

**MM Comp 7 – V03 – Issue 2**

**Ratified MOC – October 2021 – Issued November 2021**

**Review – May 2023**

Checking the Administration of Controlled Drugs

by Non-Registered Nurses **/**Nursing Assistants or Student Nurses/Trainee Nursing Associates, Nursing Associates and Allied Health Professionals (AHP)

**Competency Assessment**

For Non Registered Nurses / Nursing Assistants or Student Nurses/Trainee Nursing Associates, Nursing Associates and Allied Health Professional (AHP)

To be completed 3 yearly

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| --- | --- |
| Employee Name |  |
| Job Title |  |
| Place of Work |  |
| Assessor Name |  |
| Date of Assessment |  |

**Rationale for a Competency Assessment for Witnessing the Administration of Controlled Drugs (CDs) by Non-Registered Nurses, Nursing Assistants and AHPs**

All staff should be compliant with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW) Medicines Policy, CNTW(C)17, which states that the administration of controlled drugs should ideally be undertaken by two qualified staff. This would usually be two Registered Nurses or sometimes one Registered Nurse and another practitioner (e.g. a doctor or a pharmacist) or Student Nurse/ Trainee Nursing Associate and Nursing Associates (once they have received the appropriate training and demonstrated required competence)

In circumstances where a 2nd Registered Nurse is not available, in the interests of patient care, the role of the witness (second signatory) may be undertaken by an appropriately trained competent Non-Registered Nurse/Nursing Assistant; a Student Nurse/Trainee Nursing Associate/ Nursing Associate; an Allied Health Professional (AHP). It is essential that the second signatory witnesses the whole administration and recording process.

Where a qualified or appropriately trained witness is not available then the Registered Nurse needs to use their professional judgment to determine the risk to the patient of not administering the drug and may in these circumstances administer and check as an individual practitioner following the clinical guidelines and the Trust Medicines Policy.

However this should be a last resort and staff should aim to follow this procedure and use a trained and competent Non-Registered nurse/Nurse Assistant; a Student Nurse/Trainee Nursing Associate/ Nursing Associate; an AHP whenever possible.

This procedure enables Non-Registered nurse/Nursing Assistant or Student Nurses/Trainee Nursing Associate, Nursing Associates and Allied Health Professionals working within CNTW Trust to support timely administration of Controlled Drugs by acting as witnesses to the procedure and providing the second signature.

**Controlled Drugs**

* **Schedule 1 CDs** Most schedule 1 CDs have no therapeutic use and require a special home office licence for their production, possession and supply. Examples include LSD and cannabis (See also UHM-PGN-01, section 11- Handling medicines of abuse/illicit substances).
* **Schedule 2 CDs** include the opioid analgesics e.g. cocaine, diamorphine, fentanyl, methadone, morphine, oxycodone, pethidine, and major stimulants e.g. amphetamines, and quinalbarbitone. These drugs are subject to full CD regulations relating to prescribing, ordering, safe custody, register keeping and destruction.
* **Schedule 3 CDs** includeTramadol, midazolam, phenobarbitone buprenorphine, temazepam, gabapentin and pregabalin The Schedule 3 drugs buprenorphine, temazepam and tramadol, must be locked in the CD cupboard and are therefore treated in the same way as schedule 2 drugs within the Trust. All other Schedule 3 drugs (e.g. midazolam, phenobarbitone, gabapentin and pregabalin) do not need to be stored in a controlled drug cupboard or ordered and recorded as CDs.
* **Schedule 4** contains most of the benzodiazepines and anabolic and androgenic steroids. There are no safe custody or prescription writing requirements by law, however prescriptions are only valid for 28 days from the date the prescription was written in line with schedule 2 and 3 CDs
* **Schedule 5** contains preparations of certain controlled drugs such as codeine and pholcodine that are exempt from full control when present in medicinal products of low strength e.g. co-codamol tablets. There are no prescribing, safe custody requirements, ordering or administration requirements

There is a power point training presentation to accompany this competence assessment:

**Support Workers Training Plan PPT**

The power point can be accessed on the intranet via: [Medicine Management Competency Assessment - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (cntw.nhs.uk)](https://www.cntw.nhs.uk/about/policies/medicine-management-competency-assessment/) and selecting the following link:

Graphical user interface, text, application

Description automatically generated

The training programme should be delivered by a Registered Nurse.

Competency should be assessed by a Registered Nurse.

**1 Knowledge**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 1.1 | The non-registered nurse/nursing associate **/ student nurse/trainee nursing associate/Nursing Associate/ Allied Health Professional (AHP)** can demonstrate awareness of the Trust Medicine Policy and UHM PGN-04 Controlled drugs | Verbal |  |  |  |  |
| During Interview |
| 1.2 | The non-registered nurse/nursing associate / **student nurse/trainee nursing associate/ /Nursing Associate/Allied Health Professional (AHP)** can explain the importance of why Controlled Drugs require special attention | Verbal |  |  |  |  |
|  |
| During Interview |
| 1.3 | Nursing Associates should be able to explain clearly their role/responsibility in relation to the administration of all controlled drugs (schedules 1-5) | Verbal  During Interview |  |  |  |  |

**2 Administration**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(Yes/No)** | **Signature of Nurse Undertaking Assessment** | **Signature of Assessor** | **Date Deemed Competent** |
| 2.1 | To ensure the right patient is given the correct drug and prescribed dose and by the correct route. The non-registered nurse/nursing associate/ **student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** checks that the prescription is written clearly and is not ambiguous | Verbal during interview |  |  |  |  |
| 2.2 | The non-registered nurse/nursing associate **student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** consults the patient’s prescription chart, and ascertains the following:  (a) Correct Patient identity  (b) Drug and form  (c) Dose  (d) Route and method of administration  (e) Date and time of administration  (f) Correctly completed prescription  NB: It is the responsibility of the registered nurse to establish validity of prescription  (f) Signature of Doctor  Refer to BNF | Verbal during interview |  |  |  |  |
| 2.3 | To ensure the correct drug is given, the non-registered nurse/nursing associate/**student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** checks that the correct drug has been selected from the CD cupboard / drawer and that the drug is in date | Observation during Medication Round |  |  |  |  |
| 2.4 | To ensure that all drugs are accounted for and recorded, the non-registered nurse/nursing associate/ **student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** checks that the remaining stock in the cupboard / drawer corresponds to the balance made in the Record Book / Automated Drug cabinet once the correct dose is removed for administration. | Observation during Medication Round |  |  |  |  |
| 2.5 | To ensure that the correct drug is being given, the non-registered/nursing associate/**student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** *c*hecks the date and dose against the patient’s prescription chart | Observation during Medication Round |  |  |  |  |
| 2.6 | The non-registered nurse/nursing associate / **student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** accompanies the Registered Nurse during the administration to the patient | Observation during Medication Round |  |  |  |  |
| 2.7 | After the medication has been administered, to ensure correct recording and documentation, the non-registered nurse/nursing associate/ **student nurse/trainee nursing associate/ Nursing Associate/ Allied Health Professional (AHP)** checks that the administration section of the prescription chart is signed by the nurse responsible for administering the medication | Observation during Medication Round |  |  |  |  |
| 2.8 | The Registered Nurse will record the date, dose and stock balance of the drug in the CD Record Book. This is signed by the non-registered nurse/nursing associate / **student nurse/trainee nursing associate/ /Nursing Associate// Allied Health Professional (AHP)** as a witness to the administration process. Where automated drug cabinets are in use the witness will complete the process on the cabinet | Observation during Medication Round |  |  |  |  |
| 2.9 | Nurses/Nursing Associates / **student nurse/trainee nursing associate/ /Nursing Associate/ Allied Health Professional (AHP)** can clearly describe the process by which CDs are disposed of on wards, including surplus and unused portions  UHM-PGN-04 Controlled Drugs, section 14 |  |  |  |  |  |

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| **Assessor’s Comments:** |
| **Signature:** |
| **Date:** |

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| **Non Registered Nurses’** /nursing associate /**student nurse/trainee nursing associate/AHP Comments:** |
| Signature: |
| Date: |

**Action Plan**

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| **Action** | **Date to be Achieved** | **Date of Re-assessment** | **Outcome** | **Signature** |
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**Certificate of Completion**

**This is to certify that**

**has successfully completed the**

**Non Registered Nurse / Nursing Assistant / Student Nurse /**

**Trainee Nurse Associate / Nursing Associate/AHP**

**Competency Assessment**

**to serve as the “witness” for the administration of**

**Controlled Drugs**

**Signature of Assessor Date**