University Hospitals of Leicester NHS
NHS Trust

Policy for the application of topical local tetracaine (Amethocaine) gel 4% (Ametop®) for venepuncture or venous cannulation for Children only

Approved By:	**Policies and Guidelines Committee (CPGC)**
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Board Director Lead:	**Chief Nurse**
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

N/a (new policy)

KEY WORDS

Ametop, local anaesthesia, topical anaesthesia, cannulation, health care assistant, HCA

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the application of topical local tetracaine (Amethocaine) gel 4% (Ametop®) to Children (over the age of 1 month). Dosing must reflect the instruction in the BNFc. Application by non-registered staff must not exceed more than 2 sites. This includes all Children's areas.

Ametop® is a local anaesthetic gel applied to the skin prior to venepuncture or cannulation in order to numb the skin. It is used to help alleviate pain when a child is requiring venepuncture or cannulation. It is a classified as a P medication.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1.1 Registered children's nurses, registered adult nurses, registered mental health nurses, registered learning disability nurses regularly working within a paediatric setting, non-registered support workers within the Children's Hospital, including (not an exhaustive list) phlebotomists, healthcare assistants (HCA), clinical support workers and research support workers.

2.1.2 Non-registered staff must only work within their defined area of competence

2.1.3 Non-registered staff working in the Children's Hospital must have undertaken training to undertake this role and have completed the Ametop® Competency Assessment Booklet

2.1.3 This policy should be only be used in those areas where it is appropriate that non-registered staff (as per 2.1) apply Ametop®

3 DEFINITIONS AND ABBREVIATIONS

3.1 P medication: medication that can be bought only from pharmacies or under pharmacists supervision

4 ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements

4.1 Responsibilities within the Organisation

4.1.1 The executive director responsible for oversight and implementation of this policy is the Chief Nurse

4.2 CMG Heads of Nursing are responsible for :

4.2.1 Ensuring that necessary measures are in place to support the safe implementation of this policy within their CMG

4.2.2 Investigating and addressing concerns of practice against this policy

4.3 Matrons and departmental managers are responsible for:

4.3.1 Ensuring all relevant staff accountable to them are aware and adhere to this policy

4.4 Line Managers are responsible for:

4.4.1 Identifying and supporting the appropriate staff to attend the necessary training and complete the assessment of competence in practice

4.4.2 Policy implementation and the monitoring of standards

4.5 All registered healthcare professionals

4.5.1 Must discuss with the non-registered staff the need for the application of Ametop®

4.6 Non-registered healthcare professionals

4.6.1 Must have been authorised to do so by their line manager

4.6.2 All authorised staff must have taken appropriate education and training

4.7 **Education Team**

4.7.1 Will ensure that all relevant staff within the CMG have access to appropriate education and competence to apply Ametop®

4.7.2 Will provide advice and support as requested

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 A competency package has been developed to assist in the training and assessment of non-registered staff in relation to the administration and documentation of application of Ametop®. It is available from the Education Team.

5.2 The flowchart for the administration of Ametop® by non-registered staff 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
Flowchart for application of Ametop®	1
Example of application sticker	2

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Non-registered staff must:

- Ensure that their infection prevention and ANTT e-learning is completed before commencing competency assessment process
- Attend an Ametop® training session. This may be provided by the Women & Children's Education Team, or at ward level by a competent nurse who is a Band 6 or above
- Fully complete all aspects of the Ametop® competency assessment workbook
- Undertake a baseline LCAT assessment under the supervision of an identified LCAT assessor
- Undertake a period of supervised practice under the direct supervision by a competent Registered Nurse
- Successfully complete a final LCAT assessment of competency under the supervision of an identified LCAT assessor

6.2 Registered Staff must:

- Ensure they are compliant with their infection prevention and ANTT e-learning
- be identified as able to administer medicines to children as per the Leicestershire Medicines Code Chapter 13
- have completed an initial medicines management competency as per the

Assessment of Administration of Medicines by Nurses and Midwives UHL Policy

7 PROCESS FOR MONITORING COMPLIANCE

7.1 All Policies must include details of audit standards or key performance indicators that will be used for monitoring compliance and effectiveness and the frequency of monitoring / audit. These must be set out in the Policy Monitoring table set out below

7.2 Key indicators should relate to the aims and objectives of the policy and be based on policy standards

7.3 The monitoring table must also identify who is responsible for conducting and or leading the monitoring, the methodology to be used and process for reviewing results and taking action to improve performance where appropriate

7.4 Advice on the most effective methodology, both in terms of measuring the success of the document and using the minimum resources in doing so, can be sought from the Clinical Audit Team

Element to be monitored	Lead (s)	Tool	Frequency	Reporting arrangements
Errors with application of Ametop®	Medicines Safety Officer	Datix-incident reporting	Quarterly	Medicines Optimisation Committee

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

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

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

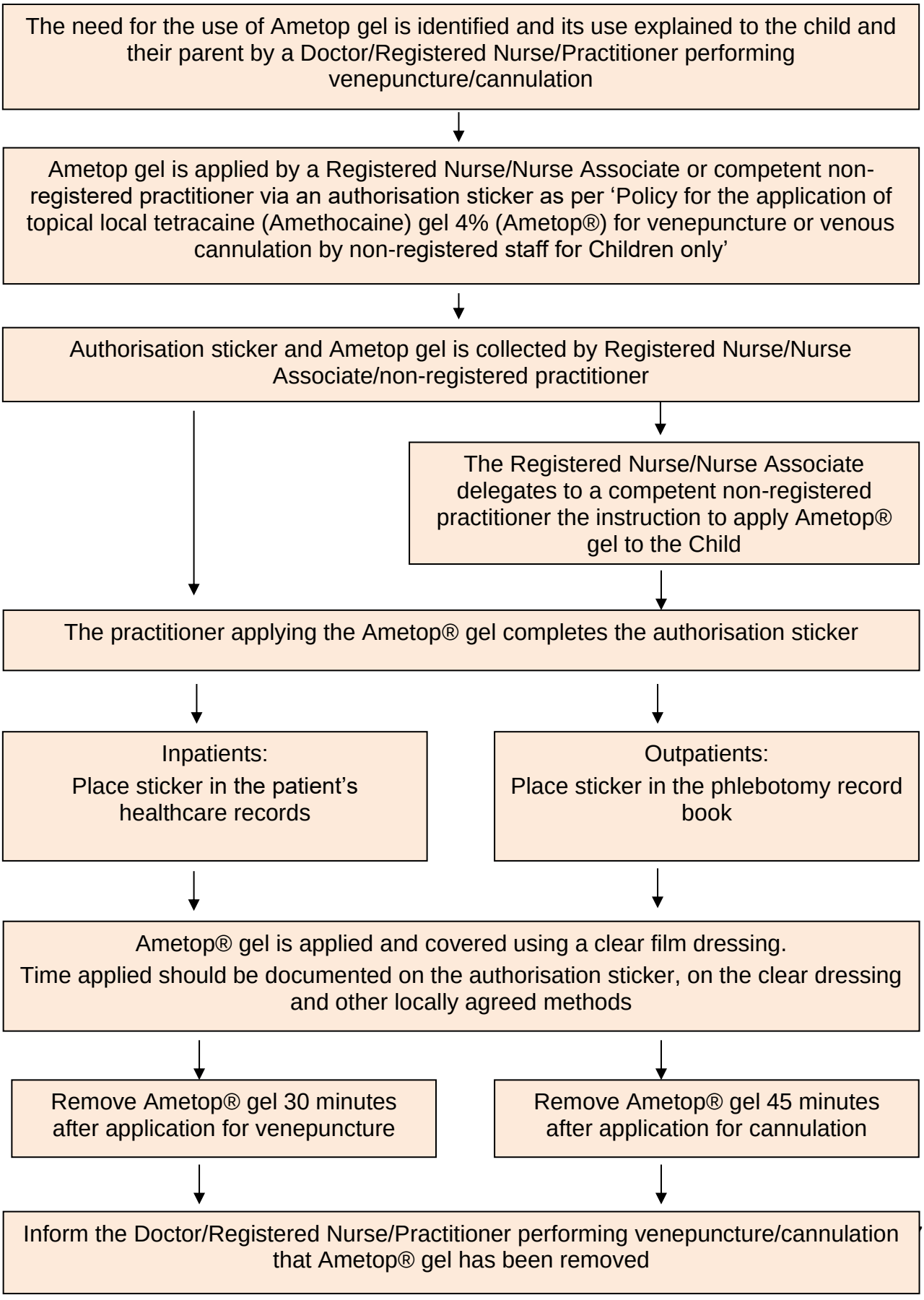
- Ametop® Competency Assessment Booklet. For Health Care Assistants and Phlebotomists working within the Children's Hospital
- Medicines Information re information about application duration of Ametop®
- BNF/BNFc

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This version of the Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Appendix 1 Flowchart for Applying Ametop®

Flowchart for applying Ametop®



Appendix 2 Example of application sticker

Name:		**DOB:**	**S Number:**		**Allergies:**		
Date:	**Time:**	**Drug:** Ametop gel 4%®	**Route:** Topical	**Dose:** 1 tube over -------- sites	**Sign/Print (person applying)**	**Time applied:**	**Time removed:**