



Government of **Western Australia**
Department of **Health**

Assistant in Nursing Duties (Aged Care Setting)

February 2025

1.0 Introduction

This 'Related Document' is mandatory, and for the interpretation and application of, [MP 0080/18 Assistant in Nursing Policy](#) (the policy) in a general health care facility setting.

Assistant in Nursing (AIN) is a category of unregulated healthcare workforce. The role of the AIN is to assist in the delivery of patient care in the acute care or aged care environment. AIN work under the direction of a nurse or midwife. They are a complementary workforce and not a substitute for the number of nurse or midwives employed under current industrial workplace arrangements.

2.0 AIN in an Aged Care Setting

All duties and tasks are to be delegated and performed under a nurse's supervision and direction with adherence to local policy and guidelines.

These duties and tasks are specific to the WA Country Health Services (WACHS). AIN working in Residential Aged Care Homes and Multi-Purpose Services (MPS)¹, who possess the Certificate III in Individual Support (Ageing) or Certificate III Aged Care (superseded by Certificate III in Individual Support – Aged Care in 2015). The AIN Duties (Aged care setting) Related Document is **not applicable** to the acute care setting in the metropolitan health services and is only applicable to WACHS Residential Aged homes or MPS.

Care and services are to be delivered in a way that optimises the residents' reablement and maintenance of function and is consistent with the residents' personal preferences.

AIN will be provided with a copy of this AIN Duties document on commencement of their employment.

AIN must not perform duties that are not listed within the *Assistant in Nursing Duties (Aged care setting)* document.

¹ Multi-Purpose Services (MPS) Program - www.health.gov.au/our-work/multi-purpose-services-mps-program

3.0 Assistant in Nursing Duties (Aged Care Setting)

The following duties are applicable to all AIN employed by the WACHS who work in the aged care setting. All duties are delegated under the direction and supervision of a nurse, in accordance with the residents' care plan.

Duties	Description of Duties
Meals Assistance	<ul style="list-style-type: none"> ▪ Safe positioning of patients to receive meals ▪ Provide residents with a choice of where to receive/eat their meal ▪ Preparation of dining table or meals tray with appropriate utensils ▪ Assist with cutting up food and opening packages on meal tray ▪ Provide feeding assistance, or physically feeding residents who are unable to do so themselves under the direction of the nurse ▪ Provide supervision, prompting and encouragement at mealtimes ▪ Refilling of water jugs, or making drinks (outside of food service times and routine drink rounds) and always ensuring water is within reach (unless contraindicated) ▪ Facilitate a dining experience that promotes a sense of belonging, social engagement, reablement, and enjoyment
Activities of Daily Living (ADL)	<ul style="list-style-type: none"> ▪ Encourage residents' independence with ADL ▪ Assist residents with: <ul style="list-style-type: none"> ▪ showering, bathing, and bed washes ▪ oral hygiene – includes brushing teeth and cleaning dentures ▪ nail care (Exclusion: AIN without toenail care in their scope of practice) ▪ hair care (Exclusion: no prescribed treatments to be applied) ▪ Assistance with glasses and hearing aids ▪ Assist with application of non-prescribed moisturisers and emollients ▪ Assist residents with sleep hygiene ▪ Observation of basic skin integrity and reporting skin condition to the nurse ▪ Assist residents with shaving as per their personal preference (Exclusion: all pre-operative shaving)
Positioning and Mobility	<ul style="list-style-type: none"> ▪ Use safe manual handling technique ▪ Provide pressure injury prevention and interventions including repositioning with the use of appropriate devices ▪ Assist residents to transfer between bed and chair/wheelchair ▪ Assist residents to change positions ▪ Assist residents with mobility ▪ Assist residents with exercise, strength, balance and reablement programs

	<ul style="list-style-type: none"> ▪ Re-application of anti-embolic stockings (Exclusion: initial measurement and fitting of stockings)
Toileting	<ul style="list-style-type: none"> ▪ Assist residents to toilet ▪ Provide bedpan / urinal bottle ▪ Assist with continence aids – apply incontinence pads and uridomes ▪ Catheter care – secure drainage bags, ensure tubing patency (Exclusion: does not include insertion or removal of catheter) ▪ Empty bed pan, urinal bottle or drainage bag and record output as required e.g., Fluid Balance Chart, bladder or bowel chart ▪ Reports any observed abnormalities to the nurse, including but not limited to: <ul style="list-style-type: none"> ○ pain or discomfort ○ increased frequency in passing urine ○ offensive odour of urine ○ unusual colouring of urine ○ unusual consistency of urine ○ blood in urine or faeces ○ constipation ○ consistency of faeces - as per Bristol Stool Chart ▪ Specimen collection of faeces and/ or urine (Exclusion: AIN without midstream urine specimen collection in their scope of practice) ▪ Perform routine urinalysis and reports result to the Nurse
Documentation	<ul style="list-style-type: none"> ▪ Ensure all information and data regarding resident is recorded on appropriate charts and reported to the nurse ▪ Ensure accurate labelling of pathology specimens collected ▪ Reports and completes workplace Occupational Safety and Health Hazard reports with assistance, as per local policy
Reporting	<ul style="list-style-type: none"> ▪ Recognise and report a change in condition, a deviation from the resident's normal, and reports to the nurse immediately ▪ Report all incidents immediately to the nurse, for example, conflict, verbal/physical aggression, personal injury, and hazards ▪ Refer all resident, relative or visitor concerns, inquiries and feedback to the nurse ▪ Identify and report any alleged or suspected incidents that meet the Serious Incident Response Scheme reporting requirements to the line manager ▪ Identify and report any alleged or suspected incidents that meet the National Disability Insurance Scheme reporting requirements to the line manager ▪ Report any acquired clinical information and data to the nurse immediately ▪ Obtain and record residents' weight and height

Communication	<ul style="list-style-type: none"> ▪ Maintain confidentiality, privacy and dignity of residents ▪ Demonstrate empathy towards residents and relatives ▪ Act tactfully and diplomatically with sensitive situations ▪ Seek advice on dealing with conflict within the workplace ▪ Demonstrate safety awareness and report unsafe issues and potential/actual workplace hazards to the nurse ▪ Communicate effectively and accurately to the nurse when reporting acquired clinical information and data ▪ Relay messages to residents (Exclusion: matters regarding clinical status or condition of the resident) ▪ Immediately report any change in patient's physical & mental condition to the nurse ▪ Respond to call bells and other resident alerts (for example bed exit sensors and door alarms) in a timely manner
Environmental Maintenance	<ul style="list-style-type: none"> ▪ Bed making – independently and/or assisted ▪ Use appropriate equipment and maintain personal safety whilst using – for example hoist, wheelchair, commode, hover mat ▪ Ensure residents' surroundings are clean, safe and clutter free ▪ Assist in restocking of the treatment room and linen room/trolley ▪ Mop up spills and notifies the nurse if further cleaning is required ▪ Perform basic housekeeping duties
General	<ul style="list-style-type: none"> ▪ Adheres to organisational policies and procedures at all times ▪ Assists the nurse to undertake basic or simple routine duties specific to the clinical setting, of similar complexity to existing duties related to resident care, observations, medication assistance, tests, and specimen collection [Health Service Provider (HSP) to provide appropriate training and specify specific duty in local policy] ▪ Apply individual interventions including diversional therapy to deliver non-clinical care according to the residents' care plan ▪ Tissue or fluid specimen collection: including (but not limited to) sputum, intranasal swab, faeces and urine (Exclusion: midstream urine specimen collection) ▪ Assistance with non-medicated breathing devices as per care plan ▪ Provide support and end of life care to the resident and their family ▪ Last offices (after death care) undertaken with a nurse
Social and Emotional Support	<ul style="list-style-type: none"> ▪ Facilitate social activity and community engagement with residents and visitors, including participation in group or individual activity program ▪ Provide one-to-one resident care and support to ensure resident safety, as delegated by the nurse ▪ Facilitate friend and family visits to the resident ▪ Assist residents with errands when indicated on the care plan

	<ul style="list-style-type: none"> ▪ Accompany the resident when leaving the facility, as delegated by the nurse ▪ Facilitate connection with family, friends and community by assisting with telephone/video calls and other modes of correspondence ▪ Provide emotional and bereavement support
Infection Prevention and Control	<ul style="list-style-type: none"> ▪ Apply Standard Precautions at all times ▪ Implement the Five Moments of Hand Hygiene at all times ▪ Screen residents, visitors and staff for symptoms of infectious illness ▪ Comply with the use of Personal Protective Equipment for self and others, as required by MP 0172/22 Personal Protective Equipment in Healthcare Facilities Policy. ▪ Pathology and laboratory testing – includes collection of intranasal or saliva swabs and perform point of care (POC) testing [HSP to provide training on POC testing, procedure, and policy]

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