Kent and Medway
NHS and Social Care Partnership Trust

Safe Administration and Monitoring of Intra Muscular Injection Medication within Community Settings Policy (Depot administration)

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DOCUMENT TRACKING SHEET

Safe Administration and Monitoring of Intra Muscular Injection Medication within Community Settings Policy (Depot administration)

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft	10/07/12	Trust wide Patient safety Group	
1.0	Approved	Oct 2013	Patient Safety Group	Ratified
1.2	Approved	January 16	Changes to text to include risk and mental health state checks	Ratified.
1.3	Draft	October 2016	Review due to expiry	
2.0	Approved	January 2017	Trust Wide Patient Safety and Mortality Group	Ratified
2.1	Approved	March 2018	Policy Manager	Separated the Equality Impact Assessment from the document. Amended 'service line' to 'care group' throughout the document.
2.2	Approved	October 2018	Medicines Quality and Safety Officer	Change to Appendix E
2.3	Approved	December 2018	Medicines Quality and Safety Officer	Additional point (9.4) added.
3.0	Approved	September 2020	Trust Wide Patient Safety and Mortality Review Group	Ratified
4.0	Approved	May 2021	Trust Wide Patient Safety and Mortality Review Group	Ratified

REFERENCES

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Aseptic Non-Touch Technique (A.N.T.T.) Policy	KMPT.CliG.098
Consent to Treatment Policy	KMPT.CliG.049
Did Not Attend (DNA) Policy	KMPT.CliG.014
Medication Competency for Registered Inpatient and Community Nursing Staff Policy	KMPT.CliG.123
Physical Health & Examination Policy	KMPT.CliG.026
Risk Evaluation and Decision. The multidisciplinary approach to managing risk in Community Mental Health Services Guidelines	KMPT.CliG.176
Supervised Community Treatment Policy Mental Health Act 1983 Section 17A	KMPT.CliG.046

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
September 2020			Reviewed and updated throughout
March 2021	Danny Price	2	Nurse Associates can work independently in the depot clinics within the confines of their proficiency as outlined by the NMC under the overarching leadership of a registered senior nurse
March 2021	Danny Price	3	Updated 5.2.4 with competencies required for Nursing Associates to work in the clinics,
March 2021	Danny Price	6	Table in section 7 has been updated for: • BP and pulse to be done 6 monthly • Weight to be checked 6 monthly
March 2021	Danny Price	7	Updated 7.8 GASS needs to be completed within three months of depot starting or sooner if service user reports side effects and then every 6 months thereafter.

CONTENTS

1 INTRODUCTION

1.1 This policy describes the clinical practice of preparing, administering, and monitoring wellbeing of an Intra Muscular Injection (IMI) in a community setting. There are many IMI injections given in various community settings including clinics and the service user's own home. Service users benefit from this as a means of regular contact with the mental health team and both medical and nursing staff find a clinic setting an acceptable delivery method. This policy focuses on the delivery of a consistent procedure in the administration, review of IMI's effectiveness and monitoring of basic physical and mental health.

2 WHO DOES THIS POLICY APPLY TO?

2.1 This policy applies to all staff under KMPT including bank staff and agency working who will have organisational and clinical involvement in the prescribing and administration of IMI's for our service users and their NOK/carers.

2.2 This policy is a supplement to the Trust Medicines Policy and is to be read in conjunction with that policy.

3 PURPOSE

3.1 To ensure that all KMPT IMI administrations are safe procedures and environment maintain consistently high standards of care delivery.

3.2 The policy will cover requirements for the clinical environment for delivering IMI, commencement of treatment, administration of an IMI, post consultation of IMI, follow up arrangements and future plans. This will allow all service users to receive the same level of service within a clinic or residential setting and ensure that physical health and medication management are addressed for each service user.

3.3 To ensure that IMI medication is administered on prescribed dates and any service users who report adverse effects or who exhibit relapse symptoms are followed up.

3.4 To ensure there is a procedure in place to ensure appropriate follow up of service users who miss an appointment.

4 DUTIES

4.1 **Heads of Service** have the duty to ensure that mental health treatment (including administration of IMI) can operate within the designated community mental health centre delivered through the community mental health team.

4.2 **Locality Managers** have a duty to monitor the operation of the IMI service and the provision of the necessary clinical equipment.

4.3 **Team Managers** have a duty to allocate and support the staff to operate the IMI service and provide supervision to staff. Ensure that staff are suitably trained to carry out procedures. Ensure that staff have access to relevant standard operating procedures to support safe administration and monitoring of IMI's.

4.4 **Psychiatrists** have a duty to prescribe and monitor treatment and provide guidance and assistance to staff that run the IMI clinic. Each service user should be reviewed face-to-face, at least six monthly by their psychiatrist. They have a duty to maintain the quality of treatment

and safety and continually look for ways to improve. Any alterations to IMI medication should involve face-to-face consultation.

4.5 **Non-Medical Prescriber** where available can support community settings to have oversight to ensure safe delivery, prescribing of LAI medication and to support the supervision and development of clinic and community team staff.

4.6 **Registered Mental Health Nurses** have a duty to provide the highest quality of care and treatment to the service user, act in their best interests, seek and receive guidance, support and advice from medical staff where indicated. They also have a duty to report and raise areas of concern with the care team as necessary. They have a duty to maintain the quality of treatment and safety and continually look for improvement. They have a duty to oversee the Health Care Assistants (HCAs)/ Support Time Recovery Workers (STRs). Registered Mental Health Nurses also have a duty to ensure that the prescription is in date, up-to-date, and escalate to Team Leader and Psychiatrists.

4.7 **Health Care Assistants** have a duty to provide the highest quality care and treatment to the service user, seek and receive guidance, support and advice from nursing and medical staff. They also have a duty to report and raise areas of concern with the care team as necessary. They have a duty to improve the quality of treatment and safety.

4.8 **Nursing Associates** have a duty to provide the highest quality care and treatment to the services user, can be involved in the preparation and administration of LAI, can support in the documentation of clinical notes, risk assessments and care planning. They have a duty to report/escalate areas of concerns.

5 CLINIC STAFF RESPONSIBILITIES

5.1 A Band 7 Team Leader (Registered Nurse) should assume leadership/responsibility of operation of the IMI Clinics and community procedures must ensure the following:

5.1.1 The IMI clinic should have a regular staffing team to maintain safety and consistency.

5.1.2 Medical support must be available on the days that IMI clinics are running (this could be rostered for each site)

5.1.3 Staffing should consist of a minimum of

- 1 x B6 RMN lead
- 1 x B5 RMN and/or Nursing Associate (Nurse Associates can work independently in the depot clinics within the confines of their proficiency as outlined by the NMC under the overarching leadership of a registered senior nurse)
- STR to support the lead HCP in the daily running of the clinic.
- For sites that have an RGN: they can support the daily running of the clinic along with supporting effective physical health monitoring and assessment of service users.

5.2 Staffing levels required to run each clinic may vary in each geographical area and should be reflective of caseload size.

5.2.1 The band 6 is expected to assume overall responsibility for the CPA caseload with the B5 supporting the Non CPA service users (Nursing Associates can also support for teams that have them in post).

5.2.2 Where RGN's are in post, they will be expected to support the physical health needs, care planning and assessment of service users that use the clinics. Training is to be provided in line with clinic progress note writing guidance.

5.2.3 The clinic will be run by at least 2 staff. The Lead HCP must be a Registered Nurse. Nursing Associates can work independently with the support of STR providing they have completed the competencies as indicated below (5.2.4).

5.2.4 Nursing Associates can work independently in the clinics, with STR support, if all below competencies are complete:

- A minimum of 6 weeks shadowing a registered nurse or clinic team lead nurse, and when assessed as confident/competent to do so.
- Has an up to date 'Medication Competency for Registered and Community Staff'.
- E-learning: Cardio Metabolic syndrome complete.
- E-Learning: NEWS 2 complete
- E-learning: Annual Drug Calculations complete
- Up to date CPR and AED training.
- Completed: 'Physical Health in Mental Health for Clinic Staff' training.

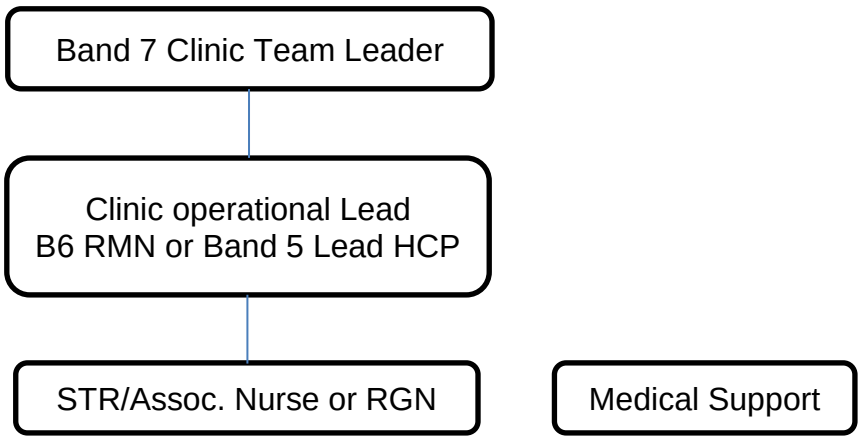
5.2.5 All clinic staff are competent in intra-muscular injection techniques – (See Appendix A *Medication Competency for Registered Inpatient and Community Nursing Staff Policy)*

5.2.6 All Registered Nurses must be trained, competent and up to date with mandatory training. (This may mean that all registered nurses in the CMHT's are required to spend time each year within the IMI clinic ensuring their skills, training and competencies are up to date).

5.2.7 A Monthly rota system of staffing for the IMI Clinic should be printed, filed and accessible for all Clinic Staff.

5.2.8 Complete and action all relevant IMI Clinic Audit(s) and CLiQ check actions.

5.2.9 The IMI Clinic must follow the structure below.



5.3 The clinic team to ensure that all service users have received a minimum of one home visit every 6 months. This is to assess social and environmental factors. Concerns are to be reported to MDT and add to Red Board (if applicable). This should coincide with medication/CPA review.

6 CLINICAL ENVIRONMENT/STORAGE OF IMI MEDICATION

6.1 Community Mental Health Centres must have a designated clinical room for physical health checks, examinations and the storage of and administration of medicines. If a clinic is provided outside the usual Trust buildings (i.e. GP practice, Community Hall, residential setting and home visits) then suitable arrangements need to be in place to offer the same expected standards of environment.

6.2 The clinic room must:

6.2.1 Have adequate illumination with space to move around and have sufficient surface areas to lay out the necessary equipment without risk of cluttering the area. It must also offer privacy.

6.2.2 Have cupboards within the room to store clinical equipment. A suitable clinical/examination couch must be available and positioned to ensure privacy is maintained i.e. away from windows and opening doors.

6.2.3 Have a hand washing area; suitable disposal bins must be available. Floors and work surfaces must be easily washable. Examination equipment should also be available within the room.

6.2.4 Have the medicines administered from a central storage point which is a locked medicine cupboard. Keys to medicines must be stored securely and only authorised members of staff may have access to them. Key must be signed in and out to show who has used the room.

6.2.5 Not all sites have the ability to store IMI medication. There needs to be a local agreement in place between locality/service managers to support the safe storage of IMI medication.

6.3 At sites where teams share the same medicine cupboard every effort should be made to ensure that service user named medicines are separated into specific teams to avoid confusion. Medicines labelled 'store in a refrigerator' i.e. Risperidone Consta, must be stored between 2º and 8º C. The fridge which should have an external reading thermometer must be kept locked.

6.4 It is the responsibility of the nurse in charge to ensure daily checks on the minimum and maximum temperatures are carried out and the thermometer reset with the results recorded. If reading is below 2^{O} or above 8^{O} then guidelines in appendix J should be followed. Completed monthly sheets recording min, max and current temperatures must be sent to kmpt.mso@nhs.net **(see Appendix J).**

6.4 Nominated nurses or the team leader must take responsibility for the up keep and operational standard of the clinical room and the availability and condition of the equipment.

6.5 If the clinical room is shared between different services a clear written agreement must be in place making clear who is responsible for what. This should be agreed by the service managers from the different areas.

6.6 As many community nurses provide IMI's in people homes and residential buildings the clinical room will be the place to store all equipment that would be used for IMI administration. All cases used to hold medication and equipment must be kept locked in the clinical room which must also be locked. Community nurses must use a recognised community nursing box for carrying disposable contaminated sharps boxes. The community nursing box

(red rigid container) is designed to hold these sharps boxes in a safe manner so no clinical waste spillage can occur in the nurse's car.

6.7 There must be two Health Care Workers in each clinic when it is running. The first person must be a registered nurse or nursing associate, the second person can be a registered nurse, nursing associate, student or unregistered healthcare worker. This is to prevent errors occurring, assist when necessary with record keeping and be able to offer a chaperone, if needed.

6.8 All clients should be encouraged to attend IMI clinics on site. If this is not possible then telephone contact prior to visit with chaperone offered, as per chaperone policy (**Appendix K**).

6.9 For service users who cannot attend an IMI clinic, provisions for external IMI will be recorded in the service users care plan, risk assessment and progress note.

6.10 Access to all IMI community medication charts stored in a central, organised file.

6.11 Correctly stored –

- Medication,
- Syringes,
- Needles,
- PPE etc. required for the administration of the IMI medication.
- Access to adrenaline pre-filled syringes for the treatment of anaphylaxis; staff should be adequately trained as per Trust protocol.

6.12 Access to a phone extension and a computer in the treatment room that can access RiO.

6.13 The time and date of the IMI clinic appointment should be clearly identified and service users who attend should be encouraged to attend at these times.

6.14 Stock medication – A list of stock medicines should be agreed between each IMI Clinic and KMPT Pharmacy. The Band 7 Lead must identify a registered nurse who should be responsible for ordering and maintaining stock medication within the IMI Clinics. (Lead HCP/RGN).

6.14.1 Medication stored in the IMI Clinics should be stored in a locked cupboard fixed to the wall in the Clinical Room .The cupboard must always be locked when unattended, as should the Clinical Room. Keys for the medicine cupboard are kept secure within the CMHT with access limited to nursing/pharmacy/medical staff only.

6.14.2 The temperature of the room where the medication is stored must be monitored on a daily basis via a digital thermometer, with the current, minimum and maximum recorded. The temperature monitoring form must then be submitted at the end of the month to the medicines safety officer (kmpt.mso@nhs.net)

7 INITIATION OF TREATMENT

All service users should have baseline physical health checks as defined in the table below. The following provides a comprehensive test (based on Maudsley Prescribing Guidelines in Psychiatry; 12th ed.) 2015, nice cg178 and trust physical health policy.

Test	**Frequency**
Urea and electrolytes (including creatinine or estimated GFR).	Baseline and Yearly
Full blood count	Baseline and Yearly
Blood Lipids (cholesterol, triglycerides), fasting sample if possible	Baseline, at three months, one year and then yearly
Plasma glucose, fasting sample if possible **AND glycosylated haemoglobin (HbA1c)**	Baseline, at three months, one year and then yearly
Creatine phosphokinase (CPK)	Baseline then if NMS (Neuroleptic Malignant Syndrome) suspected
Liver Function test (LFT's)	Baseline and Yearly
Prolactin	Baseline for all IMI antipsychotics and then yearly if service user is having risperidone or paliperidone IMI. (It is good practice at 3 months for all service users to be asked about prolactin related symptoms (sexual dysfunction, amenorrhoea etc.). If hyperprolactinaemia is suspected, another prolactin level should be obtained.
ECG is required at baseline and if:	**ECG is required at baseline and if:** • Physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure) or • There is a personal or family history of cardiovascular disease, a history of sudden collapse, or other cardiovascular risk factors such as cardiac arrhythmia or • The patient is being admitted as an inpatient or • If specified in the summary of product characteristics (SPC). • Patient is on High Dose Antipsychotics i.e. one or more antipsychotics above the recommended 100% BNF dose.
Blood Pressure and pulse	Baseline, at three months, then 6 monthly. (It is good practice to check these parameters on a regular basis when service user attends the IMI clinic)
Smoking history	Baseline and as required then yearly.
Weight (including waist measurement and BMI)	Baseline, **weekly for 6 weeks, at three months, and the 6 monthly** (It is good practice to check weight on a regular basis when service user attends the IMI clinic)
Nutrition assessment	Baseline and as required then yearly.

7.1 Medicines should be given by injection only when the use of other routes is clinically inappropriate or would increase adherence. It is necessary for repeated injections to have regular reviews with a doctor.

7.2 The results must be recorded on RiO in the Initial Physical Health form as a base line. The Nurse must ensure that the base line assessment is completed. Further recording can be done on the Ongoing Physical Monitoring form, which can be found under Core Assessment.

7.3 The commencement of treatment would be the 'test dose' of medication (if required) to be administered to the service user. The Psychiatrist would discuss the IMI medication following their medical and psychiatric assessment. The service user should be provided with the Medication information leaflets available from the KMPT formulary in the Trust website

7.4 Prior to the administration of any IMI medication the nurse must discuss the medication and its use; they must describe the procedure that will be undertaken to administer the medication, the possible side effects of medication as well as the expected benefits. A Physical health check must be undertaken and side effects rating at the commencement of new medication and thereafter physical health monitoring should take place as a minimum six monthly. This should be at the very least, cardio metabolic health checks and diet (bowel habits should be monitored to reduce possible constipation that occurs with some medicines) (**see appendix B**). A record should be written in RiO progress notes and a care plan agreed that reflects the medication and physical health which is signed by the service user. A crisis contingency plan should be recorded that stipulates if the service user is engaged with the CRHT team who will be providing the IMI. The care Coordinator must also clarify this point with when referring to the Crisis team and record this on RiO progress notes.

7.5 It is essential that a record of any known allergies is recorded and understood in relation to the prescribed drug that is to be administered. This should be recorded on the prescription card, RiO records and care plan.

7.6 If the nurse has any concern following the health checks they must consider with holding administration until further consultation has been done with the service users' Psychiatrist or General practitioner, depending on the nature of the health concern.

7.7 Once the nurse is satisfied to continue the service user must be asked if they are in agreement to accept the administration of the drug and show understanding in the purpose of the medication, its advantages and disadvantages and this must be documented. This would indicate that the service user has consented to treatment.

7.8 GASS needs to be completed within three months of depot starting or sooner if service user reports side effects and then every 6 months thereafter.

8 PRESCRIBING OF IMI MEDICATION

8.1 Prescribing on the long acting injection prescription and administration sheet

8.1.1 All prescriptions must be legible and in black ink to facilitate safe administration and enable the pharmacy to accurately dispense medication.

8.1.2 Prescriptions must clearly identify the service user for whom the medication is intended.

8.1.3 The Prescription must have –

- Drug name
- Dose
- Frequency
- Route

- Start date and stop date where applicable, ensuring that all dates reflect the period when the medication should be administered
- Signature of the prescriber
- A photograph of the service user must be included on the IMI prescription chart.
- Photographs must be renewed at a minimum of 6 months or whenever the prescription chart is renewed.
- It must be clearly documented on the chart if the service user is refusing to have their photo graph taken.

8.2 The prescription must be reviewed at a minimum of six monthly by the prescriber.

8.3 No changes to be made to prescription without face to face consultation with prescriber, service user and carer (if carer input required).

8.4 No alterations should be made to current prescriptions, a new prescription should be written if any changes are made and any old prescription charts should be crossed through, uploaded to client documentation and archived at the earliest opportunity.

8.5 It is the responsibility of the Prescriber to immediately notify the IMI clinic staff or the Community Mental Health Nurse (CMHN) of any changes to medication by reflecting this on the medication sheet and clearly and accurately document their rationale on RiO.

8.6 IMI Clinic Staff and CPN should seek clarification from the prescriber if unclear about any aspect of the prescription sheet, including information on allergies or potential drug interactions, before administering any medication.

8.7 The prescriber should ensure that all relevant paperwork relating to CTO (Community Treatment Order) is attached to the prescription sheet.

8.8 Allergies or adverse drug reactions

8.8.1 The prescriber must ensure all allergies; adverse drug reactions and symptoms are recorded on the prescription sheet before the IMI medication is administered.

8.8.2 If there is a known allergy, it should be recorded in the appropriate section on RiO Please see the allergy recording protocol for further details.

9 MEDICINES RECONCILLIATION

9.1 Medicines reconciliation is the process of accurately listing a person's medicines and to recognise and resolve any discrepancies and document any changes.
The IMI clinic lead nurse or CMHN and Responsible Clinician can seek support from the Pharmacy team to help with training with medicine reconciliation. Also when they are experiencing difficulties to do a medicine reconciliation when a service user is transferred from an out of area provider or the Private Sector.

9.2 A complete list of current medications and allergies/adverse drug reactions (ADRs) should be obtained for all service users on IMIs. This medication list should be reviewed every 6 months by the Clinic Lead Nurse/ CMHN. At each IMI clinic visit the nurse should check with the service user if there have been any change to current medication.
Sources may include:

9.2.1 GP summary - this can be obtained by contacting the service users GP which should be uploaded to the RiO documents. Alternatively, this information can also be

derived from the service user's Summary Care Record (SCR) or Medical Interoperability Gateway (MIG) viewer via RiO. Information from these sources should not be uploaded on to the service user's record.

9.2.2 GP referral letter

9.2.3 Hospital inpatient chart

9.2.4 Hospital discharge letter / EDN

9.2.5 Service users own medication

9.2.6 Compliance Aids

9.2.7 Care home records e.g. Medication Administration Record (MAR) Chart.

9.2.8 The service user's community pharmacy.

9.3 A minimum of two sources of reliable information should ideally be used to carry out the medication history process to ensure the information is as accurate as possible.

10 PRE ADMINISTRATION PREPARATION AND CONSULTATION PRIOR TO IMI

10.1 IMI medicines will be prepared only by registered practitioners trained in safe procedures, aware of the risks involved and who have demonstrated their competence in administration of injectable medicines.

10.2 The area in which the medicine is to be prepared should be clean, uncluttered and as free from distraction and interruption as possible.

10.3 Aseptic Non touch Technique (ANTT) must be used during the preparation and administration. Use necessary personal protective equipment (PPE) e.g. gloves, apron for all staff and all IMI procedures.

10.4 Before preparing the IMI, checks should be made to confirm that the product and its container do not have obvious defects or contamination; e.g. haziness, particles, discolouration, product has not expired, medicines stored as recommended, service user has no allergy to medicine.

10.5 A student nurse can administer intramuscular and subcutaneous injections however this must always be under the direct supervision of a registered nurse.

10.6 Student nurses cannot, under any circumstances, administer medicines alone.

10.7 The person administering the medication should make a record of administration as soon as possible after the event following the progress note guidance **(See Appendix C)**

10.8 Assuming the service user has been taking an IMI for more than two weeks the pre administration consultation is to provide the service user with time to discuss how their treatment is working and address any concerns they may have since they had their last IMI.

10.9 Areas that must be covered in the pre administration consultation are:-

10.9.1 The pre administration consultation may also include a consultation which includes assessment and discussion on weight, diet and life style, medication management and health checks. This should be reviewed as a minimum at the six monthly reviews, yearly physical health assessments and discussed within IMI clinics if there are any

changes to physical health reported by the service user. For further detail on the consultation please refer to the Trust's Physical Health Policy **(Appendix L).**

10.9.2 It may be that from the base line physical health check a further monitoring of blood pressure and weight monitoring is required and this would then form part of the pre administration consultation. Record on the ongoing physical health form and care plan the intervention.

10.9.3 Review of how the service user has been since the last IMI and physical health and any concerns they may have. A discussion with the client on their mental health risks and management plan in their care plan should be undertaken and updated as necessary as part of the administration of IMI's. The status and level of involvement and communication with the clients carers / family should also be discussed and recorded in the clients RiO progress notes

10.9.4 A side effects rating scale must be used, the Glasgow Antipsychotic Side- effect Scale (GASS) **(See Appendix D)** is the endorsed rating scale referred to in the Trust medication policy. The rating scale should be completed every six months (or otherwise indicated) and reviewed at the six-monthly medication review.

10.9.5 This meets NICE guidance on antipsychotic side effects monitoring). Bowel habits should be monitored to reduce possible constipation that occurs with some medicines **(See Appendix B).** A record should be written in RiO progress notes and a care plan agreed that reflects the medication and physical health which is signed by the service user.

10.9.6 A discussion to seek agreement for the administration of the IMI must take place and the offer of a chaperone must be made. If a chaperone is required or declined it must be noted in the progress notes. Another clinical staff member must be used as a chaperone.

10.9.7 A visual examination of the injection site to check for any abnormalities or discomfort must be made

10.10 Clinicians to check any updates/changes on MIG.

11 ADMINISTRATION

11.1 Injections should be administered by a registered nurse of staff who understands the risks involved, have been trained to use safe procedures, and who have demonstrated their competence for the task **(See Appendix A)**

11.2 No registered nurse of staff should administer any IMI unless they have been assessed as competent to do so and are acting within their scope of professional practice.

11.3 All practitioners are accountable for their practice including acts and omissions regardless of advice or direction received from another professional.

11.4 To minimise the risk of needle stick injuries retractable syringes or flip top needle guards will be used. However some medication products can only be administered with the specifically designed syringe and needle. These will be part of the medication package and these should be used following the manufacturers guidance.

11.4.1 If needle stick injury occurs please following guidance (**Appendix L**)

11.5 All preparation for the administration of IMIs should be carried out prior to administration. Please see the **Medication Management Policy** for guidance on administration of medicines.

11.6 It is important that Adrenaline prefilled pens are available for potential anaphylactic reactions particularly when giving the first or test dose. The first two doses should be administered at a community site.

11.7 It is good practice that, wherever possible, all medicines be prepared and administered in the presence of another nurse.

11.8 Check Medicine cards for:

11.8.1 Service users name and date of birth

11.8.2 Consent to treatment (Form T2, T3 if applicable)

11.8.3 Signatures

11.8.4 Legibility

11.8.5 Written correctly

11.8.6 Dates / Times

11.8.7 Name of drug to be administered

11.8.8 Dosage

11.8.9 Site of administration

11.8.10 Allergies

11.8.11 Check the expiry date for all medication given.

11.9 Greet the service user and confirm identification by asking the service user to state their name, address and date of birth and their prescribed medication. Re-check the dose on the prescription card and check that it is due and has not already been administered.

11.10 Also check the identity of the service user against the photograph on the IMI prescription chart.

11.11 Engage the service user in conversation about their treatment, checking knowledge of the medication, offer information and advice about the medication and any side effects.

11.12 Explain the procedure, the site of administration and seek the service users consent to treatment and answer any questions. Offer a chaperone if not already done so.

11.13 Calculate the volume of medicine solution needed to give the prescribed dose.

11.14 It is good practice to write the calculation down and obtain an independent check by another registered healthcare professional. If this is not possible consider using the service user as the independent checker if appropriate.

11.15 Cleanse your hands according to local policy (**Hand Hygiene policy**) and put on a pair of disposable protective gloves.

11.16 Draw IMI into retractable.

11.17 Encourage the service user to assume a suitable position. (Refer to Guidance on the Administration to Adults of Oil-based IMI and other Long-Acting Intramuscular Antipsychotic Injections).

11.18 Refer to the following appendix **(See Appendix E)** for the injection technique.

11.19 The person responsible for administrating the IMI confirms with the service user when the next injection is due and signs the prescription chart **(see appendix F).**

11.20 Administration of the IMI into sites for which they are not licensed.

11.20.1 The **first two doses** of a new medication must be given within a community mental health centre or a ward, and not in the service user's home due to the risk of anaphylaxis.

11.20.2 A service user may request the IMI injection be administered into a site that the medication is not licensed for. This should be discussed between the Prescriber, the service user and the pharmacist and the following steps must be completed prior to the administration of IMI medication:

11.20.3 The service user must give a written consent and details of discussion recorded on RiO by the Prescriber.

11.20.4 A care Plan or personal support plan must then be developed to reflect this.

11.20.5 Any other professional directly involved in the service user's care, including the GP should be informed in writing and this should be recorded in the service user's care plan.

12 MEDICATION ERRORS

12.1 The SI framework 2015 defined serious incident as: In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response

12.2 The National Patient Safety Agency (NPSA) defines a medication error as:

- Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a health professional, or patient.

12.3 Medication Errors must be reported, a Datix completed and medication competencies to be repeated.

12.4 If the error made is one that could have severe detrimental effects for the service user and it is felt that their safety warrants immediate medical attention, an ambulance should be requested via 999 to take the service user to the accident and emergency department for appropriate medical intervention.

12.5 If the nature of the drug error does not warrant immediate medical intervention, medical advice should be sought from a doctor and a pharmacist and poisons unit, providing full details about the medication error and any known drug allergies/sensitivities.

13 POST ADMINISTRATION CONSULTATION OF IMI

13.1 Following the administration of the IMI the service user should be encouraged to rest for 10 minutes to allow the service user to recover from the administration before leaving the centre. A longer period may be needed for certain IMI medicines. If specific rest time are indicated these would be provided in the medication leaflets.

13.2 The date and time of the next appointment should be provided.

13.3 The follow up appointment date and time must be recorded on Rio Progress Notes and recorded in the RIO appointment diary.

14 PHYSICAL HEALTH REQUIREMENTS/MONITORING AND SIDE EFFECTS

14.1 Doctor availability (Job planned) on site whilst clinics are running.

14.2 Prescribers must fully inform service users of possible side-effects/adverse drug reactions that could be caused by the IMI prior to prescribing it and should be offered Patient Information Leaflet (Choice and Medication Leaflet)

14.3 During every contact, the clinician must ask service users about side-effect/adverse drug reaction that the service user may be experiencing.

14.4 If the clinician becomes aware of or observes any adverse drug reaction following the administration of IMI they need to contact the relevant doctor without delay for an urgent review.

14.5 If there are any immediate concerns with a service user's physical health (as highlighted in the NEWS 2 score – **See Appendix H**) then The Clinic Lead Nurse or CPN should consider contacting the doctor on duty and/or emergency services.

14.6 Details of any serious adverse effects relating to or suspected to relate to the administration of IMI should be recorded in the service user's record and this information should be related to the prescriber.

14.7 All key physical health checks must be carried out prior to the administration of the IMI and recorded on the NEWS 2 chart and in the core assessment (ongoing physical health monitoring). Recordings should include;

14.7.1 Blood pressure

14.7.2 Pulse

14.7.3 Respiratory rate

14.7.4 O2

14.7.5 Glucose readings.

14.8 All IMI service users must have regular 6 monthly face-to-face (CPA and non-CPA pathway) Medical Reviews to consist of:

14.8.1 Medication review (to include response to treatment)

14.8.2 Physical Health review/assessment

14.8.3 GASS/side effects review/assessment

14.8.4 Capacity/consent to treatment

14.8.5 Discussion of social and environmental factors.

14.9 GASS (Glasgow Antipsychotic Side Effects Scale) should be used to assess side effects and completed at one month after initiation of IMI and repeated six monthly as a minimum or more frequently if a service-user reports side effects.

14.10 There should be clear documentation provided within the clinical notes, care plan, medication review and risk assessment (if required) if any service user is refusing physical health monitoring or assessment.

14.11 Continuous refusal of physical health intervention(s) should be reported to the clinic lead nurse, CPN and prescriber for medication review.

14.12 Clinicians should discuss and document their risk-benefit analysis for continuing or stopping IMI within the medication review. There should be clear guidance on any measures of well-being that are used in place of physical health checks and recorded as above (in clinical notes, care planning and risk assessment).

15 RECORD KEEPING

15.1 A service user's record is a basic clinical tool used to give a clear and accurate picture of their care and treatment, and competent use is essential in ensuring that an individual's assessed needs are met comprehensively and in good time (General Medical Council 2006, the Royal College of Psychiatrists 2009 and Nursing and Midwifery Council 2009 Standards and NHS Record Keeping - NHS Code of Practice for Record Keeping 2006), HCPC (2018).

15.2 All NHS Trusts are required to keep full, accurate and secure records (Data Protection Act 1998) demonstrate public value for money and manage risks (NHS Litigation Authority, Information Governance Toolkit, Essential Standards). Compliance with this Policy and these legal and best practice requirements will be evidenced through information input into the electronic record, RiO.

15.3 For full details of the specific information needed to ensure compliance with this policy see the RiO training guides and your Care Group specific Standard Operating Procedures.

15.4 Standards for Progress Notes documentation within clinics and medication reviews are attached **(See Appendix C)**

15.5 The service user's care plan must clearly document any provisions for the administration of IMI.

15.6 Note writing guidance must be adhered to in line with Trust Standards and professional bodies regulations.

16 COMMUNITY IMI PROVISION (INCLUDING CARE HOME)

16.1 Please refer to Point 11 for preparation, administration and monitoring.

16.2 Red Rigid Container to be used to carry medication and sharps, safely along with specimens.

16.3 Use of PPE e.g. gloves; apron is required for a IMI procedure.

16.4 Within Care Home settings, clinician should request with care home staff to use clinical room to prepare and administer IMI, if appropriate.

16.5 Member of care home staff can be asked to chaperone the service user.

16.6 Waste to be bagged in orange waste bag and placed in approved red rigid container and disposed of at base **(see Appendix G).**

17 COMMUNITY TREATMENT ORDERS (CTO)

17.1 Prescriber should ensure that all relevant paperwork relating to CTO (Community Treatment Order) is attached to the prescription sheet.

17.2 If recall is required, please discuss with MDT and follow guidelines set out in Supervised Community Treatment Policy Mental Health Act 1983 Policy.

18 DID NOT ATTEND (DNA)

18.1 Did Not Attend (DNA) is when a service user does not attend the appointment and does not contact to say they won't be attending.

18.2 The DNA Policy **(see Appendix I)** must be implemented immediately.

18.3 The Team Leader must be made aware of DNA service users and their names added to the red board meeting for MDT discussion.

19 TRAINING

19.1 The training in the administration of IMI's is provided within the professional's pre-registration training and further training is therefore not required. However, for staff that require an update in this practice then they should contact either the training department or their Care Group Lead or Head of Nursing to provide this.

19.2 IMIs may only be administered by healthcare professionals that have the necessary knowledge and skills in preparing, administering and monitoring therapy and are confident and competent to carry out this practice.

19.3 Medicines Calculations Competency Assessment for Registered Staff in a Clinical Setting or Medicines Management Training for Community Mental Health Nurses, and Nursing Associates is available for via iLearn. The training certificate should be printed and provided to the Team Leader who will maintain this record.

19.4 The Medicines Competencies Assessment of Registered Nursing Staff and Nursing Associates should be completed by Line Manager/Team Leader/Supervising Nurse. This can be found in the Medicines Competency for Registered Inpatient and Community Nursing Staff Policy **(See Appendix A).**

20 FOLLOW UP ARRANGEMENTS AND FUTURE CARE PLAN

20.1 Follow up arrangements are based on the need of the service user but should at the very least have a care plan that describes the arrangement for the administration of the IMI for the service user including pre and post administration check. If Physical Health work needs to be undertaken it should also be care planned.

20.2 Any concerns regarding the client's mental health state must be recorded in the care plan and progress notes with follow up actions. This must also include how the carers / family involvement will take place, when and what is the expected outcome. This must also be recorded in the progress notes and care plan. Note any concerns around the clients' mental 7 health state and also the impact it may have on their carers / family must be recorded on RiO and flagged up to the Registered Medical Officer and the care coordinator on the same day.

20.3 All service users will have six monthly documented medication reviews with a doctor to include assessment of:

20.3.1 Mental State Examination

20.3.2 Service User's capacity and consent

20.3.3 Medication efficacy

20.3.4 Medication Side Effects (review of assessment tools such as GASS)

20.3.5 Service User's physical health

20.4 Should a service user wish to discontinue having IMIs then a review must be carried out by a Consultant or Speciality Doctor alongside the care-coordinator, if applicable. An alternative treatment plan should be agreed with the service user and care co-ordinator; this should include a follow-up review within 4 weeks following discontinuation by the Consultant or Speciality Doctor.

21 STAKEHOLDER, CARER AND USER INVOLVEMENT/CONSULTATION

21.1 Nurses were consulted through circulation and feedback as this policy will affect them in terms of expectation and standards in a positive way.

21.2 Service users were not consulted as it will not directly affect them but will offer equality of practice and this is positive.

21.3 Pharmacy services were consulted through circulation and feedback to ensure it meets the pharmacy services expectations and also their expertise in the area of medication and administration.

22 EQUALITY IMPACT ASSESSMENT

22.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected 8 characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

23 HUMAN RIGHTS

23.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

24 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

24.1 Standard Operating Procedure to be circulated within the trust to Heads of Service and Service Managers to then cascade to team members.

24.2 Discussion of policy within team meetings, Reflective Practice and Nursing Forums.

25 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	***How will it be monitored***	***Who will monitor***	***Frequency***	***Evidence to demonstrate monitoring***	***Action to be taken in event of non compliance***
DNA	DNA reports Cliq Check audits Red Board meeting	Locality Manager Quality Manager Locality Manager	Bi-monthly	CliQ Checks Report and action plan	Training , supervision Professional regulation
Record keeping	Cliq Checks	Quality Manager	Bi-monthly	CliQ Checks Report and action plan	Training ,supervision Professional regulation
Deep Dive IMI Clinic standards	Clinical audit	Head and Deputy Heads of Nursing	Annually	Deep Dive Audit Action Plan	Training , supervision Professional regulation
Medicines Management Cliq Check	Cliq Check	Head and Deputy Heads of Nursing	Bi-monthly	CliQ Checks Report and action plan	Training , supervision Professional regulation
Compliance with Policy	Working in Clinic days	Locality Manager Head and Deputy Heads of Nursing	Annually	Feedback to teams	Training , supervision Professional regulation
SI and RCAs	Monitor RCA Outcomes	Locality Manager Head and Deputy Heads of Nursing	As per SI action plan	RCA Feedback and action plan	Training , supervision Professional regulation
Staff Competency	Ilearn and Staff competence Folder	Locality Manager Head and Deputy Heads of Nursing	Every 2 years	Ilearn	Training , supervision

26 GLOSSARY

Abbreviation	Full Meaning
ANTT	Aseptic and Non Touch Technique
BMI	Body Mass Index
BP	Blood Pressure
CPA	Care Programme Approach
CMHN	Community Mental Health Nurse
CTO	Community Treatment Order
DNA	Did Not Attend
ECG	Electrocardiogram
GP	General Practitioner
HCA	Health Care Assistant
IMI	Intra Muscular Injection
KMPT	Kent and Medway Partnership Trust
NEWS2	National Early Warning Score 2
STR	Support Time Recovery Worker

APPENDIX A MEDICATION COMPETENCIES

Medication competency.pdf

APPENDIX B PHYSICAL HEALTH (INCLUDING BOWEL MONITORING)

PhysicalHealthPolicy KMPT.CliG.026.07.pd

Bristol-Stool-Ref.pdf

Stool-Chart-2015.doc

APPENDIX C IMI PROGRESS NOTE STANDARDS

CRCG Standards For IMI Clinic Progress N

APPENDIX D GLASGOW ANTIPSYCHOTIC SIDE EFFECT SCALE (GASS)

Staff_Information_GASS_June_15 (2).doc

Glasgow_Antipsychotic_Side_Effect_Scale_

APPENDIX E STANDARD OPERATING PROCEDURE (SOP)

Draft SOP IMI Medication Within Co

APPENDIX F PRESCRIPTION CHARTS

New depot prescription chart.doc

APPENDIX G WASTE DISPOSAL POSTER

Clinical Waste Segregation - Nov 18

APPENDIX H NEWS 2

APPENDIX I DNA POLICY

DNAPolicyKMPT.CliG.014.04.pdf

Flowchart for DNAs Depot.docx

APPENDIX J MONITORING GUIDELINES FOR FRIDGE AND ROOM TEMPERATURES

Temperature-room-and-fridge-guidance-F

APPENDIX K CHAPERONE POLICY

ChaperonePolicyKMPT.CliG.062.05.pdf

APPENDIX L CONTAMINATION FLOWCHART

BBV Flowchart 2020.pdf