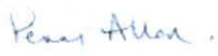





NHS Grampian Policy And Staff Guidance For The Administration Of Medicines By Career Level 3 And 4 Health Care Support Workers

Author: Lead Nurse, Community Nursing, Aberdeenshire HSCP		Approver: Grampian Area Drug and Therapeutics Committee (GADTC)
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Signature: 		Signature: 
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Identifier: GADTC/Policy_HCSW_AM/1485	Review Date: March 2027	Date Approved: March 2024
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Policy Statement:
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.
Version 1
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This document has been endorsed by NHS Grampian's Director of Nursing
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Note: This policy was Impact Assessed 21/03/2024

Replaces: N/A – New Policy

Document application: NHS Grampian

Revision History:

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Made (Identify page numbers and section heading)
	N/A – New Document	

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NHS Grampian Policy And Staff Guidance For The Administration Of Medicines By Career Level 3 And 4 Health Care Support Workers

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NHS Grampian Policy And Staff Guidance For The Administration Of Medicines By Career Level 3 And 4 Health Care Support Workers

1. Introduction

As part of the Scottish Government's commission to enhance and develop the role of the Health Care Support Worker, NHS Education for Scotland has worked with key stakeholders to develop a Framework for the Administration of Medicines by Career Level 3 and 4 Health Care Support Workers in Scotland. The role of the Health Care Support Worker (HCSW) in the delivery of safe patient care is broadening. The development of skill mix means that many areas of care, traditionally provided by registered healthcare practitioners, are now being delegated to HCSWs.

The Scottish Government's Health and Social Care: National Workforce Strategy (2022) sets out a "framework to achieve a vision of **a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do**". This includes a commitment to achieving the right workforce, with the right skills, in the right place at the right time. Further it makes clear the requirement to support and nurture our workforce, ensuring that employers offer roles and development opportunities that staff find rewarding and fulfilling.

The Scottish Government's focus on skill mix changes and the delegation of tasks to the HCSW, in the Health and Social Care: Integrated Workforce Plan (2019), aligns with the goal of optimising healthcare resources and addressing the challenges faced by health and social care teams. By utilising the diverse skills and the capabilities of the healthcare workforce, the government aims to achieve a more efficient and effective delivery of healthcare services. Health Care Support Workers are a vital part of our workforce, supporting the delivery of healthcare as part of the multi-disciplinary/multi-agency team. We value the care, treatment and support that nursing, midwifery and allied health professional HCSWs deliver every day to service users, clients and patients, under the delegation and supervision of the registrant workforce.

This policy provides the guidance for Career Level 3 and 4 HCSW's in the safe administration of prescribed medication.

1.1. Objectives

This policy is intended:

- To set out how NHS Grampian will implement the national Framework for the Administration of Medicines by Career Level 3 and 4 Health Care Support Workers in Scotland.
- To influence and enable services to make decisions on utilisation of the Framework within individual service areas.
- To set out the process services must follow prior to introducing medicines administration by HCSWs in their area, including the development of protocols, and the education and assessment requirements for HCSWs.

- To give a broad outline of circumstances in which it is appropriate to utilise the Framework without being prescriptive about individual medications and routes of administration.
- To be used in conjunction with the Framework for the Administration of Medicines by Career Level 3 and 4 Health Care Support Workers.
- To promote consistency of practice across services ensuring the safety and protection of patients and staff.

1.2. Definitions

As a guide to the terminology used throughout this document, and to support ease of reading, the following definitions are provided at the earliest opportunity in the document. These definitions align to those used in the [NES Development and Education Framework for level 2-4 Nursing, Midwifery and Allied Health Professions \(NMAHP\) Healthcare Support Workers \(HCSWs\) \(2022\)](#), and by the Royal College of Nursing and the Royal Pharmaceutical Society.

Healthcare Support Worker (HCSW)

Healthcare Support Workers are employed in the healthcare sector without statutory or non-statutory registration. These members of staff work at level 2 of the NES Development and Education Framework for level 2-4 Nursing, Midwifery and Allied Health Professions (NMAHP) Healthcare Support Workers (HCSWs).

Senior Healthcare Support Workers (including HCSW Vaccinator) these members of staff work at level 3 of the NES Development and Education Framework for level 2-4 Nursing, Midwifery and Allied Health Professions (NMAHP) Healthcare Support Workers (HCSWs).

Assistant Practitioners These members of staff work at level 4 of the NES Development and Education Framework for level 2-4 Nursing, Midwifery and Allied Health Professions (NMAHP) Healthcare Support Workers (HCSWs).

1.3. Staff Groups/Areas to Which This Document Applies

This document applies to Senior Healthcare Support Workers and Assistant Practitioners (i.e. HCSW working at levels 3 & 4) only in areas where it has been approved that they can administer specific medicines to specific groups of patients.

1.4. Staff Groups/Areas to Which This Document Does Not Apply

HCSWs (level 2) are not permitted to administer medicines.

This document does not apply to staff in areas/services where it has not been approved that HCSWs (levels 3 and 4) can administer medicines.

1.5. Routes of Administration and Medicines Which HCSW (level 3 and 4) can Administer Following Authorisation

Healthcare Support Workers, following appropriate training and competency sign off, and approval for administration in their area of service, may administer medicines via one or more of the following routes:

- Oral

- Subcutaneous ([note 1.8](#))
- Intramuscular
- Topical
- Rectal
- Vaginal
- Nasogastric
- Via Percutaneous Enteral Gastrostomy.

Specific Medicines to be administered must be approved following a risk assessment.

Specific Medicines approved to be administered must be;

- Prescribed by a prescriber, dispensed by a pharmacist and labelled with/or have specific administration instructions within patient records.

OR

- Be Vaccines provided for in National Protocols (i.e. COVID19 and Influenza vaccine only) or a Patient Group Direction for supply for immediate administration (i.e. LAIV nasal vaccine only).

1.6. Routes of Administration and Medicines Which Cannot be administered by Any HCSW

HCSWs are not permitted to administer any medication via intrathecal or intravenous routes of administration.

Medicines that have not been approved following risk assessment at service level, cannot be administered.

Vaccines cannot be administered, with the exception of those specified in [section 1.5](#).

1.7. Patient Groups to which HCSW Can Administer Any Medicines

HCSW can administer specific approved medicines to specific groups of patient's dependant on the area of service provision (approved following risk assessment). See [Table 1](#).

1.8. Patient Groups to which HCSW Cannot Administer Any Medicines

HCSW cannot administer any medicines to specific groups of patients' dependant on the area of service provision. See [Table 1](#).

Until the appropriate governance and education pathways are established, HCSW are not permitted to administer subcutaneous insulin.

2. Evidence Base

This policy has been written following the development of the Framework for the Administration of Medicines by Level 3 and 4 Healthcare Support Workers in Scotland (2023).

The document and supporting material are based on best practice, input from stakeholders and from the experience of an expert working group.

3. Main Components and Recommendations

Services who consider that administration of medicines is appropriate for the role of HCSW must demonstrate that the following requirements are met and gain appropriate governance approval by Chief Nurse, before implementing it within their service:

- There is a need within the service for HCSWs to administer medicines.
- Roles and responsibilities are clearly defined.
- HCSWs who will be administering medicines meet the levels detailed in the [NES Framework for the Administration of Medicines by Level 3 and 4 Health Care Support Workers in Scotland](#)
- A risk assessment of the medicines where appropriate, routes of administration and patient groups has been undertaken.
- An education and training package is in place, completed by HCSWs and monitored by the manager.
- A Standard Operating Procedure (SOP) is available for HCSWs to follow.
- A process is in place for ongoing review.

3.1. Assessment of Need/Workforce

Where a service identifies the need for HCSWs to support the administration of medicines they must ensure that the task will be undertaken by an appropriate member of the HCSW staff. As per [NES Framework for the Administration of Medicines by Level 3 and 4 Health Care Support Workers in Scotland](#), Senior HCSWs working at level 3 of practice and Assistant Practitioners working at level 4 of practice can administer medicines.

Medicines administration by a HCSW must only be undertaken where there is clear evidence that it will benefit the individual receiving the medication, and patient safety will not be compromised in any way. Delegation of medicines administration to HCSW's must be appropriate, safe and not compromise the interests of the patient.

3.2. Roles and Responsibilities

Registered Healthcare Professional

When delegating medicines administration to a HCSW, Registered Healthcare Professionals (HCPs) must do so in line with the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) and guidance from the HCP's relevant regulatory body on delegation.

The Registered HCP should only delegate tasks and duties that are within the other person's scope of competence and they should ensure that the person to whom they delegate fully understands their instructions and is adequately supervised and supported. Tasks that are beyond the skills and experience of the worker should not be delegated and HCPs should only delegate an aspect of care to a HCSW who has had appropriate training and whom they deem competent to perform the task.

The Registered HCP is responsible for undertaking a risk assessment to ascertain that the medicine administered by a HCSW is appropriate for the individual receiving the medicine. Patient's individual records should reflect that the HCSW administering the medication is suitably trained and competent to do so.

It is the responsibility of the Registered HCP to ensure that there are suitable processes for gaining consent of the person or person with parental responsibility. If an individual cannot give consent the current recommendations for treating adults with incapacity must be followed.

The HCSW may be asked to administer medicines to individuals whilst **not under the direct supervision** of a registered HCP; i.e. the registrant may not be in the same room/building as the HCSW when the delegated task takes place. NHS Grampian will accept responsibility for all tasks undertaken by the HCSW in these circumstances as long as they are suitably trained, competent and compliant with this policy and agreed NHS Grampian SOPs.

HCSW

The HCSW must ensure and provide evidence to the Registered HCP that they work within the limitations of their role, ensuring their practice is carried out in accordance with NHS Scotland HCSW Code of Conduct (2009) and adheres to local policy and legislation. The HCSW must demonstrate that they know their limitations and when to seek advice from the appropriate Registered HCP. The HCSW must both show awareness of and adhere to local guidance, policy and procedures to ensure they maintain their competence to perform the role.

It is the responsibility of the HCSW to gain consent from the person or person with parental responsibility prior to administering the medicine. If an individual cannot give consent the current recommendations for treating adults with incapacity must be followed.

Where a medication-related adverse event occurs the HCSW must immediately inform their manager and follow the [NHS Grampian Policy for the Management of and Learning from Adverse Events](#) by reporting the adverse event via DATIX.

Administration of Medicines in an Emergency. Where a national, international or local protocol or algorithm includes administration of a medicine in an emergency situation, for example, oxygen or adrenaline, this may be administered by a HCSW who is trained, confident and competent to do so. The HCSW who determines that this is out with their scope of knowledge and practice will provide all elements of the emergency protocol within their scope and await further assistance.

Manager

The manager of the area is responsible for ensuring that HCSWs meet the levels detailed in [the NES Framework for the Administration of Medicines by Level 3 and 4 Health Care Support Workers in Scotland](#), are appropriately trained to administer medicines and that a review of their knowledge & skills is undertaken as part of annual appraisals.

It is the responsibility of the manager of the service to ensure all aspects of ethics, safety and governance are considered prior to a HCSW supporting people with their medicines.

Managers are responsible for the timely review of medication adverse events following the [NHS Grampian Policy for the Management of and Learning from Adverse Events](#). This would include reviewing the knowledge and skills of the HCSW, and whether it remains appropriate for administration of medicine to be delegated to that individual.

3.3. Risk Assessment of Patient Groups, Medicines and Routes of Administration

Where HCSWs administer medicines, the patient groups, medicines and route of administration involved will differ from one service to another. A risk assessment must be completed and should contain details of which medicines or groups of medicines will be administered by HCSWs, the route of administration by HCSWs and the patient groups involved. The risk assessment should also document mitigating factors that are planned or in place to either eliminate or reduce the risk. Risks should be measured/balanced against the safety of the patient and the benefits of having HCSWs administering medicines.

The NHS Grampian risk assessment template should be used when undertaking the risk assessment [Pages – Risk Assessment \(scot.nhs.uk\)](https://www.scot.nhs.uk). The risk assessment should be reviewed as per residual risk minimum review period on the risk assessment template.

This risk assessment should consider information including:

- How will the medicine be prescribed?
- Access to medicines
- Location of patient/procedure
- Appropriateness of patient group – individual/age/consent
- Route – risks
- Dosing/ease of admin /calculations
- Access to prescription.

3.4. Education and Training

Level 3 - Normally at or working towards a SCQF Level 7 qualification in a health or social care related subject.

Level 4 - Normally at or working towards a SCQF Level 8 qualification in a health or social care related subject.

HCSW Level 3 & 4 will demonstrate and evidence current local requirements for all appropriate and relevant core mandatory and statutory training.

HCSW Level 3 & 4 will demonstrate and evidence completion of the HCSW Mandatory Induction Standards.

HCSW level 3 & 4 will demonstrate and evidence completion of the Promoting Effective Medication Administration Practice (PEMAP) - available on TURAS.

This will consist of seven modules:

- Medicines administration as part of medicines management
- Fundamental drug calculations
- Legal aspects of medicines administration
- Delegation and Accountability
- Anaphylaxis and Other Adverse Events
- Documentation and Record Keeping
- Communication.

HCSW's will require to complete a portfolio of evidence and be assessed as competent using Direct Observation of Practical Skills (DOPS), whilst being supported by a nominated registered supervisor. NES will produce a PEMAP guide for both learners and supervisors.

HCSW level 3 & 4 will demonstrate and evidence completion of the NHS Grampian education package to support Promoting Effective Medication Administration Practice.

3.5. Approval

Services wishing to implement HCSWs administering medicines must gain approval from Chief Nurse.

3.6. Standard Operating Procedure (SOP)

Services must write a SOP detailing the procedure HCSWs should follow within their areas to safely administer medicines to patients. This should detail the steps to be taken by the HCSW and should link to all relevant NHS Grampian policies and guidance. Examples given in Appendices.

3.7. Ongoing Review

Managers of areas where HCSWs administer medicines should undertake an annual review to ensure that it remains appropriate for HCSWs to administer medicines within their service.

Responsibility for monitoring medicines adverse events via DATIX reports lies with individual areas and local governance structures should be used to highlight areas of concern and share good practice.

4. References

- 1) National Workforce Strategy for Health and Social Care in Scotland (2022) <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/03/national-workforce-strategy-health-social-care/documents/national-workforce-strategy-health-social-care-scotland/national-workforce-strategy-health-social-care-scotland/govscot%3Adocument/national-workforce-strategy-health-social-care-scotland.pdf>
- 2) NHS EDUCATION for SCOTLAND, 2022. *NES Development and Education Framework for level 2-4 Nursing, Midwifery and Allied Health Professions (NMAHP) Healthcare Support Workers (HCSWs)* <https://learn.nes.nhs.scot/39970>
- 3) NHS EDUCATION for SCOTLAND, 2023. *Framework for the Administration of Medicines: Framework for the Administration of Medicines by Level 3 and 4 Healthcare Support Workers in Scotland*. Edinburgh: NHS Education.
- 4) The Scottish Government, 2009. *Code of Practice for Employers of Healthcare Support Workers in Scotland* [Code of Practice for Employers of Healthcare Support Workers in Scotland - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- 5) The Scottish Government, 2019. *Health and Social Care: Integrated Workforce Plan* <https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/pages/6/>

5. Appendices

Table 1: Conventional Delivery¹ In Scope of this Framework for administration of Medicines by Senior Health Care Support Worker Level 3 & Assistant Practitioner Level 4²

Field of Practice	Setting	Legal Authority to Administer Medicines via	Age Ranges in Scope	Routes of Administration
Adult	Community based setting, for example, CTAC, Community Clinic, Home or Homely setting	Patient Specific Direction (PSD).	Adults 16+ excluding those currently pregnant or breastfeeding	Oral, Topical, Intramuscular, Subcutaneous, Buccal, Transdermal, Inhaled, Nebulised, Gastrostomy, Jejunostomy, O2 via fixed rate ³ concentrator, Vaginal & Rectal
	Hospital setting	PSD	Adults 16+ excluding those currently pregnant or breastfeeding	Topical, Nebulised, Inhaled, Subcutaneous, Oral, Intramuscular, Transdermal
	Outpatient setting	PSD	Adults 16+ excluding those currently pregnant or breastfeeding	Oral, Topical
	General Practice	PSD	Adults 16+ excluding those currently pregnant or breastfeeding	Intramuscular, Subcutaneous, Topical, Inhaled, Nebulised
Paediatrics	Hospital Setting	PSD	Pre-school age, School age - 16	Oral, Inhaled, Topical
	Community based setting, for example School, Community Clinic, Home or Homely setting	PSD	Pre-school age, School age - 16	Oral, Topical, Intramuscular, Subcutaneous, Buccal, Transdermal, Inhaled, Nebulised, Gastrostomy, Jejunostomy, O2 via fixed rate concentrator
	Outpatient Setting	PSD	Pre-school age, School age - 16	Oral, Inhaled, Topical
Maternity ⁴	Hospital Setting	PSD	Adults 16+ including those currently pregnant or breastfeeding	Oral, Topical
	Community Setting	PSD	Adults 16+ including those currently pregnant or breastfeeding	Intramuscular, Topical
	Outpatient Setting	PSD	Adults 16+ including those currently pregnant or breastfeeding	Intramuscular, Topical

1. Conventional delivery within the norms of medicines administration for level 3 and 4 HCSWs.

2. **With Direct or Indirect/ Remote Supervision of Registered Healthcare Professional.**

3. Administration of Medicines in an Emergency: Where a national, international or local protocol or algorithm includes administration of a medicine in an emergency situation, for example, Oxygen, adrenaline this may be administered by a HCSW who is trained, confident and competent to do so. The HCSW who feels that this is out with their scope of knowledge and practice will provide all elements of the emergency protocol within their scope and await further assistance.

4. Where midwives supply or administer medicines as part of their professional practice, this cannot be delegated.

Table 2: Conventional Delivery In Scope of this Framework for administration of Vaccines by Senior Health Care Support Worker Level 3 & Assistant Practitioner Level 4¹

For immunisations out of scope please refer to [section 1.5](#)

Field of Practice	Setting	Legal Authority to Administer medicines via	Age Ranges in Scope	Routes of Administration in Scope
Adult	Community setting, for example, CTAC, Community Clinic, Home or Homely setting	PSD/National Protocol ² PGD for Supply ³	Adults 16+ excluding those currently pregnant or breastfeeding	Oral, Intramuscular, Subcutaneous, Inhaled
	General Practice		Adults 16+ excluding those currently pregnant or breastfeeding	
Paediatrics	Hospital Setting		⁴ School age +	
	Community setting for example School, Community Clinic, Home or Homely setting			
Maternity	Hospital setting		Adults 16+ excluding those currently pregnant or breastfeeding	
	Community Setting			
	Outpatient Setting			
Vaccine Services	All Settings	School age+		

1. **With Direct or Indirect Supervision of Registered Healthcare Professional. Registered healthcare professional must be available on site and immediately available**
2. National Protocol only applies to COVID and flu vaccines
3. See Section 8.1.5 for further information on administration of LAIV.
4. Administration of vaccines by HCSWs to pre-school age children is out of scope

Appendix A - Standard Operating Procedure (SOP) - For Preparation And Administration Of Subcutaneous Injections By Career Level 3 & 4 Health Care Support Workers

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Document Control Sheet

Title:	Standard Operating Procedure (SOP) for preparation and administration of subcutaneous injections by Career Level 3 & 4 Health Care Support Worker
Document Status:	
Document Type:	SOP
Version Number:	V1
Document location:	
Author:	Penny Allan Lead Community Nurse
Owner:	AHSCP Community Nursing
Approved By:	
Date Effective:	

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
Issue 1			

Approvals:

Name & Title/Group:	Date:	Version:

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
All NHS Grampian Community & District Nursing Staff	Email & via Community Nursing Forum,		V 1

Linked Documentation:

Document Title:	Document File Path:

Policy Statement

This SOP serves to outline the process for the safe and accurate administration of subcutaneous injections.

Always adhere to NHSG specific protocols i.e. hand hygiene and safe disposal of sharps, and any additional guidelines provided by the medication manufacturer.

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Responsibilities
<ul style="list-style-type: none"> • Healthcare Support Worker (Administering the injection). • Patient (Receiving the injection). • Registered nurse (delegating the task). • Prescriber.
Materials and Equipment
<ul style="list-style-type: none"> • Medication and syringe with appropriate needle size. • Alcohol swab (if used). • Cotton wool. • Blue lid pharmaceutical waste bin. • Patients nursing notes and prescription.
Preparation
<ul style="list-style-type: none"> • Introduce yourself and confirm the patient's name and DOB. Review patient's medical record and prescription to verify the medication, dose, expiry date, and administration route. • Ensure you have the correct medication and dosage by checking the same medication/formulation/strength is on the prescription as the drug label. • Gather all necessary equipment and place them on a clean flat surface. • Perform hand hygiene and put on gloves if required.
Patient Assessment
<ul style="list-style-type: none"> • Explain the procedure to the patient and address any questions or concerns confirming the patient wishes to proceed. • Assess the injection site for any signs of infection, bruising or skin abnormalities. Sites for subcutaneous injection include outer lateral aspect of upper arm, the lower abdomen, and the anterior upper thighs, choose a clean intact area. • Ask the patient about any allergies or previous adverse reaction to the medication. Draw up the correct dose/volume of medication into the syringe, or check pre filled syringe.
Injection Technique
<ul style="list-style-type: none"> • Cleanse the injection site with soap and water, or an alcohol wipe, if required. Allow to air dry. • Remove the needle cap, holding the syringe like a pencil, gently pinch the skin, and insert the needle into the subcutaneous tissue at a 45 – 90 degree angle, depending on the patient's body habitus. • Inject the medication slowly and steadily. Withdraw the needle gently and apply slight pressure with a cotton wool ball to the injection site. • Withdraw the needle gently and apply slight pressure with a cotton wool ball to the injection site. • Dispose of the used needle and syringe into the blue lid pharmaceutical waste bin. • Remain with the patient for ten minutes post injection.
Post injection Care
<ul style="list-style-type: none"> • Discard used materials in accordance with biohazard waste disposal guidelines. • Remove gloves, if worn, and perform hand hygiene. • Document in the patient's community Medicine Administration Record, or equivalent medication record sheet, including date, time, medication administered, lot/batch number, expiry, site, and any adverse reactions or patient responses.
Patient Education
<p>Provide the patient with medication information sheet, give instructions on any potential side effects, and when to seek medical attention. Answer any questions the patient may have.</p>

Appendix B - Standard Operating Procedure (SOP) - For Preparation And Administration Of Oral Medication By Career Level 3 & 4 Health Care Support Workers

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Document Control Sheet

Title:	Standard Operating Procedure (SOP) for preparation and administration of oral medication by Career Level 3 & 4 Health Care Support Worker
Document Status:	
Document Type:	SOP
Version Number:	V1
Document location:	
Author:	Penny Allan Lead Community Nurse
Owner:	AHSCP Community Nursing
Approved By:	
Date Effective:	

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
Issue 1			

Approvals:

Name & Title/Group:	Date:	Version:

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
All NHS Grampian Community & District Nursing Staff	Email & via Community Nursing Forum		V 1

Linked Documentation:

Document Title:	Document File Path:

Policy Statement

This SOP serves to outline the process for the safe and accurate administration of oral medication.

Always adhere to NHSG specific protocols i.e. hand hygiene, and any additional guidelines provided by the medication manufacturer.

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Responsibilities
<ul style="list-style-type: none"> • Healthcare Support Worker (Administering the medication). • Patient (Receiving the medication). • Registered nurse (delegating the task). • Prescriber.
Materials and Equipment
<ul style="list-style-type: none"> • Medication in the correct form (tablet, capsules, liquid). • Medication cup or syringe for liquid medications. • Medication crushing equipment (if necessary). • Drinking water. • Patients nursing notes and prescription.
Preparation
<ul style="list-style-type: none"> • Introduce yourself and confirm the patient's identity. Review patient's medical record and prescription to verify the medication, formulation, dose, expiry date, and administration route. • Ensure you have the correct medication and dosage by checking the same name is on the prescription as the drug label. • Confirm any specific instructions regarding the medication (e.g. take with food, take on an empty stomach). • Gather all necessary equipment and place them on a clean flat surface. • Perform hand hygiene. • Follow the medications prescribing information for any special instructions, such as halving tablets or mixing with water. • Measure the liquid medication using a calibrated medication cup or syringe.
Medication Administration
<ul style="list-style-type: none"> • Explain the procedure to the patient and address any questions or concerns, confirming the patient wishes to proceed. Ask the patient about any allergies or previous adverse reaction to the medication. • Place the medication in the patients hand or directly into their mouth, ensuring they can see it. • Administer liquid medications using a syringe, or spoon provided, place syringe between the cheek and gum to avoid aspiration. • Instruct the patient to swallow the medication with a sip of water if appropriate.
Post Medication Care
<ul style="list-style-type: none"> • Discard used materials in accordance with disposal guidelines, and policies. • Perform hand hygiene. • Document in the patient's community Medicine Administration Record, or equivalent medication record sheet, including date, time, medication administered, lot/batch number, expiry, site, and any adverse reactions or patient responses.
Patient Education
<p>Provide the patient with any post injection instructions, including potential side effects and when to seek medical attention. Answer any questions the patient may have.</p>

Appendix C - Standard Operating Procedure (SOP) - For Preparation And Administration Of Intramuscular Injections By Career Level 3 & 4 Health Care Support Workers

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Document Control Sheet

Title:	Standard Operating Procedure (SOP) for preparation and administration of intramuscular injections by Career Level 3 & 4 Health Care Support Worker
Document Status:	
Document Type:	SOP
Version Number:	V1
Document location:	
Author:	Penny Allan Lead Community Nurse
Owner:	AHSCP Community Nursing
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Date Effective:	

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
Issue 1			

Approvals:

Name & Title/Group:	Date:	Version:

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
All NHS Grampian Community & District Nursing Staff	Email & via Community Nursing Forum,		V 1

Linked Documentation:

Document Title:	Document File Path:

Policy Statement

This SOP serves to outline the process for the safe and accurate administration of intramuscular injections

Always adhere to NHSG specific protocols i.e. hand hygiene and safe disposal of sharps, and any additional guidelines provided by the medication manufacturer.

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Responsibilities
<ul style="list-style-type: none"> • Healthcare Support Worker (Administering the injection). • Patient (Receiving the injection). • Registered nurse (delegating the task). • Prescriber.
Materials and Equipment
<ul style="list-style-type: none"> • Medication and syringe with appropriate needle size. • Alcohol swab (if used). • Cotton wool. • Blue lid pharmaceutical waste bin. • Patients nursing notes and prescription.
Preparation
<ul style="list-style-type: none"> • Introduce yourself and confirm the patient's name and DOB. Review patient's medical record and prescription to verify the medication, dose, expiry date, and administration route. • Ensure you have the correct medication and dosage by checking the drug/formulation and strength is the same as on the prescription as the drug label. • Gather all necessary equipment and place them on a clean flat surface. • Perform hand hygiene and put on gloves if required.
Patient Assessment
<ul style="list-style-type: none"> • Explain the procedure to the patient and address any questions or concerns confirming the patient wishes to proceed. • Assess the injection site for any signs of infection, bruising or skin abnormalities. Sites for intramuscular injection include deltoid muscle (upper arm), and vastus lateralis (upper thigh). Please note; the dorsogluteal (upper outer quadrant of buttock) is not recommended, other muscle sites may be preferable for patient safety, choice and efficacy of drug absorption. • Ensure the patient is comfortable and that dignity is maintained when exposing the injection site. • Ask the patient about any allergies or previous adverse reaction to the medication. Draw up the correct dose/volume of medication into the syringe, or check pre filled syringe.
Injection Technique
<ul style="list-style-type: none"> • Cleanse the injection site with soap and water, or an alcohol wipe, if required. Allow to air dry. • Remove the needle cap, holding the syringe like a dart, with non-dominant hand, stretch skin taut at the injection site. Insert the needle swiftly and at a 90° angle to the muscle. • Aspiration to check if in a blood vessel is not usually required unless using the dorsogluteal site (upper outer quadrant of buttock) which is not recommended. Aspirate by pulling back slightly on the plunger to ensure there's no blood return. If blood appears, remove the needle, dispose of the syringe and needle, and start over with a new set. • Inject the medication slowly and steadily. Hold for a 10 second count before withdrawing the needle gently applying slight pressure with a cotton wool ball to the injection site. • Dispose of the used needle and syringe into the blue lid pharmaceutical waste bin. • Remain with the patient for ten minutes post injection.

Post injection Care
<ul style="list-style-type: none">• Discard used materials in accordance with biohazard waste disposal guidelines.• Remove gloves, if worn, and perform hand hygiene.• Document in the patient's community Medicine Administration Record, or equivalent medication record sheet, including date, time, medication administered, lot/batch number, expiry, site, and any adverse reactions or patient responses.
Patient Education
Provide the patient with medication information sheet, give instructions on any potential side effects, and when to seek medical attention. Answer any questions the patient may have.

Appendix D - Standard Operating Procedure (SOP) - For Preparation And Administration Of Vaginal Medication By Career Level 3 & 4 Health Care Support Workers

WARNING – This document is uncontrolled when printed. Check local intranet site for current version.

Document Control Sheet

Title:	Standard Operating Procedure (SOP) for preparation and administration of vaginal medication by Career Level 3 & 4 Health Care Support Worker
Document Status:	
Document Type:	SOP
Version Number:	V1
Document location:	
Author:	Penny Allan Lead Community Nurse
Owner:	AHSCP Community Nursing
Approved By:	
Date Effective:	

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
Issue 1			

Approvals:

Name & Title/Group:	Date:	Version:

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
All NHS Grampian Community & District Nursing Staff	Email & via Community Nursing Forum,		V 1

Linked Documentation:

Document Title:	Document File Path:

Policy Statement

This SOP serves to outline the process for the safe and accurate administration of vaginal medication.

Always adhere to NHSG specific protocols i.e. hand hygiene, and any additional guidelines provided by the medication manufacturer.

Note: This document is uncontrolled when printed. The contents of this document are subject to change, any paper copy is only valid on the day of printing. To ensure you have the most up to date version of this document, please use the link to access the document directly from NHSG intranet or contact the Author.

Responsibilities
<ul style="list-style-type: none"> • Healthcare Support Worker (Administering the medication). • Patient (Receiving the medication). • Registered nurse (delegating the task). • Prescriber.
Materials and Equipment
<ul style="list-style-type: none"> • Vaginal medication and disposable gloves. • Lubricating gel (if required). • Tissue or disposable wipes. • Disposal bag. • Patients nursing notes and prescription.
Preparation
<ul style="list-style-type: none"> • Introduce yourself and confirm the patient's identity. Review patient's medical record and prescription to verify the medication, dose, expiry date, and administration route. • Ensure you have the correct medication and dosage by checking the same name is on the prescription as the drug label. • Gather all necessary equipment and place them on a clean flat surface. • Perform hand hygiene and put on gloves.
Patient Assessment
<ul style="list-style-type: none"> • Explain the procedure to the patient and address any questions or concerns. Explain any potential discomfort, confirming the patient wishes to proceed. • Ask the patient about any allergies or previous adverse reaction to the medication. • Ensure the patient is able to lie on their back with knees bent, soles of the feet together, and relaxed open. Position can be modified if unable to achieve this.
Procedure
<ul style="list-style-type: none"> • Ensure the patients privacy and maintain their dignity throughout the procedure. • Ask the patient to lie on their back with soles of the feet together allowing the knees to relax open, or feet in stirrups. • Open the vaginal medication package and prepare it according to the manufacturer's instructions, using applicator if supplied, and lubrication gel if required. • Insert the medication into the vaginal canal using the dominant hand, gently and steadily to the prescribed depth, or, as far as is comfortable. • Ensure the patient remains in the appropriate position for desired time following procedure, to allow absorption. • Carefully remove the gloves and dispose of them in the appropriate waste container. • Perform hand hygiene.
Post Procedure
<ul style="list-style-type: none"> • Document in the patient's community Medicine Administration Record, or equivalent medication record sheet, including date, time, medication administered, lot/batch number, expiry, and any adverse reactions or patient Responses. • Provide the patient with any necessary instructions, including post insertion care and hygiene, and any potential side effects or precautions.
Patient Education
<p>Provide the patient with further information from the medication leaflet, including when to seek medical attention, and answer any questions the patient may have.</p>

Appendix E - Standard Operating Procedure (SOP) - For Preparation And Administration Of Rectal Medication By Career Level 3 & 4 Health Care Support Workers

WARNING – This document is uncontrolled when printed. Check local intranet site for current version.

Document Control Sheet

Title:	Standard Operating Procedure (SOP) for preparation and administration of rectal medication by Career Level 3 & 4 Health Care Support Worker
Document Status:	
Document Type:	SOP
Version Number:	V1
Document location:	
Author:	Penny Allan Lead Community Nurse
Owner:	AHSCP Community Nursing
Approved By:	
Date Effective:	

Revision History:

Version:	Date:	Summary of Changes:	Responsible Officer:
Issue 1			

Approvals:

Name & Title/Group:	Date:	Version:

Dissemination Arrangements:

Intended audience:	Method:	Date:	Version:
All NHS Grampian Community & District Nursing Staff	Email & via Community Nursing Forum,		V 1

Linked Documentation:

Document Title:	Document File Path:

Policy Statement

This SOP serves to outline the process for the safe and accurate administration of rectal medication.

Always adhere to NHSG specific protocols i.e. hand hygiene, and any additional guidelines provided by the medication manufacturer.

Note: This document is uncontrolled when printed. The contents of this document are subject to change, any paper copy is only valid on the day of printing. To ensure you have the most up to date version of this document, please use the link to access the document directly from NHSG intranet or contact the Author.

Responsibilities
<ul style="list-style-type: none"> • Healthcare Support Worker (Administering the medication). • Patient (Receiving the medication). • Registered nurse (delegating the task). • Prescriber.
Materials and Equipment
<ul style="list-style-type: none"> • Rectal medication and disposable gloves and apron. • Lubricating gel (if required). • Tissue or disposable wipes. • Disposal bag. • Patients nursing notes and prescription.
Preparation
<ul style="list-style-type: none"> • Introduce yourself and confirm the patient's name and DOB. Review patient's medical record and prescription to verify the medication, dose, expiry date, and administration route. • Ensure you have the correct medication and dosage by checking the same name is on the prescription as the drug label. • Gather all necessary equipment and place them on a clean flat surface. • Perform hand hygiene and put on gloves.
Patient Assessment
<ul style="list-style-type: none"> • Explain the procedure to the patient and address any questions or concerns. Explain any potential discomfort, confirming the patient wishes to proceed. • Ask the patient about any allergies or previous adverse reaction to the medication. • Ensure the patient is able to lie on their left side with their knees drawn up towards their chest.
Procedure
<ul style="list-style-type: none"> • Ensure the patients privacy and maintain their dignity throughout the procedure. • Ask the patient to lie on their left side with their knees drawn up towards their chest. • Open the rectal medication package and prepare it according to the manufacturer's instructions, using lubrication gel if needed. • Insert the medication into the rectum gently and steadily to the rectum, depth typically 1 to 1.5 inches in adults. • Ensure the patient remains in the appropriate position for desired time following procedure, to allow absorption. • Carefully remove the gloves and dispose of them in the appropriate waste container. • Perform hand hygiene.
Post Procedure
<ul style="list-style-type: none"> • Document in the patient's community Medicine Administration Record, or equivalent medication record sheet, including date, time, medication administered, lot/batch number, expiry, site, and any adverse reactions or patient responses. • Provide the patient with any necessary instructions, such as when to expect the medication to take effect and any potential side effects or precautions.
Patient Education
Provide the patient with further information from information sheet, including when to seek medical attention, and answer any questions the patient may have.

Flowchart

