POLICY ON ASSISTANTS IN NURSING

Re-Endorsed by Annual Conference 2017
Policy on Assistants in Nursing

NOTES
This policy is not applicable to undergraduate nursing students employed as assistants in nursing.

This policy should be read in conjunction with NSWNMA’s policies on Nursing and Nursing Care and the Provision of Personal Care; and the NSW Ministry of Health Policy Directive PD2010_059 Employment of Assistants in Nursing (AiN) in NSW Health Acute Care; the Assistants in Nursing working in the acute care environment - Health Service Implementation Package (2009); and Code of Conduct for Unregistered Health Practitioners made under the Public Health Regulation 2012, Schedule 3.

The NSW Nurses and Midwives’ Association is committed to ensuring the provision of safe nursing care and safe practice by and for the workers providing that care.

THE NSW NURSES AND MIDWIVES’ ASSOCIATION RECOGNISES THAT:

- Nursing care encompasses a continuum of care across the lifespan with a focus on wellness. Nursing care includes public health, health promotion, health education, health maintenance, illness care, rehabilitation and palliative care. Its foundation is nursing and health research.

- Nursing takes place in a variety of settings and is regarded as nursing work whether provided in health care and residential facilities, private homes, communities, schools or worksites.

- Nursing care is provided by registered nurses and enrolled nurses. Assistants in nursing assist registered nurses and enrolled nurses in the provision of nursing care. All persons who provide or assist in the provision of nursing care to any individual or group are performing nursing work.

- Together, registered nurses, enrolled nurses and assistants in nursing comprise the nursing care team, with registered nurses planning and evaluating the nursing care provided. Continuing assessment of nursing care needs and delegation of nursing activities to assistants in nursing is undertaken by registered nurses.

- In order to ensure safe care and safe practice, all persons performing nursing work must be appropriately qualified and assessed as competent to practise according to their role and must abide by the policies of setting in which they work and the Code of Conduct for unregistered health practitioners made under the Public Health Regulation 2012, Schedule 31.
Assistants in nursing may be employed with or without a qualification. A minimum qualification may be required in particular settings such as within the public sector, or where private and not-for-profit employees stipulate a required minimum qualification.

The appropriate minimum qualification for Assistants in Nursing is at Certificate III level of the Australian Qualifications Framework (AQF) using the national competency standards from the Community Services or Health Training Packages depending on the sector.

Individuals have a right to information about the qualifications, education, expertise and limitations of their health care providers. Assistants in nursing are part of the nursing team and should be identified as assistants in nursing.

THE NSW NURSES AND MIDWIVES’ ASSOCIATION ADOPTS THE POLICY THAT:

1. Assistants in nursing assist in the provision of basic nursing care, working within a plan of care under the supervision and direction of a registered nurse. Supervision may be direct or indirect.

2. The role of the assistant in nursing is limited to activities appropriate to their level of knowledge and skill, and is commensurate with their education and experience.

3. The role of the assistant in nursing encompasses providing assistance with the care, comfort and support of individuals and groups in the activities of daily living, in meeting essential human needs, and in observing and reporting changes in individual or group behaviours.

4. The registered nurse is responsible for delegating appropriately to the assistant in nursing within the limits of the assistant in nursing’s knowledge, skill, education and experience. Delegation of care is based on the characteristics of the person requiring care and on the complexity of the care required.

5. At all times, the assistant in nursing retains responsibility for their own actions and remains accountable to the registered nurse for all delegated functions.

6. Activities appropriate to the assistant in nursing are determined in consultation with the relevant senior registered nurse having regard to:

   6.1 the educational preparation and clinical competence of the assistant in nursing;

   6.2 the acuity of the person requiring nursing care;

   6.3 the level of technical skill required; and,

   6.4 the availability of the registered nurse to provide appropriate supervision.
7. The educational preparation of assistants in nursing should be competency based, consist of theoretical and clinical components, and enable the assistant in nursing to work safely under the supervision and direction of the registered nurse.

8. The competency standards and education of assistants in nursing should recognise prior learning and relate to enrolled nurse entry level competencies and education in such a way as to ensure articulation between the two.

9. Clinical placement of assistants in nursing during their period of training must be in appropriate health care settings which are commensurate with the level of skill of a person who is in training to be an assistant in nursing. Assistants in nursing will be supervised by a registered nurse during their period of clinical training.

10. Assistants in nursing should have access to Health and Community Services Certificate III programs, continuing education programs, and study leave provisions.

REFERENCES