

Policy for the Instillation of Eye Medication for Non-registered Staff within the Musculoskeletal and Specialist Surgery Clinical Management Group

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	Appendix 1. Procedure For The Instillation Of Prescribed Eye Medication By Non Registered Staff Within Musculoskeletal and Specialist Surgery CMG	

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

V2 – review of V1 10/09/2015 changes made are:

Policy scope- to include visual field technicians

KEY WORDS

Instillation of eye medication

Eye drops

1 INTRODUCTION

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for instillation of eye medication by non registered staff working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery Clinical Management Group. Administering prescribed medication to patients is normally the task of a registered professional. However, areas of service within ophthalmology have limited number of registered professionals operating in them. Service and patient benefits such as waiting times and experience would be enhanced if identified non registered staff were trained in installation of eye medication. According to Marsden (2007) “There is nothing under medicines Legislation to prevent healthcare assistants from administering a non-parental medicine”.

2 POLICY AIMS

- 2.1 The intention of this policy is to standardise practice with regards to installation of eye medication within the Ophthalmic Department of the Musculoskeletal and Specialist Surgery Clinical Management Group

The aims of it are:

- a) Ensuring consistency in practice, by adopting a competency package for the installation of eye medication, incorporating the Leicestershire Clinical Assessment Tool (LCAT). All new staff (as outlined in 3.1 & 3.2) will complete this package.
- b) Ensuring the practice of all staff (as outlined in 3.1 & 3.2) is re assessed every year using the LCAT tool.
- c) Ensuring patient safety through standardised practice.

- 2.2 This policy applies to all staff outlined in 3.1 and 3.2.

3 POLICY SCOPE

- 3.1 This policy applies to non registered staff working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery Clinical Management Group

- 3.2 The non registered staff covered by this policy are; Health Care Assistants, Ophthalmic photographers, Ophthalmic Technicians and Visual Field Technicians who have undertaken and successfully completed the training package and LCAT assessment as they are deemed to fit within the meaning of s6.2.1 of the Leicestershire medicines code.

4 DEFINITIONS

- 4.1 Non registered staff in this document relate to those covered in 3.2.
- 4.2 The words eye medication relate to drops and ointment only.

5 ROLES AND RESPONSIBILITIES

5.1 Authorised staff- instilling

- 5.1.1 All staff who undertake this role (as outlined in 3.1 and 3.2) must have been authorised to do so by their line manager.
- 5.1.2 All authorised staff must have undertaken appropriate education and training (see 7.1 and 7.2) which must have been identified through the appraisal process.
- 5.1.3 All staff must have their competency reassessed every year using the LCAT method and undertake any refresher as necessary (see 7.1 and 7.2).

5.2 Line managers/ ward managers/matrons

- 5.2.1 Must ensure that authorised staff receive the appropriate training, supervised practice and assessment of competence in the installation of eye medication.

- 5.2.2 Copies of individuals competence must be kept on the staff members individual personal file and a copy sent to the Education team for uploading onto HELM.
- 5.2.3 Ensure all staff who carry out this role have their competency reassessed every year using the LCAT method. Copies of reassessment must be dealt in exactly the same way as 5.2.1
- 5.2.4 Any training or reassessment must be identified in the appraisal process.

5.3 Divisional Management Team /Head of Service/ Lead Nurse/Education Lead.

- 5.3.1 Must ensure that all staff (as outlined in 3.2 and 3.1) within the identified Clinical Management Group, have access to appropriate education and gain competence to instill eye medication. Liaison with those identified in 5.2 is key to this.

5.4 Education team

- 5.4.1 Will ensure staff members HELM accounts are updated on receipt of copy of competency (new or triennial reassessment) from line manager.
- 5.4.2 Will provide advice and support as requested.

6 POLICY STATEMENTS, STANDARDS*, PROCESSES*, PROCEDURES*

- 6.1 A competency package has been developed to assist in the training and assessment of non-registered staff in relation to installation of eye medication. It is available from the Education Team or ophthalmology sister.
- 6.2 The procedure for the instillation of prescribed eye medication by non registered staff within ophthalmology is set out in Appendix one.

This policy is supported by the following procedure found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
Procedure for the instillation of eye medication by non-registered staff within Musculoskeletal and Specialist Surgery CMG	1

7 EDUCATION AND TRAINING REQUIREMENTS

- 7.1 Staff wishing to develop their practice must have been identified and supported by their line manager for an extension to their role. This must have been identified in the individual's appraisal.
- 7.2 All staff (as outlined in 3.1 and 3.2) who undertake instillation of eye medications must;
- a) Have completed and stay in date with Mental Capacity, Basic Consent and Deprivation of Liberty e-learning and Adult Safeguarding e-learning.
 - b) Complete the competency package for the *Instillation of eye medication by non registered staff*. This package is held by the Ophthalmology Sister and Education Team. Time span for completion of this package will need to be agreed by the assessor but ideally to be completed within 6 months.
- c) Be reassessed every year as outlined in 5.1.2
- d) Non registered staff are not permitted to assess staff in the practice of instillation of eye medication.
- e) 7.4 Staff who assess the knowledge and competencies of others in instillation of eye medications must;
- a) Be a registered professional, with a knowledge of ophthalmic medication
 - b) Be confident and competent in performing the skill and it practice regularly.
 - c) Have sound knowledge of this policy and competency package
 - d) Ideally be identified by the line manager as an LCAT assessor and have completed or working towards a relevant mentor/assessor course.
- 7.5 Any queries with regards to the competency package must be directed to the Education Team or ophthalmic Sister.

8 PROCESS FOR MONITORING COMPLIANCE

8.1 All staff will be re assessed every year as outlined in 5.1.2., record will be in individuals file and on HELM.

8.2 Compliance with policy will also be monitored by the quality and safety team through incidents and complaints.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Competent administering eye medication	Line manager	LCAT assessment	Every year	Information held on individual files	Ophthalmology Board Meeting	Ophthalmology Board Meeting
Drug errors by non registered staff	Line manager	Audit datix reports	quarterly	Ophthalmology Board Meeting	Ophthalmology Board Meeting	Ophthalmology Board Meeting

9 EQUALITY IMPACT ASSESSMENT

- 9.1 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 LEGAL LIABILITY

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CMG to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Leicestershire Medicines Code (5th Ed) (2011) (available via Insite)

Marsden. J. (2007) *An Evidence Base for ophthalmic nursing practice*. John Wiley and Sons.

UHL Infection Control Policies (available via Insite Documents)

Royal Marsden Manual 7th Ed (2008) (available via Insite).

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 12.2 This document will be reviewed every 3 years, or sooner in response to reported risks or incidences.

1. Introduction

1.1 This procedure sets out the process by which non-registered professionals (as outlined in the policy scope) can instil prescribed eye medication.

2. Scope

- 2.1 This procedure applies to non registered professionals working within the Ophthalmic Department and any designated overflow ward for ophthalmology patients. The ophthalmic department is based in Musculoskeletal and Specialist Surgery CMG. Also applicable to non registered professionals working in the LLR Alliance Ophthalmology clinics.
- 2.2 The non registered professionals covered by this procedure are; Health Care Assistants and Ophthalmic photographers, ophthalmic technicians and visual field technicians.

3. Recommendations, Standards and Procedural Statements

Procedure for instillation of prescribed eye medication by non registered professionals.



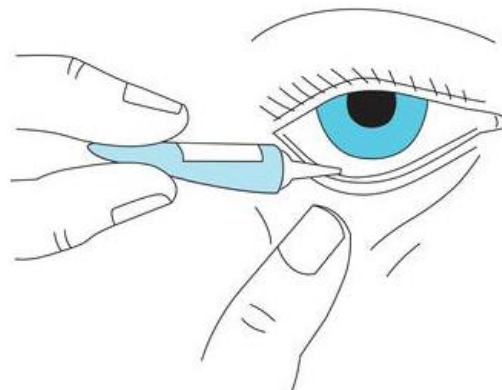
**Procedure for instillation of prescribed eye medication
For non-registered staff within the Musculoskeletal and Specialist Surgery (MSK)
Clinical Management Group (CMG).**

Action	Rationale
Pre-Procedure	
1. Registered Nurse/ Registered Practitioner to identify patient by physical verification alongside safety aspects including: <ul style="list-style-type: none"> Name of drop/ointment is correct against prescription Expiration of drug is known and drug is in date for usage (inpatient/ day case areas) Registered nurse is delegating task as per RCN/ NMC delegation accountability standards *In outpatient clinics registered nurses are accountable to check boxes of single use drops before use at the start of each session.	To ensure accountability and delegation is proceeded with safety, minimising potential harm to patient.
2. Non-registered staff member to comply with medicines administration as per UHL policy.	To work in conjunction with local guidelines and policy.
3. Introduce yourself to the patient, explain and discuss the procedure with them, and gain their consent to proceed Discussion to include: <ul style="list-style-type: none"> Possible effect/s the drops may have How long the effect/s may last Possible impact/ safety considerations e.g. 	To ensure that the patient feels at ease, understands the procedure and gives their valid consent (NMC, 2018).

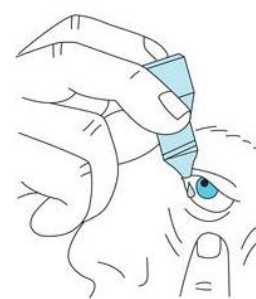
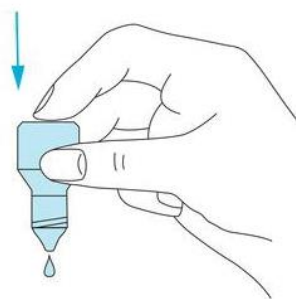
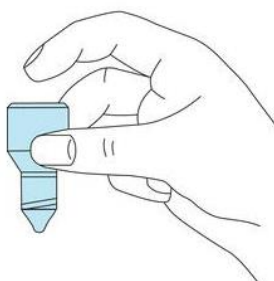
driving	
4. Ask the patient to explain how their eyes feel, if they are able to.	To gain a baseline understanding of current problems or changes the patient is experiencing.
5. Before administering any prescribed drug, look at the patients prescription chart and check the following: <ul style="list-style-type: none"> • The correct patient is being given the drug • The correct drug is being given • The correct dose is being given • The correct date and time of administration • The correct route and method of administration • Diluent as appropriate • Validity of prescription (legible, dated and signed) <p><i>*If any of these pieces of information are missing, unclear or illegible, do not proceed with the administration. Consult with the prescriber or allocated patient Registered Nurse</i></p>	To ensure that the correct patient is given the correct drug in the prescribed dose using the appropriate diluent and by the correct route. To protect the patient from harm. To prevent any errors from occurring.
6. Check the drug has not already been administered.	To protect the patient from potential harm.
7. Gather essential equipment as per The Royal Marsden Manual of Clinical Nursing Procedures, Staff member to complete away from bedspace.	To ensure correct preparation prior to washing hands.
<i>Be aware of the vial you are utilising: Vials – Single dose use only Preserved multi-dose bottles have a 14 day expiry Unpreserved multi-dose bottles have a 7 day expiry</i>	
Procedure	
8. Take the medication and prescription chart to the patient. <ul style="list-style-type: none"> • Check the identity of the patient against the prescription chart <ul style="list-style-type: none"> ○ Within ward areas - verbal and wristband 3 point check completed (S Number, Name and DOB) ○ Within OPD areas – 3 point verbal check (Name, address, DOB) • Check the patients allergy status, further checking prescription and wristband. 	To ensure that the medication is administered to the correct patient and prevent any errors related to drug allergies.
9. Where appropriate close doors or curtains.	To maintain patients privacy and dignity.
10. Wash hands and apply gloves, where appropriate.	To reduce the risk of cross infection and comply with UHL Infection Prevention Policies.
11. Ask the patient to sit back with their neck slightly hyperextended or lie down.	To ensure a position that allows easy access for medication instillation and to avoid excess running down the patient's cheek.
12. Check patients eye prior to administration. Any new discharge, inflammation or change to the eye appearance report to a registered nurse/ professional. If there is discharge and you have been instructed by a registered professional, proceed as for eye swabbing. If any crusting or drainage is present around the eye, gently wash it away with warm water or 0.9% sodium chloride and a swab. Always wipe from the inner to the outer canthus.	To prevent the introduction of micro-organisms into the lacrimal ducts.
13. Ask the patient to look at the ceiling and carefully pull the skin below the affected eye using a wet	To move the sensitive cornea up and away from the conjunctival sac and reduce stimulation of the

swab to expose the conjunctival sac.	blink reflex.
14. If administering both drops and ointments, administer <i>drops first.</i>	Ointment will leave a film in the eye, which may hamper the absorption of medication in drop form.
15. Either: <ul style="list-style-type: none"> Administer the prescribed number of drops, holding the eye dropper 1-2cm above the eye. If the patient blinks or closes their eye, repeat the procedure (see picture below) Apply a thin stream of ointment evenly along the inner edge of the lower eyelid on the conjunctiva from the nasal corner outwards. Avoid touching the eyelid with the nozzle (see picture below). If there is excess medication on the eyelid, gently wipe it from the inner to the outer canthus. 	To provide even distribution of medication across the eye. The therapeutic effect of drugs is obtained only when drops enter the conjunctival sac. To provide even distribution of medication across the eye and lid margin and reduce the risk of cross-infection, contamination of the tube and trauma to the eye.
16. Ask the patient to close their eyes and keep them closed for 1-2 minutes.	To help distribute the medication.
17. Explain to the patient that they may have blurred vision for a few minutes after application. Explain that they should refrain from driving or operating machinery until their vision returns to normal.	To ensure the patient understands why they have blurred vision and possible safety risks.
Post - Procedure	
18. Clean any equipment used and discard all disposable equipment in appropriate containers.	To minimise the risk of infection.
19. Remove gloves and dispose of them correctly, wash hands.	To reduce the risk of cross infection and comply with UHL Infection Prevention Policies.
20. Record the administration on the appropriate charts.	To maintain accurate records, provide a point of reference in the event of any queries and prevent any duplication of treatment.
21. Store any medication away correctly.	As per Leicestershire Medicines Code 4 th Ed (2008)

**To be noted aspects taken from the Royal Marsden Manual of Clinical and Cancer Nursing Procedures for best available practice.
(Pictures below also acknowledged from this source).*



History for this



Review/Approval document:

Version	Author	Date	Version Details	Reviewer	Review Date
1.0		February 2024	Original	Corporate Education Team	February 2025

4. Education and Training

Education and training will be provided by registered staff within the Ophthalmology Department and assessment by LCAT will be completed.

5. Monitoring and Audit Criteria

5.1 All authorised staff who carry out this role will have their competency reassessed every year using the LCAT (Leicestershire Clinical Assessment Tool). It is the responsibility of both the individual undertaking this role and their line manager to ensure this is completed.

6. Legal Liability Guideline Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

7. Supporting Documents and Key References

Leicestershire Medicines Code (5th Ed) (2011) (available via Insite)

Marsden. J. (2007) *An Evidence Base for ophthalmic nursing practice.* John Wiley and Sons.

Royal Marsden Manual 7th Ed (2008) (available via Insite).

UHL Infection Control Policies (available via Insite Documents)

UHL Policy for Consent to Treatment and Examination (2014) (DMS No. A16/2002)

UHL Pharmacy SOP (2003) Ophthalmic Preparations (available via insite).

8. Key Words

Instillation of Eye Medication

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	Amy Jones		Job Title: Education and Practice Development Sister
Reviewed by:	Georgina Kenney, Lead Nurse. Leonie Lebens, Pharmacist Hannah Flint, Senior Nurse Medicines Management Joyce Burns, Head of Service Ophthalmology.		
Approved by:	Approved at the Ophthalmology Business Meeting		Date Approved: Nov 2011
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
10/09/2015		Sophie Snelson	Inclusion of visual field technicians
			Update of Leicester Medicines Code
11/01/19		Sophie Snelson	No changes
9/7/21		Sophie Snelson	LLR alliance included and checking of boxes of single use drops by registered nurse before use.
20/1/2025		Sophie Snelson	Reassessment changed to yearly to ensure quality of practice of staff
24/2/2025		Sophie Snelson	Procedure for administering eye drops updated with education team and updated version added to policy
DISTRIBUTION RECORD:			
Date	Name	Dept	Received