

Date: 29/04/2024
Your Ref:
Our Ref: 8429

Enquiries to : Richard Mutch
Extension: 35687
Direct Line: 0131 465 5687
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Dear

FREEDOM OF INFORMATION – ANAESTHESIA ASSOCIATES

I write in response to your request for information in relation to Anaesthesia Associates within NHS Lothian. Please note that there are not trusts within the NHS in Scotland.

Question:

- Do you have Anaesthesia Associates (AAs) working at Royal Infirmary of Edinburgh?

Answer:

Yes

Question:

- On 1st February 2024, how many AAs did the Trust employ?

Answer:

Four

Question:

- How long have you had AAs working in your Trust?

Answer:

More than 10 years.

Question:

- What agenda for change band are your AAs employed on?

Answer:

Band 7

Question:

- Do your AAs work unsocial hours (before 8am, after 8pm, weekends, bank holidays)?

Answer:

No



Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Professor John Connaghan CBE
Chief Executive Calum Campbell

Lothian NHS Board is the common
name of Lothian Health Board

Question:

- Which training courses do you accept as qualification for working as an AA at your Trust?

Answer:

University College London (UCL). The UCL Anaesthesia and Perioperative Science course prepares students for clinical practice with a 24-month Master's degree (MSc), incorporating all the necessary academic and professional qualities needed for the AA role. Blending online learning with practical experience in the clinical environment, high-fidelity simulations, tutorial groups and teaching by a faculty of experts, the MSc puts a strong emphasis on applied science and rigorous training.

Question:

- How many AAs does one consultant anaesthetist supervise at any one time?

Answer:

One

Question:

- Please provide a copy of the AA job description. · If in existence (including in draft form), please provide a copy of the AA scope of practice.

Answer:

Enclosed.

- To work autonomously with indirect supervision to deliver high quality evidence based clinical care as part of a multi-disciplinary team.
- To work autonomously within the pre-operative assessment clinics.
- To provide anaesthetic services to patients requiring anaesthesia, respiratory care, cardiopulmonary resuscitation and/or other emergency, life sustaining services within the anaesthesia and wider theatre and critical care environments.
- To participate in teaching, audit and research

Question:

- Through what legal mechanism do your AAs administer medication? Please provide copies of any associated paperwork/forms/drug charts in use by AAs and any policies/guidelines/procedures concerning this.
- Please provide the minutes of any relevant meetings in which the decision to allow AAs to administer medication via the legal mechanism chosen was agreed.

Answer:

I have enclosed documents containing the competency for Anaesthesia Associates, that they must complete before administration of medication. The requirement for AAs to administer

drugs is listed within the remit of the NHS Scotland career pathway as per undernoted ([Anaesthesia associate | NHSScotland Careers](#))

tasks include:

- interview patients before an operation
- take medical histories and perform physical examinations
- develop and implement the anaesthesia care plan
- administer or aid in the administration of general, regional, and local anaesthesia for a variety of surgical procedures
- use a wide variety of techniques, anaesthesia agents, drugs and equipment in providing anaesthesia care
- administer drugs as prescribed
- interpret and use data obtained from invasive and non-invasive monitoring equipment
- position or supervise the positioning of patients to ensure patient safety
- identify and correct anaesthesia equipment problems that might be a risk to patients
- identify common postoperative problems and act accordingly
- monitor and maintain a safe, clean, and therapeutic environment for patients, staff, and visitors
- teach, supervise, and assess other team members

Question:

- Please provide the Trust's or any department risk assessment for employing AAs

Answer:

Not applicable

Question:

- How many incidents have been reported on your incident reporting system in which errors have occurred in anaesthesia administration by an AA throughout the time period you have had them working in your Trust? Please provide a breakdown of these incidents by calendar year, by type of error and by level of harm.

Answer:

None

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the

Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive
Enc.

Anaesthesia Associate - Band 7
NHS Scotland, Agenda for change

1. JOB IDENTIFICATION

Job Title: Anaesthesia Associate (formerly Physicians Assistant-Anaesthesia)

Responsible to: Clinical Nurse Manager/Clinical Director in Anaesthesia

Department(s): Theatres

Directorate: Theatres and Anaesthetics

Operating Division: DATCC

Job Reference: **050771**

No of Job Holders: 4

Last Update March 2021

2. JOB PURPOSE

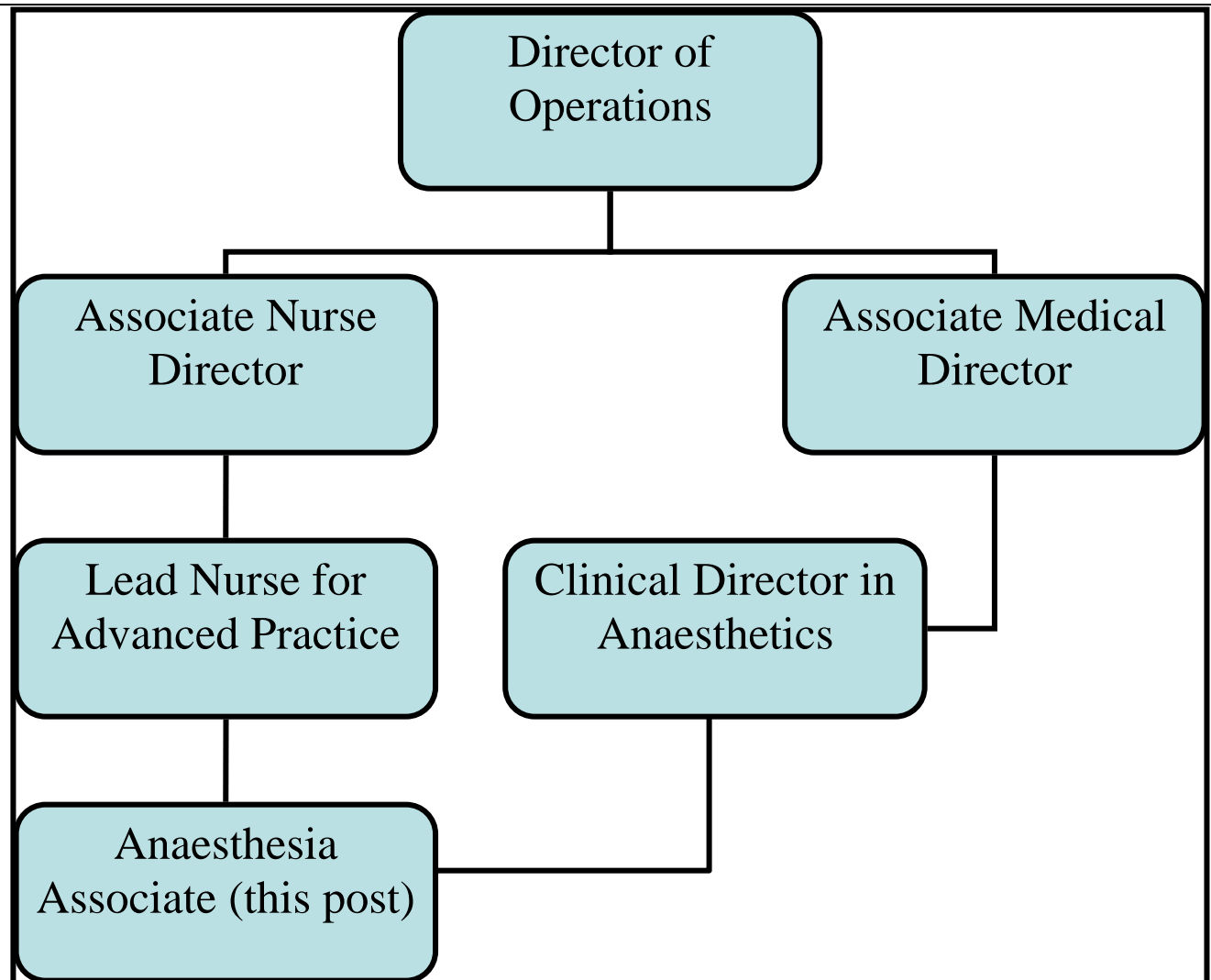
- To work autonomously with indirect supervision to deliver high quality evidence based clinical care as part of a multi-disciplinary team.
- To work autonomously within the pre-operative assessment clinics.
- To provide anaesthetic services to patients requiring anaesthesia, respiratory care, cardiopulmonary resuscitation and/or other emergency, life sustaining services within the anaesthesia and wider theatre and critical care environments.
- To participate in teaching, audit and research.

3. DIMENSIONS

Anaesthesia Associates are highly trained professionals who can provide a wide range of healthcare services to patients, ranging from taking a history, performing a physical examination, requesting and interpreting diagnostic tests to deciding appropriate clinical management and providing advice and drugs

The post holder will be expected to work closely with Medical Consultants, Nurses and Allied Health Professionals, Managers, Administrative and Admin Staff.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT

The Anaesthetic Department is pivotal to the delivery of surgical, critical care, pain, obstetric and paediatric services. To meet developing government and clinical objectives the Anaesthetic Department is engaged with the SPSA and are actively developing patient pathways through pre-operative assessment, day surgery, day of surgery admission (for major surgery) ERAS (enhanced recovery after surgery) and other initiatives.

6. KEY RESULT AREAS

1. To work competently, under appropriate supervision (as defined within the National Curriculum and agreed locally), in the role of Anaesthesia Associate (AA), within the national curriculum and agreed locally), and referring patients to designated healthcare professionals as appropriate.
2. To work as a member of the anaesthetic team, helping co-ordinate activity to ensure work is carried out as effectively and efficiently as possible.
3. To perform/participate in the preoperative interviewing and physiological and psychological assessment under the supervision of a consultant anaesthetist.
4. To evaluate/and or collect patient information from the patients history, physical examination, laboratory, radiographic and other diagnostic data and identify relevant problems.
5. To advise patients on the risks associated with the planned surgery and anaesthesia and to participate in the consent process.
6. To implement the anaesthesia care plan under the supervision of a consultant anaesthetist.
7. To administer and/or participate in the planned administration of general anaesthesia for a variety of surgical and medically related procedures.
8. To monitor the wellbeing of and administer sedation to patients undergoing surgical and medically related procedures who have received regional or local anaesthesia.
9. To use a broad variety of techniques, anaesthesia agents, drugs and equipment to provide anaesthesia care.
10. To administer drugs as prescribed and use prescribing mechanisms as permitted by medicine legislation for your primary registered qualification. (This is subject to change once the AA role is regulated).
11. To interpret and utilise data obtained.
12. To initiate and manage body fluid therapy within the plan of care.
13. To recognise and take appropriate actions with reference to complications occurring during anaesthesia management.
14. To position or supervise positioning of patients to assure optimal physiological function and patient safety.
15. To Identify and take appropriate actions related to anaesthesia equipment problems that might lead to patient problems.
16. To identify and take appropriate action in the immediate postoperative period in relation to

common postoperative problems.

17. To participate in the review and management of post operative pain of patients following surgery.
18. To serve as a resource person in cardiopulmonary resuscitation, respiratory care and for other acute needs.
19. To participate in the education of patients and their carers.
20. To participate in the critical review of audit complaints, compliments and clinical/non clinical incidents with a view to improving patient care as part of the wider anaesthetic team.
21. To assist with the implementation of risk management and health and safety recommendations as part of the wider anaesthetic team.
22. To monitor and maintain a safe, clean, therapeutic environment, for patients, staff and visitors, initiating appropriate action to achieve this.
23. To adhere to quality objectives, hospital policies and codes of practice.
24. To be responsible for timely, accurate and complete records both manually and electronically ensuring safety and confidentiality of information and any hospital and statutory requirements are met.
25. To use resources appropriately in order to ensure a high quality and cost effective service.
26. To actively participate in all relevant meetings
27. To promote and contribute to the development of the new ways of working in anaesthesia, within the board and other organisations, by taking part in presentations and conferences.
28. To assist the Local Management team in the research and evaluation of the Anaesthesia Associate role including the collection and analysis of data required.
29. To establish working relationships with the rest of the hospital team and act as an ambassador for the Anaesthesia Associate role.
30. To assist in the development and review of protocols and patient group directives within the anaesthesia team.
31. To take part in the teaching, supervision and assessment of other team members
32. To take part in personal development planning. To maintain a professional portfolio
33. To ensure own actions support equality, diversity and rights.

Staff working within the anaesthetic department is required to exercise and maintain in confidentiality at all times.

7a. EQUIPMENT AND MACHINERY

Anaesthesia Associates will be expected to be able to demonstrate highly developed physical skills, whilst carrying out clinical skills. They are expected to operate and interpret findings from the following equipment.

1. Anaesthetic machine and related monitoring
2. Ventilators
3. Nebulisers
4. ECG
5. Blood Glucose near patient testing equipment

In addition it is expected that Anaesthesia Associates will be proficient in the use of more routine pieces of medical equipment such as sphygmomanometers and stethoscopes.

7b. SYSTEMS

Anaesthesia Associates will be expected to quickly become accustomed to the following (this list is not exclusive and may have further additions identified at induction)

1. Mandatory Training Courses
2. Out Patient referral, appointment and discharge communication systems.
3. Medical records and good record keeping.
4. Requisition of diagnostic tests
5. Different NHS staff groups and their inter-relationships.
6. Differences and synergy between staff in the 'managed service' and independent contractors.
7. British Medical ethics.
8. Patient follow up systems

8. ASSIGNMENT AND REVIEW OF WORK

The nature of the post necessitates autonomy, working within the agreed scope of practice and under the agreed level of supervision.

Delegation of responsibility will be agreed by the supervising doctor and will be subject to ongoing audit and evaluation.

Anaesthesia Associates will be expected to accurately take a patient history, perform a clinical examination and order/interpret those clinical tests necessary for the formulation of an anaesthetic plan with the patient and supervising Consultant Anaesthetist.

Anaesthesia Associates will be expected to supervise the maintenance of Anaesthesia under indirect supervision and help manage post operative care in the recovery unit and ward.

Supervision and professional development will be facilitated by the NHS Board.

9. DECISIONS AND JUDGEMENTS

The post holder is clinically and professionally expected to make clinical decisions on a daily basis, within the anaesthetic department. The must demonstrate a high level of clinical decision making, and integrate well within the multidisciplinary team

Demonstrate understanding of the Child Protection and/or Vulnerable Adult process, and act appropriately.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

As these posts are relatively new to NHS Scotland, the most difficult part of the job will be to integrate with existing healthcare professionals. Anaesthetic services are well developed as a medical model and the introduction of Anaesthesia Associates is integral to the redesign of these services in Scotland.

11. COMMUNICATIONS AND RELATIONSHIPS

Communication

1. 1 Communicate with patients, relatives and carers the anaesthetic plan and related risks of surgery and anaesthesia. The post holder will often deal with anxious patients and relatives, where empathy, reassurance and sensitivity is paramount.
2. Communicate both verbally and in writing with other healthcare professionals
3. Communicate with other Anaesthesia Associates in the NHS.

Relationships

1. Maintain good dialogue and support mechanisms with supervising medical staff.
2. Work with other healthcare professionals such as nursing staff and Operating Department Practitioners
3. Maintain good working relationships with colleagues

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical skills

Light physical effort for clinical duties, including walking and standing for long periods.

Moving equipment

Key board skills

Mental effort

Ability to adapt to complex clinical situations and make complex clinical assessment and diagnosis

Required to complete documentation such as anaesthetic charts.

Able to work under pressure and deal with regular interruptions.

Emotional effort

Communicate with distressed and anxious patients and carers on a regular basis.

Communicate with surgical and other staff routinely and in times of crisis

Working conditions

Frequent exposure to body fluids.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- Postgraduate Diploma in Anaesthesia Practice from an accredited University, approved by the Royal College of Anaesthetists.
- First degree at a minimum of a 2nd class honours degree in relevant subject.
- Excellent Interpersonal skills with patients and other healthcare professionals.
- Ability to communicate complex information both verbally and in writing.

14. JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Department Signature:

Date:

Administration of IV Bolus Injection

2 Yearly Competency

Title: Administration of IV Bolus Injection – 2 Yearly Competency	
ID: AIVBI11/04/2022v4	Author: L McHugh, I McKinnon-Waddell
Category: 1	Document Version: 4
Status Draft/Final: Final	Review Date: 24/04/2024
Authoriser: Fiona M Pollock	Date Authorisation: 24/04/2022
Date added to intranet: 12/05/2022	
Key Words: Alaris Signature –2 Yearly Competency, Infusion Device, IV Therapy	
Comments:	

Administration of IV Bolus Injection 2 Yearly Competency

NHS Lothian requires practitioners to complete a 2 yearly re-assessment of competency in recognised clinical skills programmes.

This 2 yearly re-assessment of competence should be reflected in your annual PDPR and recorded in your personal file by your line manager/charge nurse.

Assessor of Competence:

An assessor must be identified by your line manager/charge nurse and must be competent and experienced in IV Therapy practice (**minimum of 1 year practising IVs in paediatric areas**). Your final assessment of competence may be required to be completed by a senior registered healthcare practitioner (e.g. Band 6/7), please check this with your line manager.

ASSESSORS CHECKLIST

Supervised Practice and Final Observed Assessment

N.B. Guidance notes for Assessors are given in italics

‘Comp’ = Final clinical assessment of competence

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	C o m p
1.	Check IV access device as per PVC/line bundle (including VIP score). Consider patency and note nature of IV fluid currently in progress.	
2.	Identify if flush will be required pre/post administration <i>(Note: Always required in paediatric patients)</i>	
3.	Gather drug prescription/recording sheet(s)	
4.	Check prescription details with second IV competent healthcare practitioner as per NHS Lothian policy	
5.	Check sources of information on drug (e.g. BNF, monographs, drug data sheet, HEPMA, Medusa, chemocare etc.) for: <ul style="list-style-type: none"> • Compatibility of IV fluid in progress (if any) • Drug dose range • Particular cautions • Reconstitution instructions • Rate of administration • Approved route of administration 	
6.	Preparation area cleansed	
7.	Hands washed and apron worn	
8.	Gather equipment required	
9.	Clean blue plastic tray with detergent and alcohol wipe to create a general aseptic field (as per Aseptic Non-Touch Technique - ANTT)	
10.	Check drug and diluents with second IV competent registered healthcare practitioner	
11.	Check dose calculation independently and compare with second IV competent registered healthcare practitioner’s calculation	
12.	Wash hands and apply non-sterile gloves. Drug solutions should be treated as substances hazardous to health	
13.	If <i>multi-dose vial</i> (e.g. insulin) scrub bung(s) with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds	
14.	Open syringes, needles etc. using standard ANTT. Ensure pulling packs apart rather than tearing	
15.	Assemble equipment using standard ANTT. Hands should specifically not come into contact with the connection between the syringe and needle or needle itself (key parts)	

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	C o m p
16.	Check and prepare flush using needle. Remove needle and apply cap/return to intact packaging. Label with identity sticker	
17.	Draw up fluid and inject into drug vial using standard ANTT <ul style="list-style-type: none"> • Use 90° angle to insert needle through any rubber to avoid 'coring' • The drug should be mixed as per monograph (check if can shake) • Ensure all particles have fully dissolved • Gas produced may be vented using the syringe and used to return mixture back into the syringe at the end of mixing • Remove needle from syringe (ensuring to deploy sharp safe on a hard surface) and apply cap/return to intact packaging • Label with medicine identity sticker 	
18.	Gather equipment and place on clean reusable tray. If travelling to patient ensure remove PPE and wash hands before leaving preparation zone	
19.	Take to patient along with prescription chart and any recording charts	
20.	Follow NHS Lothian procedure to correctly identify patient with second IV competent registered healthcare practitioner	
21.	Gain informed consent & check allergies with patient and documentation	
22.	Wash hands and apply apron and non-sterile gloves as per ANTT	
23.	Scrub device hub with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds	
24.	Administer flush if required (<i>Always required in paediatrics</i>) using a push-pause technique	
25.	Administer drug via injection port at recommended rate. Assessors should satisfy themselves that the practitioner has noted the time at the beginning of administration and is continuing to monitor rate of delivery throughout the procedure	
26.	Monitor patient's clinical condition during administration. This may be simple observation or using any monitoring equipment as guided by monograph or indicated by patient's condition	
27.	Continue to communicate with the patient throughout procedure	
28.	Complete the procedure and flush IV access at the same rate as the drug until you are satisfied that the 'dead space' has been cleared. Recommence IV fluids or other infusions as appropriate	
29.	Dispose of equipment including PPE immediately as per NHS Lothian policy. Decontaminate tray with detergent and alcohol wipe. If blood contamination, use 10 000 ppm chlorine solution. Perform hand hygiene	
30.	Confirmation of administration by both signing appropriate documentation	
Please could assessors date and initial supervised practice		

2 YEARLY COMPETENCY STATEMENT
Administration of IV Bolus Injection

ASSESSOR statement:

I confirm that _____ has achieved the required competence for the administration of IV bolus injections.

Signature of assessor: _____

Name (print): _____ Position: _____

Date of completion: _____

PARTICIPANT statement:

I have participated in the IV therapy programme, passed the theoretical assessment, and completed a period of supervised practice and final assessment of competence relating to the administration of IV bolus injections.

I am now satisfied that I remain competent in the administration of IV bolus injections. I also agree to maintain my competence in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature: _____

Name (print): _____ Position: _____

Clinical area: _____

Date of Completion: _____ Date of training course: _____

MANAGER statement:

I confirm that the above participant continues to meet the required standard of competence for the administration of IV bolus injections and therefore can undertake this role in practice.

Signature of manager: _____

Name (print): _____ Position: _____

Date: _____

Please retain this for your own records and give a copy to your manager to be entered into your file. You manager will also log completion of your competency in your e-Roster file.

Administration of IV Additives

2 Yearly Competency

Title: Administration of IV Additives – 2 Yearly Competency	
ID: AIVD11/04/2022 v4	Author: I McKinnon-Waddell, L McHugh
Category: 1	Document Version: 4
Status Draft/Final: Final	Review Date: 24/04/2024
Authoriser: Fiona M Pollock	Date Authorisation: 24/04/2022
Date added to intranet: 12/05/2022	
Key Words: Alaris Signature –2 Yearly Competency, Infusion Device, IV Therapy	
Comments:	

Administration of IV Additive 2 Yearly Competency

NHS Lothian requires practitioners to complete a 2 yearly re-assessment of competency in recognised clinical skills programmes.

This 2 yearly re-assessment of competence should be reflected in your annual PDPR and recorded in your personal file by your line manager.

Assessor of Competence:

An assessor must be identified by your line manager/charge nurse and must be competent and experienced in IV Therapy practice (**minimum of 1 year practising IVs in paediatric areas**). Your final assessment of competence may be required to be completed by a senior registered healthcare practitioner (e.g. Band 6/7), please check this with your line manager.

ASSESSORS CHECKLIST

Supervised Practice and Final Observed Assessment

N.B. Guidance notes for Assessors are given in italics

‘Comp’ = Final clinical assessment of competence

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	COMP
1.	Check IV access device as per PVC/line bundle (including VIP score) Consider patency and note nature of IV fluid currently in progress	
2.	Identify if flush will be required pre/post administration (Note: Always required in paediatric patients)	
3.	Gather drug prescription/recording sheet(s)	
4.	Check prescription details with second IV competent registered healthcare practitioner as per NHS Lothian policy	
5.	Check sources of information on drug (e.g. BNF, monographs, drug data sheet, Medusa, HEPMA, chemocare etc.) for: <ul style="list-style-type: none"> • Compatibility of IV fluid in progress (if any) • Drug dose range • Particular cautions • Reconstitution instructions • Rate of administration • Approved route of administration 	
6.	Preparation area cleansed	
7.	Hands washed and apron worn	
8.	Gather equipment required	
9.	Clean blue plastic tray with detergent and alcohol wipe to create a general aseptic field (as per Aseptic Non-Touch Technique - ANTT)	
10.	Check drug/diluents/infusion fluid/flush with second IV competent registered healthcare practitioner	
11.	Check dose calculation independently and compare with second IV competent registered healthcare practitioner’s calculation	
12.	Prepare additive label	
13.	Wash hands and apply non-sterile gloves. Drug solutions should be treated as substances hazardous to health	
14.	If multi-dose vial (e.g. insulin) scrub bung(s) with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds	
15.	Open syringes, needles etc. using standard ANTT. Ensure pulling packs apart rather than tearing	
16.	Assemble equipment using standard ANTT. Hands should specifically not come in contact with the connection between the syringe and needle or needle itself (key parts)	

COMP

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	
17.	Check and prepare flush using needle. Remove needle and apply cap/return to intact packaging. Label with identity sticker	
18.	Draw up fluid and inject into drug vial using standard ANTT. <ul style="list-style-type: none"> • 90° angle to insert needle through any rubber to avoid ‘coring’ • The drug should be mixed as per monograph (check if can shake) • Ensure all particles have fully dissolved • Gas produced may be vented using the syringe and used to return mixture back into the syringe at the end of mixing • Inject solution into suitable infusion fluid (per monograph) and ensure mixed. Remove needle from syringe (deploy sharpsafe on hard surface) • If syringe apply and prime IV administration set, keeping cap in situ to maintain a micro critical aseptic field 	
19.	Apply additive label as soon as drug is added and ensure fully completed	
20.	Complete medications and fluid details on monitoring charts if appropriate	
21.	Gather equipment and place on clean reusable tray. If travelling to patient, ensure remove PPE and wash hands before leaving preparation zone	
23.	Follow NHS Lothian procedure to correctly identify patient with second IV competent healthcare practitioner	
24.	Gain informed consent & check allergies with patient and documentation	
25.	Wash hands and apply apron and non-sterile gloves as per ANTT	
26.	Scrub device hub with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds	
27.	Administer flush if required (<i>nb. Always required in paediatrics</i>) using a push-pause technique	
28.	Insert syringe or IV administration set into device and ensure fully primed	
29.	Set rate of administration and volume to be infused and check with second IV competent healthcare practitioner	
30.	Administer infusion at recommended rate using a medical device. Complete documentation of infusion and prescription charts by both practitioners	
31.	Monitor patient’s clinical condition during administration. <i>May be simple observation or using any monitoring equipment as guided by monograph/patient’s condition. Carry out 15-minute infusion/patient/device/access check then hourly thereafter</i>	
32.	Complete the procedure and flush IV access at the same rate as the drug until you are satisfied that the ‘dead space’ has been cleared	
	Please could assessors date and initial on completion	

2 YEARLY COMPETENCY STATEMENT

Administration of IV Additive

ASSESSOR statement:

I confirm that _____ has achieved the required competence for the administration of IV additives.

Signature of assessor: _____

Name (print): _____ Position: _____

Date of completion: _____

PARTICIPANT statement:

I have participated in the IV therapy and infusion device programme, passed the theoretical assessment, and completed a period of supervised practice and final assessment of competence relating to the administration of IV additives.

I am now satisfied that I remain competent in the administration of IV additives. I also agree to maintain my competence in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature: _____

Name (print): _____ Position: _____

Clinical area: _____

Date of Completion: _____ Date of training course: _____

MANAGER statement:

I confirm that the above participant continues to meet the required standard of competence for the administration of IV additives and therefore can undertake this role in practice.

Signature of manager: _____

Name (print): _____ Position: _____

Date: _____

Please retain this for your own records and give a copy to your manager to be entered into your file. Your manager will also log completion of your competency in your e-Roster file.

Administration of IV Additives

Initial Competency

Title: Administration of IV Additives – Initial Competency
ID: AIVD11/04/22v4
Category: 1
Status Draft/Final: Final
Authoriser: F M Pollock
Date added to intranet:
Key Words: Administration of IV Additives/Syringe initial competency
Comments:

Author: L McHugh, I McKinnon-Waddell
Document Version: 4
Review Date: 12/04/2024
Date Authorisation: 12/04/2022

Administration of IV Additive

Initial Competency

Supervised practice and final competence assessment **must only** be undertaken following completion of the pre-course workbooks and attendance at the NHS Lothian approved educational programme.

NHS Lothian peripheral IV Therapy programme theoretical component includes:

- Professional accountability
- Drug calculations
- Infection control
- Pharmaceutical aspects (including monographs)
- Recognition and management of anaphylaxis
- Potential Complications and their management
- Skills workshop
- Theoretical assessment

Practical Component:

This may be commenced **only** once you have successfully completed the IV therapy theory and workshops and **must** be within 3 months of attendance at the IV therapy study programme.

The number of observed practices before the final sign off is not mandatory. This will depend on the individuals experience and may be more or less than the four observed practices. A newly qualified practitioner or one completely new to IV Therapy would benefit from completing these four as a minimum.

The assessment of competence should be achieved within this time frame and any areas of concern relating to competency achievement must be discussed with your line manager/ charge nurse and the Clinical Education and Training (CET) team.

Assessor of Competence:

An assessor must be identified by your line manager/ charge nurse and must be competent and experienced in peripheral IV therapy practice (*minimum of 1 year practising IVs in paediatric areas*). Your final assessment of competence may be required to be completed with a senior registered healthcare practitioner (e.g. Band 6/7 in paediatrics) so check this with your line manager before undertaking.

ASSESSORS CHECKLIST

Supervised Practice and Final Observed Assessment

N.B. Guidance notes for Assessors are given in italics
'Comp' = Final clinical assessment of competence

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	Supervised Practices				C o m p
		1	2	3	4	
	Demonstrate evidence of IV training and calculations exam (Initial and indicate yes under comp section)					
1.	Check IV access device as per PVC/line bundle (including VIP score). Consider patency and note nature of IV fluid currently in progress.					
2.	Identify if flush will be required pre/post administration. <i>(Note: Always required in paediatric patients)</i>					
3.	Gather drug prescription/recording sheet(s).					
4.	Check prescription details with second IV competent healthcare practitioner as per NHS Lothian policy.					
5.	Check sources of information on drug (e.g. BNF, monographs, drug data sheet, HEPMA, Medusa, chemocare etc.) for: <ul style="list-style-type: none"> • Compatibility of IV fluid in progress (if any) • Drug dose range • Particular cautions • Reconstitution instructions • Rate of administration • Approved route of administration 					
PREPARATION ZONE						
6.	Preparation area cleansed.					
7.	Hands washed and apron worn.					
8.	Gather equipment required.					
9.	Clean blue plastic tray with detergent and alcohol wipe to create a general aseptic field (as per Aseptic Non-Touch Technique - ANTT).					
10.	Check drug and diluents/infusion fluid/flush with second IV competent registered healthcare practitioner.					
11.	Check dose calculation independently and compare with second IV competent registered healthcare practitioner's calculation.					
12.	Prepare additive label					
13.	Wash hands and apply non-sterile gloves. Drug solutions should be treated as substances hazardous to health.					
14.	If <i>multi-dose vial</i> (e.g. insulin) scrub bung(s) with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds.					
15.	Open syringes, needles etc. using standard ANTT. Ensure pulling packs apart rather than tearing.					
16.	Assemble equipment using standard ANTT. Hands should specifically not come in contact with the connection between the syringe and needle or needle itself (key parts).					

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	Supervised Practices				C o m p
		1	2	3	4	
17.	Check and prepare flush using needle. Remove needle and apply cap/return to intact packaging. Label with identity sticker.					
18.	Draw up fluid and inject into drug vial using standard ANTT <ul style="list-style-type: none"> • Use 90° angle to insert needle through any rubber to avoid 'coring' • The drug should be mixed as per monograph (check if can shake) • Ensure all particles have fully dissolved • Gas produced may be vented using the syringe and used to return mixture back into the syringe at the end of mixing • Inject solution into suitable infusion fluid (as per monograph) and ensure mixed. Remove needle from syringe (ensuring to deploy sharpsafe on a hard surface) • If syringe, apply and prime IV administration set, keeping cap in situ to maintain a micro critical aseptic field 					
19.	Apply additive label as soon as drug is added and ensure fully completed					
20.	Complete medications and fluid details on monitoring charts if appropriate					
21.	Gather equipment and place on clean reusable tray. If travelling to patient, ensure remove PPE and wash hands before leaving preparation zone.					
PATIENT ZONE						
22.	Follow NHS Lothian procedure to correctly identify patient with second IV competent registered healthcare practitioner.					
23.	Gain informed consent & check allergies with patient and documentation.					
24.	Wash hands and apply apron and non-sterile gloves as per ANTT.					
25.	Scrub device hub with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds.					
26.	Administer flush if required (<i>Always required in paediatrics</i>) using a push-pause technique.					
27.	Insert syringe or IV administration set into device and ensure fully primed					
28.	Set rate of administration and volume to be infused and check with second IV competent registered healthcare practitioner					
29.	Administer infusion at recommended rate using a medical device. Complete documentation of infusion and prescription charts by both practitioners					
30.	Monitor patient's clinical condition during administration. This may be simple observation or using any monitoring equipment as guided by monograph or indicated by patient's condition. Carry out 15 minute infusion/patient/device/access check first then hourly thereafter					
31.	Complete the procedure and flush IV access at the same rate as the drug until you are satisfied that the 'dead space' has been cleared.					
DECONTAMINATION ZONE						
32.	Dispose of equipment including PPE immediately as per NHS Lothian policy. Decontaminate tray with detergent and alcohol wipe. If blood contamination, use 10 000 ppm chlorine solution. Perform hand hygiene.					
Please could assessors date and initial on completion of supervised practices.						

COMPETENCY STATEMENT
Administration of IV Additives

ASSESSOR statement:

I confirm that _____ has achieved the required competence for the administration of IV additives.

Signature of assessor: _____

Name (print): _____ Position: _____

Date of completion: _____

PARTICIPANT statement:

I have participated in the IV therapy programme, passed the theoretical assessment, and completed a period of supervised practice and final assessment of competence relating to the administration of IV additives.

I am now satisfied that I am competent in the administration of IV additives. I also agree to maintain my competence in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature: _____

Name (print): _____ Position: _____

Clinical area: _____

Date of Completion: _____ Date of training course: _____

MANAGER statement:

I confirm that the above participant has met the required standard of competence for the administration of IV additives and therefore can undertake this role in practice.

Signature of manager: _____

Name (print): _____ Position: _____

Date: _____

Please retain this for your own records and give a copy to your manager/charge nurse to be entered into your file. Your manager will also log completion of your competencies on your electronic training record file (e-roster).

Administration of IV Bolus Injection

Initial Competency

Title: Administration of IV Bolus Injection – Initial Competency
ID: AIVBI11/04/22v4
Category: 1
Status Draft/Final: Final
Authoriser: Fiona M Pollock
Date added to intranet: 12/04/2022
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Key Words: Administration of IV Bolus Injection initial competency
Comments:

Administration of IV Bolus Injection

Initial Competency

Supervised practice and final competence assessment **must only** be undertaken following completion of the pre-course workbooks and attendance at the NHS Lothian approved educational programme.

NHS Lothian peripheral IV Therapy programme theoretical component includes:

- Professional accountability
- Drug calculations
- Infection control
- Pharmaceutical aspects (including monographs)
- Recognition and management of anaphylaxis
- Potential Complications and their management
- Skills workshop
- Theoretical assessment

Practical Component:

This may be commenced **only** once you have successfully completed the IV therapy theory and workshops and **must** be within 3 months of attendance at the IV therapy study programme.

The number of observed practices before the final sign off is not mandatory. This will depend on the individuals experience and may be more or less than the four observed practices. A newly qualified practitioner or one completely new to IV Therapy would benefit from completing these four as a minimum.

The assessment of competence should be achieved within this time frame and any areas of concern relating to competency achievement must be discussed with your line manager/ charge nurse and the Clinical Education and Training (CET) team.

Assessor of Competence:

An assessor must be identified by your line manager/ charge nurse and must be competent and experienced in peripheral IV therapy practice (*minimum of 1 year practising IVs in paediatric areas*). Your final assessment of competence may be required to be completed with a senior registered healthcare practitioner (e.g. Band 6/7 in paediatrics) so check this with your line manager before undertaking.

ASSESSORS CHECKLIST

Supervised Practice and Final Observed Assessment

N.B. Guidance notes for Assessors are given in italics

‘Comp’ = Final clinical assessment of competence

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	Supervised Practices				C o m p
		1	2	3	4	
	Demonstrate evidence of IV training and calculations exam (Initial and indicate yes under comp section)					
1.	Check IV access device as per PVC/line bundle (including VIP score). Consider patency and note nature of IV fluid currently in progress.					
2.	Identify if flush will be required pre/post administration. <i>(Note: Always required in paediatric patients)</i>					
3.	Gather drug prescription/recording sheet(s).					
4.	Check prescription details with second IV competent healthcare practitioner as per NHS Lothian policy.					
5.	Check sources of information on drug (e.g. BNF, monographs, drug data sheet, HEPMA, Medusa, chemocare etc.) for: <ul style="list-style-type: none"> • Compatibility of IV fluid in progress (if any) • Drug dose range • Particular cautions • Reconstitution instructions • Rate of administration • Approved route of administration 					
6.	Preparation area cleansed.					
7.	Hands washed and apron worn.					
8.	Gather equipment required.					
9.	Clean blue plastic tray with detergent and alcohol wipe to create a general aseptic field (as per Aseptic Non-Touch Technique - ANTT).					
10.	Check drug and diluent with second IV competent registered healthcare practitioner.					
11.	Check dose calculation independently and compare with second IV competent registered healthcare practitioner's calculation.					
12.	Wash hands and apply non-sterile gloves. Drug solutions should be treated as substances hazardous to health.					
13.	If <i>multi-dose vial</i> (e.g. insulin) scrub bung(s) with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds.					
14.	Open syringes, needles etc. using standard ANTT. <i>Ensure pulling packs apart rather than tearing.</i>					
15.	Assemble equipment using standard ANTT. Hands should specifically not come into contact with the connection between the syringe and needle or needle itself (key parts).					

No.	Assessment Criteria (Order of procedure may vary between practitioners but should be logical)	Supervised Practices				C o m p
		1	2	3	4	
16.	Check and prepare flush using needle. Remove needle and apply cap/return to intact packaging. Label with identity sticker.					
17.	Draw up fluid and inject into drug vial using standard ANTT <ul style="list-style-type: none"> • Use 90° angle to insert needle through any rubber to avoid 'coring' • The drug should be mixed as per monograph (check if can shake) • Ensure all particles have fully dissolved • Gas produced may be vented using the syringe and used to return mixture back into the syringe at the end of mixing • Remove needle from syringe (ensuring to deploy sharpsafe on a hard surface) and apply cap/return to intact packaging • Label with medicine identity sticker 					
18.	Gather equipment and place on clean reusable tray. If travelling to patient, ensure remove PPE and wash hands before leaving preparation zone.					
19.	Take to patient along with prescription chart and any recording charts.					
20.	Follow NHS Lothian procedure to correctly identify patient with second IV competent registered healthcare practitioner.					
21.	Gain informed consent & check allergies with patient and documentation.					
22.	Wash hands and apply apron and non-sterile gloves as per ANTT.					
23.	Scrub device hub with 2% chlorhexidine/70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds.					
24.	Administer flush if required (Always required in paediatrics) using a push-pause technique.					
25.	Administer drug via injection port at recommended rate. <i>Assessors should satisfy themselves that the practitioner has noted the time at the beginning of administration and is continuing to monitor rate of delivery throughout the procedure.</i>					
26.	Monitor patient's clinical condition during administration. This may be simple observation or using any monitoring equipment as guided by monograph or indicated by patient's condition.					
27.	Continue to communicate with the patient throughout procedure.					
28.	Complete the procedure and flush IV access at the same rate as the drug until you are satisfied that the 'dead space' has been cleared. Recommence IV fluids or other infusions as appropriate.					
29.	Dispose of equipment including PPE immediately as per NHS Lothian policy. Decontaminate tray with detergent and alcohol wipe. If blood contamination, use 10 000 ppm chlorine solution. Perform hand hygiene.					
30.	Confirmation of administration by both signing appropriate documentation.					
	Please could assessors date and initial on completion of supervised practices. Full signature required for final sign off (see following page).					

COMPETENCY STATEMENT
Administration of IV Bolus Injection

ASSESSOR statement:

I confirm that _____ has achieved the required competence for the administration of IV bolus injections.

Signature of assessor: _____.

Name (print) _____ Position: _____.

Date of completion: _____.

PARTICIPANT statement:

I have participated in the IV therapy programme, passed the theoretical assessment and completed a period of supervised practice and final assessment of competence relating to the administration of IV bolus injections.

I am now satisfied that I am competent in the administration of IV bolus injections. I also agree to maintain my competence in this area of practice in accordance with the NMC Code (2018) and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature: _____.

Name (print): _____ Position: _____.

Clinical area: _____

Date of Completion: _____ Date of training course: _____.

MANAGER statement:

I confirm that the above participant has met the required standard of competence for the administration of IV bolus injections and therefore can undertake this role in practice.

Signature of manager: _____.

Name (print): _____ Position: _____.

Date: _____.

Please retain this for your own records and give a copy to your manager to be entered into your file. Your manager will also log completion of your competencies on your electronic training record file (e-roster).