

<b>STANDARD OPERATING PROCEDURE</b>	<b>NURSING ASSOCIATES AND MEDICINE ADMINISTRATION SOP</b>
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<b>DIVISION/DIRECTORATE</b>	<b>Medicine/Pharmacy &amp; Corporate</b>
<b>LINKS TO OTHER POLICIES, SOP'S, STRATEGIES ETC:</b>	<b>TW10-037 Medicines Management policy and Associated SOPs</b>
<b>CONSULTED WITH</b>	<b>NMAHP Body</b>

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<b>MANAGER RESPONSIBLE FOR REVIEW (Job Title)</b>	<b>Chief Pharmacist</b>	



## Amendments

<u>Version</u>	<u>Date</u>	<u>Amendment</u>
1	May 2019	NA
2		Amendment to Procedure, Nursing Associates and second checking and the list of approved Medications and Routes for Trainee Nursing Associates and Registered Nursing Associates

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## **1. INTRODUCTION**

- 1.1** This SOP is for the utilisation by Trainee Nursing Associates (TNAs) and Registered Nursing Associates (RNAs) who have either completed or are working towards the Nursing and Midwifery Council (NMC) Standards of Proficiency for Nursing Associates (2018).
- 1.2** This Standard Operating Procedure (SOP) should be used in conjunction with the overarching Medicines Management Policy and any other relevant SOPs and Trust policies in relation to Medicines management.
- 1.3** The SOP must not be changed; however, there may be services which require more specific SOPs or the inclusion of additional medication to the approved list in Appendix 2 of this SOP. In this instance a risk assessment should be completed, and the clinical manager should contact the Medicines Safety Team for advice.
- 1.4** Any adverse incident or near miss as a result of this SOP should be reported as described in the Trusts Incident Reporting policy (TW10 -020).

## **2 PROCEDURE**

- 2.1** All registered nursing associates undertaking medicines administration will complete a period post registration of supervised practice which will include:
  - 2.1.1** WWL eLearning medicines management module & HIS module
  - 2.1.2** WWL self-directed learning package/ workbook,
  - 2.1.3** Shadowing current Registered healthcare professionals undertaking medicines administration,
  - 2.1.4** Attendance at full day Medicines Safety session
  - 2.1.5** Competency Assessment (procedures for administration of medicines) that will be completed and signed off by the ward/department/team manager or a medicine safety mentor only.
  - 2.1.6** Completed workbook and competency assessments will be sent to Medicine Safety Team for formal recording and final sign off of competence.
- 2.2** The Nursing Associate role is regulated under statute, which in turn has legally established a register of qualified practitioners and provides assurance of high education and training standards, including competence to administer prescribed medicines safely.

## **3. EQUIPMENT**

All staff (including Trainee Nursing Associates and Nursing Associates) will refer to the Trusts Medical Devices Training policy (TW10 – 025) when using equipment to administer medicines.

## **4 DELEGATION AND ACCOUNTABILITY**

- 4.1** Registered nurses, midwives and nursing associates are accountable for all aspects of their practice, including accountability for what they choose to delegate, and agreement or not, to undertake activities which are delegated to them (NMC 2018a).
- 4.2** The NMC Code sets out the expectations of people on the register when they delegate to others. These requirements apply, regardless of who the activity is being delegated to. This may be another registered professional, a non – registered colleague, or a patient or carer. The expectations are that people on the NMC register:
  - 4.2.1** Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions.
  - 4.2.2** Make sure that everyone they delegate tasks to are adequately supervised and supported so they can provide safe and compassionate care.

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

## **5 ROLE OF TRAINEE NURSING ASSOCIATES / REGISTERED NURSING ASSOCIATES (TNAs / RNAs) IN MEDICINES MANAGEMENT**

TNAs and RNAs must only administer medication:

- 5.1** Once they have completed the necessary training and successfully completed the relevant competency assessments.
- 5.2** That are covered in this SOP (Please refer to Appendix 2, 3 & 4) as an approved list of medication and routes that can be administered by TNAs and RNAs
- 5.3** Which have been prescribed for individual named patients (not Patient Group Directives). Must not prescribe medication or administer under a Patient Group Directive.
- 5.4** If it is a requirement of the service in which they are based and if they feel confident and competent to do so.
- 5.5** If necessary, refer to policy and to the **Royal Marsden Manual** for any applicable procedures.
- 5.6** **After attendance at the Trust medicine safety supportive teaching sessions during the TNA training programme as per Training Plan (Appendix 1)**
- 5.7** And ensure documentation within the HIS system is completed with the staff members personal log on.

## **6 REGISTERED NURSING ASSOCIATES AND SECOND CHECKING**

- 6.1 Controlled drugs - Registered Nursing Associate can act as second check with a senior registered healthcare professional (i.e. Registered Nurse, Registered Midwife, Registered ODP)
- 6.2 Where a controlled drug requires a single check, this must only be done by the senior registered healthcare professional (i.e. Registered Nurse, Registered Midwife, Registered ODP)
- 6.3 Insulin – In the hospital setting Registered Nursing Associates can second check Insulin with a senior registered healthcare professional (i.e. Registered Nurse, Registered Midwife, Registered ODP)
- 6.4 Within Paediatrics the Registered Nursing Associates can be a second check to the senior registrant (i.e., Registered Nurse) for all medication.

## **7 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been considered in the formulation of this document and they have where appropriate been fully reflected in its wording.

## **8 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats e.g large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)

## 9 REFERENCES

- Nursing and Midwifery Council (2018a) Delegation and accountability: supplementary information to the NMC Code [online]. Available at: <https://www.nmc.org.uk/standards/code/>
- Nursing and Midwifery Council (NMC) (2018b) Standards of proficiency for nursing associates [online]. Available at: <https://www.nmc.org.uk/standards/nursing-associates/standards-for-nursing-associates/>
- Health Education England (HEE) (2018) Advisory guidance: Administration of medicines by nursing associates [online]. Available at: <https://www.hee.nhs.uk/our-work/nursing-associates>
- Royal Marsden Manual of Clinical and Cancer Nursing Procedures [online]. Available at: <https://www.rmmonline.co.uk/>

## Appendix 1

Trainee Nursing Associate & Registered Nursing Associate Training Plan – Medicines Management.

### Pre-registration – Supportive Teaching Sessions

<u>Year</u>	<u>Placement</u>	<u>Session</u>	<u>Duration</u>
Year 1	Placement 1	Introduction to Medicines Management at WWL for TNAs	Half Day
Year 2	Placement 1	Refresh & Introduction to Year 2 Medicines Management at WWL for TNAs	Half Day
Year 2	Placement 3	Safety Critical Medications Session	Half Day

### Post Registration employed by WWL

- Complete Medicines safety information session on Clinical Induction and relevant HIS module for Medicines Management
- Complete Medicine safety programme for all registered healthcare staff who administer Medication (1 day) plus completion of workbook and ward-based competency assessments
- Intravenous Fluids Study Day (following completion of medicines safety competencies) (1 day)

### Approved List of Medications & Routes that can be administered by Trainee Nursing Associates and Nursing Associates

Medication	Route	Pre - Registration		Post - Registration
		TNA Year 1	TNA Year 2	Nursing Associate
Oral ( <b>Not</b> safety Critical)	PO	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Oral (Safety Critical Medicine) <b>*As per Appendix 3</b>	PO	Observe Only	Observe Only	Unsupervised when achieved competency assessments
Buccal	PO	Observe Only	Observe Only	Unsupervised when achieved competency assessments
Enteral	NG/Gastrostomy	Observe Only	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments for Medicines Management & NG
Per Rectum	PR	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Anticoagulants (Safety Critical Medicine) <b>*Prophylactic Only</b>	SC	Observe Only	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Insulin (Safety Critical Medicine)	SC	Observe Only	Observe Only	NAs can act as second check to senior registered healthcare professional only Administration not approved for NA role in Hospital Setting Local guidelines apply in Community
Per Vagina (Service specific)	PV	Observe Only	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments

<u>Medication</u>	<u>Route</u>	<u>TNA Year 1</u>	<u>TNA Year 2</u>	<u>Nursing Associate</u>
Vitamin B12 <i>(Hydroxocobalamin)</i>	IM	Observe Only	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Inhaled Therapy <b>*Including Oxygen, Nebulisers and Inhalers</b>	Inhaled	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Eye Drops	Topical	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Ear Drops	Topical	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Wound Dressings	Topical	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety & Tissue Viability supportive teaching session)	Unsupervised when achieved competency assessments
Transderm Patch <b>*Not Controlled Drug</b>	Topical	Observe Only	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments

<u>Medication</u>	<u>Route</u>	<u>TNA Year 1</u>	<u>TNA Year 2</u>	<u>Nursing Associate</u>
Topical Medication <b>*Emollients, moisturisers, steroids</b>	Topical	Direct Supervision (Following Year 1 medicine safety Induction session)	Direct Supervision (Following Year 2 medicine safety supportive teaching session)	Unsupervised when achieved competency assessments
Intravenous Fluids <b>*As per specific list - Appendix 4</b>	IV	Observe Only	Observe Only	Unsupervised when achieved competency assessments
Intravenous Medications	IV	Not approved for NA role	Not approved for NA role	Not approved for NA role
Administration of Blood Products	IV	Not approved for NA role	Not approved for NA role	Not approved for NA role
Medications via PGD	PGD	Not approved for NA role	Not approved for NA role	Not approved for NA role
Medications via Intrathecal, Intra – arterial or Intra – articular routes	Intrathecal, Intra – arterial or Intra – articular routes	Not approved for NA role	Not approved for NA role	Not approved for NA role

**Appendix 3**

Approved list of **Safety Critical medicines** which can be administered by the Registered Nursing Associate, once they have completed the necessary training and successfully completed the relevant competency assessments

<b>Safety Critical Medicine</b>
Antibiotics (Oral)
Anticoagulants and Vitamin K (Oral / Subcutaneous)
Antifungals (Oral)
Antivirals (Oral)
Antiepileptics (Oral)
Cardiac Medicines (Oral)
Controlled Drugs (Oral)
Corticosteroids (Oral) – dexamethasone, hydrocortisone, prednisolone
Desmopressin (Oral)
Clozapine (Oral)
Diabetic Medication (Oral)
Immunosuppressant's - post-transplant (Oral) (Azathioprine, ciclosporin, cyclofosfamide, mycofenolate, sirolimus, tacrolimus)
Parkinson's medication (Oral)
Insulin (IM) <b>Not approved for NA role in Hospital Setting. Local guidelines apply in Community</b>

**Appendix 4**

Approved list of **Intravenous Fluids** which can be administered by the Registered Nursing Associate, once they have completed the necessary training and successfully completed the relevant competency assessments

At WWL Registered Nursing Associates can administer Intravenous fluids (as listed below) after completion of additional training and competency assessments for Intravenous Fluids and Medical devices.

The Registered Nursing Associate can **only** administer:

- **0.9% Sodium Chloride**
- **0.18% Sodium Chloride and Glucose 4% (Dextrose/ Saline)**
- **Compound Sodium Lactate Infusion BP (Hartmann's Solution)**
- **5% Dextrose in Water**
- **Potassium Chloride 0.3% and Glucose 5%**
- **Potassium Chloride 0.3% and 0.9% Sodium Chloride**

Please refer to the Trusts Medical Device Training Policy (TW10 – 025) and the Checking and Administration of IV medication/therapy SOP.

**Appendix 5 - Equality Impact Assessment Form – Stage 1 Initial Assessment**

<p><b>For each of the protected characteristics listed answer the questions below using</b></p> <p>Y to indicate Yes and N to indicate No</p>	<p><b>Sex</b> (male / female / transgender)</p>	<p><b>Age</b> (18 years+)</p>	<p><b>Race / Ethnicity</b></p>	<p><b>Disability</b> (hearing / visual / physical / learning disability / mental health)</p>	<p><b>Religion / Belief</b></p>	<p><b>Sexual Orientation</b> (Gay/Lesbian/ Bisexual)</p>	<p><b>Gender Re-Assignment</b></p>	<p><b>Marriage / Civil Partnership</b></p>	<p><b>Pregnancy &amp; Maternity</b></p>	<p><b>Carers</b></p>	<p><b>Other Group</b></p>	<p><b>List Negative / Positive Impacts Below</b></p>
<p><b>Does the policy have the potential to affect individuals or communities differently in a negative way?</b></p>	N	N	N	N	N	N	N	N	N	N	N	
<p><b>Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.</b></p>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
<p><b>In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?</b></p>	N	N	N	N	N	N	N	N	N	N	N	<p><b>If Yes:</b> Please state how you are going to gather this information.</p>

<p><b>Job Title:</b></p>	<p>Professional Practice Lead &amp; Medicine Safety Nurse</p>	<p><b>Date:</b></p>	<p>31<sup>st</sup> August 2022.</p>
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**IF 'YES a NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed.**

**This can be accessed via [http://intranet/Departments/Equality\\_Diversity/Equality\\_Impact\\_Assessment\\_Guidance.asp](http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp)**

**Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.**

**Appendix 6**

**POLICY MONITORING AND REVIEW ARRANGEMENTS**

<u>Para</u>	<u>Audit / Monitoring requirement</u>	<u>Method of Audit / Monitoring</u>	<u>Responsible Person</u>	<u>Frequency of Audit</u>	<u>Monitoring committee</u>	<u>Type of Evidence</u>	<u>Location where evidence is held</u>
5	Safe administration of medicines by Registered Nursing Associates	Monitoring of DATIX incidents involving Nursing Associates  Monthly Incident report – reported to Medicine Management Strategy Group	Medicine Safety Team	Monthly	Medicine Safety Group	DATIX reports	DATIX system