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Administration of Buccal Midazolam for Treatment of Prolonged Seizures in Clients with a Learning Disability

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Type of document	Standard Operating Procedure
Target audience	<ul style="list-style-type: none"> All qualified nursing/medical staff on LD in-patient and respite units CWP support workers on LD in-patient and respite units who have been trained to administer buccal midazolam Community LD teams
Document purpose	To ensure that staff who support clients with a learning disability who are prescribed buccal midazolam for the treatment of a prolonged seizure are able to administer the medication in a safe and effective manner

Approving meeting	Medicines Management Group	01-Jun-19
Implementation date	01-Jun-19	

CWP documents to be read in conjunction with	
MP1 MP9	Medicines Policy Policy for the initiation and maintenance of prescribing medicines for “off-label” indications (licensed medicines for unlicensed indications)

Document change history	
What is different?	<p>Changed from a policy to a standard operating procedure Emphasis is on CWP nursing staff responsibilities in relation to:</p> <ul style="list-style-type: none"> - Training CWP support staff on in-patient and respite units to administer buccal midazolam - Training social care staff and carers in community settings to administer buccal midazolam <p>CWP staff responsibilities when a client is admitted on buccal midazolam either in an inpatient or respite care setting CWP qualified nursing staff no longer require specific training on buccal midazolam administration</p>
Appendices / electronic forms	N/A
What is the impact of change?	N/A

Training requirements	Yes - Training requirements for this SOP are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP. It is the responsibility of unqualified staff to identify and highlight any training needs to their line manager
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Document consultation	
Clinical Services	Consultation via Medicines Management Group
Corporate services	Consultation via Medicines Management Group
External agencies	Consultation via Medicines Management Group

Financial resource implications	None
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External references
1. Draft Best Practice Guidelines for the use of Buccal (oromucosal) midazolam for the treatment of prolonged and/or serial epileptic seizures in the community – Epilepsy Nurses Association (ESNA) V10 July 4 2018

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?		

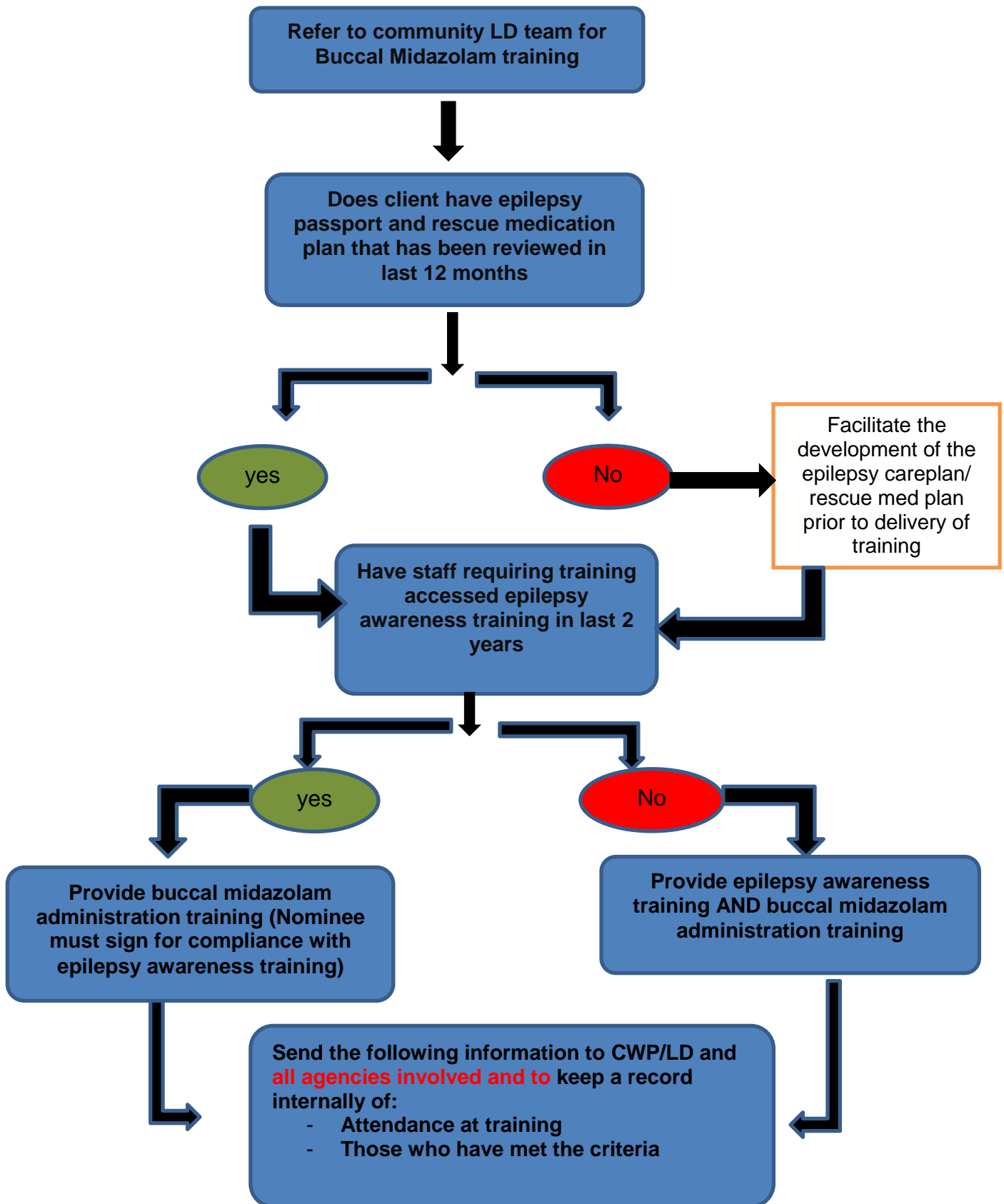
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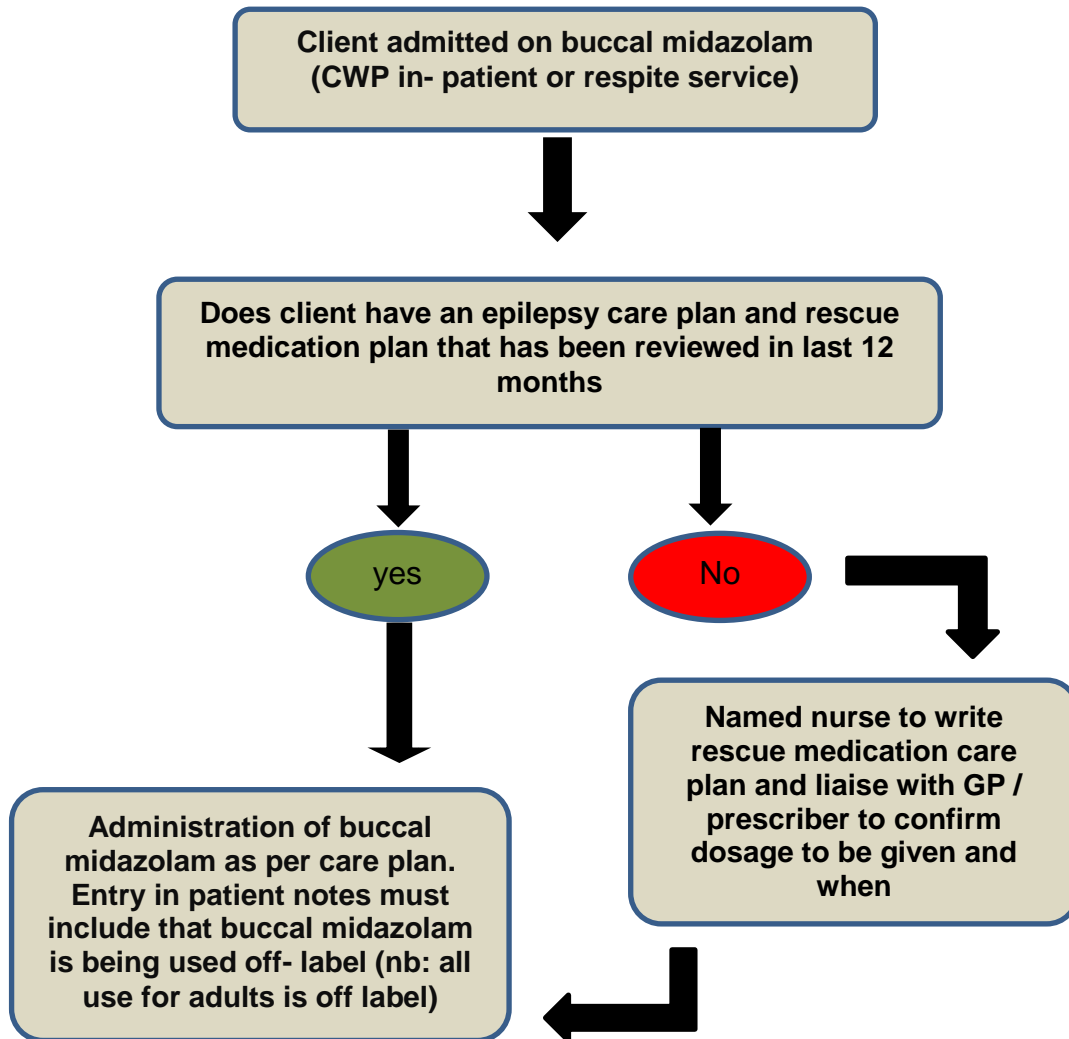
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Quick reference flowchart 1 - Training

For training CWP support staff on LD and respite units, social care staff in community settings and carers on the administration of buccal midazolam



Quick reference flowchart 2 - CWP LD in-patient and respite unit
For people admitted to CWP LD in-patient and respite units on buccal midazolam



1. Introduction and purpose of the SOP

CWP Community LD teams, in-patient areas and respite facilities frequently oversee the care of people who have been prescribed buccal midazolam for use as rescue medication.

The purpose of this SOP is to outline a set of standards to promote best practice in terms of:

- Community nursing staff teaching social care staff and carers how to administer buccal midazolam in order for people with epilepsy to continue to live in their own homes
- Administering buccal midazolam in the CWP LD in-patient and respite units.

2. Standards for buccal midazolam training

Criteria for staff who can provide buccal midazolam training	<ul style="list-style-type: none"> - Have a nursing/medical qualification and/or a minimum of two years' experience working with people who have epilepsy - Ideally have a minimum of one year's experience in delivering training/facilitation courses to adult students or evidence of teaching skills. - Have vicarious liability insurance in place or ensure if working via a NHS organisation, third sector provider or other organisation there is indemnity insurance as part of the organisation cover - Have a responsibility to provide accurate, up to date information and to teach procedures within a framework that is regarded as good practice
What will the buccal midazolam training consist of?	<ul style="list-style-type: none"> - Indication and routes of administration - Side effects and contra indications. - Advantages/disadvantages of using midazolam. - Consequences and actions following accidental overdose of midazolam- recognition of signs of respiratory depression - Risk assessment and safe storage - Actions if buccal midazolam is ineffective - The individualised care plan. - Demonstration of administration of buccal midazolam. - Case study discussion - Written assessment (staff need to achieve 100% to show that learning has been achieved on the day) - Certificate of Attendance (given on achieving required level of skill) - It is recommended that the initial training should be a minimum of 4-6 hours (dependent on group size) and subsequent refresher training should last 2-3 hours
Who will be trained?	<ul style="list-style-type: none"> - Training will link to policies MP1 and MP9 - Social Care staff and carers on a named client, named staff team basis only - CWP support staff on LD and respite units
When will the training be provided?	<ul style="list-style-type: none"> - As buccal midazolam will be used in emergency situations and may be administered infrequently, it is recommended that a refresher course is

	<p>undertaken within two years of the initial training and repeated as per flow chart above.</p> <ul style="list-style-type: none"> - When there is evidence of an up to date individualised care plan
What are social care provider responsibilities?	<ul style="list-style-type: none"> - Ensure staff are trained to the correct standard and have the corporate insurance required to administer rescue medication. This should also comply with their local policies and procedures supporting administration of buccal midazolam and with Care Quality Commission (CQC) standards. - Ensure that their staff receive the relevant training and update training in a timely manner and in line with ESNA guidance - Keep a record of staff trained to administer on a named client/ staff basis - Ongoing monitoring of staff performance and competency
What are CWP responsibilities?	<ul style="list-style-type: none"> - CWP nurses delivering buccal midazolam training must ensure attendees have undertaken epilepsy awareness training in the last two years prior to buccal midazolam training - When training social care staff, they will be trained to administer to a named individual client ONLY in line with that client's individualised care plan - To feed back to social care provider management the names of staff whom on the day were confident and able to administer buccal midazolam and those whom were not and will be required to re-attend - The prescriber will be informed by the community team (as identified in the care plan) by letter that buccal midazolam training has been completed - To keep a register of social care staff trained in relation to which client, the outcome of the training plus a record of when update is due - To keep a register of CWP support staff on LD in-patient and respite units who have been trained to administer buccal midazolam
Who should provide the care plan?	<ul style="list-style-type: none"> - It is the responsibility of the prescribing medical practitioner in conjunction with the multidisciplinary team to provide clear written details as to when buccal midazolam should be used and in what quantities. - Training is provided following evidence of an individualised care plan that has been reviewed by the prescriber within the previous twelve months. Provider services and carers of client's who use buccal midazolam will ensure that the information in the care plan is current and has been reviewed within the last twelve months by the prescriber.
Which individuals can staff administer the medication to?	<ul style="list-style-type: none"> - The training provided by the community team will only permit social care staff and carers to administer buccal midazolam to a named client with an agreed individual care plan - Training provided to CWP support staff on LD and respite units will permit them to administer buccal midazolam to all clients prescribed it on prescription charts. The named qualified nurse must ensure that the individual careplan for the client has been discussed with support staff.

3. Administration in community settings

CWP community nurses training social care staff and carers on administration of buccal midazolam in community settings

Prior to delivery of buccal midazolam training

- The buccal midazolam administration plan must be in place and have been reviewed in the last 12 months.
- In non NHS settings, staff being trained must be on a named client / named staff team basis only
- The agency requesting the training should confirm the names of the staff to be trained, confirm they have attended epilepsy awareness training and that they are all happy to be trained to administer this medication
- Staff member delivering the training must have a copy of the administration care plan and information on the type of buccal midazolam prescribed

4. Administration on LD and respite units

Training for CWP support staff on LD and respite units

CWP in-patient wards now utilise buccal midazolam as rescue medication for seizures. The Trust Medicines Management Group made the decision that under their NMC registration and competence, qualified nurses can administer buccal midazolam without specific training. This applies to qualified nursing staff on acute all mental health units, LD and respite units. Any qualified nurse who requires support and guidance on administration can request this by sending an e-mail to the community team at cwp.westcldt@nhs.net.

It is the ward / unit managers' responsibility to ensure CWP support staff are trained to administer buccal midazolam and access the update training as and when required. The named qualified nurse must ensure that the client's careplan has been discussed with support staff.

4.1 What to do at point of admission

- Review the buccal midazolam careplan and make sure it is signed and dated by the prescriber
- If the client does not have an up to date buccal midazolam careplan, then the named nurse needs to ensure one is written.

This **MUST BE DONE** jointly with the prescriber (GP or neurologist involved) and agreed by them. Unless the client is under 18 years of age, record in care notes and advise staff they will be administering as per standards set out in the CWP Policy for ["Off Label" prescribing \(MP9\)](#).

4.2 Storage and transportation of medication

As buccal midazolam is a rescue medication in this instance, it needs to go with the client whenever they are off the ward / unit, and staff need to be in a position to administer it in any setting

- Buccal midazolam will be stored in a locked medicine cupboard whilst on the ward / unit. Buccal midazolam should be stored at normal room temperature (15 – 25 degrees centigrade).

- Buccal midazolam should be transported in a small locked container/ box when off the ward / unit. Within the container should be the identified dosage of buccal midazolam, and the intervention plan. The name of the client must be on the label of the buccal midazolam. Ideally it should be carried in a bum bag by the accompanying member of staff. An observation chart must be available to sign and record details of the seizures and medication given.
- CWP support workers may accompany a client on leave with buccal midazolam if the support worker has been trained to administer it and is aware of the details of the administration intervention plan. Risk assessments must be completed and include consideration of:
 - o Likelihood of diversion
 - o Evidence of support worker's training and competence to identify and respond to seizures, facilitate aftercare and complete appropriate documentation
 - o Robust audit trail of possession
 - o The client's isolation and reduced quality of life if unable to leave unit.
- In relation to respite care facilities at discharge, the client usually goes to a day centre straight from a CWP unit, before going back home later that evening. In such cases, staff must ensure that day services have their own stock of buccal midazolam for the person at the day centre for administration whilst there. Any buccal midazolam that was sent in with the client for their respite stay can then be locked away in the client's suitcase (along with their other medications) for safe keeping until they go home that evening. This will mean there will need to be a safety precaution built in where the suitcase is locked and only the respite unit and family members know the combination of the lock.