

Roles and Responsibilities Policy

Contents

Purpose.....	2
Policy.....	2
Applicability	2
Roles and Responsibilities	3
Allied health, scientific and technical workforce	3
Registered Health Professional Responsibilities Overseeing Unregulated Health Care personnel	3
Unregulated Health Care personnel (students, defence force medical assistants, health care assistants, technicians, pharmacy assistants)	3
Double Independent Checking - Staff responsibilities	3
Fluid and Medications which require Double Independent Checking	3
Enrolled Nurse responsibility in double independent checking	4
Restricted Scope Enrolled Nurses	4
EN scope with medication management -routes for preparation, checking and administering - see table below.....	5
Fluid and Medication Management Safety Requirements	6
Fluid and medication management training for nursing and midwifery	6
Table 1 – Selection of the National Medication and Fluid foundation courses for workplace roles	7
Table 2 – Level 2 CVAD endorsement courses.....	8
Policy measurement.....	8
Associated material	9
Controlled documents.....	9
Fluid and Medication Specific Endorsements	9
References	9
Roles (table).....	10

Purpose

Scope of Practice Statement:

- All health professionals registered under the Health Practitioners Competence Assurance Act (2003) will adhere to their own scope of practice and position description, and contractual requirements.
- Each health professional that is regulated by a professional body is accountable for their practice, adherence to their profession's standards and relevant CDHB and workplace policies.
- Enrolled Nurses practice under the direction and delegation of a RN or RM, and in some situations a MO. For further direction and delegation under other health professionals refer to the CDHB Direction and Delegation Policy.
- Health care workers who are not regulated by a professional body but who have some medication responsibilities will adhere to CDHB and workplace policy. They will perform their duties under the oversight of a registered health professional who will maintain overall responsibility for medication management.

Please Note: All health professionals who have conditions or restrictions placed on their scope of practice have a responsibility to inform their line manager and colleague(s) if there are parameters or restrictions placed upon their practice which will impact upon, or restrict, medication management practice.

Policy

CDHB and non CDHB personnel will adhere to regulatory requirements and best practice and medication safety principles.

Applicability

CDHB staff or Approved Persons who are responsible for fluid and medication management.

Definitions

Nurse Practitioner: Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. Nurse practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence, and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.

Registered Health Professional: registered under the Health Practitioners Competence Assurance Act (2003) includes: Registered Nurse (RN), Registered Midwife (RM), Enrolled Nurse (EN), medical officer (MO), Pharmacist, Intern Pharmacist, and Anaesthetic Technician.

Pharmacy Technicians/Assistants: responsible for carrying out medicine related activities under the direct or immediate supervision of a pharmacist as allowed in the Medicines Act 1981 and the Medicines Regulations 1984, and in ward based activities approved by the professional lead pharmacist in line with education/learning and position description.

Approved Person: Non CDHB staff working within the CDHB who, through their contracted role, are responsible for fluid and/or medication management.

Enrolled Nurse (EN): Enrolled Nurse (Diploma of EN or EN Transition to new scope since 2010) with CDHB Fluid and Medication Endorsement

Enrolled Nurse Restricted Scope: Enrolled Nurse who has not transitioned to the new scope of practice (2010) or does not have a Diploma in Enrolled Nursing. Restricted scope ENs do not have a CDHB fluid and medication endorsement.

Endorsement: Completion of the appropriate Medication and Fluid Foundation Programme on healthLearn. Level 1 IV Endorsement for peripheral IV management. Completion of Level 2 or CVAD endorsement for CVAD IV management

Roles and Responsibilities

Allied health, scientific and technical workforce

- Must work within the framework laid out in their scope of practice established by their regulatory body/professional body.
- Must adhere to relevant professional practice standards, national guidelines, CDHB policies/procedures and relevant legislation.
- All personnel who have restrictions on their scope of practice have a responsibility to inform their line manager which may impact upon their fluid and medication practice.

Registered Health Professional Responsibilities Overseeing Unregulated Health Care personnel

The registered health professional is responsible for understanding the unregulated health care personnel's practice, their limitations and how it can contribute to care in the health care setting (see the CDHB Direction and Delegation policy).

Unregulated Health Care personnel (students, defence force medical assistants, health care assistants, technicians, pharmacy assistants)

Must only undertake activities delegated to them by a registered health professional if the activity is in accordance with their position description, education/learning and CDHB policy in the area where they are working.

Are accountable for their own actions in undertaking the activities delegated to them by the registered health professional. Must inform the registered health professional if an activity delegated to them is not in accordance with their position description, education/learning and what is best practice and policy in the area where they are working; or if they are uncertain of the requirements or the patient's response at any stage of the fluid/medication management activity.

Double Independent Checking - Staff responsibilities

Fluid and Medications which require Double Independent Checking

Double independent checking will occur as per our CDHB Patient Identification Policy and CDHB Checking Procedure (which includes double independent checking) for the following medication/fluid/routes.

Adults

- Any Controlled Drug/Infusion
- Blood or Blood Products (please refer to new blood and blood product protocols for specific preparation and checking requirements)
- Anticoagulants
- Cytotoxic

And

Any fluid/medication administered by the below routes

- Intra muscular
- Intra dermal
- Sub cutaneous
- Intravenous
- Intrapleural
- Intrathecal
- Epidural route

Note: always check for local/area specific policies e.g. SMHS, Rural, where independent community work allows for single checking of certain commonly administered medications.

Children

All medications, by all routes, are to be double independently checked

Exception: Those drugs listed in the Child Health Service Single Check Medication List.

Child Health nurses who have completed the Child Health Medication safety package and have the approval of their CNM may administer medications from this Single Check Medication list.

Please note: At any time, the person can request a double independent check when administering medications from the single check list.

Neonates

- All medications, by all routes, are to be double independently checked

Exception - oral vitamins may be single checked.

Enrolled Nurse responsibility in double independent checking

- When their designated registered health professional is not available Enrolled Nurses can double independent check with another RN/RM, MO or another EN (who must also hold a relevant fluid and medication endorsement)
- Where two ENs are performing the independent double check it must only be for a medication/fluid they are permitted to administer

Please Note: always check for local/area specific policies e.g. SMHS, Rural, where independent community work allows for single checking of certain commonly administered medications.

Restricted Scope Enrolled Nurses

- Will require a double independent check **for all fluid and medication with another RN/RM or MO**

Restricted scope EN's must not check any fluid or medications with a student.

EN scope with medication management -routes for preparation, checking and administering - see table below

- Not all medications listed on this table can be administered. Please read the whole line - where Check Only or * are identified
- If the medication is not listed this will not be a double independent check medication/route and may be administered following the above requirements
- EN's cannot check medications which require a double independent check, with students.
- 1st level IV peripheral endorsement is achieved by completing Medication and Fluid Foundation 3, or previous completion of IV Initial Permanent (IVP1).

Enrolled Nurse Scope with Medication management

When their designated registered health professional is not available Enrolled Nurses can double independent check with another RN/RM, MO or another EN (who must also hold a relevant fluid and medication endorsement). Where two ENs are performing the independent double check it must only be for a medication/fluid they are permitted to administer see * in additional information column.

Medication/Fluid preparation checking and administration for your OWN PATIENT	Check with RN/RM	Check with EN	Check with EN Restricted scope	Check with Student Nurse	Additional Information *restricted scope as per the New Zealand Nursing Council
Any fluid or medication via a CVAD check only	*Yes	No	No	No	*Acts only as double independent checker with RN. The EN must be 1st level endorsed.
Peripheral Intravenous Fluid, pre-mix bags which are running 8 -12hrly	Yes	*Yes	No	No	*Both ENs must be 1st Level endorsed.
Peripheral IV Fluid requiring a rate change check only	*Yes	No	No	No	*Acts only as a double independent checker with RN.
Peripheral V Fluids with medication added check only	*Yes	No	No	No	*Acts only as a double independent checker with RN.
Intravenous medications check only	*Yes	No	No	No	*Acts only as a double independent checker with RN.
Sodium Chloride 0.9% peripheral IV flushes (adults only)	Yes	*Yes	No	No	*Both ENs must be 1st Level endorsed.
Subcutaneous fluid administration (gravity fed)	Yes	*Yes	No	No	*Both ENs must be 1st Level endorsed.
Subcutaneous/Intramuscular RD/CD check only	*Yes	No	No	No	*Acts only as double independent checker with RN.
Controlled drugs via Transdermal route check only	*Yes	No	No	No	*Acts only as double independent check with RN .
Controlled/Recorded drugs via Intranasal route check only	*Yes	No	No	No	*Acts only as double independent check with RN .
Intramuscular (not RD/CD)	Yes	*Yes	No	No	*Both ENs must be 1st level endorsed.
Controlled / Recorded drugs via the oral route	Yes	*Yes	No	No	*Only when RN not available.
Controlled / Recorded drugs via the intravenous route check only	*Yes	No	No	No	*Acts only as double independent checker with RN.
Blood or Blood Products check only	*Yes	No	No	No	*Acts only as double independent checker with RN. EN must be 1st Level endorsed
Insulin via IV route check only	*Yes	No	No	No	*Acts only as double independent checker with RN. EN must be 1st Level endorsed
Insulin via Subcutaneous route	Yes	No	No	No	
Insulin via subcutaneous route from pre-filled pen	Yes	Yes	No	No	
Anticoagulants via an oral route	Yes	Yes	No	No	
Anticoagulants via subcutaneous route, pre-filled syringe where whole dose is given	Yes	Yes	No	No	
Anticoagulants via subcutaneous route, pre-filled syringe where part dose is given	Yes	No	No	No	
Anticoagulants via IV route check only	*Yes	No	No	No	*Acts only as double independent checker with RN. EN must be 1st Level endorsed.
Oral Cytotoxic medication	*Yes	*Yes	No	No	*Only if EN completed relevant eviQ antineoplastic drug administration course.
IV / Subcutaneous/IM Cytotoxic drugs	No	No	No	No	
Epidural, Intradermal, Intrathecal, Intrapleural medication	No	No	No	No	

Fluid and Medication Management Safety Requirements

To enhance the safe administration of fluid and medications health professionals involved in fluid and medication management are expected to:

- Follow CDHB and workplace policy in prescribing, dispensing, calculating, checking, informing the patient/client/parents/family, administration and documentation and therapeutic evaluation of fluid and medications.
- Oversee and direct the practice of the enrolled nurse and/or unregulated health care colleague, e.g. student, defence force medical assistant, health care assistant, technician.
- Minimise environmental distractions.
- Think critically upon every step of their practice.
- Perform medication and/or fluid therapy according to the independent checking procedure (double or single)
- Read the label on the container three (3) times;
 - before removing from storage site
 - before opening the container
 - when replacing the container
- Prepare and administer **one** patient's medication/fluid at any one time.
- Use the designated oral syringes for administering liquid medication via syringe
- After independently calculating a medication dose, consider whether your calculation is a "reasonable" dose and within expected dosage.
- Be aware of the intended effect, adverse side effects, usual dose range, and actions required, and monitoring of the fluid and medication to be administered by utilising available resources and guidelines.
- Involve the patient/whanau/parent in their medication management, including confirming patient identification with the patient or parent prior to administration.
- Involve a second or third person with any medication/fluid that the staff member /approved person is unfamiliar with or unsure about.
- Seek clarification, question or challenge colleagues, where a prescription or fluid and medication management is not clear or appropriate; or if the management does not adhere to best practice principles or policy.

Fluid and medication management training for nursing and midwifery

An appropriate medication and fluid foundation programme must be successfully completed on orientation to the CDHB/West Coast according to workplace requirements of the role.

Table 1 outlines the general training programmes for medication and fluid management.

Foundation 2, 3, paediatric and operating theatre which support Level 1 peripheral IV endorsement according to workplace practice requirements and scope of practice. (Refer to Enrolled Nurse table and double independent checking sections above for scope of practice for ENs endorsement).

Table 2 outlines the requirements for CVAD endorsements which can occur once peripheral IV endorsement is completed.

Please contact your educator or line manager to establish the programme that is suitable to complete for your workplace.



Please note:

Endorsements for Venepuncture and Peripheral Cannulation are specified in their respective separate policies.

Recognition of prior learning requirements are either stated in the respective policies or in the online course.

Table 1 – Selection of the National Medication and Fluid foundation courses for workplace roles

Medication and Fluid Foundation 1
<p>Modules</p> <ul style="list-style-type: none"> Medication Safety Clinical Calcs Oral meds Sub cut
Medication and Fluid Foundation 2
<p>Modules</p> <ul style="list-style-type: none"> Medication Safety Clinical Calcs Oral meds Sub cut IV fluids IV meds IV infection and prevention
Medication and Fluid Foundation 3
<p>Modules</p> <ul style="list-style-type: none"> Medication safety Clinical Calcs Oral meds Sub cut IV fluids IV meds IV infection prevention Blood and Blood products



Paediatric Foundation program includes Medication and Fluid Foundation 3
<p>Modules</p> <p>Paediatric IV care</p> <p>Paediatric Fluid and Electrolyte management</p> <p>Plus all Medication and fluid foundation 3 modules</p>

Operating Theatre Foundation program includes Medication and Fluid Foundation 3
<p>Modules</p> <p>Medication Management in the Operating Theatre environment</p> <p>Irrigation Fluid Management in the Operating Theatre environment</p> <p>Plus all Medication and Fluid foundation 3 modules</p>

Table 2 – Level 2 CVAD endorsement courses

CVAD endorsement
<p>Course RMGS006</p> <p>NON-IMPLANTED Access Device endorsement</p>
<p>Course RMGS005</p> <p>IMPLANTED Access Device endorsement (area specific e.g. respiratory, oncology, children’s haematology and oncology)</p> <p>(Please Note: before you can complete the Implanted device endorsement you must complete the Non-implanted device endorsement).</p>

Policy measurement

- Incident management system
- Training records
- Canterbury and West Coast Medication Safety Link Clinical Practice Observations.

Associated material

Controlled documents

- Medication-And-Fluid-Legislation ref: 2400483
- Fluid and Medication Checking Procedure ref: 2402384
- CDHB Blood and blood product related protocols ref: 2408293, 2408296, 2408294, 232679
- Double Independent Checking and Administration EN responsibilities ref: 2406323
- MedChart Use policy ref: 2401108
- Patient Identification Policy Ref: 2400587
- Single Check Medications Child Health Service
- Nursing Direction and Delegation Policy Ref: 2400571
- Student Nurse Midwife Responsibilities with Fluid and Medication Management ref: 2401682

Fluid and Medication Specific Endorsements

- Limited Registered and Enrolled Nurse Administration of Nicotine Replacement Therapy ref: 2404921
- Peripheral IV Therapy ref: 2403034
- Peripheral Cannulation ref: 2403026
- Venepuncture Phlebotomy ref: 2400546
- Central Venous Access Devices (CVADs) ref: 2400369
- Cytotoxic biotherapy ref: 2401692
- Acute Pain Management Section Fluid and Medication Management Manual
- Intra pleural Policy (area specific)
- Intrathecal Policy (area specific)

References

- Medicines Act 1981 and Regulations 1984, 1990
- Misuse of Drugs Act and Regulations 1987
- Health Act 1956
- Medicines (Standing Orders) Regulations 2002
- Health and Disability Services (Safety) Act 2001
- Health Practitioners Competence Assurance Act 2003
- NZS 8134:2001 Health and Disability Sector Standards
- Infusion standards of practice 2021
- Guideline: delegation of care by a registered nurse to a health care assistant, NCNZ, 2011
- Guideline: responsibilities for the direction and delegation of care to enrolled nurses
- Nursing Council of NZ Enrolled Nurse scope of practice 2011
- New Zealand Nurses Organisation Guidelines for nurses on the administration of medicines, 2007
- Health Quality and Safety Commission New Zealand; Safe Medication Management Programme; Medications Reconciliation Standards; Version 2 January 2011

Roles (table)

<p>PRESCRIBING</p>	<ul style="list-style-type: none"> • Documents the patients name and NHI on the medication chart prior to prescribing on the chart • Reviews allergies, alerts, medications and paper charts where MedChart used • Confirms medication history prior to prescribing. Medication reconciliation* occurs as appropriate • Knows appropriate dosage , indications and contra indications for each medicine and prescribes reversal agent as appropriate • Checks medication /fluid not already prescribed as p.r.n./ Once only/standing order • Provides education to the patient/parent/whanau on the medication/fluids intended use and obtains verbal consent to treatment • Ensures prescription is legible, signed with name printed in capitals and all legislative and CDHB requirements are met • Verbal orders – knows which patient groups and what medication /fluid cannot be given as per verbal order, conveys order to 2 appropriate personnel • Ensures that Standing/verbal orders are signed within the appropriate time frame 	<p>DISPENSING</p> <ul style="list-style-type: none"> • The Supply of medicines/fluids for future doses only • Only Prescribers and Pharmacists are legally able to perform this role • Not to be confused with administering which is where a prescribed and prepared single dose for NOW is given to the patient
<p>ADMINISTERING/ PREPARING</p>	<ul style="list-style-type: none"> • Reviews recent administration history – electronic and paper • Prepares medication /fluid immediately prior to administration • Prepares and administers medication/fluids for one patient at a time • Checks the prescription is legible and refers back to the prescriber if it is not • Understands actions/effects, contra indications, emergency actions related to medication/ fluid • Knows patients diagnosis and confirms patients documented allergy status • Checks that the patient has not had an adverse reaction to the last medication /fluid given • Checks if medication /fluid/route requires double checking/special monitoring/instructions/ and follows CDHB checking procedure • Checks appropriate bloods , IV line patency, and special requirements prior to preparation • Performs the 7 rights** • With double independent checking performs separate calculations then concurs on appropriate dose/strength/rate/drug/diluent/route/time/reason • Checks for contamination of medicine/fluid and expiry dates • Adds red drug/drug additive label where medication added or requires to be identifiable • Labels infusion line with time and date of commencement • Labels multiuse syringes with patient label and medication label and discards at end of shift 	
<p>PATIENT CHECKS</p>	<ul style="list-style-type: none"> • Follows the CDHB Fluid and Medication Checking Procedure • Confirms patients ID as per CDHB ID policy • Re performs the 7 rights * with patient/parent/whanau/support person and confirms with patients' current allergy status and assesses past dose therapy outcomes • Informs/educates patient/parent/whanau/support person on therapy effects, adverse effects and how to and when to report any negative effects • Signs the prescription chart to confirm correct patient ID/ other 'rights' preparation and the administration of medication /fluid (2 signatures where double independent checking is required) • Confirms patient has consumed the medication or fluids have commenced 	
<p>PATIENT MONITORING</p>	<ul style="list-style-type: none"> • Monitors patient outcomes from therapy • Documents effects of therapy, actions as appropriate • Reports adverse effects to medical staff/prescriber and in the event of an adverse reaction follows adverse reaction policy procedures • Performs/documents and acts on phlebitis scoring as policy dictates • Adjusts infusion rates and document rate changes as prescribed following the checking procedure 	
<p style="text-align: center;">* MEDICATION RECONCILIATION</p> <p>Must be completed by a health practitioner involved in medicines management e.g. medical officer, pharmacist, registered nurse/midwife. Confirms the patients current dose/medications by obtaining information from at least 2 sources, including the patient where possible, within 24 hrs of admission/transfer</p> <p style="text-align: center;">** 7 RIGHTS</p> <p>Right patient: Ensure you use two forms of identifying the patient (as policy stipulates), Right drug, Right dose/rate, Right time, Right route, Right reason, Right documentation</p>		