Lincolnshire Community Health Services
NHS Trust

Administration of Injectable Medication by a Healthcare Practitioner (Associate Nurses, Senior Healthcare Support Worker or Allied Health Professional)

- **Insulin**
- **Hydroxocobalamin**
- **Pharmacological VTE Prophylaxis**

Policy previously known as Administration of Low Molecular Weight Heparin by a SHCSW / AHP

Reference No:	P_CS_50
Version	2
Ratified by:	LCHS Trust Board
Date ratified:	11 September 2018
Name of originator / author:	J Anderson
Name of responsible committee / Individual	Effective Practice Group
Date issued:	September 2018
Review date:	September 2020
Target audience:	LCHS Clinical Staff
Distributed via	Website

Chair: Elaine Baylis, QPM
Chief Executive: Andrew Morgan

Administration of Injectable Medication by a Healthcare Practitioner
Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy to replace G_CS_78 – Administration of Low Molecular Weight Heparin by a Senior Healthcare Support Worker/Allied Health Professional P_CS_44 Administration of Low Molecular Weight Heparin by a Senior Health Care Support Worker / Allied Health professional	10.4.18	J Anderson
2		Integrates G_CS_78, Administration of Pharmacological VTE by a Senior Health Care Support Worker P_CS_50Policy for the Administration of Injectable Medications by HCSW and Allied Health Professionals	20.7.18	J Anderson / M MacKenzie
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

20				

Administration of Injectable Medication by a Healthcare Practitioner

Contents

Version control sheet

Policy statement

Section		Page
1	Introduction	5
2	Purpose	5
3	Scope	6
4	Responsibility and Accountability	6
5	Consent	7
6	Prescribing of Medication	8
7	Procedure for the administration of Insulin	8
8	Procedure for the administration of Hydroxocobalamin	8
9	Procedure for the administration of Pharmacological VTE Prophylaxis	10
10	Procedure	11
11	Record keeping	14
12	Review	14
13	Assessment of Competence	14
14	Monitoring and Evaluation	15
15	References	15
Appendix 1	Pharmacological VTE Prophylaxis / Hydroxocobalamin Administration Supervision Record	17
Appendix 2	Summative Assessment of Pharmacological VTE Prophylaxis	19
Appendix 3	Summative Assessment of The Administration of and Intra-muscular Injection	21
Appendix 4	Summative Assessment of Hydroxocobalamin Injection Administration	25
	Monitoring Template	27
	Equality Analysis	28

Administration of Injectable Medication by a Healthcare Practitioner

Procedural Document Statement

Background	In community settings many of the individuals receiving Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis do not have any specific nursing need requiring the intervention of a Registered Nurse; consequently an additional visit to administer treatment is required.
Statement	This policy details the training (links to training) required and the protocols to be followed for the administration of Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis by Associate Nurses, Senior Health Care Support Workers and Registered Allied Health professionals, referred to within the policy as Health Care Professionals.
Responsibilities	Compliance with the policy is the responsibility of all appropriate Clinical staff and managers within Lincolnshire Community Health Services.
Training	Directors/Heads of Service will be responsible for ensuring that all appropriate staff have training in line with the policy
Dissemination	The policy will be disseminated to all appropriate clinical services and uploaded to the staff website / policy section/ Education Hub.
Resource Implications	There are no additional resource implications
Consultation	Consultation has been undertaken with Senior Clinicians through the Effective Practice group.

1. Introduction

1.1 In community settings many of the individuals receiving Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis, do not have any specific nursing needs requiring the intervention of a Registered Nurse; consequently an additional visit to administer treatment is required. In order to effectively utilise staff resources and reduce the number of individuals accessing a patient's home it is proposed that Senior Health Care Support Workers, Associate Nurses and Allied Health Professionals (AHP's) referred to within this policy as Health Care Practitioners (HCP) are trained to administer these treatments as part of the delivery of planned care, where self-administration has been excluded.

1.2 NICE guidance (National Institute for Health and Clinical Excellence 2009) states that treatment and care should take into account patient's preferences and allow valid decision making about care. Care and treatment delivered should be evidence based and must be accessible to people with additional needs.

1.3 Administration of Insulin, Hydroxocobalmin and Pharmacological VTE Prophylaxis injections may be delegated to a Senior Health Care Support Worker, Associate Nurses or Registered Allied Health Care Professionals by the Registered Nurse Band 5 or above responsible for the patient's care working in the community setting. This can be delegated providing the delegate has undertaken appropriate training and supervised practice and has successfully completed both the theory and practice summative assessments.

The Registered Nurse Band 5 or above remains responsible for the care of the patient concerned.

2. Purpose

2.1 This policy aims to provide a framework for the defined Health Care Practitioners (HCP) to use in order to administer Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis.

2.2 This policy will ensure that the delivery of care meets the standards required by CQC and the professional standards of the NMC as would be the expectation of all competent practitioners.

2.3 This policy is used in conjunction with the :

- Safe and Secure management of Medicines P_CIG_20
- Infection Prevention Policy P_IPC_0
- Risk Management Strategy P_RM_02
- Diabetes Management Guidelines and Policy 2017-19 P_CS_48
- Consent to Examination or Treatment Policy P_CIG_05
- Clinical records Management P_IG_04
- Mental Capacity Act including Deprivation of Liberty Safeguards P_CS_42

3. Scope

3.1 The policy applies to Senior Health Support Workers (Band 3), Associate Nurses and Allied Health Professionals within LCHS, who have undertaken training and development in order to attain the knowledge and skills required to safely administer Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis.

3.2 Responsibility for delegation of this task lies with the Registered Nurse Band 5 or above responsible for the patients care, taking into account stability of disease process, Mental capacity and an identified need for a practitioner to administer the prescribed treatment on behalf of the patient who has given consent. However individuals carrying out this delegated activity are accountable for their own actions and are required to work within agreed parameters and their own clinical competence.

3.3 The Registered Nurse Band 5 or above must always assess the patient's need for administration of the drug upon referral to the service and deliver the first and second injections with the HCP. All patients must receive periodic review as defined for each specific drug by the registered case load holder.

3.4 Initiation of treatment will be undertaken by a registered nurse. Any of the drugs referred to within this policy **MUST NOT** be omitted unless there is a clinical requirement to do so and this is agreed by the Registered Nurse or it is recommended and documented on the administration record by either the General Practitioner (GP), qualified prescriber or hospital consultant.

3.5 This policy is overarched by the Safe and Secure Handling of Medicines Policy P_CIG_20

4. Responsibilities and Accountabilities

4.1 *Registered Practitioners with delegating responsibility*

4.1.1 **Insulin** - the Registered Practitioner is accountable for the delegation of any aspects of the task and to ensure that the individual is competent to carry out the task – including the assessment and supervision of practice (NMC, 2010). The Registered Practitioner must complete a comprehensive assessment of the patient and ensure that they are medically stable. Day to day blood glucose levels stable within patients agreed parameters, injection sites free from lipohypertrophy (this will need to be assessed by Registered Practitioner on a monthly basis) HbA1c stable within patients agreed parameters).

4.1.2 **Hydroxocobalamin** can be administered by the HCP once the patient is on a stable regular dose. This must be reviewed by the registered practitioner at alternate doses administered by the HCP to ensure patient stability and suitability.

4.1.3 **Pharmacological VTE Prophylaxis** can be administered by the HCP once the patient is on a therapeutic dose. ***Graduated doses should be administered by a registered practitioner.***

4.2 Health Care Assistants / Associate Nurses and Allied Health Professionals

Each individual Health Care Practitioner remains responsible for their own actions and omission. No individual should undertake the administration of Insulin, Hydroxocobalamin or Pharmacological VTE Prophylaxis without recognised training after which knowledge and skills should be assessed assessed and signed off using an acknowledged competency tool.

5. Consent

5.1 All staff delivering the drugs referred to in this policy must do so in accordance with the organisations policy on consent. Before any treatment or intervention is carried out the individual concerned must provide their consent. In order for consent to be valid an individual must have the mental capacity to make that decision.

5.2 The Mental Capacity Act (MCA 2005) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

5.3 The Mental Capacity Act stipulates who can take decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity.

5.4 The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

5.5 The five key principles in the Act are:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests and documented in accordance with the Partnership Trusts Policy on record keeping and documentation.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms (MCA 2005).

5.6 Consent must be sought, whether explicit or implied and documented within the patient's records. If there are any concerns or consent is declined then the staff member must refer to the nurse in charge/team leader for advice and document within the patient record and the patients' record within the home.

5.7 If patient declines any of the drugs referred to in this policy then the qualified prescriber / medical staff **MUST** be informed and direction as to how to proceed recorded. The individual patient must be made aware of the consequences if doses are missed or in the case of Pharmacological VTE Prophylaxis, there is a failure to

complete the full course of thromboprophylaxis which may result in the development of a venous thrombus embolism (VTE) such as a deep vein thrombus (DVT) or PE (pulmonary embolus). The development of a VTE may have a significant impact upon the patients' health and in some cases may result in death.

5.8 All health care professionals should follow a code of practice accompanying the Mental Capacity Act 2005 (summary available www.publicguidance.gov.uk). Also MCA and Consent policies

6. Prescribing of medication

6.1 The medication will be prescribed by the patients' General Practitioner, hospital Doctor or qualified prescriber.

6.2 Relevant data including the prescriber's signature is visible on SystmOne:

1. The patients full name, including aliases
2. Date of birth
3. Address
4. NHS number
5. Full name of Insulin,
6. Dose of medication
7. The word 'units' written in full (for insulin doses)
8. Time of each injection or required time frame
9. Route (subcutaneously)

The Health Care Practitioner must have attained the appropriate competency level in order to administer the medication.

7. Procedure for administration of Insulin

7.1 Health Care Practitioners will require additional evidence and consents to be in place before administering subcutaneous insulin delegated by a Registered Practitioner. The process for this is defined within:
Diabetes Management Guidelines and Policy 2017 – 9 (P_CS_48)
https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/5015/1126/1078/P_CS_48_Diabetes_Management_Policy_and_Guidelines.pdf

8. Procedure for the administration of Hydroxocobalamin

The Health Care Practitioner must have attained the appropriate competency level in order to administer Hydroxocobalamin.

8.1 *Clinical Condition*

Pernicious or other macrocytic anaemias

8.2 *Criteria for inclusion*

Any adult (i.e. any person aged 18 years or over) who has received initial treatment following diagnosis and now requires maintenance doses.

8.3 *Criteria for Exclusion*

- Patients with an unconfirmed diagnosis of pernicious or other macrocytic anaemia.
- Recently diagnosed patients who are receiving the initial two weeks of treatment.
- Any person less than 18 years of age.

8.4 *Relevant Training*

8.4.1 The Health Care Practitioners will attend and have successfully completed and passed a Trust training session covering the following aspects of the administration of Hydroxocobalamin:

- Appropriate anatomy and physiology
- Correct procedure for the administration of Hydroxocobalamin by intramuscular injection
- Drug store requirements
- Indications, Cautions and side effects related to the administration of
- Hydroxocobalamin
- Documentation
- Legal aspects of drug administration

8.4.2 This will also include an assessment of competence at performing intra muscular injections and an underpinning knowledge of consent issues and have successfully completed the Basic life support (cardiopulmonary resuscitation) assessment during mandatory training. Completion of training should be recorded in ESR and the staff member's manager is responsible for ensuring the completion of competency should be reviewed in ESR and reviewed at annual appraisal.

8.4.3 The HCP will undergo a period of supervised practice and be directly observed administering 5 x intramuscular injections of Hydroxocobalamin by a registered nurse until deemed confident and competent.

8.5 *Clinical Aspects*

8.5.1 The following will be required:

1. **Patient specific directions** – written by the General Practitioner or other authorised prescriber
2. **Patient identification** - required prior to the administration of medication (confirmed by the patient declaring his or her name, date of birth and home address).
3. **Consent** – informed consent must be obtained from the patient.
4. **Record keeping** – The following should be recorded in the patients S1 notes, documentation of drug administration records
   - Name of drug, dose route and site of administration
   - Date administered
   - Batch No and expiry date

- Signature of person administering

5. **Scheduling** – the next visit required for drug administration, should be completed in accordance with Trust procedures.

8.6 *Significant Events*

8.6.1 Any significant event which occurs during or as the result of administration of medication must be reported to the delegating Registered Nurse or General Practitioner and the incident reported via the Datix incident reporting framework.

8.7 *Audit*

The HCP will be expected to participate in audit in relation to patient outcomes and the development of this role.

The HCP must be familiar with the documents detailed in **Section 2.4**

9. Procedure for administration of Pharmacological VTE Prophylaxis

9.1 Staff will undergo a training programme which will include;

- Aetiology of VTE development
- Rationale for thromboprophylaxis
- Mode of action for LMW Heparin to include physiological processes of coagulation and pharmacology
- Duration of treatment
- Method of administration
- Cautions associated with use.
- Contra-indications
- Complications and side-effects
- Drug calculations

9.2 *Indications for the delegation of Insulin, Hydroxocobalamin and Pharmacological VTE Prophylaxis*

9.2.1 Once the staff member has completed the education programme and achieved the level of competency set they will be signed off by The Registered Nurse Band 5 or above working within community nursing and revalidated on a yearly basis. These competences are reviewed every twelve months by the team leader.

9.2.2 The Registered Nurse Band 5 or above considers whether the HCP is ready to extend their skill set and whether it is an appropriate use of skills within the team. These skills must be used within the team on a regular basis to maintain competency. If there is a period of three months or more whereby the skills are not required / utilised then the HCP will need to be reassessed by the team leader to verify competencies.

9.2.3 Patient consent is required for the HCP to administer the injection. Carers can

only consent on behalf of a patient if they have lasting power of attorney (Health and Welfare) or an advance decision exists. If consent is declined, the HCP must report this to the Clinical Team Leader as soon as possible. The Clinical Team Leader will then arrange for a reassessment of the patients' needs and implementation of an alternative plan of care.

9.2.4 The administration of Pharmacological VTE Prophylaxis by HCP is only applicable to patients who are stable and do not require a Registered Nurse holistic review. However patients will continued to be reassessed as clinical need determines.

9.2.5 The administration of the above mentioned drugs by HCP is determined by patient need and **NOT** service convenience.

10. Procedure

Action	Rational
Wash hands using approved technique as stated within the Trust Infection Control Policy. Obtain consent from the patient to receive the subcutaneous insulin / Pharmacological VTE Prophylaxis or intra muscular hydroxocobalamin. Check patient's understanding about treatment.	This minimises the risk of cross infection (Public Health England, 2013) To ensure that the patient understands the procedure and gives his/her valid consent [NMC 2015]
Check the authorisation and administration record to ascertain the following, • All service user identifying information • Their allergy / sensitivity status • The appropriate signatures • Overall legibility • A correctly written prescription • Medication to be administered • Dose • Route and method of administration • Date and time of administration • Frequency • Authorisation signed by prescriber • Last site used Prior to administration of the drug the HCP must check the dose prescribed against the dose of the drug contained within the syringe. The	To ensure that the correct patient is given the correct drug at the prescribed dose by the correct route [NMC 2015].

authority to administer will clearly state the dose required to be administered by the HCP. • Check that the drug is due and has not already been administered	To protect service user from harm (Patient Safety Agency, 2018)
Within the care plan risk assessments will outline any extra personal protective equipment required to administer the injection.	Risk assessment will specify whether protection in the form of gloves, aprons or protective eyewear are required; in accordance with Trusts IPC Guidance on the use of gloves policy
Record the batch number and expiry date of medication to be administered onto the authorisation chart Do not sign for administration until **AFTER** the drug has been given.	To ensure contemporaneous record keeping and ensuring that the medication administered is not out of date and duplicated.
Assist the patient into position so that the injection can be administered ensuring that the patients dignity is maintained. • Check the site of administration for any existing bruising and erythema • Administration is by: ○ Subcutaneous injection, preferably into the abdominal subcutaneous tissue anterolaterally or posterolaterally, or into the lateral part of the thigh for insulin or Pharmacological VTE Prophylaxis ○ Intramuscular Injection for Hydroxocobalamin administered into the deltoid muscle upper arm or the vastus lateralis (external) thigh muscle. For subcutaneous injection, the total length of the needle should be introduced vertically, not at an angle, into the thick part of a skin fold, produced by squeezing the skin between thumb and forefinger; the skin	To allow access to the appropriate injection site. To reduce the number of pathogens introduced into the skin by the needle at the time of insertion [Chadwick, 2015]. To ensure the correct administration of the drug. To reduce possibility of haematoma formation

fold should be held throughout the injection. ・ The site must be rotated. ・ Do not rub the site post administration For intramuscular injection, the administration is through the cutaneous and sub cutaneous layers into the muscle. Utilise the Z-track method of administering the injection. Use the dominant hand to pull the skin downward or laterally at the injection site. Assess the injection site and select an appropriate administration needle of a length to reach the corresponding muscle. Where appropriate, clean the skin at the injection site with an alcohol swab, allowing the skin to dry (for at least 30 seconds) Inject the needle at an angle of between 72 and 90 degrees (Katsma and Katsma, 2000) Aspiration of blood is not usually required (PHE 2013), with the exception of injection into the vascular dorsogluteal site (Upper outer quadrant buttock), which requires aspiration to detect inadvertent intravenous administration (Chadwick A, Withnell N (2015) Administer the injection slowly (1ml per 10 seconds). Wait a further 10 seconds before removing the needle, only then release the traction on the skin.	Marsden Manual of Clinical Nursing Procedures (2015) This prevents fluid from back tracking and leaking onto the skin surface (Feetam and White, 2011) So that the administered injection has the optimum chance of reaching muscle mass (Feetam and White, 2011). Skin cleansing of soiled skin can reduce the risk of pathogens being introduced to the skin by the needle at the time of insertion, although there is evidence that the procedure is not always necessary if the skin is socially clean (Public Health England, 2013)) This technique prevents accidental injection into a blood vessel, and is essential in the case of dorsogluteal injections (PHE, 2013) If blood appears, all equipment must be discarded and the whole procedure started again. To allow the muscle fibres to expand to absorb the solution. To allow the medication to diffuse at the point of entry. (Feetam and White, 2011).
Dispose of sharps safely into a sharps box	To ensure safe disposal of used sharps as per Trusts clinical waste disposal policy.
Complete the administration record by signing the chart against the appropriate drug, to state the drug has been given has been given. Record the site of injection.	To ensure accurate records are maintained. Report to team leader any concerns identified during the visit, including bruising.

Ensure patient is left comfortable and is aware of who to contact if required.	

11. Record Keeping

11.1 All documentation should follow the standards set by LCHS Clinical Record Keeping policy. Each entry should be signed clearly and name printed. It is a minimum requirement to document consent given, batch number of injection given, site of administration and expiry date of the injectable medication adminstered. Any concerns identified including bruising must be documented and reported to the appropriate Senior Clinician.

11.2 If errors are made or missed doses occur then this must be reported via LCHS Incident Reporting System by end of working shift referring to the Trust's Risk Management Policy and the Trust's Incident Reporting Policy.

12. Review

12.1 All patients requiring administration of Insulin, Pharmacological VTE Prophylaxis will receive a review by a Registered Nurse:

Insulin	A registered nurse will visit the patient once weekly and review the patients care plan monthly.
LMW Heparin	All patients requiring administration of Pharmacological VTE Prophylaxis will receive a review by a registered Nurse every two weeks.
Hydroxocobalamin	The administration will be reviewed at alternate doses by a Registered Nurse.

12.2 The Administration of Injectable Medication by a Healthcare Practitioner standard operating guidelines will be reviewed on a two yearly basis

13 Assessment of Competence

13.1 Staff that are to undertake the above activities are required to attend the designated training sessions. Learning outcomes will be assessed by the successful completion of the competency framework attributed to the administration of Insulin, Hydroxocobalamin or Pharmacological VTE Prophylaxis as appropriate. Assessment of competence will be undertaken following a period of supervised practice within practice with the Registered Nurse Band 5 or above working within community nursing and verified by successful completion of the designated competencies (**Appendices**).

13.2 Competence will be assessed by direct observation of the HCP's ability to:

- Prepare the patient for the procedure
- Safe administration of the medication (including choice of site and needle technique)
- Correct disposal of clinical waste

- Correct documentation

13.3 The HCP will also be assessed (via oral questioning) on issues relating to the therapeutics of each drug.

13.4 The 'Summative Assessment' form should be copied and forwarded to:

Copy 1 Team leader / Clinical Practice Educator who will liaise with the Workforce Education and Training department to ensure the entry is entered onto the staff members' personal electronic learning record. A copy is to be retained in the HCP's personal record. Managers can record completion of competency in ESR but if need support please contact the Business support administrator in the education and training department.

Copy 2 Staff member who will retain a copy for their personal reference.

13.5 The implementation of the above guidelines are only for those patients who have been assessed by either the Registered Nurse Band 5 or above working within community nursing as being stable and appropriate to have Insulin, Hydroxocobalamin or Pharmacological VTE Prophylaxis administered by HCPs.

14 Monitoring and Evaluation

14.1 The Registered Nurse Band 5 or above working within community nursing are required to verify the following by supplying the evidence to the Workforce Development Team that the HCP has received training and achieved the competencies required. This will be followed up by the Clinical Team Leader / Clinical Practice Educator supplying to the area manager a written report confirming the staff details deemed competent to perform this role. The area manager would then collate this information and liaise with senior management from the Partnership Trust via the internal reporting mechanisms.

14.2 All people who require the administration of the drugs outlined within this policy within their own home will be given the appropriate drug by a HCP who has been trained and achieved the competencies required.

14.5 All people trained to administer the drugs outlined in this policy will be reviewed every 12 months.

15. References

Chadwick A, Withnell N (2015) How to administer intramuscular injections. *Nursing Standard. 30, 8 36-39.*

Department of Health (2005) Mental Capacity Act Department of Health http://www.legislation.gov.uk/ukpga/2005/9/contents

Dougherty L, Lister S [2015] *The Royal Marsden Hospital Manual of Clinical Nursing*
Procedures. 9th Edition Oxford Wiley-Blackwell

Feetman, C, White, J. (eds) (2011) Guidance on the Administration to Adults of oil Based Depot and other Long Acting Intramuscular Antipsychotic Injections: www.hull.ac.uk/injectionguide

Mental Capacity Act [2005] http://www.justice.gov.uk/protecting-the-vulnerable/mentalcapacity-act

National Patient Safety Agency (2018) Medication Safety www.nrls.npsa.nhs.uk

Nursing and Midwifery Council (NMC; 2015) The Code for nurses and Midwives http://www.nmc-uk.org/

Public Health England (2013) Immunisation Procedures: the Green Book, Chapter 4: Immunisations against Infectious Disease. PHE, London 25-34

Staffordshire and Stoke NHS Trust (Nov, 2013) Administration of Low Molecular Weight
Insulin By Non-Registered Nurses within Community Settings

APPENDIX 1.

Hydroxocobalamin / Pharmacological VTE Prophylaxis Supervision Record (delete as appropriate)

HCP Name:	**Assessor's Name:**

Example

Date/Time	**Details of injection given**	**Signature**
27/12/12 17:00	Dalteparin Sodium 5000 units given subcutaneously in left abdomen. BN 241 Exp 05/14 No bruising	**HCP**
	Comments *Good technique, safety needle used as supplied.*	
Date/Time		
Date/Time		
Date/Time		
Date/Time		

Date/Time		
Date/Time		
Date/Time		
Date/Time		
Date/Time		

Practical Competency attained	**Date**
HCP Signature	
Assessors Signature	
Six Month Review	**Date**
Comments Assessor	

APPENDIX 2

SUMMATIVE ASSESSMENT OF PHARMACOLOGICAL VTE PROPHYLAXIS ADMINISTRATION

To be completed by the Clinical Team Leader / Clinical Practice Educator

---

HCP Name:

Name of Assessor: **Designation:**

The Registered Nurse Band 5 or above working within community nursing Place of Work: **Tel:**

Date education started/completed:

Pharmacological VTE Prophylaxis injections should not be devolved to HCP unless the competency has been achieved and all parameters are positive. The formative assessment forms should be completed by the delegate and assessor for each individual episode of supervised practice. Six monthly then annual reassessment using the summative assessment form is required for quality assurance purposes.

Pharmacological VTE Prophylaxis **Section A Oral questioning of HCP by Registered Nurse Band 5 or above**	
HCP able to name and identify Pharmacological VTE Prophylaxis preparation.	
HCP aware of how and who to contact in the case of queries. **Y/N**	
HCP able to identify 3 potential problems with injection site and their likely causes	
Section B (OBSERVATION)	
Pharmacological VTE Prophylaxis preparation and dosage checked against patient's prescription.	**Y/N**
Expiry date on Pharmacological VTE Prophylaxis preparation checked that it is in date (If expired – discard)	**Y/N**
Injections stored appropriately as per instructions stated within product packaging, i.e. below 25 deg.	**Y/N**
Correct Pharmacological VTE Prophylaxis dosage drawn up if calculation needed.	**Y/N**
Dosage rechecked against patient's prescription prior to administration.	**Y/N**

Patient made aware/informed of need for Pharmacological VTE Prophylaxis injection. Patients consent obtained	**Y/N**
Site observed for lumps/inflammation/bruising prior to injection, Pharmacological VTE Prophylaxis not to be injected into area with any of above problems.	**Y/N**
Appropriate injection site identified	**Y/N**
Pharmacological VTE Prophylaxis injected using correct injection technique	**Y/N**
Pharmacological VTE Prophylaxis administered in accordance with the Trusts Infection Control Policy.	**Y/N**
Needle left in skin for approximately 10 seconds following injection.	**Y/N**
Safety needle used correctly	**Y/N**
Following injection, site observed for heparin leakage.	**Y/N**
Injection dose and site recorded in patient's care plan, together with any untoward events such as leakage, lumps, bruising.	**Y/N**
Injection dose and site recorded in patient's care plan, together with any untoward events such as leakage, lumps, bruising.	**Y/N**

Any parameters not met should be commented upon. All parameters must be positive if the HCP is to undertake these skills unsupervised. **Outcome** (please sign against appropriate outcome)

The HCP is competent in terms of clinical ability, knowledge and understanding of the patient's condition, to undertake administration of Pharmacological VTE Prophylaxis.

Signature…… Designation……

Date…… Date Reassessment Due……..
The HCP was unable to demonstrate competency in all areas and therefore is to undergo further training prior to reassessment
Signature…… Designation……..……

Date…… Proposed Reassessment Date…….… ……..

Comments

I _____Trainee_____ feel confident and competent to supply and administer medicines as described in the above competence. I do not feel I need any further training or support at this present time

Name Nurse_____ has shown appropriate knowledge, skill, confidence and competence to safely supply and administer medicines described in the above competence.
***PLEASE KEEP A COPY OF THIS ASSESSMENT IN THE STAFF MEMBERS RECORD* A copy of the completed competency assessment should also be sent to Workforce Training (ESR) Beech House, Waterside South, Lincoln. LN5 7JH**
workforcetraining@lincs-chs.nhs.uk

APPENDIX 3.

SUMMATIVE ASSESSMENT OF ADMINISTRATION of INTRAMUSCULAR INJECTIONS

To be completed by the Clinical Team Leader / Clinical Practice Educator

---

HCP Name:

Name of Assessor: **Designation:**

The Registered Nurse Band 5 or above working within community nursing Place of Work: **Tel:**

Date education started/completed:

The HCP was able to:	**Achieved**	**Not Achieved**	**Not Applicable**
Identify correctly the types of practitioner authorised to administer medicines, and under what circumstances			
Discuss LCHS Safe and Secure Management of Medicines and any procedures relevant to the clinical area in which they intend to administer medicines			
Choose an appropriate area in which to administer these types of medicines with reference to safety , security, risk assessment and dignity issues.			
Identify and be familiar with the correct documentation from which to administer medicines			
Check Medicine documentation for: • All service user identifying information • Their allergy/sensitivity status • Consent to treatment • Appropriate signatures • Overall legibility			

• A correctly written prescription • The name of the drug to be administered • The correct time of administration • The date and time of last administration • The site last injected • Any other special instructions			
Check any other sources of information that may pertain to the service user's overall treatment plan.			
Prepare the correct apparatus to administer the medicines			
Cleanse hands			
Confirm the service users identify using an agreed method			
Engage the service user in a conversation about their treatment as much as possible , checking knowledge of the medicine prescribed, and offer information about the medication and any adverse effects			
Discuss with service user their consent to be given an injection and the nest site for the injection to be given on this occasion.			
Inspect solution for cloudiness or particulates			
On all medicine vials, inspect the seals and check the expiry date			
Re-check the dose on the prescription card to check that the medication is due and has not already been given			
Use a 'non-touch' techniques, i.e. avoid touching areas where bacterial contamination may be introduced			
Assess the injection site and then select an appropriate administration needle of a length to reach the corresponding muscle			
Show an awareness of the need to use any needle provided when part of a pre-packaged injection kit.			

Encourage service user to assume a suitable position			
Correctly identify the administration site using the appropriate anatomical landmarks			
Check the chosen site careful for signs of lesion, induration, abscess or any other complication and an awareness of the action to take if identified.			
Where appropriate clean the skin at the injection site with an alcohol swab, allowing the skin to dry for at least 30 seconds.			
Utilise the Z-track method of administering the injection			
When using a site where it is appropriate to do so, aspirate by pulling back the on the syringe plunger to check for blood.			
Administer the injection slowly (1ml per 10 seconds). Wait a further 1o seconds before removing the needle, only then release the traction on the skin.			
Dispose of all sharps appropriately; puncture proof, correctly labelled sharp bin.			
Dispose of any remaining equipment safely and cleanse hands according to accepted technique			
Sign and date to confirm the medication has been administered			
Confirm with the service user when the next injection is due and annotate appointment card or notes, records in S1.			

The HCP is competent in terms of clinical ability, knowledge and understanding of the techniques, to undertake intra muscular injections.

Signature…… Designation……

Date…… Date Reassessment Due……..

The HCP was unable to demonstrate competency in all areas and therefore is to undergo further training prior to reassessment
Signature……. Designation……..……

Date…… Proposed Reassessment Date…… ……..

Comments

I _____Trainee_____ feel confident and competent to supply and administer medicines as described in the above competence. I do not feel I need any further training or support at this present time

Name Nurse_____ has shown appropriate knowledge, skill, confidence and competence to safely supply and administer medicines described in the above competence.

PLEASE KEEP A COPY OF THIS ASSESSMENT IN THE STAFF MEMBERS RECORD

A copy of the completed competency assessment should also be sent to Workforce Training (ESR) Beech House, Waterside South, Lincoln. LN5 7JH; workforcetraining@lincs-chs.nhs.uk

APPENDIX 4

SUMMATIVE ASSESSMENT OF HYDROXOCOBALAMIN ADMINISTRATION

To be completed by the Clinical Team Leader / Clinical Practice Educator

---

HCP Name:

Name of Assessor: **Designation:**

The Registered Nurse Band 5 or above working within community nursing Place of Work: **Tel:**

Date education started/completed:

Hydroxocobalamin injections should not be devolved to HCP unless the competency has been achieved and all parameters are positive. The formative assessment forms should be completed by the HCP and assessor for each individual episode of supervised practice. Six monthly then annual reassessment using the summative assessment form is required for quality assurance purposes.

Hydroxocobalamin Section A Oral questioning of HCP by Registered Nurse Band 5 or above	
HCP able to name and identify Hydroxocobalamin preparation and requirements for drug storage	**Y/N**
HCP was able to identify Indications and side effects related to the administration of the drug	**Y/N**
HCP aware of how and who to contact in the case of queries.	**Y/N**
HCP able to identify 3 potential problems with injection site and their likely causes	**Y/N**
Section B (OBSERVATION)	
Hydroxocobalamin preparation and dosage checked against patient's prescription.	**Y/N**
Expiry date on Hydroxocobalamin preparation checked that it is in date (If expired – discard)	**Y/N**
Correct dosage drawn up if calculation needed.	**Y/N**

Dosage rechecked against patient's prescription prior to administration.	**Y/N**
Patient made aware/informed of need for Hydroxocobalamin injection. Patients consent obtained	**Y/N**
Site observed for lumps/inflammation/bruising prior to injection, Hydroxocobalamin not to be injected into area with any of above problems.	**Y/N**
Appropriate injection site identified	**Y/N**
Hydroxocobalamin injected using correct injection	**Y/N**
Hydroxocobalamin administered in accordance with the Trusts Infection Control Policy.	**Y/N**
Needle left in skin for approximately 10 seconds following injection.	**Y/N**
Safety needle used correctly	**Y/N**
Following injection, site observed for drug leakage.	**Y/N**
Injection dose and site recorded in patient's care plan, together with any untoward events such as leakage, lumps, bruising.	**Y/N**
Injection dose and site recorded in patient's care plan, together with any untoward events such as leakage, lumps, bruising.	**Y/N**

Any parameters not met should be commented upon. All parameters must be positive if the HCA/AHP is to undertake these skills unsupervised. **Outcome** (please sign against appropriate outcome)

The HCP is competent in terms of clinical ability, knowledge and understanding of the patient's condition, to undertake administration of Hydroxocobalamin.

Signature…… Designation……

Date…….…… Date Reassessment Due……..…….

The HCP was unable to demonstrate competency in all areas and therefore is to undergo further training prior to reassessment

Signature……. Designation…….……

Date…… Proposed Reassessment Date…….… …..…..

Comments

I _____Trainee_____ feel confident and competent to supply and administer medicines as described in the above competence . I do not feel I need any further training or support at this present time

Name Nurse_____ has shown appropriate knowledge , skill, confidence and competence to safely supply and administer medicines described in the above competence.

PLEASE KEEP A COPY OF THIS ASSESSMENT IN THE STAFF MEMBERS RECORD

A copy of the completed competency assessment should also be sent to Workforce Training (ESR) Beech House, Waterside South, Lincoln. LN5 7JH
workforcetraining@lincs-chs.nhs.uk

Monitoring Template

Minimum requirement to be monitored	**Process for monitoring e.g. audit**	**Responsible individuals / group/ committee**	**Frequency of monitoring/ audit**	**Responsible individuals/ group/ committee (multidisciplinary) for review of results**	**Responsible individuals/ group/ committee for development of action plan**	**Responsible individuals / group/ committee for monitoring of action plan**
Audit of training undertaken	Registered on OLM	Effective Practice Group	Quarterly	Effective Practice Group	Effective Practice Group	Effective Practice Group
Documentation	Audit	Service	Yearly	Effective Practice Group	Effective Practice Group	Effective Practice Group

Equality Analysis

Name of Policy~~/Procedure/Function*~~

Administration of Injectable Medication by a Healthcare Practitioner

Equality Analysis Carried out by: Jill Anderson

Date: 15.4.18

Equality & Human rights Lead: Rachel Higgins

Director: Susan Ombler, Deputy Director of Nursing

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This policy details the procedures and training which must be undertaken and adhered to, for Senior Health Care Support Workers / Registered Allied Health Professionals to safely undertaken the administration of Insulin, Low Molecular Weight Heparin and Hydroxocobalamin. The policy provides the details of the training and assessments which must be undertaken		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	No		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	

	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Jill Anderson		
Date:		15.4.18		

Section 2

Equality analysis

Title:
Relevant line in:

What are the intended outcomes of this work? *Include outline of objectives and function aims*
Who will be affected? *e.g. staff, patients, service users etc*

Evidence

The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.

What evidence have you considered?

List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)? (Y/N)

How have you engaged stakeholders in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Promote good relations between groups

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

What is the overall impact?

Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

Addressing the impact on equalities

Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record

Name of person who carried out this assessment:

Date assessment completed:

Name of responsible Director/ General Manager:

Date assessment was signed: