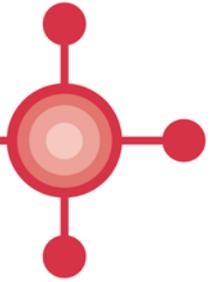


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers

November 2015

This report has been prepared by the All Wales Joint Working Group - Health Care Support Workers and Medicines, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

Please direct any queries to AWTTC:

All Wales Therapeutics and Toxicology Centre
University Hospital Llandough
Penlan Road
Llandough
Vale of Glamorgan
CF64 2XX

awttc@wales.nhs.uk
029 2071 6900

This document should be cited as:

All Wales Medicines Strategy Group. All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers. November 2015.



CONTENTS

1.0 INTRODUCTION.....	2
2.0 SCOPE	3
3.0 AIMS AND OBJECTIVES.....	4
4.0 ACTIONS FOR HEALTH BOARDS/TRUSTS.....	4
5.0 LEVELS OF MEDICATION SUPPORT/ROLES AND RESPONSIBILITIES.....	5
6.0 TRAINING	7
7.0 SPECIFIC GUIDANCE IN INDIVIDUAL HEALTH BOARDS.....	8
REFERENCES.....	9

1.0 INTRODUCTION

The guidance is specifically intended for use by registered nurses and midwives who delegate duties to health care support workers (HCSWs); this will include midwifery care assistants and nursery nurses employed by health boards/trusts in Wales. The guidelines will also be applicable to registered nurses who delegate medicines administration to agency and bank carers working within Welsh health boards/trusts. This document is not transferable to social care, due to NHS Exemptions from the Care Standards Act 2000¹ and subsequent Regulations (Wales) regarding delegation of duties to patients needing nursing care². However, where a registrant employed by a health board/trust is responsible for delegation of medicines administration to an unregistered member of third sector/social/educational staff, the unregistered member of staff should either have a Level 3 or above on the Credit and Qualifications Framework for Wales (CQFW)³ or be able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW (2006)³.

NHS Wales is committed to the safe management of medicines. There is an increasing need to provide support with medication for individuals being treated in specific acute and community settings throughout Wales; therefore, guidelines have been developed to ensure safe management. Delegation of medicines administration to HCSWs must only be undertaken where it can be evidenced that it will benefit the individual receiving the support. This may be in community settings or specific acute inpatient areas identified by the health board/trust.

The purpose of the guidance is to set out a framework to standardise the involvement of the HCSW in the processes involved in medicines management and to ensure that only appropriately trained and assessed HCSWs, with the right knowledge and skills, can provide support with medication and its related tasks. The practice undertaken must be in accordance with locally agreed written protocols and procedures for designated settings, where the health board/trust has a responsibility for providing care. It is the responsibility of the individual health board/trust to identify such areas. Though delegation of the task will be from a registered nurse or midwife, in line with 2010 guidance from the Nursing and Midwifery Council (NMC), *Standards for Medicines Management*⁴, the HCSW will be carrying out duties whilst **not under the direct supervision** of a registered nurse or midwife; i.e. the registrant need not be in the same room/building as the HCSW when the delegated task takes place. The health board/trust will accept responsibility for all tasks undertaken by the HCSW, as long as they are competent and compliant with agreed local written protocols and procedures.

2.0 SCOPE

The guidance is intended to inform health boards/trusts across Wales of where and when an HCSW may be permitted to support children and adults with their medicines, and the necessary education and training standards that are required to support this. The guidance applies specifically to HCSWs within nursing and midwifery.

The scope includes:

- Assessment of risk
- Agreed delegation of professional nursing tasks
- Appropriate definitions

The scope does not affect the ability of community nurse prescribers to delegate limited clinical tasks, which may include application of items they have prescribed (e.g. skin or wound care products) to specific individuals. These delegated tasks are individual-specific, not transferable and only applicable for the duration of the specified treatment.

Medicines are administered by a number of routes and it may be appropriate for an HCSW giving Level C or Enhanced Support (see section [5.0](#)) to an individual to administer a medicine by one route only, or by a number of routes. The following guidance is suggested:

Table 1. Guidance on routes of administration of medicines by HCSWs giving Level C or Enhanced Support

Routes	Guidance
Oral, topical, inhaled, nebulised medicines. Buccal and transdermal patches.	Medicines may be administered via these routes at Level C and/or Enhanced Support. Where deemed Enhanced Support, this would be subject to the HCSW having a Level 3 or above on the CQFW (2006) ³ , in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW (2006) ³ .
Gastrostomy, jejunostomy. Vaginal, rectal. Intramuscular, subcutaneous.	Medicines should not routinely be administered by HCSWs via these routes. However, the health board/trust may decide to support the administration of medicines by these routes following the appropriate training in specific areas, e.g. gynaecology. This would be deemed Enhanced Support and would be subject to the HCSW having a Level 3 or above on the CQFW (2006) ³ , in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW (2006) ³ .
Nasogastric.	Medicines should not routinely be administered by HCSWs via these routes. However, the health board/trust may decide to support the administration of medicines by these routes following the appropriate training in specific areas, e.g. Neonatal Units. This would be deemed Enhanced Support and would be subject to the HCSW having a Level 3 or above on the CQFW (2006) ³ , in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW (2006) ³ .
Intravenous saline flush – using a prefilled syringe only.	The health board/trust may decide to support this practice being undertaken by HCSWs in specialist areas identified by the health board/trust.
Intravenous and intrathecal medicines.	Medicines must never be administered by HCSWs via these routes.

3.0 AIMS AND OBJECTIVES

The purpose of this guidance is to enable health boards/trusts to ensure that:

- There is a documented framework, which the registrant adheres to whilst delegating the administration of medicines to an HCSW.
- Roles and responsibilities are clarified in relation to the provision of support with medication.
- Individuals who require support with medication in acute and community settings receive this from suitably trained and competent staff.
- A framework for HCSWs and medicines is developed to support responsibilities and required level of training.

4.0 ACTIONS FOR HEALTH BOARDS/TRUSTS

Each health board/trust must ensure that:

- They have a robust process for any delegation of medicines practice to an HCSW. Final sign off should be made by the Nurse Director, Chief Pharmacist and Medical Director.
- There are suitable processes for gaining consent of the individual, primary carer, or, in the case of children, person with parental responsibility, where all other avenues/methods for support have been exhausted (e.g. reminder charts, alarm clocks, family support etc). If an individual cannot give consent because of health reasons, e.g. dementia, the current recommendations for treating adults without capacity must be followed.
- All tasks undertaken by the HCSW to support individuals with their medication must be documented. Only documentation approved for use by the health board/trust may be used.
- A contemporaneous centrally held HCSW register is present evidencing HCSWs who undertake the tasks of assisting, prompting and administration of medication not under the direct supervision of the registered nurse. Where practical, the electronic staff record (ESR) may be used. This register should identify specific areas of practice, training undertaken, evidence of any competence and the date of the last Personal Appraisal and Development Review (PADR), and should be annotated with their scope of practice.
- All HCSWs who have successfully completed the required education at Level 3 or above on the CQFW 2006³ are deemed competent to provide Level C or Enhanced Support (see section 5.0). This is outside the direct supervision of the registered nurse/midwife. This will be documented on the centrally held database and will be annotated to indicate whether the skills are deemed transferable, or specific, and will be discussed fully during an annual review.
- Processes are in place to ensure that any medication-related incidents that occur in the prescribing, dispensing or administration of medicines are recorded and reported in line with the health board/trust Incident Policy and Procedure. The health board/trust must determine and communicate their chosen process of escalation of such incidents. The cause of any error may be investigated to ensure that learning from the incident can take place, thereby minimising the risk of a similar error happening in the future.
- Any identified errors or near misses involving the HCSW are reported via the appropriate health board/trust Incident Form, which will be completed in conjunction with the HCSW's line manager.
- Any practices in the handling of medicines involving HCSWs are in line with the *All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal*⁶.

5.0 LEVELS OF MEDICATION SUPPORT/ROLES AND RESPONSIBILITIES

Prior to providing any level of medication support, the needs of the individual must be assessed. It is the responsibility of the registrant to assess the level of support needed.

There are three standard levels of support, which are fully explored below. These levels, A, B and C, should be considered as a continuum, accepting that individuals may move up and down the levels depending on their health status and/or functional ability at the time. These make up the standard levels of support.

In addition, individuals with complex needs will be categorised as requiring Enhanced Support. Timely review is essential to ensure that any support provided is appropriate to the individual's ability and needs. Furthermore, the individual may need support with medicines administration procedures, which might require registered nursing input.

- **Level A** – Level A supports individuals who take full responsibility for their own medicines and require no assistance with medication from the HCSW.
- **Level B** – Level B supports individuals who are aware of and understand their medicines regime and retain responsibility for their medicines, but may have difficulties with undertaking the task. Assistance with self-administering may be given as follows:
 - Reminder – The individual may require a simple reminder to initiate the task but is then able to self-administer without physical assistance. This is not appropriate for individuals with significant cognitive/memory difficulties.
 - Physical assistance – The individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask the HCSW to help carry out certain tasks. It is the responsibility of the individual to direct which package/bottle/topical medication they require assistance with (e.g. opened/closed/placed in mouth/stored) and such tasks must be completed within sight of the individual at all times.

N.B. In Level B, the individual, NOT the HCSW, retains sole responsibility for their medicines management and administration. In line with agreed written protocols, the exact assistance given on each visit will be documented by the HCSW.
- **Level C** – Level C supports individuals who are unable to self-administer, due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. In providing Level C support, the HCSW is responsible for the task of administering prescribed medication to the individual as delegated by the registrant. Only appropriately trained (Level 3 or above, CQFW 2006³) HCSWs may be permitted to undertake Level C.

However, in some specialist units, for example eye clinics, an organisation may permit an HCSW to administer a limited type/list of medicines (e.g. eye drops) as long as the HCSW has had the appropriate education and competence assessment and these are revalidated as part of the performance review process.

HCSWs will carry out the administration of medicines using their health board/trust-approved documentation for administration, in accordance with agreed local written protocols and procedures. This includes oral, topical and inhaled medicines, and buccal and transdermal patches.

In line with agreed written policies and procedures, all medicines administered at each visit will be documented.

- **Enhanced Support** – Enhanced Support is defined as a task for which specific training is necessary (e.g. administering rectal medicines), in addition to being at Level 3 or above (CQFW 2006³). Enhanced Support tasks will locally be deemed as individual-specific or transferable, depending on the task, and are strictly limited to those approved by the health board/trust.

Enhanced Support for adults, children and infants may only be given through delegation by a registered nurse/midwife, supported by risk assessment and individualised care plans that have been constructed in conjunction with the individual, or via the best interest process for adults that lack mental capacity, and children with complex needs. This would include children who are developmentally delayed, do not have capacity or dexterity and are represented by a consenting parent/carer with parental responsibility. Where a need is identified for a medicines administration task to be undertaken by HCSWs that is not currently included on the approved list (Table 1), a risk assessment must be undertaken and agreement sought from the designated local medicines governance structure.

If the HCSW identifies any deterioration in a patient's condition or their ability to manage their own medicines, this must be reported to the responsible registrant for re-assessment.

6.0 TRAINING

Each health board/trust should work with their individual training department to facilitate the required education to enable HCSWs to assist, prompt and administer medicines whilst **not under the direct supervision** of a registered nurse/midwife, where appropriate. The HCSW should complete an identified specific accredited education unit at CQFW (2006) Level 3³ as a minimum. The classification should be stipulated in the relevant job description. The completion of these units will support the broad education and knowledge of the HCSW. There are a number of units currently available in line with the CQFW.

In addition, the health board/trust will need to provide local speciality specific competence frameworks to ensure that:

- The HCSW does not provide, or offer to provide, any support with medication unless a risk assessment is undertaken by the registrant to determine the need for support. In line with locally agreed written protocols and procedures, this should then be documented and an individual care plan put in place by the appropriate registered nurse/midwife.
- The HCSW's competence is kept up to date; the health board/trust should provide updates and specialised training as appropriate. The knowledge and skills acquired by the HCSW during their accredited training units are deemed to be transferable. However, speciality specific knowledge/training is not.
- The HCSW who has undertaken the additional training and initial competency assessment to carry out Enhanced Support tasks will have their competency re-assessed by the appropriate registered nurse/midwife, on an annual basis as a minimum.
- All registered nurses/midwives supervising HCSWs, with regards to supporting individuals with their medicines, will ensure that they are working within the NMC Code⁶ and:
 - Have a clear understanding of their health board/trust policy frameworks, protocols and procedures associated with HCSWs and medicines.
 - Have a clear understanding of their health board/trust policies and procedures on prescribing, supply, ordering, storage, security, administration and disposal of medicines.
 - Have a clear understanding of the NMC Standards for Medicines Management⁴.
 - Have successfully completed health board/trust-specific training and been identified as an assessor, mentor and/or preceptor.
 - Appropriately teach, supervise and assess HCSWs according to the Royal College of Nursing Standard on Delegation and Accountability⁷.
 - Adhere to the All Wales Guidelines for Delegation. The registrant is accountable for ensuring that the treatment or care is appropriately delegated to competent individuals. The HCSW is accountable for accepting appropriately delegated tasks and for the performance of these tasks⁸, as set out in the Code of Conduct for HCSWs⁹.

7.0 SPECIFIC GUIDANCE IN INDIVIDUAL HEALTH BOARDS

The health board/trust may wish to consider the situations identified below and, following a local risk assessment, may consider supporting the delegation of the following tasks. These decisions may be made in relation to an individual HCSW or a defined group/speciality basis. These tasks must be considered as Enhanced Support and may only be delivered by appropriately trained HCSWs (CQFW 2006 Level 3 or above³). These include:

- Immunisation and vaccination administration in accordance with Welsh Immunisation and Vaccination Standards.
- Administration of intravenous saline flushes (e.g. on insertion of and maintenance of cannulae). Health boards/trusts that wish to support this practice must ensure the administration is via a pre-filled device only.
- Administration of oxygen.
- High-risk medicines restrictions for certain medicines considered high-risk (e.g. warfarin) may also be discussed and decided upon locally. Where restrictions are made, it is the responsibility of the health board/trust to ensure that those delivering the support are aware of these restrictions.

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