What is an Assistant in Nursing?

“An Assistant in Nursing (AIN) supports registered nurses/registered midwives in the delivery of personal health care to patients and the maintenance of a safe patient care environment. 24.2 An AIN at all times assists in the provision of nursing/midwifery care under the direct or indirect supervision of a RN/RM.” *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020-2022*

AINs are required to complete a Certificate III in Health Assistant Course via CIT or alternative Assistant in Nursing (aged or acute care) course at TAFE NSW or other Recognised Training Organisation (RTO).

AINs can only undertake activities that have been delegated and supervised by a registered nurse in accordance with the *NMBA Registered nurse standards for practice* (2016) [Nursing and Midwifery Board of Australia - Registered nurse standards for practice (nursingmidwiferyboard.gov.au)](https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx) and the *NMBA Decision Making Framework for Nursing and Midwifery* <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&chksum=9LilUkdFvM5AJeKIaJZd1A%3d%3d>

Registered nurses can only delegate aspects of care to an AIN, which are consistent with the educational preparation, skill level and assessed competencies of the individual AIN, as per the Canberra Health Service Statement of Core Duties and Exclusions below.

Each AIN will be required to maintain a record of achieved competencies which guides the activities of care they can safely perform. This can be requested by the supervising RN at any time. AINs at CHS will be expected to attend professional development sessions and be assessed in a range of skills to ensure consistent standards of competency while delivering care across all health settings at CHS.

**Clinical assessment of patients must be conducted by the RN responsible for delegation.**

AINs are not to be given sole allocation of patients and work under direct supervision of a registered nurse within an interprofessional team environment.

The following Statement of Core Duties and Exclusions has been developed to assist staff to understand the activities an AIN may undertake under the delegation and supervision of the registered nurse. In exercising clinical judgment, the registered nurse will also consider the patient’s acuity and risk of clinical deterioration.

Core Duties - Activity List

The AIN works as an assistant to the health care team in designated wards/units/departments/teams.

These following activities can be delegated in accordance with the professional judgement of the supervising Registered Nurse and in accordance with the level of achieved educational preparation and assessed competence of the individual AIN.

The AIN must report any observations of patients and concerns about their condition or behaviour to their supervising RN in a timely manner. All entries to the DHR must be read by the supervising RN.

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| Area of Care | Activity | Education Required (outside CIT/TAFE NSW competencies) |
| Hygiene | * Oral Hygiene – brushing teeth, denture care, mouth wash/toilet * Simple eye care – eye toilet * Brushing and washing hair (exclusion: spinal, head and neck surgery and/or related injuries) * Showering, washing and bed baths * Dressing and undressing * Shaving (exclusion: patients with facial/neck surgeries or injuries) * Grooming – brush hair, apply non-medicated skin care and makeup * Removal of makeup and nail polish for procedures * Hand-hygiene * Pre-operative site preparation (with surgical clippers only) | Demonstration by RN  Demonstration of process by RN or ward services personnel |
| Toileting | * Change pads or aids * Change soiled bedding/ underpads * Empty, record and provide urinary bottle/pans * Empty, record and provide commode chair * Empty and record urinary catheter bag drainage (exclusion: 1/24 urine measures) * Change of IDC anchoring device (exclusion: urinary surgery patients) * Document and report elimination amounts to RN, reports any abnormalities, including but not limited to - increased frequency in passing urine - offensive odour of urine - unusual colouring of urine - unusual consistency of urine - constipation and consistency of excreta, as per Bristol Stool Chart * Assisting patient with emptying of long-term ostomy bags (exclusion: stoma < 6 months old) * Specimen collection of faeces and/ or urine (exclusion: midstream urine specimen collection) | Demonstration of process by RN  Demonstration of process by RN |
| Manual Handling & Mobility | * Maintain dignity and confidentiality during all manual handling processes, explain what you are going to do with them and seek consent before commencing the process. * Assist with patient transfers, pushing in wheelchair, sitting patients out of bed/on toilet/commode/chair using transfer equipment assessed as suitable by RN * Assist patients to change position with multidisciplinary team, as directed by RN * Provision of pressure area care (including assist with log roll) * Mobilising patients (assisted up to independent) * Use manual handling hoists/aids determined appropriate by RN * Assist allied health professionals to help patients i.e. with mobility, and to apply orthoses/splints/braces as prescribed by the treating professional * Assist during the application of plaster of paris and/or softcast by holding/supporting a limb as directed by RN (exclusion: not applying the plaster of paris or softcast) * Walking escort within hospital settings for appointments or for discharge i.e. to Pathology or outpatient clinics at UCH, transit/discharge lounge, or to hospital exit points (exclusion: patient awaiting transfers to other facilities) Transfer of patients from cubicles to waiting areas or from emergency to fast-track area (exclusion: patients with any level of oxygen therapy, infusions, intercostal catheters, complex drains, CPAP/BiPAP or ventilated, traction or new tracheostomies) * Mental Health settings: concierge duties of AIN include assisting in transport between facilities as driver or escort after risk assessment. Government vehicles provided. * Re-application of anti-embolic stockings after mobilising (exclusion: initial measurement & fitting of stockings) * Application of red socks for falls prevention during mobilisation | Manual Handling demonstration at orientation and annual refresher |
| Nutrition | * Assist patients with menu selection, after RN nutrition assessment * Undertake safe meal setup, cut up food, adjusting table and opening packages if required * Assists with feeding patients under direction of RN (exclusion: high risk patients with feeding difficulties, parenteral or enteral nutrition) * Provide water/refilling water jugs or making drinks for patients (exclusion: patients with fluid restrictions, dysphagia, modified diet/fluids or nil orally) * Report nutrition and fluid intake on fluid balance chart, co-signed by RN |  |
| Environment | * Ensure falls prevention strategies are in place – call bell, phone, bedside table in reach, bed/trolley lowered, trip hazards removed * Maintain infection control standards by adhering to 5 moments of hand hygiene and quarantine/isolation precaution processes as directed * applying fit-tested masks and undertake donning/doffing processes, including watching others undertake these processes * tidy the patient surroundings, shared kitchen areas, bedrooms and greater work area environment by cleaning and putting kitchen utensils away, cleaned equipment away, changing linen bags, cleaning and tidying utility rooms, cleaning wash bowls, and placing urinals and pans in the sluice * Mop up any small slip hazards and notify RN if cleaners are required, place hazard signs if needed * Make beds/tidy bedside trolleys * Assist rehabilitation consumers with laundry tasks and making the bed | Fit Test Required |
| Communication | * Introduce yourself and your role to members of the health care team, healthcare consumers, carers and families/visitors each shift, develop positive rapport and let them know who they can escalate any concerns with. * Report and/or escalating all care and concerns to supervising RNs * Maintain confidentiality, dignity and explain what, why and how you are doing a care activity, seeking consent before providing care. * Answer call bells including staff assist, referring to RN for advice/guidance/direction on anything outside of the duties listed. * Answer and transfer calls/intercom (exclusion: advice, clinical or confidential information) * Refer all aspects of care out of scope to RN, including notifying RN about infusion pump alarms, wandering or confused patients and any clinical or wellbeing issues related to the patient or mental health consumer * Assist with communication tools for patients (iPads/Wi-Fi etc) * Provide companionship and general conversation with patients and families after discussion and support from the supervising RN * Apply simple diversion and behaviour interventions aligned with hospital policies and procedures for cognitively or emotionally impaired people, aligned with a risk assessment, documented plan of care and communication by the supervising RN * Respond to, and report emergencies as per hospital policy * Attend handover and local team meetings or education sessions, determined by supervising RN/Team Leader/CDN or CNC * Orientate patient and family/carers to the environment * Seek regular feedback from supervising RN/s and reflect on practice | Completion of education session during orientation |
| Documentation | * Record Vital Signs, co-signed by RN * Complete fluid balance chart: oral input and urine/faecal output, report to RN * Complete food and bowel charts * Assist in the documentation of valuables * Assist in completing communication boards * Complete incident reporting as per local hospital policy * Access and undertake documentation within scope of AIN in the Digital Health Record | DHR Training Package |
| Maintenance | * Restock non-emergency supplies and equipment * Cleaning and putting away equipment between use i.e. infusion pumps, bed frames, equipment maintenance (e.g. cleaning, storing) |  |
| Patient watch/Constant Patient Observer (CPO) | * may work as a patient watch/CPO aggression (i.e. low level risk only not requiring a RN/EN) provided managing clinical aggression education has been completed and a risk assessment has been undertaken by the supervising RN |  |
| Other duties | * Support RN in gathering/provision of equipment i.e. infusion pump, ‘scout/runner’ in an emergency situation * Assist in the care of the deceased patient * Packing and unpacking patient belongings * Attend professional development sessions * Conducting department audits and surveys |  |

**Exclusion List**

The following aspects of care cannot be delegated to an AIN.

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| Area of Care | Activity |
| Hygiene | * Shaving patients with facial/neck surgery or injuries * Washing hair for patients with spinal, head and neck surgery or injuries * Cutting/trimming nails |
| Clinical observation and interventions | * Vital signs, including temperature, respiratory rate, pulse and blood pressure * Measure height and weight * Blood Glucose level or AVPU * Provide practical assistance with breathing devices eg. Incentive spirometry and re-fitting Nasal Prong oxygen tubing on face |
| Toileting | * Changing ostomy bags * Assist ostomy bag emptying if stoma less than six (6) months old * Change IDC anchoring device in urinary surgery patients * Hourly catheter measures * Continuous Bladder Irrigation (CBI) |
| Manual Handling | * Head control for log rolling * Transport of patients awaiting transfer to other facilities |
| Nutrition | * Feeding high risk patients with feeding difficulties, or receiving parenteral or enteral nutrition * Refilling of water jugs or making drinks for patients on fluid restrictions, with dysphagia, modified diet/fluids or nil orally |
| Environment | * Checking emergency equipment (resuscitation trolley and bedside oxygen/suction/air) |
| Communications | * Provide clinical information and advice to patients or families * Taking verbal clinical orders from unregulated healthcare workers, administrative, medical or allied health staff * Accepting delegated duties from an EN * Taking verbal pathology result via telephone * Providing advice, counselling, confirming new diagnosis and communicating confidential information |
| Documentation | * Completing progress notes * Completing patient details for handover sheets |
| Maintenance | * Restocking of emergency supplies in resuscitation trolley * Restocking medicine supplies |
| Other | * Patient escorts, unless outlined in core duties * Care of complex patients * Medication administration (all routes, including drops and topical creams) * Collection and labelling of specimens * Intravenous therapy management * Oxygen therapy * Suctioning * Complex wound management * Tracheostomy management * Emptying of wound and ICC drainage bags * Prescribed hair treatments * Allocated as CPO/Patient watch staff member for high-risk patients (those requiring RN/EN or security services) |

Orientation and Education Requirements for Assistants in Nursing

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| AIN Orientation CURRICULA via HRIMS | course frequency | MANDATORY LEGISLATED via HRIMS | course frequency |
| Basic Life Support - Theory | once | Fire and emergency eLearning | annual |
| BLS COVID-19 modifications eLearning | once | Child Protection Foundations eLearning | once |
| Basic Life Support Assessment | annual | Work Health and Safety Fundamentals eLearning | once |
| Incident Management (including RiskMan notification | once | Worpkplace Behaviours eLearning | once |
| Healthcare rights | once | Orientation verification eLearning | once |
| Infection Prevention and Control, Occupational Medicine and Waste Management Practices | annual |  |  |
| COVID 19 - PPE - Donning and Doffing Procedure | once |  |  |
| Comprehensive Care - A patient journey | annual | Hand Hygiene National | annual |
| (manual tasks clinical added separately) |  | My role in ensuring the quality and safety of our care el | once |
|  |  | Cultural diversity and inclusion eLearning | once |
|  |  | Working with Aboriginal and Torres Strait Islander Patients and Families eLearning | once |
|  |  | Occupational Violence Modules 1 to 5 eLearning (5 courses) | once |
|  |  | Speaking Up for Safety FTF | once |
|  |  | **FAMILY VIOLENCE STAFF** |  |
|  |  | Family violence a Shared Understanding eLearning | once |

**References**

1. Canberra Health Services - 5A Assistant in Nursing Core Duties list compiled Feb 2023
2. Calvary AIN Activities list 2020
3. Position description and orientation documents across Canberra Health Services and Calvary Health Services, 2023
4. ACT Chief Nurse and Midwifery Office AIN/USN Comparative Analysis Summary, M Leonard, March 2023
5. ACT Public Service Work Level Standards for Nurses and Midwives 2022.
6. Australian College of Nursing – Unregulated Health Care Workers Position Statement 2021
7. Nicole Blay RN, PhD, BHA, CT Cert, Michael Anthony Roche RN, PhD, MHSc, BHSc, DipAppSc, MH Cert “A Systematic Review of Activities Undertaken by the Unregulated Nursing Assistant” July 2020 Journal of Advanced Nursing Vol 76, issue 7 pg 1483-1871.
8. Wainwright TA “The utilization of the health care assistant role in intensive care.” Br J Nurs 2000;9(12):794–801;
9. Fee A, Muldrew D, Slater P, et al. The roles, responsibilities and practices of healthcare assistants in out-of-hours community palliative care: A systematic scoping review. Palliative Medicine. 2020;34(8):976-988. doi:10.1177/0269216320929559
10. CIT Health Services Assistance Clinical Placement - suitable activities 2022
11. http://uir.ulster.ac.uk/25272/1/FINAL\_Delegating\_and\_supervising\_unregistered\_professionals\_NET\_2013.pdf