

Medication Vest Procedure

Purpose

To outline the use of medication vests to staff and approved persons involved in medication/fluid management with the aim of reducing interruptions.

Scope

Staff and approved persons involved in preparing, checking and administering Fluid and Medication as per the CDHB Roles and Responsibilities Policy (2017) and the CDHB Student Nurse Midwife Responsibilities with Fluid and Medication Management Policy (2017) in all inpatient areas *except* those facilities/services where the use of medication vests is *not* part of their medication safety strategy.

Introduction

The process of medication administration has a significant impact on patient safety and the effectiveness of following due process & policy guidelines helps reduce medication errors.

Not being interrupted during medication preparation and administration has a positive effect on patient safety.

Medication vests provide a visual cue to other staff, visitors and patients that the nurse /midwife/ student nurse/student midwife is involved in a critical task and must not be interrupted. Best practice research validates that the use of medication vests reduces opportunities for medication error.

Procedure

Medication vests will be worn by nursing/midwifery staff (this includes students) when preparing and administering medication.

When medication preparation and administration requires a second checker (double independent checking) both nurses/midwives will wear a medication vest.

Medication vests will not be worn when providing routine patient care.

Medication vests do not need to be removed when entering an isolation room. Infection Prevention and Control Transmission Based Precautions (Isolation Guidelines) apply in this situation.

Exceptions: emergency situations.

Relevant education and training

Education and training for clinical staff about medication vests will occur as a component of the medication management process during the initial orientation period. i.e. *“This is what we do around here”*.

Nursing/Midwifery staff will explain to patients what the medication vests mean when they are admitted.

Signage in the clinical areas will explain to patients, families and visitors about the medication vests and ask that they do not disturb nursing/midwifery staff when they are wearing the vest, "*Respect the Vest*".

Laundering

CDHB Infection Prevention and Control service recommend the following:

- Medication vests are to be laundered at least once a week or when visibly soiled, by the Canterbury Laundry Services to meet AS/NZ 4146: 2000 Laundry Standards.
- In order to facilitate the laundering process adequate numbers of vests will need to be purchased/ordered to allow for a turnaround time at the laundry.
- Place soiled vests in black laundry bag.
- Replace vests immediately if visibly soiled or contact with infectious material or body fluids.

Measurement

Compliance with this procedure will be measured through CDHB quality improvement fluid and medication audit activities.

Associated documents

Standard Precautions policy Ref: 4806

Linen and Laundry Guidelines for wards and departments Ref: 4804

Fluid and Medication Checking Procedure Ref: 3209

Fluid & Medication Management Roles and Responsibilities Policy Ref: 4721

Student Nurse Midwife Responsibilities with Fluid and Medication Management Policy Ref: 4722

References

Choo, J, Johnston, & L, Manias, E (2013). Nurses' medication administration practices at two Singaporean acute care hospitals. *Nursing Health Science* 2013 Mar; 15(1):101-8. doi: 10.1111/j.1442-2018.2012.00706.x.

Verweij, L, Smeulers, M, Maaskant, J, & Vemeulen, H (2014). Quiet Please! Drug Round Tabards: Are They Effective and Accepted? A Mixed Method Study. *Journal of Nursing Scholarship* 2014; 46:5, 340–348. doi: 10.1111/jnu.12092