

POLICY ON THE STORAGE, HANDLING & ADMINISTRATION OF MEDICINES

1. INTRODUCTION

The objectives of this policy are as follows:-

- To ensure safe and effective systems for the supply, storage and administration of drugs throughout our services
- To ensure that all staff involved in the supply, storage and administration of drugs, are competent to undertake these tasks.
- To ensure the health and wellbeing of service users

2. STAFF RESPONSIBILITIES

All authorised staff involved in the supply, storage and administration of drugs should:-

- Be assessed as to competent to undertake the tasks by their Manager/Team Leader
- Always act in such a manner as to promote and safeguard the interests and well-being of service users.
- Ensure that no act or omission is detrimental to the well-being and safety of the service user.
- Acknowledge any limitation in knowledge and competence, declining to undertake any task unless able to perform this in a safe and competent manner.
- Ensure that any task is carried out according to safe working practices and systems, which are in place.
- Ensure that each service user's capacity to consent to his or her medication is carefully assessed and recorded. When a service user is deemed to lack the capacity to consent the Manager must ensure that there is evidence that the staff team, GP and wherever relevant a specialist Consultant, have made decisions that are in the service users best interests. This decision should be documented and meet the standards set out within the Mental Capacity Act

The registered manager has overall responsibility for ensuring that medication is administered safely and for maintaining records appropriately. The registered manager is also responsible for ensuring that staff are competent to administer medication in a safe manner.

3. LEGAL AND STATUTORY ASPECTS

The supply, storage and administration of drugs is regulated and guided by the following:

- Medicines Act 1968
- The Prescription Only Medicines (Human Use) Order 1997, SI No 1830.
- Misuse of Drug Regulations 2001 (MDR) and Misuse of Drugs Regulations Northern Ireland (NI) 2002
- Misuse of Drugs (Safe Custody) Regulations 1973, Misuse of Drugs (Safe Custody) Regulations Northern Ireland 1973
- Misuse of Drugs (Supply to addicts) Regulations 1997 and Misuse of Drugs Notification and Supply to Addicts (Northern Ireland) Regulations) 1973
- Health Act 2006
- Controlled Drugs (Supervision of Management and use) Regulations 2006
- Health and Safety at Work Act
- NMC Code of Professional Conduct 2002
- NMC Standards for Medicine Management 2008
- NMC Covert Administration of Medicines 2001
- NMC Guidelines for Records and Records Keeping 2002
- General Social Care Council Code of Conduct
- National Minimum Standards for Care Homes for Adults (18-65) DoH 2003
- Care Homes Regulations 2001
- National Minimum Standards for Independent Health Care DoH 2002 (These standards apply to Elsadene & Fairfield only)
- The Administration and Control of Medicines in Care Homes and Children's Services (RPSGB) 2003
- The Safe Management of Controlled Drugs in Care Homes CSCI. Professional Guidance. Jan 2008

4. CAPACITY & CONSENT

When assessing a service user's capacity to consent staff should be fully conversant with DRH policy on Consent, Capacity and Decision Making which clearly defines the standards set out within the Mental Capacity Act 2005. Every effort should be taken to explain to each service user the purpose of the medication that has been prescribed and any common potential side-effects. The ability of the service user to give informed consent should be recorded within their support plan. When a service user is judged to be unable to give informed consent it is essential that those who are principally involved in that service user's care agree that the prescribed medication is in that individuals best interests. A note to this effect should be made within the service users support plan..

5. DEFINITIONS

Medicines include all drugs for internal or external use which are provided to treat service users

This includes items given by:

Mouth	Irrigation	Enema
Injection	Suppository	Topical
Infusion	Pessary	

6. SUPPLY/ORDERING

Medicines may be obtained for each individual service user from a retail Pharmacy on the authority of a prescription signed and dated by a registered medical practitioner or another authorised prescriber.

Prescriptions should meet the following criteria:

- a. That it is based, whenever possible, on the service user's awareness of the purpose of the treatment and consent
- b. That, where a prescribed substance (which replaces an earlier prescription) has been provided for a person who is dependent on others to assist with the administration, information about the change has been properly communicated.
- c. That the prescription/Medicine Administration Record (M.A.R.) provides clear and unequivocal identification of the service user for whom the medicine is intended. The prescription/monitored dosage sheet should be clearly written, typed or computer generated and be indelible.
- d. That the medicine to be administered is clearly specified and where appropriate, its form (for example tablet, capsule, suppository) stated, together with the strength, dosage, timing, and frequency of administration and route of administration.
- e. A verbal instruction to administer a previously unprescribed substance is not acceptable. However, in EXCEPTIONAL circumstances, where the medication has been previously prescribed (NOT Controlled Drugs) and the prescriber is unable to issue a new prescription but where changes to the dose are considered necessary, the use of information technology (such as fax, text message or email) may be used but must confirm any changes to the original prescription

The fax or email prescription/direction to administer must be stapled to
The service user's existing medication chart

This should be followed up by a new prescription signed by the
prescriber who sent the fax/email confirming the changes within

normally a maximum of 24 hours (72 hours maximum – Bank Holidays and weekends).

In any event, the changes must have been authorized (via text, email or fax) by a registered prescriber before the new dosage is administered. The designated staff member should request the prescriber to confirm and sign changes on the patient's individual MAR (medicines administration record) chart or care plan.

You ensure that any instructions remain confidential and all instructions are fully documented including complete text, telephone/fax number, time sent, response given, signature and date of receipt

f. The prescription must not be for a substance to which the service user is known to be allergic or otherwise unable to tolerate.

g. You should never administer any medication that has not been prescribed, or acquired over the internet without a valid prescription

7. RECEIPT OF MEDICINES

All medicines brought into a DRH facility, from whatever source, should be recorded. The record should confirm the:

- i. Date of receipt
- ii. Name, strength and dosage of medicine
- iii. Quantity received
- iv. Name of service user for whom the medication has been supplied
- v. Signature of the member of staff receiving the medicines

8. HOMELY or HOUSEHOLD REMEDIES

The term homely or household remedies refer to non-prescription medicines, which are available over the counter in community pharmacies or other retail outlets.

If a service user has the mental capacity to choose and wishes to purchase their own remedies from the pharmacist they should be supported.

Staff also have a duty of care to respond appropriately to minor ailments using non-prescription medicines. A list of homely remedies kept in a DRH facility should be agreed with the service user's general medical practitioner or the community pharmacist. The Manager should ensure that they and the team are fully aware of any contra-indication for specific medicines and service users.

The term homely remedies include homeopathic and herbal preparations. Complimentary and alternative treatments should only be undertaken with the express agreement of service users or a person who is authorised to speak on the service users behalf.

- No medication should be given for more than 48 hours without a written prescription by a doctor.
- Any medication given must be recorded on the Medicine Administration record (MAR)
- The staff member should be familiar with the maximum recommended daily dose and any precautions or drug interactions. Guidance should be sought via GP and current edition of British National Formulary.
- All Home remedies must be recorded on Home Remedies Medication List.(see Appendix A) **Names of service users who may NOT be given medication must be clearly recorded in red.**
- Home Remedies are for the benefit of service users only and should not be taken by staff.
- You should **never** administer any medication that has not been prescribed, or acquired over the internet without a valid prescription. Medication over the internet may not have been stored appropriately, the quality and safety of the medication cannot be verified and there is often no batch number and so no redress from the manufacturer should adverse reactions occur.

9. STORAGE

All medicines should be stored under the control of the staff member designated for that purpose by the person in charge of a DRH facility. Service users holding their own medication must store these within a secure place to ensure the safety of themselves and others

The receipt of ordered medicines will be checked and recorded by the nominated staff member against the requisition.

Storage can be within:

- A locked cupboard
- A locked trolley – must be fixed to a wall when not in use

Separate cupboard should be provided for:

- Medicines for Internal use
- Medicines for External use
- Controlled drugs
- Medicines requiring cool storage
- Diagnostic Reagents
- Quantities of large volume intravenous fluids

A nominated person will take responsibility for checking and cleaning all storage facilities including reconciliation of all stock on a monthly basis.

All storage facilities should meet the requirements and guidelines set out by the Commission for Social Care Inspection (CSCI) or Healthcare Commission

Access to and control of Drug Keys must be restricted to an authorised staff member

Every place within a facility where medicines are stored should be inspected regularly by the Pharmacist authorised by CSCI or the Healthcare Commission.

10. ADMINISTRATION

Before commencing the administration of medication staff should always ensure the working area is free from any distractions, if a distraction does occur during the procedure then administration should be suspended until full attention can be given. **This is critically important as the majority of drug errors occur due to staff distraction/inattention**

All Homes/Hospitals will have available for inspection, a list of staff authorised to administer medication together with specimen signatures.

Medicines should be administered to the service user only in accordance with the direction of a medical practitioner (or in accordance with the homely remedy list) and only to the individual named.

Medication must always be administered by a staff member who has demonstrated the necessary knowledge and competence. There may be occasions, when for reasons of safety, a second person is required to assist. If the assisting person has not been previously assessed as a competent person their role should be restricted to ensuring the safety and security of the drugs and/or pointing out named service users.

Any member of staff administering medicines must know the therapeutic use of the medicine to be administered; its normal dosage; side effects; precautions and contra-indications.

Administration of medicines may involve the service user coming to the clinic room/drug trolley or by the medicine being transported to the service user.

Medication should not be left unattended for any reason

Medication should not routinely be secondarily dispensed for someone else to administer to the service user at a later date or time.(see note 20)

Medicines that have been prescribed and dispensed for one service user should not, under any circumstances, be given to another user or used for a purpose that is different from that which they were prescribed for.

Medication should not be administered from a container where the identity label has been altered or disfigured.

The expiry date of the medication should always be checked prior to administration. If the expiry date is not stated it should be confirmed that the medication has been supplied recently by checking the date of supply or dispensing on the container.

If contra-indications to the prescribed medication are discovered, where the service user develops a reaction to the medication or where an assessment of the service user indicates the medication is no longer suitable, you should contact the prescriber, or another authorised prescriber without delay for advice.

The following procedure should always be adhered to:

- a) Prepare work area and gather together all equipment required – including pots, spoons water, service users whereabouts, informing other team members etc
- b) Read prescription/card
- c) Ascertain medication has not already been administered
- d) Select medication required
- e) Check label with prescription
- f) Complete following checks
 - **Name and identity of service user** (see identity photograph)
 - **Name of drug**
 - **Calculation rate – Any special requirements**
 - **Dosage and frequency**
 - **Route/Method of administration**
 - **Restrictions/specific indications for administration**
- g) Prepare medication for administration
- h) Ensure trolley/cupboard is not left unlocked/unattended
- i) Administer medication – following specific instructions
- j) Check medication has been taken
- k) Sign to record administration of medication
- l) Repeat process with each individual service user
- m) Clear away work area – ensure all charts have been signed appropriately and that trolley/cupboards are securely locked

11. RECORDS

A completed record should be kept of receipt, dates, times, administration and disposal of all medicines.

Administration documentation

On receipt or following preparation (transcription) of a new medicine administration record (MAR) document, the details on the document must be

checked against the directions on the medicine label and each medicine signed by the doctor or designated staff member confirming the details to be correct.

Transcribing Any act by which medicinal products are written from one form of direction to administer to another is "transcribing". This includes e.g. discharge letters, transfer letters, copying illegible administrations charts onto new charts, whether hand written or computer generated.

A staff member may transcribe the medication details; this should only be undertaken in exceptional circumstances and should not be routine practice.

However, in doing so they are accountable for their actions and omissions.

Any medication that has transcribed must be signed off by a registered prescriber.

In exceptional circumstances this may be done in the form of an email, text or fax before it can be administered by a staff member.

When medicine administration records in a care home are hand-written by a staff member, they may be transcribed from the details included on the label attached to the dispensed medicine. However, in doing so the staff member must ensure that the charts are checked by another competent staff member. The staff member is accountable for what s/he has transcribed a second registered nurse must sign the completed document.

Record of Receipt of Medicines including computer generated sheets for monitored Dosage Systems should include the following

- Date of Receipt
- Name of Service user
- Name – Strength – Quantity of Medicine
- Signature of person receiving the medication

Record of Disposal of Medication should include the following:

- Date of Disposal
- Name of Service user
- Name – Strength – Quantity of Medicine
- **When returning medicine to the Pharmacy** the Signature of the person returning medicine and the signature of the receiving pharmacist
- **When being collected by the authorised collector of special waste**, the signature of the driver collecting the sealed container and the signature of staff handing over the sealed container.

A Medication Record should be kept for each service user showing:

- The name, house, address and age of service user
- The name of medicine

- The dose
- The route of administration
- Frequency and time for administration
- Date of prescribing
- In **RED** any known drug hypersensitivity
- Any special requirements

Any omission/refusal of medication should be clearly recorded and discussed with prescriber if appropriate.

There must be a clear, accurate and immediate record of all medicine administered; intentionally withheld or refused by the service user, ensuring that any written entries and the signature are clear and legible.

When supervising a student in the administration of medicines, the students signature should be countersigned. Students must never administer/supply medicinal products without direct supervision

12. REFUSAL AND COVERT ADMINISTRATION

Service users have the right to refuse medication. In the event of refusal staff should record the reason for refusal so that this can be discussed with the appropriate members of the healthcare team.

When a service user lacks the capacity to consent and refuses medication which is essential to their well-being it may be necessary to consider covert administration. Such a decision should not be taken until there has been thorough consideration and consultation with the full care team and family members.

A written plan specific to the individual must be developed and agreed with the appropriate regulatory body. This plan must include confirmation that alternative means of seeking compliance have been considered; the risks resulting from a failure to administer and agree review dates.

Should a service user explicitly choose to take their medication placed within food or drink (e.g. in sandwich) this choice should be clearly recorded.

13. SELF-ADMINISTRATION

Self-administration of medication can promote a service user's dignity, independence and self-esteem. DRH fully supports service users who wish to take responsibility for their own medication. All service users should be assessed to determine their ability to manage all or part of the medication. The results of this assessment should be documented.

Self-administration is not an "all or nothing" scenario. For example, a service user may be capable of presenting their prescription to the pharmacist but may still require prompting from staff on a daily basis.

Service users can be assessed for capability for self-administration at the following levels:

Level 1

The manager is responsible for the safe storage of the medicinal products and the supervision of the administration process ensuring the service user understands the medicinal product being administered.

Level 2

The manager is responsible for the safe storage of the medicinal products. At administration time the service user will ask the staff member to open the cabinet/locker. The service user will then self-administer the medication under the supervision of the staff member

Level 3

The service user accepts full responsibility for the storage and administration of the medicinal products. The manager checks the patient's suitability and compliance verbally.

The level should be documented in the service user's notes.

A decision to initiate self-administration for a specific service user should be agreed by the Manager – or in her absence, the Deputy Manager. This decision should be taken following consultation with other members of the service users support team.

i) Risks: DRH has a responsibility to ensure the safety of the service user who wishes to self-administer and the safety and well-being of others who share their accommodation. Self-medication carries a number of potential risks, including over-dosage and non-compliance. There is also the risk that drugs are mislaid, acquired by a third party and subsequently abused.

ii) Risk Assessment Before self-administration can be agreed, an assessment of the service user's competence to self-administer must be carried out. Self-medication will only commence once assessment has concluded that it is safe for the service user to take responsibility. This assessment should be recorded.

An assessment should include the following:

- The service user's understanding of medication: i.e. what it's for; it's side effects; how and when it should be taken (e.g. in the morning; after food; avoiding alcohol)
- The service users understanding of the need to secure medicines safely
- A review of current levels of compliance e.g. attends for medication without prompting?
- The responsibility of staff for each service user should be defined and documented

iii) Support, Guidance and Supervision Competence to self-administer will be enhanced by the provision of appropriate education, safe systems, support

and supervision. Service users should be provided with simple and clear guidelines. A written (or recorded) copy of the guidelines should always be provided. A detailed record should be made detailing the advice, which has been provided.

iv) Continuous Risk Assessment Competence should be reviewed periodically as this may decrease under certain circumstances. The outcome of each review should be documented.

Initially it may be appropriate to restrict the service user to a daily supply. Staff should ensure that medication is actually taken and is stored appropriately.

v) Security Safe storage and security systems must be in place. Service users must have a lockable space in which to store medication and to prevent it from being lost and mislaid. Compartmentalised daily dispensers or compliance aids should be used where appropriate. These should be filled and provided by a pharmacist for the specific service user.

14. DISPOSAL OF MEDICATION

For Independent Hospitals, Care Homes and supported accommodation

All medicines no longer required by the service user should be returned to the supplying pharmacy or doctor. The disposal of medicines must be clearly recorded.

For Registered Care Homes (Nursing) only

“Cin Bins” have been provided at all registered care homes (nursing) for the disposal of unwanted medicines. Liquids should be left in the containers and placed in the bin provided. Tablets should not be placed in the bin loose, but left in their immediate packaging or blister packs. Outer packaging such as cardboard and other bulky packaging should not be included in the bin but removed and discarded in the normal waste.

Controlled drugs should be de-natured prior to placing in the “cin bin”

A Clinical Waste Contractor will collect the “cin bin” when full and supply a replacement bin.

15. CONTROLLED DRUGS

Special provisions apply to Controlled Drugs. The guidance given is brief and any further information required on controlled drugs should be sought from the Community Pharmacist. (NB – all forms of Temazepam are now required to be stored in a controlled drug cupboard.)

Controlled Drugs should be obtained by the person in charge of the facility.

These should be administered in line with relevant legislation and local standard Operating Procedures.

It is recommended that for the administration of Controlled Drugs a secondary

signatory is required within care homes/hospitals

Controlled Drugs must be stored in a suitably locked cabinet which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.

All Controlled Drugs must be recorded in a specific Controlled Drugs Records Book in accordance with the above regulations.

This includes the receipt, administration, stock control check and disposal of Controlled Drugs.

For Guidance, go to: www.dh.gov.uk and search for Safer Management of controlled Drugs: Guidance on Standard Operating or CSCI professional advice: The safe management of controlled drugs in a care home

16. MANAGEMENT OF ADVERSE EVENTS IN THE ADMINISTRATION OF MEDICINES

An adverse event includes the following:

Drugs given in error:

- Drugs given to the incorrect person;
- Drugs given at the incorrect time
- Drugs given at the incorrect dose

Other drug-related adverse events:

- Drugs incorrectly omitted
- Drugs left unsecured
- Drugs lost/missing

In the event of any medication being given in error the following action should be taken:

- The service user's General Practitioner should be contacted immediately, giving full details of drug and dose given/omitted and any other relevant details.

(If drugs which are critically time-dependent have been incorrectly omitted the General Practitioner must be informed and the following procedure adhered to)

- Treatment and observation will be dependant upon advice given by the General Practitioner.
- The Chief Executive/Deputy Chief Executive must be informed of the incident immediately after contacting the General Practitioner, and any other further action agreed.

- An Adverse Incident Form must be completed and a copy sent to the Health and Safety Advisor at Connaught House and to either the CSCI or Healthcare Commission Local Office.
- A record should be made in the service user's file
- Any further action required should be discussed and agreed with the Home Manager – following a full systems audit

In the event of any other adverse incident involving the administration the following action should be taken

- An Adverse Incident Form must be completed and a copy sent to the Health and Safety Advisor at Connaught House
- Any further action required should be discussed and agreed with the Home Manager – following a full systems audit

17. MONITORED DOSAGE SYSTEM

This is a system which is dispensed, supplied and delivered to the care home via local community pharmacist, in response to a full prescription of medicines for a specific person

The medication is dispensed into a special container/blister pack with sections for days and times of week.

Some medication/liquids cannot be held within these systems, and should be supplied in additional separate conventional containers.

The Monitored Dosage Records clearly indicate medication not held within the system. Extra care should be taken to ensure **ALL** medication is given as specified on the recording sheet.

The system also contains additional appropriate information.

Where the medication is supplied in a monitored dosage system the cupboard must be of adequate size to store the cassette or blister pack card or the medication must be dispensed in the conventional way.

These systems are considered both suitable and valuable within DRH facilities provided they are able to satisfy the following criteria.

- Special containers must be filled by a pharmacist and sealed and delivered under their control complete to user
- Be accompanied by clear and comprehensive documentation THIS FORMS THE MEDICAL PRACTITIONERS PRESCRIPTION.
- Bears means of identifying tablets of similar appearance.
- Be able to be stored in secure place
- Makes it obvious if containers have been tampered with between closure and sealing by the pharmacist and time of administration.

18. COMPLIMENTARY AND ALTERNATIVE THERAPIES

Some staff members having first successfully undertaken training in complimentary/alternative therapy which involves the use of substances such as essential oils apply their specialist knowledge and skill in practice. It is essential that practice in these respects, as in all others be based upon sound principles, knowledge and skill. The importance of consent to the use of such treatment must be recognised, so too must the practitioner's personal accountability for his/her professional practice.

19. UNACCOUNTED LOSS OR THEFT OF MEDICATION

Any unaccounted loss or known theft of medication should be reported to the Chief Executive/Deputy Chief Executive and a full incident report completed. Further action will then be agreed

20. MEDICATIONS TO DAY CENTRES/HOME VISITS

Advice/guidance should be sought from the administering pharmacist regarding the following actions

- a. Can the medication be given at more appropriate times, therefore eliminating the requirement to send medication out of a DRH facility?
- b. Can the medication be prescribed in more appropriate formula ie time-released to eliminate the need to send medication out of a DRH facility?
- c. Can a separate prescription be made to cover planned times away from the home?

If all options have been covered, medication may be placed into a clearly labelled container (preferably labelled by the pharmacist) stating name, medication, dosage and a time. Single doses only should be given. Care and consideration should be given to the safe transportation of medication – which must be transported in a lockable container. Whenever possible this process should be counter checked by a second member of staff

21. VACCINES.

Vaccines will only be administered by a General Practitioner or District/Practice Nurse.

April 1999

Revised February 2001

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Oct 2005

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Next review Due August 2011



HOMELY REMEDIES MEDICATION LIST

Name of Drug:	
Usage:	
Dosage: to include maximum recommended dose	
Contra Indications:	
Names of service users to whom this medication may be given	
Names of service users for whom this medication is contra-indicated.	