

# **MEDICATION ADMINISTRATION BY UNLICENSED ASSISTIVE PERSONNEL (UAP)**

## **Guidelines for Registered Nurses Delegating Medication Administration to Unlicensed Assistive Personnel**

**Home Health Agency, Hospice, Hospital, Nursing Home, Community-Based Residential Facility, Adult Family Home, Residential Care Apartment Complex, Facility for the Developmentally Disabled or Intermediate Care Facility for Persons with Intellectual Disabilities, End-Stage Renal Dialysis Unit, Ambulatory Surgical Center**



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance

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## Introduction

*This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains resources that licensed registered nurses may find useful when delegating medication administration to unlicensed assistive personnel (UAP). This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of January 1, 2016.*

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration, to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs).

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aide, nurse aide, or home health aide. The scope of duties for UAPs in regulated entities such as hospitals, nursing homes, assisted living, and community facilities is generally defined by the facility requirements and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which an RN works. This publication reviews the use of unlicensed assistive personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to facility or agency regulations under which the entities operate laws and regulations that define the scope of nursing practice, the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs, and supervising UAPs in the performance of delegated duties.

Healthcare providers, nurses, administrators, and others routinely ask the Division of Quality Assurance (DQA) about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

## Common Questions and Answers

### 1. What types of nursing acts may be delegated and to whom?

There is not a state statute listing nursing tasks that are appropriate for delegation to an UAP. The decision to delegate the nursing task is based on the nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the patient, and the educational preparation and demonstrated abilities of the UAP. In addition, specific facility regulations may limit what acts may be delegated or to whom acts can be delegated.

### 2. What are some of the criteria that a nurse might use in determining if a nursing related task may be delegated?

The delegated nursing task must be within the responsibilities of the nursing license. The nurse must have the nursing education, training, and experience to delegate the nursing task. The nursing task that is delegated must be commensurate with the educational preparation and abilities of the employee accepting the delegation. The nurse must provide supervision, direction, and assistance to the employee and provide observation and monitoring of the delegated tasks (Wis. Admin. Code ch. N 6). The Wisconsin Nurse's Association (WNA) has provided an algorithm for decision-making regarding delegation. The National Council of State Boards of Nursing (NCSBN) has an available delegation decision-making tree.

### 3. What is the difference between training and delegation?

Training is the process of providing general health information to others regarding a health skill, condition, injury, medication, or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing act. (Wis. Admin. Code ch. N 6).

## Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

- Wis. Admin. Code ch. N 6: [http://docs.legis.wisconsin.gov/code/admin\\_code/n/6.pdf](http://docs.legis.wisconsin.gov/code/admin_code/n/6.pdf)
- WNA Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel: [http://www.wisconsinnurses.com/work\\_advoc/pdf\\_files/uaps.pdf](http://www.wisconsinnurses.com/work_advoc/pdf_files/uaps.pdf)
- NCSBN Delegation Concepts and Decision-Making Process Position Paper: [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf)

## GUIDELINES FOR REGISTERED NURSES DELEGATING MEDICATION ADMINISTRATION TO UAP PROVIDER CHART

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 133.02(4)</b> “Home health aide” means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse.</p> <p><b>DHS 133.02(5)</b> “Home health aide services” means personal care services which will facilitate the patient’s self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse.</p> <p><b>DHS 133.06(4)(b) Employees.</b> Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.</p> <p><b>DHS 133.06(4)(e) Continuing Training.</b> A program of continuing training shall be provided to all employees as appropriate for the client population and the employee’s duties.</p> <p><b>DHS 133.08(2)(d) Policies.</b> To be fully informed of one’s own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research.</p> <p><b>DHS 133.17(2)(g) Duties.</b> Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications.</p> <p><b>DHS 133.17(3) Assignments.</b> Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. DHS 133.20. These instructions shall be reviewed by the immediate</p>	<p>All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [42 CFR 484.14(e)]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse (nurse aide assignment sheet). [(DHS 133.17(3) and 42 CFR 484.36(c)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b) and 42 CFR 484.36(c)]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)]</li> <li>5. Patients must be informed prior to delivery of service that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) and 42 CFR 484.10(c)(1)]</li> </ol> <p>Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</p>	<p>UAPs (HHA and PCWs) may administer oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member;</li> <li>2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and</li> <li>3. All General Requirements 1-6 are met (previous column).</li> </ol> <p><b>Home Health Aide (HHA) Medication Administration</b></p> <p>HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)]</li> <li>2. The patient receiving the medication is a self-</li> </ol>

**HOME HEALTH AGENCY (HHA)**

**UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>supervisors with their aides.</p> <p><b>DHS 133.17 Home health aide services.</b> (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p> <p><b>DHS 133.20(2) Contents of Plan.</b> Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.</p> <p><b>42 CFR 484.10(c)(1)</b> The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.</p> <p>i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.</p> <p><b>42 CFR 484.14(e) Personnel policies.</b> Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.</p> <p><b>42 CFR 484.36(c) Standard: Assignment and duties of the home health aide.</b> (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p>		<p>directing adult (18 or older) or a responsible adult is physically present to direct the home health aide in the administration of the medication;</p> <p>3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and</p> <p>4. All General Requirements 1-6 are met (previous column).</p> <p><b>For patients who have Medicaid, some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</b></p>

**HOSPICE**

**UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 131.13(12)</b> “Nurse aide” means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse.</p> <p><b>DHS 131.19 Patient rights.</b> (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights: (b) To participate in planning care and in planning changes in care. (c) To select or refuse care or treatment. (L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children. (m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services.</p> <p><b>DHS 131.31(4) DUTIES.</b> Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate.</p> <p><b>DHS 131.31(5) CONTINUOUS TRAINING.</b> A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families.</p> <p><b>DHS 131.28 Governing body.</b> (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week.</p> <p><b>DHS 131.32 Medical director.</b> (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice.</p> <p><b>DHS 131.26 Non-core services.</b> (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows:</p> <p>(a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as</p>	<p>All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The UAP must have taken a state-approved medication administration course.</li> <li>2. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication.</li> <li>3. There is a written delegation of this nursing act (medication administration) by the registered nurse.</li> <li>4. There is documentation to support the educational preparation of the caregiver who administers medications.</li> <li>5. There is immediate and accessible supervisory support available to the caregiver administering medications.</li> <li>6. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications.</li> <li>7. Supervision and delegation of the delegated nursing act meets the requirements of the Wis. Admin. Code. Ch. N 6.</li> </ol>	<p>A state-approved hospice medication administration course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications (e.g., nebulizers, injections, oxygen, medication via a G-tube, insulin), they must receive additional training, and that training must be documented.</p>

**HOSPICE**

**UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>specified under par. (c).</p> <p>(b) Plan of care. The nurse aide shall provide care in accordance with the patient's plan of care. Nurse aide services consist of, but are not be limited to all of the following:</p> <p>5. Assisting patients with self-administration of medications.</p> <p>6. Administering medications to patients if the aide has completed a state-approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse.</p> <p><b>42 CFR 418.106(d) Standard: Administration of drugs and biologicals.</b> (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.</p> <p>(2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.</p>		

**HOSPITAL**

**UAPs: Nurse Aide, Medication Technician, Diagnostic Medication Assistants, Nurse Technician, Various Other Titles that Hospitals Use for UAP**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 482.23(c) Standard: Preparation and administration of drugs.</b> Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice.</p> <p>All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p>	<p>All hospitals providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)]</li> <li>2. A registered nurse shall assign nursing care of each patient to other nursing personnel in accordance with the patient’s needs and the preparation and competence of the available nursing staff.</li> <li>3. There is immediate and accessible supervisory support to the UAP administering medications, when needed.</li> <li>4. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP.</li> <li>5. Supervision and delegation of medications by nurses meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.</p>

**NURSING HOME**

**UAPs: Medication Aide / Nurse Aide (MANA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 132.60(5)(d)1. Administration of medications.</b> Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner as defined in s. 450.07(1)(d), Stats., or a person who has completed training in a drug administration course approved by the department.</p> <p><b>DHS 132.62(2)(a)3. Duties.</b> The director of nursing services shall be responsible for:</p> <ul style="list-style-type: none"> <li>a. Supervising the functions, activities, and training of the nursing personnel;</li> <li>b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel;</li> <li>c. Coordinating nursing services with other resident services;</li> <li>d. Designating the charge nurses provided for by this section;</li> <li>e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and</li> <li>f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.</li> </ul> <p><b>42 CFR 483.45</b> The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [(DHS 132.62(2)(a)3]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3]</li> <li>3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.45]</li> <li>5. Residents must be informed, prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)]</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>A state-approved nursing home medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>



**COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 83.35 Assessment, individual service plan and evaluations.</b> (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2. Medications the resident takes and the resident’s ability to control and self-administer medications.</p> <p><b>DHS 83.37 Medications.</b> (2) MEDICATION ADMINISTRATION. (b) Medication administration supervised by a registered nurse, practitioner, or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:</p> <ol style="list-style-type: none"> <li>1. The registered nurse, practitioner, or pharmacist coordinates, directs, and inspects the administration of medications and the medication administration system.</li> <li>2. The registered nurse, practitioner, or pharmacist participates in the resident’s assessment under s. DHS 83.35(1) and development and review of the individual service plan under s. DHS 83.35(3) regarding the resident’s medical condition and the goals of the medication regimen.</li> </ol> <p>(c) Medication administration not supervised by a registered nurse, practitioner, or pharmacist. When medication administration is not supervised by a registered nurse, practitioner, or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident’s prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.</p> <p>(e) Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments, or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).</p>	<p>All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident’s condition, and the identification of the person administering medication.</li> <li>2. When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse.</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications.</li> <li>4. There is accessible supervisory support available to the caregiver administering medications.</li> <li>5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 83.32(2)(a)2]</li> <li>6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>If the CBRF is a nurse-supervised facility, the CBRF must assure the following:</p> <ol style="list-style-type: none"> <li>1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents.</li> <li>2) Injections, nebulizers, stomal and enteral, vaginally or rectally administered medications are delegated by an RN (can be supervised by a LPN) to qualified CBRF staff.</li> </ol>

**ADULT FAMILY HOME (AFH)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 88.06 (3)(c)</b> The assessment shall identify the person’s needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.</p> <p><b>DHS 88.06(3)(d)</b> The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need.</p> <p>2. Identification of the level of supervision required in the home and community.</p> <p>3. Description of services provided by outside agencies.</p> <p>4. Identification of who will monitor the plan.</p> <p>5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.</p> <p>(e). A copy of the individual service plan shall be provided to all persons involved in the development of it.</p> <p><b>DHS 88.07(2)(c)</b> Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide.</p> <p><b>DHS 88.07(3)(c)</b> If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.</p> <p>(d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident’s file.</p> <p>(e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident,</p>	<p>All adult family homes providing administration of a medication by UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [DHS 88.07(3)(e)]</li> <li>2. When contracted nursing services include <b>nurse responsibility</b> for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 88.06(3)(d)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)]</li> <li>4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) and 88.07(2)(c)]</li> <li>5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>If licensee provides medication administration, staff can only administer medications for which they were trained, for which they have orders, and for which the resident or resident’s guardian have provided consent.</p> <p>If licensee has a registered nurse administering medications, they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.</p>

**ADULT FAMILY HOME (AFH)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.</p> <p>2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.</p> <p><b>DHS 88.10(3)(j) Treatment choice.</b> To receive all treatments prescribed by the resident’s physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident’s guardian is required for any treatment administered by the adult family home.</p>		

**RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 89.13(21)</b> “Medication administration” means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner.</p> <p><b>DHS 89.13(22)</b> “Medication management” means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.</p> <p><b>DHS 89.13(24)</b> “Nursing services” means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stat., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse.</p> <p><b>DHS 89.23(4)(a) Service providers.</b> 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act.</p> <p>Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist.</p> <p><b>DHS 89.28 Risk Agreement.</b> (2) Content (a) 3. What the facility will and will not do to meet the tenant’s needs and comply with the tenant’s preference relative to the identified in the course of action.</p> <p>4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition.</p> <p>5. The agreed-upon course of action, including responsibilities of both the tenant and the facility.</p> <p>6. The tenant’s understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.</p>	<p>All RCACs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22))]</li> <li>2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [DHS 89.23(4)(a)]</li> <li>3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)]</li> <li>4. There is accessible supervisory support available to the caregiver administering medications. [DHS 89.23(4)(a)]</li> <li>5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28]</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.</p>

**FACILITY FOR THE DEVELOPMENTALLY DISABLED (FDD) OR  
INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

**UAP: Medication Aide / Nurse Aide (MANA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 134.60(4)(a)1. Orders.</b> Medications, treatments, and habilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s right to refuse them.</p> <p><b>DHS 134.60(4)(d) Administration of medications.</b> 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident’s record.</p> <p>2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration.</p> <p><b>42 CFR 483.45 Pharmacy services.</b> The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All ICF/IIDs or FDDs providing administration of a medication by a UAP (medication aide/nurse aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ICF/IID or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 134.60(4)(d)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)]</li> <li>5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications.</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>A state-approved ICF/IID and FDD medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in an ICF/IID or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>

**END-STAGE RENAL DIALYSIS UNIT (ESRD)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 405.2136(f) Standard: Patient care policies.</b> These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care.</p> <p><b>42 CFR 405.2136(f)(1)(vi)</b> The patient care policies cover the following: (v) Pharmaceutical services.</p>	<p>All ESRDs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)]</li> <li>2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

**AMBULATORY SURGICAL CENTER (ASC)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 416.48 Condition for Coverage – Pharmaceutical services.</b> (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.</p>	<p>All ASCs providing administration of a medication by UAPs must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48]</li> <li>2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>