

Instillation of Eye Medication for Non-registered Staff within the Musculoskeletal and Specialist Surgery Clinical Management Group

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Author / Originator(s):	Sophie Snelson
Name of Responsible Committee/Individual:	Ophthalmology Department
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

V2 – review of V1 10/09/2015 changes made are:

Policy scope- to include visual field technicians

KEY WORDS

Instillation of eye medication

Eye drops

1 INTRODUCTION

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for instillation of eye medication by non registered staff working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery Clinical Management Group. Administering prescribed medication to patients is normally the task of a registered professional. However, areas of service within ophthalmology have limited number of registered professionals operating in them. Service and patient benefits such as waiting times and experience would be enhanced if identified non registered staff were trained in installation of eye medication. According to Marsden (2007) "There is nothing under medicines Legislation to prevent healthcare assistants from administering a non-parental medicine".

2 POLICY AIMS

- 2.1 The intention of this policy is to standardise practice with regards to installation of eye medication within the Ophthalmic Department of the Musculoskeletal and Specialist Surgery Clinical Management Group

The aims of it are:

- a) Ensuring consistency in practice, by adopting a competency package for the installation of eye medication, incorporating the Leicestershire Clinical Assessment Tool (LCAT). All new staff (as outlined in 3.1 & 3.2) will complete this package.
- b) Ensuring the practice of all staff (as outlined in 3.1 & 3.2) is re assessed every three years using the LCAT tool.
- c) Ensuring patient safety through standardised practice.

2.2 This policy applies to all staff outlined in 3.1 and 3.2.

3 POLICY SCOPE

- 3.1 This policy applies to non registered staff working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery Clinical Management Group
- 3.2 The non registered staff covered by this policy are; Health Care Assistants, Ophthalmic photographers, Ophthalmic Technicians and Visual Field Technicians who have undertaken and successfully completed the training package and LCAT assessment as they are deemed to fit within the meaning of s6.2.1 of the Leicestershire medicines code.

4 DEFINITIONS

- 4.1 Non registered staff in this document relate to those covered in 3.2.
- 4.2 The words eye medication relate to drops and ointment only.

5 ROLES AND RESPONSIBILITIES

5.1 Authorised staff- instilling

- 5.1.1 All staff who undertake this role (as outlined in 3.1 and 3.2) must have been authorised to do so by their line manager.
- 5.1.2 All authorised staff must have undertaken appropriate education and training (see 7.1 and 7.2) which must have been identified through the appraisal process.
- 5.1.3 All staff must have their competency reassessed every three years using the LCAT method and undertake any refresher as necessary (see 7.1 and 7.2).

5.2 Line managers/ ward managers/matrons

- 5.2.1 Must ensure that authorised staff receive the appropriate training, supervised practice and assessment of competence in the installation of eye medication.
- 5.2.2 Copies of individuals' competence must be kept on the staff members individual personal file and a copy sent to the Education team for uploading onto euhl.
- 5.2.3 Ensure all staff who carry out this role have their competency reassessed every three years using the LCAT method. Copies of reassessment must be dealt in exactly the same way as 5.2.1
- 5.2.4 Any training or reassessment must be identified in the appraisal process.

5.3 Divisional Management Team /Head of Service/ Lead Nurse/Education Lead.

- 5.3.1 Must ensure that all staff (as outlined in 3.2 and 3.1) within the identified Clinical Management Group, have access to appropriate education and gain competence to instill eye medication. Liaison with those identified in 5.2 is key to this.

5.4 Education team

- 5.4.1 Will ensure staff members euhl accounts are updated on receipt of copy of competency (new or triennial reassessment) from line manager.
- 5.4.2 Will provide advice and support as requested.

6 POLICY STATEMENTS, STANDARDS*, PROCESSES*, PROCEDURES*

- 6.1 A competency package has been developed to assist in the training and assessment of non registered staff in relation to installation of eye medication. It is available from the Education Team or ophthalmology sister.
- 6.2 The procedure for the instillation of prescribed eye medication by non registered staff within ophthalmology is set out in Appendix one.

This policy is supported by the following procedure found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
Procedure for the instillation of eye medication by non-registered staff within Musculoskeletal and Specialist Surgery CMG	1

7 EDUCATION AND TRAINING REQUIREMENTS

- 7.1 Staff wishing to develop their practice must have been identified and supported by their line manager for an extension to their role. This must have been identified in the individuals appraisal.
- 7.2 All staff (as outlined in 3.1 and 3.2) who undertake instillation of eye medications must;
- a) Have completed and stay in date with Mental Capacity, Basic Consent and Deprivation of Liberty e-learning and Adult Safeguarding e-learning.
 - b) Complete the competency package for the *Instillation of eye medication by non registered staff*. This package is held by the Ophthalmology Sister and Education Team. Time span for completion of this package will need to be agreed by the assessor but ideally to be completed within 6 months.
- c) Be reassessed every three years as outlined in 5.1.2
- d) Non registered staff are not permitted to assess staff in the practice of instillation of eye medication.
- e) 7.4 Staff who assess the knowledge and competencies of others in instillation of eye medications must;
- a) Be a registered professional, with a knowledge of ophthalmic medication
 - b) Be confident and competent in performing the skill and it practice regularly.
 - c) Have sound knowledge of this policy and competency package
 - d) Ideally be identified by the line manager as an LCAT assessor and have completed or working towards a relevant mentor/assessor course.
- 7.5 Any queries with regards to the competency package must be directed to the Education Team or ophthalmic Sister.

8 PROCESS FOR MONITORING COMPLIANCE

- 8.1 All staff will be re assessed every three years as outlined in 5.1.2., record will be in individuals file and on euhl.
- 8.2 Compliance with policy will also be monitored by the quality and safety team through incidents and complaints.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Competent administering eye medication	Line manager	LCAT assessment	Every 3 years	Information held on individual files	Ophthalmology Board Meeting	Ophthalmology Board Meeting
Drug errors by non registered staff	Line manager	Audit datix reports	quarterly	Ophthalmology Board Meeting	Ophthalmology Board Meeting	Ophthalmology Board Meeting

9 EQUALITY IMPACT ASSESSMENT

- 9.1 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 LEGAL LIABILITY

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CBU to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Leicestershire Medicines Code (5th Ed) (2011) (available via Insite)

Marsden. J. (2007) *An Evidence Base for ophthalmic nursing practice*. John Wiley and Sons.

UHL Infection Control Policies (available via Insite Documents)

Royal Marsden Manual 7th Ed (2008) (available via Insite).

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

- 12.2 This document will be reviewed every 3 years, or sooner in response to reported risks or incidences.

Procedure for Instillation of Eye Medication by Non-Registered Staff Within Musculoskeletal and Specialist Surgery CMG

1. Introduction

- 1.1 This procedure sets out the process by which non-registered professionals (as outlined in the policy scope) can instil prescribed eye medication.

2. Scope

- 2.1 This procedure applies to non registered professionals working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery CMG.
- 2.2 The non registered professionals covered by this procedure are; Health Care Assistants and Ophthalmic photographers, ophthalmic technicians and visual field technicians.

3. Recommendations, Standards and Procedural Statements

Procedure for instillation of prescribed eye medication by non registered professionals.

Action		Rationale
1	Ensure the registered nurse/registered professional has identified the patient to you that they wish the drops to be given	To help ensure the correct patient receives the medication and risks are minimised
2	Ensure the registered nurse/registered professional has checked the name of drop/ointment against the prescription and expiry date of drop/ointment.	This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
3	Gather any equipment not at bedside/area, including medication, prescription and tissues.	To ensure full concentration of procedure can occur and minimise errors.
4	Check the identity of the patient against the prescription chart. <ul style="list-style-type: none"> - In ward areas verbal and wristband 3 point check (S. Number, Name and DOB) In OPD areas 3 point verbal check (Name, Address, DOB) 	To confirm correct identity of patient to receive medication and minimise error.
5	Explain the procedure to the patient, including the effects the drops will have and how long they may last and what impact these may have in the short term (ie will they be able to drive?). Obtain informed verbal consent.	This allows the patient to make an informed decision, reduces anxiety, gains co-operation and possible long term compliance with medication. To gain consent in line with the <i>UHL Policy for Consent to Treatment and Examination</i> .
6	Check the prescription yourself ensuring it is: <ul style="list-style-type: none"> a) Legible, dated and signed. b) States the name and strength of the drop/ointment. c) States which eye the drop/ointment is to be administered. d) States the dose to be administered. 	To minimize errors, increase patient safety and to comply with the <i>Leicestershire Medicines Code 5th Ed (2011)</i>

	Action	Rationale
	e) States the frequency it is to be administered. f) States the time it is to be administered (this will be stat for diagnostic procedures) If any of these are omitted or unreadable refer back to the nurse/doctor	
7	Check the drug has not already been administered.	To protect the patient from harm.
8	Check the timing of the drug administration.	To ensure correct absorption and bioavailability.
9	Check with the patient if they have any allergies, checking drug chart and wristband too.	To reduce the risk of allergic reactions and to comply with the <i>Leicestershire Medicines Code 5th Ed (2011)</i>
10	Where appropriate close doors or curtains.	To maintain patients privacy and dignity.
11	Ensure patient is sat on a chair or sat in bed/trolley.	For ease of administration.
12	Check single use vial/bottle name against prescription chart and expiry date of eye medication.	Vials- single dose only. Preserved multi-dose bottles have a 14 day expiry . Unpreserved multi-dose bottles have a 7 day expiry. This is in line with the <i>UHL Pharmacy SOP on ophthalmic preparations (2003)</i> . This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
13	Clean hands.	To adhere to UHL Infection Prevention Policies and prevent cross contamination.
14	Ensure good light source surrounding patient – do not shine light into patient's eye.	For ease during checking the eye and administering medication
15	Check the state of the patient's eye prior to administration. Any new discharge, inflammation or change to the eye appearance should be reported to the registered professional.	Eye Care may need to be given as discharge/ debris can affect the effect of the medication.
16	Clean hands.	To adhere to UHL Infection Prevention Policies and prevent cross contamination.
17	Drops should be administered before ointments where there are two medications to give.	Failure to administer in this order will result in the drop not being absorbed and patient not receiving their medication (Marsden, 2007)
18	Take lid off bottle/vial /tube	To prepare
19	Ask the patient to look up with head tilted back and pull down lower lid with one hand.	To ensure the lower fornix is exposed for administration of medication.
20	Eye drops Hold the bottle/vial above the eye (not too high) and squeeze until correct number of drops instilled. Avoid touching eye with bottle. If the patient is to receive more than one eye drop it is advised to leave 5 minutes between each drop	To instill correct medication as prescribed. To assist in absorption. Dropping of medication onto the cornea would result in the blink reflex being stimulated. Dropping from a large height can be uncomfortable for the patient. Touching of the eye with the bottle will result in cross contamination. Washing out (and therefore significantly reduced absorption) of the previous drop will occur if more than one drop instilled. The eye can only cope with a maximum of one drop (Marsden, 2007).
21	Eye ointment Apply the ointment by gently squeezing the tube and, with the nozzle 2.5 cm above the eye, drawing a line along the inner edge of the lower lid from the nasal corner outwards. Avoid touching eye with bottle.	To instill correct medication as prescribed .To assist in absorption. Touching of the eye with the tube will result in cross contamination
22	Advise patients to apply gentle punctual pressure for 1 minute after instillation.	This prevents/reduces medication flowing into the nasolacrimal system, reduces systemic side effects and encourages drug absorption.
23	Wipe away any excess medication with tissue.	To prevent excess drops/ointment irritating the skin (<i>Royal Marsden Manual 7th Edition</i>)

Action		Rationale
24	Ensure patient is comfortable following procedure. Advise patients who have had ointment that initial blurring of vision will occur as ointment disperses.	To reduce anxiety and maintain dignity.
25	Dispose of tissues/vials in correct manner	To adhere to UHL Infection Prevention Policies
26	Clean Hands	To adhere to UHL Infection Prevention Policies
27	Record the administration by signing the prescription	To maintain accurate records
28	If the drug has not been administered for whatever reason this should be documented accordingly and the staff nurse/doctor informed.	To maintain accurate records. To assist in prevention of problems caused by omission.
29	Store any medication away correctly.	As per <i>Leicestershire Medicines Code 4th Ed (2008)</i>

4. Education and Training

Education and training will be provided by registered staff within the Ophthalmology Department and assessment by LCAT will be completed.

5. Monitoring and Audit Criteria

- 5.1 All authorised staff who carry out this role will have their competency reassessed every three years using the LCAT (Leicestershire Clinical Assessment Tool). It is the responsibility of both the individual undertaking this role and their line manager to ensure this is completed.

6. Legal Liability Guideline Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

7. Supporting Documents and Key References

Leicestershire Medicines Code (5th Ed) (2011) (available via Insite)

Marsden. J. (2007) *An Evidence Base for ophthalmic nursing practice*. John Wiley and Sons.

Royal Marsden Manual 7th Ed (2008) (available via Insite).

UHL Infection Control Policies (available via Insite Documents)

UHL Policy for Consent to Treatment and Examination (2014) (DMS No. A16/2002)

UHL Pharmacy SOP (2003) Ophthalmic Preparations (available via insite).

8. Key Words

Instillation of Eye Medication

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Author / Lead Officer:	Amy Jones		Job Title: Education and Practice Development Sister
Reviewed by:	Georgina Kenney, Lead Nurse. Leonie Lebens, Pharmacist Hannah Flint, Senior Nurse Medicines Management Joyce Burns, Head of Service Ophthalmology.		
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