Trust Policy

University Hospitals Plymouth NHS Trust

Policy to Support Administration of Selected Medications by Assistant Practitioners and Clinical Technologists

Issue Date	Review Date	Version
March 2021	March 2026	7.1

Purpose

The purpose of this document is to provide a formal policy to cover those Assistant Practitioners (APs) and Clinical Technologists (CTs) who have been approved by UHP to prepare, second-check selected oral, IV and parenteral medications to adult patients, and those Assistant Practitioners who have been trained and approved by UHP to second-check the administration of selected medications by registered nurses and midwives to infants and neonates, so that administration of these medications is performed correctly and safely.

Who should read this document?

Assistant Practitioners and Clinical Technologists working within UHP who have received the necessary additional training on medicines provided by UHP, and who have been assessed as competent to prepare, second-check selected oral, IV, SC, IM and parenteral medications

Core accountabilities	
Owner	Jo Hickey, Clinical Skills and Apprenticeship Manager
Review	Medication Safety Committee
Ratification	Medical Director – Mark Hamilton
Dissemination	Medication Safety Committee
Compliance	Medication Safety Committee

Links to other policies and procedures

- UHP Medicines Management Policy
- UHP Procedures For Administering Injectable Medicines
- NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives
- NMC (2008) Standards for Medicines Management

Version History

Version 2 (June 2017):

- The drug monographs which simply reproduce information from other readily available sources such as the BNF and the UHP Procedures for Administering Injectable Drugs, have been removed from the document.
- An instruction has been added that Assistant Practitioners (APs) and the responsible registered practitioners checking the APs must ensure that the drugs approved in this document are given in accordance with the BNF and the UHP Procedures for Administering Injectable Drugs.
- Statement included to cover APs preparing or drawing up medication which is then given by another member of staff (eg. nurse, doctor or surgeon).
- Inclusion of the second-checking by APs of selected medications administered to infants and neonates by registered nurses and midwives.

Version 3 (November 2017):

- Version 2 had separate lists of approved medications for APs working in different departments in which many of the medications were duplicated. Version 3 of this policy document contains a single alphabetical list of medications which have been approved for APs to prepare and administer or prepare for a second registered practitioner to administer.

Version 4 (February 2018):

- Inclusion of Clinical Technologists as a group of staff to whom this policy applies.
- Addition of alfacalcidol and cinacalcet to the approved list of medications.
- Addition of intravenous and oral radiopharmaceuticals, thyrotrophin alfa (rTSH) and potassium iodide to the approved list of medications - to be administered or second-checked by Clinical Technologists in the Nuclear Medicine Department.
- CTs are allowed to double check and administer without the involvement of a registered member of staff in accordance with practice detailed in the Nuclear Medicine Department's protocols.
- Ranitidine and Chloramphenicol 1% eye ointment added to the list of medicines permitted to be second checked by APs on the Neonatal ICU and on the Transitional Care Ward.

Version 5 (May 2018):

- Mifepristone removed from the list of medicines which APs can administer.
- Azithromycin eye drops and Sodium Phosphate 17.9%oral solution added to the medication list for APs on the Neonatal ICU and the Transitional Care Ward.

Version 6 (October 2018):

- Hepatitis A Vaccine (Avaxim®), Hepatitis A and B Vaccine (Twinrix Adult®) and Human Papillomavirus Vaccine (Types 6,11,16 & 18) – Gardasil® added to the list of medications which APs can administer.

Version 7 (November 2020)

- Policy updated to reflect changes to drugs lists, confirmation of roles and responsibilities and new authors

Version 7.1 (March 2021)
Amended

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

WARNING: Due to the frequency of amendments made to this policy, a printed copy is only valid on the day it is printed.

Contents

1 Policy Statement for Assistant Practitioners and Clinical Technologists Administering or Second-Checking Selected Medications

For all areas

Assistant Practitioners (APs) and Clinical Technologists (CTs) may only administer the medications listed in this policy document and in their own specialist areas.

- APs and CTs can only draw up, prepare, administer or dispense medication which has been **prescribed** by a doctor or an independent non-medical prescriber. The exception to this is in Cardiac Catheter Labs, Theatres and the Endoscopy Unit, where the attending doctor, surgeon or nurse-prescriber must make a record of the medication administered before the end of the case.
- For all routes of administration (including topical, inhaled, intra-ocular, oral, subcutaneous, intramuscular, intra-venous, infiltration and via hemodialysis machines), administration of these medications by APs must be second checked by a registered member of staff (Registered Nurse, doctor or operating department practitioner).
- CTs can be the second checker and administer with involvement of a registered member of staff in accordance with practice detailed in the Nuclear Medicine Department's protocols and according to the patient safety checks. .
- APs, CTs and the responsible registered practitioners checking the APs/CTs must ensure that the drugs approved in this document are given in accordance with the BNF and the UHP Procedures for Administering Injectable Drugs.
- Standard accepted practice dictates that the AP or CT who draws up or prepares the medication should administer the medication. However, the AP or CT may draw up or prepare the medication for a doctor, surgeon or nurse to administer within a surgical field
- APs and CTs preparing and administering the medications listed in this policy document must have completed the relevant training and been assessed as competent. Attending any additional training such as IV Pumps as required.
- These protocols may only be used to support administration of the selected medications to adult patients aged 18 years or older .
- New areas wishing to utilize their APs for administration or preparation of medications must submit a proposal (see Appendix 1) which includes a limited list of medications to the Medicines Utilisation & Assurance Committee (MUAC).
- Existing areas who wish to add further medications to the approved list for Aps or CTs, must submit the additional list justifying the need for the new drug and the circumstances in which it would be used to The Department of Professional Healthcare Education (Jackie Williams and Jo Hickey) who will then take this to MSC for approval.

Neonatal ICU and Transitional Care Ward

- In order to be a second-checker on NICU or TCW, the AP must have completed the necessary training and have been assessed as competent for the agreed medications before administration.
- The AP must second-check all aspects of the medication's selection, preparation and administration, including any dosage calculation and patient identification.

2 Responsibility for Administration and Second-Checking

- As with any activity delegated to an unregistered member of staff, the delegating registrant (e.g. staff nurse or doctor) remains accountable for the delegation.
- 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.

- Non-registered staff, which includes Assistant Practitioners and Clinical Technologists 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.

19 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

Jo Hickey and Jackie Williams will be responsible for agreeing associated new additions to the drugs lists and the training requirements associated with the newly ratified document and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

20 Agreed Drugs List by Area and Routes

Drugs	Route	areas being used and approved
Abidec®	PO	NICU
Acetic Acid 5%	Mucosal	Endoscopy
Acetylcholine (Miochol)	IO	REI Theatres
Adenosine	IV	Cath Labs
Adrenaline 1:1,000	IM	PIU
Adrenaline 1:1,000	IM	Cath Labs
Adrenaline 1:1,000	IM	Dermatology
Adrenaline 1:1000	IM	Endoscopy
Adrenaline 1:10000	SC	Endoscopy
Adrenaline 1:10000 Spray	Mucosal	Endoscopy
Alfacalcidol	HD	Mayflower
Alfacalcidol	Oral	Renal Dialysis Unit
Alfacalcidol	IV	Renal Dialysis Unit
Alteplase 10mg/10ml	IV	IR
Amethocaine (Ametop®)	TOP	ACT
Amethocaine (Ametop®)	TOP	Endoscopy
Aranesp	SC	Renal Transplant
Aspirin	PO	Cath Labs
Atropine	IV	Cath Labs
Azithromycin	PO	GUM
Botulinum Toxin A Haemaglutinin Complex	Mucosal	Freedom
Botulinum Toxin A Haemaglutinin Complex	Mucosal	Endoscopy
Bupivacaine 0.25% with adrenaline 1:200,000	SC	Neuro Theatre
Bupivacaine 0.25% with adrenaline	SC	Obs and Gynae Theatre

1:200,000		
Bupivacaine 0.5% with adrenaline 1:200,000	SC	Neuro Theatre
Bupivacaine 0.5% with adrenaline 1:200,000	SC	Obs and Gynae Theatre
Bupivicaine 0.25%	IV	Endoscopy
Caffeine	PO	NICU
Ceftriaxone	IM	GUM
Cefuroxime intracameral injection	IO	REI Theatres
Chloramphenicol 0.5% drops	IO	NICU
Chloramphenicol 0.5% drops	IO	NICU
Chloramphenicol 0.5% eye drops	IO	REI Theatres
Chloramphenicol 0.5% eye drops	IO	REI OPD
Chloramphenicol 1% eye ointment	IO	REI OPD
Chloramphenicol 1% eye ointment	IO	REI Theatres
Chloramphenicol 1% eye ointment	IO	NICU
Chlorothiazide	PO	NICU
Chlorphenamine	IV	PIU
Chlorphenamine	IV	Cath Labs
Chlorphenamine	IV	Recovery
Cinacalcet	PO	Mayflower
Clexane	SC	Renal Transplant
Clopidogrel	PO	Cath Labs
Co-amoxiclav	IV	IR
Co-amoxiclav	IV	Endoscopy
Co-amoxiclav	PO	IR
Codeine phosphate	PO	Recovery
Colicalciferol	Oral	Renal Dialysis Unit
Cryotherapy	TOP	GUM
Cyclizine	IV	Endoscopy
Cyclopentolate drops	IO	NICU
Cyclopentolate drops	IO	REI OPD
Darbepoetin	HD	Mayflower
Deaxamethasone	IV	Neuro Theatre
Derma-S®	TOP	NICU
Dermol 500	TOP	NICU
Dexamethasone	IV	Neuro Theatre
Dexamethasone	IV	REI Theatres
Dexamethasone	IO	REI Theatres
Diazemuls	IV	Cath Labs
Diazepam	IV	Cath Labs
Diclofenac	PR	IR
Dobutamine	IV	Cath Labs
Doxycycline	PO	GUM
Endoscopy Polyp Lifting Mixture	SC	Endoscopy
Endoscopy Polyp Lifting Mixture	IO	REI Theatres
Enoxaparin	SC	PIU
Enoxaparin	HD	Mayflower
Entonox®	Inh	Endoscopy
Entonox®	Inh	IR
Erythropoetin (Eprex®)	HD	Mayflower
Erythropoetin (Eprex®)	IV	Renal Dialysis Unit
Faecal Microbiota Transplant	Spray	Endoscopy
Fentanyl	IV	IR
Fentanyl	IV	Endoscopy
Ferric Carboxymaltose (Ferinject®)	IV	PIU
Ferric Carboxymaltose (Ferinject®)	IV	Mayflower
Filgrastim (Zarzio®)	IV	Mayflower
Flumazenil	IV	Cath Labs
Flumazenil	IV	Endoscopy
Fluorescin eye stain	IO	REI OPD

Gaviscon®	PO	NICU
Gentamicin	IV	IR
Gentamicin	IO	REI Theatres
Gentamicin	IM	Renal Transplant
Glubran®	Intra-variceal	Endoscopy
Glucagon	Spray	Endoscopy
Glucose 5%	IV	Endoscopy
Glucose gel	PO	Endoscopy
Glucose gel/solution	PO	NICU
Glucose Tablets	PO	Endoscopy
Glycerin	PR	NICU
Glyceryl Trinitrate	IV	IR
HaemoCer Haemostatic Powder	TOP	Endoscopy
Haemocer®	Spray	Endoscopy
Hartmann's solution	IV	Endoscopy
Hartmann's solution	IV	Recovery
Hemospray®	Spray	Endoscopy
Heparin	IV	IR
Heparin	SC	PIU
Heparin	IV	Renal Dialysis Unit
Heparin	HD	Mayflower
Hepatitis A and B vaccine (Twinrix Adult®)	IM	GUM
Hepatitis B Vaccine (EngerixB®)	IM	GUM
Hepatitis B Vaccine (HBvaxPRO®)	IM	GUM
Histoacryl®	SC	Endoscopy
Human Papillomavirus vaccine (Gardasil®)	IM	GUM
Hydrocortisone	IV	Cath labs
Hyoscine butylbromide	IV	IR
Hyoscine butylbromide	IV	Endoscopy
Ibuprofen	PO	Recovery
Indigo Carmine 1% Injection Topical mucosal spray	Mucosal	Endoscopy
Indomethacin	PR	Endoscopy
Insulin	SC	PIU
Insulin	SC	Mayflower
Iron Sucrose (Venofer®)	HD	Mayflower
Lactulose	PO	NICU
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	IR
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	Cardiothoracic Th
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	Neuro Theatre
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	Obs and Gynae Theatre
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	Ortho th
Levobupivacaine 2.5mg/ml and 5mg/ml	SC	REI Theatres
Lidocaine 1% 50mg/5ml	SC	IR
Lidocaine 1% and 2%	SC	Mayflower
Lidocaine 1% and 2%	SC	Obs and Gynae Theatre
Lidocaine 1% and 2%	IO	REI OPD
Lidocaine 1% and 2%	SC	REI Theatres
Lidocaine 1% and 2%	SC	ACT
Lidocaine 1% and 2%	SC	Vasc Th
Lidocaine 1% and 2%	SC	Cardiothoracic Th
Lidocaine 1% and 2%	SC	Renal Dialysis Unit
Lidocaine 1% with adrenaline 1:200,000	Infiltration	Neuro Theatre
Lidocaine 10mg spray	LA	Endoscopy
Lidocaine 2% with adrenaline 1:200,000	Infiltration	Neuro Theatre
Lidocaine 2% with adrenaline 1:80,000 (Lignospan®)	Infiltration	Neuro Theatre
Lidocaine 2% 100mg/5ml	SC	IR
Lipiodol (Mixed with Histoacryl or Glubran)	Intra-variceal	Endoscopy
Metanium®	TOP	NICU

Metaraminol	IV	Cardiothoracic Th
Methylthionium Chloride	Installation	Freedom
Metoclopramide	PO	Cath Labs
Miconazole	TOP	NICU
Midazolam	IV	IR
Midazolam	IV	Endoscopy
Mitomycin	Installation	Freedom
Monofer - weight based and individual to patient	IV	PIU
Morphine Sulphate 100mcg in 1ml	Oral	NICU
N-Acetylcysteine Spray	Mucosal	Endoscopy
Naloxone	IV	Cath Labs
Naloxone	IV	Endoscopy
Naloxone	IV	IR
Naloxone	IV	Recovery
Nimodipine	IV	IR
Niopam®/Omnipaque®	IV	Obs and Gynae Theatre
Niopam®/Omnipaque®	IV	IR
Niopam®/Omnipaque®	IV	Cath Labs
Niopam®/Omnipaque®	IV	Recovery
Niopam®/Omnipaque®	IV	Endoscopy
Ondansetron	IV	Cath Labs
Ondansetron	IV	IR
Ondansetron	IV	Endoscopy
Oxygen	Inh	Endoscopy
Papaverine	Infusion	Neuro Theatre
Paracetamol	IV	IR
Paracetamol	IV	PIU
Paracetamol	IV	Recovery
Paracetamol	IV	Obs and Gynae Theatre
Paracetamol	IV	Renal Dialysis Unit
Paracetamol	Oral	Renal Dialysis Unit
Paracetamol	PO	PIU
Paracetamol	PO	NICU
Paracetamol	PR	NICU
Paracetamol	PO	Endoscopy
Paracetamol	IV	Endoscopy
Paracetamol	PO	IR
Phenylephrine 2.5%	Intra-cameral	REI Theatres
Phenylephrine 2.5%	IO	REI OPD
Phenylephrine 2.5%	IO	NICU
Podophyllotoxin 0.15% cream	TOP	GUM
Podophyllotoxin 0.5% solution	TOP	GUM
Potassium chloride syrup	PO	NICU
Potassium iodide	PO	Technologists
Povidone Iodine	IO	REI Theatres
Povidone Iodine	IO	REI OPD
Prasugrel	PO	Cath Labs
Prilocaine with lidocaine cream (Emla®)	TOP	ACT
Prochlorperazine buccal tablets	Buccal	Recovery
ProPrems Probiotic	Enteral	NICU
Proxymetacaine 0.5% eye drops	IO	REI Theatres
Proxymetacaine 0.5% eye drops	IO	REI OPD
Radiopharmaceuticals	IV	Technologists
Radiopharmaceuticals	PO	Technologists
Ranitidine	PO	NICU
Sodium Chloride 0.9%	IV	Cath Labs
Sodium Chloride 0.9%	IV	IR
Sodium Chloride 0.9%	IV	Mayflower
Sodium Chloride 0.9%	IV	Cardiothoracic Th
Sodium Chloride 0.9%	IV	Recovery

Sodium Chloride 0.9%	IV	Endoscopy
Sodium Chloride 0.9%	IV	ACT
Sodium Chloride 0.9%	IV	Renal Dialysis Unit
Sodium Chloride 0.9% 100ml bag	IV	Renal Dialysis Unit
Sodium Chloride 0.9% 1 litre bags	Irrigation	REI OPD
Sodium chloride 30% or 29.2%	PO	NICU
Sodium iron feredetate (Sytron®)	PO	NICU
Sodium phosphate 17.9% oral solution	PO	NICU
Spironolactone	PO	NICU
Sucrose 24% solution	PO	NICU
Teicoplanin	IV	Cath Labs
Teicoplanin	IV	Endoscopy
Thyrotrophin alfa (rTSH)	IM	Technologists
Ticagrelor	PO	Technologists
Ticagrelor	PO	Cath Labs
Tinzaparin	HD	Mayflower
Tinzaparin	IV	Renal Dialysis Unit
Tranexamic acid	IV	Ortho Th
Triamcinolone	IM	Neuro Theatre
Triamcinolone	SC	Endoscopy
Tropicamide 0.5%	IO	REI OPD
Urokinase	IV	ACT
Venofer	IV	Renal Dialysis Unit
Venofer 100 - 200 mgs	IV	PIU

Proposal form for adding additional areas or drugs | Appendix 1

Please complete and email a scanned copy to joanne.hickey1@nhs.net

Proposal for Assistant Practitioners or Clinical Technologists to be able to prepare and administer additional prescribed medicines	NHS University Hospitals Plymouth NHS Trust
Department	New request being made by (name and position)

Description of clinical situation(s) and of other members of nursing or medical staff available or not available

Reason for the request. Include how the request will benefit the patients and the department

Describe the training which your Assistant Practitioners or Clinical Technologists will be given i order to safely prepare and administer the additional medicines listed below

Provide assurance that the Assistant Practitioners or Clinical Technologists will be suitably competent

Will the Assistant Practitioners or Clinical Technologists be administering each of these medicines themselves or preparing/drawing up for someone else (eg. doctor) to administer?

What are the arrangements for recording who prepared, who checked and who administered the medication, and where will these records be kept?

Name of medication	Dose	Route	Indication	Comments by MUAC Date:	Drug Approved Yes/No

Name of medication	Dose	Route	Indication	Comments by MUAC Date:	Drug Approved Yes/No

Risk Assessment for new proposal | Appendix 2

(HEALTH AND SAFETY) **RISK ASSESSMENT** (AND SAFE SYSTEM OF WORK / SOP)

WARNING: Due to the frequency of amendments made to this policy, a printed copy is only valid on the day it is printed.

For help in completing this form please contact the Health & Safety Team on plh-tr.Health-SafetyTeam@nhs.net
To be used for the Assessment of risks in line with the Risk Management Policy, DATIX User Guides, Health & Safety Policy and Trust wide Policies and Procedures. All manual handling risks should be referred to manual handling key worker or Manual Handling team

Care Group		**Risk Assessor**	
Service Line		**Approving Manager**	
Location		**Specialist Advisor**	
Location exact			
Date of Assessment			

Refer to Risk Management Policy for further guidance

(1) Description or location The description of the task or activity being assessed	

(2) Hazard(s) Identified A hazard is anything that may cause harm	

(3) Identified Risk Decide who might be harmed and how	

(4) Control Measures The precautions are control measures put into place to remove a hazard or control the remaining risk(s) from a hazard. Record your findings and implement them (at the time of the assessment)	.

(**5**) **What issues are not addressed by these controls?** Actions required reducing risk to an acceptable level. *(Review your risk assessment and update if necessary)*	

Refer to attached Matrix for further guidance [tick relevant box(es)]

For each risk complete following information

Risk No. 1

Adequacy of Controls in Place	Tick
Controlled (Risk is controlled as much as reasonably practicable)	
Partially Controlled (There are controls in place but more needs to be done)	
Uncontrolled (There are no controls in place to prevent this risk from being realized)	

Likelihood Score for each identified risk	Score	Tick
Almost Never - highly unlikely, but may occur in exceptional circumstances. It could happen but probably never will	1	
Unlikely - Not expected but there's a slight possibility it may occur at some time.	2	
Likely - The event might occur at some time as there is a history of casual occurrence at the Trust or within the NHS	3	
Highly Likely – There is a strong possibility the event will occur as there is a history of frequent occurrence at the Trust or within the NHS	4	
Almost Certain – The event is expected to occur in most circumstances as there is a history of regular occurrence at the Trust or within the NHS	5	

Impact Score	Score	**Risk to Patients**	**Risk to Staff**	**Risk to Business**	**Risk of Harm**
Catastrophic, Death	5				
Severe, Permanent harm	4				
Moderate harm	3				
Minor harm	2				
Insignificant minimal Harm	1				

Risk score = Likelihood x Impact (highest recorded impact)	**tbc**

Risk No. 2 (delete if not required)

Adequacy of Controls in Place	Tick
Controlled (Risk is controlled as much as reasonably practicable)	

Partially Controlled (There are controls in place but more needs to be done)	
Uncontrolled (There are no controls in place to prevent this risk from being realized)	

Likelihood Score for each identified risk	Score	Tick
Almost Never - highly unlikely, but may occur in exceptional circumstances. It could happen but probably never will	1	
Unlikely - Not expected but there's a slight possibility it may occur at some time.	2	
Likely - The event might occur at some time as there is a history of casual occurrence at the Trust or within the NHS	3	
Highly Likely – There is a strong possibility the event will occur as there is a history of frequent occurrence at the Trust or within the NHS	4	
Almost Certain – The event is expected to occur in most circumstances as there is a history of regular occurrence at the Trust or within the NHS	5	

Impact Score	Score	**Risk to Patients**	**Risk to Staff**	**Risk to Business**	**Risk of Harm**
Catastrophic, Death	5				
Severe, Permanent harm	4				
Moderate harm	3				
Minor harm	2				
Insignificant minimal Harm	1				

Risk score = Likelihood x Impact (highest recorded impact)	**tbc**

Add additional risks as required (add as necessary)

For all above risks that cannot be addressed immediately by Care Group/Service Line these should be recorded on DATIX (see Risk Management Policy)

Added to Risk register	**Y / N**	Date	**tbc**	Datix Risk ID	**tbc**

Dissemination Plan and Review Checklist | Appendix 2

Dissemination Plan	
Document Title	Policy to Support Administration of Selected Medications by Assistant Practitioners and Clinical Technologists
Date Finalised	November 2020
Previous Documents	
Action to retrieve old copies	Remove previous version from Pharmacy page of StaffNet

Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff		IG StaffNet Page	Information Governance Team
Beverley Allingham, Jackie Williams, Jo Hickey, Kerry Richardson, Melane Gandy, Karen Elbrow, Jessica Groves, Victoria Brotherton, Jen McDermott, Angela Newton, Sarah Wellington, Victor Sanchez-Castrillon, Carol Pollard, Tracey Jones		e-mail	Jo Hickey
Upload document onto Trust Folders			Information Governance Team
Upload onto the Pharmacy page of StaffNet			Peter Gray

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	
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
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been	Yes

	addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information	
Date	March 2021
Title	Policy to Support Administration of Selected Medications by Assistant Practitioners
What are the aims, objectives & projected outcomes?	The purpose of this document is to provide a formal policy to cover those Assistant Practitioners (APs) who have been approved by UHP to administer selected oral and parenteral medications to adult patients, and those Assistant Practitioners who have been trained and approved by UHP to second-check the administration of selected medications by registered nurses and midwives to infants and neonates, so that administration of these medications is performed correctly and safely.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest that there is an impact on race regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Religion	There is no evidence to suggest that there is an impact on religion regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Disability	There is no evidence to suggest that there is an impact on disability regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Sex	There is no evidence to suggest that there is an impact on sex regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Gender Identity	There is no evidence to suggest that there is an impact on gender identity regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Sexual Orientation	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Age	There is no evidence to suggest that there is an impact on age regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Socio-Economic	There is no evidence to suggest that there is an impact on socio-economic status regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.

Human Rights	There is no evidence to suggest that there is an impact on human rights regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	Nothing of concern.

Involving and consulting stakeholders	
Internal involvement and consultation	The senior nurses who manage the education and training of Band 4 Assistant Practitioners (APs), and the nurse managers of each department who's APs will make use of this policy; have been involved in the development of the policy. The policy has been reviewed and ratified by the Medicines Safety Committee.
External involvement and consultation	Not required.
Impact Assessment	
Overall assessment and analysis of the evidence	Approved
Action Plan	

Action	Owner	Risks	Completion Date	Progress update

Specific issues and data gaps that may need to be addressed through consultation or further research	None