

TEMPORARILY AMENDED FOR COVID PANDEMIC:

Valid until April 2021

Standard Operating Procedures (SOPs) and competency assessment for the removal and disposal of subcutaneous infusions tool for in community settings BCUHB HCSW ONLY.

***All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure**

Author & Title	Assistant Director for Pharmacy and Medicines Management BCUHB Medicine Management Nurses				
Responsible dept / director:	Executive Director of Nursing Pharmacy and Medicines Management Local Authorities				
Approved by:	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
Date approved:	November 2015 / June 2020				
Date activated (live):	November 2015				
Documents to be read alongside this document:	<ul style="list-style-type: none"> Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's) for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) COVID- 19 Medication administration training (HEIW 2020) 				
Date of next review:	April 2021				
Date EqIA completed:	Nov 15 (Overarching Policy MM01)				
First operational:	November 2015				
Previously reviewed:	Dec 2016	Feb 2019	April 2020		
Changes made yes/no:	yes	yes	yes		

Standard Operating Procedure the removal and disposal of subcutaneous infusions for in community settings

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deems to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment

Definition of consent, capacity and refusal (Medication administration HEIW 2020)

Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.

Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.

Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

	Action	Rationale
1	Delegation of this task must be given by the nurse caring for the patient/ citizen	Registered nurse remains responsible for the delegation. Accountability for decision to remove the infusion/ subcutaneous cannula
2	Explain and discuss the procedure with the patient/citizen and obtain verbal consent	To ensure that the patient/citizen understands the procedure and gives their valid consent
3	Establish patient/citizen identity	Make sure all patient/citizen/ details checked prior to administration make sure the patients/citizens details on the drug administration are correct
4	The subcutaneous cannula must be removed if no further subcutaneous fluids are required or if there are clinical signs of infection.	To prevent the introduction of infection

5	Gather equipment required for the removal of a subcutaneous cannula <ul style="list-style-type: none"> • Single use disposable apron • Single use disposable non sterile gloves • ANTT approved non porous plastic tray • If indicated single use disposable sterile dressing pack • Suitable sterile dressing • Sharps container • Medicines doop (waste bin) 	
6	Explain and discuss the procedure with the patient/citizen/ resident	To ensure that the patient/citizen/resident understands the procedure and gives their valid consent
7	Wash hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.	To ensure the procedure is as clean as possible and minimise cross infection.
8	Clean tray using BCUHB approved cleaning wipe. (If indicated open sterile dressing pack onto a clean area) place all sterile single use equipment required within aseptic field maintaining key part protection at all times.	This is in line with mandatory BCUHB ANTT training
9	Ensure privacy and dignity for the patient / citizen	
10	Apply single use disposable apron	To protect clothing or uniform from contamination and potential transfer of micro-organisms
11	Apply single use fitted disposable non-sterile gloves	To protect hands from contamination and transfer of micro-organisms
12	When removing the cannula this should be removed carefully using a slow, steady movement and pressure should be applied to the area as soon as the subcutaneous cannula has been removed.	To maintain the safety of the individual and the patient/citizen and gentle pressure applied to avoid any bruising or leaking from the site
13	The cannula integrity should be inspected to ensure the complete device has been removed	
14	Dispose of clinical waste as per BCUHB policy (to denature the medication prior to disposal) Chapter 9 Controlled drugs Chapter 10 Disposal and destruction of medicines Take into account the requirement to dispose of any sharps correctly	To prevent cross infection and environmental contamination. Partially administered infusions must be disposed of in accordance with MM01 (to denature a medication is to change its form to prevent reuse, medication liquids should be soaked into a paper towel before being disposed of in the sharps container).

15	The site should be inspected and covered with a sterile dressing.	Prevention of infection
16	Removes gloves and apron and disposes of them appropriately. Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub	Infection control
17	Records the procedure in the patient/citizen/residents care plan including the date the dressing has been applied.	To keep contemporaneous records and prevent dressings being left on for longer than necessary lengths of time.
18	Observe patient for any adverse reactions and refer back to registered nurse if any occur	

**Competence document for Care Workers, Healthcare Support Workers/Assistant
for the removal and disposal of subcutaneous infusions tool for in community
settings BCUHB HCSW ONLY.**

NB. Only staff nominated by manager may undertake this competence.

HCSW Name & Signature:

Base/ Area :Date

PRACTICAL ASSESSMENT

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

		Witnessed practice			Assessors signature & Date
		1. Date	2. Date	3. Date	
1	Delegation of this task must be given by the Nurse or manager caring for the patient/citizen/resident				
2	Explain and discuss the procedures with the patient/citizen/ resident. Gains verbal consent.				
3	Assists the patient/citizen/ resident to a comfortable position and maintains the patient/citizen/ resident's dignity.				
4	Ensure candidate washes their hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.				
5	Ensure candidate gathers the correct and appropriate equipment				
6	Checks that the subcutaneous cannula is to be removed, ensuring that there is no further subcutaneous fluids required or if there are clinical signs of infection				
7	Ensure the candidate is aware of the ANTT process and the importance of maintaining. Cleans tray using BCUHB approved cleaning wipe. (If indicated open sterile dressing pack onto a clean area) place all sterile single use equipment required within aseptic field maintaining key part protection at all times.				

8	Ensure that when the candidate removes the cannula that it is removed carefully using a slow, steady movement and pressure should be applied to the area as soon as the subcutaneous cannula has been removed.				
9	The site should be inspected covered with a sterile dressing. Any inflammation must be reported to the nurse and documented in the care plan				
10	Ensure candidate inspects the cannula integrity to ensure the complete device has been removed				
11	Ensure candidate disposes of partially administered infusions in accordance to Medicines Policy MM01 Chapter 10 Disposal and destruction of medicines Candidate must explain what 'denaturing' means and how to achieve with liquid medication in accordance to Chapter 9 Controlled drugs.				
12	Ensure the candidate disposes of all clinical waste as per BCUHB policy and explains the importance of preventing cross infection and environmental contamination. Candidate must explain and demonstrate how to dispose of sharps correctly				
13	Ensure candidate removes gloves and disposes of them appropriately. Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub				
14	Records the administration on appropriate charts and in patient/citizen/residents care plan including the date the dressing has been applied.				
15	Ensure candidate observes the patient/citizen/resident for any adverse reactions and refer back to registered nurse if any occur				

Assessor's name : Signature

Designation:

Signature Date:

Copy of completed competence document to be given to manager to file in personal file