

The Procedure for Delegation of Administration of Buccal Midazolam to Non-Registered Practitioners and Paid Carers by Nurses within Learning Disability Services.

Version 3

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 procedure follows the policy providing the framework for the development of additional Standard Operating Procedures.	
Keywords (minimum of 5): <i>(To assist policy search engine)</i>	Administration, Buccal Midazolam Training, medication, non-registered practitioner,	
Target Audience:	All Nurses, Doctors and Non-Registered Practitioners working within all services in the Learning Disability Division, and in particular inpatient services, who may be involved in the prescribing and administration of buccal midazolam	
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Author:	Carol Bailey, Consultant Nurse Learning Disability Muzafar Hawramy, Consultant psychiatrist in Learning Disability (Epilepsy Lead) Juliet Wells, Principal Pharmacist (North) Louise Hartland, Governance, Quality and Compliance Manager (LEaD)	
Accountable Executive Lead	Karl Marlowe Medical Director	

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
21/03/16	Carol Bailey / Louise Hartland	2	Throughout	Review of policy. Main changes; Scope extended to include all registered nurses, doctors, non-registered practitioners and paid carers working in Learning Disability community teams. Removal of the term 'support worker' - non-registered practitioner definition covers this term. Training requirements enhanced to include standardised competency assessment and e-verification of competency requirement.
Aug 2018	Melanie Webb Juliet Wells		Ap1, 3.3	Reviewed Mental Capacity Act content – no change Added appropriate drug. Updated front cover
26/02/2019	Melanie Webb Juliet Wells	3	Title page	Review of policy. Changes : Reference to Oxfordshire and Buckinghamshire services removed
			Throughout	MCCAP replaced with medicines policy SHCP 01 Buccal delivery clarified References updated Nursing Associates included

Reviewers/contributors

Name	Position	Version Reviewed & Date
Carol Bailey	Consultant Nurse Learning Disabilities, SHFT	February 2016
Louise Hartland	Governance, Quality and Compliance Manager (LEaD), SHFT	February 2016
Melanie Webb	Consultant Nurse Learning Disabilities	August 2018
Juliet Wells	Principal Pharmacist	August 2018
Melanie Webb	Consultant Nurse Learning Disabilities	V3 February 2019
Juliet Wells	Principal Pharmacist	V3 February 2019
Anne Harms	Ward Manager Willow Ward	V3 February 2019
Medicines Management Committee		V3 August 2019

Contents

	Page
1. Introduction	4
2. Scope	4
3. Definitions	4
4. Duties/ responsibilities	4
5. Policy principles	5
6. Training requirements	6
7. Monitoring compliance	7
8. Associated documents	7
9. Supporting references	7
Appendices	
A1 Risk Assessment	8
A2 Declaration of Training Attendance by non-registered practitioner	9
A3 Buccal Midazolam Medication Administration Competency Assessment	10

Delegation of Administration of Buccal Midazolam to Non-Registered Practitioners in Inpatient Services in the Learning Disability Division

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 buccal midazolam defined as 'specialist tasks' due to their method of administration that are normally undertaken by registered nurses.
- 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 Policy SHCP 01 and associated policies under Section 8 of this document.

2. Scope

This policy covers nurses, non-registered practitioners working within all of the Learning Disability services, and in particular the inpatient services. Although there are nurses on duty all of the time, there are insufficient numbers available with the inpatient services for nurses to accompany patients when they make visits into the community. This policy is to support staff to provide buccal midazolam to patients when it is required during periods of time when the patient is away from the unit and the immediate vicinity of a nurse, and to support members of the Learning Disability Community Teams who may be supporting a patient somewhere in the community and away from their ordinary day to day carers. This policy also provides the framework for practice when training and assessing any paid carers who may be required to administer Buccal Midazolam to service users within the inpatient Learning Disability Division.

3. Definitions

- 3.1 Registered Nurse – A person who's name is listed on part 1 of the register of the Nursing and Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (RCN2019).
- 3.2 Paid Carers – A paid carer is defined as any paid carer receiving a wage i.e. from a local authority, care agencies or under the Local Authority's Direct Payment Scheme. This policy does not apply to self-employed paid carers.
- 3.3 Non-Registered Practitioner - A non-registered practitioner is defined as a health care assistant or health care support worker who is working within in-patient services in the Learning Disability division.

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

4.3 The Registered Nurse

- The registered nurse is accountable for the delegation of any aspects of the task and ensuring the individual is competent to carry out the task (NMC 2019, HPC 2008). This includes ongoing assessment and supervision of practice.
- The registered nurse will complete a risk assessment for the patient / service user.
- The registered nurse 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 nurse.
- 5.4** A fully completed risk assessment is essential to meet legal requirements (see Appendix 1). A risk assessment must be completed by the registered nurse for each patient/ service user, non-registered practitioner or paid carer, covering the 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 nurse must complete a comprehensive assessment, record of care , and identify the patient / service user's condition as medically predictable.
- 5.7** The registered nurse 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 nurse 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 nurse on behalf of SHFT (in association with the care coordinator where applicable). The registered nurse 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 nurse 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 nurse 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.
- 5.13** 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 nurse does need to assess the competence of each non-registered nurse, and paid carer for each new patient and new task.
- 5.14** A signed confirmation (Appendix 2) by the Registered Nurse must be obtained from the non-registered practitioner or paid carer that training has successfully been completed.
- 5.15** 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, working within any inpatient service in the Learning Disability Division, who are required to administer Buccal Midazolam to patients whilst accompanying them away from the unit, or working within a Community team and who may be the sole escort of a patient, away from their home, and who may require Buccal Midazolam must complete training and be deemed competent in the use and administration of Buccal Midazolam in accordance with the Buccal Midazolam Competency Assessment (appendix 3).
- 6.2** Assessment of competency must be completed by a competent Registered Nurse. The completed competency assessment must be retained in personal files for quality monitoring purposes.
- 6.3** All staff must verify that they have completed the training and been deemed competent to administer Buccal Midazolam without supervision. Verification of competence with this requirement will be completed electronically via the LEaD website. The electronic verification will automatically be sent to the line manager for approval.

6.4 Re-assessment of competency by a Registered Nurse must be completed annually with subsequent electronic verification of compliance with this requirement via the LEaD website.

7. Monitoring Compliance

7.1 The registered nurse who has delegated this task is responsible for the initial and continued reassessment of the patient / service user.

7.2 The registered nurse 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 (Appendix 3)

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

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Competency assessment / observation of practice	Registered Nurse	Competency assessment	Once followed by annual re-assessment.	Report to line manager
Competency verification	Line manager	Appraisal	annually	e-verification via LEaD

8. Associated Documents

Consent to Examination and Treatment Policy (SH CP 16)

Hand Hygiene Procedure (SH CP 12)

Guidelines for the Training in and the Administration of Midazolam Hydrochloride Oromucosal solution (Buccolam®) 10mg/2ml for the Management of Tonic-Clonic Status Epilepticus in Adults with a Learning Disability (SH CP 04)

Infection Prevention and Control Policy (SH CP 10)

Mental Capacity Act Policy and Guidance (SH CP 39).

Medicines Policy SHCP 01

Policy for Managing Incidents (SH NCP 16)

Standard Precautions Procedure (SH CP 19)

9. Supporting References

- CQC (2009) Essential Standards of Quality and Safety, London, CQC HPC (2008) Standards of Conduct, Performance and Ethics
- Professional Guidance on the Safe and Secure Handling of Medicines. NMC (2019) and RPSGB (Dec 2018)
- The Professional Guidance on the Administration of Medicines in Health Care Settings. Co-produced by RPSGB and RCN (2019)
- Advisory Guidance on Administration of Medicines by Nursing Associates. (Health Education England 2017)
- NMC (2018). The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.

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

A risk assessment must be completed by the Registered Nurse 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, support worker or 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 _____ **(PRINT NAME)**

NHS Number _____

1	Patient / Service User	Yes / No
1.1	An assessment and individualised care record has been completed by a registered nurse.	
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, support worker 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 SH CP 16 and Mental Capacity Act Guidance SH CP 39)	
1.7	There are no safeguarding issues	
2	Non-registered practitioner or paid carer:	Yes / No
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	
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, support worker or paid carer’s job.	
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.	Signs to confirm that they have received a copy of the record keeping advice sheet (RCN 2019) and confirm that they have understood the necessity of good record keeping	
3	Task	Yes / No
3.1	Administration of medication by non-registered practitioner, support worker 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	The appropriate drug (stock supply/patients own) will be signed in and out of the unit using the CD register. When in transport, it will be carried in a locked container.	
3.4	There are suitable disposal facilities for medication	Yes/No
4	Control Measures	
5	All aspects of the risk assessment have been completed and control measures achieved	

To be completed by the Registered Nurse

Name (PRINT)	
Designation	
Signature	
Date	

APPENDIX 2

Declaration of Training Compliance

I (Print Name)

confirm that:

I, attended the Trust's Buccal Midazolam training on (Date)

I understand the requirements for the safe administration, storage, transport and disposal of Buccal Midazolam.

I will follow the relevant policy / procedure for the administration of Buccal Midazolam and fully understand all the terms and meaning of the documents.

I understand the necessity of good record keeping.

Signature	
Designation (Please select)	Non-Registered Practitioner / Paid Carer
Date	

I, the registered nurse,(Print Name)

Confirm that the above named individual has completed the Trust's Buccal Midazolam training on the date specified above.

Signature	
Designation	Non-Registered Practitioner / Paid Carer
Date	

Buccal Midazolam Medication Administration Competency Assessment

Part 1/ Buccal Midazolam – Theory

All theory questions must be passed once and three attempts to do so will be given.

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe situations where use of Buccal Midazolam is required.						
Can describe the method of action for Buccal Midazolam						
Can demonstrate knowledge of potential side effects.						
Can explain the correct storage and recording of Buccal Midazolam.						
Can describe the correct method of administration in line with manufacturer and best practice guidelines.						
	Date: Assessor Signature:		Date: Assessor signature:		Date: Assessor signature:	

Part 2/ Buccal Midazolam – Practical

All competencies need to be passed once and three attempts to do so will be given. Role play may be used when assessing the administration competency.

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Is able to assess the service users need and identify when Buccal Midazolam should be administered.						
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 • Form T2/T3 • Drug name and strength on blister pack against information on label • For PRN check size & time previous dose administered 						
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 						
Prepares equipment correctly and safely.						
Administers Buccal Midazolam in line with manufacturer and best practice guidelines.						
Disposes of equipment safely.						
Monitors and records the response to the medication administered & takes any necessary action/emergency response as indicated.						
	Date: Assessor signature:		Date: Assessor signature:		Date: Assessor signature:	

Part 3/ Confirmation of Competence

Please note you must be assessed as competent in the administration of Buccal Midazolam before you can accept the delegation of the administration of Buccal Midazolam to a named service user.

Declaration of Competence	Print Name	Signature	Date
Non-Registered Practitioner / Paid Carer I declare that I am compliant with the Medicines Policy have I have been deemed competent in the safe administration, storage and transport of Buccal Midazolam.			
Non-Registered Practitioner / Paid Carer I declare that I am willing to administer Buccal Midazolam in accordance with the training I have received and I am willing to receive ongoing assessment and supervision in relation to this task.			
I confirm that I am a Registered Nurse and I have assessed the above named individual and I can verify that he/she demonstrates competence in the safe administration, storage, transport and disposal of Buccal Midazolam.			

Please verify that you have completed the relevant training and been deemed competent in the safe administration, storage and transport of Buccal Midazolam via the LEaD website.