Administration of Medications and Use of Medical Equipment (Employees - Homecare)

Policy, Purpose and Scope

The cornerstone of this policy is the provision of appropriately trained, competent staff to assist service users to take their medication. This is a legal requirement under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and other legislation.

The Health and Safety at Work Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others, which includes the storage, administration and disposal of service users’ medicines.

Service users have the right to expect that any assistance offered be carried out in a professional manner by properly trained staff. Service users must agree to assistance being provided on each occasion.

Staff may only provide that assistance identified in the support plan as part of the care package. Staff MUST NOT offer any assistance with medication unless the support plan and risk assessments are in place. All assistance must be provided safely and staff must ensure that service users take the dosages directed on the label.

Staff MUST NOT place themselves or the service user at risk.

Any concern about a service user and their medication must be reported to the Registered Manager who will seek appropriate advice.

Staff must only assist with medication that is in the original container into which the pharmacist dispensed it and not from any container filled by any other person. If the risk assessment has identified that a service user is unable to manage a particular type or types of packaging, PNL may contact the supplying pharmacist to determine whether more suitable packaging exists to enable the service user to self-administer. If a change to the care plan is required, and the service user is not self funding, the Registered Manager should refer to the commissioning body.

The care plan must be accessible in the service user’s home. It should have a clear, separate section covering medication, which states dosages, times of administration, the names/designations of persons expected to administer the medication, and the limits of involvement of PNL’s healthcare assistants and/or registered nurses. It must also state the name and contact details of the GP and pharmacist and state who is responsible for ordering medication when supplies are low, who collects prescriptions and who disposes of out-of-date medications.

Definitions

“Medication” includes:

- Prescribed and non-prescribed medicines
- Non-oral remedies, such as eye and ear drops
- Ointments, lotions and creams
- Alternative remedies (e.g. ‘herbal medicines’)

“Administering” medication includes:

- Dispensing medication from containers
- Placing drugs in the hands or mouths of patients
- Intravenous (IV) therapy (giving of a liquid substance directly into the vein)
- Administering of rectal drugs
- Preparing or attaching naso-gastric or PEG feeds
- Administering any type of gas (including oxygen)
- Applying/changing dressings
- Applying ointments and creams

“Assisting” with medication includes:

- Repositioning the patient to better enable administration of medications
- Providing water to assist with swallowing pills
- Prompting, e.g. saying “It’s time to take your medicine”
- Supervising, i.e. witnessing the patient successfully take their medication
- Opening the medicine bottle or removing pills from blister packs
- Changing certain dressings under the supervision of a Registered Nurse

Training and Development

All staff (including Registered Nurses and managers) should receive training in medicines management. Care staff must have received adequate training and be assessed as competent against the elements set down in the Health and Social Care level 3 National Occupational Standards, HSC 375a and b. Staff may need specialist training before operating medical equipment and appliances such as PEG feeds, ventilators and catheters.

Prescribed Medicines

The following information relates to medicines prescribed by a qualified medical professional. The use of “over the counter” medications is discussed below.

Supply of Medicines

Medicines should already be in the house. Staff may collect routine medicines at the pharmacy, only if this is identified in the care plan.

Obtaining new supplies of medicines will need a repeat prescription request to be taken to the GP surgery. Assistance with this should be described and documented in the care plan.

Storage

Medicines must be stored where they are readily accessible to staff. They should be kept away from heat and light sources. All prescription medicines must be provided and contained within the original pharmacy produced labelled packaging or compliance aid. They must be out of the reach of children. Where a child is the sole or main carer, the medicines must be accessible to them as necessary but stored away from other children who may visit the home. Certain medicines have defined storage needs e.g. refrigeration, that must be followed. Where the labelling of the product defines storage conditions and these are not adhered to the carer should seek advice and guidance from the pharmacist before assisting with medication.

The hiding of medicines will only occur where a care needs assessment indicates this is necessary to protect someone and following appropriate discussion with family members and a social worker, etc. and documented in the risk assessment. If staff feel that there is a genuine and urgent risk to the service user’s wellbeing, medication may be hidden temporarily and reported immediately to the Registered Manager, who must ensure that other staff are aware of the situation, and that the care plan is reviewed urgently.

- The medicines must be stored in the original packaging or compliance aids (e.g. dosette box) supplied by the pharmacist
- Assistance with medicines from unlabelled compliance aids filled by family or informal carers will be limited to prompting only
- Secondary decanting should never happen (taking medicines from one container and placing them in another)
- Removal of tablets etc. from their original packaging, to be left out for the service user to take themselves at a later time, may aid their independence. Any assistance of this nature must be risk-assessed, must take into account the stability of the pharmaceutical preparation (e.g. lose their potency, thus pharmaceutical advice should be sought) and must be included in the care plan.

Assisting with Medication

The care needs assessment will have identified where help is needed/required and this will be documented in the care plan.

Service users should be encouraged to self-medicate and it is expected that family will assist where practical. Sometimes, family members will insist on dispensing or giving medication. Parents of child service users normally assume responsibility for the child’s medication. Children can give consent themselves providing they are ‘Gillick competent’, in which case this will be recorded in the care plan.
Care workers may administer prescribed medication (including controlled drugs) to a service user with consent so long as this is in accordance with the prescriber’s directions (The Medicines Act 1968). The level of assistance can be determined below:

Forms of medication may include:

- Oral Medication: Tablets, capsules, liquids, lozenges and powders
- Controlled Drugs: There is no legal requirement for controlled drugs to be treated any differently from other prescribed medicines in the service user's own home
- Skin Treatments: Disposable gloves must be worn when applying creams, lotions, scalp applications and skin patches. Consideration should be given to any skin allergy, e.g. to latex. The date of opening should be written on the label; as a general rule, creams should be discarded 3 months after opening
- Inhaled Medicines: Includes metered dose inhalers, dry powder inhalers and nebulisation solutions
- Ear, Eye and Nose Drops: The date of the first opening of the container must be written onto the label on the bottle. Typically, drops must not be used later than 28 days from the date of opening
- Supplementary Feeds: If these are prescribed the daily dose must be specified by the prescriber.

GUIDANCE FOR CARE ASSISTANTS

Care Staff (staff other than Registered Nurses) may only carry out tasks for which they have been trained and approved as competent. If a greater level of assistance is required (e.g. using medical equipment) care staff may provide this only after they have received appropriate training and been approved by PNL as being competent.

Nursing Tasks Performed by Care Staff

These may include dealing with appliances such as catheters, wound management products and invasive procedures. Assisting with these must only be undertaken following a joint PNL and health authority/social services needs assessment, which has been clearly documented in the support plan. Joint co-ordination in these cases is vital and the plan must be regularly reviewed.

Training for the use of these items will normally be provided on an individual basis by a particular service user and their piece of equipment. Registered Nurses have a professional responsibility to treat such tasks as “delegated” tasks. This means they must ensure that care workers to whom they delegate are competent to perform these tasks by providing the necessary training, supervision and support.

Levels of Assistance, Methods of Administering Medication and Use of Medical Equipment

(For further advice see “The administration of medicines in domiciliary care”, published by the Commission for Social Care Inspection, January 2006).

Level 1: General Support

General support is given when the service user takes responsibility for their medication and particularly when they contract the support through Direct Payments.

The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the pharmacy/dispensing GP practice
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP (when requested by the service user)
- An occasional reminder or prompt from care staff to a service user to take their medicines. (A persistent need for reminders may indicate that a service user does not have the ability to take responsibility for their own medicines and should prompt a review of the service user’s care plan)
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the service user and when the care assistant is not required to select the medication.

General support will be identified at the care assessment stage and recorded in the care plan. On-going records will also be required in the continuation notes when care needs are reviewed. Adults can retain independence by
using compliance aids and these should be considered if packs and bottles are difficult to open or they have difficulty remembering whether they have taken medicines. If a monitored dosage system is required it will normally be filled and labelled by the community pharmacist or dispensing GP. The service user may qualify for a free service from a community pharmacist if they meet criteria under the Disability Discrimination Act. If a pharmacist or dispensing GP does not fill the compliance aid, care staff should only open the section indicated by the service user.

**Level 2: Administering Medication**

The care needs assessment may identify that the service user is unable to take responsibility for their medicines and needs assistance. This may be due to impaired cognitive awareness or the service user being a child but can also result from a physical disability. The service user must agree to have the care staff administer medication and consent should be documented in the care plan. If a service user is unable to give their informed consent the prescriber must indicate formally that the treatment is in the best interest of the individual (ref. Department of Health document: “Seeking consent: working with people with learning difficulties”).

Administration of medication may include some or all of the following:

- When care staff select and prepare medicines for immediate administration, including selection from a monitored dosage system or compliance aid
- When care staff select and measure a dose of liquid medication for the service user to take
- When care staff apply a medicated cream/ointment; insert drops to ear, nose or eye; or administer inhaled medication
- When care staff put out medication for the service user to take themselves at a later (prescribed) time to enable their independence.

The need for assistance with medication should be identified at the care assessment stage and recorded in the support plan. On-going records will also be required in the continuation notes. The employer should have a system in place to ensure that only competent staff are assigned to service users who require assistance. The employer’s procedures should enable care staff to refuse to administer medication if they have not received suitable training and do not feel competent to do so.

Care staff should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids. Service users discharged from hospital may have medication that differs from those retained in the home prior to admission. The employer should provide additional support to care staff when this occurs as well as an update care plan.

**Level 3: Administering Medication; Assistance with Respiration, Feeding and Continence by Specialised Techniques/Equipment**

In exceptional circumstances and following an assessment by a healthcare professional, suitably trained care staff may administer medication by specialist techniques, such as:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG feed)
- Assistance with respiration by the use of a ventilator or other equipment
- Operation of other medical equipment, e.g. dialysis machine
- Management of equipment designed to assist with continence.

If the task is to be delegated to care staff the healthcare professional must train them and be satisfied of their competence to carry out the task and to manage the situation in an emergency.

A PNL staff member may operate at all three levels provided they are trained, have been authorised by PNL and the commissioning body and feel comfortable doing so however care assistants may refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.
GENERAL GUIDANCE FOR REGISTERED NURSES

- In line with Department of Health guidance, the administration, assistance or other support with medication is to be given only when it falls within the competence of the nurse and with the patient’s informed consent.
- At the commencement of an assignment to any new hospital or organisation, confirm with your local line manager the institution’s policy for the administration and assistance with drugs and medication. Note: Some hospitals do not allow agency nurses to handle drugs and medications.
- You must seek appropriate consent from the patient before administering or assisting with medication. In the event that consent is withheld you should follow the client’s policy.
- You must clearly record in the patient’s notes or care book all assistance, advice and administration of drugs or medicines you give including keeping up-to-date the patient’s medication record (MAR chart).
- It is never acceptable to give medicines prescribed for one person to another, even if the drug and dose is the same.
- You must report any concerns about a particular patient, their health and medication to your local line manager.
- Report any untoward incidents to PNL.
- The process of administering medications must respect the dignity and privacy of the service user. Patients have the right to take responsibility for their own medication whenever possible and this extends to choice of pharmacy and collection of prescriptions.
- Service users should be encouraged to be self-dependent in the administration of their medications. It may be made easier to do this by the use of Monitored Dosage Systems (see below) and other ‘compliance aids’. The service user’s pharmacist should be able to advise solutions.
- Nurses must at all times be familiar with the Nursing & Midwifery Council (NMC)’s “Standards for Medicine Management”, a document containing 25 essential standards. This booklet is available for download:
  - Summary of the 25 Standards:
  - The Standards in full:
  - Midwives should refer to the NMC’s code of practice for midwives.
  - If there appears to be any discrepancy between the contents of NMC publications and this PNL policy the former will apply.

Except where local client/site policy dictates otherwise, a NMC-registered nurse or midwife:

- may dispense and administer drugs, creams, ointments, gases, dressings, naso-gastric and PEG feeds and rectal drugs, in accordance with the patient’s care plan.
- may only prescribe certain drugs in specified posts where local training and authorisation is given.
- may NOT administer intravenous drips (administration of nutrients through a vein) unless specific local training and authorisation has been undertaken.

Over-the-Counter medicines and ‘homely remedies’

If a service user is able to choose and wishes to use their own remedies for minor ailments they should be supported in this decision and encouraged to speak to their pharmacist or GP as interactions may occur between non-prescription and prescription medications. The same principle applies to the purchase and use of homeopathic and herbal remedies, also known as ‘homely’, ‘alternative’ or ‘complementary’ medicines.

PNL staff may not recommend, express an opinion about or purchase on behalf of the service user any over-the-counter medicines or alternative remedies.
Whilst the purchase of non-prescription medicines or herbal or alternative therapies may take place as a shopping provision, PNL staff may not assist with the administration of these products unless the assistance is under the direction and guidance of the service user’s GP/ prescriber/ pharmacist. Any assistance required must be added to the care plan and reported to the Registered Manager as soon as reasonably practical.

Service users or their friends/family members or failing that the PNL staff member should make PNL or care commissioning organisation aware when they over-the-counter or homely remedies have been provided for use by a service user and this fact recorded in the care plan.

Good standards for handling medication

- Prior to any assistance being provided, check the details on the container label and ensure the service user’s name is on the label
- Wash and thoroughly dry hands and any utensil that may be required e.g. medicine spoon, measure, or glass
- For oral medications, ensure that the service user is either in a standing position or is sitting upright. Staff should not attempt to assist with medication for someone who is lying down
- Where physical assistance is provided, medicines should be handled as little as possible. If removing a tablet or capsule from a bottle or foil (blister) strip, this is best achieved if tipped or pushed out over a plate from which it can be picked up for self-administration
- Where physical assistance is provided with skin applications, protective barrier gloves must always be worn. Apply small quantities at a time and rub gently into the affected area
- Replace all lids and packaging and re-store medicines. Wash hands and any utensils used
- If monitored dosage systems (MDS packs) or patient compliance/ calendar packs are used, a clear system must be established to show the pack in current use.
- Assistance must be immediately recorded on to the home medication record (MAR Chart).

Change in medication

PNL staff may only assist with medication according to written instructions. They should not act upon verbal instructions from anyone but the service user’s GP or pharmacist and then only in an emergency.

If changes to medication are likely to affect care, staff should consult their line manager. It may be necessary to review the care plan. In some cases, changing the medication from one form to another may significantly affect the service user. The Registered Manager may be able to resolve difficulties by communication with the GP.

Staff must take all reasonable steps to ensure they are working to current instructions, and do not continue to use medicines, which the GP/hospital has discontinued/adjusted. These may remain on the premises, but should be disposed of at the earliest opportunity according the procedure laid down under ‘Disposal of Medicines’ below.

Mistakes in administration

Staff must report mistakes in the administration of medication (including omitting to administer) and related tasks, in part so that we may learn from the situation and take preventative action in the future.

Where genuine mistakes occur it is the responsibility of the Registered Manager to provide any necessary further training and support. In these circumstances mistakes would not normally be a disciplinary matter unless staff had sought to cover up mistakes.

Some errors may appear trivial, e.g. omitting a dose of paracetamol. However, since it is not always easy or appropriate for a member of staff to gauge the seriousness staff should report all errors and omissions.

If a member of staff is aware of having made a mistake or notices that an error has been made they should immediately notify the Registered Manager or Clinical Nursing Manager. Also report any subsequent changes in the service user’s mood or behaviour or deterioration of health.

PNL’s Clinical Nursing Manager (as the deputy of the Registered Manager) is responsible for ensuring any mistakes in administration are fully investigated, documented and where necessary, appropriate remedial measures are implemented. The manager will ensure the following action is taken:
• Advice is immediately sought from the GP or appropriate health professional
• Details are recorded on an Incident Form and on the home medication record
• The commissioning team is informed so they can take their own action if desired
• A family member or other advocate is informed, as appropriate.

Labelling standards for medication
All medication must be appropriately labelled with legible information as follows:

• Name of service user (and in some cases the address)
• Name of prescribed medication
• Prescribed dosage
• Frequency of dosage
• Storage conditions, where these are not ambient temperature and conditions
• For some medications, the expiry date
• Date of dispensing
• Name and address of supplying pharmacy

Record-keeping
The care plan describes the type of assistance required by each service user.

A medication record (often known as the ‘MAR chart’) will be kept in the service user’s home with the care plan in an accessible place. This record should be properly detailed – e.g. it is not sufficient to say:

• “once a day”, without giving the date, time(s) of day and dose; or
• “took drug as directed”: the full directions of ‘how’ and ‘when’ must be shown

The MAR chart may also detail the taking of non-prescription drugs, homeopathic and alternative remedies, soap substitutes (e.g. Aqueous cream), fluids and nutritional drinks.

After you administer or assist with medication you must personally make a record and sign the appropriate row(s) of the MAR chart. Such ‘bureaucracy’ is necessary to protect not only the client but yourself, as you may be open to allegations of negligence or malpractice if the service user later becomes ill and there is no evidence that you followed the correct procedure.

The medication record will be filled out by a responsible professional, as determined by local agreements.

All assistance with medication, irrespective of the format, must be recorded and initialled at the time it is provided. This includes all reminders, refusals or missed doses, which should be recorded on the form as well as doses taken.

PNL staff must only record assistance given by them. Any concerns that doses given by others are not being recorded must be reported to the Registered Manager.

The record must be retained in the service user’s home while in use. When completed it must be stored in the service user’s file at the PNL office. For insurance purposes, these forms must be kept for a minimum of 6 years.

It is the responsibility of healthcare providers to ensure they have appropriate employee liability insurance. PNL has such insurance.

Multi-agency working
Where care of a patient involves more than one agency (including Social Services or PCT), a single policy on medication and care related tasks should be agreed jointly. A key worker, usually a health care professional from one agency who regularly visits the service user, should be formally identified as responsible for taking the lead on medication. Each staff member retains responsibility for her own actions within this policy.

Possible problems and solutions
Service user appears unwell – should the service user appear to be unwell, distressed, or not their usual selves PNL staff must contact their line manager for advice, with the agreement of the service user if they are
competent to give permission. The line manager will then assess the situation and decide on next steps, e.g. contact their GP. Guidance must be sought as to whether due medication should be offered to the service user.

**Missing, incomplete or ambiguous, directions on the label or Care Plan** – PNL staff are NOT PERMITTED to assist with medications if instructions are unclear. They should inform their line manager who should refer to the supplying pharmacist.

**“As required” medicines** – PNL staff are NOT PERMITTED to assist with these medicines unless there are specific instructions which clarify

  a) What the medicine is being used for, e.g. pain, and
  b) The maximum frequency of dosage.

PNL staff should refer to their line manager if this information is not available.

**No date of opening of eye/ear drops** – look at the pharmacy label on the container to confirm if supplied more than 28 days ago. If less than 28 days the drops are safe to use if the drops have been stored according to the manufacturer’s instructions. If the date is more than 28 days ago, seek advice from the line manager.

**Refusal to take medication** – it is an individual’s choice not to take medication. Medicines must not be disguised or hidden in food in order to force a service user to take them against their wishes — such actions may be considered abuse. Service users must not be coerced or forced in any way but some degree of encouragement can be given. All refusals must be recorded on the home medication record; regular or persistent refusals within any one week period must be reported to your line manager who will communicate the problem to the GP.

**Missed doses** – if a dose of medicine was missed during the previous visit a double dose MUST NOT be given. It must be recorded on the home medication record that a dose has been missed and reported to the Registered Manager.

**Possible side effects** – people react differently to medicines, so it is not possible or helpful to list anticipated side effects here. However, staff should note whether any changes to health, mood or behaviour are occurring after changing their medication regime. Inform your line manager who will discuss this with the GP or pharmacist.

**Syringes** – if a service user self-injects medication (e.g. insulin), staff should not handle the used equipment under any circumstances. The service user should be encouraged to discard used syringes into sealed ‘Sharps boxes’ which may be obtained on prescription from the GP, or instead use a needle clipping device (these retain clipped needles safely).

**Oxygen cylinders** – any leaks or other suspected problems with oxygen cylinders should be referred to your line manager, who should contact the oxygen supplier.

**Any doubt or concern** about service users taking or refusing to take their medication, any changes of condition or any possible side effects must be reported to your line manager. If the line manager is unavailable and there is cause for concern the service user should be admitted to hospital.

**Disposal of Medicines**

Medicines belong to the individual for whom they were prescribed or supplied and cannot be removed without that person’s permission.

The service user (or family member/representative) should be encouraged to return expired, unused or unwanted medicines to a pharmacy. They should not be encouraged to put them in the household waste or flush them into the sewage system.

PNL staff should only remove drugs for disposal if this is specified in the care plan. The names and quantities of all medicines removed should be recorded and a copy retained in the care notes. A receipt should be obtained from the pharmacy/dispensary accepting the items for disposal and this should also be kept with the care notes.

**In summary, PNL staff must not:**

- Exceed their remit for assisting with or administering medications
- Force a service user to take medicines
- Fill oral dose compliance aids, or monitored dosage systems e.g. dosette boxes or move medication between sections of the packs
- Transfer medication from the original container to another for later use, except under exceptional circumstances and documented in the care plan
- Assist with medications from any source other than those agreed and clearly labelled as above, e.g. handbag pill boxes, loose medication, etc.
- Dispose of sharps and clinical waste from the service user's home, unless in an approved disposal bin and documented in the care plan
- Vary medicine doses from written instructions – only in exceptional circumstances may a verbal instruction to vary a dose be accepted (as above).