

Roles and Responsibilities Policy

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.

Roles and Responsibilities

Anaesthetic Technicians

- All IV certified Anaesthetic Technicians must work within the framework laid out in their scope of practice as dictated by the Health Practitioners Competence Assurance Act (2003).
- Each Anaesthetic Technician that is regulated by Medical Sciences Council (NZ) is responsible for their practice, adherence to their profession's standards and relevant CDHB and workplace policies.
- All Anaesthetic Technicians 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.
- All Anaesthetic Technicians understand they are responsible for the practice of trainee Anaesthetic Technicians under their immediate (Level 1) supervision.

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)

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
- 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 a RN may 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.

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.

IV endorsements

Intravenous Fluid and Medication Administration via a peripheral line

Level 1 endorsement is required to enable the administration of IV medications and fluids via a peripheral line.

Registered Nurses, Enrolled Nurses and Registered Midwives must successfully complete at least one of the following Programmes located on healthLearn. This is dependent on their area of clinical practice:

Your current workplace scope	HealthLearn Regional Medication and Fluid Foundation Programme to complete
No IV scope in your workplace	Medication and Fluid Foundation Programme 1
IV scope without the use of IV pumps and Blood or Blood product administration	Medication and Fluid Foundation Programme 2
Full IV scope including Pump use and Blood or Blood product administration	Medication and Fluid Foundation Programme 3
Working with Paediatric patients (separate neonatal package in development)	Complete the appropriate foundation course as above plus the Medication and Fluid Foundation Programme for Paediatrics
Operating Theatre	TBA

Intravenous Fluid and Medication Administration via a Central Venous Access Device (CVAD)

2nd Level or CVAD endorsement is required to enable the management of IV medications and fluids via a CVAD.

Registered Nurses and Registered Midwives must successfully complete the following course/s located on the healthLearn, which are dependent on their area of clinical practice:

Your current workplace scope	HealthLearn Regional CVAD course to complete
Scope with only Non implanted CVADs required	Central Venous Access Device Non-Implanted Endorsement CV001
Scope with Non implanted OR/AND Implanted CVAD's	Central Venous Access Device Non-Implanted Endorsement CV001 AND Central Venous Access Device Implanted Endorsement (Level 2 IV) (IC001)

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, Anaesthetic Technician.

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.

Policy measurement

Incident management system

Canterbury and West Coast IV Link Clinical Practice Observations.

EN scope with medications/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 endorsement is achieved by completing Medication and Fluid Foundation 3, or previous completion of IV Initial Permanent (IVP1)

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	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	

Associated material

Controlled documents

- Medication-And-Fluid-Legislation ref: 2400483
- Fluid and Medication Checking Procedure ref: 2402384
- 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

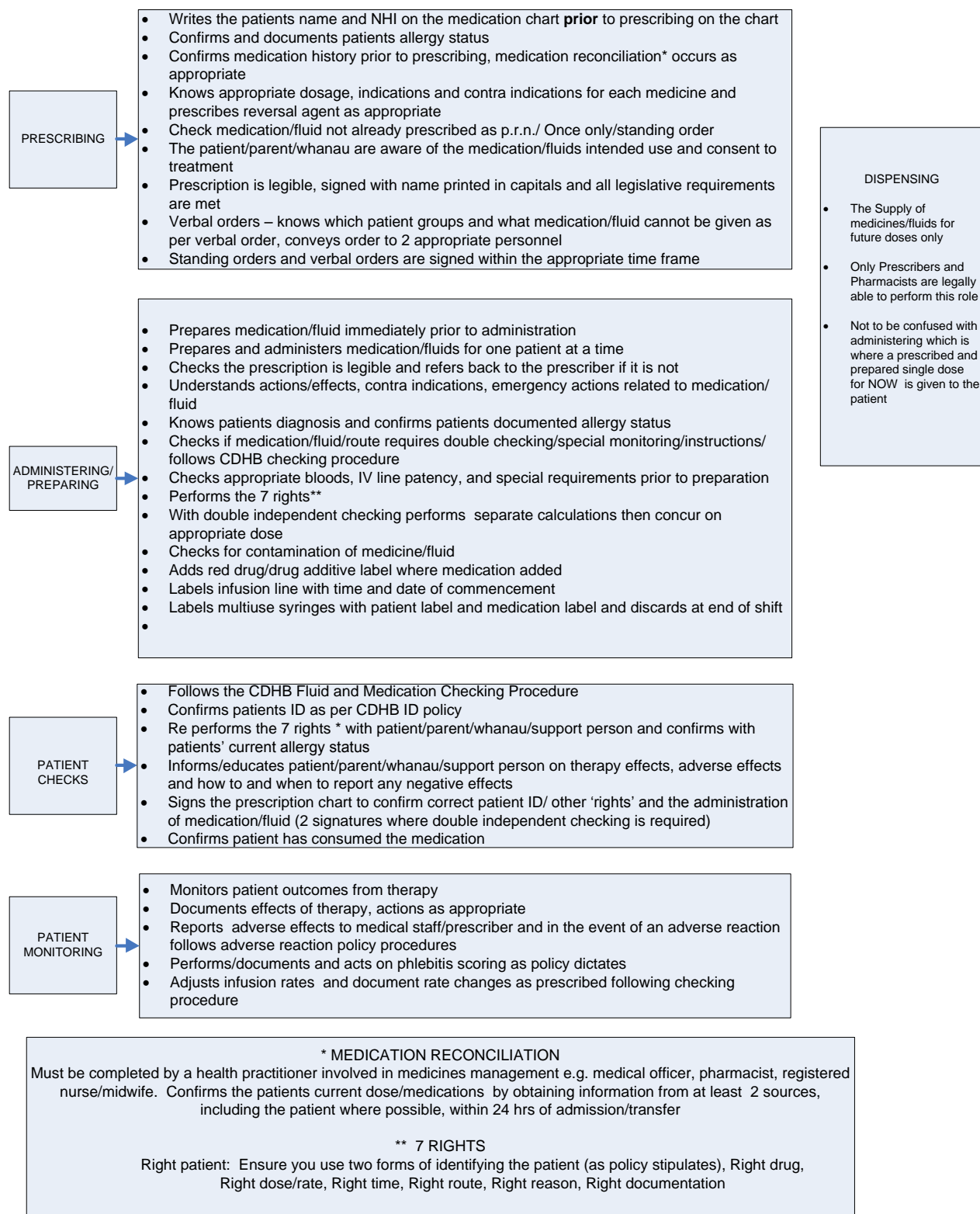
Fluid and Medication Specific Endorsements

- Limited Registered and Enrolled Nurse Administration of Nicotine Replacement Therapy
- Peripheral IV Therapy
- Peripheral Cannulation
- Venepuncture Phlebotomy
- Central Venous Access Devices (CVADs)
- Cytotoxic biotherapy
- 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
- 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 List the external documents that support the content of this policy (legislation, standards, acknowledgements)

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