NHS GREATER GLASGOW AND CLYDE POLICY FOR THE MANAGEMENT OF NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS

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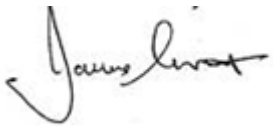

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PREFACE

This policy was produced in response to the NHS HDL (2006) 11 – Guidance on the Safe Handling of Intrathecal and Intraventricular Injections, Scottish Executive Health Department (February 2006) and was based on the NHSGGC Cytotoxic Intrathecal Chemotherapy Policy.

This policy contains information relevant to the implementation of the recommendations of this HDL and was originally produced by a short-life multidisciplinary implementation groups for NHS Greater Glasgow and Clyde (NHSGGC) in 2009. A list of the original contributors can be found at the end of the document.

It is the responsibility of the Designated Lead for each specialty or clinical area* to ensure compliance with this policy and to ensure that Registers of Personnel are forwarded to the Heads of Profession annually. For the purpose of this policy, the Heads of Profession are the Acute Medical Director, Nursing Director and Director of Pharmacy.

* For the purposes of the policy, clinical area refers to the therapeutic clinical area using the NCIII - the physical clinical area where the product is administered must be stipulated in local guidance.

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NHS Greater Glasgow & Clyde Policy for the Management of Non-Cytotoxic Intrathecal and Intraventricular Injections (NCIIIs)
Contents

Additional local information must be readily available for each Specialty or Clinical Area and must include the following:

A Formal Intrathecal and Intraventricular Staff Induction Policy, which must contain:

- All potential clinical hazards associated with intrathecal and intraventricular injections
- A formal local assessment to ensure all relevant staff, including locums, have read and understood this document and other relevant guidelines and protocols

Local Relevant Information on the Use of NCIIIs that contains as a minimum, guidance on:

- Training
- Prescribing
- Preparation
- Transportation
- Storage
- Checking
- Administration
- Relevant equipment
- Monitoring
- Waste management

1. Context

Preparation and administration of intrathecal and intraventricular injections is a hazardous process and is associated with a significant number of potentially serious patient safety risks. The intrathecal or intraventricular route should therefore only be used where there is a clear body of evidence of efficacy. It is recognised that intrathecal and intraventricular injections are most commonly used within specialist areas where safe systems of use are firmly established and monitored by experienced healthcare professionals to ensure patient safety.[1]

The safe use of intrathecal and intraventricular injections is a high priority requiring stringent risk management. As a result, the Scottish Executive Health Department issued **HDL(2006)11 – Guidance on the Safe Handling of Intrathecal and Intraventricular Injections in February 2006** for non-cytotoxic intrathecal and intraventricular injections (NCIIIs) and requested full implementation of this national guidance with immediate effect.[1]

The recommendations contained within this document have numerous implications and build on the recommendations of two previous publications: HDL(2004)30 Guidance on the Safe Administration of Intrathecal Cytotoxic Chemotherapy,[2] and the Clinical Resource and Audit Group (CRAG) Good Practice Statement on the Preparation of Injections in Near-Patient Areas, including Clinical and Home Environments, December 2002.[3]

To ensure the recommendations of this document are addressed and implemented effectively, a co-ordinated, NHS Greater Glasgow and Clyde (NHSGGC) multidisciplinary approach is essential.

Many areas have been highlighted for attention, such as: education and training; labelling, packaging and storage; prescribing; preparation and administration; transportation; and personnel involved. It has also been stipulated that where possible, NCIIIs should be made under aseptic conditions in pharmacy. This is not always currently possible for many reasons, however work is ongoing to ensure the products associated with the highest risk are outsourced in a ready-to-administer form or made in pharmacy where possible to ensure patient, staff and environmental safety.

Adherence to this document will minimise the risk to patients receiving intrathecal or intraventricular injections within the hospitals of NHSGGC.

References:

1. Scottish Executive Health Department NHS HDL(2006)11 – Guidance on the Safe Handling of Intrathecal and Intraventricular Injections, 16 February 2006.

2. Scottish Executive Health Department NHS CEL 21 (2009) – Safe Administration of Intrathecal Cytotoxic Chemotherapy, 19 June 2009.

3. Scottish Executive Health Department - Clinical Resource and Audit Group (CRAG) Good Practice Statement for the Preparation of Injections in Near-Patient Areas, Including Clinical and Home Environments, December 2002 (now archived).

2. Purpose and Scope

2.1 This policy must be rigidly adhered to at all times, as administration of the wrong medicine or dose by the intrathecal or intraventricular route could be potentially fatal. It must be read and used in conjunction with all relevant and standard existing NHSGGC policies and guidance, and the following information sources:

- **HDL(2006)11, Guidance on the Safe Handling of Intrathecal and Intraventricular Injections, 16 February 2006, Scottish Executive Health Department.**
- **Additional local information for each individual specialty or clinical area which covers all additional details and arrangements relevant to the specialty or clinical area, for example, training programmes or details of designated areas where NCIIIs are authorised to be administered.**

If the NCIII is being used as part of a Clinical Trial, all relevant NHSGGC policy, processes and paperwork for Clinical Trials must also be followed, and the relevant approvals obtained in addition to being included on the NCIII Register.

If the NCIII is an antimicrobial, then all relevant antimicrobial processes must be followed and the relevant approval obtained.

If the NCIII is being administered to a patient who resides outwith NHSGGC, then responsibility for prescribing and overall use remains with NHSGGC and all arrangements and responsibilities for the management, follow up and monitoring of the patient must be clearly documented, communicated and formally agreed with the NHS Board the patient resides in.

2.2 **Only specialties or clinical areas within NHSGGC that are authorised to use NCIIIs are listed in Appendix 1. Use of NCIIIs in each specialty or clinical area will be the responsibility of the Designated Lead. This will be the lead consultant for the specialty, service or area, or a nominated deputy who will also be a doctor of consultant grade. Education, training, maintenance of registers of authorised personnel, local policies for the relevant area, competency checks and reviews and ensuring arrangements consider relevant contingency measures (e.g. staff shortages, in the event of medicine supply issues or potential NCIII pump failures) will be the responsibility of the Designated Lead. Nominated leads for pharmacy and nursing may also be named to assist with the implementation, management and monitoring of this policy, and local on-site pharmacy contacts will be listed to assist with local issues.**

2.3 This policy provides a framework for each specialty or clinical area using NCIIIs and will cover:

- Who is the Designated Lead for the specialty or clinical area
- Who are the Nominated Pharmacy and Nursing Leads
- Who can do what
- What specialties and clinical areas are authorised to use NCIIIs in NHSGGC
- What NCIIIs are authorised for use in these specialties and clinical areas, their licensed status, authorised doses and dose ranges (Appendix 1)
- Where NCIIIs are authorised to be given
- Key documents such as national guidance and the need for local protocols
- Key requirements, procedures and controls required to eliminate or minimise hazards associated with the use of NCIIIs

2.4 For the purposes of this policy, the following definitions will be used:

- Intrathecal injection – an intrathecal injection (often simply called "intrathecal") is an injection into the spinal canal (intrathecal space surrounding the spinal cord), as in a spinal anaesthesia
- Intraventricular injection – an injection of a medicine for diffusion throughout the ventricular and subarachnoid space by means of ventricular puncture.
- Licensed medicine – a medicine with a Marketing Authorisation (formerly known as a Product Licence) granted by the Medicines and Healthcare Products Regulatory Authority (MHRA) which signifies that the medicine meets the appropriate quality standards and is safe and efficacious for its designated use.
- Unlicensed medicine – a medicine with no Marketing Authority for any formulation or indication in the UK.
- Off-label medicine – a licensed medicine used outwith the terms of its Marketing Authorisation.
- Investigational Medicinal Product (IMP) – a medicine defined as such within a clinical trial protocol which may be a licensed or unlicensed product.

2.5 Within this document “registered” means being trained, certified competent and authorised by the Designated Lead for the specialty or clinical area within NHSGGC to undertake the appropriate task(s) set out within this policy. “In training” means in the process of being trained and certified as competent by and under the supervision of a member of staff named on the NCIII Register within NHSGGC to undertake the appropriate task(s) set out within this policy. These training details will be recorded on the relevant NCIII Register and Competency Certificates. Sample registers and competency certificates can be found in Appendices 2 and 3 respectively, however some specialist areas may have their own and which may be maintained electronically.

2.6 For the purpose of this policy the Heads of Professions are the Acute Medical Director, Nursing Director and Director of Pharmacy.

2.7 **Medical, nursing or pharmacy staff, or other relevant healthcare professional group may only train, prescribe, prepare, order, supply, transport, store, check or administer NCIIIs if they are:**

- **Authorised to do so by their Designated Lead**
- **Trained and certified as competent for the relevant task(s)**
- **Registered on the NCIII Register**
- **Using an approved NCIII as outlined in Appendix 1**

Please note: Non-medical prescribers are not currently authorised to prescribe NCIIIs within NHSGGC – this position is under continual review.

The information contained within Appendix 1 is not transferable between different specialties or clinical areas i.e. if you are an authorised prescriber or user of one NCIII in one specialty/clinical area, you are not automatically authorised for prescribing or using this agent in another specialty/clinical area.

2.8 Medical, nursing or pharmacy staff, or other relevant healthcare professional group, other than those set out in point 2.7 above, may not under normal circumstances train, prescribe, prepare, order, supply, transport, store, check or administer NCIIIs.

Any practitioner wishing to use an NCIII via the intrathecal or intraventricular route not authorised in Appendix 1, in a dose or in an area not authorised in Appendix 1, must make an application in writing via an SBAR in advance of use – refer to section 3.7 for further information.

2.9 All practitioners must be familiar with the licensed status of the NCIIIs they are authorised to use and comply with the NHSGGC Unlicensed Medicines Policy where applicable.

2.10 All NCIIIs should be outsourced as a ready-to-administer preparation or be prepared by pharmacy and supplied in their final form for administration where possible, giving appropriate notice in advance. If this is not possible for good clinical or logistical reasons, or if they are being used in anaesthetics as per the anaesthetics approved register, only then can they be prepared in near-patient areas which must be formally authorised, pre-approved and documented on the NCIII Register. If the NCIIIs are prepared within pharmacy, it must be done by pharmacy staff registered on the NCIII Register.

Some medicines and formulations that can be used via the intrathecal or intraventricular route are also licensed to be used via other routes e.g. diamorphine. In this situation, NCIII controls around these medicines cannot be applied on issue from Pharmacy, however all other controls around their use as outlined within this policy, must be applied.

2.11 If NCIIIs cannot be outsourced as a ready-to-administer preparation or be prepared in pharmacy, then the relevant task(s) i.e. order, supply, transport, store, prepare, check or administer NCIIIs, must only be undertaken by staff named on the NCIII Register who are trained and certified competent for the task(s) involved.

2.12 Pharmacy will not supply NCIIIs or medicines thought to be given by the intrathecal or intraventricular route if there is evidence of potential non-compliance with this policy or if there is any ambiguity over orders, prescriptions or requests for NCIIIs.

2.13 The administration of all NCIIIs must be undertaken using NRFit compliant equipment, or the team must be working towards transitioning to the use of NRFit compliant equipment as per National Patient Safety Agency guidance. If there is no suitable NRFit compliant equipment available to meet requirements, then an exemption to the use of NRFit compliant equipment must be progressed via the Joint-Leads for the NCIII Policy.

3. Statement of Policy

3.1 General Points

3.1.1 All relevant staff such as medical, pharmacy, nursing, theatre staff and any other staff group involved in any way with the use of NCIIIs, must be aware of this policy and understand its impact on practice.

3.1.2 All staff involved in the use of NCIIIs must receive the appropriate training according to their role, as agreed with the Designated Lead for the specialty or clinical area.

3.1.3 Patients should receive NCIIIs only in agreed designated areas within Operating Theatres, Critical Care Areas and Specialist Units within NHSGGC. In *exceptional* circumstances the Consultant in charge of the patient may decide that the patient cannot be moved to an agreed designated area to receive the NCIIIs. This variance must be approved by the Clinical Director or Designated Lead and noted in the patient's case notes. The reasons surrounding the deviation should be relayed in writing to the Leads for Implementation of the policy as soon as is practical. All other aspects of this policy must be adhered to e.g. only staff registered on the NCIII Register may train, prescribe, prepare, order, supply, transport, store, check or administer NCIIIs.

3.1.4 Policies must be readily available at all times to all members of staff involved in the use of NCIIIs and the Heads of Professions. This will be the responsibility of the Designated Lead for each clinical area.

3.2 Education and Training

3.2.1 All medical, pharmacy, nursing and other relevant staff must receive training appropriate to their level of involvement through formal induction programmes. All groups of staff must be made aware at the very minimum of all potential clinical hazards associated with NCIIIs and of the potentially fatal consequences associated with the inadvertent or incorrect administration of NCIIIs.

3.2.2 Although the training of staff will be the responsibility of the Designated Lead for each clinical area, they may delegate the training to named medical, nursing and pharmacy trainers.

3.2.3 Trainer and trainee must formally document the training. The training will cover theory and practice. Training will be deemed complete when the trainer signs a competency certificate (Appendix 3). The trainee's competency certificate will be sent by the trainer to the relevant Designated Lead for the clinical area for inclusion in the appropriate section of the NCIII Register.

3.2.4 The Heads of Profession, or nominated deputy, will have overall responsibility to ensure that the NCIII Register of trained staff for their professional group is maintained.

3.2.5 The Designated Lead for each clinical area will make arrangements for the current version of the NCIII Register to be sent to the Heads of Profession, or nominated deputy, on an annual basis or before if required.

Medical Training

3.2.6 Medical training will be undertaken by practitioners registered on the NCIII Register appointed by the Designated Lead.

3.2.7 Only post-foundation medical staff (i.e. within specialist training roles greater than 3 years post registration) can be trained to train, prescribe, prepare, order, supply, transport, store, check or administer NCIIIs. Medical staff within foundation training are **not authorised** and must refer NCIII related queries to a senior colleague.

3.2.8 The training, approved by the Designated Lead, will include theory and practical training.

3.2.9 Registration on the NCIII Register will be reviewed for medical staff on an annual basis as part of their annual appraisal and in-service training assessment.

3.2.10 The medical trainers will send a copy of the trainee's competency certificate to the Designated Lead for each clinical area for inclusion in the appropriate section of the NCIIIs Register.

Pharmacy Training

3.2.11 Pharmacy training will be undertaken by practitioners registered on the NCIII Register appointed by the Nominated Pharmacy Lead.

3.2.12 Pharmacy staff will be trained as appropriate to train, verify, prepare, dispense, order, supply, transport, store, check or issue NCIIIs.

3.2.13 The training, approved by the Nominated Pharmacy Lead will include theory and practical training.

3.2.14 Registration on the NCIII Register will be reviewed for pharmacy staff on an annual basis as part of their annual appraisal and in-service training assessment.

3.2.15 The pharmacy trainers will send a copy of the trainee's competency certificate to the Nominated Pharmacy Lead for inclusion in the appropriate section of the NCIIIs Register.

Nurse Training

3.2.16 Nurse training will be undertaken by practitioners registered on the NCIII Register appointed by the Nominated Nursing Lead.

3.2.17 Only Nursing and Midwifery Council (NMC) registered (or qualified) nursing staff, approved to use NCIIIs and authorised for the appropriate task(s) on the NCIII Register, working within designated areas, can be trained to train, prepare, order, supply, transport, store, check or administer NCIIIs. All other NMC registered (or qualified) nursing staff, working within designated areas, must be familiar with this policy. Medical or nursing staff on the NCIII Register will be authorised to provide an independent double-check for the administration of NCIIIs. In exceptional circumstances only, an independent second-check can be carried out by a qualified senior nurse or member of medical staff of Registrar grade or above if they consider themselves competent to do so and it is within their professional expertise.

3.2.18 The training, approved by the Nominated Nursing Lead, will include theory and practical training.

3.2.19 The nurse trainers will send a copy of the trainee's completion certificate to the Nominated Nursing Lead for inclusion in the appropriate section of the NCIII Register.

3.2.20 Registration on the NCIII Register will be reviewed for nursing staff on an annual basis as part of their annual appraisal and in-service training assessment.

3.3 Consent and Prescribing

3.3.1 The registered practitioner prescribing the NCIIIs must explain the nature of the procedure, the route of administration and the medicine to be administered to the patient, obtaining the appropriate written consent due to the high-risk nature of NCIII use (please refer to the NHSGGC Consent Policy and / or the Informed Consent form for the clinical trial for further information). If not already recorded as a separate written consent, it remains NHSGGC policy that all discussions relating to NCIII procedures should be fully detailed in the patient's notes (and / or their anaesthetic chart) contemporaneously to the procedure and that medications administered by this route are clearly recorded on electronic and / or paper prescribing documents. When non-consultant staff are delegated to handle or perform a procedure relating to the use of an NCIII (e.g. spinal anaesthesia) it remains the responsibility of the consultant / supervisor on the NCIII register to ensure that the NHSGGC policy document is being adhered to.

3.3.2 All prescriptions for NCIIIs must be clearly documented, recorded in full without the use of abbreviations, and signed by a member of medical staff named on the NCIII Register authorised for this task. This includes all medicines used for treatment and diagnostic imaging. NCIIIs should be prescribed on HEPMA, the patient's main prescription chart or the anaesthetic chart. If it is not possible to record prescribing, preparation or administration to the required level of detail on HEPMA, the main prescription chart or the anaesthetic chart, then the agents must be prescribed on an additional pre-printed NCIII prescription chart, which contains no other medicine prescriptions and is authorised for use by the Designated Lead, refer to the additional local information for each specialty or clinical area for further details. IMPs must be prescribed on a trial-specific prescription either on HEPMA or on paper as above. If NCIIIs are to be prepared in pharmacy, then the agent(s) must be requested on the relevant product or trial-specific NCIII Pharmacy Request Form or agreed electronic route, clearly written or printed in full, and the dose/concentrations required must be clearly stated in words and figures and signed by a member of medical staff named on the NCIII Register. Contact your Nominated Pharmacy Lead for further information or copies of relevant request forms.

3.3.3 The prescription must clearly state the route of administration, i.e. **INTRATHECAL** or **INTRAVENTRICULAR,** which must be written in full. Abbreviations are not permitted.

3.3.4 Where possible, NCIIIs must be prescribed at different times to other injections. Where this is not possible, NCIIIs must be kept separate to other injections in a designated locked area to avoid the risk of selecting the wrong preparation.

3.3.5 Only NCIIIs and doses in line with approved local prescribing protocols and authorised in Appendix 1 may be prescribed and used in NHSGGC.

3.3.6 All prescriptions for NCIIIs prepared in pharmacy, must be verified and clinically checked by a pharmacist named on the NCIII Register to ensure the prescription is appropriate, and that the details are correct when compared to the protocol and the patient's clinical parameters. If a clinical pharmacist or clinical trials pharmacist named on the NCIII register is not available, the request may be verified and technically checked by another pharmacist on the NCIII Register who must only authorise dispensing and supply if the prescription is appropriate, clear and unambiguous. Extra steps should be taken to confirm the appropriateness for the patient e.g. check previous dispensing history, check prescribing protocols where available, check local registers of dose/dose ranges for each patient. The pharmacist must sign the NCIII Pharmacy Request Form or prescription.

3.4 Preparation, Issue, Transportation and Storage of NCIIIs from Pharmacy

NCIIIs should be outsourced in a ready-to-administer form or be prepared in pharmacy wherever possible and supplied in their final form for administration, however it is recognised that this is not feasible in a number of settings and situations e.g. in anaesthetics; where the medicine could be needed for emergency use any time of the day or night; or where some medicines used via the intrathecal or intraventricular route are also used via other routes e.g. diamorphine.

3.4.1 For NCIIIs Prepared within Pharmacy

3.4.1.1 NCIIIs which require preparation or manipulation on a specific named patient basis must be requested on the product or trial-specific NCIII Pharmacy Request Form or via an approved electronic means. If any of the NCIIIs requested are Controlled Drugs, then the Controlled Drug Order Book must also be completed and sent with the NCIII Pharmacy Request Form.* If the authorised signatory for Controlled Drugs is not registered on the NCIII Register, then the Controlled Drug Order Book must also be signed by a named individual on the NCIII Register. **Each order must state that the medicine is for INTRATHECAL or INTRAVENTRICULAR use.**

*Depends on local policy, some sites may not insist on additionally sending the Controlled Drug Order Book as long as the audit trail can be fully completed by other means.

3.4.1.2 All NCIIIs requested for Pharmacy Preparation, must be verified by a pharmacist authorised and registered to perform this task (refer to 3.3.6). All calculations must undergo an independent double-check by a second pharmacist authorised for this task and named on the NCIII Register.

3.4.1.3 NCIIIs must be prepared, dispensed or issued from the pharmacy aseptic department by trained pharmacy staff named on the NCIIIs Register.

3.4.1.4 All NCIIIs must be labelled: **"FOR INTRATHECAL USE ONLY" or "FOR INTRAVENTRICULAR USE ONLY" in the largest font sized possible and emboldened.** The syringe should be over-wrapped and labelled: **"FOR INTRATHECAL USE ONLY" or "FOR INTRAVENTRICULAR USE ONLY", as appropriate**. Do **not** remove outer wrapper until immediately prior to use".

3.4.1.5 All NCIIIs must be contained in primary packaging that highlights that the product is different from intravenous or other injectable medicines.

3.4.1.6 Final release of NCIIIs must be performed by an authorised pharmacist named on the NCIIIs Register.

3.4.1.7 If **not** for immediate use, NCIIIs must be stored in pharmacy in a clearly defined, separate location from intravenous or other injectable medicines.

3.4.1.8 NCIIIs should **not** be stored in ward/theatre/clinic areas unless under exceptional circumstances. They may be ordered in advance from pharmacy but will **not** be issued until the day or time that they are required. Any exceptions must have written approval from the Designated Lead.

3.4.1.9 NCIIIs prepared in pharmacy must be issued by a pharmacist named on the NCIIIs Register.

3.4.1.10 Pharmacists will only issue the NCIIIs to a named member of staff that is trained and registered to administer NCIIIs on the NCIII Register. The pharmacist must check the training status of the staff with the register held in the pharmacy before releasing the NCIIIs. Pharmacists issuing the NCIIIs and the staff collecting the NCIIIs must sign the NCIII Pharmacy Request Form.

3.4.1.11 If a member of staff on the NCIII Register cannot collect the NCIIIs, the registered pharmacist issuing the NCIIIs may organise delivery of NCIIIs to the registered doctor or nurse administering the NCIIIs. This must occur just prior to the administration of the NCIII. Under no circumstances can any other medicines be handed over at the same time. The issuing pharmacist must receive a signature from the registered doctor or nurse administering the NCIII. After being issued from pharmacy, NCIIIs must **not** be stored in the ward area and must be used immediately unless authorised to maintain stocks of NCIIIs. Alternatively, and only in pre-agreed situations, the NCIIIs can be delivered by pharmacy portering staff to named healthcare professional on the NCIII Register. A consignment note must be completed and signed by the named individual on the NCIII Register who receives the product.

3.4.1.12 NCIIIs will not be supplied out-of-hours, at weekends and Public Holidays, unless there is a local agreement to do so. If a local agreement exists or where a potential need for emergency supplies has been identified, then this must be outlined in the supportive local information for the specialty or clinical area and be authorised by the Designated Lead and Nominated Pharmacy and Nursing Leads. NCIIIs can only be supplied by a member of staff on the NCIII register who is authorised to perform the relevant task(s).

3.4.2 For NCIIIs Requiring Preparation or Manipulation in Clinical Areas

3.4.2.1 NCIIIs or medicines to be administered via the intrathecal or intraventricular route, not requiring manipulation in pharmacy, should be ordered from pharmacy using either a Controlled Drug Order Book, a Pharmacy Requisition, a trial-specific requisition and / or other approved electronic means. This must state clearly that the medicine is for **INTRATHECAL** or **INTRAVENTRICULAR** administration, which must be signed by a member of medical staff named on the NCIII Register and if a Controlled Drug, the Controlled Drug Order Book must be signed by an authorised signatory.

3.4.2.2 NCIIIs to be administered via the intrathecal or intraventricular route must **not** be stored in ward/theatre areas unless authorised to do so in Appendix 1, refer to 3.4.3.

3.4.2.3 NCIIIs must be prepared by a member of staff named on the NCIII Register or be in training working under the supervision of a member of staff authorised and registered to perform the task involved. The calculations and preparation must be **independently double-checked** by a second member of staff named on the NCIII Register. If the NCIII is prepared in the clinical area, it must be prepared and administered by the same person. If preparation of NCIII IMPs is required in a clinical area, a worksheet must be prepared by the clinical trials pharmacy team that documents all steps and checks to be signed off.

3.4.2.4 All NCIIIs must be clearly identifiable at all stages of preparation and administration.

3.4.2.5 Pharmacists will only issue the NCIIIs to a named member of staff that is trained and registered to administer NCIIIs on the NCIII Register. The pharmacist must check the training status of the staff with the register held in the pharmacy before releasing the NCIIIs. Pharmacists issuing the NCIIIs and the staff collecting the NCIIIs must sign NCIII Pharmacy Request Form.

3.4.2.6 All NCIIIs must be administered immediately on receipt unless authorisation has been given to maintain small stocks of NCIIIs within the designated clinical area (see 3.4.3).

3.4.2.7 NCIIIs will not be supplied out-of-hours, at weekends and Public Holidays, unless there is a local agreement to do so. If a local agreement exists or where a potential need for emergency supplies has been identified, then this must be outlined in the additional local information for the specialty or local area and must be authorised by the Designated Lead and Nominated Pharmacy and Nursing Leads. NCIIIs can only be supplied by a member of staff on the NCIII register who is authorised to perform the relevant task(s).

3.4.3 Storage of NCIIIs

A limited number of areas are authorised to maintain small stocks of named preparations for logistical reasons or for emergencies (Appendix 1). This list is not modifiable and no other area is authorised to stock any NCIIIs without application in writing as outlined in section 3.7.

3.5 Administration

3.5.1 A consultant or nominated deputy named on the NCIII Register must review patients before NCIIIs are administered. This is to ensure that the patient is fit for treatment, the correct tests have been conducted, the correct NCIII has been prescribed and that arrangements have been clearly made for the NCIII to be administered by staff named on the NCIII Register. For clinical trials these staff must also be named on the delegation log for the trial and for the activity being undertaken. Ideally, the same person should prescribe and administer the NCIII, but where this is not possible, there must be clearly documented systems and processes in place to minimise risk and ensure patient safety at all times. Please refer to local policies and section 3.3.1 for further information.

3.5.2 If technically difficult then another medical practitioner can position the needle in the intrathecal space but the NCIII must be administered by a doctor registered on the NCIII Register to administer.

3.5.3 Scheduling of NCIIIs must take into account the availability of trained and registered staff. Should registered staff be unavailable, the procedure must be delayed.

3.5.4 NCIIIs must be prepared (where applicable) and administered in the designated local areas within NHSGGC.

3.5.5 Whenever possible, outpatient NCIIIs should be administered on a separate visit from administration of other injections. However due to distance some outpatients may be scheduled to receive NCIIIs and other injectable medicines on the same day but there must be significant separation in time between the administrations to minimise the risk of the wrong product being selected for intrathecal or intraventricular administration.

3.5.6 The registered practitioner administering the NCIIIs must explain the nature of the procedure, the route of administration and the medicine to be administered to the patient, and ensure that the appropriate written consent has been obtained (please refer to the NHSGGC Consent Policy and / or the Informed Consent form for the clinical trial for further information). The registered practitioner administering the NCIII must sign the appropriate section of the prescription chart.

3.5.7 The NCIIIs prescription chart must be present with the NCIIIs at the time of administration.

3.5.8 Two members of staff, at least one of which must be named on the NCIII Register, i.e. doctor/doctor or doctor/nurse, must always **independently** double-check the following details of all NCIIIs before administration and record the checks on the NCIIIs prescription chart:

- Patient's name, date of birth and patient unit number
- The medicine name
- The medicine dose
- The medicine volume
- The final concentration, including relevant diluents
- The route of administration (i.e. intrathecal or intraventricular)
- The medicine expiry date

3.5.9 The administering registered practitioner and checker must also sign the "given by/checked by" sections of the standard prescribing system.

3.6 Medication Incidents and Local Anaesthetic Toxicity

3.6.1 All medication incidents relating to the use of NCIIIs, which includes medication errors, near-miss events and adverse drug reactions, **MUST** be reported immediately via Datix. If an adverse drug reaction occurs, this must be reported via the Medicines and Healthcare Products Regulatory Authority (MHRA) Yellow Card system. Clinical Trial reporting procedures must be followed as detailed in the specific protocol and clinical trial regulations. The Designated Leads must also be informed. If the medication incident was significant, or is a near-miss which could have been significant*, then the NHSGGC Significant Adverse Event Policy must be followed.

* As per policy, a Significant Adverse Event is defined as any potentially avoidable untoward event, which is either related to a significant patient impact or to a perceived risk of significant harm e.g. near-miss. Near-miss incidents with no adverse outcome, and complex lower severity incidents, can also warrant investigation within this process due to the potential for learning that has been exposed. Please refer to the full policy for further information.

3.6.2 In the rare event that a patient develops local anaesthetic toxicity, guidance is available from the Association of Anaesthetists: Quick Reference Handbook, section 3-10. This guidance should be readily available and supplies of 20% lipid emulsion e.g. Intralipid® 20%, should be maintained as a potential antidote. Expert advice from Anaesthetics must be sought.

3.6.3 Some clinical trial protocols may detail rescue or supportive medicines that may require to be available during the time of administration and/or the observation periods after administration. This must be discussed and processes put in place during clinical trial set up and scheduling of participants to ensure that they are available.

3.7 Application to Amend the NHSGGC Authorised List of NCIIIs, Specialties or Clinical Areas, or to Request a New NCIII for Use in NHSGGC

3.7.1 Medical, nursing or pharmacy staff, or other relevant healthcare professional group, other than those set out in point 2.7, may not under normal circumstances train, prescribe, prepare, order, supply, transport, store, check or administer NCIIIs.

Medical, nursing, or pharmacy staff, or other relevant healthcare professional group, other than those set out in point 2.7, who wish to use an NCIII not already authorised in Appendix 1, must submit a request in writing via an SBAR, in advance of use, with supporting evidence, and with an Unlicensed Medicine / Off-Label Request Form, where appropriate, to the Designated Lead for their specialty or clinical area and the Leads for Implementation (Appendix 1). The SBAR should contain detail regarding the proposed Designated Lead who will oversee compliance with the NCIII Policy, which Sector(s) and specialty or specialties in which the NCIII will be used, with all relevant detail required to comply with the policy such as:

- Indication
- Potential numbers
- Cost
- Licensed status
- Who will prescribe
- Who will administer
- Where the NCIII will be administered
- Any potential risks involved

For clinical trials, the SBAR must be submitted by the Principal Investigator (PI) for the clinical trial along with the protocol and Investigator Brochure/Summary of Product Characteristics (SmPC). The Senior Clinical Trials Pharmacist responsible for the trial must review and be named in the 'from' section. The SBAR must be submitted in parallel with all of the usual clinical trials and research governance reviews and checks that are undertaken. The SBAR must include detail as follows:

Situation:

- Protocol title, Sponsor, IMP, Designated Leads & Deputies

Background:

- Summarise the trial and why NHSGGC is hosting the clinical trial

Assessment:

- Confirm whether MHRA & Ethics approval have been given for the trial or if this is still in process
- Confirm local discussions and mitigations that have been put in place during clinical trial set up, e.g. in pharmacy preparation, use of NRFit products, discussions with Sponsor.
- Confirm that Clinical Trials reporting procedures will be followed for safety reporting and that Datix reports will also be filed as appropriate.

The Designated Lead should consult with Nominated Pharmacy and Nursing leads before making a decision on whether to approve or not approve any requests. This decision will be formally authorised by the appropriate Clinical Director, who retains overall responsibility; and in the case of a high-cost unlicensed medicine (>£3000 per annum or patient treatment period), approval must also be obtained from the Chief of Medicine. Please refer to the NHSGGC Unlicensed Medicines Policy, for further information. For SBARs relating to clinical trials exit strategies, costs, staffing and service contingencies will be covered elsewhere during the set-up and local approvals processes and do not require additional review under this policy.

It is also recommended that whilst considering the addition of any new product to the NHSGGC NCIII Register, that suitable alternatives where appropriate and available are also considered as a contingency and requested for addition to the register in the event that there are supply chain issues.

If the NCIII being requested is part of a Clinical Trial, see under 3.8.1.

If the NCIII being requested involves an antimicrobial, see under 3.8.2.

Consultation should be undertaken with the HEPMA Team where required to discuss and arrange how each agent can be safely prescribed on HEPMA.

This includes, for example:

- Use of a new agent via the intrathecal or intraventricular route not already listed and authorised in Appendix 1
- Use of an NCIII already listed in Appendix 1 for an additional condition
- Use of an NCIII already listed in Appendix 1 but in a different formulation or strength
- Use of an NCIII already listed in Appendix 1 at a dose or dose range not already outlined
- Use of an NCIII already listed in Appendix 1 but within a different specialty or clinical area
- Request maintenance of local stocks of NCIIIs for logistical or emergency purposes

3.8 Intrathecal or Intraventricular Clinical Trials

3.8.1 If the NCIII is being used as part of a Clinical Trial, all relevant NHSGGC policy, processes and paperwork for Clinical Trials must be followed, and the relevant Clinical Trial approvals obtained. In addition to being registered as appropriate on the NCIII Register of personnel for the relevant task(s) involved in the use of NCIIIs, any staff involved in intrathecal or intraventricular clinical trials must also be on the trial-specific delegation log, the clinical trial must be clearly specified on any prescription or request form and only doses in line with the approved clinical trial protocol can be prescribed and given.

3.9 Intrathecal or Intraventricular Antimicrobials

3.9.1 If the NCIII is an antimicrobial agent, then all relevant processes for the use of antimicrobials must be followed and the AUC must be involved and approve as appropriate.

If the request is being processed on an urgent basis for an individual patient and cannot be submitted to AUC for approval in advance, then formal approval must include the Designated Lead for the specialty, Microbiology, the Antimicrobial Pharmacy Team, Aseptic Services and any other relevant team, with the submission of a completed ULM request form before supply can be made.

If the antimicrobial NCIII added to the register is a rarely used antimicrobial, which may be reserved for use in complex patients and conditions who have failed all other standard approaches, then even if approved on the register, each request must have individual patient approval at the time of use from the Designated Lead, the Antimicrobial Pharmacy Team, Microbiology and Aseptic Services (with a ULM form completed and submitted as appropriate).

3.10 Use of NCIIIs in Patients Who Reside Outwith NHSGGC

3.10.1 If the NCIII is being administered to a patient who resides outwith NHSGGC, then the responsibility for prescribing and overall use remains with NHSGGC and all arrangements and responsibilities for the management, follow up and monitoring of the patient must be clearly documented and formally agreed with the NHS Board the patient resides in. All steps must be taken to ensure staff outwith NHSGGC who are working with these patients or assisting with their management, have the necessary training required to fulfil their role in the care of the patient, with the appropriate registration for the task(s) involved in their home board.

3.11 Conclusions and Professional Responsibilities

3.11.1 The intrathecal or intraventricular administration of NCIIIs is an extremely high-risk procedure. This policy must be adhered to at all times. Deviations from this policy must be relayed to the Leads for Implementation – contact details can be found at the front of the policy (page 3).

3.11.2 If any member of staff has any doubts regarding their responsibility, they should immediately contact their Designated Lead to seek clarification, and if necessary, further training.

3.11.3 Any member of staff who judges that the policy is not being adhered to or who considers that the action of an individual may cause potential risk to a patient, must challenge that individual in order to ensure patient safety. If required the staff member may report their concerns to their line manager and seek clarification before the procedure is undertaken.

3.11.4 The care of patients depends on adherence to this policy, standard board guidance and policy, and the untiring vigilance of all relevant staff.

4. Roles in the prescribing, supply and administration of NCIIIs in NHSGGC

4.1 Lead Director for Acute Medical Services (or nominated deputy):

- Implementation and compliance with NHS HDL(2006) 11, Guidance on the Safe Handling of Intrathecal and Intraventricular Injections
- Receive a copy of the local training policy and NCIII Register on at least an annual basis from the Designated Lead for each specialty or clinical area

4.2 Director of Pharmacy (or nominated deputy):

- Implementation and compliance with the pharmacy issues within NHS HDL(2006) 11, Guidance on the Safe Handling of Intrathecal and Intraventricular Injections
- Work with the Lead Director for Acute Medical Services to give approval for the prescribing, preparation, administration or supply of NCIIIs other than those listed in the policy
- Appoint pharmacy trainers and approve the content of pharmacy training
- Maintain the NCIII Register for pharmacy staff
- Review the content and compliance of pharmacy staff with the policy, the pharmacy training and the NCIII Register for pharmacy staff on an annual basis and confirm in writing the conclusions of the review to the Lead Director for Acute Medical Services

4.3 Director of Nursing (or nominated deputy):

- Implementation and compliance with the nursing issues within NHS HDL (2006) 11, Guidance on the Safe Handling of Intrathecal and Intraventricular Injections
- Work with the Lead Director for Acute Medical Services to give approval for nurses to check the administration of NCIIIs
- Work with the Lead Director for Acute Medical Services to give approval for nurses to check the administration of NCIIIs for a Consultant in specialties other than those listed in the policy
- Appoint nurse trainers and approve the content of nurse training
- Maintain the NCIII Register for nursing staff
- Review the content and compliance of nursing staff with the policy, the nurse training and the NCIII Register for nurses on an annual basis and confirm in writing the conclusions of the review to the Lead Director for Acute Medical Services.

4.4 Leads for Implementation of the NCIII Policy:

- Produce, implement, maintain oversight, update and manage the NHSGGC NCIII Policy and Register of Authorised Specialties/Clinical Areas, NCIIIs, Dose Ranges and Upper Limits
- Ensure an appropriate framework is in place to support this from a NHSGGC perspective e.g. education and training, policies and procedures
- Provide governance advice and support for relevant clinical teams to ensure adherence with all aspects of the NCIII Policy
- Liaise with NHSGGC R&I Leads regarding Clinical Trials
- Co-ordinate approval of any new NCIII requests or amendments to existing approved agents
- Monitor, follow up and learn from any NCIII-related incidents
- Provide regular updates / reports on NCIII issues

4.5 Chief of Medicine:

- Maintain oversight and awareness of the use of NCIIIs within own Sector
- Formally approve any requests for any new NCIII requests or amendments to any existing NCIIIs in use if they are high-cost agents / ULMs

4.6 Clinical Director for Each Specialty or Clinical Area:

- Maintain oversight and awareness of the use of NCIIIs within their specialty area(s)
- Maintain the role of Designated Lead consultant to manage the use of NCIIIs within the relevant clinical area
- Review and approve (as appropriate) any variance in agreed arrangements for NCIIIs in the relevant clinical area
- Formally authorise any new requests for NCIIIs within the relevant clinical areas, or any amendments to existing NCIIIs already documented on the NCIII Register
- Authorise the storage of NCIII stock in clinical areas if required for urgent or emergency use as appropriate

4.7 Designated Lead for Each Specialty or Clinical Area:

- Implementation and compliance with medical issues within NHS HDL(2006) 11, Guidance on the Safe Handling of Intrathecal and Intraventricular Injections
- Review the content and compliance with the policy, the training and the NCIII Register for medical staff on an annual basis and confirm in writing the conclusions of the review to the Lead Director for Acute Medical Services
- Approve requests, following consultation with Nominated Pharmacy and Nursing leads, for the use of NCIIIs other than those listed within the policy and obtain final authorisation from the Clinical Director
- Provide written approval for the prescribing, preparation or administration of NCIIIs other than those listed within the policy
- Provide written approval for a member of staff other than those listed in the policy to prescribe, prepare or administer NCIIIs
- Provide written approval, following final authorisation from their Clinical Director, for small stocks of NCIIIs to be stored in clinical areas, where appropriate.
- Appoint trainers and approve the content of training
- Maintain the NCIII Register for medical staff
- Arrange for the current version of the NCIII Register to be sent to the Lead Director for Acute Medical Services, the relevant Heads of Professions, the nurse in charge of each designated clinical area and each hospital site Pharmacy Manager on an annual basis

4.8 Antimicrobial Utilisation Committee (AUC) / Microbiology Leads / Antimicrobial Lead and Antimicrobial Pharmacy Team:

- Review and approve (as appropriate) the addition of antimicrobial NCIIIs to the NCIII Register of approved agents
- Review and approve individual patient requests for rarely used NCIII antimicrobials at the point of need

4.9 Lead Pharmacist Clinical Trials/ Research & Innovation:

- Review and approve (as appropriate) the addition of any NCIIIs being used as part of a Clinical Trial to the NCIII Register of approved agents
- Ensure that all relevant aspects of Clinical Trial controls around the use of NCIIIs are applied and monitored as appropriate
- Report to the Leads for Implementation of for the policy if any aspects of the Clinical Trial changes or terminates

4.10 HEPMA Pharmacist Lead:

- To ensure all NCIIIs used within the board are added to HEPMA as appropriate to facilitate safe prescribing and administration

4.11 Medical Staff:

- Arrange date of administration
- Review compliance with the NCIII policy
- Prescribe the NCIII
- Collect or receive the NCIII from the pharmacist (if prepared in pharmacy)
- Prepare the NCIII
- Review patient before the NCIII is administered
- Check NCIII details in accordance with the policy before administration
- Administer the NCIII
- Provide support and education to patients before, during and after administration of NCIII as required

4.12 Pharmacy Staff:

- Verify the NCIII prescription or approve orders for NCIIIs
- Prepare and dispense the NCIII where applicable
- Issue the NCIII
- Provide support and education to patients before, during and after administration of NCIII as required

4.13 Nursing Staff:

- Check NCIII details in accordance with the policy before administration
- Provide support and education to patients before, during and after administration of NCIII as required
- Arrange date of administration
- Collect/receive NCIIIs from pharmacy where applicable
- Prepare NCIII where applicable
- Review patient before the NCIII is administered
- Administer NCIII
- Refer to medical staff if any problems occur

Appendix 1

NHSGGC Register of Authorised Specialties/Clinical Areas, NCIIIs, Dose Ranges and Upper Limits

Available via the NHS Greater Glasgow and Clyde Medicines page, under Medicines Policies and via Staffnet Clinical Information Sharepoint page.

- NHSGGC Non-Cytotoxic Intrathecal and Intraventricular Injections Policy.
- NHSGGC Register of Authorised Specialties / Clinical Areas, NCIIIs, Dose Ranges and Upper Limits.

Appendix 2

NHSGGC Registers for
Non-Cytotoxic Intrathecal and Intraventricular Injections

- Anaesthetics Medical Staff
- Non-Anaesthetics Medical Staff
- Pharmacy Staff
- Nursing Staff

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS REGISTER

REGISTER OF ANAESTHETICS MEDICAL STAFF AUTHORISED TO TRAIN, PRESCRIBE, PREPARE AND ADMINISTER INTRATHECAL AND/OR INTRAVENTRICULAR INJECTIONS

NAME & DESIGNATION:	AUTHORISED TO: Please tick appropriate column(s):				COMPETENCY ASSESSED BY*: Include name and designation	DATE ASSESSED:	REASSESS-MENT DATE:
	TRAIN	PRESCRIBE	PREPARE	ADMINISTER			

* This person must be named on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injection Register and must themselves be trained and certified competent for the task that they are assessing.

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS REGISTER

REGISTER OF MEDICAL STAFF AUTHORISED TO TRAIN, PRESCRIBE, PREPARE AND ADMINISTER INTRATHECAL AND/OR INTRAVENTRICULAR INJECTIONS

NAME & DESIGNATION:	**ASSESSED BY, INCLUDE NAME & DESIGNATION:** This person must be trained and certified competent in the prescribing, preparation and administration of all medicines listed below.
MEDICINES, OR CATEGORY OF MEDICINES COVERED:	**CLINICAL INDICATION FOR MEDICINE, OR CATEGORY OF MEDICINE:**

AUTHORISED TO: Please tick appropriate column(s)				**DATE CERTIFIED:**	**REASSESSMENT DATE:**
TRAIN	**PRESCRIBE**	**PREPARE**	**ADMINISTER**		

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS REGISTER

REGISTER OF PHARMACY STAFF AUTHORISED TO MANAGE INTRATHECAL AND/OR INTRAVENTRICULAR INJECTIONS

NAME & DESIGNATION:	**AUTHORISED TO:** Competency assessor please initial appropriate column(s):										**COMPETENCY ASSESSED BY*:** Include name and designation	**DATE ASSESS-ED:**	**RE-ASSESS-MENT DATE:**
	For orders going through distribution:				**For orders going through aseptic:**								
	Train	**Authorise Indent**	**Enter and Pick**	**Check and Issue**	**Train**	**Verify**	**Assemble Trays and Labels**	**Check Tray and Labels**	**Prepare**	**Final Check and Issue**			

* This person must be named on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injection Register and must themselves be trained and certified competent for the task that they are assessing.

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS REGISTER

REGISTER OF NURSING STAFF AUTHORISED TO RECEIPT, TRAIN, PREPARE AND ADMINISTER INTRATHECAL AND/OR INTRAVENTRICULAR INJECTIONS

NAME & DESIGNATION:	AUTHORISED TO: Please tick appropriate column(s):					COMPETENCY ASSESSED BY*: Include name and designation	DATE ASSESSED:	REASSESS-MENT DATE:
	TRAIN	RECEIPT/ COLLECT	PREPARE/ ADMINISTER	PERFORM AN INDEPEND-ENT 2ND CHECK	MONITOR			

* This person must be named on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injection Register and must themselves be trained and certified competent for the task that they are assessing.

Appendix 3

NHSGGC Certificates of Competency for Non-Cytotoxic Intrathecal and Intraventricular Injections

- Medical Staff
- Pharmacy Staff
- Nursing Staff

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS

CERTIFICATE OF COMPETENCY – MEDICAL STAFF

This documentation must be completed by an authorised medical trainer, nominated by the Lead Director for Acute Medical Services (or deputy), that is named and certified competent on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: _____

Grade: _____

Department: _____

Name of Supervisor: _____

I confirm that I have received formal training in the Safe Handling of Non-Cytotoxic Intrathecal and Intraventricular Injections. This has included:

- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks **only** (delete tasks not authorised):

- Collection of non-cytotoxic intrathecal and intraventricular injections from the storage area
- Receipt of non-cytotoxic intrathecal and intraventricular injections on delivery
- Prescribing of non-cytotoxic intrathecal and intraventricular injections
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Administration of non-cytotoxic intrathecal and intraventricular injections

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: _____ Date: _____

I am satisfied that the above doctor has read and understood the relevant training and has now been included on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Register.

Signature of Supervisor: _____ Date: _____

Reassessment of competence is required annually. Reassessment Date: _____

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS

CERTIFICATE OF COMPETENCY – PHARMACY STAFF

This documentation must be completed by an authorised pharmacy trainer, nominated by the Head of Pharmacy and Prescribing Support Unit (or deputy), that is named and certified competent on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: _____

Pharmacist ☐ **Technician** ☐ **Assistant** ☐ **Porter** ☐

Grade: _____

Department: _____

Name of Supervisor: _____

I confirm that I have received formal training in the Safe Handling of Non-Cytotoxic Intrathecal and Intraventricular Injections. This has included (delete issues not relevant):

- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Completion of an assessment to the required level for the task involved
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks **only** (delete tasks not authorised):

Receipt of stock from wholesaler:

- Receipt deliveries of non-cytotoxic intrathecal and intraventricular injections from the wholesaler

Issue from a pharmacy indent:

- Authorise pharmacy indents for non-cytotoxic intrathecal and intraventricular injections
- Issue non-cytotoxic intrathecal and intraventricular injections when ordered on a pharmacy indent
- Check non-cytotoxic intrathecal and intraventricular injections when ordered on a pharmacy indent
- Issue of non-cytotoxic intrathecal and intraventricular injections from pharmacy to authorised personnel
- Delivery of non-cytotoxic intrathecal and intraventricular injections to authorised personnel in the relevant clinical area

Issue from a prescription:

- Verify prescriptions for non-cytotoxic intrathecal and intraventricular injections
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Check and release of non-cytotoxic intrathecal and intraventricular injections

Deliver:

- Deliver to a nominated and pre-arranged individual that is named on the register.

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: _____ Date: _____

I am satisfied that the above member of staff has read and understood the relevant training and has now been included on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Register for the task(s) listed above.

Signature of Supervisor: _____ Date: _____

Reassessment of competence is required annually. Reassessment Date: _____

NHS GREATER GLASGOW AND CLYDE

NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS

CERTIFICATE OF COMPETENCY – NURSING STAFF

This documentation must be completed by an authorised nursing trainer, nominated by the Head of Nursing (or deputy), that is named and certified competent on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: _____

Grade: _____

Department: _____

Name of Supervisor: _____

I confirm that I have received formal training in the Safe Handling of Non-Cytotoxic Intrathecal and Intraventricular Injections. This has included:

- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks **only** (delete tasks not authorised):

- Collection of non-cytotoxic intrathecal and intraventricular injections from the storage area
- Receipt of non-cytotoxic intrathecal and intraventricular injections on delivery
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Administration of non-cytotoxic intrathecal and intraventricular injections
- Perform an independent second check prior to administration
- Monitoring non-cytotoxic intrathecal and intraventricular injection sites

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: _____ Date: _____

I am satisfied that the above doctor has read and understood the relevant training and has now been included on the NHS Greater Glasgow and Clyde Non-Cytotoxic Intrathecal and Intraventricular Register.

Signature of Supervisor: _____ Date: _____

Reassessment of competence is required annually. Reassessment Date: _____