

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

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1 Purpose

Many individuals within the Learning Disability 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, Middleborough
- Aysgarth, ALD respite, Stockton
- Holly Unit LD CYPS, Darlington
- Baysdale, CYPS LD respite, Middleborough
- The Orchard, ALD Day Service, Middleborough
- Kilton View, ALD Day Service, Brotton
- Thornaby Road, Stockton

This protocol has therefore been devised to support the extended role of the Non Registered Practitioners (NRP) within the Learning Disability Services to administer epilepsy rescue medication with in the community;

Following this protocol will help the Trust to:-

- Define parameters for the safe, effective and skillful administration of epilepsy rescue medication by Non-Registered Practitioners within the Learning Disability 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.

2 Related documents

This procedure 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>

TEWV Epilepsy pathway

<http://flic-intouch:35000/Docs/Documents/Policies/TEWV/Pharmacy/Medicines%20Overarching%20Framework.pdf>

3 Policy, Legal and Practice frameworks

3.1 Policy

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.

3.2 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 epilepsy rescue medication.

3.3 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.

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

- Trust epilepsy training eLearning module which they should refresh annually.
- Face to face training to administer buccal midazolam provided by the Adult epilepsy specialist nurse.
- A competency assessment in service.

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

For NRP's to administer this medication the individual must have an up to date rescue medication 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.
- It must have a date to show it has been reviewed in the past 12 months.
- It must be signed by the individual who has prescribed the rescue medication, named nurse and patient/family member if applicable.

4 Responsibilities and accountability

4.1 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.

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

4.2 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. 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 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 with in clinical supervision. Following any administrations of rescue medication the NRP must complete a de-brief with the RN on duty.

Any errors related to the administration of medicines by NRPs should be reported via the Trust's incident processes (Datix) and these will be monitored via Safe Medicines Practice Group.

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.

4.3 Registered Nurse

The registered nurse will be responsible for delegating the administration of rescue medication to a named member of staff before accessing the community. 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.

The RN will monitor frequency, involving the specialist epilepsy nurse if required.

4.4 Specialist Epilepsy Nurse

The specialist epilepsy nurse is responsible for delivering face to face training in the administration of buccal midazolam. 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.

The Epilepsy Nurse will be involved in all subsequent reviews and changes/updates to this procedure.

| Term | Definition |
|------|--|
| NRP | <ul style="list-style-type: none"> • Non registered practitioner; any clinical support worker working within the Trust who is not registered with a professional body |
| RN | <ul style="list-style-type: none"> • Registered nurse; a qualified nurse registered with the NMC |
| MAR | <ul style="list-style-type: none"> • Medicine Administration Record |
| POD | <ul style="list-style-type: none"> • Patient's Own Drug(s) |

5 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all relevant employees through a line management briefing and annual appraisal.

5.1 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) | 1 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 |

6 How the implementation of this procedure will be monitored

| 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 Services. | Audit will be added to audit forward planner and Pharmacy Team to facilitate | Pharmacy audit Group and Pharmacy Leadership team for further dissemination as identified |

7 References

NICE Clinical Guideline 137, epilepsy diagnosis and management

<https://www.nice.org.uk/guidance/cg137/chapter/appendix-e-pharmacological-treatment>





Medicines Matter 2006 Department of Health.

http://webarchive.nationalarchives.gov.uk/20130123191451/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325

NMC Code of Conduct 2015

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf>

Medicines Overarching Framework

| | RESOURCE OR PROCESS | ACTIVITY CODE | STANDARD WORK & TOOLS |
|----|--|---------------|---|
| 1. | Epilepsy assessment tool | |  Epilepsy assessment tool.docx |
| 2. | Seizure recording chart | |  Seizure recording chart.docx |
| 3. | Easy read information leaflets regarding Epilepsy for service users | | Keeping safe with Epilepsy  Epilepsy keeping safe.doc Living with Epilepsy  Living with epilepsy leaflet.doc |

TEWV Epilepsy Pathway

<http://flc-intouch:35000/Docs/Documents/Policies/TEWV/Pharmacy/Medicines%20Overarching%20Framework.pdf>

8 Document control

| | | |
|---|----------------------------------|---|
| Date of approval: | 24 th July 2018 | |
| Next review date: | 1 st August 2021 | |
| This document replaces: | PHARM-0095-V1.1 | |
| Lead(s): | Name | Title |
| | Linda Johnstone | Lead Nurse Medicines Management and NMP |
| | Fiona Adams | Specialist epilepsy nurse |
| Members of working party: | Name | Title |
| | Jacky Richardson | Service Development Manager |
| This document has been agreed and accepted by: (Director) | Name | Title |
| | Ruth Hill | Chief Operating Officer |
| This document was approved by: | Name of committee/group | Date |
| | Drugs and Therapeutics committee | 24 th July 2018 |
| This document was ratified by: | Name of committee/group | Date |
| | Drugs and Therapeutics Committee | 24 th July 2018 |
| An equality analysis was completed on this document on: | 12/08/2018 | |

Change record

| Version | Date | Amendment details | Status |
|---------|------------|---|----------|
| 1.1 | 08/10/2018 | Thornaby Road added to services/clinical areas. Addition of appendix 2 and 3. | Approved |
| 1.2 | 21/12/2018 | NRP process to practice flowchart added to appendices (Appendix 4) – note this was approved but omitted at publication on 08/10/2018 | Approved |
| | | | |

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

| | | | | | |
|---|---|--|-----------------------|--|------------------|
| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc. | Pharmacy | | | | |
| Name of responsible person and job title | Linda Johnstone Lead Nurse Medicines Management & NMP | | | | |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | Fiona Adams Epilepsy Nurse LD Teesside Jacky Richardson Service Development Manager LD | | | | |
| Policy (document/service) name | Protocol for the administration of Buccal Midazolam for Epilepsy to named patients by non-registered staff in the Learning Disability Services. | | | | |
| Is the area being assessed a... | Policy/Strategy | | Service/Business plan | | Project |
| | Procedure/Guidance | | | | Code of practice |
| | Other – Please state | | | | |
| Geographical area covered | Teesside and Durham and Darlington | | | | |
| Aims and objectives | To promote increased community presence and experiences for individuals with LD and epilepsy | | | | |
| Start date of Equality Analysis Screening | October 2017 | | | | |
| End date of Equality Analysis Screening | 12 th August 2018 | | | | |

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3046

| | | | | | |
|--|----|---|----|--|----|
| 1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? The LD services specifically. It was devised to allow individual with a LD and epilepsy to access community servoces without a RN increasing community presence and inclusion. | | | | | |
| 2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below? | | | | | |
| Race (including Gypsy and Traveller) | No | Disability (includes physical, learning, mental health, sensory and medical disabilities) | No | Gender (Men, women and gender neutral etc.) | No |
| Gender reassignment (Transgender and gender identity) | No | Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) | No | Age (includes, young people, older people – people of all ages) | No |
| Religion or Belief (includes faith groups, atheism and philosophical belief's) | No | Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) | No | Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) | No |
| <p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>Increased community presence and experiences for individuals with LD and epilepsy.</p> | | | | | |

| | |
|---|--|
| 3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not? | Yes |
| Sources of Information may include: <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports | <ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) |
| 4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership | |
| Yes – Please describe the engagement and involvement that has taken place | |
| Yes, this was discussed within the safe practise medicines group where there is service user and carer attendance and involvement. | |
| No – Please describe future plans that you may have to engage and involve people from different groups | |
| | |

| | | | | | |
|--|--|---------------|----|---------------------------------------|-----------------|
| 5. As part of this equality analysis have any training needs/service needs been identified? Yes as detailed within the protocol | | | | | |
| Yes/No | Please describe the identified training needs/service needs below All training identified is detailed within the procedure. | | | | |
| A training need has been identified for; | | | | | |
| Trust staff | Yes | Service users | No | Contractors or other outside agencies | No |
| Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so | | | | | |
| The completed EA has been signed off by: You the Policy owner/manager: Type name: Linda Johnstone | | | | | Date:12/08/2018 |
| Your reporting (line) manager: Type name: Chris Williams | | | | | Date:12/08/2018 |
| If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046 | | | | | |

Appendix 2 - Competency assessment to administer buccal midazolam

Staff name:

Service user's initials:

Date of assessment:

Assessors Name and role:

| Area assessed | | Signature of staff member | Signature of assessor |
|--|--|---------------------------|-----------------------|
| Date Completed Epilepsy awareness e-learning in past 12 months | | | |
| Date of training from epilepsy nurse | | | |
| Epilepsy rescue medication protocol available and updated with in past 12 months | | | |

Theory

| | | | |
|---|--|--|--|
| Can describe situations where the use of buccal midazolam is required | | | |
| Can describe how the individual's seizures present and details of protocol. | | | |
| Can demonstrate knowledge of potential side effects | | | |
| Can describe correct storage of midazolam | | | |
| Can describe the correct method of administration in line with manufacturer and best practice guidelines. | | | |
| Can describe process following use of midazolam if seizure activity does not cease. | | | |
| Can describe what record keeping is required after administration | | | |

Practical

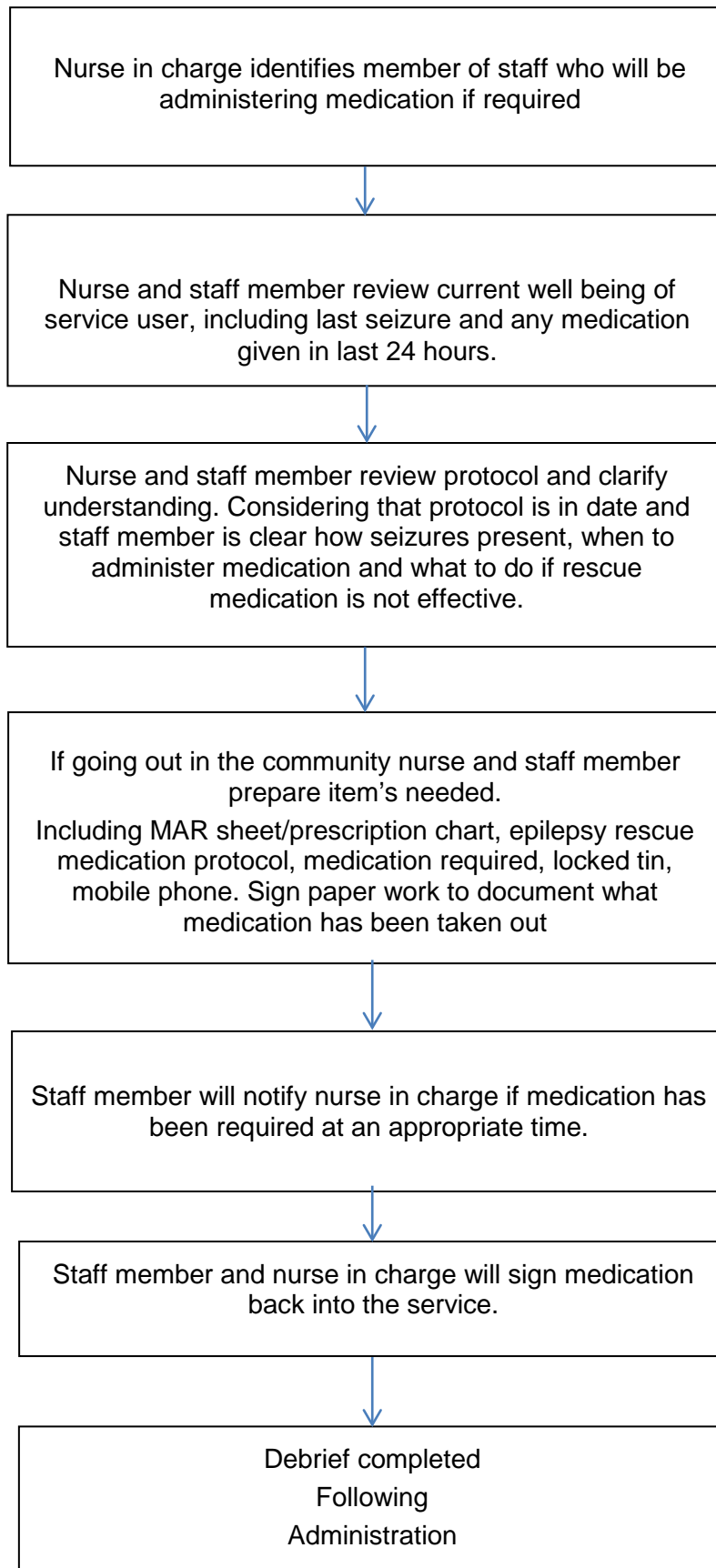
| | | | |
|--|--|--|--|
| Is able to demonstrate checks required on medication <ul style="list-style-type: none"> - correct drug, including strength. - correct patient - Expiry date | | | |
| Prepares equipment correctly and safely. | | | |
| Demonstrates how they would administer midazolam in line with manufacturer and best practice guidelines | | | |
| Disposes of equipment safely | | | |

Confirmation of Competence

Please note you must be assessed as competent in the administration of Buccal Midazolam before you can accept the delegation of the administration of Buccal Midazolam to a named service user.

| Declaration of competence | Print name and role | Signature | Date |
|---|---------------------|-----------|------|
| Non-Registered Practitioner- I declare that I am compliant with the Protocol for the administration of Epilepsy rescue medicines to named patients by non-registered staff in the learning disability services. I have been deemed competent in the safe administration, storage and transport of buccal midazolam. | | | |
| Registered nurse- I confirm that I am a Registered Nurse and I have assessed the above named individual and I can verify that he/she demonstrates competence in the safe administration, storage, transport and disposal of buccal midazolam. | | | |

Appendix 3 - Outings Flow chart



Appendix 4 - NRP process to practice

