

Delegation of Administration of Medicines to Non-Registered Practitioners and Paid Carers by Community Nurses in Integrated Community Services

Version: 1

Summary:	To ensure that where delegation of administration of medicines by non-registered practitioners and paid carers is required, it is delivered to the standard required by CQC and to the professional standards of the NMC. The policy provides the framework for the development of additional Standard Operating Procedures.	
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Delegation of Administration of Medicines to Non-Registered Practitioners and Paid Carers by Community Nurses in Integrated Community Services

1. Introduction

- 1.1 This policy is specifically intended to provide the framework for practice when teaching and training non registered practitioners and paid carers to administer medicines defined as 'specialist tasks' due to their method of administration that are normally undertaken by registered practitioners.
- 1.3 Standard Operating Procedures for additional medicines may be developed and approved through the medicines committee as appendices to this policy.
- 1.4 This policy should be read in conjunction with the Medicines Control, Administration and Prescribing Policy (MCAPP) v12 policy.

2. Scope

This policy covers nurses and non registered practitioners working across integrated community services. This policy does not apply to family relatives/ informal carers. Staff working across TQTwentyone and TQ at Home should refer to the TQTwentyone medicines policy.

3. Definitions

- 3.1 **Registered nurse** - A person who's name is listed on sub part 1 of the register of the Nursing & Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (NMC 2008)..
- 3.2 **Paid carers** - A paid carer is defined as any paid carer receiving a wage i.e. from social services, care agencies or under the Local Authority's Direct Payment Scheme, and who has a NVQ Level 2 or equivalent. This policy does not apply to self-employed paid carers.
- 3.4 **Non-registered practitioner** - A non-registered practitioner is defined as a Band 3 health care assistant or health care with NVQ level 3 or equivalent, or Band 4 Associate Practitioner working in the community and is employed by Southern Health NHS Foundation Trust.
- 3.5 **Specialist Task** - Specialist tasks are defined as any task involving medicines administration that has been deemed appropriate for a paid carer to undertake following a risk assessment and the adherence to the principles set out in this policy.

4. Duties / Responsibilities

4.1 The Non Registered Practitioner / Paid carer

- Take responsibility for their own actions

- Take individual responsibility to ensure that their knowledge and skills are maintained

4.2 The Employer

- The paid carer's employer agrees and provides written consent for the paid carer to administer medication and that the task complies with their own policies and protocols/ guidelines
- TQtwentyone and TQ at Home staff follow the "Supporting Service Users to Manage their Medication" policy.

4.3 The Registered Practitioner

- The registered practitioner is accountable for the delegation of any aspects of the task and ensuring the individual is competent to carry out the task (NMC 2008, HPC 2008). This includes ongoing assessment and supervision of practice.
- The registered practitioner will complete a risk assessment for the patient / service user.
- The registered practitioner will ensure that non-registered practitioners and paid carers are informed of any changes in light of patient safety alerts

4.4 The line manager

- The line manager should ensure that risk assessments are completed and that where staff train non-registered practitioners or paid carers this is to support patients and service users to manage their own medication safely and effectively.

5. Principles to be applied when considering training non-registered practitioners and paid carers

- 5.1 The decision to train should be considered when the needs of the patient / service user are such that it is the most effective way to meet their individual needs.
- 5.2 The delegation of clinical interventions should not be considered as an alternative to provision by statutory services solely in response to service delivery issues.
- 5.3 The ability of the non-registered practitioner or paid carer to carry out the task including their level of existing knowledge should be determined by the registered practitioner.
- 5.4 A fully completed risk assessment is essential to meet legal requirements (see Appendix A1). A risk assessment must be completed by the registered practitioner for each patient/ service user, non-registered practitioner or paid carer and task required and kept with the patient's/ service users record.
- 5.5 Medication must not be administered without the completion of a risk assessment, an individualised care plan / support plan and evidence of assessed competence for the delegated task .
- 5.6 The registered practitioner must complete a comprehensive assessment, record of care, and identify the patient / service user's condition as medically predictable.

- 5.7 The registered practitioner must obtain informed consent from the patient / service user to the delegation of the task, or where there is no capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Consent to Examination and Treatment Policy (SH CP 16) and Mental Capacity Act Policy and Guidance (SH CP 39).
- 5.8 The registered practitioner must ensure that the issue of mental capacity is kept under review. They must ensure that the non-registered practitioners and / or paid carer has an awareness of the Mental Capacity Act and can recognise when mental capacity may have been lost and their obligation to liaise with them if they have any concerns about the individual's capacity to consent. The duty to obtain ongoing consent is the responsibility of the non-registered practitioner or paid carer every time medicines are administered (the administration of medicines without the consent of a competent patient / service user could amount to battery or assault). Where an individual lacks capacity the non-registered practitioner or paid carer are under a duty of care to act in the patient / service users best interests and an assessment of best interests should be undertaken by the registered practitioner on behalf of SHFT (in association with the care coordinator where applicable). The registered practitioner as decision maker has a duty to consult with consultee (e.g. family members and unpaid carers) and should take into account the desires, wishes and feelings of the patient / service user. Best interest' decisions should be evidenced and recorded as part of the risk assessment and care record in accordance with local policy.
- 5.9 If consent is refused administration of medicines should not take place. The refusal should be documented and reported immediately to the line manager and the GP informed.
- 5.10 All non-registered practitioners and paid carers trained to carry out a task are expected to meet the same standard of practice as a competent professional and this would include infection control, consent, best interests and capacity, as well as specific training in relation to the task, all of which conforms to current SHFT policies and evidence based practice.
- 5.11 The registered practitioner must ask non-registered practitioners and paid carers for confirmation that they are willing to perform the task following training and receive ongoing assessment and supervision.
- 5.12 The registered practitioner must ensure the paid carer's employer (where not employed by SHFT) agrees and obtains written consent for the paid carer to administer medication and that the task complies with their own organisations policies and protocols/ guidelines (employer to complete Appendix A3)
- 5.13 The registered practitioner is responsible for the training and assessment of the non-registered practitioner or paid carer, to whom they are delegating care and therefore must personally assess the paid carer.
- 5.14 Where initial training has already been completed by the non- registered practitioner or paid carer and competence demonstrated in practice this does not need to be repeated for each new patient / service user. However the delegating registered practitioner does need to assess the competence of each non-registered practitioner, and paid carer for each new patient and new task.

- 5.15 In situations where the patient / service user transfers for example to another team the accountability for the assessment of competence lies with the Registered Nurse who will have ongoing responsibility for the delegation of care to the non registered practitioner or paid carer. All information relating to the administration of medicine must be communicated to the new team. Where the Registered Nurse leaves his/her post the responsibility for assessment/ reassessment of the non registered practitioner or paid carer transfers to the Registered Nurse who has ongoing responsibility for the delegation of care .
- 5.16 A signed confirmation (Appendix A2) (or verification of training by line manager) must be obtained from the non-registered practitioner or paid carer that the training was successfully completed.
- 5.17 All staff should be supported and encouraged to report any incident or near miss in the knowledge that it will be investigated and appropriate action taken. This will ensure that any lessons learnt can be fed back into the risk management process to prevent incidents occurring or make sure similar incidents do not recur, and that lessons learnt can be shared. Where staff are appointed to specialist roles for care homes they should be involved in any post incident reviews for paid carers not employed by SHFT.

6. Training Requirements

- 6.1 All Non Registered Practitioners employed through SHFT should complete initial training in medicines management. Additional training and assessment of practice is required in order to administer any invasive medication e.g. injections, rectal, vaginal preparations and administration via PEG. Assessment must be by a competent Registered Nurse (Appendix A9)
- 6.2 All staff caring for patients and service users with diabetes should have an understanding of diabetes that enables them to meet the needs of patients / service users in their care. The diabetes education pathway (Appendix A4.1) identifies the level and expectation of training that staff should achieve. The TNA (Appendix 4) identifies the training programmes that are available and Appendix A5 and 6 provides the Standard Operating Procedure and competencies that are required to be achieved before administration by a Non Registered Practitioner or paid carer.
- 6.3 The registered practitioner providing diabetes training to non-registered practitioners and paid carers must be able to demonstrate evidence of knowledge, skills and competence in the task being taught. The registered practitioner must have completed MERIT training and subsequent 2 yearly update (or equivalent via alternative provider) and the self assessment competency tool (Appendix 5.1), and be up-to-date with their core statutory and mandatory training

7. Monitoring Compliance

- 7.1 The registered practitioner who has delegated this task is responsible for the initial and continued reassessment of the patient / service user.
- 7.2 The registered practitioner is responsible for the initial assessment and on-going reassessment of the non-registered practitioner or paid carer's competence.

Reassessment of competence will be by direct observation and completion of the competency tool.

- 7.3 Audit of teaching non-registered practitioners or paid carers to take place through the line manager.

7.4

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Competency assessment / observation of practice	Registered Practitioner	Competency assessment	Once initial then annual	Report to line manager
Competency verification	Line manager	Appraisal	annual	Lead via TNA

8. Policy Review

- 8.1 Review policy every 3 years

9. Associated Documents

- 9.1 Consent to Examination and Treatment Policy SH CP 16
 Hand Hygiene Procedure SH CP 12
 Infection Prevention and Control Policy SH CP 10
 Mental Capacity Act Policy and Guidance SH CP 39
 Medicines Control, Administration and Prescribing Policy (MCAPP) v12
 Policy for Managing Incidents SH NCP 16
 Sharps and Inoculation Management SH CP 14
 Standard Precautions Procedure SH CP 19
 Supporting Service Users to Manage their Medication TQ47

10. Supporting References

- 10.1 CQC (2009) Essential Standards of Quality and Safety, London, CQC HPC (2008) Standards of Conduct, Performance and Ethics
- 10.2 NMC (2008) The Code: Standards of conduct, performance and ethics for nurses and midwives
- 10.3 NMC (2008) Standards for Medicines Management
- 10.4 NPSA (2007) Promoting Safer Use of Injectable Medicines

APPENDIX 1 – Risk Assessment for Medication Administration by Non-Registered Practitioners and Paid carers

A risk assessment must be completed by the registered practitioner who will take responsibility for delegation of the task, before a decision is made to allow the administration of medicines by a non-registered practitioner or paid carer. The assessment must be completed for each patient, non-registered practitioner//paid carer and each new task required.

If the answer is 'no' to any of these questions an alternative strategy for administration is required.

Patient / Service User Name _____

NHS Number _____

1	Patient / Service User	Yes / No
1.1	An assessment and individualised care record has been completed by a registered practitioner.	
1.2	The patient/ service user requires medication	
1.3	The patient / service user is unable to self administer	
1.4	The patient / service user has no family or informal carers able to administer medication (where appropriate)	
1.5	The patient is medically predictable	
1.6	The patient / service user consents to the delegation of the administration by the non registered practitioner, or paid carer, or where they lack capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed (Policy for Consent to Examination and Treatment and Mental Capacity Act Guidance)	
1.7	There are no safeguarding issues	
2	Non-registered practitioner or paid carer:	
2.1	The paid carer's employer (if not employed by SHFT) agrees and provides written consent for the paid carer to administer medication and it complies with their policies and protocols/ guidelines (complete appendix C)	
2.2	The non-registered practitioner or paid carer's employer will hold the individualised support plan/care plan for the named patient/ service user	
2.3	Administration of medication is within the non-registered practitioner, or paid carer's job description	
2.4	Accepts responsibility to perform the task of administration of medication to the required standard following training	
2.5	Agrees to assessment of competence by direct supervision on the named patient/ service user following training and to on-going supervision and monitoring	
2.6	Signs to confirm that training was received, understood and that they will comply with the relevant policy and procedures	
2.6.2	Signs to confirm that they have received a copy of the record keeping advice sheet (NMC 2007) and confirm that they have understood the necessity of good record keeping	

		Yes / No
3	Task	
3.1	Administration of medication by non-registered practitioner or paid carer is to a named patient / service user only	
3.2	There is a suitable supply and adequate storage for medicines	
3.3	There are suitable disposal facilities for medication	

All aspects of the risk assessment have been completed and control measures achieved

To be completed by Registered Practitioner:

Name	
Designation	
Signature	
Date	

APPENDIX 2

Declaration of Competence by Non-Registered Practitioner or Paid carer

I(name) confirm that:

I have attended a programme of learning / received training in the administration of

.....(name medication/s)

I have received training and understand the use of sharps, their safe disposal and how to avoid injury (delete if not appropriate).

I will follow the relevant policy / procedure for the administration of:

..... and fully understand

all the terms and meaning of the documents.

I have received a copy of the record keeping advice sheet (NMC 2009) and confirm that I understand the necessity of good record keeping.

Name	
Designation	
Signature	
Date	

APPENDIX 3

Declaration of Accountability by Employing Manager (where not SHFT)

I(name) confirm that:

I agree to ensure that staff **will not** carry out administration of

.....(name medication/s)

Until they have been trained and individually assessed as competent by a Registered Practitioner.

(The Registered Practitioner must be an employee of Southern Health NHS Foundation Trust and be following the process set out in the Trust's Policy

I agree that staff can be trained and assessed in the administration of:

..... to a named patient

service user only and I understand that they must comply with the relevant policy / procedure for that medication.

Name	
Designation	
Signature	
Date	

APPENDIX 4 - LEaD (Leadership, Education & Development) Training Needs Analysis for Diabetes Education for Non Registered Practitioners

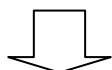
Training Programme	Frequency	Course Length	Delivery Method	Trainer(s)	Recording Attendance	Strategic & Operational Responsibility
Medication Course	Once	1 day	Face to face	Pharmacy team/Clinical trainers	MLE	David Jones
Diabetes Awareness	Once	X2 3hr sessions	Face to face	Diabetes Nurse Specialists (DNS)	MLE	
Insulin administration Course Day 1 and 2 (includes BGM)	Once	1.5 days	Face to face	DNS	MLE	
Safe Use of Insulin	Once (recommended)	2-3 hours	E - learning	Electronic	MLE	
Directorate	Division	Target Audience				
MH/LD	Adult Mental Health	N/A				
	Learning Disabilities	N/A				
	Older Persons Mental Health	N/A				
	Specialised Services	N/A				
	TQtwentyone and Social Care Division	N/A				
ICS	Adults	<p>All non registered practitioners should have medication training and a basic awareness of diabetes</p> <p>All non registered practitioners involved in insulin administration should complete the Insulin Administration Course day one and day 2. Associate Practitioners (Band 4) can complete POL 1 and POL 2 instead of day one</p> <p>It is recommended that all Health Care Assistants and Health Care Support Workers, who work in in-patient and community settings involved in insulin administration, complete the safe Use of Insulin E- Learning course.</p>				
	Children's & Wellbeing	N/A				
	Dental	N/A				
Corporate Services	All (HR, Finance, Governance, Estates etc.)	N/A				

Appendix 4.1

Diabetes Education Pathway for Non Registered Practitioners

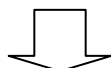
Medication Course

All non registered practitioners should attend a one day basic medication course and completed and passed the exam as competent to administer medication. They will also have passed 3 assessments in the workplace to be deemed competent



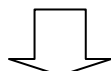
Diabetes Awareness

For staff with no diabetes training or limited experience: You are recommended to sit in on a structured diabetes education session for people with Type 2 diabetes run by your Diabetes Nurse Specialist. For the South East contact Caron Bell 01329 224548. For the West contact the West Hampshire Diabetes Service 02380 286401.



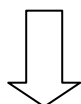
Insulin administration Course (Day 1 Theory)

Introduction to Diabetes Care – All staff required to administer insulin to patients / service users should complete day one and day two. (Band 4 Associate Practitioners are recommended to complete the Programme of Learning (POL 1 and 2)



Insulin administration Course (Day 2 Practical)

This 0.5 day provides the practical skill training for insulin administration and blood glucose monitoring



Safe Use of Insulin E-Learning Programme

It is recommended you complete the e-learning training available through the Learning Management System:

www.southernhealth.nhs.uk/lead/

APPENDIX 5 Standard Operating Procedure (SOP) for Administration of Insulin* by Non-Registered Practitioners and Paid carers to Adults

* Insulin via subcutaneous injection using a syringe or other injectable device e.g. pen. **This does not include insulin pumps.**

Objective	To ensure that insulin* administered by a non-registered practitioners, and paid carers is in accordance with recommended practice. Medicines Control, Administration and Prescribing Policy (MCAPP) v12, Medicines Matters (DOH 2006) and Standards for Medicines Management (NMC 2008).
Scope	This SOP applies to administration of insulin* by non-registered practitioners and paid carers to a patient / service user in their own home, residential care settings and day care services
Authority	This SOP is issued as part of the Southern Health Delegation of Administration of medicines to non registered practitioners and paid carers by community nurses in Integrated Community Services
Risk Assessment	There must be documentary evidence that a risk assessment has been undertaken by the registered practitioner who will take responsibility for delegation of the task, before a decision is made to allow the administration of insulin* by a non-registered practitioner or paid carer. The assessment must be completed for each patient, non- registered practitioner/ paid carer and new task required.
Who can Administer	Only non-registered practitioners and paid carers who are qualified to a minimum of NVQ Level 2 or can demonstrate previous learning / experience and have received initial training in accordance with the Delegation of administration of Medicines to non – registered practitioners and paid carers by community Nurses in Integrated Community Services and been assessed as competent can undertake administration of insulin* to a named patient / service user
Monitoring and audit	<p>The registered practitioner who has delegated this task is responsible for the initial and continued assessment of the patient / service user.</p> <p>The registered practitioner is responsible for the initial assessment and on-going reassessment of the non-registered practitioner/ or paid carer's competence on a six monthly basis unless a concern arises before this and therefore an earlier reassessment is required. Reassessment of competence will be by direct observation and successful completion of the competencies for insulin administration</p> <p>In situations where the patient / service user transfers for example to another team the accountability for the assessment of the non registered practitioner, or paid carer's competence lies with the Registered Nurse who will have on-going responsibility for the delegation of care</p> <p>Where the Registered Nurse leaves his/her post the responsibility for assessment/ reassessment transfers to the Registered Nurse who has on-going responsibility for the delegation of care to the non registered practitioner or paid carer.</p>

Administration of Insulin* Procedure	
Action	Rationale
1. Read care plan / support plan and check prescription details ensuring the right patient / service user is identified. Check the name, NHS number or date of birth, prescriber's signature, approved medicine name, dose and frequency of administration, date and route of administration.	1. Plan will explicitly identify care required. Insulin* must be administered only in accordance with the written directions of a suitably qualified prescriber. Administration procedure should not continue if this is incomplete or incorrect.
2. Explain procedure to the patient / service user and ask for and record verbal consent	2. To inform the patient and obtain evidence of informed consent
3. Check patient / service user has not already had or self administered medication and that the insulin* is due for administration at that time	3. To prevent medication error / overdose
4. Wash own hands	4. To prevent cross infection and contamination by following the Trust Infection Prevention and Control Policy and Hand Hygiene Procedure
5. Perform blood glucose monitoring as per blood glucose monitoring protocol	5. To ensure correct procedure is followed
6. Blood glucose results should be compared to the patient / service user's normal range identified in the care plan / support plan. The plan should be followed if results are outside normal values for the individual.	6. The plan will identify what actions to take if blood glucose results are outside the patient's normal range, or if the patient / service user is unwell to minimise patient harm due to over/under dosing
7. Ensure the area for medicine preparation is suitable and assemble all materials and equipment	7. The preparation area should be clean, uncluttered, and free from interruption and distraction. Ideally in a dedicated area to minimise risk of error in dose preparation
8. Prepare the dose to be given against the prescription, carefully checking that all details on the prescription record chart below correspond to the insulin* supplied Drug Name. Dose/ Strength/ Formulation Expiry date Route	8. General good practice procedures for the preparation and administration of medications should be followed to minimise the risk of medication error. Refer to Medicines Control, Administration and Prescribing policy (MCAPP)
9. Check the care plan,	9. To ensure right patient / service user is identified if

prescription and patient / service user's name, NHS number or date of birth corresponds to the patient before administration	medication is prepared away from patient / service user.
10. Administer insulin* in accordance with the performance criteria for insulin* administration by non-registered practitioners and the Medicines Control, Administration and Prescribing policy (MCAPP)	10. To ensure blood glucose level is maintained within acceptable limits and the instructions of the prescriber are followed including what to do in the event of a medication error
11. Dispose of used equipment as per Sharps Inoculation and Management Policy. Reusable equipment will need to be cleaned after use with Clinell sanitising wipe. If blood is visible a chlorine releasing agent is necessary	11. To prevent cross infection, contamination and sharps injury by following Trust infection control and Sharps Inoculation and Management Policy. Sharps including needles and pen cartridges must be disposed of in the yellow-lidded sharps box.
12. Wash own hands	12. To prevent cross infection and contamination by following Trust Infection Prevention and Control Policy and Hand Hygiene Procedure
13. Document administration in patient / service user notes ensuring there is no duplication of drug administration records when care is shared between different services	13. To comply with the NMC record keeping standards and avoid any risk of medication error. A clear, accurate and immediate record of each administration should be kept in the relevant patient clinical notes, using the approved drug administration form. These records should specify the date, time, strength, presentation and form of administration, dose administered as well as the name and occupation of the person administering it. Ensure that there is no duplication of drug administration records when care is shared between different services in order to prevent administration errors.

Training	<p>All registered practitioners must have completed MERIT training and 2 yearly update or equivalent via alternative provider and the self assessment competency tool (Appendix 5.1) in order to provide evidence of their competence to delegate the administration of insulin* to non-registered practitioners and paid carers.</p> <p>All staff authorised to administer insulin* must have a thorough knowledge of this SOP, and must have completed initial training and assessment in accordance with the insulin administration for non -registered practitioners procedure. If competency is not achieved within 6 months then the initial training should be repeated.</p>
Reporting an incident	<p>Priority must be given to patient safety.</p> <p>Incidents must be reported to the line manager and to the registered practitioner who has delegated the care, who will report the incident following the SHFT Policy for managing Incidents.</p>

	Adverse drug reactions or suspected reactions must be reported to the paid carer's line manager who will report to the General Practitioner and Registered Practitioner. Both practitioners are encouraged to consider reporting the reaction to the MHRA on a Yellow card
Authorisation	This SOP is issued as part of the Southern Health Administration of medicines training policy for non registered practitioners and paid carers
Review date	2 years from implementation date
Written by	

Appendix 5.1 Self-assessment competency tool for Registered Practitioners

The following questionnaire has been designed for three purposes.

1. To allow you to assess your competence in managing your patients with diabetes in line with the Knowledge and Skills Framework and Skills for Health Competency Framework (DIAB_HD3),
2. To identify your own educational needs
3. To ensure your own competency before delegation of insulin administration to non-registered practitioners.

Please tick the box which best describes your current assessment of your competency in each of the given areas. *NB. A competency defines the knowledge, understanding and skill required to perform a specific task (<http://www.skillsforhealth.org.uk> 2005)*

Are you competent in the following?	YES	NO	More support needed
Involving the patient in goal planning and promoting their empowerment (HA11.1)			
Assessing physical and psychological barriers to insulin treatment (HA11.5 and 6)			
Interpreting blood glucose results and identifying blood glucose targets (HA11.9)			
Teaching blood glucose monitoring to your patients (HA11.9)			
Teaching blood glucose results interpretation to your patients (HA12.1)			
Teaching choice of injection site and injection technique (HA12.2)			
Supporting your patient in selecting the appropriate insulin device (HA12.2)			
Advising your patient how to obtain their insulin prescription in routine/non routine situations (HA12.2)			
Advising your patient of safe storage and disposal of insulin and equipment (HA12.2)			

Advising your patient on the basics of hypoglycaemia recognition and treatment (HA12.4)			
Advising your patient which authorities they need to inform about their diabetes medication (HA12.5)			
Identifying the patient's ongoing support needs from all healthcare professionals and carers and agree how to meet them (HD3.1.1/7 and HD3.2.1)			
Advising your patient who to contact for routine advice and for emergency or out-of-hours help (HD3.1.2)			
Supporting your patient with injection problems, insulin storage and safe sharps disposal (HD3.1.3)			
Setting individual, clinical targets for home glucose monitoring and HbA _{1c} (HD3.1.4 and HD3.2.6)			
Setting individual, well-being targets (HD3.1.4 and HD3.2.2)			
Advising your patient of general diet principles and considerations with insulin treatment (HD3.1.4)			
Advising your patient of general exercise principles and considerations with insulin treatment (HD3.1.4)			
Advising your patient of the effect of illness on insulin requirements and the sick day rules (HD3.1.4)			
Assessing the need for insulin regimen change (HD3.1.4 and HD3.2.5/3)			
Teaching and reviewing your patient's understanding of hypoglycaemia recognition, treatment and prevention (HD3.1.6)			
Identifying potential fears, anxieties, or psychological issues and how to support your patient (HD3.1.8 and HD3.2.3)			
Recording care to communicate to other care providers and facilitate continuity of treatment (HD3.1.9 and HD3.2.7)			

APPENDIX 6 - Competencies for Administration of Insulin* by Non-Registered Practitioners and Paid carers to Adults

6.1 Blood glucose monitoring clinical competency

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in blood glucose monitoring without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge and skills to perform blood glucose monitoring				
a) The reason for the patient needing blood glucose monitoring	Questioning			
b) The limitations of using a blood glucose meter	Questioning			
c) The rationale for calibrating meter and ensuring test strips are in date	Questioning			
d) Correct method to obtain blood sample	Questioning			
e) Significance of test results and how to interpret	Questioning			
f) When it is necessary to refer to a GP or the diabetes nurse specialist	Questioning			
2. Demonstrate practical skill in blood glucose monitoring				
a) How to ensure accuracy of meter and quality control	Observation			
b) Correct calibration procedure	Observation			
c) How to operate the meter	Observation			
d) Correct procedure for skin preparation	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
e) Correct method to obtain blood sample	Observation			
f) How to decontaminate the device after use	Observation			
g) Practices in accordance with Trust Infection Control Policy and Sharps Inoculation and Management Policy to avoid needle stick injury	Observation			
h) Practices in accordance with Trust Infection Prevention and Control Policy and Hand Hygiene Procedure and Standard Precautions Procedure to avoid contamination and cross infection.	Observation			
i) Interprets and actions results in accordance with role and responsibilities	Observation			
i) Documents all care given in accordance with Trust policy & procedures	Observation			

Source: SHFT Blood Glucose Monitoring Protocol 2012

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in blood glucose monitoring

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments

6.2 Insulin administration clinical competencies

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in drug administration without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate knowledge of the management and administration of insulin by Subcutaneous injection (SC)				
a) Can describe an appropriate site for subcutaneous injection	Questioning			
b) Can explain why INSULIN might be prescribed and its method of action	Questioning			
c) Can describe the symptoms of hypoglycaemia and hyperglycaemia and actions needed should this occur. Should include normal ranges.	Questioning			
d) Can describe when to monitor a patient's blood sugar and where to record readings	Questioning			
f) Can explain why on medication charts the word 'UNITS' and not 'U' must be clearly written next to the dose and what action to take if prescription not written as units.	Questioning			
g) Can describe the correct storage and preparation of INSULIN.	Questioning			
h) What information should be discussed in handover if an insulin dependent diabetic patient is on the ward?	Questioning			
i) If a patient is prescribed insulin what other preparation must also be prescribed as PRN?	Questioning			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
2. Demonstrate practical skill in administration of subcutaneous injection (SC)				
a) Wash hands and prepare necessary equipment	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 	Observation			
c) On vial & container check: <ul style="list-style-type: none"> • Patient name (if not stock) • Drug name & strength • Route & expiry date • Visual check of vial/ampoule that it has not been tampered with • Check medicine was stored as recommended, e.g. refrigerator 	Observation			
d) Injection drawn up correctly (including correct needle selection, vial opened safely, bubbles removed)	Observation			
e) Blood sugar level checked and within safe range for INSULIN administration of (if applicable)	Observation			
f) Service user fully consulted, consent maintained & person given opportunity to ask questions/raise concerns.	Observation			
g) Ensure therapeutic environment is considered for administration.	Observation			
h) Appropriate site chosen, area clean and good technique used. Equipment disposed of safely. Hand hygiene performed	Observation			
i) Check/ ensure appropriate monitoring & care plan/ support plan in place.	Observation			

Source: Medicine management policy 2009. HPFT medication administration competency assessment toolkit 2010

Delegation of Administration of Medicines to Non-Registered Practitioners and Carers by Community Nurses in Integrated Community Services Policy
Practice Development Specialist Nurse
Version: 1
April 2013

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in insulin administration

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments

Appendix 7. Standard Operating Procedure (SOP) for Administration of Low Molecular Weight Heparin (LMWH) by Non-Registered Practitioners and Paid carers to Adults

Objective	To ensure that LMWH administered by non-registered practitioners and paid carers is in accordance with recommended practice. Medicines Control, Administration and Prescribing Policy (MCAPP) v12, Medicines Matters (DOH 2006) and Standards for Medicines Management (NMC 2008).
Scope	This SOP applies to administration of LMWH by non-registered practitioners and paid carers to a patient in their own home, residential care settings and day care services.
Authority	This SOP is issued as part of Southern Health Delegation of Administration of Medicines to Non Registered Practitioners and Paid carers by Community Nurses in Integrated Community Services
Risk Assessment	There must be documentary evidence that a risk assessment has been undertaken by the registered practitioner who will take responsibility for the delegation of the task, before a decision is made to allow the administration of LMWH by non- registered practitioners and paid carers. The assessment must be completed for each patient, non-registered practitioner and/or paid carer and task required. The risk assessment must include identification of the use of LMWH for either prophylaxis or treatment and the monitoring requirements around their use.
Who can Administer	Only non-registered practitioners and paid carers who are qualified to a minimum of NVQ Level 2 or can demonstrate previous learning / experience and have received initial training and have been assessed as competent can undertake administration of LMWH to a named patient
Monitoring and audit	The registered practitioner who has delegated this task is responsible for the initial and continued assessment of the patient on a monthly basis unless a concern arises before this and therefore an earlier visit is required. The registered practitioner is responsible for the initial assessment and ongoing reassessment of the non-registered practitioner or paid carer's competence on a six monthly basis unless a concern arises before this and therefore an earlier reassessment is required. Reassessment of competence will be by direct observation of the non registered practitioner and completion of the competencies for LMWH administration. In situations where the patient transfers for example to another team the accountability for the assessment of the non registered practitioner or paid carer's competence lies with the Registered Nurse who will have ongoing responsibility for the delegation of care to the non registered practitioner or paid carer.

	Where the Registered Nurse leaves his/her post the responsibility for assessment/ reassessment of the non registered practitioner or paid carer transfers to the Registered Nurse who has ongoing responsibility for the delegation of care to the non registered practitioner or paid carer.
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Administration of LMWH Procedure	
Action	Rationale
1. Read care plan and check prescription details ensuring the right patient is identified. Check the patient's name, NHS number or date of birth, prescriber's signature, approved medicine name, dose and frequency of administration, date and route of administration.	1. Care plan will explicitly identify care required. LMWH must be administered only in accordance with the written directions of a suitably qualified prescriber. Administration procedure should not continue if this is incomplete or incorrect.
2. Explain procedure to the patient and ask for and record verbal consent	2. To inform the patient and obtain evidence of informed consent
3. Check patient has not already had or self administered medication and that the LMWH is due for administration at that time	3. To prevent medication error / overdose
4. Wash own hands	4. To prevent cross infection and contamination by following Trust Infection Prevention and Control Policy and Hand Hygiene Procedure
7. Ensure the area for medicine preparation is suitable and assemble all materials and equipment	7. The preparation area should be clean, uncluttered, and free from interruption and distraction. Ideally in a dedicated area to minimise risk of error in dose preparation
8. Prepare the dose to be given against the prescription, carefully checking that all details on the prescription record chart below correspond to the LMWH supplied Drug Name. Dose/ Strength/ Formulation Expiry date Route	8. General good practice procedures for the preparation and administration of medications should be followed to minimise the risk of medication error. Refer to the Medicines Control, Administration and Prescribing Policy (MCAPP) v12
9. Check the care plan, prescription and patient's name, NHS number or date of birth corresponds to the patient before administration	9. To ensure right patient is identified if medication is prepared away from patient
10. Administer LMWH in accordance with the Manufacturers instructions and the Medicines Control, Administration and Prescribing Policy (MCAPP) v12	10. To ensure that the product is used as licensed. Always refer to the current summary of product characteristics (SPC)
11. Dispose of used equipment as per Sharps Inoculation and Management Policy	11. To prevent cross infection, contamination and sharps injury by following Trust infection control and Sharps Inoculation and Management

	Policy. Sharps including needles and pen cartridges must be disposed of in the yellow-lidded sharps receptacle
12. Wash own hands	12. To prevent cross infection and contamination by following Trust Infection Prevention and Control Policy and Hand Hygiene Procedure
13. Document administration in patient's notes ensuring there is no duplication of drug administration records when care is shared between different services	13. To comply with the NMC record keeping standards and avoid any risk of medication error. A clear, accurate and immediate record of each administration should be kept in the relevant patient clinical notes, using the approved drug administration form. These records should specify the date, time, strength, presentation and form of administration, dose administered as well as the name and occupation of the person administering it. Ensure that there is no duplication of drug administration records when care is shared between different services in order to prevent administration errors

Training	<p>The registered practitioner providing training to a non-registered practitioner or paid carer must demonstrate evidence of knowledge, skills and competency in the task being taught.</p> <p>All non-registered practitioners and paid carers authorised to administer LMWH must have a thorough knowledge of this SOP, and must have completed initial training and assessment in accordance with the administration of medicines training policy for non-registered practitioners and paid carers.</p>
Reporting an incident	<p>Priority must be given to patient safety. Incidents must be reported to the non-registered practitioner or paid carer's line manager and to the registered nurse who has delegated the care, who will report the incident following the SHFT Policy for Managing Incidents. Adverse drug reactions or suspected reactions must be reported to the non-registered practitioner or paid carer's line manager who will report to the General Practitioner and Registered Practitioner. Both practitioners are encouraged to consider reporting the reaction to the MHRA on a Yellow card.</p>
Authorisation	This SOP is issued as part of the Southern Health Administration of medicines training policy for non registered practitioners and paid carers
Review date	One year from implementation date
Written by	S Coopey / S Mennear

Appendix 7.1 Competencies for Administration of LMWH by Non-Registered Practitioners and Paid carers to Adults

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in drug administration without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate an understanding of the principles of LMWH administration and the correct injection procedure				
a) Obtains informed consent from patient	Observation			
b) Demonstrates knowledge of common side effects knows how to raise concerns with registered practitioner	Discussion			
c) Demonstrates appropriate selection of site	Observation			
d) Demonstrate correct injection technique (observed on at last 2 occasions)	Observation			
e) Follows infection control guidelines	Observation			
f) Dispose of sharps safely and correctly, knows when and how to report in the event of needle stick injury	Observation			
g) Demonstrates correct storage of LMWH, check expiry dates and appearance of LMWH	Observation			
h) Documents administration accurately and immediately, and reports to manager in charge	Observation			

Source: HPFT medication administration competency assessment toolkit 2010

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in drug administration

Assessor _____ Signature _____ Status _____ Date _____

Delegation of Administration of Medicines to Non-Registered Practitioners and Carers by Community Nurses in Integrated Community Services Policy
Practice Development Specialist Nurse
Version: 1
April 2013

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments

Appendix 8. Standard Operating Procedure (SOP) for Administration of Medicines by Non-Registered Practitioners and Paid carers to Adults

Objective	To ensure that medicines administered by non-registered practitioners and paid carers is in accordance with recommended practice. Medicines Control, Administration and Prescribing Policy (MCAPP) v12, Medicines Matters (DOH 2006) and Standards for Medicines Management (NMC 2008).
Scope	This SOP applies to administration of medicines (excluding insulin or LMWH) by non-registered practitioners and paid carers to a patient in their own home, residential care settings and day care services.
Authority	This SOP is issued as part of Southern Health Delegation of Administration of Medicines to Non Registered Practitioners and Paid carers by Community Nurses in Integrated Community Services
Risk Assessment	There must be documentary evidence that a risk assessment has been undertaken by the registered practitioner who will take responsibility for the delegation of the task, before a decision is made to allow the administration of medication by non-registered practitioners and paid carers. The assessment must be completed for each patient, non-registered practitioner and/or paid carer and task required. The risk assessment must include identification of the use of the medicines and the monitoring requirements around their use.
Who can Administer	Only non-registered practitioners and paid carers who are qualified to a minimum of NVQ Level 2 or can demonstrate previous learning / experience and have received initial training and have been assessed as competent can undertake administration of medicines to a named patient
Monitoring and audit	The registered practitioner who has delegated this task is responsible for the initial and continued assessment of the patient on a monthly basis unless a concern arises before this and therefore an earlier visit is required. The registered practitioner is responsible for the initial assessment and on-going reassessment of the non-registered practitioner or paid carer's competence on a six monthly basis unless a concern arises before this and therefore an earlier reassessment is required. Reassessment of competence will be by direct observation of the non-registered practitioner and completion of the drug administration clinical competencies. In situations where the patient transfers for example to another team the accountability for the assessment of the non registered practitioner or paid carer's competence lies with the Registered Nurse who will have on-going responsibility for the delegation of care to the non registered practitioner or paid carer.

	Where the Registered Nurse leaves his/her post the responsibility for assessment/ reassessment of the non-registered practitioner or paid carer transfers to the Registered Nurse who has ongoing responsibility for the delegation of care to the non registered practitioner or paid carer.
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Administration of Medicine Procedure

Administration must be in accordance with the Medicines Control, Administration and Prescribing Policy (MCAPP) v12 Section 8.4. Administration Procedure

Training	<p>The registered practitioner providing training to a non-registered practitioner or paid carer must demonstrate evidence of knowledge, skills and competency in the task being taught.</p> <p>All non-registered practitioners and paid carers authorised to administer medicines must have a thorough knowledge of this SOP, and must have completed initial training and assessment in accordance with the administration of medicines training policy for non-registered practitioners and paid carers.</p>
Reporting an incident	<p>Priority must be given to patient safety. Incidents must be reported to the non-registered practitioner or paid carer's line manager and to the registered nurse who has delegated the care, who will report the incident following the SHFT Policy for Managing Incidents. Adverse drug reactions or suspected reactions must be reported to the non-registered practitioner or paid carer's line manager who will report to the General Practitioner and Registered Practitioner. Both practitioners are encouraged to consider reporting the reaction to the MHRA on a Yellow card.</p>
Authorisation	This SOP is issued as part of the Southern Health Administration of medicines training policy for non registered practitioners and paid carers
Review date	One year from implementation date
Written by	S Coopey / S Mennear

Appendix 8.1 Drug administration clinical competencies

These should be read in conjunction with the core skills framework

Name:	Role: Band 3 and 4
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in drug administration without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge of principles and theory of drug administration required to meet the patient's medication needs				
a) Identify the principles of accountability and responsibility for medicines administration	Questioning			
b) Describe the purpose of a Standard Operating Procedure (SOP)	Questioning			
c) Identify the differences between administering a medicine from a prescription and from a Patient Group Direction (PGD)	Questioning			
d) Identify the situation in which a verbal order may be used	Questioning			
e) Demonstrate knowledge and understanding of the standards for medicines management (NMC 2008)	Questioning			
f) Can accurately describe whose responsibility is it to check that a medication is prescribed correctly prior to administration	Questioning			
g) Can explain what to do if asked to administer medication: • At dose exceeding BNF recommendation OR • Through route not specified in BNF for drug	Questioning			
h) Can explain what to do if asked to leave a prepared injection or pot of medication unsupervised	Questioning			
i) Can explain how to report and record a near miss or drug error	Questioning			

j) Can explain how to obtain up to date information about any medication	Questioning			
k) Can describe the symptoms and management of Anaphylactic Shock	Questioning			
2.1 Demonstrate knowledge of the management and administration of oral drugs				
a) Can discuss alternative strategies for medication administration should a person be unable to swallow tablets	Questioning			
b) Can describe the distinguishing features of tablets which cannot be cut or crushed	Questioning			
c) (If drug used in own area) Can describe what you should do before administering DIGOXIN	Questioning			
d) (if drug used in own area) Can explain why WARFARIN is prescribed at a variable dose, and where this is recorded. Evidence that the staff member knows: 1. Target INR 2. Latest INR result 3. Latest dose 4. Date of next test 5. Blood test – date and latest result.	Questioning			
e) (if used in own area) Can describe how to order monitored dosages systems/compliance aids, e.g. dosette & NOMAD boxes	Questioning			
f) Can name a medication that can be administered at the discretion of nurses and where to record that it has been given	Questioning			
2.2 Demonstrate practical skill in administration of oral drugs				
a) Wash hands and prepare necessary equipment	Observation			
b) On prescription chart check: • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies • Any additional instructions	Observation			

<ul style="list-style-type: none"> • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 				
c) On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
d) Prepare and record correctly	Observation			
e) Administer correctly to service user checking identity, obtaining consent and respecting dignity before moving on to next patient	Observation			
f) Appropriate disposal of medicines (if necessary) or other equipment used	Observation			
3.1 Demonstrate knowledge of the management and administration of drugs by Subcutaneous injection (SC) including insulin				
a) Can describe an appropriate site for subcutaneous injection	Questioning			
b) Can explain why INSULIN might be prescribed and its method of action	Questioning			
c) Can describe the symptoms of hypoglycaemia and hyperglycaemia and actions needed should this occur. Should include normal ranges.	Questioning			
d) Can describe when to monitor a patient's blood sugar and where to record readings	Questioning			
f) Can explain why on medication charts the word 'UNITS' and not 'U' must be clearly written next to the dose and what action to take if prescription not written as units.	Questioning			
g) Can describe the correct storage and preparation of INSULIN.	Questioning			
h) What information should be discussed in handover if an insulin dependent diabetic patient is on the ward?	Questioning			

i) If a patient is prescribed insulin what other preparation must also be prescribed as PRN?	Questioning			
3.2 Demonstrate practical skill in administration of subcutaneous injection (SC)				
a) Wash hands and prepare necessary equipment	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 	Observation			
c) On vial & container check: <ul style="list-style-type: none"> • Patient name (if not stock) • Drug name & strength • Route & expiry date • Visual check of vial/ampoule that it has not been tampered with • Check medicine was stored as recommended, e.g. refrigerator 	Observation			
d) Injection drawn up correctly (including correct needle selection, vial opened safely, bubbles removed)	Observation			
e) Blood sugar level checked and within safe range for INSULIN administration of (if applicable)	Observation			
f) Service user fully consulted, consent maintained & person given opportunity to ask questions/raise concerns.	Observation			
g) Ensure therapeutic environment is considered for administration.	Observation			
h) Appropriate site chosen, area clean and good technique used. Equipment disposed of safely.	Observation			
i) Check/ ensure appropriate monitoring & care plan in place.	Observation			

4.1 Demonstrate knowledge of the management and administration of medication rectally (PR)				
a) Can describe why enemas and suppositories might be given and their method of action	Questioning			
b) Can describe how to reduce the risk of discomfort to the person and/or damage to the bowel wall during administration of any of the above	Questioning			
c) Can describe appropriate disposal of equipment after use	Questioning			
d) Can describe how to protect the dignity and privacy of service users during administration	Questioning			
4.2 Demonstrate practical skill in rectal administration of medication				
a) Applies standard precautions for infection control and adheres to hand hygiene policy.	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 	Observation			
c) On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
d) Ensures the privacy and dignity of the individual is maintained.	Observation			
e) Prepares necessary equipment including lubricant.	Observation			

f) Uses correct administration method in line with best practice & manufacturers guidelines.	Observation			
g) Monitor's and records the response to the medication administered & takes any necessary action.	Observation			
5.1 Demonstrate knowledge of the management and administration of vaginal medication				
a) Can describe why pessaries might be given and their method of action	Questioning			
b) Can describe appropriate disposal of equipment after use	Questioning			
c) Can describe how to protect the dignity and privacy of service users during administration	Questioning			
5.2 Demonstrate practical skill in vaginal administration of medication				
a) Applies standard precautions for infection control and adheres to hand hygiene policy.	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 	Observation			
c) On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
d) Ensures the privacy and dignity of the individual is maintained.	Observation			

e) Prepares necessary equipment	Observation			
f) Uses correct administration method in line with best practice & manufacturers guidelines.	Observation			
g) Monitor's and records the response to the medication administered & takes any necessary action.	Observation			
6.1 Demonstrate knowledge of the management and administration of topical medication e.g. eye, ear and nasal preparations				
a) Can describe common reasons for eye preparations, nasal preparations & ear preparations being prescribed.	Questioning			
b) Can explain expiry date for eye preparations once in use.	Questioning			
c) Can explain when it is necessary to have separate containers for each eye and when and if one is needed.	Questioning			
d) Can explain the time delay needed if patient receives more than one type of eye preparation at the same time.	Questioning			
e) Can describe standard precautions which should be taken when administering any of the above	Questioning			
f) Can explain where and how to store eye preparations, nasal sprays and ear preparations and how to check if unsure	Questioning			
6.2 Demonstrate practical skill in administration of topical medication				
a) Apply standard precautions for infection control	Observation			
b) On prescription chart check: • Check that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date	Observation			

<ul style="list-style-type: none"> • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label. • For PRN check size & time previous dose administered 				
c) Service user fully consulted & consent sought	Observation			
d) Applies medication in a sensitive and dignified way, and one which minimises pain or discomfort.	Observation			
e) Use correct technique in application of eye drops, nasal sprays and ear drops.	Observation			
f) Respond appropriately to any adverse reaction.	Observation			
7.1 Demonstrate knowledge of the management and administration of inhaled medication e.g. nebulisers and inhalers				
a) Can explain why metered-dose inhalers and nebulisers might be prescribed	Questioning			
b) Can describe the correct technique for using a metered dose inhaler in line with the equipment guidelines.	Questioning			
c) Can discuss alternative strategies which could be used if a service user is unable to effectively operate a metered-dose inhaler	Questioning			
d) Can describe the correct technique for the administration of medication via a nebuliser	Questioning			
e) Can describe the correct use of a spacer and how to maintain it.	Questioning			
7.2 Demonstrate practical skill in administration of inhaled medication				
a) Is able to set up equipment correctly in preparation for administration.	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • Check that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. 	Observation			

<ul style="list-style-type: none"> • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 				
c) On inhale/ nebule check: <ul style="list-style-type: none"> • Drug name & strength • Patient name (if applicable) • Expiry date 	Observation			
d) Correct dosage delivered, with any necessary assistance or advice to service user given.	Observation			
e) Nebuliser used in accordance with operating instructions (if used in own area)	Observation			
8.1 Demonstrate knowledge of the management and administration of buccal medication e.g. Midazolam				
a) Can describe situations where use of buccal Midazolam is required.	Questioning			
b) Can describe the method of action for buccal Midazolam	Questioning			
c) Can demonstrate knowledge of potential side effects.	Questioning			
d) Can explain the correct storage and recording of Midazolam.	Questioning			
e) Can describe the correct method of administration in line with manufacturer and best practice guidelines.	Questioning			
8.2 Demonstrate practical skill in administration of buccal medication				
a) Is able to assess the service users need and identify when buccal Midazolam should be administered.	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • Check that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. 	Observation			

<ul style="list-style-type: none"> • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 				
c) On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
d) Prepares equipment correctly and safely.	Observation			
e) Administers Midazolam in line with manufacturer and best practice guidelines.	Observation			
f) Disposes of equipment safely.	Observation			
g) Monitors and records the response to the medication administered & takes any necessary action/emergency response as indicated.	Observation			
9.1 Demonstrate knowledge of the management and administration of transdermal medication				
a) Can explain why transdermal patches might be prescribed	Questioning			
b) Can describe safety precautions for the use of Fentanyl patches	Questioning			
c) Can describe a common side effect which might occur	Questioning			
d) Can describe appropriate sites for the application of transdermal patches	Questioning			
e) Can explain why gloves should be used when handling transdermal patches	Questioning			
f) Can describe the how patches should be disposed of	Questioning			

9.2 Demonstrate practical skill in the application of transdermal medication				
a) On prescription chart check: <ul style="list-style-type: none"> • Check prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 	Observation			
b)) On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
c) Communicates with the service user: <ul style="list-style-type: none"> • Information regarding the medication being administered • Potential adverse reactions/side effects • Action to be taken should an adverse reaction occur. 	Observation			
d) Uses correct technique for applying transdermal patches (including selecting appropriate site & using gloves) or supervises service user doing this.	Observation			
e) Ensure appropriate removal of old patch.	Observation			
f)) Monitor's and records the response to the medication administered & takes any necessary action.	Observation			
10.1 Demonstrate knowledge of the management and administration of bladder irrigation				
a) Discuss the indications for bladder irrigation	Questioning			
b) Can describe appropriate disposal of equipment after use	Questioning			

c) Can describe how to protect the dignity and privacy of service users during administration	Questioning			
10.2 Demonstrate practical skill in bladder irrigation				
a) Applies standard precautions for infection control and adheres to hand hygiene policy.	Observation			
b) On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength against information on label • For PRN check time previous dose administered 	Observation			
c) On medicine label/ pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 	Observation			
d) Ensures the privacy and dignity of the individual is maintained.	Observation			
e) Prepares necessary equipment	Observation			
f) Uses correct administration method in line with best practice & manufacturers guidelines.	Observation			
g) Monitor's and records the response to the medication administered & takes any necessary action.	Observation			
11.1 Demonstrate knowledge of enteral feeding				
a) Discuss the indications for enteral feeding	Questioning			

b) Identify range of methods for nutritional support	Questioning			
c) Describe how patients are screened and assessed for nutritional support	Questioning			
d) Discuss the legal and ethical implications of nutritional support	Questioning			
e) Describe three methods of delivery for feeding	Questioning			
f) List the recommendations for giving medications through a feeding tube	Questioning			
g) Identify the main feeding routes for enteral feeding	Questioning			
11.2. Demonstrate practical skill in enteral feeding				
a) Demonstrate ability to commence enteral feeding	Observation			
b) Demonstrate ability to maintain hygiene and apply infection control principles throughout procedure	Observation			
c) Monitor feeding to ensure: i) nutritional needs of the patient are met ii) to assess the effectiveness of treatment iii) to allow early detection of complications	Observation			
d) Demonstrate ability to maintain good mouth hygiene	Observation			
e) State what information must be documented	Questioning / observation			

Source: Medicine management policy 2009. HPFT medication administration competency assessment toolkit 201

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in drug administration

Assessor _____ Signature _____ Status _____ Date _____

Delegation of Administration of Medicines to Non-Registered Practitioners and Carers by Community Nurses in Integrated Community Services Policy
Practice Development Specialist Nurse
Version: 1
April 2013

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments

Appendix A9 Levels of competency Rating Scale

	Level of achievement	Level
Novice	Cannot perform this activity satisfactorily to the level required in order to participate in the clinical environment	0
↓	Can perform this activity but not without constant supervision and assistance	1
	Can perform this activity with a basic understanding of theory and practice principles, but requires some supervision and assistance	2
Competent Practitioner	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision	3
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice At this level competence will have been maintained for at least 6 months and/or is used frequently (2-3 times /week) The practitioner will demonstrate confidence and proficiency and show fluency and dexterity in practice This is the minimum level required to be able to assess practitioners as competent	4
	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. At this level the practitioner will be able to adapt knowledge and skill to special/ novel situations where there maybe increased levels of complexity and/or risk	5
Expert	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. Demonstrate initiative and adaptability to special problem situations, and can lead others in performing this activity At this level the practitioner is able to co-ordinate, lead and assess others who are assessing competence. Ideally they will have a teaching and /or mentor qualification	6

Adapted from: Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M. (1998) Assessment and measurement of competence in practice, *Nursing Standard* 12(22), pp43-47.

Appendix 7 Southern Health NHS Foundation Trust: Equality Impact Analysis Screening Tool

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity and foster good relations** with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

Name of policy/service/project/plan:	Administration of Medicines Training Policy for Non-Registered Practitioners and Paid carers
Policy Number:	
Department:	Medicines Management
Lead officer for assessment:	Steve Coopey, Practice Development Specialist Nurse
Date Assessment Carried Out:	

1. Identify the aims of the policy and how it is implemented.	
Key questions	Answers / Notes
Briefly describe purpose of the policy including <ul style="list-style-type: none"> • How the policy is delivered and by whom • Intended outcomes 	To ensure that where administration of medicines training for non-registered practitioners and paid carers is required, it is delivered to the standard required by CQC and to the professional standards of the NMC or equivalent health professional body

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The Equality and Diversity team will report on Workforce data on an annual basis.
2.2	What equalities training have staff received?	All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment
2.3	What is the equalities profile of service users?	The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	The Trust is preparing to implement the Equality Delivery System which

		<p>will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:</p> <ol style="list-style-type: none"> 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and included staff 4. Inclusive leadership
2.5	What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff	
2.6	What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations	

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this

	Positive impact (including examples of what the policy/service has done to promote equality)	Negative Impact	Action Plan to address negative impact			
			Actions to overcome problem/barrier	Resources required	Responsibility	Target date
Age	This policy should ensure that people are treated with dignity and respect.	In people over the age of 65 years, other health problems are more common compared to adults of working age, they may be: <ul style="list-style-type: none"> • More frail; • Have more general medical illnesses;; • Often more likely to develop extra pyramidal side effects; • Suffering from dementia, so more likely to develop increased cognitive 	Regular monitoring via incident reports Reviewed accordingly by the Trust's Medicine Management Group			

		impairment with high doses of medication;				
Disability	<p>Care and support of the individual: Southern Health will respond positively to requests of reasonable adjustments and provide interpreting and translation. This will help ensure a working understanding of the importance of communicating effectively and how communication differences may be overcome</p>	<p>Learning Disability: People with severe learning and communication difficulties may not be able to express discomfort or pain in usual ways.</p> <p>There may be developmental disorders, including autistic spectrum and attention-deficit hyperactivity disorders that frequently coexist with a learning disability.</p> <p>Sensory impairments must be detected and remedied to minimise the</p>	<p>Interpreting and translation</p> <p>Provision of reasonable adjustments</p>			

		<p>consequent disability, and a specialised and sensitive approach is usually needed. About 30% of people with learning disabilities have a significant sight impairment and 40% have significant hearing problems.</p> <p><i>Lindsey, M. (2000) Services for people with learning disabilities and mental health problems. Mental Health Review, 5, 5–18</i></p>				
Gender Reassignment	This policy should ensure that people are treated with dignity and respect.	No adverse impacts have been identified at this stage of screening				
Marriage and Civil	This policy should ensure that people are treated with	No adverse impacts have been identified at this stage of				

Partnership	dignity and respect.	screening				
Pregnancy and Maternity	<p>A summary of recommendations from the NICE guidance on antenatal and post natal mental health is available</p> <p>Medicine Management staff are always available to give advice on appropriate choice of medication in such circumstances.</p>	<p>Prescribed medication for physical and/or mental health may need to be changed in the event of pregnancy and breast feeding.</p>	<p>Reviewed accordingly by the Trust's Medicine Management Group</p>			
Race	<p>Care and support of the individual:</p> <p>Southern Health will respond positively to requests of interpreting and translation to overcome any communication barriers</p>	<p>A person who's first language is not English may cause a barrier in obtaining consent</p> <p>Diabetes is a particular problem in the South Asian community and are four times more likely to develop the condition than other</p>	<p>Interpreting and translation</p> <p>The Equality and Diversity Lead will be working with the Diabetes service to raise awareness of the impact of diabetes across all protected</p>			

		<p>groups (Dreyer et al, 2009).</p> <p>South Asians with type 2 diabetes also have a greater risk of developing CVD and renal problems (Chowdhury and Lasker 2002).</p> <p>Metabolism of medication may vary across different ethnic groups. For example: Where medication is metabolised via cytochrome P450 enzymes, there is ethnic variation as to extent of metabolism e.g. approximately 20% of Asians and 3-5% of Caucasians are poor CYP2C19 metabolisers,</p>	<p>groups: December 2012</p>			
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		<p>around 5-8% Caucasians, 8.5% African-Americans, and 2-10% of Asians are slow metabolisers at CYP2D6, contrasting with up to 29% of North African and Middle Eastern people who are ultra rapid metabolisers at CYP2D6.</p> <p><i>Psychotropic Drug Directory. 2009. S Bazire.</i></p>				
Religion or Belief	<p>This policy should ensure that people are treated with dignity and respect.</p> <p>Service users from the Muslim faith are exempt from fasting during daylight hours and can also</p>					

	take prescribed medication if there is an urgent clinical need. For service users who do not want to take prescribed medication during daylight hours, the medication regimen will be changed wherever it is possible, safe and appropriate to do so to support this.					
Sex	This policy should ensure that people are treated with dignity and respect.	No adverse impacts have been identified at this stage of screening				
Sexual Orientation	This policy should ensure that people are treated with dignity and respect.	No adverse impacts have been identified at this stage of screening				

Sign Off and Publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality and Diversity Team who will publish it on the Trust website. Keep a copy for your own records.

Name:
Designation:
Signature:
Date: