Policy · HC-POL-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.16

At a glance

- A non-clinical caregiver may remind a client to take a medicine, but does not give an injection or other clinical administration.
- Administration is done only by staff with clinical training, under supervision.
- The task each caregiver may perform is written on the care plan.
- A caregiver who is asked to do a task beyond their scope refuses and reports it.
- Stop and get help straight away if: an untrained caregiver gives an injection.

1. Purpose

To keep reminders and clinical administration apart, and within each person’s scope (29.16).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Reminding a client to take a medicine is different from giving it. A non-clinical caregiver may remind, but only a trained person may give or manage a medicine. Confusing the two causes harm.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for home care	Owns the scope of tasks	Clinician
Caregiver	Performs only the tasks in scope	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Set the scope.

- Write which tasks each role may perform on the care plan.

Key point: Set.

Step 2. Check the task.

- Before each medicine task, check it is within the caregiver’s scope.

Key point: Checked.

Step 3. Report.

- Report any task beyond scope and refuse it.

Key point: Reported.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Medicine tasks within the caregiver’s scope	100%	Monthly	Clinical lead for home care	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
LTC-SOP-002	Medicine reconciliation (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on migrant health.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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