University Hospitals of Derby and Burton
NHS Foundation Trust

TRUSY POLICY FOR MEDICINES MANAGEMENT FOR NURSING ASSOCIATES

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POL-CL/4003/22	1.1	FINAL	James Hooley **Job Title**: Medicines Safety Officer

Version / Amendment History	**Version**	**Date**	**Author**	**Reason**
	1	09 / 02 / 2022	James Hooley	Conversion of Medicines Code chapter to formal UHDB Policy
	1.1 - Amendment	August 2023	James Hooley	Updated 5.3 to recognise agreement to train NA to give intravenous following ratified extended scope pathways

Intended Recipients:

All registered Nursing Associates (NAs) and their clinical managers (senior nurses – sister and matron levels).

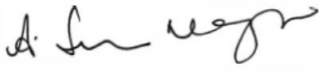
Training and Dissemination:

Trust intranet and nursing cascade.

Divisional Nurse Directors will be sent a copy of this Policy to facilitate email cascade. It is then the responsibility of the ward and department managers to inform their staff of the Policy and any updates received.

Professional and Practice Development: lead educators responsible for NA training and competency will cascade and align with induction and training.

Referenced on Newly Qualified Nurse / NA induction days (face to face delivered by medicines safety team for new starters, newly qualified and overseas nursing colleagues).

To be read in conjunction with: Trust Policy for Controlled Drugs Trust Policy for Medicines Management (Medicines Codes)	
In consultation with and Date: Medicines Safety Group (December 2021) Nursing, Midwifery and AHP Improvement Group (July 2021) Deputy Chief Nurse – Operations (Nov 2021) Chief Pharmacist – CD Accountable Officer (Oct 2021) Pharmacy Business Unit (Nov 2021) Professional and Practice Development (Nov 2021) Clinical Educators (NA educators - learning and education) (Nov 2021)	
EIRA stage One Completed No stage Two Completed No	
Approving Body and Date Approved	Trust Delivery Group - May 2022 **Minor Amendments approved by Executive Lead 31.08.2023**
Date of Issue	August 2023
Review Date and Frequency	March 2024 and then every 2 years
Contact for Review	Medicines Safety Officer
Executive Lead Signature	 Dr Sreeman Andole, Interim Executive Medical Director

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Contents

Section		Page
1	Introduction	4
2	Purpose and Outcomes	4
3	Definitions Used	4-5
4	Key Responsibilities / Duties	5
5	Policy - Medicines Management for Nursing Associates	6-8
6	Monitoring Compliance and Effectiveness	8-9
7	References	9
8	Appendices	9

TRUSY POLICY FOR MEDICINES MANAGEMENT FOR NURSING ASSOCIATES

1. Introduction

Nursing associate (NA) is a role introduced into the health and care workforce in England in 2019. It is a generic role (not defined by a field of nursing) but within the discipline of nursing. NAs are intended to bridge a gap between health and care assistants, and registered nurses. As such, not all medication related roles and duties performed by other registered professionals are appropriate to be carried by NAs.

However, it is important to develop and maintain medication support roles amongst the NA workforce to provide best care for our patients. This Policy is intended to clarify the role of NAs in respect of medicines management and use.

2. Purpose and Outcomes

To assist NAs and their nursing colleagues / managers in understanding the remit of NAs in relation to medicines management at the Trust.

To guide and aid employers of NAs in developing scope of training and competency packages for NAs.

Where this Policy authorises a NA to train and deliver a specific medication related role, the NA may be considered as a "registered practitioner" within the Trust's Medicines Policy. These policies collectively define statutory and best practice standards,and ensure these are consistently met to safeguard patient care.

3. Definitions Used

Administer	To introduce a medicine to a patient. This includes oral / enteral, parenteral (injection), rectal, vaginal, transdermal and external application.
Controlled Drug (CD)	The drugs listed in schedules 1-5 of the Misuse of Drugs Regulations 2001, which are subject to varying levels of control on prescribing, storage, record keeping, handling and disposal. See Controlled Drug Policy.
Critical Medicine	Medicines where omission or delay of a single dose could lead to patient harm.
Medicine	Substances administered to human beings for the purpose of investigating, preventing or treating disease.
Nursing Associate	A state regulated nursing support role. NAs have a role in administering and managing medicines and these responsibilities are outlined in this Policy.
Patient Group Direction	Patient group directions allow defined healthcare professionals (but not Nursing Associates at the time of

	publication of this policy) to supply and/or administer specified medicines to pre-defined groups of patients, without a prescription.
Registered practitioner	A state regulated and registered practitioner who is listed on a professional practice register. When used within the Medicines Policies, this definition of *registered practitioner* will only include registered Nursing Associates for activities which are fully outlined and supported in the Medicines Management for Nursing Associates.
Supply	To provide a medicine to a patient or carer for the purpose of administration or self-administration. This would also include the supply of pre-labelled discharge packs ('TTO packs' or 'Discharge packs').

4. Key Responsibilities / Duties

Medical Director

The Executive Medical Director is the Trust Executive Lead for Medicines Management and has board responsibility for all aspects of medicines management. The Medical Director is responsible for appointing the Chair of the Drugs and Therapeutics Group and overseeing the Medicines Management work programme of the Chief Pharmacist. The Medical Director will receive professional advice directly from the Chief Pharmacist and Medical Chair of Drugs and Therapeutics.

Chief Pharmacist

The Chief Pharmacist has responsibility for ensuring the Trust complies with local and national guidance relating to medicines, and to ensure that the Divisions are fully informed of their role in maintaining the required standards of practice relating to medicines. The Chief Pharmacist is responsible for developing and maintaining the Trust Policy for Medicines Management (Medicines Codes). The Chief Pharmacist is the nominated Trust Accountable Officer for Controlled Drugs and the Responsible Officer for Homecare Services.

Medicines Safety Officer (MSO)

The Medicines Safety Officer chairs the Medicines Safety Group and supports the Chief Pharmacist with the activities above and also in demonstrating compliance with national standards (e.g. CQC and RPS standards for medicines management). The MSO reports directly to the Chief Pharmacist. The MSO also reports to Learning Review Group on behalf of the Medicines Safety Group for matters requiring assurance or escalation.

Professional Development and Practice (Learning and Education)

The team provide dedicated clinical educators for the training and development of NAs in the Trust. Scope of practice and competency packages are developed within this team to ensure consistent standards of practice across the NA workforce.

Divisional Nursing Directors

It is the responsibility of the Divisional Directors to ensure that all staff within their division are trained to carry out the tasks required of them relating to medicines management.

Ward and Departmental Managers

Responsibility for the operational implementation of the Trust Policy for Medicines Management (Medicine Codes) and Trust Policy for Medicines Management for Nursing Associates. This includes ensuring staff within their ward / department receive appropriate training.

5. Policy - Medicines Management for Nursing Associates

This Policy should be read in conjunction with the following policies but summarises the key differences in practice or legislation specific to registered NAs:

- The Trust's Medicines Policy
- The Trust's Controlled Drug Policy.

5.1. Safe and Secure Storage of Medicines

✓ NA will follow the same principles of safe storage of medicines as per current Trust medicines policies for other registered practitioners.

✓ The nurse / midwife in charge of a shift may assign medicine keys to an NA (**EXCEPT** Controlled Drug keys – see below) for the purpose of preparing medicines or for stock management.

✓ NA can order medications from the pharmacy (**EXCEPT** Controlled Drugs in schedules 2 and 3 which require specific CD order books or stationery)

5.2. Prescribing and Non-medical Prescribing

✗ NA are not listed as a profession who can train to prescribe.

✗ NA are not permitted to administer or supply medicines under a PGD (the Trust can consider developing protocols / group-authorities to facilitate administration without prescription in exceptional circumstances – Contact Medicines Safety Group).

5.3. Preparation, Administration and supply of Medicines

✓ NAs can routinely administer medicines via the following routes:

- Oral or PEG tube
- Rectal (or vaginal providing this is routine in their area / specialty of practice)
- Topical (including eye, outer ear, nasal passages, skin preparations and Transdermal patches)
- Inhaled
- Subcutaneous (except drug infusions or controlled drugs requiring safe custody)
- Intramuscular (except controlled drugs requiring safe custody)

✓ NAs who have completed extended scope training and validation may prepare, administer or provide second checks for medications administered by the intravenous route or for intravenous/subcutaneous fluid infusions. The NA and their manager must ensure their practice aligns with the scope package and competencies they are signed off against (e.g. gravity infusions only; infusion pump level training etc.)

✗ NA must NEVER prepare, administer or provide second checks for medications administered by epidural, spinal or regional routes (or any other routes not listed above without approval from the Medicines Safety Group).

✓NA can administer all medications that they are familiar[1] with by the routes listed above with the following exceptions:

- × Chemotherapy / cytotoxic medication (except oral methotrexate and oral hydroxycarbamide for non-cancer indications; providing the NA is familiar with the medicine and formulation these may be administered)
- × Injectable Controlled Drugs requiring safe custody (i.e. held in CD cupboard and requiring register entry).

An NA can omit medications they are familiar[1] with if they are concerned about potential contraindications, clinical condition or if the medication is not required by the patient. The reason for omission must always be documented and NA's must update a registered nurse / midwife of all clinical omissions made.

For all omissions, the NA must confirm whether the medication is on the Trust's critical medicines list and follow the Medicines Policy and escalation measures accordingly for non-critical and critical medicines respectively. Where the Medicines Policy requires an entry in the medical notes or a referral directly to the prescriber or medical team, this may be carried out by the NA.

5.4. Discharge and supply of pre-pack medication

✗ NA should not lead the review of medications required for discharge.

✓NA may provide the second check for discharge medication (note exception below) that has been prepared by a registered nurse / midwife.

Exception: For CDs requiring safe custody, an NA may only provide the second check for oral or transdermal route CDs

The counselling of patients remains the responsibility of the registered nurse or midwife leading the discharge.

[1] As with registered nurses, an NA may use senior colleagues, the BNF or product literature to familiarise themselves with medications prior to administration. Where doubt remains about the suitability or use of a medication in a particular patient, the NA may refer the administration to a registered nurse/midwife or ODP.

A SOP for the *Safe Supply of Medicines on Discharge* is available on Pharmacy Discharge pages of the intranet (Net-i).

5.5. Controlled Drugs (CDs) requiring safe custody

NOTE: CDs requiring safe custody are summarised in detail in Table 1 of the UHDB CD policy.

✗ NA must NEVER hold the Controlled Drug (CD) keys

✗ NA must NEVER order Controlled Drugs in CD order books or specific CD stationery

✓ NA may provide a **second check and signature** in the Controlled Drug register in the following scenarios **only** after completing extended scope training and validation:

- CDs being issued for administration – **Oral and transdermal CDs only**
- TTO / Discharge medication - NA may only provide a second check and signature for **oral and transdermal CDs only**
- Transfer out of Patient's Own Controlled Drugs [requiring safe custody] when moving between inpatient locations^ - **Oral and transdermal CDs only**
- Receipt and checking entry in to ward registers^ for all CDs from pharmacy, patient (PODs) or when transferred from another ward - **all formulations / routes of CDs**
- Daily or session checks of CD stock balances^ - **all formulations / routes of CDs.**

^Note: There is a Standard Operating Procedure for each of these activities within the appendices of the UHDB CD policy]

✗ NA must not be involved in witness of the destruction, return or waste of CDs except where destruction is required as part of an administration process they are involved in (i.e. for oral or transdermal CDs). In practice, this would be destruction of used, unwanted or damaged oral or transdermal doses after removing from the packaging (e.g. disposal of a removed patch or destroying a capsule that the patient doesn't take after it has been removed from its package). In such circumstances the NA may provide the 2nd check for destruction in accordance with table 2b of the UHDB CD policy.

5.6. Training and Education

The NA role is regulated under statute with a register of qualified practitioners providing assurance of high education and training standards, including competence to administer prescribed medicines safely.

Essential-to-role Medicines management training must be completed or up to date before undertaking medication activities.

The following enhanced activities require completion of the Trust specific training / validation before an NA is allowed to administer / supply / second-check:

- Second checking of Controlled Drugs (see Scope package for *Second checking of Controlled Drugs for NA*)
- Administration of nasogastric (NG) or naso-jejunal (NJ) medication.

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement :	**NOTE: monitoring below is mapped exactly with the Trust Policy – Medicines Policy.** Security / safety of medicines mapped to Royal Pharmaceutical Society (RPS) Hospital standards.
Monitoring Method:	Multiple sources to inform the composite report: • Annual and interim Safe and Secure Medicines Audits mapped to RPS standards • Thematic Incident analysis reviewed at Reporting and Learning Group, Medicines Safety Group or other Medicines related groups (Diabetes / Oxygen Safety groups, Chemotherapy group) • Prescribing compliance and performance collated from Pharmacist interventions logs and / or clinical contribution audits • Ad hoc audits or medicines use reviews for prescribing and / or administration where a risk or potential risk has been identified from adverse incidents, safety alerts, medication safety reports and issues raised regionally and nationally. Audits will be reported in the first instance to Medicines Safety Group • Primary / secondary care interface Prescribing Concerns Portal: includes formulary and Discharge concerns. Managed by Chief Pharmacy Technician – Interface.
Report Prepared by:	Medicines Safety Officer
Monitoring Report presented to:	Learning Review Group and Quality Review Group (+ CCG as part of quarterly contract submissions)
Frequency of Report	3- Monthly

7. References

HEE. (2017, Dec). *Health education England.* Retrieved February 9th, 2022, from https://www.hee.nhs.uk/: https://www.hee.nhs.uk/sites/default/files/documents/Advisory%20guidance%20-%20administration%20of%20medicines%20by%20nursing%20associates.pdf

NMC. (2018, Ocober 10th). *Medicines Management: Professional resources.* Retrieved February 9th, 2022, from Royal College of Nursing: https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nursing-associates/nursing-associates-proficiency-standards.pdf

8. Appendices

Nil – See *My Learning Passport* or contact Learning and Education Team for induction, scope, competency packages.