

Document Control

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|--|--------------------|--|---|
| Title | | | |
| Medicines Policy for Skilled Not Registered Staff | | | |
| Author | | Author's job title | |
| | | Chief Pharmacist | |
| Directorate | | Department | |
| Planned Care | | Pharmacy | |
| Version | Date Issued | Status | Comment / Changes / Approval |
| 1.5 | January 2018 | Draft | Updated version 1.4 to apply to all community skilled not registered staff, and to update in line with new guidance from NICE and DoH. Circulated for feedback. |
| 1.6 | 01/03/18 | Draft | Further clarification added to section 10, and updated section 8 to bring it in line with waste management policy. |
| 1.7 | 19/03/18 | Final | Ratified by Drugs and Therapeutics Committee on 15 th March 2018 and published on BOB |
| 1.8 | 19/06/18 | Revision | Updated following request from clinical training manager, to make it clear that training booklet only needs to be completed once and that face to face training can be provided by non-pharmacy staff, and to make it clear that careplan is needed for level 2 administration. |
| 2 | 19/07/18 | Final | Ratified by Drugs and Therapeutics Committee on 19 th July 2018 and published on BOB |
| 2.1 | 07/02/19 | Revision | Updated to make policy applicable to in-patient SNR staff |
| 2.2 | 02/08/19 | Draft | Procedural content removed to enable an overarching Policy with service specific SOPs. Change of author from NMP Lead to Chief Pharmacist. |
| 2.3 | 09/09/19 | Draft | Updated with comments |
| 3.0 | 19/09/19 | Final | Approved by Drugs and Therapeutics Committee on 19 th September 2019 |
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| <ul style="list-style-type: none"> • Chief Nurse • Deputy Chief Nursing • Divisional Nurses (Planned and Unplanned care) • Community Nursing Lead • Chief Pharmacist • Clinical Lead Pharmacist • Governance Pharmacist • Rapid Intervention Service Manager • Sexual Health Service Clinical Lead • Clinical training Manager | | | |

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| <ul style="list-style-type: none"> Clinical Tutor | |
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1. Purpose

- 1.1. The purpose of this document is to ensure adherence to best practice and defines the principles which ensure that medicines in acute and community settings are handled safely within the required guidance and legislation (e.g. NICE, 2017, DoH, 2014, CQC, 2015).
- 1.2. The policy applies to Skilled Not Registered (SNR) staff employed by Northern Devon Healthcare NHS Trust who may be involved in supporting and administering medication to patients.
- 1.3. Implementation of this policy will ensure that:
 - The roles and responsibilities of SNR staff are defined
 - There is clarity relating to the circumstances in which SNR staff can assist with, or administer medication.
 - The principles of good practice in relation to administration of medication are defined.

2. Definitions

2.1 Skilled Not Registered (SNR) worker

The term Skilled Not Registered worker will be used throughout this policy. It covers any health or social care worker who is not registered, but is involved in assisting or administering medication to patients. This may include, but is not exclusive to, the following:

- Rapid Response support workers
- Healthcare assistants and assistant practitioners working under the supervision of registered professionals.
- Physician Associates

2.2 Patient

A patient refers to any patient or service user, client or person who uses the services provided by the Trust.

2.3 Care Plan

A care plan refers either to the patient held record or to the care plan held by the service provider.

2.4 Registered Healthcare Professional

A Registered Healthcare Professional is a healthcare professional who is registered with a professional healthcare regulatory body such as a doctor, nurse, allied health professional, radiographer or pharmacist.

2.5 Community Pharmacy

A Community Pharmacy is a premises registered as such with the General Pharmaceutical Council. A Community Pharmacist is the pharmacist employed by the community pharmacy.

2.6 Medication Administration Record (MAR) chart

Medication Administration Record (MAR) charts are a formal record of the administration of medication. The content and accuracy of the MAR chart ensures that safe medicines administration can take place. The principal source from which a MAR chart is produced should be the written prescription. MAR charts can be printed or handwritten.

2.7 Prescription Chart

For the purpose of this policy, a prescription chart is any Trust approved prescription stationery used for written directions, for example, the Trust Prescription and Medication and Administration Record (PMAR), Community Authority to Administer or organisation-approved software.

2.8 Monitored Dosage System (MDS)

Monitored Dosage Systems (MDS) are medicines storage devices that contain multiple compartments for medication. They are usually divided into days of the week with up to four compartments for the times of the day e.g. breakfast, lunch, tea and bedtime. MDS should be filled by a pharmacy. Examples include: blister packs and dosette boxes.

2.9 Over-the-Counter (OTC) Medicines

OTC medicines are those that are available to buy without a prescription. This includes both General Sales List (GSL) items, which can be bought in any retail outlet, and Pharmacy or 'P' medicines which can only be sold in a pharmacy under the supervision of a pharmacist.

3. Responsibilities

3.1 Role of the Chief Nurse

The Chief Nurse has responsibility for ensuring medicines are used and handled safely by SNR staff. They are also responsible for ensuring the implementation of this policy and that adequate resources are available to adhere to this policy guidance.

3.2 Role of the Medicines Management Group

The Medicines Management Group is responsible for:

- Ratifying this policy and ensuring that it is up to date and its guidance implemented and audited when necessary.
- Approving Standard Operating Procedures (SOPs) for new areas / services for SNR work

3.3 Role of the Prescriber

The Prescriber is responsible for:

- Taking primary responsibility for prescribing and management of medicines.
- Ensuring that clear instructions for taking the medicine are provided and that the term "as directed" is not used.
- Ensuring that medication is reviewed regularly in line with the Medicines Policy and the Non-Medical Prescribing Policy.

3.4 Role of the Line Manager

The Line Manager is responsible for:

- Ensuring that procedures are put in place to ensure that SNR workers do not assist or administer medication unless trained and assessed as competent to do so.

3.5 Role of the Speciality Governance Groups

The speciality Governance Groups are responsible for:

- Monitoring, highlighting and escalating where necessary, reported incidents and complaints relating to this Policy
- Approving new medication for SNRs to administer within the speciality area

3.6 Role of the SNR worker

The SNR worker is responsible for:

- Ensuring they have received approved medication training and been assessed and recorded as competent before assisting with or administering medicines.
- Ensuring that they only undertake medication tasks where they have been assessed as being competent.
- Ensuring that they never provide advice regarding medication. Only a Registered Healthcare Professional can give advice on medication to a service user.

3.7 Delegating Registered Healthcare Professional

The Delegating Registered Healthcare Professional is responsible for:

- The supervision, accountability and delegation of activities to SNR workers
- Answering queries from the SNR worker

4. Levels of assistance with medicines

There are three different levels of assistance that SNR workers can provide in relation to medicines.

4.1 Level 1 – Assistance

This may include:

- An occasional reminder to take medication. Repeated reminders will need to be referred back for revision of care plan as this is considered to be level 2 administering medication.
- The SNR worker should not assist with medication unless dispensed by a pharmacy. This includes any medication in monitored dosage systems, which must be dispensed by a pharmacy.
- The SNR worker should not be required to select, measure or administer the medication.
- Manipulation of a container e.g. opening a bottle of liquid medication or popping tablets out of a blister pack or dosette box at the request, and under specific direction of the patient.

- Within community settings collecting medicines from a pharmacy in exceptional circumstances where a relative is not available to do this or delivery cannot be arranged.
- Within community settings returning unwanted medicines to a community pharmacy with the service user's permission.

4.2 Level 2 – Administering medication

This may include:

- Safely selecting, preparing and giving various different medicines (including controlled drugs) not under the direction of the patient.
- Establishing from the records which medicines are prescribed for a person at a specific time in the day.
- Selecting the correct medicine from a labelled container including monitored dosage system. SNR workers must not administer medication from a MDS unless it has been dispensed by a pharmacy.
- Measuring a dose of liquid medicine.
- Applying a medicated cream/ointment; inserting drops to ear, nose or eye; administering inhaled medication (excluding nebulisers); and administering non-controlled drug patches.
- Recording that a person has had the medicine or the reason for not administering it using the approved documentation.

4.3 Level 3 – Administering medication by specialised techniques

Level 3 relates to administration of medication by specialised technique, following a process of delegation of the task by a Registered Healthcare Professional. Supervision, Accountability and Delegation of Activities to Skilled Not Registered Staff is the responsibility of the Registered Healthcare Professional.

The SNR worker must be assessed and documented as competent by a Registered Healthcare Professional before undertaking a level 3 administration task.

Any level 3 administration must be undertaken under an SOP for that particular service/area. The SOP will detail the medications that can be administered within that area, and the competencies required of the SNR staff working under the SOP.

Level 3 Administration of medication is **patient specific**. This means that a SNR worker being assessed as competent to treat a named patient using a delegated technique. It does not mean a SNR worker is competent to treat another patient using the same technique. The patient (or their representative where appropriate) must give their consent for the delegation of the task (NICE, 2017).

Medicines that may be administered in this way may include:

- Medicines administered by enteral tubes e.g. Percutaneous Endoscopic Gastrostomy (PEG)
- Nebulisers
- Oxygen
- Injections
- Controlled drug patches (fentanyl, buprenorphine)

5. Providing assistance or administration of medication

- 5.1. The 6 “rights” of administration must be met whenever a SNR worker provides assistance or administration of medication. These are:

- Right person
 - Right medicine
 - Right route
 - Right dose
 - Right time
 - Person's right to decline
- 5.2.** SNR workers must only provide the medicines support that has been agreed within the SOP for their area.
- 5.3.** SNR workers must only perform tasks where they are trained, competent and confident to do so.
- 5.4.** Verbal Orders (i.e. instructions taken from a Registered Healthcare Professional in person or over the telephone without written confirmation) should not be taken or acted on.
- 5.5.** Assistance with or administration of medication must be in accordance with the prescriber's instructions.
- 5.6.** Any label on container provided by a pharmacy must not be altered under any circumstances. If the label becomes detached from the container or is illegible, the SNR worker must not give the medication.
- 5.7.** SNR workers must not offer advice about or administer over-the-counter medication or complementary treatments. Examples of this include homeopathic preparations, vitamins, minerals and supplements, painkillers, cough linctus, cold and flu remedies etc. This list is not exhaustive. SNR workers must refer any request as outlined in the service/area SOP.
- 5.8.** If SNR workers are in any doubt regarding assistance with or administration of medication, they refer as outlined in the service/area SOP.
- 5.9.** SNR workers must not disguise medication in food or drink, or give medication in any covert way, unless this is documented in the patient record and with the full knowledge and approval of the prescriber, in line with the [Mental Capacity Act \(2005\)](#) and the [NDHT policy on Covert Administration of Medicines](#).
- 5.10.** Medication administration by an SNR worker must be recorded on the approved documentation. This documentation may include prescription charts, care plans, current medicines reminder chart and medication administration records according to local current arrangements and availability. All records should be kept in accordance with the [NDHT Clinical Record Keeping Policy](#) and the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations \(2014\)](#).
- 5.11.** Confidentiality must be observed regarding the patient's medical history and medication. See NDHT [Confidentiality Policy](#).
- 5.12.** As with any activity delegated to a non-registered member of staff, the delegating registrant (e.g. staff nurse or doctor) remains accountable for the delegation.
- 5.13.** The Nursing and Midwifery Code (2015) point No.11 states that registrants must be accountable for their decisions to delegate tasks and duties to other people. To achieve this, they must:
- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
 - Make sure that everyone to whom they delegate tasks is adequately supervised and supported so they can provide safe and compassionate care, and

- Confirm that the outcome of any task they have delegated to someone else meets the required standard.

5.14. Non-registered staff, which includes Assistant Practitioners are accountable as individuals, through their contract of employment, to only undertake activities that fall within the responsibilities of their Job Description, that they have been trained and assessed as competent to perform.

6. Management of Medication Incidents

Medication incidents should be reported on the Datix web incident reporting system according to the Trust Incident Management Policy. The NDHT [Medication Incidents SOP](#) should be followed.

7. Training Requirements

- 7.1.** All SNR staff will be required to undertake medicines management training.
- 7.2.** The level 1 training will take the form of a written workbook and associated e-assessment. The workbook and e-assessment are provided by Prescription Training and accredited by the Royal Pharmaceutical Society and only need to be completed as a one-off. These are available to order on web basket.
- 7.3.** Staff undertaking level 2 administrations will receive practical training conducted by the pharmacy department, from specialists within the service or via an approved out-sourced training course. The appropriate sections of the [Medicines Administration competency](#) should be completed and signed off following the practical sessions, in your clinical area by a competent practitioner. The competency document is completed once only and competence will be reviewed annually at appraisal.
- 7.4.** Staff providing level 3 medication support will be required to complete the Trust's medication administration workbook and then annual e-learning on medication administration to demonstrate competence. In the community patient specific training will be received from the delegating registered Healthcare Professional to ensure competence. Competence will be reviewed annually at appraisal.
- 7.5.** If the SNR staff are required to administer medications intravenously they will be required to complete the Trust's Intra-venous drug administration training (this can be arranged through the clinical tutors, or booked via the Learning Management System STAR) and complete the Intravenous Drug Administration Workbook and competencies. Competencies will be reviewed annually at appraisal.
- 7.6.** This policy should be read in conjunction with the [Assessment and Maintenance of Clinical and Medical Device Competence in Nurses Midwives AHPs and Support Workers Policy](#) so there is a clear impression of what tasks the SNR staff member is competent to perform.

8. Monitoring Compliance with and the Effectiveness of the Policy

8.1. Standards/ Key Performance Indicators

Key performance indicators comprise:

- Staff trained to the level appropriate for their role and line managers able to demonstrate staff training and competence.

8.2. Process for Monitoring Compliance and Effectiveness

Monitoring compliance with this policy will be the responsibility of the Chief Nurse in association with Speciality Governance Meetings and the Medicines Management Group. This will be undertaken by regular monitoring and audit of services which use SNR workers. Where non-compliance is identified, support and advice will be provided to improve practice.

9. Equality Impact Assessment

| Group | Positive Impact | Negative Impact | No Impact | Comment |
|--|-----------------|-----------------|-----------|---------|
| Age | X | | | |
| Disability | X | | | |
| Gender | | | X | |
| Gender Reassignment | | | X | |
| Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership | X | | | |
| Pregnancy | | | X | |
| Maternity and Breastfeeding | | | X | |
| Race (ethnic origin) | | | X | |
| Religion (or belief) | | | X | |
| Sexual Orientation | | | X | |

10. References

Care Quality Commission (2015) Regulations for service providers and managers.

Commission for Social Care Inspection (2009) Professional Advice Administration of medicines in Domiciliary Care

Commission for Social Care Inspection (2009) Professional Advice Training Care Workers to safely administer medicines in care homes

Commission for Social Care Inspection (June 2008) Professional Advice Medicine Administration Records (MAR) in care homes and Domiciliary Care

Home Office (2010) Equality Act.

Department of Health, (2000) Domiciliary Care National Minimum Standards

Department of Health (2005) Mental Capacity Act.

Department of Health (2012) Human Medicines Regulations Act

Department of Health (2014) The Health and Social Care Act 2008 (Regulated Activities) Regulations.

Department of Health (2016) Administration of medicines in care homes (with nursing) for older people by care assistants.

Home Office (2010) Equality Act.

National Institute for Health and Care Excellence (2017) Managing Medicines for Adults Receiving Social Care in the Community.

Royal Pharmaceutical Society of Great Britain (2007) The Handling of Medicines in Social Care

Royal Pharmaceutical Society and Royal College of Nurses (2019) Professional Guidance on the Administration of Medicines in Healthcare Settings

Royal Pharmaceutical Society and Royal College of Nurses (2019) Professional Guidance on the Safe and Secure Handling of Medicines

11. Associated Documentation

- [NDHT Medicines Policy](#)
- [NDHT Clinical Record Keeping Policy](#)
- [NDHT Confidentiality Policy](#)
- [NDHT Consent Policy](#)
- [NDHT Incident Reporting and Management Policy](#)
- [NDHT Waste Management Policy and Manual](#)
- [NDHT SOP Covert administration of medicines](#)
- [NDHT SOP Managing Medication Incidents](#)
- [Assessment and Maintenance of Clinical and Medical Device Competence in Nurses Midwives AHPs and Support Workers Policy](#)