

Livewell Southwest

Syringe Driver policy

Version 6.2

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Professional Lead

Asset Number: 172

Reader Information

Title	Syringe Driver Policy V.6.2
Asset number	172
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	Guidelines for the use of the Mckinley syringe driver The aim of these guidelines is to provide a framework for the management of battery operated syringe drivers, minimising hazards and ensuring everyone who needs to is able to use them effectively and safely. These guidelines support justification of need, clinical use, staff training and equipment management
Author	Professional Lead
Ratification date and group	9 th December 2015. Policy Ratification Group
Publication date	13 th January 2016
Review date and frequency (one, two or three years based on risk assessment)	2 years after publication, or earlier if there is a change in evidence.
Disposal date	The Policy Ratification Group will retain an e signed copy for the database in accordance with the Retention and Disposal Schedule; all previous copies will be destroyed.
Job title	Professional Lead
Target audience	Staff that are involved in the use of syringe drivers
Circulation	Electronic: Livewell Southwest (LSW) intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
Consultation process	This policy was produced in consultation with: District Nursing Service District Nurse Lead District Nurse Manager Matrons and Ward Sister's from Community Hospitals Manager 1-2-1 Service Clinical Training and Development Manager End of life Facilitator/Educator St Luke's Hospice
Equality analysis checklist completed	Yes
References/sources of information	Estates and faculty alert (2013) Sharps and sharp containers transported in staff vehicles EU Directive (2010/32 EU) Prevention of sharps injuries in Health Care Sector MDA (2006).Guidance for healthcare and social service organisation. Device Bulletin number 5. Medical Devices

	<p>Agency,</p> <p>NMC (2015) The Code. Standards of conduct performance and ethics for nurses and midwives. Nursing and Midwifery Council,</p> <p>NMC (2008) Standards for Medicine management Nursing and Midwifery Council, London.</p> <p>NMC (2009) Record Keeping Guidance, Nursing and Midwifery Council, London.</p> <p>LSW Safe and Secure Handling of Medicines Guidance, (2012) v6.1</p> <p>LSW Hand Hygiene Policy - latest version</p> <p>LSW Safe disposal of sharps policy - latest version</p> <p>Policy and Procedure for the Safe Handling and Disposal of Healthcare Waste (2013) v 2.4</p> <p>National Patient Safety Agency Rapid Response Alert (RRR05.2008) Reducing Dosing Errors with Opioid Medicines.</p> <p>South and West Devon Formulary http://southwest.devonformularyguidance.nhs.uk/</p> <p>NMC (2006) Standards of Proficiency for Nurses and Midwife Prescribers</p> <p>The Mental Capacity Act (2005)</p> <p>The Mental Capacity Act , making decisions, a guide for people who work in health and social care (2009)</p> <p>DOH (2009) Deprivation of Liberty Safeguards A guide for hospital and care homes</p> <p>LSW Consent Policy (2013) v 3.2</p> <p>Palliative Drugs.com National Prescribing Centre February (2007) A guide to good practice in the management of controlled drugs in primary care (England) February (2007)</p> <p>Misuse of Dugs Act (1971) and Regulations</p> <p>DOH Safer Management of Controlled Drugs (CDs):</p>
--	---

Acknowledgements	Changes to Record Keeping Requirements (2008) British National Formulary (BNF)
Associated documentation	N/A
Supersedes document	Syringe Driver Policy V.6.1
Author Contact Details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document review history

Version no.	Type of change	Date	Originator of change	Description of change
For previous review history please contact the PRG secretary.				
3.4	Updated.	April 2010	Policy Ratification Group secretary/ DN Lead	Corporate formatting only
4	Ratified	April 2010	Policy Ratification Group secretary	Minor amends.
4.1	2 yearly update	December 2011	Professional Lead	Minor amendments
5	Ratified	Feb 2012	Professional Lead	Competencies and comments from PMGG added
6	Additions	March 2013	Professional Lead	New DOH alerts included Safer needles UE guidance included
6.1	Formal review	November 2013	Professional Lead	Minor amendments
6.2	Review to	August 2015	Professional lead	Full review, and alignment

	align T&SD and LSW policy			of the two policies
--	---------------------------------	--	--	---------------------

Contents		Page
1	Introduction	7
2	Purpose	7
3	Duties	7
4	Definitions	8
5	Indications for use	9
6	Communication with patients and carers	9
7	Requirements for a syringe driver prescription	9
8	Remote Orders	11
9	Transportation, storage and destruction and disposal of controlled drugs	11
10	Technical /Pharmaceutical Aspects	11
11	Transfer of patients from another setting	12
12	Training	12
13	Competencies	12
14	Monitoring Compliance and Effectiveness	13
Appendix A	McKinley Standard Operating Procedure	14
Appendix B	Estates Alert	20
Appendix C	Transport and storage of drugs	23
Appendix D	Patient Leaflet	26
Appendix E	Competencies	29
Appendix F	Saf- T- Intima user guide	38

Syringe Driver Policy

1 Introduction

In the UK in palliative care, drugs are commonly administered by continuous subcutaneous infusion (CSCI) using portable battery-powered syringe drivers. CSCI should not just be thought of as the last resort but as an important alternative route of administration in certain circumstances.

A syringe driver is a portable battery operated infusion pump, which delivers a measured volume of drugs at a predetermined rate via the subcutaneous route to patients for whom oral administration would be problematic.

Use of syringe drivers is well-established practice in the care of patients with terminal illness, and /or with palliative care and symptom control in all healthcare settings where access to specialist palliative care input is available.

2 Purpose

The aim of this policy is to provide a consistent and evidence based framework for the management of battery operated syringe drivers used by all Health Care Professionals, minimising hazards to patients and ensuring that all staff are able to use them effectively and safely.

This policy supports justification of need, clinical use, staff training and equipment management.

This policy covers the principles of management of syringe drivers and in the appendices it highlights clearly the standard operating procedures (SOP) for setting up the syringe drivers currently used in LSW.

This policy should be read in conjunction with LSW Policies (Guidelines for Safe and Secure Handling of Medicines, Controlled Drug Standard Operating Procedures, High Dose Opioids Policy, Record Keeping and Consent Documentation, Plymouth Area Joint Formulary chapter on palliative care guidelines) and the Just in Case Bag SOP.

3 Duties

The Director of Professional Practice, Safety & Quality within LSW is ultimately responsible for the content of the policies and their implementation.

LSW Locality Managers are responsible for the implementation of this policy across all clinical services. The policy when ratified will be posted on Healthnet.

Individual matrons, clinical managers, professional and clinical leads are responsible for ensuring staff are working to the guidance of the policy and monitoring its implementation.

Clinical staff are responsible for ensuring they work within the guidance of the

policy.

LSW Staff are responsible in partnership with the medical electronic teams to ensure that all syringe drivers are appropriately serviced annually and an audit trail is available.

LSW clinical staff are responsible for ensuring that only LSW syringe drivers are used. If a patient is admitted from other organisations or healthcare settings with an alternative syringe driver this should be replaced as soon as possible.

The driver should be returned to the appropriate department for that organisation.

For Derriford Hospital return to the Medical Equipment Library

If discharged from a LSW ward return to the ward

LSW Staff are responsible for ensuring that all staff using medical devices are appropriately trained (Medical Device Agency (MDA 2006)).

Registered Nursing Staff administering medication via the syringe driver must have current Nursing and Midwifery Council registration. Nurses are accountable for their own professional practice and must work within this policy and respective professional codes and any associated legislation.

Registered Nursing Staff are personally responsible and accountable to ensure that they are competent in safe use and observation of any medical devices they need to use (MDA2006).

Registered Nursing Staff must understand the action of the drugs used, their compatibility and side effects. All Registered Nurses will be expected to demonstrate, maintain and review their own competencies, identifying any learning needs and attend yearly updates if required. This will be evidenced in their Professional Development Programme (PDP) and Key Skills Review.

4 Definitions and abbreviations

A syringe driver is a portable battery operated infusion pump, which delivers a measured volume of drugs at a predetermined rate via the subcutaneous route to patients for whom oral administration would be problematic.

For the Standard Operating Procedures (SOP) for use of a McKinley T 34 syringe driver see Appendix A.

Abbreviations:

MDA	Medical Device Agency
CSCI	Continuous Subcutaneous infusion
COM	Copies Of Masters
NPSA	National Patient Safety Agency
SWDJF	South West Devon Joint Formulary
SOP	Standard Operating Procedure
PDP	Professional Development Plan

5 Indications for Continuous Subcutaneous infusion

Terminally ill patient assessed as requiring continuous analgesic or continuous infusion relief of other symptoms listed below.

To prevent the need for regular injections when medication cannot be swallowed or absorbed and to provide effective symptom control e.g.

- Pain relief
- Agitation
- Persistent nausea
- Vomiting
- Oral medication not tolerated
- Dysphagia or intestinal obstruction
- Malabsorption
- Diarrhoea
- Cachexia
- Impaired consciousness
- Patients preference

6 Communicating with patients and carers

Prior to commencing a syringe driver a full explanation about what a syringe driver is, how it works and why its use is indicated should be discussed with the patient and his/her carers and informed consent gained. This should be recorded in line with the “Consent to Treatment” policy.

In the event of a patient who is unable to give consent the Health Care Professional will act in their best interests. This should be carried out in conjunction with the Medical Practitioner and in line with the Mental Capacity Act (2007). Detail should be recorded in accordance with Appendix E of the “Consent to Treatment” policy.

The patient/carer should be offered the syringe driver information leaflet (Appendix D). The patient and/or carer must also have appropriate contact numbers for a Registered Nurse or Medical Practitioner.

7 Prescribing

All prescriptions for supply of Controlled Drugs must comply with the requirements of the Misuse Of Drugs Act 1971 (see current BNF guidance on prescribing controlled drugs and dependence).

There is further guidance on prescribing in the document on Healthnet “Controlled Standard Operating Procedures SOP, no 1: Prescribing of CD’s”

The Syringe Driver Prescription Chart is an “authority to administer” and not a

legal prescription. Therefore normal prescription writing requirements apply (see Safe and Secure Handling of Medicines Policy section 6). However, writing the dose in both words and figures improves clarity and therefore safety.

7.1 Required documentation for a Syringe Driver prescription:

Drug Prescription Chart or Community Prescription Syringe Driver Chart (COM 48, COM 48 renal or COM 170)

Drug stock monitoring forms e.g. CD register/community forms (COM 100)

Syringe driver accountability chart (In-Patient use only)

Management / Care Plan

Telephone contact details / leaflets for patient (appendix D) / carer

7.2 Prescription Charts

Prescription Charts available to use with a syringe driver are listed below, COM 48 and COM 48 Renal are pre-printed charts giving clear on appropriate medication and advisory information

The nurse should ensure that there is only one syringe driver prescription being used at any one time, if a “Just in Case bag” is in the home and a syringe driver prescription commences the “Just in case bag” prescription should be discontinued.

- COM 48: “Last days of life Community Prescription Chart” for general last days of life medication
- COM 48 Renal: “Last days of life Community Prescription Chart in ADVANCED KIDNEY DISEASE ” for Patient’s at last days of life with renal impairment
- COM 170: Syringe driver, for use of a syringe driver for administration of other medications for symptomatic relief when patients are not nearing end of life.

COM forms available on stationary drive

The Prescription chart should contain the following:

- Date
- Patient’s full name, address, date of birth, NHS number
- Allergies / sensitivities
- Generic name of the medicine(s) to be used in the driver which must be legible and in capital letters
- The dose written in words using metric units avoiding the use of the leading decimal point.
- Any dose less than one milligram should be recorded in micrograms.
- Micrograms and milligrams must be spelt out and not abbreviated to mcg or mg
- The name of appropriate diluent (normally Water for Injection)
- Route and duration of administration i.e. subcutaneous infusion by syringe driver over 24 hours and for how many days

- As required doses for anticipated symptom control
- Signature of prescriber, printed name and designation

8 Remote Orders

Remote orders may be accepted in exceptional circumstances as per section 7 of “Safe and Secure Handling of Medicines Guidelines”. However remote orders may not be taken for controlled drugs (except for changes in dose within an established and prescribed dose range).

The use of faxes and /or secure e-mails in this context are preferred to a verbal order, but still need to be confirmed by original prescription from the prescriber (within 24 hours or next working day at weekends/bank holidays).

Guidance on the transporting of sharps containers in staff vehicles can be found in DOH Estates and facilities alert 2013 (appendix B).

9 Transportation, storage and destruction and disposal of controlled drugs

Storage, record keeping and destruction of Controlled Drugs must be in accordance with “Controlled Drug Standard Operating Procedures”
<http://LSWnet.derriford.phnt.swest.nhs.uk/OrganisationalStructures/Departments/MedicinesManagement.aspx>

9.1 Transportation, storage and disposal of drugs and sharps within the community setting

A practitioner working in the community, who is involved in obtaining medicines for patients, must recognise his/her responsibility for safe transit and safe delivery of medicines. The transporting of controlled medication to a patient’s home is only undertaken in exceptional circumstances.

Guidance on the transportation, storage and disposal of drugs within a patient’s home can be found in Appendix C.

10 Technical /Pharmaceutical Aspects

Advice and guidance on prescribing medication for palliative care is available in the South West Devon Area Joint Formulary (SWDJF) chapter 16 “Palliative Care”:

<http://southwest.devonformularyguidance.nhs.uk/formulary/chapters/16.-palliative-care>

Further information may also be found on: www.palliativedrugs.com.

Specialist Palliative Care Services contact details are available on page in chapter 1 of SWDJF if further support and guidance is needed.

To comply with the EU legislation to reduce needlestick injuries by using needle safe products.

11 Transfer of patients from another setting

Patients discharged from an inpatient setting should have a seven day supply of the drugs including diluent and prescription chart.

12 Training

All nurses who may administer drugs through a syringe driver are required to ensure that they have the knowledge and skills to undertake the task.

All newly employed Registered Nurses working in areas that syringe drivers will be required to attend the "Introduction to syringe drivers" study day, and will need to be assessed as being competent in setting up a syringe driver.

All staff will need to demonstrate evidence of updating and in date competencies at their yearly IPR.

13 Competencies

Employers are responsible for ensuring that training is available for all staff using medical devices (Medical Device Agency 2006).

All Registered Nurses and Support Workers are personally responsible and accountable to ensure they receive training in the safe use and observation of any medical devices they need to use (MDA 2006).

Only qualified Registered Nurses may be involved in the setting up and replenishing of a syringe driver.

The Registered Nurses will have completed formal training and been assessed as competent in the use of syringe drivers in accordance with the employers' organisation guidelines (Appendix E)

The Registered Nurses will work in accordance to local policies and the NMC Code (2015). All Registered Nurses will need to maintain competency and updates as require.

14 Monitoring Compliance and Effectiveness

The monitoring of any medication errors and incident reporting within LSW will be through the Medicines Governance Group with quarterly reports to the Quality, Safety and Performance Committee.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 12th January 2016

Appendix A

Standard Operating Procedure for use of McKinley T34 syringe driver pump

The McKinley T34 is calibrated in ml per hour. All T34 pumps for palliative care are set up to deliver the syringe contents by continuous subcutaneous infusion over 24 hour period only.

This is a clean procedure

Hands must be decontaminated at intervals throughout the setting up process i.e. at the beginning, before drawing up, before insertion of the infusion device and at the end of the process.

Hands can be decontaminated with liquid soap and water or by applying alcohol hand rub/gel.

Gloves and apron must be worn.

Discuss and explain the procedure to the Patient, check identification and obtain consent. Assist Patient into comfortable position.

Equipment required for setting up a syringe driver

The following items will be required to set up a subcutaneous infusion using the Saf –T Intima via a syringe driver

A syringe driver that has been serviced and is within its annual service date in a lockable protective plastic case

New battery PP3 9 volt Alkaline Battery plus a spare battery

Sterile BD plastic Luer Lock syringe 20 or 30ml

Appropriate needle safe infusion line or extension set that should be no longer than 100cms, (BD Saf-T-Intima 24GA yellow needle free infusion device should be in used unless a documented risk assessment indicates a different infusion device)

Sterile blunt needles (filter or blue) for drawing up medication

Smaller syringes for drawing up individual medication if required

Prescribed drugs and prescribed diluent

Sharps box

Transparent adhesive dressing for infusion site which enables the site to be observed

Drug additive label

Spare needles and syringes for stat doses

Dressing pack

Checking the syringe driver

Check the syringe driver is a McKinley T34 and that it is in working order, serviced within the last year and asset tagged.

Drawing up of the medication.

Ensure only BD syringes are used.

Inpatient setting: The setting up of syringe drivers should be checked by two staff which normally should be another registered health professional or student nurse who has been assessed as competent (NMC 2008).

Community setting: One member of staff is required for this procedure following a risk assessment and they should follow a robust system of self-monitoring.

Check amount of stock medication and record on drug stock monitoring form.

Check the Patient's name and date of birth.

Check medication against prescription.

Assemble equipment and medication.

Draw up medication and diluent as prescribed:

- For a 20ml syringe the maximum fill is 18mls for a new line which requires priming and for a line without priming the refill is 17mls.
- For a 30 ml syringe the maximum fill is 23.5mls for a new line which requires priming and for a line without priming the refill is 22mls.

Invert syringe and observe for cloudiness, precipitation or change in colour. Discard if this occurs and seek advice.

Complete and attach an additive label to syringe, taking care not to obscure the syringe for monitoring purposes. The label should state patient's full name, NHS number, date, time, drug, dose, and signature.

Insert the battery and check the battery has at least 40% power left within the battery. If the level is below 40% the battery should be replaced.

Before placing the syringe into the pump ensure the barrel clamp arm is down then press and hold the 'ON/ OFF key

The LCD display will read 'PRE- LOADING' and the actuator will start to move. Wait until it stops moving and the syringe sensor detection screen appears.

Attaching to the syringe driver/priming the line

Connect the extension line securely to the syringe.

If it is a new infusion set, gently depress the syringe plunger to manually prime the line.

Fit the syringe into the syringe driver pump.

Site the infusion

Select site for infusion, ensuring sites are regularly rotated; suggested sites are the lateral aspects of upper arms, thighs or the abdomen.

When siting the infusion consider:

- a) Skincare needs and access
- b) Patients preference
- c) Mobility
- d) Suggested sites upper arm, thigh or abdomen

Areas to avoid include:

- a) Caution when siting the needle into the chest wall in cachectic patients
- b) Radiotherapy sites
- c) Tumour sites
- d) Bony prominences
- e) Avoid broken, irradiated or oedematous skin
- f) Where lymphoedema is present
- g) Abdomen when hepatomegaly or ascites is present
- h) Where visibility of needle site is impaired, e.g. tattooed area.

Ensure site is clean.

Insert the Saf-T-Intima device into the skin according to the manufacturer's instructions.

(Appendix G)

or

<https://www.bd.com/europe/safety/en/pdfs/Saf-T-Intima%20use%20Guide.pdf>

Do not loop the line over the insertion site.

Place a non-occlusive dressing over the site.

Attach line.

Start the pump and place the pump in the locked box.

The syringe driver must be cleaned between use and any spillages should be cleaned up immediately with either detergent mixed with water or a disposable detergent wipe.

Documentation

Complete all documentation as per this policy.

In the community the patient and/or carer must have information about caring for the individual with a syringe driver and know how and when it is appropriate to contact a Registered Nurse or Medical Practitioner.

Connecting the SC infusion line to a new syringe when re-siting of line is not required:

Disconnect the SC infusion line from the previous syringe before removing the syringe from the pump, normally the syringe will be empty, but occasionally it may not. This ensures that the patient does not receive an inadvertent bolus when the syringe is removed.

Remove the previous syringe from the pump and attach the new one.

Programme the infusion on the pump.

Check the SC infusion line is full of fluid and connect it to the new syringe ensuring the leur-lock is fully screwed on to the thread of the syringe tip.

The syringe and the line should be completely changed if any prescribing changes are made to the written prescription

What to do if the Saf-T-Intima cannula needs to be resited (if using an extension line)

Press 'STOP' to pause the infusion.

Disconnect the extension line from the Saf-T-Intima cannula.

Remove the Saf-T-Intima from the patient and insert new cannula.

Connect Saf-T-Intima to the existing extension line.

Check details of the running time.

Press 'YES/START' to resume the infusion.

NOTE: (if you press "NO/STOP" the pump interprets this as a completely new 24 hour period and the remaining contents of the syringe will be delivered over the next 24hours from confirming "start infusion")

Monitoring of Infusions

Checking syringe drivers:

Inpatient settings: The driver should be checked at 4 hourly intervals over a 24 hour period.

Community settings: The syringe driver should be checked to ensure that it is running correctly at each visit or contact. It is not however necessary to visit specifically to check the syringe driver more regularly than every 24 hrs. Health care professionals need to use their professional judgement to decide frequency of visits.

In carrying out a check the following should be reviewed and acted upon if necessary

Assess the patient's current status, effectiveness of symptom management and any side effects of medication

Check insertion site for signs of redness, leakage, hardness, swelling pain and blood in the tube

Observe the syringe and infusion set for kinks in the tubing and leakage. If there is any sign of precipitation or discolouration of medication the infusion must be stopped immediately and advice sought

Check that the syringe is securely attached to the syringe driver

Check the infusion is running to time

Check rate and indicator light flashing (device specific) and battery life

The checks on the syringe driver must be recorded in the appropriate documentation.

If the syringe driver is likely to finish early through the line being primed or the line being re-sited it is important that this fact is handed over to the nurse on the next shift and documented.

Do not allow the syringe driver to get wet. If this occurs change the machine and return the original syringe driver to Medical Equipment Management Service (MEMS) with a note of explanation / orange decontamination certificate

In the **community setting** at the end of an episode of care any unwanted drugs should be returned to a pharmacy by the family/ care staff as soon as possible. In **exceptional circumstances only** will a Health Care Professional undertake this task (see Appendix D of the "Safe and secure handling of medicines guidelines for Community Nurses : "Policy for the carriage, storage, administration, prescribing and disposal of medicines).

Renewing the syringe

Consider the patient's symptoms and response to medication (including prn doses) to identify whether any changes to the prescription are required.

If the skin site is satisfactory a new filled syringe can be attached to the infusion line every 24 hours.

The infusion line can be used for up to 72 hours

Sites can be left intact if satisfactory for up to 72 hours. When re-sited, the infusion should be placed at least 3 cm from the previous sites.

The syringe and the line should be completely changed if any prescribing changes are made to the written prescription

The syringe driver must be wiped clean between use and any spillages should be cleaned up immediately with either detergent mixed with water or a disposable

detergent wipe. Do not immerse the syringe driver in the cleaning fluid.

Removal and disposal of the infusion set and syringe driver

The infusion set should be removed by a Registered Nurse and disposed of directly into a sharps bin.

If there is any medication remaining in the syringe, this should be emptied into the sharps bin before the syringe itself is disposed of. The volume of the medication discarded should be documented in the Patient's record.

The needle site should be covered with a dry dressing/sticking plaster if required ensuring the Patient is not allergic to the type of dressing.

When the syringe driver is no longer required, the battery should be removed and discarded. The syringe driver should be wiped with a damp cloth with soapy water and dried thoroughly or a detergent wipe can be used. A green label should be applied to clean equipment

Check the syringe driver is well within the maintenance date before storing.

If Patient is for post mortem discard any medication and record in patient records. DO NOT remove infusion line but remove the syringe driver.

Trouble Shooting

If problems arise with the setting up of syringe drivers or the infusion of medication by syringe drivers please refer to appropriate manufacturers device guidelines. Mckinley guidelines:

http://www.palliativecareggc.org.uk/uploads/file/guidelines/11956_McKinley_Pump_Guidelines_Feb_09.pdf

Appendix B

Estates and Facilities Alert

Ref: Ref: EFA/2013/001 Issued: 21st January 2013
Gateway Reference: 18655.

Sharps and sharps containers transported in staff vehicles

Problem

Exposed or inadequately protected sharps left in healthcare staff vehicles put occupants and service personnel at risk of needlestick injury.

Action by

Health & Safety Managers
Clinical Governance
Community health workers

Action

Safe systems of working should be developed by healthcare organisations and followed by clinical staff who travel in the community and carry sharps.

Contact

Enquiries about specific lease car contract arrangements should be directed to the relevant supplier.

HFS1502.001 / EFA / IRIC / Version 6 / 02.02.2012 Issued: 21st JAN 2013 Ref:
EFA/2013/001

Problem

1. The Health and Safety Executive¹ is concerned about needlestick injuries reported by a car leasing company which employs servicing and valeting personnel. The injuries were caused by used, loose and unprotected hypodermic needles (sharps) left in lease or ex-lease vehicles used by clinical staff.
2. The reported incidents highlight that passengers and drivers are also at risk. Clinical staff may use their own private vehicle at work, so the problem is not limited to lease vehicles.
3. Sharps have been found underneath and down the backs and sides of seats as well as in carpets, boot spaces and spare wheel wells. It is suspected that these situations arose as a result of failure to clear up properly after spills from un-secured sharps containers.
4. In addition, an incident has been notified in which a vehicle repairer found a mass of debris including sharps when repairing a car that had been involved in a collision. Consequently, tidying a car only before a planned service, etc. cannot be considered as adequate risk control.
5. The risks to health following a needle stick injury are widely known, fully documented (see Additional Information) and include the emotional effects of the treatment regime and waiting for the results of tests for infectious diseases.
6. Healthcare organisations are responsible for setting safe systems of working and healthcare staff are responsible for following them. Failing to take adequate precautions to protect oneself and others from the risk of needlestick injury is potentially both a disciplinary issue and a criminal offence under health and safety legislation.

Action

7. This notice should be brought to the attention of all appropriate managers and staff, including allied health professionals.
8. Healthcare staff who travel in the community and carry sharps (used or unused) in the course of their work should follow a safe system of working **at all times**, in line with their local clinical and waste disposal policies. Sharps should always be stored safely and securely.
9. Staff should ensure that they
 - a) dispose of sharps immediately after use in a container suitable for transport², close the lid immediately after use and secure the container in the vehicle to avoid tipping;
 - b) Follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms;
 - c) Report any lid closing and locking mechanisms problems so that the suitability of the container can be reviewed²;
 - d) Check the container at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle. If sharps have been spilled, do not use the affected area and, if necessary, the whole vehicle until made safe;
 - e) Report any difficulty following a safe system of working.

10. If staff cannot follow a safe system of working, this should be reported to their manager and additional support and facilities provided, for example placing sharps containers inside a robust secondary carrier or container.
11. Contaminated vehicles should be cleared as soon as possible without compromising safety, e.g. using a torch, a special tool / device to avoid hand contact, and Personal Protective Equipment (PPE), being wary of sharps hidden in crevices and fabrics.
12. Healthcare organisations should review their procedures for the provision, use and return of leased cars for staff who travel and carry sharps.
13. Consideration should be given to marking leased vehicles to indicate to service departments that the vehicles are used by staff who carry sharps. This should be agreed with lease / service / valeting companies so that procedures can be set up to deal with vehicles received at any site. For security reasons, such a mark should not be identifiable from outside the vehicle during normal use.
14. If seats or other fittings require to be removed to complete checks properly, the service department must be told the reason for the work and the precautions required.
15. Healthcare organisations should work with staff who use their own vehicles to ensure the same standard of risk control.

Appendix C

Transportation & Storage of Drugs used in Syringe Drivers within the Community/Home Setting

Transportation:

This to be undertaken only in exceptional circumstances where no other alternative arrangements can be made

1	<p>Medication is the property of the patient and only in exceptional circumstances should community nurses transport Controlled Drugs.</p> <p>Carers/family should be encouraged to accept responsibility for the collection</p>
2	<p>The only medication to be carried in these exceptional circumstances by the Community Nurse must be prescribed by the patient's Medical Practitioner or Non-Medical Independent/supplementary Prescriber</p> <p>The Community Nurse should carry the least amount of medication until alternative transport is available.</p> <p>The medicines must be delivered directly to the patient from the pharmacy.</p>
3	<p>Security of medicines is the responsibility of the Community Nurse when carrying the medication and should not be left unattended.</p> <p>Community staff need to ensure medication is not visible in the car and locked in the boot of the car or in a locked container within the car.</p>
4	<p>In these exceptional circumstances the nurse must ensure that they have their LSW identification and they will be required to sign for the drugs as the patient's representative with the dispensing pharmacist.</p>
5	<p>When opening the medication the nurse should check the quantities including batch number and expiry dates.</p>

Storage:

6	<p>The nurse should discuss safe storage of medication in the patient's home with the patient and relatives/ carers.</p> <p>If any risk groups are highlighted during this discussion nurses need to risk assess and reduce the amount of medication available in the patient's home.</p> <p>All medication should be stored safely in the patient's home and out of the sight and reach of children.</p>
7	<p>All new drugs for the syringe driver including stat doses must be recorded on the medication stock list.</p>
8	<p>When renewing the medication in the syringe driver Community Nurses must check all the controlled drugs stock to ensure the correct amount of vials are</p>

	<p>present.</p> <p>All new boxes of controlled drugs need to be intact and checked including batch number and expiry date.</p>
9	<p>If there is a discrepancy in the amount of vials present the Community Nurse should discuss with the family, Carer, other professionals who have been involved in visiting the patient including the General Practitioner and Devon Doctors.</p> <p>A record of the controlled drug medication discrepancy should be recorded in the patient's notes.</p> <p>The Community Nurse should inform her Line Manager and complete an incident form.</p>
10	<p>Used ampoules/vials and part doses not required should be destroyed by placing in a sharps bin. Expired drugs and drugs no longer required must NOT be destroyed in this way but must be returned to the supplying pharmacy for destruction (see point 13).</p> <p>Sharps bins should not be visible to the general public from the outside of the house e.g. do not store on window ledges.</p>
11	<p>Medication should be stored in a cool place as they may deteriorate if kept in warm, damp places such as the kitchen or bathroom. Medication should be stored in locked container e.g. silver lockable cases or in Residential Homes in a locked drug cupboard.</p>
12	<p>LSW recognises that double-checking of drugs is not feasible in the community.</p> <p>The responsibility lies with the individual nurse in accordance with her NMC Code.</p>
13	<p>At the end of treatment the remaining stock should be reconciled and relatives/carers should be encouraged to return this as soon as possible to the supplying pharmacist for destruction. Only in exceptional circumstances should the Community Nurse agree to return the stock to the pharmacy e.g. there being no relative or carer available who can do so. In this case the nurse should obtain a signature and date from the pharmacist accepting the stock for destruction and the document should be filed in the patient's notes.</p>
14	<p>When medication including "anticipatory medication" is left in the Patient's home the District Nursing Team is responsible for checking the expiry date of the medicines held within the locked box weekly to ensure they are not out of date, and recording the results of this check within the patient's notes.</p>
15	<p>When medication including "anticipatory medication" is left in the Patient's home the District Nursing Team is responsible for checking the expiry date of the medicines held within the locked box weekly to ensure they are not out of date, and recording the results of this check within the patient's notes.</p>

16	<p>Just in case bags</p> <p>If a Just In case bag is in the home the bag should not be opened to count stock: Recording of the receipt of Controlled Drugs is not necessary. The prescriber will indicate the number of ampoules prescribed on the PMAR, stock levels need only be checked (using this recording) following administration of medications from the JICB. It is not necessary to open a sealed bag to count stock</p>
----	--

Appendix D

Patient and Carer information About your Syringe Driver

Com 159

What is a Syringe Driver?

It is a small battery operated portable pump holding a syringe containing your medication. The medication is given to you through a tube attached to a small hollow plastic tube under the skin. The contents of each syringe lasts for 24 hours and is then replaced.

Attached to the pump is a syringe and a thin piece of tubing about one metre long.

Your nurse will insert a hollow plastic tube just under the skin on your chest, your tummy, top of your arm or leg. The hollow tube is held in place with a dressing. Usually the tube can stay in one place for several days, but if it gets sore or uncomfortable, please tell your nurse.

Why do I need a syringe driver?

Sometimes it is not possible to take tablets and medicine by mouth. The doctor and nurse will have explained why they think certain medication will help you. Using the pump ensures that you avoid having frequent injections. Often people use a pump for a short time and are then able to take medication by mouth again, but this will be reviewed with you on a regular basis.

This machine is designed to give you your medicines over 24 hours, so each day your nurse will come about the same time to fill up a new syringe and will check the machine at each visit.

The liquid medication contained in the pump is to help ease symptoms.

Here are four reasons why the syringe driver may be used. Not all of these reasons will apply to you:

Difficulty in swallowing tablets

Vomiting or feeling sick

To avoid giving regular injections

Managing symptoms that are difficult to control

Who looks after the syringe driver?

The Doctors, Nurses, Family, Carer and yourself look after your syringe driver.

A Doctor prescribes the medication for the pump. At home this will be your GP.

A Nurse will renew the syringe every day and the tubing when necessary. The Nurse will also check with you if the medication is working as expected. At home this will be the District Nurse.

What do I need to know about the syringe driver?

The syringe driver is a very reliable machine.

Here are some helpful hints:

It is normal for the pump to have a light which flashes when the pump is working.

The machine has an alarm (a constant piercing sound) If the alarm goes off, please check the line is not occluded (kinked), if continues please contact your nurse.

If any of the following happens contact your nurse:

- Fluid leaks from the tube
- If the needle site becomes red, sore or swollen
- The syringe becomes disconnected.

If you feel well enough you can continue with your normal activities. If you have a shower or a bath, try to keep the dressing and tubing dry and the machine out of the water as it is not waterproof.

If you have any questions please ask your Nurse

If I have a concern about the syringe driver – who can I talk to?

- The person providing your care
- The Nurse in Charge
- Your Care Manager

If I have a concern about the care that I am receiving – who can I talk to?

- LSW Customer Services Team
01752 435200/1
- Independent Health Complaints Advocacy Services

(ICAS) 03003435719

Do not be afraid to discuss your concerns

We are all here to help

We promise to listen and help in any way we can

Appendix E- Competency

Title:	Management of a patient with a T34 McKinley syringe driver pump requiring twenty four hour infusion
Version Number:	Version 2
Asset Number:	05
Purpose:	<p>This competence covers the preparation and delivery of subcutaneous medication using the McKinley T34 syringe pump. The competence is relevant to Registered Nurses in their use of the syringe pump for all subcutaneous treatments given to adult patients.</p> <p>Individuals should wishing to undertake this competency should:</p> <ul style="list-style-type: none"> ▪ Have access to and work to the LSW Syringe Driver Policy and associated policies and Standard Operating Procedure (SOP) ▪ Have attended an approved syringe driver training session and be assessed as competent in setting up and caring for patients with a T34 McKinley syringe driver. ▪ Have attended a T34 McKinley syringe pump training session, which will include completion of the T34 McKinley syringe pump competencies. ▪ Complete self-assessment of the T34 McKinley syringe pump competences at least annually. <p>All staff transferring from other areas that have prior knowledge, skills and competences in setting up and caring for patients with a T34 McKinley syringe driver, competency can be checked and assessed by a competent practitioner using the self-assessment.</p> <p>All staff must complete the T34 McKinley e learning tutorial prior to attending a training session; this is available as an additional resource to all registered staff at http://www.mckinleymed.co.uk/online-training/.</p>

References:	
Author's title Contact details:	Coral Styles Professional Lead Email: coral.styles@nhs.net Tel: 01752 434735
Applies to:	Registered Nurses employed within LSW
Ratification date and group:	Date:
Publication date:	Date:
Responsibility for implementing:	Managers and Clinical Leads
Consultation process:	D/N and inpatient team joint meeting Distribution of drafts to D/N and Inpatient clinical managers
Review date & Frequency of Review:	Date: Three yearly / December 2018
Job title of person responsible for Review:	Professional Lead
Disposal date:	Date:

Document Review History				
Version No	Type of change	Date	Originator of change	Description of change

All core competencies need to be completed. Evidence should be met by sign off of each individual competency below:		Year 1 Formal Assessment	Year 1 Self- Assessment	Year 2 Self- Assessment	Year 3 Self- Assessment
1.0	The registered nurse is familiar with relevant policies and guidance including:				
1.1	LSW Syringe Driver Policy including Standard Operating Procedure for the administration of subcutaneous medication via the T34 syringe driver including guidance for the safe transfer of patients between care settings.				
1.2	LSW Injectable Medicines Policy and associated standard operating procedures.				
1.3	LSW Incident Reporting Policy.				
1.4	LSW Clinical Record Keeping Policy.				
1.5	LSW Infection Prevention and Control Polices.				
1.6	LSW Consent policy.				
	LSW Policy for: Confirmation/Verification of an Expected Death by a Registered Nurse & SOP for the Management Non Expected, Sudden or Suspicious Death in Community Hospitals and Community.				
1.7	LSW Waste Management Policy.				
1.8	NMC Code NMC Standards For Medicines Management NMC Record Keeping Guidance NMC guidance on verification of death				
2.0	Knowledge & understanding of why and when a syringe driver is used				
2.1	Demonstrate knowledge and understanding of the indications for the use of a syringe driver based on the clinical condition of the patient and in agreement with the prescriber.				
2.2	Demonstrate knowledge and understanding of the advantages and				

	disadvantages of using a syringe driver.				
3.0	Knowledge & skills in communicating with patient/carer/family				
3.1	Demonstrate the ability to discuss with the patient, family and carers the rationale for using a syringe driver and any potential side effects together with their management and support this with relevant patient information leaflets.				
3.2	Can explain what is meant by informed consent and obtains and documents patients consent to set up the syringe driver.				
3.3	Demonstrate knowledge and understanding of LSW policy and guidance with regard to mental capacity and is able to explain how to assess mental capacity and ability to apply this to the setting up of a T34 McKinley syringe driver.				
4.0	Knowledge, understanding and skill in safe medicines management				
4.1	Demonstrate the safe prescribing, handling, supply, storage, administration and disposal of medicines by adhering to LSW Safe and Secure Handling of Medicines Policy.				
4.2	Demonstrate clinical and pharmaceutical knowledge of the medication prescribed for use within the syringe driver or any prescribed bolus/stat doses.				
4.3	Demonstrate knowledge and understanding of the action to take when there is a medication error, Incident or near miss (giving examples /experience).				
5.0	Knowledge and understanding regarding all equipment required to set up a T34 McKinley syringe pump				
5.1	Performs required safety checks including battery life, ensuring the T34 McKinley syringe driver is clean, visually intact, in working order and that it is asset tagged and has been serviced within the last year.				
5.2	Demonstrates understanding of appropriate equipment required e.g. correct syringe size, infusion lines and that these are appropriate and compatible for the T34 McKinley syringe driver and the drugs prescribed.				

6.0	Knowledge, understanding and skill in setting up a T34 McKinley syringe driver				
6.1	Demonstrate appropriate selection of infusion devices (butterfly or softest) and correct use of site of entry for the device adhering to organisation infection prevention and control policy and guidance. Can explain why choice has been made.				
6.2	Demonstrate the knowledge, understanding and skill in the preparation, setting up, monitoring and closing down of the T34 McKinley syringe driver. Adhere to the LSW Standard Operating Procedure for the administration of subcutaneous medication via the T34 syringe driver.				
7.0	Knowledge and awareness of required cleansing, decontamination and syringe pump maintenance				
7.1	Demonstrate ability to clean/decontaminate and store the device adhering to LSW Infection Prevention and Control policy and manufacturer instructions.				
7.2	Demonstrate knowledge of labelling of the device following cleaning.				
7.3	Demonstrate safe disposal of battery for recycling.				
8.0	Knowledge, understanding and skills required for timely and appropriate patient monitoring				
8.1	Demonstrate the ability to recognise and resolve trouble shooting problems encountered during the infusion. Responds appropriately to the device alarms.				
8.2	Demonstrate understanding of the requirement for and carries out accurate and timely observations. Records appropriate information in patient record and responds appropriately when there is cause for concern.				
8.3	Demonstrate understanding and knowledge of monitoring for patient symptom control.				
8.4	Demonstrate understanding and knowledge of monitoring for potential side effects and appropriate action required.				

8.5	Demonstrate understanding and knowledge of discontinuation of a syringe driver: <ul style="list-style-type: none"> • How and when to discontinue a syringe driver (refer to End Of Life policy if unexpected or Coroner’s case) • Safe disposal of clinical waste • Disposal and recording of unused drugs • Clean/ decontamination /storage of the device as per policy /manufacturer’s instructions • Recording of details in the patient record • Liaising with other medical and nursing professional regarding discontinuation of syringe driver 				
9.0	Demonstrate knowledge and awareness of the process for safe transfer of care for patients between care settings				
9.1	Demonstrate the ability to transfer a patient with a syringe driver to or from your care by adhering to the guidance for the safe transfer of patients between care settings, as set out in the syringe driver policy.				

Evidence used to support claim: Examples of evidence include:		
Observed	O	
Questions & Answers	Q & A	
Reflection	R	
Written records	WR	
Witness Statement	WS	
Certificate of training/updating	C	
Online training	OT	
Self-Assessment	SA	
Other	Oth	
Agreed action plan (if relevant)		

Competency Statement *(Assessor)*

YEAR 1 (New staff – formal assessment)

I confirm this member of staff has achieved the required competency level.

Name:

Designation:

Signature:

Date:

Competency Statement *(Staff member)*

Year 1 – Self-assessment for current staff employed in LSW

Having received appropriate training I am competent in this procedure at this time. I have discussed this role as part of my job description with my manager.

Name:

Designation:

Signature:

Date:

Year 2 – Self-assessment for current staff employed in LSW

Competency Statement (staff member)

Having received appropriate training I am competent in this procedure at this time. I have discussed this role as part of my job description with my manager.

Name:

Designation:

Signature:

Date:

Year 3 – Self-assessment for current staff employed in LSW

Competency Statement (staff member)

Having received appropriate training I am competent in this procedure at this time. I have discussed this role as part of my job description with my manager.

Name:

Designation:

Signature:

Date:

Appendix F
Saf- T- Intima user guide



Saf-T-Intima use
Guide.pdf

DRAFT