Roles and Responsibilities Policy

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

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

Associated Documents
- Fluid and Medication Management Manual
- Fluid and Medication Checking Procedure – Fluid and Medication Management Manual
- MedChart Use policy – Fluid and Medication Manual
- Patient Identification Policy – Clinical Manual

Definitions

**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)**: Transitioned Enrolled Nurse with CDHB Fluid and Medication Competency or a Diploma of Enrolled Nursing graduate with CDHB Fluid and Medication Competency. These nurses are registered health professionals.

**Enrolled Nurse Restricted Scope**: Enrolled Nurse who has not transitioned to the new scope of practice or does not have a Diploma in Enrolled Nursing. Restricted scope ENs will follow current workplace policy for medication/fluid therapy management.

**First Level IV Certification**: Certification for Nursing and Midwifery staff and approved persons allowing them to manage peripheral and mid line intravenous therapy.

**Second Level IV Certification**: Additional IV certification for staff and approved persons who have been identified as requiring competency to manage fluid and medication therapies via Central Venous Access Devices (CVADs).

Accountability

**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 Registered Nurse. For direction and delegation under other health professionals refer to Vol. 11 Direction and Delegation Policy (in development November 2011).

- Health care workers 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 direction and 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.

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 with 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.
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 what is best practice and 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.

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 of fluid and medications.
- Ensure registered/regulated staff can oversee and direct the practice of their enrolled nurses and/or unregulated health care colleagues, e.g. students, defence force medical assistants, health care assistants, technicians.
- Perform medication/fluid therapy checks as per the checking procedure (see link in associated documents section).
- Read the label on the container three (3) times; before removing from storage site, before opening the container and when replacing the container.
- Only one patient’s medication/fluid must be prepared and administered at any one time.
- Use the designated oral syringes for administering liquid medication via syringe
- Minimise environmental distractions.
- 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.

• Think critically upon every step of their practice.

• 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.

• Complete additional competency education and assessment identified as appropriate to the patient population in the area of practice and the health professional’s scope of practice.

Double Independent Checking – Staff responsibilities

Enrolled Nurses

• When their designated registered health professional is not available Enrolled Nurses can check with another RN/M, MO or another EN.

• Where two ENs are performing the independent double check it must only be for a medication/fluid they are permitted to administer (see appendix for administration rights).

Restricted Scope Enrolled Nurses and Unregulated Health Care personnel

• Will require a double independent check for all fluid and medication.

• This double independent check will be undertaken with the Registered Health Professional directly overseeing the EN (restricted scope) practice e.g. RN/M.

• Students of Nursing and Midwifery please also refer to the Student Nurse/Midwife Responsibilities with Fluid and Medication Management Vol 12.

Exceptions: Only where local or workplace policy stipulates e.g. Specialist Mental Health, Rural.
Double Independent Checking – Fluid and Medication list

- 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.
- The following are generic points, always check for local/area specific policies e.g. SMHS, Rural, where independent community work allows for single checking of certain commonly administered medications.

Adults

- Any Controlled Drug/Infusion
- Blood or Blood Products
- Anticoagulants
- Cytotoxics

And

Any fluid/medication administered by the below routes
- Intra muscular
- Intra dermal
- Sub cutaneous
- Intravenous
- Intrapleural
- Intrathecal
- Epidural route

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 DIC 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 – Administration of Fluid and Medications**

- ENs require CDHB Fluid and medication competency to manage fluid and medication therapies, including 1st Level IV Certification where workplace practice indicates.
- In consideration of 1.2 Enrolled Nurses can independently administer all medication and fluids after performing the appropriate checking procedure for the drug/fluid/route apart from the list below. Please also refer to 1.3.1 and 1.4 regarding requirements for double independent checking.
- The following are generic administration points, always check for local/area specific policies.

**ENs are unable to independently administer:**

- Any Fluid or Medication via a Central Venous Access Device (CVAD)
- Any Controlled/Recorded Fluids/Medication (Exception: oral route in Adult areas)
- Any Blood or Blood Products
- Insulin via an IV route (may administer subcutaneous via a prefilled pen)
- Anti-coagulants via an IV route (may administer oral anticoagulant and subcutaneous Low Molecular Weight Heparin where a whole syringe ‘dose’ is prescribed)
- Cytotoxics via any route: (Exception: Oral Cytotoxics after successful completion of Module one CDHB cytotoxic competency)
- Or any medication/fluid via these routes unless local policy stipulates area specific sanction

  - Intravenous Exception: Peripheral IV or subcutaneous premixed bags i.e. sodium chloride 0.9% or glucose 4% in sodium chloride 0.18% premixed bags which are running 8-12 hourly and sodium chloride 0.9% peripheral IV flushes (adults only) – the Enrolled Nurse must be 1st level certificated.
  - Intra dermal
  - Intra pleural
  - Intrathecal
  - Epidural route
Competencies

Requirements for First Level Intravenous Certification

- To obtain First Level competency it is a prerequisite to successfully complete both theory and practical components of certification on orientation.
- Certification is required to be completed within four months of commencing employment for all RNs, RMs and EN staff where workplace practice indicates.
- Exception: Specialist Mental Health where certification is not required.
- It is the individual’s responsibility to maintain their practice competency as there is no requirement for recertification.
- If the staff member or approved person has not practiced IV management for over 12 months they are no longer considered IV certified and must re certificate when they return to an IV management role.
- Canterbury and the West Coast have reciprocal certification requirements which allow for transferability of 1st level certification between DHBs, private hospitals and community settings.

Requirements for Second Level Intravenous Certification

- To obtain Second Level competency it is a prerequisite to
  – have successfully completed 1st Level competency
  – and currently manage CVADs in their clinical practice area
- The Registered Nurse/Midwife must successfully complete 2nd Level competency before commencing management of the implanted and/or non implanted venous access devices within the CDHB scope.
- Canterbury and the West Coast have reciprocal certification requirements which allow for transferability of 2nd level certification between DHB’s, private hospitals and community settings.
- **Exception:** Portacaths – the nurse who hasn’t completed Portacath competency must do so to work in areas where Portacaths are used.

Fluid and Medication Specific Competencies

- CDHB Enrolled Nurse Fluid and Medication Competency
  Refer to following policies for competency/credentialing requirements
- **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)

Roles (table)

• See next page for Roles table
**PRESCRIBING**
- Writes the patients name and NHI on the medication chart **prior** to prescribing on the chart
- Confirms and documents patients allergy status
- 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
- Check medication/fluid not already prescribed as p.r.n./ Once only/standing order
- The patient/parent/whanau are aware of the medication/fluids intended use and consent to treatment
- Prescription is legible, signed with name printed in capitals and all legislative 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
- Standing orders and verbal orders are signed within the appropriate time frame

**ADMINISTERING/ PREPARING**
- Prepares medication/fluid immediately prior to administration
- Prepares and administers medication/fluids for one patient at a time
- Understands actions/effects, contra indications, emergency actions related to medication/fluid
- Knows patients diagnosis and confirms patients documented allergy status
- Checks if medication/fluid/route requires double checking/special monitoring/instructions/ 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 concur on appropriate dose
- Checks for contamination of medicine/fluid
- Adds red drug/drug additive label where medication added
- Labels infusion line with time and date of commencement
- Labels multiuse syringes with patient label and medication label and discards at end of shift

**PATIENT CHECKS**
- 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
- 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’ and the administration of medication/fluid (2 signatures where double independent checking is required)
- Confirms patient has consumed the medication

**PATIENT MONITORING**
- 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 checking procedure

**MEDICATION RECONCILIATION**
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

**7 RIGHTS**
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

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* 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

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Measurement/Evaluation

Incident management system
Canterbury and West Coast IV Link Clinical Practice Observations

References

- 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

<table>
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