Public – To be published on the Trust external website

Title: Protocol for the administration of Buccal Midazolam for Epilepsy to named patients by non-registered staff in the Learning Disability and Secure Inpatient Services

Ref: PHARM-0095-v3

Status: Approved
Document type: Protocol
Overarching Policy: Medicines Overarching Framework

Contents

1 Introduction

This procedure is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This procedure supports the trust to co-create a great experience for all patients, carers, and families from its diverse population by increasing our service users and patients access to community settings without the need for a Registered Nurse or Nursing Associate. This will give more choice of activities and outings which will enhance the experience individuals have accessing services.

This procedure supports the trust to co-create a great experience for our colleagues by developing the skills and knowledge of our Healthcare Assistants and Community support workers and extending their current role and responsibilities.

2 Purpose

Following this procedure will help the Trust to:

Assist many individuals within the Learning Disability and Secure Inpatient (SIS) services with refractory epilepsy are prescribed buccal midazolam to use within the community to control prolonged seizure activity. This has previously only been administered by the Registered Nurse (RN) under a clearly defined epilepsy protocol. This practice has historically and non-intentionally restricted some individual's community outings/access due to the RN not being available to facilitate these. In conjunction with this, practices within local authorities and the independent sector allow non-registered staff to administer buccal midazolam to individuals according to individual management plans following agreed training and competency assessment.

The procedure applies to the following services/clinical areas:

- Unit 2 Bankfields Court, ALD respite, Middlesbrough
- Aysgarth, ALD respite, Stockton
- Holly Unit LD CYPS, Darlington
- Baysdale, LD CYPS respite, Middlesbrough
- Adult ALD inpatient Services
- The Orchard, ALD Day Service, Middlesbrough
- Kilton View, ALD Day Service, Brotton
- 367 Thornaby Road, ALD residential care
- Secure Inpatient Services

This protocol has therefore been devised to support the extended role of the Non-Registered Practitioners (NRP) within these Services to administer Buccal Midazolam as an epilepsy rescue medication within the community.

Following this protocol will help the Trust to: -

- Define parameters for the safe, effective, and skillful administration of Buccal Midazolam as an epilepsy rescue medication by Non-Registered Practitioners within Learning Disability and Secure Inpatient Services.

- Ensure the Trust is not placing restrictions on an individual who may want to access the community without a registered nurse.

- Ensure equity of access to care across all Trust services in relation to these practices and to also ensure individuals are not restricted once prescribed this medication.

3 Who this protocol applies to

This protocol applies to non-registered practitioners working in learning disability services and secure inpatient services who may be required to escort patients with epilepsy, and prescribed buccal midazolam as their rescue medication, in community settings, e.g. on escorted leave away from a ward. It also applies to the registered practitioners working with the NRP and their line managers.

4 Related documents

The Medicines Overarching Framework defines the requirements for safe, secure and appropriate handling of medicines which you must read, understand, and be trained in before carrying out the procedures described in this document.

This protocol describes processes required to work within legal requirements and the Trusts Medicines Overarching Framework.

This procedure also refers to NICE Epilepsy Clinical Guidelines 137:
https://www.nice.org.uk/guidance/cg137/chapter/appendix-e-pharmacological-treatment

5 Procedure

The Trust has a legal duty of care and is responsible for ensuring that staff they employ are properly trained and only undertake those responsibilities specified in agreed job descriptions.

5.1 Legal

Medicine Matters (DoH, 2006) states that non-registered staff in health and social care can administer medicines that are appropriately prescribed on a patient specific basis.

However, the following principle applies:

The NRP has overall responsibility for this procedure and the Registered nurses (RNs) have a specific duty of care, they are professionally and legally accountable for the care they provide. This includes the medicines competency assessments for NRP's prior to their approval to practise and administration of Buccal Midazolam as an epilepsy rescue medication.

5.2 Practice

For NRP's to be considered an approved practitioner to administer rescue medication, they must:

- Be a permanent member of staff and have worked for the Trust for a minimum of 3 months.
- Demonstrated competence in numeracy and literacy.
- Have completed Trust Safe and Secure Handling of Medicines eLearning module on ESR.
- Have completed basic life support training.
- Within services using this procedure the staff member must work with the individual on a regular basis and be familiar with their epilepsy care and treatment plans.

Those NRP's identified to administer epilepsy rescue medication must complete the following additional training/assessments:

- Trust epilepsy training eLearning module.

- Face to face awareness session to administer buccal midazolam provided by the Adult epilepsy specialist nurse / medicine management nurses which should be repeated annually.

- A competency assessment in service by the registered nurse.

Following the successful completion of all the above, NRP's are provided with the authority to administer buccal midazolam in emergency situations within the community.

For NRP's to administer this medication the individual must have an up-to-date Individualised Epilepsy Rescue Medication Management Plan which includes the following:

- A detailed description of how the individual's seizure activity presents.

- How long seizure activity has lasted previously.

- What medication should be administered and when (for example after how many minutes of observed activity).

- How the individual usually presents following the administration of medication.

- What to do if the rescue medication does not stop the seizure activity.

- Whether a second dose can be administered.

- The maximum dose in a 24-hour period.

- It must have a date and signature to show it has been reviewed in the past 12 months.

- The plan must be signed and agreed by all parties involved in the persons care including:
  - The individual who is prescribed the medication (if they have capacity to consent).
  - Their family representative or carer (if applicable).
  - Representatives within services/care provisions.
  - The prescribing doctor.

6 Responsibilities and accountability

6.1 Manager

Managers will use their local knowledge of services and Training Needs Analysis (TNA) to identify areas and numbers of staff who will be required to undertake this additional training and extended role. They are responsible for the ongoing review and monitoring of this procedure within their areas and ensuring that training requirements are maintained/updated.

The Manager is responsible for keeping a central record of all trained NRPs working within the service and the relevant training and review dates to ensure that they can continue to practice safely.

Within secure inpatient services (SIS), Trained NRP's will only be expected to escort and administer rescue medication for individuals within their substantive work area. This competency/ extended role will not be transferable to other ward areas.

6.2 Non-registered Practitioner

The NRP is accountable for their practice. They should attend and engage in the training required. They should only administer those medicines for which they have received appropriate training and have been assessed as competent to administer using the competency assessment by the registered nurse in their service. The NRPs can therefore administer against a valid Medicine prescription chart or a Medicine Administration Record (MAR) chart. They are responsible for ensuring that relevant information regarding medication is obtained and maintained under supervision of the registered nurse. They must also adhere to the persons Individualised Epilepsy Rescue Medication Management Plan. They must highlight any concerns and inform the registered nurse at any point they don't feel competent to administer a medication. They should use the opportunity to discuss this role within clinical supervision. Following any administrations of rescue medication, the NRP must complete a de-brief with the RN on duty.

Where a trainee nursing associate (TNA) has a base placement in Learning disability or secure inpatient services and has received training in the use of rescue medications - and is acting as an HCA in this setting - they can continue to do this independently as part of their substantive role provided all the above criteria is met. Any TNAs on a practice placement away from their base setting are not permitted to do this.

Any errors related to the administration of medicines by NRPs should be reported via the Trust's incident processes (InPhase) and these will be monitored via the pharmacy medication safety team and Care Group Medicines Management Meetings (MMG)

All NRPs involved in the administration of epilepsy rescue medicines should evidence their maintenance of knowledge and practice within their personal portfolio which should be accessible for audit purposes and be discussed as part of their KSF appraisal.

And they must **not** be involved in any of the following:

- NRPs cannot administer medicines under a Patient Group Direction
- NRPs cannot be involved in POD (Patient Own Drug(s) assessment.
- NRPs cannot administer if the POD label does not match the MAR chart.

6.3 Registered Nurse

Those NRP's identified to administer epilepsy rescue medication **must** have completed the agreed competency assessment, which will be completed in service by the RN.

The registered nurse will be responsible for delegating the administration of rescue medication to a named member of staff before accessing the community, ensuring the Individualized Epilepsy rescue Medication Management Plan is also available. The RN remains accountable for the appropriateness of any delegation related to the administration of epilepsy rescue medicines; ensuring adequate support and supervision is available (NMC 2015).

The RN should be continuously monitoring competence of practice within the clinical area and be discussing this extended role within the NRP's supervisions sessions and Appraisal/PDP. The RN should debrief with the NRP following on from any incidents involving administration.

Within all services using this procedure the RN on duty will have responsibility for ensuring the escorting member of staff has the appropriate level of training and competence before delegating this responsibility.

Across services the RN is responsible for the monitoring of all seizure and use of rescue medication. For any changes, reviews or concerns they must adhere to the following:

- Within the Adult Learning Disability Services in Teesside, they should contact to the Specialist Epilepsy Nurse.
- Within SIS they should contact the appropriately Designated Health Professional.

6.4 Specialist Epilepsy Nurse and Medicines Management Nurse

Both the specialist epilepsy and medicine management nurses are responsible for delivering face to face awareness sessions in the administration of Buccal Midazolam.

Within Adult Learning Disability Services in Teesside, the Specialist Epilepsy Nurse is responsible for providing this and within SIS this is provided by the Medicine Management Nurses.

They will keep a register of attendance and provide details of this to the Education and training department. They will be available for advice, support and debrief if required.

Pharmacy and this procedure working group will be involved in all subsequent reviews and changes/updates to this procedure.

7 Definitions

Term	Definition
NRP	• Non-registered practitioner; any clinical support worker working within the Trust who is not registered with a professional body
RN	• Registered nurse; a qualified nurse registered with the NMC
MAR	• Medicine Administration Record
POD	• Patients Own Drug(s)

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Health care assistant	Basic life support (face to face)	1/2 day	Annual
Health care assistant	Safe and secure handling of medicines (eLearning)	I hour	Every 2 years
Health care assistance	Epilepsy Awareness (e-Learning)	1 hour	Annual
Health care assistance	Face to face administration of buccal midazolam	1 hour	Annual

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1.	Adherence and Compliance with Protocol for the administration of Buccal Midazolam for Epilepsy to named patients by non-registered staff in the Learning Disability and secure inpatient Services.	Monitoring of incident forms through pharmacy medication safety team. Weekly activity	Trustwide Medicines Management Group. Results presented monthly if applicable. Drug & Therapeutics Committee results presented bi-monthly where applicable.

9 References

https://www.nice.org.uk/Guidance/CG137

NMC Code of Conduct 2015
https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

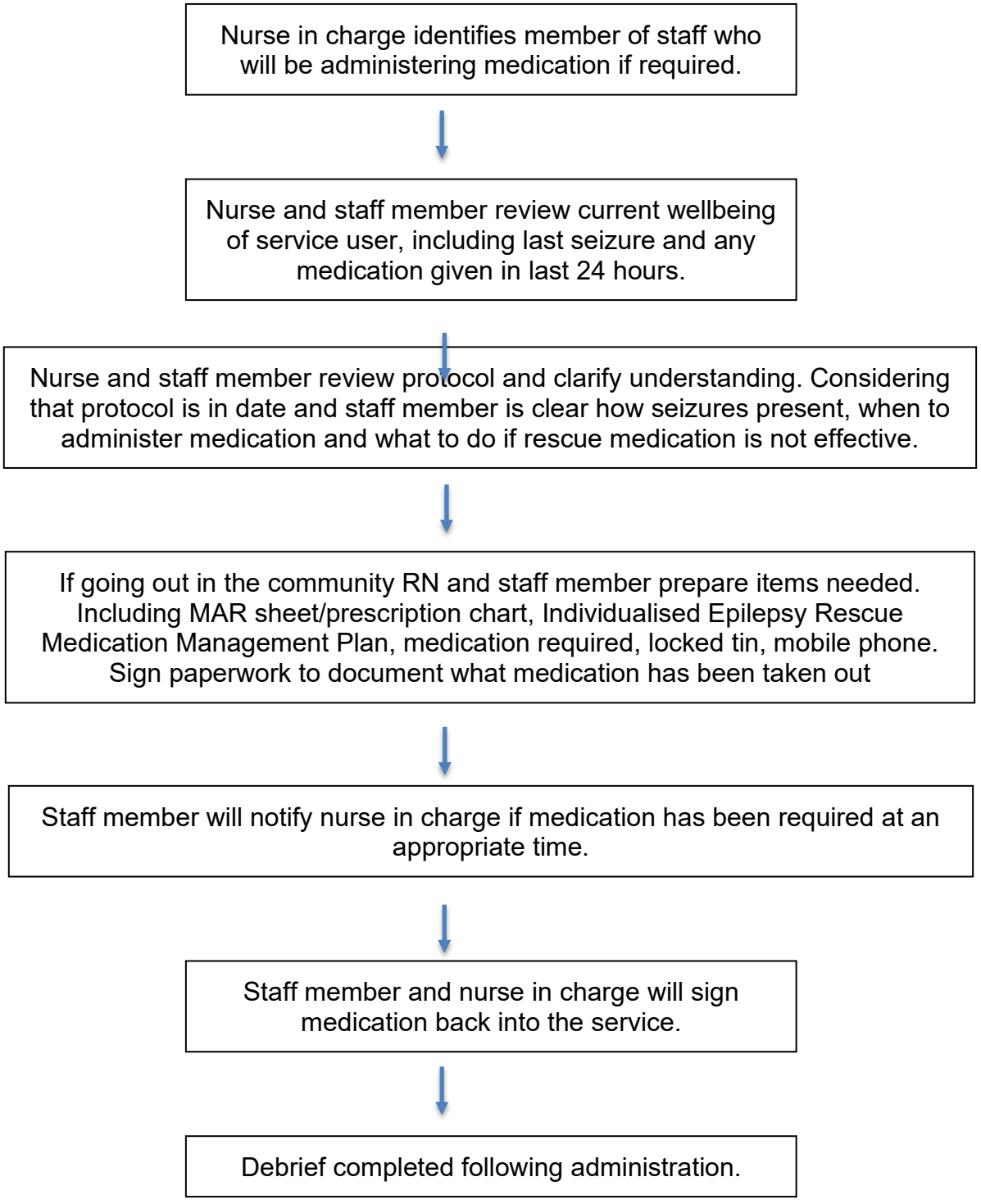
Required information type	Information
Date of approval	23 May 2024
Next review date	23 May 2027
This document replaces	PHARM-0095-v2
This document was approved by	Drug and Therapeutics Committee
This document was approved	23 May 2024
This document was ratified by	Drug and Therapeutics Committee
This document was ratified	23 May 2024
An equality analysis was completed on this policy on	Overarching Pharmacy EA
Document type	Public Document
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1.1	08 Oct 2018	Thornaby Road added to services/clinical areas	Superseded
1.2	21 Dec 2018	NRP process to practice flowchart added to appendices (Appendix 4) – note this was approved but omitted at publication on 08//10/2018	Superseded
1.2	April 2021	Review date extended to 31/01/2022	Superseded
2	24 Jun 2021	Full review: TNA's added and updated links	Superseded

3	23 May 2024	Full review Scope extended to ALD inpatient services and Secure Inpatient Services	Approved

Appendix 1 - Outings Flow Chart

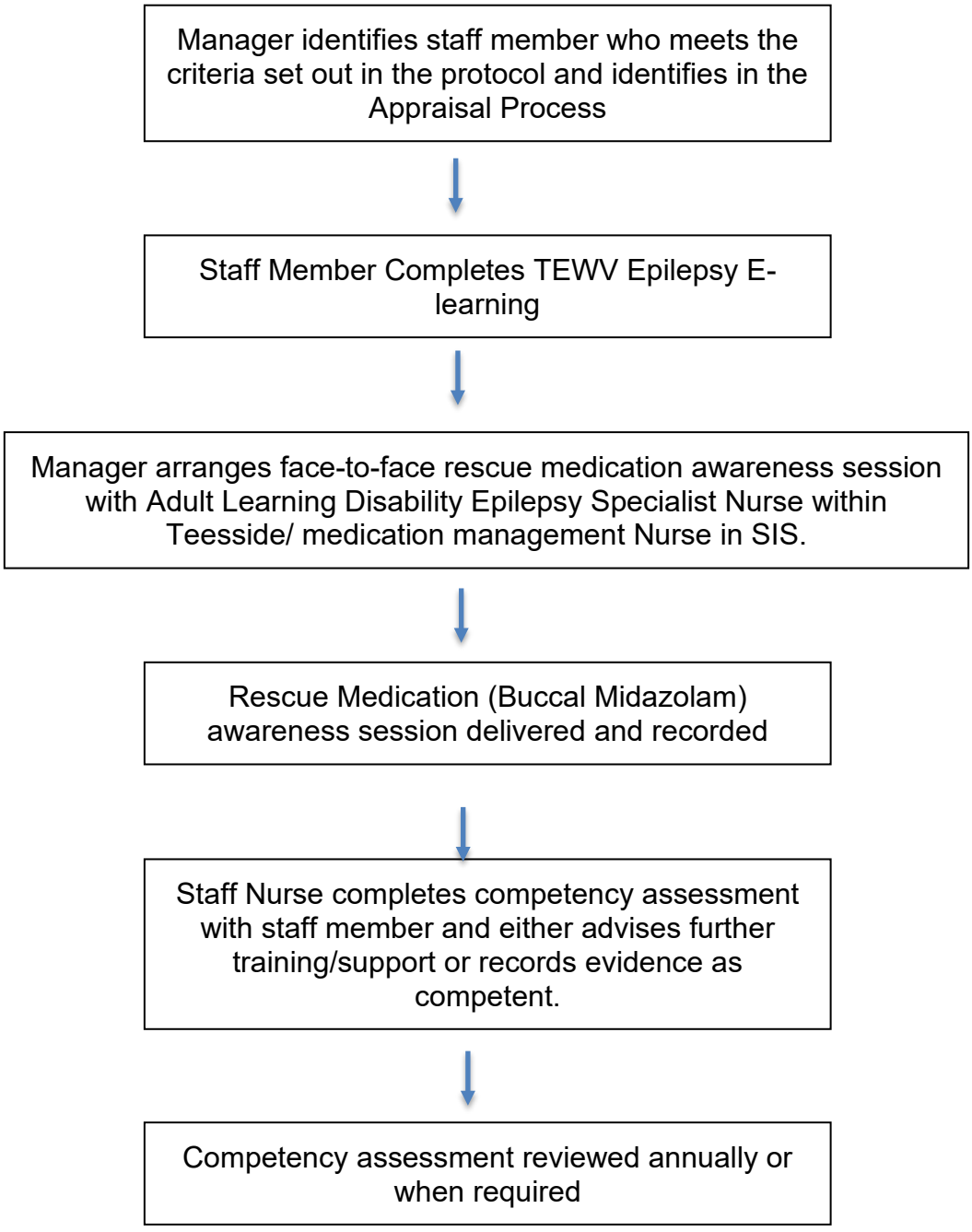


Appendix 2 - NRP Rescue Medication Checklist – Outings

Please complete below prior to any outings and ensure that all relevant boxes are completed

DATE	Emergency Rescue Protocol YES/NO	MAR chart (respite/day services only) YES/NO	Correct medication in locked box YES/NO	Mobile phone YES/NO	Signature of RN and NRP

Appendix 3 – NRP Process to Practice



Appendix 4 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	N/A	Pharmacy overarching EIA applies
Have Equality and Diversity reviewed and approved the equality analysis?	N/A	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	