedule 4</td>
<td>Prescription Only Medicine, or Prescription Animal Remedy – substances, the use or supply of which should be by or on the order of persons permitted by state or territory legislation to prescribe and should be available from a pharmacist on prescription.</td>
</tr>
<tr>
<td>Schedule 5</td>
<td>Caution – substances with a low potential for causing harm, the extent of which can be reduced through the use of appropriate packaging with simple warnings and safety directions on the label.</td>
</tr>
<tr>
<td>Schedule 6</td>
<td>Poison – substances with a moderate potential for causing harm, the extent of which can be reduced through the use of distinctive packaging with strong warnings and safety directions on the label.</td>
</tr>
<tr>
<td>Schedule 7</td>
<td>Dangerous Poison – substances with a high potential for causing harm at low exposure and which require special precautions during manufacture, handling or use. These poisons should be available only to specialised or authorised users who have the skills necessary to handle them safely. Special regulations restricting their availability, possession, storage or use may apply.</td>
</tr>
<tr>
<td>Schedule 8</td>
<td>Controlled Drug – substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.</td>
</tr>
<tr>
<td>Schedule 9</td>
<td>Prohibited Substance – substances which may be abused or misused, the manufacture, possession, sale or use of which should be prohibited by law, except when required for medical or scientific research, or for analytical, teaching or training purposes with approval of Commonwealth and/or state or territory health authorities.</td>
</tr>
</tbody>
</table>
### Appendix 3: List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAA</td>
<td>dose administration aids</td>
</tr>
<tr>
<td>The Department</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Division 1 nurse</td>
<td>Division 1 registered nurse</td>
</tr>
<tr>
<td>Division 2 nurse</td>
<td>Division 2 registered nurse</td>
</tr>
<tr>
<td>EN</td>
<td>enrolled nurse (in other states and territories)</td>
</tr>
<tr>
<td>ESOP</td>
<td>enhanced scope of practice</td>
</tr>
<tr>
<td>FTE</td>
<td>full-time equivalent</td>
</tr>
<tr>
<td>HLT07</td>
<td>revised Health Training Package</td>
</tr>
<tr>
<td>IM</td>
<td>intra-muscular</td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
</tr>
<tr>
<td>N^3ET</td>
<td>National Nursing and Nursing Education Taskforce</td>
</tr>
<tr>
<td>NBV</td>
<td>Nurses Board of Victoria</td>
</tr>
<tr>
<td>OTTE</td>
<td>Office of Training and Tertiary Education</td>
</tr>
<tr>
<td>QNC</td>
<td>Queensland Nurses Council</td>
</tr>
<tr>
<td>QUM</td>
<td>Quality Use of Medicines</td>
</tr>
<tr>
<td>SC</td>
<td>subcutaneous</td>
</tr>
<tr>
<td>VMAC</td>
<td>Victorian Medicines Advisory Council</td>
</tr>
</tbody>
</table>
Appendix 4: HLTEN519A Administer and monitor intravenous medication in the work environment (from the Health Training Package HLT07)

**HLTEN519A Administer and monitor intravenous medication in the nursing environment**

**Descriptor**
This unit of competency describes the skills and knowledge required of enrolled nurses to administer and monitor intravenous medications and their effectiveness for clients within the nursing context.

**Employability Skills**
The required outcomes described in this unit of competency contain applicable facets of employability skills. The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying employability skills requirements.

**Pre-requisite units**
This competency unit should be assessed after achievement of the following:
- HLTTOHS300A Contribute to OHS processes in the health industry
- HLTIN301A Comply with infection control policies and procedures in health work
- HLTAP501A Analyse health information
- HLTEN505A Contribute to the complex nursing care of clients
- HLTEN507A Administer and monitor medication in the work environment.

**Application**
The knowledge and skills described in this competency unit are to be applied within jurisdictional nursing and midwifery regulatory authority legislative requirements. Enrolled nursing work is to be carried out in consultation and collaboration with registered nurses and under direct or indirect supervisory arrangements in line with jurisdictional regulatory requirements in the Health Training Package.

**ELEMENT**
Elements define the essential outcomes of a unit of competency.

**PERFORMANCE CRITERIA**
The performance criteria specify the level of performance required to demonstrate achievement of the element. Terms in italics are elaborated in the Range Statement.

1. Minimise risk to the safe administration of intravenous medication
   1.1 Check for pharmacology and substance incompatibilities.
   1.2 Review issues related to drug administration with registered nurse.
   1.3 Identify common contraindications and adverse reactions of prescribed intravenous medications.
   1.4 Confirm client identity and check for any known allergies.
   1.5 Maintain knowledge of drug schedules and classifications as determined by legislation.
   1.6 Work with a knowledge of various forms of intravenous medication administration.
   1.7 Assess the intravenous cannula site for any problems.
<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements define the essential outcomes of a unit of competency.</td>
<td>The performance criteria specify the level of performance required to demonstrate achievement of the element. Terms in italics are elaborated in the Range Statement.</td>
</tr>
</tbody>
</table>

2. Prepare intravenous medications for administration to the client

2.1 Work with a knowledge of all intravenous administration routes and associated terminology.
2.2 Identify the purpose and function of prescribed intravenous medications for administration.
2.3 Identify common contraindications and adverse reactions of prescribed intravenous medications.
2.4 Accurately calculate dosages for administration of intravenous drugs.
2.5 Work with a knowledge of how intravenous medications are prepared in line with legislative requirements and environmental guidelines.
2.6 Use correct intravenous medication administration techniques and precautions specific to each client as per medication orders.

3. Administer intravenous medications within legal parameters

3.1 Work with a knowledge of legal parameters for the administration of intravenous medications.
3.2 Administer intravenous medications within role responsibility in accordance with the legislative requirements and organisation policy.
3.3 Store intravenous medications in a safe manner according to legislative requirements and health care organisation policy.
3.4 Work with a knowledge of organisation processes for quality management and risk assessment of administration of IV medication.

4. Monitor client response to administered intravenous medication

4.1 Record administration of intravenous medications in accordance with organisation policy.
4.2 Contribute information provided to clients and carers on intravenous medication administration (including possible side effects).
4.3 Recognise acute and delayed adverse reactions to intravenous medications and respond within role responsibility.
4.4 Implement emergency actions for identified acute and delayed adverse reactions within role responsibility.
4.5 Record and report response to emergency strategies.
4.6 Implement organisation procedures in the event of an intravenous medication incident.
REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and the level required for this unit.

**Essential knowledge includes:**

- relevant medical/medication terminology
- approved intravenous medication abbreviations
- relevant pathophysiology
- factors influencing intravenous medication actions
- major intravenous medication groups
- documentation associated with intravenous medication administration
- systems of intravenous medication delivery
- legal requirements for practice parameters of the enrolled nurse
- relevant workplace health and safety policies to ensure safe practice, for example, management of sharps
- methods of storage, handling and usage of intravenous medications
- understanding the legal requirements of each route of intravenous administration
- role of the health care team in the administration of intravenous medications
- scheduling of medications, including:
  - Schedule 2
  - Schedule 3
  - Schedule 4
  - Schedule 8
- substance incompatibilities, which may include:
  - anaphylactic reactions
  - adverse reactions
  - contraindications
  - precautions
  - side effects
- an understanding of the pharmacology of intravenous medications including:
  - principles of pharmacokinetics and pharmacodynamics related to major drug groups
  - toxicology
- understanding of role in medical emergency

**Essential skills include the ability to:**

- use the language, literacy and numeracy competence required for intravenous drug calculation, administration and documentation
- apply formulae for intravenous drug calculation for:
  - adult clients
  - older clients
  - paediatric clients
  - intravenous therapy
- calculate volumes for administration of intravenous medications
- check the intravenous cannula site
- demonstrate preparation, administration and recording of medications via intravenous routes
- perform emergency management for a client experiencing an adverse intravenous medication reaction
- use interpersonal skills, including working with others, using sensitivity when dealing with people and relating to persons from differing cultural, social and religious backgrounds
REQUIRED SKILLS AND KNOWLEDGE
This describes the essential skills and knowledge and the level required for this unit.

- demonstrate professional conduct, skills and knowledge
- use oral communication skills (language competence) to fulfil job roles as specified by the organisation or service. Oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification
- apply Professional Standards of Practice:
  - ANMC code of conduct
  - ANMC code of ethics
  - ANMC national enrolled nurse competency standards
  - state/territory Nurse Regulatory Nurses Act
  - State/territory Nursing and Midwifery Regulatory Authority standards of practice
  - state/territory Drugs and Poisons Act
  - scope of nursing practice decision-making framework
  - Department of Health Guidelines
  - oxygen therapy
  - nurse-initiated medication.

RANGE STATEMENT
The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, local industry and regional contexts.

*Health environments may include:*  
- residential aged-care facility
- community settings
- hospitals
- clinics
- short and long-stay centres
- client’s home

*Potential risks may include, but are not limited to:*  
- client identification
- allergic reactions
- immunisation status
- intravenous medication incompatibilities
- contra-indications for intravenous drug administration
- intravenous therapy

*Intravenous medication administration methods include:*  
- Bolus
- Via burette
- Mini infusion pump
- IV piggyback/tandem
- Syringe pump

*Legal and regulatory frameworks include:*  
- State/territory Nurses Act.
- State/territory Drugs and Poisons Act
- Health (Drugs and Poisons) Regulations
- State/territory Nurse Regulatory Authority Practice Standards
- Documentation legal requirements

*Commonly-used medications may*  
- Analgesia
RANGE STATEMENT
The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, local industry and regional contexts.

include:
- Antibiotics
- Corticosteroids

Administration of oral medications and associated terminology may include:
- legible medication order
- preparation of medication by the person administering
- 5 ‘rights’
- special precautions including assessment of intravenous cannula site.

Checking intravenous medications and associated terminology includes:
- legal requirements as per jurisdictional regulations
- understanding of enrolled nurse role
- legible medication order
- absorption rates of intravenous medications
- preparation of medication by the person administering
- checked by a registered nurse
- 5 ‘rights’
- special precautions.

Problems with an intravenous cannula site may include:
- extravasation
- signs of inflammation
- loss of patency.

Terminology associated with intravenous medications may include:
- pharmacology
- medication
- administer
- therapeutic effect
- side effect/adverse reaction/allergic reaction
- contraindication
- anaphylaxis
- allergy.

Calculation of medication dosages must include:
- calculation formulae
- calculation of dosages of injectable drugs (liquid, solid, unit dosages)
- flow rate drops per minute
- flow rate millilitres per hour
- paediatric dosage calculations (body weight, surface area, age-related dose reduction)
- geriatric dosage calculations (body weight, surface area and age).
**EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, the Range Statement and the assessment guidelines for this training package.

**Critical aspects for assessment and evidence are required to demonstrate this competency unit.**

- Observation of performance in a work context is essential for assessment of this unit.
- Consistency of performance should be demonstrated over the required range of workplace situations, should occur on more than one occasion and should be assessed by a registered nurse.
- Assessment must include a written calculation test with 100% mastery.
- Assessment must be undertaken in a simulated clinical laboratory prior to clinical placement.

**Context of and specific resources for assessment are as follow.**

- This unit is most-appropriately assessed in the clinical workplace.
- Simulations may be used to represent workplace conditions as closely as possible.
- Where, for reasons of safety, access to equipment and resources, and space, assessment takes place away from the workplace, simulations should be used to represent workplace conditions as closely as possible.

**Method of assessment.**

Assessment of competency may occur on more than one occasion. Assessment may include, but not be limited to:

- observation in the work place
- evidence gathered from the clinical work environment
- written assignments or projects
- case study and scenario as a basis for discussion of issues and strategies to contribute to best practice
- questioning – verbal and written
- role play or simulation

HLTEN519A Administer and monitor intravenous medication in the nursing environment

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HLT07 Health Training Package Version 1 – to be reviewed by 30 November 2009
### Appendix 5: National profile of enrolled nurse IV regulation, education and practice

<table>
<thead>
<tr>
<th>Pre-2008 Profile</th>
<th>Current Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State / Territory</strong></td>
<td><strong>Pre-2008 qualification</strong></td>
</tr>
<tr>
<td>ACT</td>
<td>Certificate IV in Nursing</td>
</tr>
<tr>
<td>QLD</td>
<td>Diploma in Nursing</td>
</tr>
<tr>
<td>SA</td>
<td>Diploma in Nursing</td>
</tr>
<tr>
<td>VIC</td>
<td>Certificate IV in Nursing</td>
</tr>
</tbody>
</table>

1. Section 3.7 of the Health Professions Regulations 2004 defines an EN (Medications) as a person who meets the requirements for enrolment in the specialist area of enrolled nurse (medications).
2. An EN (Med) has an endorsement on their licence that allows them to administer S2, S3 and S4 (restricted) medications under the authorities specified in the Health (Drugs & Poisons) Regulation 1996.
3. The Diploma in Nursing will be the minimum EN qualification in NT from 2009.
4. The Poisons and Dangerous Drugs Act is silent on the role of ENs in administering medications.
5. Currently under review by the Nursing Board of Tasmania. A change to HLT519167 Diploma in Nursing is likely by mid-2008.
6. Current under review by the Nursing Board of Tasmania. A process to distinguish an EN with IV training is under consideration.
7. The Nurses Act 1999 states that an EN is authorised to practise in the field of nursing under the supervision of a registered nurse.
8. The Controlled Substances Act 1994 is silent on medication administration by enrolled nurses.
9. ENs are not permitted to administer 5th medication under the Poisons Regulations (1955) Reg.42.
10. The nurses registration board of NSW issues the enrolled nurse with an endorsement for the administration of medications by a notification on the enrolled nurses’ authority to practise certificate.
11. The Drugs, Poisons and Controlled Substances Regulations 2006 defines a nurse as ‘a person registered in division 2 of that register whose registration is endorsed under section 22 of that Act.’
### Appendix 5: National profile of enrolled nurse IV regulation, education and practice

<table>
<thead>
<tr>
<th>State / Territory</th>
<th>Oral</th>
<th>Enteral</th>
<th>SC</th>
<th>IM</th>
<th>PRN</th>
<th>Enabled schedules</th>
<th>Establish IV access</th>
<th>Administer IV medicines</th>
<th>Administer fluid peripherally without additives</th>
<th>Administer fluid via CVC</th>
<th>Administer S8 drugs IV</th>
<th>Administer blood products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Silent</td>
<td>✓</td>
<td>Silent</td>
<td>✓</td>
<td>Silent</td>
<td>Silently</td>
</tr>
<tr>
<td>Queensland</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓, 3, 4 &amp; 8</td>
<td>✓</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent²</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
</tr>
<tr>
<td>Tasmania</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>×</td>
<td>Silent</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>South Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>×</td>
<td>Silent</td>
<td>×</td>
<td>×</td>
<td>✓</td>
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<tr>
<td>West Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Silent</td>
<td>2, 3 &amp; 4</td>
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<td>✓ (S2, 3 &amp; 4)</td>
<td>Silent</td>
<td>×</td>
<td>Silent</td>
<td>Silently</td>
</tr>
<tr>
<td>New South Wales</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>2, 3 &amp; 4</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>×</td>
<td>Silently</td>
<td>Silently</td>
</tr>
<tr>
<td>Victoria</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>2, 3, 4, 8 &amp; 9</td>
<td>✓³</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
</tbody>
</table>

1. Under RN supervision
2. RN assessment required prior
Silent: A board has no documented position in relation to this medicines-related activity
3. Division 2 nurses are able to canulate as per scope of practice but unable to flush to assess for patency
## Appendix 5: National profile of enrolled nurse IV regulation, education and practice

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Enabling mechanisms</th>
<th>Initiate IV Care</th>
<th>Administer IV Fluids</th>
<th>Administration IV Drugs</th>
<th>Supervision</th>
<th>Ongoing IV Care</th>
<th>Supporting Board Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Board policy</td>
<td>Change line</td>
<td>Insert fluid</td>
<td>Administer fluid centrally</td>
<td>Administration IV drugs</td>
<td>Change line</td>
<td>Remove cannula</td>
</tr>
<tr>
<td>ACT</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>Administration of medications by enrolled nurses must be in accordance with workplace policies and procedures as well as all relevant legislation&quot; (Policy: Medication Administration by Enrolled Nurses, ACT Nursing &amp; Midwifery Board, 2007).</td>
</tr>
<tr>
<td>QLD</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>&quot;An enrolled nurse (med) is accountable for ensuring they have necessary education and experience and have been assessed as competent by a RN before accepting any delegation to undertake any new activity&quot; (Policy on Medication Administration by Enrolled Nurses, QNC, 2005).</td>
</tr>
<tr>
<td>NT</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>&quot;Enrolled nurses are accountable for their practice and should adhere to both the profession’s standards and the relevant workplace policies&quot; (Position Statement on Enrolled Nurses &amp; Medication Administration, NT Nursing &amp; Midwifery Board, 2007).</td>
</tr>
<tr>
<td>TAS</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>Registration rules and guidelines, when delegating activities in medication management to authorised enrolled nurses or students of nursing, have a duty to ensure that such delegation is suitable/appropriate and appropriately monitored&quot; (Standards for Medication Management, Nursing Board of Tasmania, 2007).</td>
</tr>
<tr>
<td>SA</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>Nursing practice includes evidence of delegation and supervision of aspects of medication management to others commensurate with their abilities and scope of practice&quot; (Standards for Medication Management, NBSA, 2002).</td>
</tr>
<tr>
<td>WA</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>&quot;An enrolled nurse may perform at an advanced level and may be delegated higher responsibilities, including intravenous competency in association with legislation, education, competence and organizational policy” (Medication Management Guidelines, NBWA, 2006).</td>
</tr>
<tr>
<td>NSW</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silent</td>
<td>Silently</td>
<td>Silent</td>
<td>&quot;In accrediting an enrolled nurse for this role (medication administration), the employer must ensure that enrolled nurses have completed a board-accredited medication course. The employer should determine to what extent the nurse is to be involved in carrying out certain functions, such as intravenous administration of medicines.&quot;</td>
</tr>
</tbody>
</table>

- This intravenous-related activity is permitted by board or health department policy.
- This intravenous-related activity is not permitted by board or health department policy.
- This intravenous-related activity is a not permitted by board or health department policy.
- The board or health department has no documented position in relation to this intravenous-related activity.
- Draft only. Yet to be approved by board.
- The RN is responsible for determining the stabilty of the patient prior to delegating peripheral intravenous management to an authorised EN.
- Enrolment allows a person enrolled to practice nursing under the direct or indirect supervision of a registered nurse.
- Health agencies are responsible for developing standards relating to administration of medication.
- An EN is not permitted to reconstitution of addiitional to infusions unless directly supervised by a RN.
- All enrolled nurses will continue to practice under the direct supervision of the RN.