Professional Practice Guidelines for Botulinum Toxin for the Treatment of Blepharospasm and Hemi Facial Spasm by Orthoptists

Policy and Standards

Approved by:
BIOS Retinal Disease SIG Lead
BIOS Professional Development Committee
BIOS Education Committee
BIOS Trustees

About this document

Guidelines for highly specialised orthoptists to administer botulinum toxin injections, under the supervision of a consultant ophthalmologist leading the botulinum toxin service only for the treatment of blepharospasm and hemi facial spasm.

Version 3

Our thanks go to the following people and groups for reviewing the document before release:

- The original author: Lorraine North, Frimley Health NHS Foundation Trust,
- Kelly McKenzie Moorfields Eye Hospital
- Shelagh Baynham and Catherine McKeown Wolverhampton Hospital
- Cheryl Madeira-Cole - Wales
- BIOS PDC and Education Committees in 2015/2016
- BIOS Trustees

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1. Executive summary

Botulinum toxin is a first-line treatment for blepharospasm. Nationally there are a number of movement disorder/nurse specialists who are trained to administer botulinum toxin. This policy outlines the training for a highly specialised orthoptist to administer botulinum toxin injections to treat specific movement disorders. This development will improve patient care by expanding the capacity of the ophthalmology-led botulinum toxin clinic, broaden the orthoptist specialist's clinical skills and meet the increasing demand for botulinum toxin therapy in the ophthalmology-led clinic.

This policy outlines the training and duties involved of those staff outlined to deliver the service and the responsibilities of the employer. The policy also outlines how compliance with the policy should be monitored.

2. Introduction

Botulinum toxin is the first line treatment for focal and segmental dystonia's. Botulinum toxin consists of a number of serotypes of a potent neurotoxin, produced by the bacterium, Clostridium Botulinum that acts by inhibiting neurotransmitter release at the neuromuscular junction leading to temporary weakness of the injected muscle.

Dystonia is a movement disorder, which is characterised by involuntary and sustained muscle contractions affecting one or more sites of the body, as a result of incorrect signals from the brain. It causes repetitive movements and/or abnormal postures +/- pain of the affected body part.

Dystonia can be aggravated by movements, which are non-specific or task-specific (e.g. writing) but over time it can also be present at rest leading to sustained abnormal postures.

Incidence of Dystonia
At least 70,000 people in the UK are affected by Dystonia, which equates to a prevalence of 1 in 900.
Reference: http://www.dystonia.org.uk/index.php/short-overview

Classification
Three basic approaches:

Age of onset
- Early-onset < 26, Late onset >26

Aetiology
- Primary or secondary

Distribution of affected body parts
- Focal (single body region)
- Segmental (contiguous body regions)
- Multi-focal (non-contiguous body regions)
- Generalised (both legs and at least one other body region, usually one or both arms)
- Hemi-dystonia (half of the body)

Blepharospasm

A dystonic muscle spasm of the orbicularis oculi muscles. It is more common in females. Symptom onset is usually in the 6th or 7th decades and insidious. It is characterised by soreness or dryness of the eyes and excessive blinking, especially with bright light or if reading and it is almost always bilateral. Blepharospasm can worsen over months-years leading to sustained muscle spasm and eye closure rendering a patient functionally blind.

Primary muscles to inject: Orbicularis oculi +/- pre-tarsals.

Other indications for botulinum toxin therapy within the movement disorder service:

Hemi-facial spasm

Unilateral involuntary spasm of the facial muscle, usually starts around the eye and may spread all over one side of the face. Hemi-facial spasm predominantly affects females >40 yrs.

Primary muscles to inject: Orbicularis oculi +/- buccinators.

Muscle/salivary gland localisation and botulinum toxin injection points

- Useful reading:
  Treatment of Dystonia with Botulinum A Toxin. Head and Neck, Autonomic dysregulation; Pocket atlas, Volume 3; M. Meyer G. Heck, Published by Saentis Verlag.

Procedure

Following local injection into muscles, the toxin enters the nerve terminal via endocytosis, it interacts with intracellular proteins (soluble N -ethyl-maleimide sensitive factor attachment protein receptor [SNARE] proteins), and inhibits the vesicular release of the neurotransmitter, acetylcholine at the neuromuscular junction. This chemical denervation results in paralysis of the striated muscles, which usually peaks 2 weeks after the toxin injection. As a consequence of the molecular turnover within the neuromuscular junction and neuronal sprouting, neuronal activity begins to return at 3 months and there is restoration of complete function at approximately 6 months.

This guidance is relevant to:
- Advanced orthoptists

3. Purpose

To enable band 7 and above orthoptists to be trained to perform botulinum toxin injections which will contribute to the efficient delivery of the ophthalmology clinic services within …… Trust/Health board. This will enhance and develop patient-centred care through a process of enabling orthoptists to perform functions also performed by medical staff. In addition, service provision will be more flexible and less reliant on the availability of doctors with the potential for increased capacity for treatment.

- It will also enable national guidelines and service delivery targets to be met.

This policy should be read in conjunction with:

- Standard operational procedures
- Patient direction groups,
- Consent policy
- Trust infection control manual – Hand hygiene policy, Aseptic technique policy, Sharps management policy, Glove usage, Standard precautions, Decontamination policy

This policy provides details of minimum qualifications and training in order to carry out this procedure.

It is essential that this guideline is followed, as failure could result in the loss of the trust's indemnity and could result in investigation and management action being taken as considered appropriate. This could include formal action in line with the trust's disciplinary procedures for trust employees and/or other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary contract.

4. Benefits

•Enhanced patient-centred care, patients will be able to build a rapport with the orthoptist treating them as the orthoptist will cover the same list each week.
•Greater efficiency in terms of waiting times for treatment – the orthoptist will ensure that patients can agree on a convenient date for their procedure to be carried out and the patient is able to select the day of the preferred orthoptist.

5. Outcome measures

• Patient satisfaction surveys will be carried out to ensure a positive experience of care by patients and their relatives/carers. This will look at patients' experience and comfort during the procedure and overall satisfaction levels.
• The number of patients presenting as emergencies post-procedure is comparable with the rates experienced by medical practitioners and is within normal limits.
• A record is kept of all patients treated by the extended role practitioner and these records are audited periodically to identify any patients who have had to re-attend as an emergency patient. Any such cases will be discussed with the ophthalmologist in charge of service. "from now on referred to as ophthalmologist for the purpose of this document".

6. Frequency of practice

This practice will be carried out on a frequent basis as required by the service. Each orthoptist will have a designated list.

7. Professional accountability

From the point of registration, each practitioner must adhere to their code of professional conduct (HCPC) and is accountable for his / her practice.

Practitioners working within must be aware that:

- Additional education and training are necessary for all practice not covered in previous training and education;
- They assume full accountability for their actions/omissions;
- They should maintain and improve professional knowledge;
- They should acknowledge limitations in knowledge and competency and decline any duties or responsibilities unless able to perform them in a safe competent manner;
- They must adhere to current policies and guidelines for practice;
- Delegation of work to other staff must be within their level of competence and to a degree appropriate to their role
- Where appropriate, patients and informal carers must have sufficient knowledge and understanding to participate safely in the patients care;
- Any proposed expansion of practice must not compromise policies and procedures ratified by the trust.

8. Professional Indemnity

BIOS will provide trust indemnity for the orthoptist providing they adhere to the policy and procedure document.

9. Consent, prescribing and documentation

- The Orthoptist must ensure written consent for the procedure has been taken prior to the first injection taking place in line with the trust's consent policy. They must ensure that the patient is aware that the injection procedure is being carried out by an orthoptist. This process will ensure that the patient is aware of the rationale for the procedure and of all potential complications.

- A copy of the consent form must be filed in the patient's clinical record.
- The injection must not be instilled unless prescribed by an ophthalmologist.
- Any complications or untoward incidents must be reported via the trusts incident reporting system.

10. Exemptions to treatment by the Practitioner

The injection procedure should not be performed by the orthoptist if:

- Informed written consent has not obtained
- The patient refuses treatment by the practitioner
- The practitioner feels that it is not safe to proceed/ or has concerns about performing the injection.
- There is a not an ophthalmologist in clinic

11. Drug and equipment

Botulinum toxin formulations

Two forms of botulinum toxin, type A and type B are licensed for use in clinical practice.

Botulinum toxin type A is commercially available in the UK as Dysport from Ipsen, Botox from Allergan and Xeomin from Merz. Botulinum type B is available as Neurobloc from Eisai.

Botulinum type A licensed indications include the treatment of blepharospasm and hemi-facial spasm.

The onset of action of botulinum toxin is after 5 days with the maximum effect achieved after 14 days, its therapeutic effect usually lasts for 3 months.

Up to 10% patients can develop resistance to botulinum toxin due to the formation of neutralising antibodies therefore avoid administering at intervals < 8 weeks, botulinum toxin is usually given every 12-16 weeks.

Possible side effects of botulinum toxin include: pain, bleeding and bruising at the injection site and muscle weakness e.g. facial drooping and double vision.

An important difference between the various brands of botulinum toxin is how much toxin is in a 'unit' of each product and the number of units needed for treatment. Thus the units used to measure dosage are not consistent among the commercially produced toxins, and the products are not interchangeable.

Botulinum toxin preparation

Equipment needed:-

- Sterile tray (standard dressing pack)
- Cytotoxic sharps bin
- Normal saline 0.9% 10ml Ampoules
- Syringes as required
  (5.0 ml/1.0 ml/2.0ml/2.5ml)
- Needles as required –refer to hospital policy

- Gloves
- Alcohol wipes
- Sterile gauze pads/swab
- Log Book
- Hydrogen Peroxide or equivalent chemical – to neutralise the toxin
- Drugs available via pharmacy/utilised in botulinum toxin clinic:

  Botox (Botulinum toxin type A)
  100 Unit vial/50 Unit vial

  Xeomin (Botulinum toxin type A)
  100 Unit vial/50 Units vial

  Dysport (Botulinum toxin type A)
  500 Units vial/300 Units vial

- SPC for chosen botulinum toxin
- BNF

12. Preparation and procedure

Prior to injection session commencing

Ensure appropriate gap since last injection
Check that the ophthalmologist is available in clinic. The clinic must not commence until the ophthalmologist in charge of the clinic is available.
•Check all equipment ready for session

Preparation of the patient

- Introduce yourself to the patient and confirm patient's identity, (ensuring that the patient tells you their name and date of birth (WHO list)this will ensure that the patient is treated with dignity and respect and minimise the risk of misidentification.
- Explain to the patient that you are an orthoptist and that you will be administering the injection prescribed by the ophthalmologist.

•Confirm the patient's allergy status and past medical history (especially since their last injection). This will prevent any untoward side effects from medications used during this procedure.

•Assess and examine the patient to confirm the clinical diagnosis, as per documentation in the patient's medical records

•Discuss the effectiveness of the previous treatment course with botulinum toxin

•If the patient is taking Warfarin, check and document the last INR (the last blood sample should be taken within one week of the planned Botulinum toxin injection)

•If the patient reports a good response to the last treatment course, proceed with a repeat botulinum toxin injection, as per the dosing schedule detailed at the last clinic visit. If there has been a suboptimal response to last course of treatment, discuss the case with the ophthalmologist to modify the treatment regime

•Identify the muscles for injection and the botulinum toxin injection sites

•Wash hands and put on gloves

•Identify the type and total dose of botulinum toxin to be injected, as documented at the last clinic visit +/- case discussion with the ophthalmologist.

•Reconstitute the botulinum toxin as per the SPC for the drug used then draw up the prescribed dose for injection using the filter needle. If multi-dosing from the same drug vial is required, ensure this is undertaken with a sterile needle and syringe each time.

•Select the appropriate needle to administer the botulinum toxin injection e.g. 1.0 ml syringe, with yellow needle (30G x ½ inches, 0.3 x 13 mm) to the affected eyelid /s.

•Apply aseptic non-touch technique when preparing to administer the botulinum toxin injection

•Administer the botulinum toxin injections, as per training

•Dispose of all sharps/vials/equipment as per trust policy

•Assess the patient for signs of localised bleeding at the injection site and treat accordingly

13. Documentation

- Complete documentation of the botulinum toxin therapy in the patient's botulinum toxin care pathway, prescription duly signed by the ophthalmologist in charge of the clinic.

- Complete the ophthalmology botulinum procedure diary/ log book.

- Complete GP/correspondence letters

14. Record keeping

- •Record treatment clearly in the patient's health records on the pathway – the drug injected, site, dilution and dosage, date, signature and designation should all be clearly recorded.

- •If an unexpected event occurs, document and complete and report the incident as necessary for your trust and on the pathway

- •This procedure is necessary to facilitate communication within the team, meet legal requirements of practice and enable monitoring over a time period.

- •Inform patient of treatment outcomes and discuss further appointments if required in order to facilitate good communication and a partnership approach to care

15. Potential risks

15.1 To the patient

There are a small proportion of patients who do not respond to treatment

• Leakage into other surrounding tissues giving some unwanted but temporary effects such as droopy eyelids, double vision or weakness of the muscles below the eye
• Flu-like symptoms
• Headache and nausea
• Pain and redness at the injection site

15.2 Staff

Needlestick injury – as per local policy

16. Practitioners responsibilities

- Practitioners undertaking the training are responsible for keeping up to date, accurate training records as required by this policy. They are also required to audit their patient records as specified by Trusts audit committee reporting on outcomes to the ophthalmologist.

- Practitioners administering the injection have a duty of care to ensure that the patient that is being treated is fully informed of the risks and benefits of the injection.

17. Ophthalmologist in charge of service responsibilities to the practitioner

- To ensure the practitioner has achieved a satisfactory knowledge base from which to perform this enhanced role
- The ophthalmologist will formally examine the orthoptist to ensure she/he has the knowledge base required prior to being deemed competent. The orthoptist will only progress to each stage of training once the ophthalmologist has assessed that competency has been achieved. Through formal assessment, the ophthalmologist in charge of the service will assess the individual's competence to carry out the procedure.

18. Employer's responsibilities

- To provide the medical personnel to train the designated orthoptist ensuring that training lists are not oversubscribed. To provide sufficient time and support for the orthoptist to achieve the requirements of the individualised learning programme prior to them expanding their sphere of practice. This means that the trainee will have a dedicated training role and staff in training will be in addition to normal staffing levels and will not be expected to carry out additional roles during training
- The training manual and protocol must be accessible at all times and updated as required and published to the intranet.
- The trust must ensure documented evidence is maintained to ensure evidence is available of competency of practice through audit for the orthoptist performing the procedure.

19. Trust management's responsibility

- Advising and overseeing the implementation and evaluation of the service delivery.
- Giving support to the practitioner ensuring that he/she has regular support meetings to discuss any issues with the training.

20. Training

- See Appendix

21. Stakeholder engagement and communication

This policy has been developed in consultation with consultant ophthalmologists, orthoptists, medical, non- medical and management for BIOS.

Stakeholder engagement with consultants and other relevant staff via appropriate meetings and email communication.

22. Approval and ratification

The guideline should have the approval of the clinical governance committee and ratified by the management executive board**.** Authorisations will be obtained from the accountable director and chief executive for the trust.

23. Dissemination and implementation

This policy will be implemented and disseminated immediately following ratification to all staff involved with the administration of botulinum toxin injections, and will be communicated to key stakeholders and policy users via email, and highlighted at service meetings. This policy will be published on the intranet site.

24. Review and revision arrangements

This document will initially be reviewed on an annual basis by the Policy Owner/Authors.

25. Monitoring compliance with this Policy

The Trust will use a variety of methods to monitor compliance with the processes in this document, including the following methods:

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
This policy will be reviewed by their authors annually to ensure that its content remains valid and in date	History	Annual	Director of Corporate Governance	Management Executive
Complications to be recorded	Incident forms	on-going	• Risk and safety team • Non-medical personnel administering the injection	Consultant Ophthalmologist Accountable Director
Any patient who is dissatisfied with the treatment delivered by Non-medical personnel	Complaints Incident forms	On-going	• PALS • Patient experience committee • Ophthalmology Service	Consultant Ophthalmologist Accountable Director

In addition to the monitoring arrangements described above, the trust may undertake additional monitoring of this policy as a response to the identification of any gaps, or as a result of the identification of risks arising from the policy prompted by incident review, external reviews or other sources of information and advice.

This monitoring may include commissioned audits and reviews, detailed data analysis or another focussed study, for example. Results of this monitoring will be reported to the committee and/or individual responsible for the review of the process and/or the risks identified.

Monitoring at any point may trigger a policy review if there is evidence that the policy is unable to meet its stated objectives.

26. Supporting References / Evidence Base

References

Treatment of Dystonia with Botulinum A Toxin. Head and Neck, Autonomic dysregulation; Pocket atlas, Volume 3; M. Meyer G. Heck, Published by Saentis Verlag.

Safety and efficacy of botulinum toxin type B for treatment of sialorrhea in Parkinson's disease: a prospective double-blind trial. Chinnapongse R, Gullo K, Nemeth P, Zhang Y, Griggs L. Mov Disord. 2012 Feb;27(2):219-26.

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International consensus statement for the use of botulinum toxin treatment in adults and children with neurological impairments--introduction. Esquenazi A, Novak I, Sheean G, Singer BJ, Ward AB. Eur J Neurol. 2010 Aug; 17 Suppl 2:1-8

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APPENDIX 1

TRAINING DOCUMENT

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Introduction

In order for the orthoptist to administer botulinum toxin injections to treat hemi facial spasm and blepharospasm a supervised training programme and competency-based assessment must be completed. The need to achieve a certain standard of expertise is common to all health care professionals and important, in order to protect the public to ensure the delivery of high quality care.

The following scope document has been developed to ensure that the specialist orthoptist is adequately trained to assess and treat patients under supervision of the ophthalmologist, in the Ophthalmology-led botulinum toxin clinic and thus deliver a more effective and efficient service for those patients requiring botulinum toxin therapy.

Section 1

1.1 Criteria for entry

Criteria for entry on to the ophthalmology-led botulinum toxin injection training and education programme:
Any practitioner who wishes to develop their scope of practice to undertake botulinum toxin injections will be required to fulfil the following criteria:

- Be a registered orthoptist with the HCPC, be employed by the trust and hold a minimum of 2 years' experience as an advanced specialist orthoptist.
- Work in an area where the newly acquired skill can be sufficiently practiced to maintain competence

1.2 Training and education

The specialist orthoptist preparing for a role within the ophthalmology-led botulinum toxin clinic will undertake division specific preparation. This must include issues relating to:

- taking consent
- diagnosis and treatment of hemifacial spasm and blepharospasm.
- drug preparation
- aseptic non-touch technique
- accountability, responsibilities and documentation

The programme will also include learning and assessment in practice, which will provide the specialist orthoptist with supervision, support and opportunities to develop clinical competence in botulinum toxin injections for the treatment of hemifacial spasm and blepharospasm (see attached competency & work book documents).

Competency must be successfully completed and authorised by a designated clinician (ophthalmologist who runs the botulinum toxin clinic).
The specialist orthoptist will only develop competency to undertake botulinum toxin injection whereby the supervising ophthalmologist has agreed clear parameters for treatment which can be easily followed.

1.3 Criteria for competence

To meet the requirements of being able to undertake botulinum toxin injections, the specialist Orthoptist must:

- Accept accountability for developing the clinical skill
- Be approved and supported to take on this role within their specific division
- Successfully complete divisional specific preparation for botulinum toxin injection, and be deemed competent to undertake the role by a designated clinician (ophthalmologist in charge of service) following 5 observed and 5 performed botulinum toxin injections to treat each of the following conditions: hemifacial spasm and blepharospasm. To be completed within 1 year of commencement.
- Demonstrate an in depth knowledge of local policies, procedures and protocols and apply these to clinical practice
- Show a professional responsibility to keep up to date with best practice in botulinum toxin therapy of hemifacial spasm and blepharospasm
- On successful completion of the approved training programme and assessment of competencies submit a 'Notification of the development of scope form' specifying the medical conditions for which the competence of administering botulinum toxin therapy has been assessed. This will need to be sent to:
- The clinician's manager for inclusion in their personal file

Criteria for Assessors

Designated assessors must fulfil the following criteria:

1. Assessing the Workbook

Ophthalmologist who runs the botulinum toxin clinic

2. Assessing Botulinum Toxin Injection Practice

Ophthalmologist who runs the Botulinum toxin clinic

1.4 Learning outcomes of the programme

Following theoretical input as well as a period of supervised and assessed practice the specialist orthoptist will be competent to undertake botulinum toxin injections, as specified on the notification of the development of scope form.

It is the responsibility of the specialist orthoptist to inform their manager and supervising consultant if they think that their competence or confidence in undertaking botulinum toxin therapy is no longer at an acceptable or safe level.

The specialist orthoptist should not continue with botulinum toxin injections in this case until their needs have been addressed and clinical competence restored.

1.5 Professional & legal issues

The professional indemnity is provided by BIOS.
A qualified practitioner is however individually accountable to his/her patients for all decisions and actions taken and is required to serve his/her patients best interests to the level of his/her professional training and experience.
In the light of this accountability, the specialist orthoptist must only undertake work in which he/she has been trained and is competent to perform. In addition, the specialist orthoptist has a professional duty to maintain and increase his/her competence in the light of any developments in clinical practice.

In order to expand their clinical practice, the specialist orthoptist must appreciate not only the legal issues but also the constraints which the law places on an individual.
NHS trusts and other employers have two forms of liability:
a) Direct liability, i.e. the trust itself is at fault; and
b) Indirect liability or vicarious liability, i.e. the Trust is responsible for the faults of others, mainly its employees (Dimond 1995)

The importance of health care practitioners keeping accurate and thorough records in the application of a clinical skill is essential therefore the orthoptist should refer to the record keeping policy for their trust. In the case of botulinum toxin injections, the specialist orthoptist must undertake the role according to the trust guidelines and criteria set out by the supervising consultant ophthalmologist and not undertake clinical skills outside of these parameters.

Section 2

Assessment of competence

2.1 How the process will be documented

- The specialist orthoptist upon completion of the divisional training will undertake a minimum of 5 observed and 5 supervised & assessed botulinum toxin injections each, for the treatment of hemifacial spasm and blepharospasm and also complete a workbook (Appendix A & C)

- Supervised botulinum toxin injections must be recorded on the appropriate form (See appendix A & B)
- An essential component of the assessment process will be to ensure that the specialist orthoptist can apply theory, basic principles and guidelines to the clinical skill being undertaken. Upon satisfactory completion of the required number of botulinum toxin injections, the supervising ophthalmologist, must ensure that the specialist orthoptist understands the protocols and policies governing botulinum toxin therapy for hemifacial spasm and blepharospasm prior to assessing the orthoptist as competent on the record of competence form (See appendix C)

2.2 Performance criteria for undertaking botulinum toxin injections.

1. Before treating the patient, the specialist orthoptist will have carried out a clinical assessment of the patient, ensuring all criterions in the training documentation, guidelines and medical notes have been met.
2. The designated specialist orthoptist may only administer botulinum toxin injections to patients in the ophthalmology-led botulinum toxin clinic.
3. The designated specialist orthoptist may only administer botulinum toxin injections to patients where it has been documented in the medical record, by the supervising ophthalmologist, that the patient is suitable for orthoptist - administered botulinum toxin injections.
4. Where problems occur or if any part of the assessment and/or botulinum toxin injection falls outside the criteria parameters, the specialist orthoptist acts in an appropriate manner.
5. All required documentation is completed accurately and legibly.

Name of Orthoptist _____

Achieved (tick & insert date)	**Recognised by (sig/initials)**

Qualifications and experience

- A registered orthoptist with the HCPC, employed by the Trust with a minimum of 2 years' experience as an Orthoptist
- Botulinum treatments are duly signed by the ophthalmologist in charge of service
- Work in an area where the skill can be sufficiently practiced to maintain competence

Technical skills required

- Aseptic non-touch technique
- Correct drug preparation and selection of needles/syringes for drug administration
- Correct selection and localisation of muscles to be injected
- Correct administration of Botulinum Toxin, using sterile technique

Ability to recognize

- Hemifacial spasm
- Blepharospasm
- Muscles and Salivary glands to be injected, the appropriate sites of drug injection and the correct needle for administration of the drug

Clinical Knowledge l Demonstrate a sound theoretical knowledge of the mode of action of botulinum toxin, its therapeutic indications, potential side effects, onset and duration of action l Display a thorough understanding of the different formulations of botulinum toxin including how each drug is reconstituted and the dose strengths l Demonstrate a comprehensive knowledge of the selection and location of muscles to be injected and how to undertake botulinum toxin injections, using sterile technique l Demonstrate a thorough understanding of the medico-legal issues relating to obtaining informed consent l Demonstrate understanding of when medical advice/intervention is required and escalate **Additional knowledge and understanding of:** l Conditions in which botulinum toxin therapy is likely to be hazardous, unsuccessful or inappropriate l Complications of botulinum toxin therapy e.g. Anaphylaxis and their management l Adjunctive use of oral treatments for dystonia		

• Co-existent use of Warfarin: therapeutic INR levels		
Clinical Competencies (see Appendix 1): • Has observed a minimum of 5 botulinum toxin injections each for the treatment of , hemifacial spasm and blepharospasm as performed by an ophthalmologist in charge of service • Has safely and competently performed a minimum of 5 botulinum toxin injections each for hemifacial spasm and blepharospasm as per the agreed supervision		

The above-named orthoptist has been assessed as meeting the requirements to perform botulinum toxin injections in accordance with…….. NHS foundation trust/health board botulinum toxin therapy clinical guidelines for hemifacial spasm and blepharospasm.

Names of those signing for achievement of competencies:

……

Signature of orthoptist ……..

Signature of Ophthalmologist in charge of service……..

Date……

SECTION 3

References:

Appendix 1 **RECORD OF OBSERVED PRACTICE**

Date	Candidates description of supervised procedure including brief notes of self-assessment	Supervisor's Comments	Candidate's Signature	Supervisor' s Signature

Name of Practitioner: ……..

Name of Assessor: ……

RECORD OF SUPERVISED PRACTICE

Date	Candidates description of supervised procedure including brief notes of self-assessment	Supervisor's Comments	Candidate's Signature	Supervisor' s Signature

Name of Practitioner: ……...

Name of Assessor: …….

NOTIFICATION OF THE DEVELOPMENT OF THE SCOPE OF PROFESSIONAL PRACTICE

I have undertaken an approved training programme on the following subject: -

Botulinum toxin injections for the treatment of hemifacial spasm and blepharospasm

Following education and training, I have successfully completed a period of assessed, supervised practice in undertaking **botulinum toxin therapy** for hemifacial spasm and blepharospasm
I understand the implications of developing my scope of practice within the framework agreed at …… NHS Foundation Trust/Health Board.
I accept my professional accountability for unsupervised practice when performing this clinical skill.
I have fulfilled the requirement of a minimum 5 observed and 5 supervised practices each for the treatment of hemifacial spasm and blepharospasm when performing this clinical skill.

Signature of practitioner …….. Print name ……..

Ward/Dept……

Date …….

I confirm that I have assessed .....
as competent to administer botulinum toxin therapy for patients with hemifacial spasm and blepharospasm, as per the approved clinical guidelines.

Signature …… Date …….

Print name and designation of assessor

……

Copies of this form should be sent to:

Your manager for inclusion in your personal file

DOCUMENTATION CONTROL

Approved by: ……..……..……
Consultant and designated professional mentor
Date of approval:

Date of next review:

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Specialist Orthoptist Administration of Botulinum Toxin Therapy for Hemifacial Spasm and Blepharospasm

Workbook

LEGAL & PROFESSIONAL ISSUES

To enable the practitioner to acquire a working appreciation of their responsibilities and an understanding of the legal and professional implications, which underpin their role in the administration of botulinum toxin therapy for hemifacial spasm and blepharospasm.

What do you understand by the term '*Accountability*'?

Briefly describe what you understand by the term vicarious liability.

Why is it important to keep accurate and thorough records?

If you expand your role who should ultimately benefit?

Who is responsible for acknowledging your limitations when you expand your role?

Who is responsible for the areas of care you cannot perform if you take on extra roles?

Who decides when you are competent to practice?

2.2 POLICIES & PROCEDURES

TO ENABLE THE PRACTITIONER TO:-

Identify and reflect on the application of guidelines and procedures relevant to the administration of botulinum toxin injections, ensuring safe practice

Outline the policies, guidelines and procedures to be followed when undertaking the administration of botulinum toxin therapy.

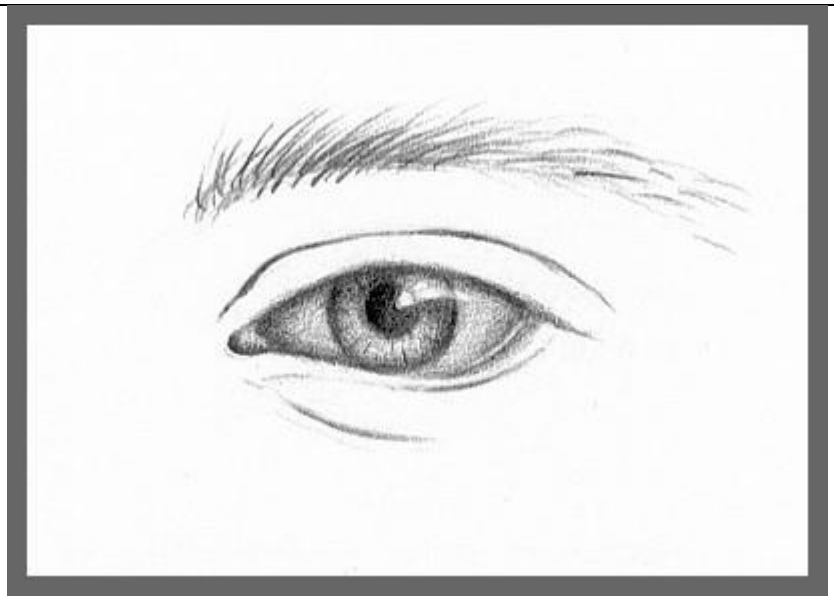
What are the neurological indications for the use of botulinum toxin?

Identify the principles of informed consent.

What is blepharospasm?

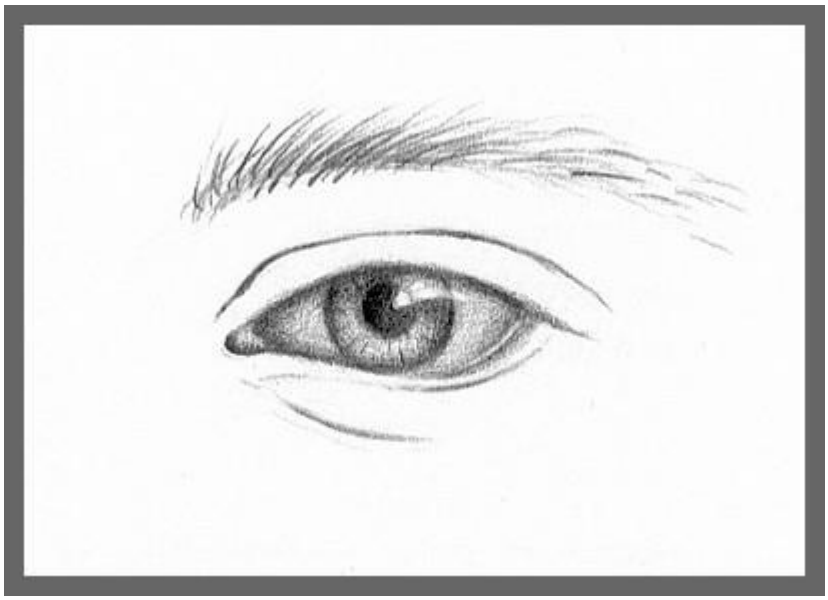
Which muscles are involved?

Identify the botulinum toxin injection sites for blepharospasm.



What is hemi-facial spasm?

Identify the botulinum toxin injection sites for hemi-facial spasm.



Which is the other facial muscle that is sometimes injected with botulinum toxin to treat hemi-facial spasm?

Identify the types of botulinum toxin used in the Opthalmology clinic and their therapeutic indications.

Outline the correct procedure for the administration of botulinum toxin injections.

Identify the potential side effects of botulinum toxin.

What action should be taken in the event of anaphylaxis?

What oral medications can be used in the treatment of focal dystonia?

ORTHOPTIC-LED BOTULINUM TOXIN CLINIC CARE PATHWAY

FIRST VISIT

Patient's addressograph

DATE: _____

Eye to be treated _____

Allergy

Past Medical History:

Medications:

Past Ocular History

Total Botox (2.5 'u' botox / 0.1 ml n/saline) Injected: _____
Plan: _____

Lot No: _____ Expiry Date :_____
_____

Prescribed by: _____
_____

Injected by: _____

_____

FOLLOW UP: Date:_____

Outcome from the last visit: _____

Recurrence of the symptoms: _____

Total Botox (2.5 'u' botox / 0.1 ml n/saline) Injected:_____
Plan: _____

Lot No: _____ Expiry Date :_____
_____

Prescribed by: _____
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