

Policy 6

MEDICINES MANAGEMENT POLICY

The Medicines Management Policy sets down minimum acceptable standards and behaviours expected of Agency worker placed through A24 Group companies in Acute and Community settings, where they are involved with Medicines Management for the Adult Client or Patient.

The Policy aims to:

- Safeguard the best interests of clients and patients
- Clarify the scope and limitations of the responsibility of the Agency worker supporting clients/patients with their medications
- Clarify the role of the unqualified Agency Worker in the domiciliary setting
- Encourage safe systems for handling, storing, assisting and administering medicines to minimize risk.
- Identify communication structures for concerns, errors and risks.
- Define “assistance with medicines” and “administration of medicines”
- Ensure that recording and control of medicines is correctly performed to prevent loss, inappropriate access to and misuse of medicines by patients / carers, residents, staff or any member of the general public
- Practitioners involved with the delivery of care carry responsibility for their actions. Signatures and initials must be capable of identification
- Staff are supported to working to the highest standard when involved in the prescribing and administration of medicines

Whilst the policy focuses on medicines management in the domiciliary or community setting, the principles in medicines management cover all settings. Medicines management should ensure a patient/client receives maximum clinical benefit from the prescribed medication in a safe way, which minimises any potential harm.

Suitably qualified Agency workers will provide clients with supervision and support to ensure that clients/patients receive their medications in an appropriate manner: as they are prescribed and in accordance with dispensing instructions; and in a timely manner to ensure an effective clinical outcome.

Suitably qualified Agency workers may administer prescribed medication, including controlled drugs, provided the client has consented and this is recorded as part of their care (Signatures and initials must be capable of identification). Any medicines given must be given as directed by the prescriber.

Homely medicines (those purchased over the counter) can be administered at the client's request and if known to be appropriate in the qualified nurse's judgement.

Nurses supporting clients with complex care needs in their own homes will ensure that clients are empowered to self-administer medication whenever possible; witnessing, supervising and recording all transactions on the medicines administration records (Medication Log) in the care plans

The different level of support clients need, ranging from minimal to substantial, will be clearly documented on clients' care plans and medicines administration records (Medication Log).

Where a client is unable to manage his own medication, A24 Group Agency worker qualified nurses will be delegated responsibility for administering to the client/patient medications which have been prescribed by a qualified and registered prescriber, in accordance with the Nursing and Midwifery Council (NMC) standards for medicines management (2008).

The client or patients medication requirements and regimes will be assessed by a A24 Group Care Assessor or Lead Nurse, as part of their care plan and will be documented to guide the Agency worker who will be required to follow these instructions, unless changes are made to medication by the client's key clinician e.g. GP, District Nurse, Hospice/Macmillan team or following a visit to hospital.

Definition of a Medicinal Product

AA Medicinal product is:

“ as defined in section 130 of the Medicines Act 1968, i.e. a substance administered by mouth, applied to the body or introduced into the body for the purpose of treating or preventing disease; diagnosing disease; ascertaining the existence, degree or extent of a physiological condition; contraception; inducing anaesthesia or otherwise preventing or interfering with the normal operation of physiological function.”

Procedure: Assistance & Administration of Medicines

Adults, who are supported in their own homes by a A24 Group Agency worker, will normally be responsible for their own medicines both prescribed and non-prescribed.

Definition of Assisting

The definition of **assisting** is (care workers should also refer to training level 1 in section Procedure - Medicines - Unqualified Agency worker' Role in Medicines Management) when a care worker or nurse assists someone with their medicine, the client or patient must indicate to the care worker or nurse what actions they are to take on each occasion.

Definition of Administration

If the client or patient is **unable** to do this or if the care worker or nurse gives any medicines without being requested (by the client or patient) to do so, this activity is interpreted as **administering** medicine (care workers should also refer to training level 2)

To administer medicines means “to give a medicine either by the introduction into the body, whether by direct contact e.g. orally or by injection, or by external application e.g. a transdermal patch for analgesia or an impregnated wound dressing”.

Procedure: Qualified Nurse Agency worker professional responsibilities

The nurse’s role in medicines management is the safe handling and administration of medicines and the provision of support to the client/patient receiving them.

Part of this responsibility is to ensure that the patient/client understands the reasons for the medication, the likely outcome and any potential side-effect.

Nurses placed in organisations must work with local policies, procedures and directives.

Nurses are strongly advised to be fully appraised of the Nursing and Midwifery Council (NMC) “Standards for medicines management”, 2008. This framework provides the minimum standards by which their practice should be carried out and it is against these standards that their conduct will be measured. A24 Group expects all qualified nurses working through the agency to follow these standards strictly and to use this to apply their professional expertise and judgement when supporting clients/patients with their medicines.

The nurse must comply with the NMC Standards for Medicine Management 2008.

Key points of these are that the nurse must:

- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be certain of the identity of the patient to whom the medicine is to be administered
- be based, whenever possible, on the patient’s informed consent and awareness of the purpose of the treatment
- be aware of the patient’s care plan
- check that the prescription, or label on medicines dispensed by a pharmacist, is clearly written and unambiguous
- have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies

- check the expiry date of the medicine to be administered
- check that the patient is not allergic to the medicine before administering it
- contact the prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible
- ensure that a record is made when delegating the task of administering medicine
- where supervising a student nurse in the administration of medicines, clearly countersign the signature of the student

Procedure - Medicines - Unqualified Agency worker' Role in Medicines Management

A24 Group Agency worker' professional responsibilities:

When working in organisations such as Hospitals, Nursing homes and Hospices it is unlikely that an unqualified Agency worker will be involved in medicines management.

In a Care-Home or client's own home an Agency worker may be required to assist a client with their medications. Unqualified Agency workers must clarify with their Manager the extent of their responsibilities for medicines when placed in a care setting.

In a Care-Home an unqualified Agency Worker may be asked to be a second witness to medication administration when no second qualified nurse is available. If an Agency worker considers that they are not competent to do this they must inform the person in charge of the shift.

Any unqualified worker required to be a second witness must have received appropriate training in the management and Safe Handling of Medicines.

All care workers involved with medicine management must undergo accredited training as detailed below

The definition of **assisting** is (also refer to training level 1 below) – when a care worker assists someone with their medicine, the person must indicate to the care worker what actions they are to take on each occasion.

If the person is **unable** to do this or if the care worker gives any medicines without being requested (by the person) to do so, this activity is interpreted as **administering** medicine (also refer to training level 2)

There are three levels of training available:

Level 1: Induction - General Support also called Assisting with Medicine

This level raises awareness of the management of medicines within a home. This level outlines to a care worker what they cannot do until they reach level 2. The person or client takes responsibility for their own medication, the care worker works under supervision of the person receiving care.

The support may include some or all of the following:

- requesting repeat prescriptions from the GP
- collecting medicines from the community pharmacy/dispensing GP surgery
- disposing of unwanted medicines safely by return to supplying pharmacy or GP practice
- an occasional reminder or prompt from the care worker to the person to take their medicines (persistent need for reminders should prompt review of care plan)
- manipulation of a container, e.g. opening a bottle of liquid medication or popping tablets out of a blister pack **at the request of the person and when the care worker has not been required to select the medication.**

Level 2: Basic - Administering Medication

Person is unable to take responsibility for their medicines. Administration may include some or all of the following:

- Establishing from the records which medicines are prescribed for a person at a specific time in the day
- The care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid.
- The care worker selects and measures a dose of liquid medication for the person to take
- The care worker applies a medicated cream/ointment: inserts drops to ear, nose or eye: and administers inhaled medication
- The carer puts out medication for the person to take themselves at a later prescribed time to enable their independence (domiciliary care only)
- Basic training does not extend to administration by specialised techniques – see level 3.

Level 3: only for specific situations - Administering medication by specialised techniques:

In exceptional circumstances and following assessment by a 'healthcare professional' (usually a registered nurse) a care worker may be asked to administer a specific medication by specialist (invasive) technique including to a specific client:

- Rectal administration e.g. suppositories , diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a PEG

NB; Training and assessment of competence are medication specific and client specific. It is not transferrable between clients.

Procedure - Medicines - Requirements for Medication Change

When an Agency worker become aware of changes to clients' medicine regimes, they are advised to contact the local office to confirm the appropriateness of altering the care-plan and Medication Log

If a client's mental or physical state changes and is likely to affect their ability to self administer their own medications or give consent when an unqualified Agency worker is assisting them, contact with the local branch is advised. It is essential for the prescriber or GP to be made aware of such changes, as part of their overall responsibility for the client in the community.

When medication needs are reviewed, any changes made should be recorded on a continuation sheet, signed by the person making or recording the change. The Agency worker should inform the local office when changes are made.

A qualified nurse may be required to make an alteration to the medication regime to safeguard the client's well-being; if such an action is taken, the prescriber or their deputy must be informed without delay.

Procedure - Medicines - Specialist Treatments

The majority of people receiving domiciliary care are taking medications that come as tablets, capsules, liquids, eye/ear/nose drops and skin products. However a small number will be having specialist treatments, such as intravenous feeding, cytotoxic anti-cancer drugs, intravenous medications or rectal preparations.

The branch will communicate with relevant care agencies involved in the care to establish whether they play a part in the administration of some or all of the treatments and advise A24 Group Agency workers accordingly. In some circumstances they may be required to supervise or administer them and, if required, be trained to do so. A24 Group Agency workers must record the specialist treatments in the A24 Group care plans/Medication Log sheets

When administering medication an Agency worker may take part or full responsibility for the process defined by any of the following:

- Selects and prepares medication for immediate administration
- Selects medication from a compliance aid/dosset box
- Selects and measures a dose of liquid medication
- Applies medicated cream/ointment; inserts ear/eye/nasal preparations
- Administers an inhaler
- Puts medication out for a client to take at a later stage.

- Takes full responsibility for giving a medicine.

The Agency worker must not administer medications which are not in their original containers and prescribed and labelled by the Pharmacist or dispensing GP.

Procedure - Medicines - Acute & Independent Hospitals and Hospices

All medicines administered in a hospice or hospital must be considered prescription only. In this setting, whether administered by a nurse/pharmacist or self-administered by the patient himself, medicines administration can only occur when a written prescription exists or a Patient Group Direction (PGD) is available.

Agency Worker nurses must establish when they have responsibility for administering medicines. They can do this as a single-administration or if a second check by another qualified practitioner is required.

Self-administration in Hospitals & Hospices:

In some circumstances, patients retain responsibility for the whole or part of the process for their medicines management. Agency workers should establish local policies, procedures and means of recording this when they are responsible for these patients.

Self administration of medicines by a patient does not discharge a nurse's responsibility for supervision, assessment and documentation of medicines taken.

Procedure - Medicines - Advice Giving

The Agency worker nurse must not offer advice on specialist treatments e.g. a subcutaneous syringe driver, used for palliative care or a cancer drug, unless they have the specialist knowledge to do so.

In the domiciliary setting A24 Group Agency worker will not influence:

- How the client chooses to obtain his medicines
- How and where the client chooses to keep medicines in the home (unless this affects the efficacy of the drug)
- How medicines, which are no longer needed, are disposed of

In the case of over-the counter medicines, which a client chooses to pay for, or complementary or alternative therapies, a qualified Agency Worker would, however, always have a professional responsibility to offer advice if he/she believed that something was inappropriate or might be detrimental.

Although not responsible for ordering repeat prescriptions, it can help the client if he/she is prompted to do so. If ordering repeat prescriptions, the agency worker must be trained to at least level 2.

Procedure - Medicines - Assisting Clients with their Medication

To “assist” with administration of medicines means to give support and help to patients/clients with their own medication and the Agency Worker acts under the direction of the client.

Support will take different forms, always at the request of the client for example:

- Occasional prompting the client to take his medication
- Manipulation of the medication container
- Popping the tablets out of the blister pack
- Preparing a medication for administration e.g. measuring out liquids.
- Collecting medicines from the pharmacy
- Returning unwanted medicines to the pharmacy or the dispensing GP.

Training level one is required to undertake above role.

Procedure - Medicines - Aids to Support Administration of Medications

Compliance aids, such as monitored dose containers or dosset boxes, are commonly used in the domiciliary setting.

If the client needs the services of a pharmacy in filling a compliance aid (dosset box), this service should be arranged by the GP and should be provided by the pharmacy. If there is a dispute then the client is entitled to a review under the Disability Discrimination Act to assess his/her need for the service.

Agency workers may **not fill** compliance aids.

The Registered Nurse Agency worker/ assessor must assess the patient’s suitability and understanding of how to use an appropriate compliance aid safely.

Procedure - Medicines - Consent

A client's consent for medicines to be administered must be checked, documented and dated in the Care Plan by the Lead Nurse/Assessor. This documented consent should be revised should the client’s physical or cognitive abilities alter.

Checking a client's consent should confirm his/her understanding:

- of the intended effect of the medicine
- of potential side-effects
- that he/she has the right to refuse the medicine

Consent is dynamic and therefore must be established at every medication administration event. Agency worker must obtain clients' consent before administering or assisting with their medicines.

Where the client is unable to consent to delegating administration of medicines or confirm the medicine regime, the A24 Group Care Assessor or Lead Nurse will confirm the medication regime with the prescriber.

Procedure - Medicines - Refusal of Medication

When a client refuses to take their medication, or to receive it from the Agency worker, the refusal and the reason for this must be recorded.

The client's/patient's right to decide whether to receive medications must be respected.

Appropriate encouragement to take or receive the medication is acceptable, however forcing a client to take the medicine through physical or verbal coercion is not acceptable and is abusive. Agency workers must be aware that sometimes, even the act of standing over a client may be seen as intimidatory.

Where an Agency worker is in doubt about the significance of the omission of medications for the client, he/she should contact the local A24 Group office for advice or contact the clients' GP/DN.

Procedure - Medicines - Unqualified Agency worker - Assisting, Prompting, Administering Healthcare assistants/care assistants/auxiliaries and support workers may not administer medicines and healthcare products unless they have had appropriate and recognised training to enable them to administer medicines.

An unqualified Agency Worker's competence to administer medicines must be supported with verified documentary evidence, which is clear about the scope of their training and its outcome, e.g. qualifies the individual to administer specific medicines to named patients.

Competence to administer medicines in a specified setting does not give an unqualified Agency Worker the authority to do so in others.

An unqualified Agency worker must not administer any medication through interventional techniques, unless specially trained by a qualified healthcare professional. The professional may delegate the task to the unqualified Agency Worker but remains responsible for his/her competence to undertake this.

The A24 Group Care Assessor or Lead Nurse will seek advice from the patient's GP/DN to establish whether it is appropriate for an unqualified Agency Worker to give e.g. suppositories or injections to individual clients. The outcome of this consultation will be recorded in the Care Plan.

Note: *Where Agency worker feel they are not confident to undertake the whole or part of the administration process, they must contact A24 Group immediately for advice, to ensure that the client's well-being is not put at risk from any omission of their medications.*

Procedure - Medicines - Process for Safe Administration

Agency worker must adhere to the following process, when supporting or assisting clients in taking their medications:

- Obtain the client's consent for assistance and determine that they wish to take their medications
- Check the medications against the medicine administration record (Medication Log) or against a prescription written manually or electronically by an authorised prescriber
- Check the prescription is clearly written and unambiguous
- Identify the client as the named person for the prescribed medication
- Confirm that the medicine is due and that the drug is being given at the correct time and date
- Check that the dose (weight if appropriate), route, timing and frequency are correct, by checking against the label and the Medication Log.
- Check the medication regime and any special requirements against A24 Group's care plan or the GP/District nurse's written instructions
- Ensure that the medication has not already been given, particularly when taking over from another Agency Worker.
- Ensure that the medication has not been damaged, as a result of poor storage.
- Ensure that the medication is from the correct container and do not use medicines from a different source.
- Clarify the allergy status of the client before administering.
- You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- Check for any precautions as stated on the label or Medication Log.
- Check the expiry date of the drug on the container, label/or packet.
- Ensure that the medicine has been dispensed within the last six months
- Record the administration of the medicine at the time the client takes it.
- Do not leave medicines for clients to take at a later stage, unless the client specifically requests this.
- Where medicines are left, to be taken later, this must be noted on the care plan.
- Record any adverse effect from the medication and inform the prescriber as soon as possible.

- Safely dispose of any equipment used in administering the medication e.g. Syringes, needles and gloves into designated and appropriate containers.
- Take precautions to minimise infection control e.g. careful hand washing when handling or administering medicines.
- Use gloves when administering medicines, which penetrate the body.
- Make a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine. (Registered Nurses only)
- In a patient's home, where a Nurse Agency Worker is administering a Controlled Drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.

Procedure - PRN Medications

PRN medicines are normally prescribed for unexpected clinical events e.g. pain, constipation. Instructions for their use are normally written on the container's label. However, in some situations, they may be advised by a GP/Consultant or visiting Hospice/Macmillan team.

PRN medicines must be checked for and (in the case of 1-3) not exceeded:

1. Maximum 24 hour dose allowed
2. Maximum individual dose range
3. Maximum frequency of administration
4. Route of administration
5. Indications for use

PRN medications taken or administered and the reason for use must be logged separately on the Medication Log sheets, retained in the care plan and kept in the client's home.

When a client/patient requires frequent doses of PRN medicines, their GP or Hospice/Macmillan team must be informed, as the usual prescription may need adjusting or the client may need to be reviewed medically for changes in their clinical situation.

After three PRN log sheets have been completed, the first one should be returned to the branch office for safe-keeping.

Procedure - Medicines - Verbal Orders and Use of IT

Verbal Order

On taking a verbal order for a medicine change or use, the Agency Worker (Registered Nurses only) must carefully follow local policy and procedures. Verbal orders should only be considered in exceptional circumstances.

A verbal order is not acceptable on its own. The fax or email prescription or direction to administer must be stapled to the patient's existing medication chart. This should be followed up by a new prescription signed by the prescriber who sent the fax or 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 authorised (via text, email or fax) by a registered prescriber before the new dosage is administered. The registered nurse should request the prescriber to confirm and sign changes on the patient's individual Medication log or care plan.

In a client's home, when an Agency Worker is required to take a verbal order from a GP or specialist team e.g. Hospice, careful attention to detail is required to minimize risks of medication errors. When possible a second person should witness the verbal order. The Agency Worker is advised to repeat the drug name, dose frequency and all other instructions back to the prescriber and confirm their identity. The verbal order must be recorded immediately on the Medication Log including date, time and special instructions. The client should be advised of the verbal order and the reason for this.

IT

In exceptional circumstances, where medication has been previously prescribed 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 change to the original prescription

Procedure - Covert Administration of Medicines

The covert administration of medicines is not good practice. In certain circumstances the agency worker may consider the need on an individual patient basis. The rationale and decision making process must be fully recorded in the patient's clinical records and be authorised by the prescriber.

A qualified nurse will be accountable for a decision to do this. For further advice and clarification the Agency Worker should refer to the NMC position statement on Covert administration of medicines (2007).

Procedure - Chemotherapy and Anti-Cancer Drugs

Increasingly, clients/patients are prescribed oral chemotherapy agents. These drugs must be treated seriously as they are a cytotoxic agent and require careful handling.

Often clients/patients do not recognise the need to comply with the therapy and should be encouraged to follow instructions for their use. The importance of timing and schedule of the medication is crucial and an omission of a dose can seriously affect the therapeutic outcome for the individual.

When handling the drugs a non-touch technique should be used to avoid damage and contamination of the tablets or capsules. This will also provide protection to the handler from contamination from the agent.

Should the Agency Worker require further information about the oral agents, contact can be made with the patients/client's cancer nurse /District Nurse (or search the BACUP website).

Procedure - Administration of Medicines via Enteral Feeding Tubes

Some clients/patients require an enteral feed tube to maintain their nutritional requirements, when the oral route is compromised through tumour, reduced gag reflex or unconsciousness. The types of tubes are: nasogastric / nasojejunal/nasoduodenal, PEG tubes/ gastrostomy and Jejunostomy.

When a patient/client requires medication through an Enteral feed tube, the nurse must follow the procedure provided by the District Nurse/Community Dietician or the hospital policy. Administering drugs directly into the stomach or jejunum can cause problems e.g. gastric irritation, mal-absorption, interactions between medicines or the feed, blocking the tube. Therefore only those medicines prescribed for use via the enteral tube must be given.

On no account should the nurse make a decision to give other drugs via this route or e.g. crush tablets to put them through the tube unless advised by specialists, as this can cause toxicity.

Procedure - Medicines - Medical Gases

Medical gases are legally classed as medicinal products and must be administered or supervised in line with the medicines management policy.

In an establishment Agency worker must ensure that they know the local policy and the guidelines for use.

In domiciliary settings, it will usually be oxygen which is prescribed. Oxygen is provided direct from the manufacturer and the manufacturer's instructions should be followed carefully. Use of oxygen must be recorded on the Medication Log or in the care plan.

The safe storage of oxygen cylinders is the responsibility of the client, unless the Agency Worker has been delegated responsibility for the client's medicines.

Any cylinders, which are difficult to use or faulty, should be reported to the PCT as soon as possible. The PCT holds a contract and the local contact information should be recorded in the Care Plan. Agency worker must not force the cylinder open or closed. The valves and regulators should only be fastened to hand tightness.

The Agency Worker should be aware of the need to renew their oxygen supplies as cylinders need changing frequently, when a client is using them frequently.

The Agency Worker should ensure that the nasal cannulae and oxygen mask are kept clean and renewed frequently and must confirm that the mask is the correct one for the purpose for which it is being used.

Procedure - Medicines Management - Documentation

When an Agency Worker either assists or supports a client in taking medications, or administers medication to a client, this must be recorded promptly and diligently.

Any omissions in giving medication must be recorded, including the reason for the omission; omission of medications can have an adverse effect on the client's health and therefore advice should be sought from the prescriber or his deputy.

Regularly prescribed medication must be recorded on the Medication Log sheet and returned to the branch for safe storage every two weeks

The Medication Log record must be written clearly, with known allergies identified; it is not acceptable to leave an allergy box blank; where none exist this should be stated as well.

Abbreviations should be carefully used when writing drug doses on an Medication Log and zero's should be used in front of a decimal point where there is no other figure e.g. 0.5ml not .5ml.

Each entry must be clearly written, dated, timed and signed. If an entry is incorrect it should be scored out and not corrected with "Tippex".

Not recording administration is defined as a medication error and can create a further error e.g. duplication of medicines, causing an adverse event for the client.

Remember that to complete no documentation, places the Agency Worker in a vulnerable position as well.

Procedure - Medicines Management - Recognised Abbreviations

The following are frequently used as abbreviations when recording or prescribing medicines.

Route

Dosage.

Ext	External use	AC	Before food
PO	By mouth	PC	After food
SC	Subcutaneously	OD	Once a day
IM	Intramuscular	BD	Twice daily
IV	Intravenous	TDS	Three times daily
SL	Sublingual	QDS	Four times daily

TOP	Topical	Mane	In the morning
PR	Per rectum	Nocte	At bedtime
PV	Per vagina	OM	Each morning
Inh	Inhalation	ON	Each night
Neb	Nebulised	PRN	As required.

Drug formulations

Strengths

MR	modified release	G	Grams
EC	enteric coated	MG	Milligrams
SR	sustained release	MC	microg micrograms

Procedure - Medicines - Review of Medication

Prescription charts carry start and expiry dates and no medications should be administered before the start date or after the expiry date.

Client's medicines are usually reviewed on a three monthly basis by the prescriber.

Any concerns regarding medications should be referred to the dispensing/client's community pharmacist, GP or D/N. Contact the Branch office where appropriate.

Procedure - Management of Medication Errors

At any point of the medication process a mistake can occur. This may arise from an:

- Incorrectly prescribed or inappropriate medication
- Incorrectly supplied medication differing from the original prescription
- Incorrectly administered medication differing from the original prescription.

Examples of a medication error are:

- Inappropriate dose/drug/formulation
- Wrong route/frequency/time of administration
- Out of date medication dispensed/administered
- Wrongly dispensed medicine

- Incorrect diluents or IV fluids.
- Incorrect administration.
- Omission of a prescribed drug
- Malicious intent.

Reporting an error:

- If an error occurs in the client's home they must be informed or if they unable to understand, their main carer/guardian must be contacted. The client's GP must also be informed.
- The client must be monitored for any adverse reactions and the situation documented clearly and at the time of the event.
- The Agency Worker must inform the supervisor or unit manager if on placement in an establishment and follow the local policy and guidelines for reporting and documenting a medication error
- Depending on the situation and its severity, the prescriber must be informed immediately or the "out of hour's doctors" contacted if in the community.
- Qualified and unqualified Agency worker must report any medicine errors to the branch office.
- If the Agency Worker made the error, he/she must provide all details to the branch office and document clearly on an incident report.
- When discovering an error in the domiciliary setting made by another visiting health professional, the Agency Worker should contact the branch office for advice.

If the Agency Worker has been personally involved in a medication error, an investigation will be carried out by the local branch office. The Agency Worker will be kept informed of the progress of the investigation and support will be given to achieve a satisfactory conclusion for both the client and the Agency Worker. Depending on the circumstances and severity of the error, further action may be taken. The Agency Worker is expected to cooperate with any investigation and may request an independent assessment of the investigation if they do not accept the outcome.

Procedure - Requesting and Collecting Repeat Prescriptions

- The Agency Worker can support the client by advising when a repeat prescription is required or, if the client is unable to, contact the prescriber in a timely manner.
- When receiving a written prescription, check that the prescription matches the clients care plan/Medication Log and that no new medication has been added by mistake or information given as to why there has been a change.
- Avoid over-ordering of medications especially when the storage life is short.

Collecting a prescription:

Agency worker may be asked by the client to collect their prescriptions. When a relative or carer of the client is not available to do this, an Agency Worker may do so. The Agency Worker will be required to provide identification and should show their A24 Group name badge/identification card.

The Agency Worker is advised to go to the dispensing Pharmacy/GP and straight back to the client. If collecting controlled drugs the Agency Worker will be expected to sign for the medicines and should have a record of this. The Agency Worker should not carry controlled drugs openly or leave them in an open area.

A record should be kept in the clinical notes

Procedure - Medicines - Safe Storage in the Home

Client are responsible for their own medications however if an Agency Worker is aware that a medication should be stored differently, he/she can advise the client otherwise.

When an Agency Worker has been delegated responsibility for the client's medication, he should ensure that all medicines are stored according to the instructions on the container or accompanying leaflet.

The following acts as a guide, where instructions are not available:

- Tablets/capsules: are usually stable but are susceptible to moisture and should be stored in their original container.
- Liquids/mixtures: may have short shelf-life and should be checked carefully
- Antibiotics: will have short shelf-life and should be checked carefully. Liquid Antibiotics require refrigeration
- Aerosols: do not store near radiators, direct sunlight or heat
- Inhalers: away from heat and with the cap on
- Insulin: must be stored in a refrigerator and kept in separate container.
- Creams/Ointments: will deteriorate rapidly if subjected to extremes of heat.
- Eye drops: can become contaminated with micro-organisms and should therefore only be used for a short time and should be refrigerated.
- Rectal/vaginal preparations: may be susceptible to heat.

Decanting drugs into different containers:

- No medication should be transferred to different containers for storage or transporting, as these increases the risk of incorrect doses/medicines being given.
- The exception is when the medicine is placed in a dosage box/compliance aid.

Controlled drugs:

- All drugs should be stored in a safe place, away from children or people who may not understand their use, however extra care should be taken with controlled drugs.

Procedure - Medicines - Transferring to another Setting

When a client is transferred from their home to another setting, the Agency Worker must ensure that a record and supply of the client's medicines accompanies them.

The following information should be provided:

- Name of medicines and the regime
- Quantity of drugs accompanying the client
- Copy of the Medication Log or information on when the next medications are due.
- Name and signature of the Agency Worker providing the information

Procedure - Disposal of Medicines

- Agency worker must follow establishments' written policies for the safe disposal of unwanted medicines. Records must be made and kept.
- Clients in their own homes are responsible for the disposal of their own medicines. However, in some situations, the Agency Worker will be required to do this on their behalf.
- Best practice is to return unwanted medicines to the dispensing pharmacist.
- Controlled drugs must be treated in this way and returned to the Pharmacist or GP. A record and a signed receipt that this has happened are essential to protect the Agency Worker from any misunderstanding.
- Controlled drugs require "denaturing" by specialist means and therefore should be returned to the Pharmacy.

Procedure - Medicines - Patient Group Directions (PGD)

- A PGD refers to written instructions for the supply or administration of medicines to a group of patients who may not be individually identified prior to presenting for treatment.
- A PGD is not legal for use in the voluntary or private sector.
- A PGD will cover approved practitioners in supply and administration of medicines under this directive and authorised by the individual hospital Trust.
- The PGD does not allow practitioners to prescribe.

- An Agency Worker may not be covered to administer medications under a PGD, as each person who administers the medications must be named on the PGD.
- Written evidence of formal assessment of competence in the management of these medications usually accompanies the PGD.
- If an Agency Worker is required to administer medicines under a PGD, advice and/or consent must be sought from the unit Manager/shift supervisor at the organisation.
- The Agency Worker must understand the scope or limitation of their responsibility when administering medicines under a PGD.
- The Agency Worker must use their personal and professional judgement as to whether they will accept the responsibility this extended role will place upon them.

An Agency Worker should not accept this role on delegation from a practitioner authorised to use PGD's.

Procedure - Medicines - Nurse Prescribing

- Nurse prescribing is a recordable qualification following specialist training.
- If a qualified Agency Worker is on placement where he/she is required to use this extended role as part of the placement they must contact the Hospital Trust, PCT or organisation's Nurse Prescribing Lead to make necessary arrangements.
- The Agency Worker is strongly advised to familiarise themselves with the local policy and procedures for nurse prescribers.
- An Agency Worker must not undertake any "nurse prescribing" activities unless their placement has specifically requested this.

Procedure - Medicines Management - Trouble Shooting

- Any concerns regarding medication should be referred to the client's key clinician or visiting specialist team e.g. Hospice.
- The community pharmacist who dispensed the medicine for the client can be contacted for advice.
- After hours contact can be made to NHS Direct for advice.
- The Agency Worker should not make decisions on medicine management unless competent to do so.
- Agency worker should access up-to date information about the use of medicines when they do not know or are unsure of the use and benefit of specific medications. The British National Formulary (BNF) should be available in hospitals, hospices and Nursing homes. If not available access the BNF internet www.bnf.org.

- There is specialist information on different websites e.g. BACUP will provide up to date information on individual chemotherapy treatments.
- Hospital and community pharmacists will also provide advice and information.
- If a qualified Agency Worker has concerns about their or others' competence in medication administration, it is essential to contact the local branch.
- Qualified nurses are advised to act promptly if they identify poor practice or errors in medication administration.

Procedure - Witnessing in Medication Management

It is important to understand that witnessing the administration of a drug carries the same responsibility as doing it and careful checking is required.

Witnessing is not to be treated as a rubber-stamping exercise.

Where two people sign that they have witnessed the administration of a drug, both are equally responsible only if both are registered nurses - unqualified Agency worker cannot be held responsible for the administration of a drug.

Procedure - Medicines - Registered Nurse in Sole Charge of an Establishment

Where a Registered Nurse is in sole charge of an establishment, e.g. a Nursing Home, and is required to administer controlled drugs, he/she should refer to the policy of the Nursing Home.

It is best practice that, where this occurs, the controlled drugs and Medication Log are checked at handover so there can be no dispute later as to what has been done.

When the time comes to administer the controlled drug, a second member of staff should be present to act as a witness.

End of Policy