Shropshire Community Health
NHS Trust

Document Details	
Title	**Administration of Pharmacological Venous Thromboembolism Prophylaxis by Associate Nurses, Assistant Practitioners and Health Care Support worker**
Trust Ref No	2150-60292
Local Ref (optional)	
Main points the document covers	
Who is the document aimed at?	**Adult Community Nursing : Associate Nurses, Assistant Practitioners and Health Care Support worker.**
Author	Georgina English, Professional Lead Community Nursing.
Approval process	
Approved by (Committee/Director)	Clinical Policies Group
Approval Date	01/06/2020
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Steve Gregory Director of Quality and Operations
Category	Clinical
Sub Category	
Review date	01/06/2023
Distribution	
Who the policy will be distributed to	Clinical Services Manager, Clinical Practice Teachers, Team Leaders.
Method	Governance meetings/email/team meetings, Intranet
Document Links	
Required by	
Required by	
keywords	VTE, Venous Thromboembolism, Prophylaxis, DVT, prevention

Amendments History		
No	Date	May 2020
1		New Policy
2		
3		
4		
5		

1.0 Introduction

1.1 In community settings many of the individuals receiving pharmacological Venous Thromboembolism Prophylaxis (VTE), do not have any specific nursing needs requiring the intervention of a Registered Nurse; consequently an additional visit to administer treatment is required. In order to effectively utilise staff resources and reduce the number of individuals accessing a patient's home it is proposed that Health Care Practitioners (HCP) employed by the Trust are trained to administer this treatment as part of the delivery of planned care, where self-administration by the patient, carer or family member has been excluded.

1.2 Administration of Pharmacological VTE Prophylaxis injections may be delegated to a Health Care Practitioner by the Registered Nurse Band 5 or above responsible for the patient's care working in the community setting. This can be delegated providing the delegate has undertaken appropriate training and supervised practice and has successfully completed both the theory and practice summative assessments.

1.3 ***The Registered Nurse remains responsible for the care of the patient concerned.***

2.0 Purpose

2.1 This guidance aims to provide a framework for the defined Health Care Practitioners (HCP) to use in order to administer pharmacological VTE Prophylaxis.

2.2 This guidance will ensure that the delivery of care meets the standards required by the Trust, Skills for Health and the professional standards of the NMC as would be the expectation of all competent practitioners.

3.0 Definitions

3.1 This policy applies to Health Support Workers (HSW's), Associate Nurses (AN) and Assistant Practitioners (AP) within the Adult community nursing teams, who have undertaken training and development in order to attain the knowledge and skills required to safely administer Pharmacological VTE Prophylaxis.

4.0 Responsibilities and Accountabilities

4.1 Registered Nurse

4.1.1 This policy is overarched by the Medicines Management Policy and Infection Prevention and Control (IPC) policies listed below.

4.1.2 Responsibility for the delegation of this task lies with the Registered Nurse responsible for the patients care, taking into account stability of disease process, Mental Capacity and an identified need for a practitioner to administer the prescribed treatment on behalf of the patient who has given consent.

4.1.3 Assess the patient's need for administration of the drug is clearly stated upon referral to the service, ensure that the medication is clearly prescribed and an authorisation sheet completed.

4.1.4 Administer the first injection with the HCP.

4.1.5 Review all at the minimum of four weekly time period for patients receiving low molecular anticoagulant therapy.

4.1.6 The pharmacological VTE prophylaxis referred to within this policy **MUST NOT** be omitted unless there is a clinical indication/requirement to do so and this is agreed by the Registered Nurse or it is recommended and documented on the administration record by either the General Practitioner (GP), qualified non-medical prescriber or hospital consultant.

4.1.7 Registered Nurses with delegating responsibility must do so on a named patient basis only.

4.1.8 Pharmacological **VTE Prophylaxis** can be administered by the HCP once the patient is on a therapeutic dose.

4.2 Health Care Practitioners

4.2.1 Individuals carrying out this delegated activity are accountable for their own actions and are required to work within agreed parameters and their own clinical competence.

4.2.2 Each individual Health Care Practitioner remains responsible for their own actions and omission. No individual should undertake the administration of Pharmacological VTE Prophylaxis without having completed the recognised training programme after which knowledge and skills should be assessed and signed off using Shropshire Community NHS Trust competency tool and assessment process

5.0 Consent and refusal of treatment

5.1 All staff delivering pharmacological VTE prophylaxis must do so in accordance with the SCHT Consent to Examination or treatment Policy.

5.2 If patient declines the pharmacological VTE prophylaxis referred to in this policy then the prescriber / medical staff **MUST** be informed and direction as to how to proceed recorded and communicated to the Registered Nurse in Charge. The individual patient must be made aware of the consequences if doses are missed or in the case of Pharmacological VTE Prophylaxis, there is a failure to complete the full course of thromboprophylaxis which may result in the development of a venous thrombus embolism (VTE) such as a deep vein thrombus (DVT) or pulmonary embolus (PE). This must be documented in the patient clinical record

5.3 Third parties can only consent on behalf of a patient if they have Lasting Power of Attorney (Health) or an advance decision exists. If consent is declined, the HCP must report this to the Nurse in Charge as soon as possible. The Nurse in Charge will then inform the prescriber, arrange for a reassessment of the patients' needs and implementation of an alternative plan in the best interests of the patient and ensure the completion of a DATIX incident form.

6.0 Prescribing of medication

6.1 The medication will be prescribed by the patients' General Practitioner, hospital Doctor or Non-Medical prescriber.

6.2 Relevant data including the prescriber's signature must be legible

a) The patients full name, including aliases
b) Date of birth
c) Address
d) NHS number
e) Full name of medication.
f) Dose of medication
g) Time of each injection or required time frame
h) Route

6.3 All authorization records to have the Prescribing Five Right Label Attached
The Right Patient
The Right Drug
The Right Dose
The Right Route
The Right Time

6.4 The Health Care Practitioner must have attained the appropriate competency level in order to administer the medication.

7.0 Procedure for Administration of Pharmacological VTE Prophylaxis

7.1 Staff will undergo a training programme which will include;

- Aetiology of VTE development
- Rationale for thromboprophylaxis
- Mode of action for Pharmacological VTE Prophylaxis to include physiological processes of coagulation and pharmacology
- Duration of treatment
- Method of administration
- Cautions associated with use
- Contra-indications
- Complications and side-effects

7.2 Indications for the delegation of Pharmacological VTE Prophylaxis.

7.2.1 Once the staff member has completed the education programme and achieved the level of competency set they will be signed off by The Registered Nurse and this will be discussed at a yearly appraisal. These competences are reviewed every twelve months by the team leader.

7.2.2 The Registered Nurse considers whether the HCP is ready to extend their skill set and whether it is an appropriate use of skills within the team. These skills must be used within the team on a regular basis to maintain competency. If there is a period of three months or more whereby the skills are not required / utilised then the HCP will need to be reassessed by a registered nurse to verify competency.

7.2.3 The administration of Pharmacological VTE Prophylaxis by HCP is only applicable to patients who are stable and do not require a Registered Nurse holistic review. However patients will continued to be reassessed as clinical need determines.

7.2.4 The administration of the pharmacological VTE prophylaxis by HCP is determined by patient need and **NOT** service convenience.

7.3 Procedure Action and Rationale

Action	Rationale
Wash hands using approved technique as stated within the Trust Infection Control Policy. Obtain consent / assess Mental Capacity in accordance to Shropshire Community NHS Trust consent to treatment policy from the patient to receive the subcutaneous Pharmacological VTE Prophylaxis Check patient's understanding about treatment.	This minimises the risk of cross infection (Public Health England, 2013) To ensure that the patient understands the procedure and gives his/her valid consent [NMC 2015]
Check the authorisation and administration record to ascertain the following; • All service user identifying information • Their allergy / sensitivity status • The appropriate signatures • Overall legibility • A correctly written prescription • Medication to be administered • Dose • Route and method of administration • Date and time of administration • Frequency • Authorisation signed by prescriber • Last site used • Check that the drug is due and has not already been administered Prior to administration of the drug the HCP must check the dose prescribed against the dose of the drug contained within the syringe. The authority to administer will clearly state the dose required to be administered by the HCP.	To ensure that the correct patient is given the correct drug at the prescribed dose by the correct route .The Five Rights. (Royal Pharmaceutical Society 2019) To protect service user from harm (Patient Safety Agency, 2018)
Within the treatment plan any extra personal protective equipment required to administer the injection other than gloves and apron will be identified.	Individualised treatment plans will specify whether extra protection in the form of protective eyewear etc are required in accordance with Trusts IPC Policy.

Action	Rationale
Record the batch number and expiry date of medication to be administered onto the authorisation chart Do not sign for administration until **AFTER** the drug has been given.	To ensure contemporaneous record keeping and ensuring that the medication administered is not out of date and duplicated.
Assist the patient into position so that the injection can be administered ensuring that the patients dignity is maintained. Check the site of administration for any existing bruising and erythema Administration is by subcutaneous injection, preferably into the abdominal subcutaneous tissue or into the lateral part of the thigh for pharmacological VTE Prophylaxis. For subcutaneous injection, the total length of the needle should be introduced vertically, not at an angle, into the thick part of a skin fold, produced by squeezing the skin between thumb and forefinger; the skin fold should be held throughout the injection.	To allow access to the appropriate injection site. To reduce the number of pathogens introduced into the skin by the needle at the time of insertion [Chadwick, 2015]. To ensure the correct administration of the drug. To reduce possibility of haematoma formation. Marsden Manual of Clinical Nursing Procedures (2015).
The site must be rotated. Inspect the skin. If the skin has been socially cleaned with soap and water the injection may be administered. Where appropriate, clean the skin at the injection site with an alcohol swab, allowing the skin to dry (for at least 30 seconds). Administer the injection slowly (1ml per 10 seconds) then release the traction on the skin and remove the needle. Do not rub the site post administration.	Skin cleansing of soiled skin can reduce the risk of pathogens being introduced to the skin by the needle at the time of insertion, although there is evidence that the procedure is not always necessary if the skin is socially clean (Public Health England, 2013).
Dispose of sharps safely into a sharps box.	To ensure safe disposal of used sharps as per Trusts clinical waste disposal policy.
Complete the administration record by signing the chart against the appropriate drug, to state the drug has been given has been given. Record the site of injection.	To ensure accurate records are maintained. Report to Registered nurse any concerns identified during the visit, including bruising.
Ensure patient is left comfortable and is aware of who to contact if required.	

8.0 Record Keeping

8.1 All documentation should follow the standards set by SCHT Clinical Record Keeping policy & NHS Record Keeping standards. Each entry should be signed clearly and name printed and designation specified . It is a minimum requirement to document consent given, batch number of injection given, site of administration and expiry date of the injectable medication administered. The patients electronic patient record must be entered contemporaneously and the general practitioner informed of any changes to the patients' health. Any concerns identified including bruising must be documented, photographed and reported to the appropriate Clinician.

9.0 Review

9.1 All patients requiring administration of Pharmacological VTE Prophylaxis will receive a review by a Registered Nurse:

Pharmacological VTE Prophylaxis	All patients requiring administration of Pharmacological VTE Prophylaxis will receive a review by a registered Nurse every four weeks.

9.2 The Administration of Injectable Medication by a Healthcare Practitioner standard operating guidelines will be reviewed on a three yearly basis or if pertinent information requires amendments to be made to the document.

10.0 Dissemination and Implementation

10.1 Dissemination and implementation of these guidelines will be via service leads. Interdisciplinary Team Leaders will be supported to implement this guidance by their community practice teachers and clinical services managers.

10.2 Assessment of Competence

10.1.1 Staff that are to undertake the above activities are required to attend the Trust's designated training programme . Learning outcomes will be assessed by the successful completion of the competency framework attributed to the administration of Pharmacological VTE Prophylaxis in conjunction with the administration of medicines competency for giving subcutaneous injections.

10.1.2 Assessment of competence will be undertaken following a period of supervised practice with the Registered Nurse working within community setting and verified by successful completion of the specified designated competencies.

10.1.3 The competency form should be copied and forwarded to:

Copy 1: The HCP's manager to ensure the entry is entered onto the staff members' personal electronic learning record. A copy is to be retained in the HCP's personal record. Managers can record completion of competency in ESR .

Copy 2: Staff member who will retain a copy for their personal reference.

11 Monitoring / Compliance

11.1 If errors are made or missed doses occur then this must be reported via SCHT Incident Reporting System DATIX by end of working shift referring to the Trust's Risk Management Policy and the Trust's Incident Reporting Policy.

11.2 Adverse events will be monitored through DATIX Reporting System.

11.3 The Registered Nurse working within community nursing are required to verify the following by supplying the evidence to the Clinical Education Team and own Team that the HCP has received training and achieved the competencies required.

12 Consultation

- Deputy Director of Nursing and Quality Alison Trumper
- Head of Nursing & Quality (Adult SDG) Angela Cook
- Chief Pharmacist Susan Watson
- Head of Infection Prevention & Control Lead Liz Watkins
- Operational Lead for IDT Donna Jones
- Records Manager Alan Ferguson
- Clinical Educator Catherine Chaplin
- Community Practice Teachers Anita Sharrad, Deana James, Tracey Fisher
- Community Nursing Team leaders Vicky Hinks, Jayne Carter, Lynda Randle Michelle Jones, Emma Parker Vickie Clayton, Sandra Parkes, Jayne Richards

13 Associated Documents

13.1 This policy is used in conjunction with the :

- Consent to Examination or Treatment Policy 1542-48761
- Shropshire Community Health NHS Trust Medicines Policies Part 1-8 available on the intranet, staff zone via website http://www.shropshirecommunityhealth.nhs.uk/
- SOP Covert Administration of Medicines 2089-42015
- Incident Reporting Policy 1337-4700
- Management of Incidents Policy 1979-38577
- Needlestick Injuries, prevention and Management, inc BBV Policy 1518-46561
- Standard Infection Control Precautions: Hand Hygiene and personal protective Equipment Policy 1081-52864
- Clinical Record Keeping Policy 1545-53879
- Records Management Policy 1348-47170
- Maintaining High Standards of Performance 1332-33073

14 References

Department of Health (2005) Mental Capacity Act Department of Health http://www.legislation.gov.uk/ukpga/2005/9/contents

Nursing Midwifery Council http://nmc.org.uk

The Royal Marsden Hospital Manual of Clinical Nursing (on line access via Trust Staff Intranet / Sharepoint)

Mental Capacity Act [2005] http://www.justice.gov.uk/protecting-the-vulnerable/mentalcapacity-act

National Patient Safety Agency (2018) Medication Safety www.nrls.npsa.nhs.uk

2019 Royal Pharmaceutical Society Professional Guidance on the administration of medicines in health care settings.

15 Appendix 1: Competency Document

Shropshire Community Health NHS Trust

Competency Document Details	
Title	**Administration of Pharmacological Venous Thromboembolism Prophylaxis**
Trust policies relevant to competency	Administration of Pharmacological Venous Thromboembolism Prophylaxis by Associate Nurses, Assistant Practitioners and Health Care Support Workers
Competency reference number	
Who is the document aimed at?	Associate Nurses, Assistant Practitioners, Health Care Support Workers administering VTE Prophylaxis
Which service is the document aimed at?	Trust wide community services, inpatient wards, outpatient services, Minor Injury Units
How will training and support be provided?	In house training and period of direct supervision with assessment
Author	Catherine Chaplin Clinical Educator
Approval process	
Approval Date	
Review date	
Document Links	
Required by CQC	
Required by NHSLA	
Other	

Amendments History **Any amendments to be approved by Clinical Education Group**		
No	Date	Amendment
1		
2		
3		
4		
5		

Competency: **Administration of Pharmacological Venous Thromboembolism Prophylaxis**

Name:	Role:
Base:	Date initial training completed:

Competency Statement:
The participant demonstrates clinical knowledge and skill of Administration of Pharmacological Venous Thromboembolism Prophylaxis without direct supervision. Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 2 or above. Assessment will be undertaken either using Benner's Stages of Clinical Competence: Novice to Expert (1984) or Steinaker and Bell's Experiential Taxonomy (1979).

Competent Practitioner Level 2 Descriptor: Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice.

Demonstration of clinical knowledge:		✓
Level 1 Responsible for delivering agreed programmes of care, under the supervision of a registered practitioner	Discuss understanding of accountability and professional responsibility.	
	Name and identify pharmacological VTE prophylaxis preparations and why they are used.	
	Identify how and who to contact in case of queries or untoward events.	
	Discuss sites used for subcutaneous injection and reasons for rotation of injection sites.	
	Identify 3 potential problems with injection sites and their likely causes.	
	Describe the course of action in the event of a needle stick injury.	
Level 2 Responsible for Co-ordinating and delivering effective quality clinical care following a patient centred model of practice and ensuring the work area runs smoothly	**Level 1 and:**	
	Discuss appropriate delegation of this clinical procedure to Associate Nurse(AN) /Assistant Practitioners(AP) /Health Care Support Workers(HCSW) including when not appropriate to delegate	
	Discuss local policy and demonstrate awareness of the Registered Practitioners role and responsibilities in supporting AN/AP/HCSW in this context	
	Discuss role in supporting this extended role within clinical environments	
Level 3 Responsible for Co-ordinating, delivering and maintaining high standards of day to day clinical care for all patients in the designated clinical area. Provide support to the team leader and clinical leadership to the team	**Levels 1, 2 and:**	
	Support teaching principles of Venous Thromboembolism Prophylaxis administration within clinical environments	
	Act as a mentor and assessor to staff undertaking Venous Thromboembolism Prophylaxis administration training and confirming learners as competent in the skill	
	Act as an expert role model demonstrating the ability to problem solve and support staff with any issues relating to Venous Thromboembolism Prophylaxis administration	

Level 4 Lead & Manage a clinical team & patient services, developing clear systems to ensure delivery of evidenced based care. To provide support to senior management /clinical leads and clinical leadership to the ward or team	**Levels 1, 2, 3 and:**	
	Teaches all aspects of Venous Thromboembolism Prophylaxis administration in clinical and classroom environments	
	Promote systems in the clinical area to ensure that staff are competent in Venous Thromboembolism Prophylaxis and kept informed of developments in practice	
	Monitor performance and any adverse events to improve and develop practice	
	Act as supervisor to those mentoring and assessing learners in Venous Thromboembolism Prophylaxis	

Assessment of Proficiency in Clinical Competency

Assessment of professional practice is an on-going process that embraces a variety of different methods.

Demonstration of practical skill:				
Performance Criteria	**Assessment Method (Questioning/ Observation)**	**Level achieved**	**Date**	**Assessor/ self-assessed**
Wash hands using approved technique as stated within the Trust Infection Control Policy.	Observation			
Obtain consent / assess Mental Capacity (in accordance to local policy) from the patient to receive the subcutaneous Pharmacological VTE Prophylaxis.	Observation & Questioning			
Check the patients understanding of the treatment.	Observation			
Check the authorisation and administration record to ascertain the following: • Correct patient identity • Their allergy / sensitivity status • The appropriate signatures • Overall legibility • A correctly written prescription • Medication to be administered • Dose • Route and method of administration • Date and time of administration • Frequency • Authorisation signed by	Observation & Questioning			

prescriber • Last site used • Check that the drug is due and has not already been administered				
Prior to administration of the drug the Health Care Professional must check the dose prescribed against the dose of the drug contained within the syringe.	Observation			
Ensure correct PPE is donned and care plan checked to ascertain if additional PPE is required.	Observation			
Record the batch number and expiry date of medication to be administered onto the authorisation chart	Observation			
Assist the patient into position so that the injection can be administered ensuring that the patients dignity is maintained.	Observation			
Check the site of administration for any existing bruising and erythema	Observation & Questioning			
Ensure skin has been washed with soap and water and is socially clean. Where appropriate, clean the skin at the injection site with an alcohol swab, allowing the skin to dry (for at least 30 seconds).	Observation & Questioning			
Administer injection: • Squeeze skin between thumb and forefinger to produce thick part of skin fold • Introduce needle vertically • Administer injection slowly (1ml per second) • Hold skin fold throughout procedure • Release traction on skin and remove needle	Observation			
Dispose of sharps safely into a sharps box.	Observation			
Check administration site following injection and site and not rub the site post administration.	Observation			

Administration record completed by signing the chart against the appropriate drug, to state the drug has been given.	Observation			
Record the site of injection.	Observation			
Ensure patient is left comfortable and is aware of who to contact if required.	Observation			

Competency Sign-Off

Name: _____ **Signature:** _____

Status: _____ **Date:** _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in Venepuncture.

Assessor: _____ **Signature:** _____

Status: _____ **Date:** _____

Review Dates:	Competent Yes/No	Registered Nurse signature	Verifier signature	Comments

References:

Benner's Stages of Clinical Competence: Novice to Expert (1984)

Care Quality Commission (Registration) Regulations 2009 (Part 4)

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

Royal Marsden (2017) The Royal Marsden Manual of Clinical Nursing Procedures (9th ed)

Steinaker and Bell's Experiential Taxonomy (1979)