

## MEDICINES MANAGEMENT POLICY

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| <b>Other relevant documents</b>           | <ul style="list-style-type: none"> <li>● Agency Worker Handbook</li> <li>● Quality Assurance and Monitoring Policy</li> <li>● Safeguarding Adults and Children Policies</li> <li>● Professional Guidance on the Administration of Medicines in Healthcare Settings (Advice &amp; Guidance tab on Website)</li> </ul> |

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## 1.0 INTRODUCTION

This Medicines Management Policy sets down minimum acceptable standards and behaviours expected of Agency Workers undertaking shifts through SOS Medical Staffing in Acute and Community settings, where they are involved with Medicines Management for the Adult Patient.

This policy is not a replacement for local Trusts' policies and guidelines, which all staff undertaking shifts on behalf of SOS Medical Staffing should familiarise themselves with and adhere to.

## 2.0 AIMS

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 patients with their medications
- Encourage the following of safe systems for each assignment for handling, storing, assisting and administering medicines to minimize risk.
- Identify communication structures for concerns, errors and risks.
- 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
- The principles in this medicines management policy cover all settings i.e. Acute & Independent Hospitals and Hospices as well as community settings.

The policy focuses on clarity for Agency Workers regarding their role and scope of practice for medicines management in all of these settings.

- 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

### **3.0 SCOPE OF POLICY**

This policy is for all SOS Medical Staffing registered practitioners undertaking clinical shifts and administering to patients.

### **4.0 DEFINITIONS**

The **definition of assisting:**

“ is 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.”

**The definition of administration**

“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”

All professionally registered staff must follow their professional regulations and code of conduct as well as the local policy in the organisation(s) where they undertake assignments

All care workers involved with medicine management must undergo accredited training on joining SOS Medical with refresher training every 3 years.

### **5.0 ROLES AND RESPONSIBILITIES**

All Registered Practitioners undertaking shifts on behalf of SOS Medical Staffing are responsible for following the principles outlined in this policy.

All Registered Nurses must also ensure they are familiar with the policies and guidelines of the organisation(s) where they undertake assignments and must always adhere to these.

Agency Staff must confirm which parts of the medicines administration process they may participate in according to the local policy.

Even when permitted to do so, Agency Registered Nurses only undertake those aspects of care in which they have been trained, are competent and, if required, have been assessed at the place of the assignment.

### **6.0 RQIA EXPECTATIONS REGARDING CARE HOMES**

#### **“Standard 28 - Management of Medicines”**

Medicines are managed in compliance with legislative requirements, professional standards and guidelines.

Criteria

1. Medicines are administered in strict accordance with the prescriber’s instructions.
2. Written policies and procedures for the management of medicines are up to date and cover all aspects of medicines management.
3. The management of medicines is undertaken by qualified, trained and competent staff and systems are in place to review staff competency in the management of medicines.

4. Concerns about the suitability of the medicine for the individual are raised with the prescriber and documented in the medical notes.
5. Destruction or disposal of medicines no longer required is undertaken by trained and competent staff.
6. There are suitable systems in place to manage drug alerts and safety warnings about medicines.
7. There are systems in place to report adverse drug reactions to the resident's prescriber.
8. There are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products.
9. Staff have access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.
10. There are robust arrangements in place to audit all aspects of the management of medicines.
11. Arrangements are in place to ensure the safe management of medicines during a resident's admission or readmission to the home and on their discharge or transfer from the home.
12. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.
13. Robust arrangements are in place for the management of self-administered medicines.
14. Medicines are prepared immediately prior to their administration from the container in which they are dispensed.
15. Compliance with prescribed medication regimens is monitored and any omissions or refusals likely to have an adverse effect on the resident's health are reported to the prescriber.
16. Suitable arrangements are in place for the administration of licensed medicines outside of the terms of the product licence.
17. The act of administering medication in disguised form is discouraged but, when necessary, it is undertaken in accordance with current professional standards and guidelines.
18. Non-prescribed medicines are administered in accordance with qualified medical or pharmaceutical advice"

## 7.0 PROCEDURE

**The 6 rights of medication administration are:**

Right Patient

Right medication

Right route

Right Dose

Right frequency/time

Right documentation

- Check the identity of the patient
- Consider allergies or previous adverse drug reactions
- Check that the prescription or other direction to administer meets legal requirements, is unambiguous and includes, where appropriate, the name, form (or route of administration), strength, and dose of the medicine to be administered and be aware of the patient's plan of care (care plan or pathway)
- Check that issues around consent have been considered
- Ensure any ambiguities or concerns regarding the direction for administration of the medicine are raised with the prescriber or a pharmacy professional without delay
- Check the identity of the medicine (or medical gas) and its expiry date (where available)
- Administer or withhold medication in the context of the patient's condition (for example, digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy
- Ensure that any specific storage requirements have been maintained.
- Make a clear, accurate and immediate record of all medicine 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.
- Check that the dose has not already been administered by someone else (including patient or carer)
- Where medication is not given, document the reason for not doing so.
- Be aware that you may administer with a single signature any prescription only medicine, general sales list or pharmacy medication.

## **Registered Nurse 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 understands the reasons for the medication, the likely outcome and any potential side-effect.

Agency Workers placed in organisations must work with local policies, procedures and directives, and within the limits of their competency and experience.

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

## **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.

## **8.0 COVERT ADMINISTRATION OF MEDICATION**

The covert administration of medicines is not considered 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.

The Registered 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 and the policy held by the place of work on the particular assignment.

## **9.0 REPORTING MEDICATION ERRORS**

In the first instance, errors must be reported to the Nurse in Charge of the placement area and follow the local policy. As soon as reasonably practicable, the Nurse Manager must be informed, using the incident reporting form available from SOS Medical Staffing.

Drug errors will be audited using the Complaints Audit tool and monitored for trends. Registered nurses will be interviewed regarding the incident and a plan of action formed.

## **10.0 TRAINING**

All Registered staff undertaking shifts for SOS Medical Staffing will be compliant in the mandatory training "Handling Medicines and Avoiding Errors" upon registration with refresher training 3 yearly.

## **11.0 BREACH OF POLICY**

This policy is mandatory and all staff must implement this policy and follow the procedures associated with it.

Conformance with this policy and its procedures is a contractual requirement and failure may result in termination of employment. Non-compliance with the policy and procedures will be dealt with in accordance with agreed disciplinary procedures

## **12.0 QUALITY MONITORING POLICY REVIEW & AUDIT**

Medication errors will be monitored within the incident reporting procedure audit.

Policy review – this policy will be reviewed annually or if there are any legislation changes

Audit – will be incorporated into the Incident Reporting audit.



### **13.0 REFERENCES & LINKS AND USEFUL INFORMATION SOURCES**

Useful information

The Medicines and Healthcare Products Regulatory Agency (MHRA) provides information about medicines regulation.

- The National prescribing centre provides information about prescribing and patient group directions.
- The Department of Health produces a helpful publication 'Medicines Matters'.
- The relevant legislation is available from the Office of Public Sector Information's website.

[www.health-ni.gov.uk/articles/medicines-management](http://www.health-ni.gov.uk/articles/medicines-management)

[www.nhsprofessionals.nhs.uk/e-Library/Useful-Information](http://www.nhsprofessionals.nhs.uk/e-Library/Useful-Information)

[www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines](http://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines)

[www.rpharms.com/recognition/setting-professional-standards/professional-standards-for-error-reporting](http://www.rpharms.com/recognition/setting-professional-standards/professional-standards-for-error-reporting)

[www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing\\_homes\\_standards](http://www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing_homes_standards)