APPENDIX 4:

Community Medication Support Policy and Guidance for Adult Social Care Practitioners, and Care Providers

Issued by: Adult Social Care (Cumbria County Council, Health & Care Directorate) and agreed in principle by Cumbria Area Prescribing Committee

Contents

Policy Statement (Adult Social Care)

1. This Policy and guidance applies to all ASC & Healthcare staff and Care Staff working within ASC commissioned services or those services commissioned jointly with NHS Cumbria who are involved in any aspect of medication support in the community.
2. Organisations involved in medication support in the community should ensure their own policies and procedure reflect the information detailed in this policy and guidance.
3. All ASC & Health Service Users are encouraged to manage their own medication
4. Where ASC & Health Service Users are unable to do this for themselves there are a range of options to consider. *[range of options see guidelines section 3]*
5. The level of support required will be determined via a risk assessment process. *[see guidelines section 3]*
6. The risk assessment process will be initiated either by ASC or a health practitioner. Where a level of support indicates potential risks to the Service User then both ASC and the Health practitioner will agree the risk assessment.
7. ASC will only commission Medication Support as part of a social care package i.e. ASC will not commission stand alone Medication Support (any exceptions to this must be agreed by the ASC Team Manager.)
8. Where a person has no social care requirements but requires support with medication this may be commissioned by a health practitioner (e.g. District/Community Nurse) who will retain responsibility for management and review of this support.
9. Where the risk assessment process identifies medication support is required ASC may commission this from an authorised care provider only after alternative options have been considered.
10. The following categories of medication support may only be commissioned from authorised independent providers *[see definitions]*
    a) Category 1 General Support (prompt/assist)
    b) Category 2 Medication Administration
    c) Category 3 Administering Medication by Specialised Techniques
9. Funding of category 1 support will be via ASC team budgets, funding for category 2 & 3 will utilise the Health & Social Care Pooled fund (GDC Fund) via ASC for those people meeting ASC Assessment criteria.
10. Health practitioners may commission medication support directly with authorised ASC independent providers using Health's own purchasing processes or via ASC administration resources to access the Pooled fund. (The ASC administration process may vary across districts)
11. ASC will commission the above categories of support from authorised care providers using the ASC Service Provision Order Form (aka ISO) and Support Plan. These documents will contain details of the medication support identified along with a detailed risk assessment. NB. Sufficient time must be allocated within the Service Provision Order form to enable personalised medication support to take place.
12. Independent providers must agree with the Service Provision requirements prior to commencing support, undertake their own risk assessment in relation to service delivery and must ensure Care staff only carryout medication support tasks identified in the Service Provision Order.
13. Medication will be dispensed in its original packaging. unless the risk assessment is agreed by the community pharmacist or dispensing GP and indicates an alternative mode is required. Care staff should only administer medication from the packaging/container, dispensed and labelled by a pharmacist. This includes both individually dispensed and labelled medicines and monitored dosage systems (blister pack) and compliance aids. Care staff cannot administer medication from family filled compliance aids, or fill compliance aids themselves.

14. Where Care staff administer medication, or assist in the administration of medication, appropriate training and procedural guidance must be in place to safeguard both the Service User and Care staff.

Categories of Support

CATEGORY ONE – General support including prompting and assistance
Definition:

General support is given when the Service User directs their support i.e. Service User is able to take overall responsibility for their own medication and consents to the specific support being arranged but needs some assistance due to their physical ability.

General support may include some or all of the following:
1. Requesting repeat prescriptions from the GP
2. Collecting medicines from the community pharmacy and or dispensing GP Practice
3. Arranging MAR chart from the community pharmacy and or dispensing GP Practice.
4. Disposing of unwanted medicines safely.
5. Safe storage of medicines
6. 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 Service User NB. Care staff are not required to select the medication but may have to measure a dosage under direction of the Service User.
7. Assist with home oxygen at the request of the Service User by turning the oxygen supply on or off and assisting with the provided mask or cannula.
8. Assist with inhalers/nebulisers/spacers at the request of the Service User
9. Medication prompts – e.g. regular verbal reminders from the care staff to an adult to take their medication. A risk assessment must be completed by the ASC Practitioner identifying why the prompt is required and the implications if the person being prompted persistently demonstrates confusion around whether or not they have taken their meds.

NOTE: General support ref. item 9 above should be considered as a temporary measure and require review after a maximum of 6 weeks. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should trigger a review of the person's Medication Risk Assessment by both ASC Practitioner and the Home Care Manager.)

All category one tasks must be recorded in the Service User communication sheets by care staff

Category Two- Administration of medication
Definition:

Support with the administering of medicine is given where a person is unable to take responsibility for their own medication; due to impaired cognitive awareness or physical limitations. Care staff will be required to physically select and give medication to the Service User, including placing medication into the persons' mouth and application of a medicated cream or ointment to the skin.

Tasks are as per Category One and may include:
1. Physically selecting the required medication and giving it to the Service User (this may include physically placing meds into persons' mouth and measuring dosage)
2. Administration of routine eye/ear/nose drops, eye ointments includes post cataract procedures (*excludes post-surgery and complex care regimes.)
3. Application of prescribed skin treatments including creams, powders, and lotions (*excludes post surgery and complex care regimes.)
4. Application of a transdermal patch
5. Assistance with medication to disabled Service Users with capacity to self-direct care staff to administer their medication. The care worker may physically assist Service User to:

- take oral medicine by putting medication in Service User's mouth,
- apply medicated cream/ointment to the skin.

NOTE:
The Service User must agree to have Care staff administer medication and consent must be documented in the Providers Service Delivery Plan. If the Service User is unable to communicate informed consent then the prescriber (GP, Consultant, Nurse, Pharmacist) must provide written confirmation to the ASC Practitioner that the treatment is in the best interest of the individual.

All category two tasks must be recorded in the Service Users' MAR Chart by care staff
***** Additional training requirement – see Training Standards for health care tasks

Category two administration of medication can only be ordered by ASC Practitioner and provided by Care staff in the following circumstances:

1. Following completion of a risk assessment with the community pharmacist or dispensing pharmacist and/or the Medicines Manager within the GP surgery.
2. Care staff are trained to undertake the above by a suitably qualified person – A copy of such training records must be kept by the home care Provider.

Category Three – Administration of medication - Specialised Techniques

These tasks link into the health related/GDC tasks – these would only be requested following full risk assessment supported by clinical supervision and *training from the healthcare professional.

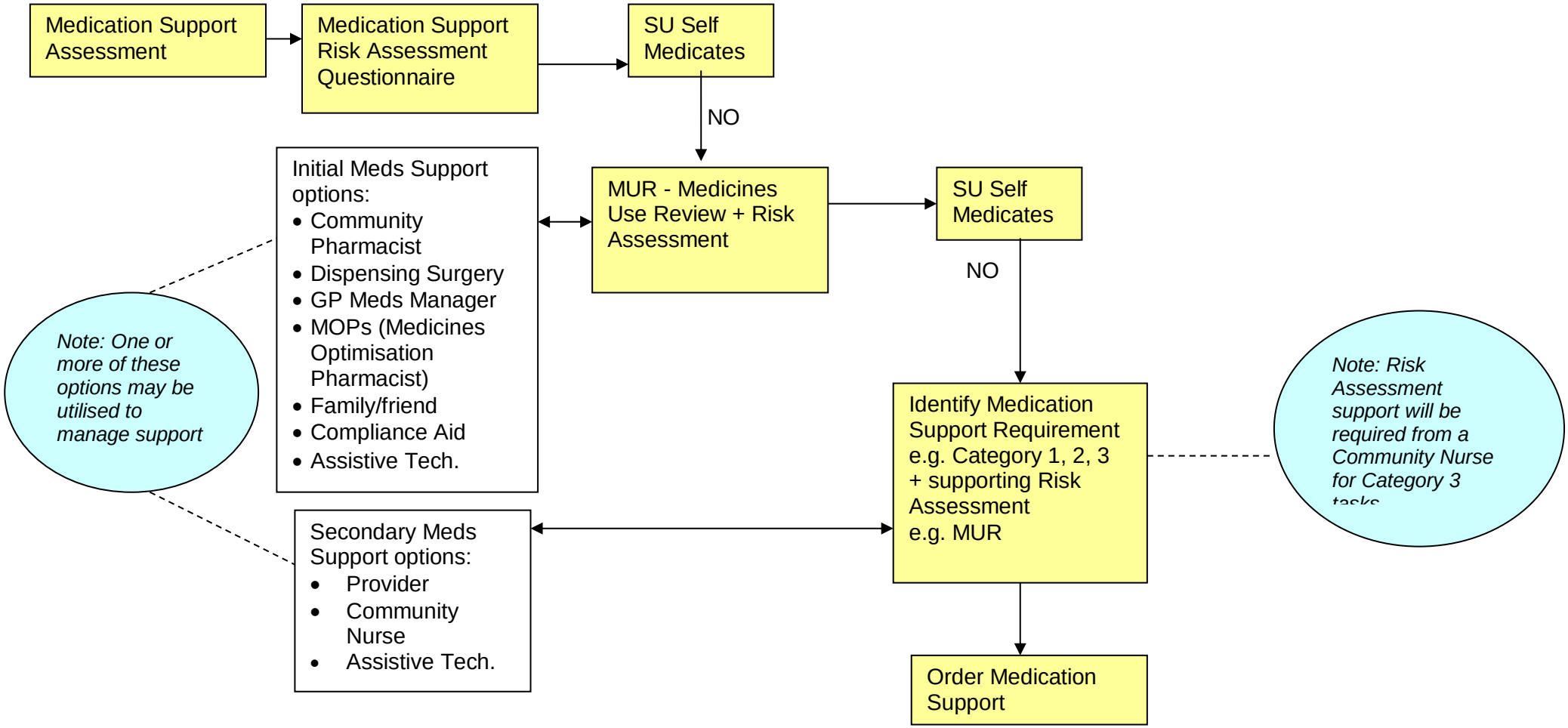
Administer medication by a specialist technique including:
1. Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
2. Insulin by injection including testing of blood sugars.
3. Administration through a Percutaneous Endoscopic Gastrostomy (PEG).

***** Additional training requirement – see Training Standards for health care tasks

Note 1: For the purposes of this document Health Professional refers to the following range of professional bodies e.g. General Practitioner (GP), GP Surgery Medicines Manager/Dispensing Pharmacist, Practice Nurse, Speech and Language Therapist, District/Community/ Learning Disability/Mental Health Nurse, Consultant, Ward Nurse, Dietician.
Note 2: Initially advice about medication should be sought from a pharmacist. A GP surgery medicines manager is able to offer administrative support around amending prescriptions and can raise queries with a GP and feedback a response.

Medication – Support Need & Risk Assessment Process

Identifying and ordering medication support

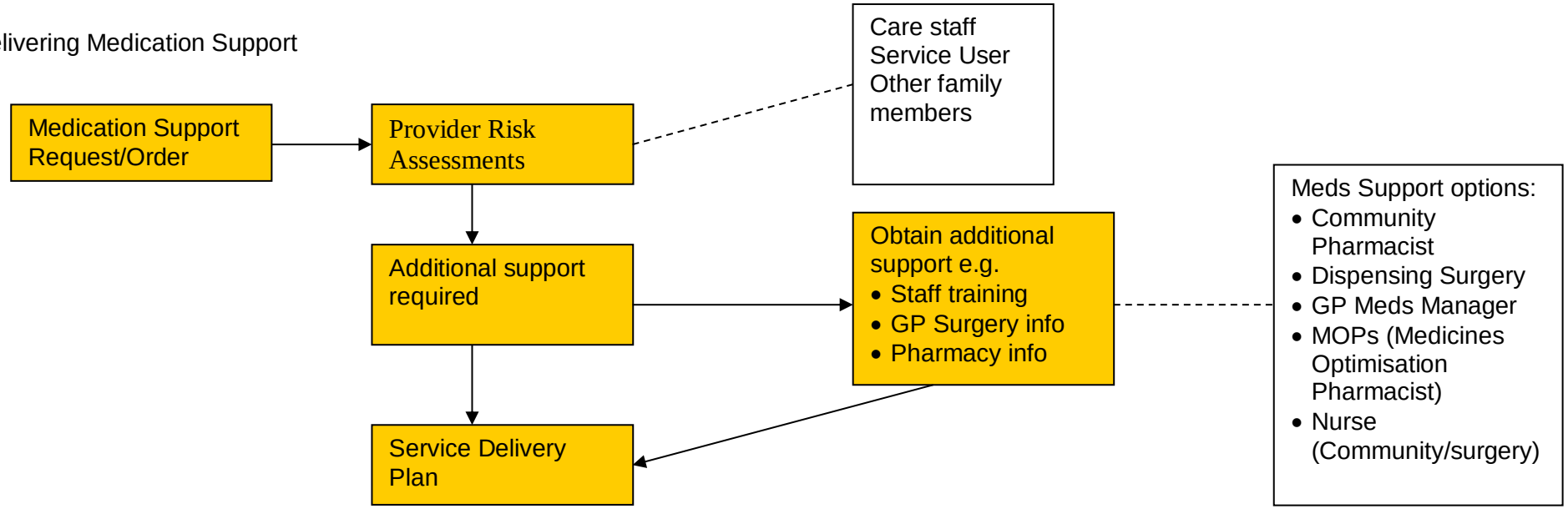


Key:

Process route

Medication – Support Need & Risk Assessment Process

Delivering Medication Support



Community Medication Support Guidance for Adult Social Care Practitioners and Care Providers

Contents

Community Medication Support Guidance for ASC staff, Healthcare staff and Care Providers

1 INTRODUCTION:

This policy and guidance revises and replaces "Home Care Support for Medicines Management in the Community, Version 7, July 2006." It has been developed in partnership between Cumbria County Council Adult Social Care (ASC), NHS Cumbria and Independent Domiciliary Care Providers to reflect best practice.

The following guidelines are intended to support the associated Medication Management Policy and Procedure.

2 SCOPE*:*

This guidance applies to all ASC & Healthcare staff and Care Staff working within ASC commissioned services or those services commissioned jointly with NHS Cumbria who are involved in any aspect of medication support in the community.

3. MEDICATION SUPPORT NEEDS *&* RISK ASSESSMENTS*:*

3.1 Individuals should be encouraged to self medicate whenever possible.

3.2 A Medication Support Needs Risk Assessment should be carried out by ASC or Healthcare Practitioners using the Medication Risk Assessment Questions and guidance (see Appendix 2) This will help identify whether or not support is required and which of the options below is the most appropriate to provide the support.

3.3 If following the outcome of the above assessment an individual is unable to self medicate there are a range of options to consider. **Potential interventions may include**:

a) Community Pharmacy MUR – Medicines Use Review (Appendix 1)
b) Refer to Medicines Manager within GP surgery (non clinical) to arrange a full clinical medication review with GP or Practice Based Pharmacist
c) Support provided by the individuals family/friend
d) The use of a community alarm service and phone call reminder from the alarm provider to the individual concerned
e) Use of compliance aid e.g. reminder chart, auto dropper, blister pack, dosette box, etc.
f) Support from ASC domiciliary care provider, where the individual already has a care package arranged by ASC
g) Support from Community Nursing Services
h) For complex medication regimes advice can be sourced from the Medication Optimisation Pharmacist (MOP) via the GP surgery

NB. A combination of the above options may be appropriate e.g. review by a) & b) then support from c).

3.4 A risk assessment associated with the selected option should be completed indicating level of support required and associated risk.

3.5 Where the Medication Support Needs Assessment indicates support to be provided by independent providers – the risk assessment should reflect the level of support required (Category 1, 2 or 3) and the amount of time required to provide the support in a safe manner based on the individual's needs, along with the details of how risk has been minimised etc.

3.6 Compliance Aids should not be requested by ASC Practitioner. The Community Pharmacist should assess the individual's requirements; based on ASC Practitioner's Medication Support Needs Risk Assessment to establish if the use of a Compliance Aid is an appropriate adjustment to support the Service User to maintain their independence with their medication.

3.7 Once medication is dispensed it becomes the property of the Service User to whom it has been prescribed to.

NOTE: The need for medication support should be identified at the needs risk assessment stage and any subsequent reviews, recorded in the Service Provision Order and detailed in the Provider Service Delivery Plan.

4. PROVIDING MEDICATION SUPPORT - Guidance for Providers

This guidance identifies the standards to be applied when managing medicines in the community and the safe systems of work expected of Providers delivering medication support.
Refer to Categories of Support document

4.1 General Guidance

4.1.1 The Service Provision Order plus Medication Order Form (including risk assessment) issued by the ASC or Healthcare Practitioner will indicate a request for medication support. The Provider should carry out their own medication risk assessment in relation to the safety of both Care Staff and Service User.

4.1.2 The Support Delivery Plan and Provider's own medication risk assessment are generated by the Provider and should be available at the Service User's house for access by all Care Staff to refer to.

4.1.3 Care Staff must not provide any medication support unless authorised to do so in the Service Provision Order and the Provider's Support Delivery Plan.

4.1.4 Care Staff should only provide medication support if the Service Provision Order or Medication Order Form clearly states why this support is necessary and outlines any risks associated with doing this.

4.1.5 Care Staff should only administer medication from the packaging/container, dispensed and labelled by a pharmacist or GP dispensing practice. This includes both individually dispensed and labelled medicines and monitored dosage systems (blister pack) and compliance aids. Care Staff cannot administer medication that has been left by someone else to be given later, or from family filled compliance aids, or fill compliance aids themselves. This includes non-oral medication such as skin creams, inhalers and eye drops.

4.1.6 Hospital Discharge – From the Acute Hospital –

a) If a Service User already has a blister pack the Acute Hospital will issue medication in a blister pack, or, the Acute Hospital may arrange with the existing Community Pharmacist to arrange supply.

b) If a Service User is not already using a blister pack the Acute Hospital will issue individually dispensed and labelled medicines along with a MAR sheet

4.1.7 Care Staff must report to their Home Care Manager any concern about a Service User and their medication.

4.1.8 Care Staff must not carry out any invasive, clinical or nursing procedures unless they are competent to do so and have received training from a Healthcare Professional and it is included in the Support Delivery Plan

4.1.9 The Provider's medication risk assessment should be reviewed in conjunction with all interested parties whenever there is a change in the Service User's circumstances and if Care Staff report any problems. Where there is no change, reviews **must** take place at least annually4.1.10 Only Care Staff who have completed basic medicines training in accordance with the Care Quality Commission (CQC) Outcome 9 & regulation 13, the provider's own insurance requirements and any additional training identified with a specific category of support should support with medication – see section 11.

4.2 Category 1: General Support – (Service User directs their support)

4.2.1 All Category One tasks must be recorded in the communication sheets in the person's home. A Medication Administration Record (MAR) chart is not required.

4.2.2 Care Staff should record in the communication sheet any change in the person's ability to manage their medication and report any such change to the Home Care Manager.

4.2.3 Where medication support requests a prompt or verbal reminder Care Staff should only provide this support if the Service Provision Order or Medication Order Form clearly states why this support is necessary and outlines any risks associated with doing this. A risk assessment must be completed by the ASC or Healthcare Practitioner identifying why the prompt is required and the implications if the person being prompted persistently demonstrates confusion around whether or not they have taken their meds.

4.2.4 **Tasks Care staff must not carry out under Category One support:**

a) Undertake tasks that are not specified in the Service Provision Order & Medications Order Form. **If it is not on the order form DON'T DO IT.**
b) Pass to the Service User loose pills from non original containers. N.B. this includes damaged containers/blister packs.
c) Pass to the Service User loose pills from containers or medication Compliance Aids filled by the person themselves or relatives rather than a Pharmacist, GP or medically qualified person.
d) Undertake any task for which they have not completed appropriate training.
e) Any Category 2 Administration of medicines tasks
f) Assist Service Users who have been assessed as having a degree of mental frailty. Such individuals may still be supported under Category 2 Administration.

4.3 Category 2: Administering Medication – (Service User is unable to take responsibility for their medication)

4.3.1 Care Staff selects and prepares medicines for immediate administration from the packaging/container, dispensed and labelled by a pharmacist or GP Dispensing Practice This might include selection from original packs and/or a Monitored Dosage System or Compliance Aid.

4.3.2 There must be a written system in place to ensure that only competent and confident Care Staff are assigned to a Service User who requires Category 2 administration.

4.3.3 A MAR chart entry must be completed for every administration of medication provided by Care Staff. NOTE: Care Staff should only complete the MAR chart if they have actually seen the Service User take their medication. See Appendix 6

4.3.4 **Care Staff should not give medication**:

a) **If the Service User is unwell -** when Care Staff arrives and the person appears to be unwell or complains of not feeling well, Care Staff should contact their Home Care Manager
b) **If there are no directions on the label;** Support should not be given if the directions are unclear. Care Staff should contact their Home Care Manager for advice.

4.3.5 **'When required medications'** (PRN medications)

a) 'when required medications' are those medicines which a doctor has prescribed to be given only when certain conditions or criteria are met, e.g. pain relief
b) 'When required medication' must be listed on the MAR chart with the maximum daily frequency and or the time lapse between any administrations and any special conditions to trigger a review.
c) All administration of 'when required medication' must be recorded on the MAR chart and all those supporting the Service User – family, friends etc. must be communicated with to ensure they are familiar with the requirement to complete the MAR chart if providing PRN medication to the Service User.
d) Care Staff are not expected to make judgements on medication, e.g. "take as required."

e) The administration of 'when required medications' should be linked to the Provider's medication risk assessment and Care Staff instructed to contact the Home Care Manager for advice and direction.

4.3.6 **Refusal to take medication** - it is the Service User's choice to take or not to take their medication. The Service User cannot be forced to take their medication, however some degree of encouragement can be given. If the Service User refuses help with medication this must be recorded on the MAR chart and reported to the Home Care Manager. Medications must not be disguised or hidden in food in order to force a Service User to take them against their wishes. (see section 9 Covert Administration)

4.3.7 **Missed Doses** - if a dose of medication was missed or omitted during the previous visit a double dose MUST NOT be given. Care Staff must record on the MAR chart that a dose has been missed and report to their Home Care Manager who should immediately contact the Community Pharmacist or GP.

Errors and untoward incidences – see section 10 also.

4.3.8 **Service User consuming alcohol or using illicit drugs:** - It is a Service User's own decision to drink alcohol or use an illicit substance. Should a Service User appear to be intoxicated and under the effect of alcohol or illicit substances Care Staff must refuse to help with medication. This action must be reported as soon as possible to their Home Care Manager for reporting to ASC Practitioner.

4.3.9 **Warfarin -** see Appendix 7
For Warfarin and all oral anticoagulants which require INR monitoring the Provider should ensure that the guidance and further information detailed within Appendix 7 is incorporated into their policies and procedures and conveyed to Care Staff via training prior to commencement of support.

4.4 Category 3: Administering Medication by Specialised Techniques

4.4.1 In exceptional circumstances following an assessment by an appropriate Healthcare Professional, and after specific Category 3 training supported; by clinical supervision from the Healthcare Professional, Care Staff may be required to administer medication by a specialist technique including:

a) Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
b) Insulin by injection including testing of blood sugars.
c) Administration through a Percutaneous Endoscopic Gastrostomy (PEG).

4.4.2 If any of these tasks are delegated to Care Staff then:

a) there must be a procedure in place that will ensure full risk assessments are completed and documented in the Service Provision Order and Service Delivery Plan.
b) the Healthcare Professional must provide any necessary training and confirm competency of Care Staff to carry out the task.

4.4.3 The Provider's procedures must take account of Care Staff refusing to assist with the administration of medication by specialist techniques if they do not feel competent to undertake the task.

5 RESPONSIBILITIES

5.1 This section identifies the responsibilities of those people likely to be involved in the medication support process

5.2 Responsibility of the Service User

5.2.1 Those Service Users who are able to assume a greater amount of control and independence will require less assistance than people with reduced physical or cognitive abilities.

5.2.2 If assistance with medication is required then the Service User must provide Care Staff with access to the prescription medications and other information to enable them to carry out the duties identified in the Service Provision Order and Service Delivery Plan safely.

5.3 Responsibilities of Carers

5.3.1 **Carers – (i.e. unpaid carer often family/friend)** It would normally be expected that any Carers would provide assistance with medication required by the Service User.

5.3.2 Carers often need a break or cannot be available e.g. at work. In these circumstances, it may be appropriate for Care Staff to provide this service for a short time during the Carer's absence in compliance with this policy.

5.3.3. For the duration of the absence, the Carer must provide the Care Staff with access to the prescribed medications and other information to enable them to carry out the duties identified in the Service Provision Order, the Service Delivery Plan and risk assessments safely.

5.3.4 The medication containers and labels must show all of the instructions so that the Care Staff know how and when to give the medications.

5.3.5 Where labels show "as required", advice must be sought from the Pharmacist or GP.

5.3.6 All prescription medications must be provided and contained within the original pharmacy produced labelled packaging. NB. Care Staff are not allowed to administer from compliance aids that have been filled by family/friends/other Carers. They may only administer from original packaging dispensed by the pharmacist.

5.3.7 A prepared Medication Administration Record (MAR) Chart should be obtained from the pharmacy where category two and three administration of medicines is provided.

5.4. Responsibilities of Care Staff (Care Provider's Care Staff)

5.4.1 Care Staff should follow the instructions documented in the Providers' Support Delivery Plan. No medication tasks must be carried out unless stated in the Support Delivery Plan.

5.4.2 It is the responsibility of the Care Staff to follow the Support Delivery Plan and to report any concerns to their Home Care Manager.

5.4.3 Care Staff must ensure that the medicines to be administered are in labelled containers as dispensed by a Community Pharmacy or GP Dispensing Practice and have not been secondarily dispensed and that they are stored correctly and safely.

5.4.4 Care Staff have a responsibility to monitor and report any changes in Service Users' health to their Home Care Manager.

5.4.5 Care Staff must not make clinical decisions or judgments regarding the administration of medication e.g. increase or change of dosage. Where Care Staff have any doubt about the action to take they should always consult their Home Care Manager.

5.4.6 Care Staff when providing support and assistance with medication to a Service User must only carry out duties in accordance with their authority and training.

5.4.7 All Care Staff administering medication at Category 2 must complete the Medication Administration Record Chart. (Appendix 5) Good practice suggests completion of MAR Chart signature record too (Appendix 6.)

5.5 Home Care Managers (Care Provider)

5.5.1 The responsibility of the Home Care Manager is to ensure the medication support meets the needs of Service Users as identified in a Service User's Medication Support Needs Assessment and Service Provision Order and to ensure that the appropriate category of assistance is provided on a day to day basis.

5.5.2 The Home Care Manager is responsible for completing a Support Delivery Plan and Provider's own Medication Risk Assessment in relation to both the Service User and Care Staff. A copy of the Provider's Medication Risk Assessment form must be available in the Service Users home file and will be clearly documented in the Support Delivery Plan.

5.5.3 Where the Provider's Medication Risk Assessment identifies the need to find appropriate storage for medication after agreement with a family member, the Home Care Manager must follow the instructions in 6.2 or seek advice from the dispensing pharmacist.

5.5.4 The Home Care Manager will report concerns or queries raised by Care Staff to the appropriate ASC Practitioner and Healthcare Professional.

5.5.5 The Home Care Manager is also responsible for ensuring:

a) The Provider's procedures take account of Care Staff refusing to assist with the administration of medication by specialist techniques (Category 3) if they do not feel competent to undertake the task.
b) that all Care Staff who are involved in the administration of medication have had the appropriate level of training and are competent to do so, see section 11 training.
c) A record of all training pertaining to medication which has been undertaken by Care Staff is kept in their staff records.
d) Up to date MAR Charts from the Pharmacy are available for Care Staff to complete within a Service Users home
e) That MAR Charts are completed and there is a clear process for auditing administration of medication (Appendix 5 & 6.)
f) there is confirmation with the Provider's insurers that staff will be indemnified under the terms of the Public Liability cover in respect of claims arising out of the assistance with medications where Care Staff follow the agreed procedures.
g) The Health and Safety at Work Act 1974 is met - this 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 Service Users and any others who may be affected by what is done. This duty extends to all aspects of the provision of care, including the storage, administration and disposal of medications.

5.6 ASC District Lead Managers and Corporate Responsibilities

5.6.1 Where problems arise which cannot be resolved locally, these must be referred to ASC District Lead Managers. Beyond this, further appropriate specialist support from NHS Cumbria must be sought. In this way a body of knowledge can be generated about problematic issues relating to medication. It is a corporate responsibility to collate and communicate these issues consistently to all relevant personnel.

5.7 General Practitioners (GPs) & GP Surgery Medicine Manager

5.7.1 GPs have a responsibility of care for all of their listed patients to provide general health and medical care, or refer for specialist healthcare or social care. In looking after an individual's health and well-being, the GP or other non-medical prescriber will prescribe medication to their patient to prevent, treat or relieve medical conditions.

(NOTE Service Users might also receive medication prescribed and supplied to them whilst in hospital.)

5.7.2 Medicine Manager (GP Surgeries) can provide administrative support relating to medication within GP Practices e.g. changes to quantities of medication on a repeat prescription.

5.7.3 GP Practice Based Pharmacist – are able to provide advice and guidance around supporting people with their medication and undertake full clinical medication reviews..

5.8 Pharmacists - Community/Hospital Pharmacists

5.8.1 Have a professional responsibility to

- supply medication prescribed by GPs and other recognised prescribers.
- Ensure the medication is of a suitable quality and comply with legal and ethical requirements for the packaging and labelling
- ensure that a person or their Carer receives appropriate information and advice to support them in gaining best effect from any medications supplied and on the proper use, storage and disposal of medicines.

5.8.2 Community Pharmacists offer advice on the use of medicines and can be requested to implement a Medicines Use Review[1] to enable a person to understand their medication and to meet their individual needs.

5.8.3 An up to date MAR Chart that covers each prescribed medication can be requested from the Pharmacist at the time of dispensing – see Appendix 5 for example of MAR chart. NB. The Community Pharmacist can only provide MAR charts for medicines that they have actually dispensed.

5.9 Healthcare Professionals

5.9.1 For the purposes of this Policy Health Professional refers to the following range of professional bodies e.g. General Practitioner (GP), GP Surgery Medicines Manager/Dispensing Pharmacist, Practice Nurse, Speech and Language Therapist, District/Community/ Learning Disability/Mental Health Nurse, Consultant, Ward Nurse, Dietician.,.

5.9.2 The Healthcare Professional is responsible for training Care Staff and providing clinical supervision where Category 3 tasks are required and be satisfied they are competent to carry out the task.

5.9.3 The Healthcare Professional is accountable for ensuring that safe practices are delivered.

5.9.4 Where there is no social care input but medication support is required the Healthcare Professional is responsible for:

a) carrying out Medication Support Needs and Risk Assessments in relation to medicine management requirements for Service Users – see Appendix 1 & 2
b) Completion of a Medicines Management Form if support is required from independent home care provider – see Appendix 3

5.10 ASC Staff

5.10.1 Responsible for carrying out Medication Support Needs and Risk Assessments in relation to medicine support requirements for Service Users with social care needs - see Appendix 1 & 2

5.10.2 Obtaining Service User consent for independent Provider to support/administer medication.

5.10.3 Carrying out “Best Interest” Assessment where a Service User is unable to communicate consent.

5.10.4 Completion of – Medicines Management Form within the Service Provision Order if support is required from independent home care Providers – see Appendix 3

5.10.5 Responsible for obtaining Healthcare Professional support and agreement where applicable for each category of support.

[1] Ref. Community Pharmacy – Framework Contract 2005

6. PRESCRIBED MEDICATIONS GUIDANCE

6.1 Supply of Medications

6.1.1 Arrangements for:

- ordering prescriptions for regular medication
- collecting prescriptions from the doctors surgery
- delivering prescriptions to the pharmacy
- collection of medication from the pharmacy and taking to Service Users home,

should be agreed and documented in the Service Provision Order and Support Delivery Plan so that everyone is aware of their responsibilities.

6.1.2 It is helpful to use the same Community Pharmacy for all supplies of medication because each Community Pharmacy keeps patient medication records and is able to provide MAR charts. NB. The Community Pharmacy can only provide MAR charts for medicines that they have actually dispensed.

6.2 Storage

6.2.1 The safe storage of medicines is the responsibility of the Service User, Care Staff should assist with this and raise any concerns with the Home Care Manager who may then contact the Pharmacist or other appropriate healthcare professional or the person's family.

6.2.2 Medication should be stored away from heat and light sources and out of the reach of children. Some medication may need to be stored in the fridge. This will be indicated on the Medication Administration Record chart and the Pharmacy dispensing label.

6.2.3 If the Medicines Risk Assessment identifies that the Service User is at risk of overdose, a safe storage strategy must be considered in collaboration with others involved in the care of the individual, and recorded in the Service Provision Order and Support Delivery Plan. Any sign of taking additional doses or of tampering with the container must be reported to the ASC Practitioner and GP or Pharmacist and recorded in the Service User's communication sheets and where applicable the MAR sheet

6.2.4 In rare cases when a child is the Carer, the Service User's medication must be accessible to them as necessary. All medications should be stored away from other children who may visit the home. The child who is the Carer should be recorded in the Service Provision Order & Support Delivery Plan.

6.3 Good standards for handling medication

6.3.1 Before help with medication is given Care Staff should ask the Service User if they are ready to take their medication. The MAR chart should be checked to ensure that the Service Users name is on the chart. The container labels should then be checked to ensure that the Service Users name is on the container.

6.3.2 Care Staff should then wash and thoroughly dry their hands and any utensil that may be required e.g. medication spoon, measure, glass etc.

6.3.3 The Service User should be in a standing position or sitting upright before help with medication is given.

6.3.4 Where physical assistance is provided, medications should be handled as little as possible. Medication should be removed from a bottle by tipping onto a small plate or pushing out of a foil (blister) strip onto a small plate from which the Service User may then pick up and self-administer.

6.3.5 Care Staff should replace all lids and packaging and re-store medications, Care Staff should then wash their hands and any utensils used.

6.3.7 Where a Service User self administers their own prescribed medication, and Care Staff are concerned about the Service User's ability to manage their own medication, Care Staff must report this to their Home Care Manager or other duty manager immediately.

6.4 Recording of Medication Support

6.4.1 The Service Provision Order and Support Delivery Plan records the type of assistance required by each Service User.

6.4.2 The Medication Administration Record chart (MAR) will be kept in the Service User's home with the Support Delivery Plan and Medication Risk Assessment.

6.4.3 All support with medication must be recorded at the time it is provided as follows:
a) in the Service User communication sheets for category 1 tasks
b) on to the Medication Administration Record (MAR) Chart if the medication is administered as a Category 2 and 3 task.
c) Its recommended that a Signature Record Sheet is also maintained for Category 2 and 3 tasks– see Appendix 6

6.4.4 All medication administration, refusals or missed doses must be recorded on the MAR chart. NOTE: The numbers on the top of the MAR chart relate to days and should be used as a calendar, Home Care Managers will need to be aware of the numbers of days in each month & mark/record on the chart as appropriate.

6.4.5 A copy of the completed MAR chart (4 week record) should be retained by the Home Care Manager and stored in the Service User's file. These forms must be kept for a minimum of 3 years.

6.4.6 Care Staff must follow the guidance contained within this policy and accurately record all assistance provided.

6.5 Disposal of Medicines

6.5.1 Prescribed medication belongs to the Service User

6.5.2 With the Service Users agreement or where necessary, the nearest relative's agreement, Care Staff should report excessive amounts of unused or unwanted medications to their Home Care Manager who can arrange for disposal at the pharmacy.

6.5.3 Medicines should be returned to the Community Pharmacy when any of the following occur:-

a) A course of treatment has been completed or discontinued.
b) The expiry date has been reached.
c) A person dies (these medicines should be retained for 7 days before disposal)

6.5.4 Any medication returned to the Community Pharmacy should be recorded on the MAR chart. If possible verbal consent should be obtained and recorded on the Service User's record. Good practice suggests the Provider obtains a signature from the Pharmacy.

6.5.5 **In the event of sudden death all medicines, MAR charts and medicines related documentation must be kept securely**

6.6 Medication Advice – complex medication regimes

6.6.1 The Medicines Optimisation Pharmacist (MOP) can offer advice where difficulties arise, particularly with complex medications regimes and can be contacted via the GP surgery.

7. HEALTH AND SAFETY

7.1 If a Service User self-injects medication (e.g. insulin), Care Staff should not handle the used equipment. If this is necessary due to risk to the Service User or others, protective barrier gloves must be worn. Contact or handling the needle must be avoided. The equipment must be discarded into sealed 'Sharps boxes' and not into the household waste. In the event of a needlestick injury the needlestick injury guidance should be followed. see (Appendix 8)

8. EQUALITY AND DIVERSITY

8.1 A Service User may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage and arrangements made to accommodate them, for example:

a) The medicine is provided in a non gelatine capsule if the Service User is vegetarian.
b) The Service User prefers to have medicines given to them by a member of the same sex.
c) The Service User observes religious festivals by fasting and prefers not to have medicine given at certain times.

9. COVERT ADMINISTRATION

9.1 In certain circumstances covert administration may need to be considered to prevent a person missing out on essential treatment. This might include cases where the Service User lacks mental capacity to make an informed choice about their medication. A multi-professional team (including representation from both healthcare and social services) and relatives of the Service User must assess and then approve the decision. The decision taken should respect any previous instructions given by the Service User and be recorded in the Service Provision Order & Support Delivery Plan with a date for review.

9.2 The stability of medication may be altered by administering it in a covert way, e.g. in food, and so this should be checked with the Pharmacist

10. ERRORS AND UNTOWARD INCIDENTS

10.1 For the purpose of this policy, a medication error is defined as a mistake made in the prescription, dispensing, ordering, delivery, storage or administration of medication that leads to a Service User receiving the wrong medication, unintentionally missing a dose or being at risk of harm.

10.2 If a medication error occurs it should be reported immediately to the Home Care Manager who should seek advice from the Pharmacist and notify the GP and an accident/incident form completed.

10.3 The Provider should have their own process for recording and informing around untoward incidences e.g. Incident Form.

10.4 The incident reporting procedure must then be followed by the Home Care Manager.

10.5 The Pan Lancashire and Cumbria Multi-Agency Safeguarding Adults Policy and Procedures Manual identifies the misuse (or inappropriate withholding) of medication as a form of physical abuse.

10.6 All concerns about any form of abuse or neglect must be reported to the local Adult Social Care Office as a safeguarding alert.

10.7 If the error involves a Controlled drug (Appendix 9), the Accountable officer for Controlled Drugs must be notified. Currently this is Tracey Harrison, Tracey.Harrison@cumbriapct.nhs.uk Tel : 01768 245425

11. TRAINING CARE STAFF TO SAFELY ADMINISTER MEDICATION (Category 2)

General

Care Staff will operate within a safe system of working which will be based on a risk assessment and appropriate training both at induction and ongoing.

11.1 In all social care services, all medicines, (except those for self administration), should be administered by designated and appropriately trained Care Staff.

11.2 The Provider must ensure that Care Staff have been trained by an appropriately qualified professional and judged competent after observation and discussion with their line manager.

11.3 The Provider must establish a formal means to assess whether their Care Staff are sufficiently competent in medication administration before being allowed to give medicines and this process must be recorded in the Care Staff's training file.

11.4 Care Staff may, with the consent of the Service User, administer prescribed medication, so long as this is in accordance with the prescribers directions (The Medicines Act, 1968). However, when medication is given by invasive techniques, for example insulin injections, Care Staff will need additional specialist training, observation and competency confirmation from the Health Professional - see Category 3.

11.5 The training for Care Staff must include:

- Basic knowledge of how medicines are used and how to recognise and deal with problems in use.
- The principles behind all aspects of the policy on safe handling, storage and record keeping of medicines.

This should provide Care Staff with knowledge and practical skills to safely select, prepare and give different types of medicines, a process that is referred to as 'medicine administration'. A senior worker should always mentor Care Staff until he/she is both confident in giving medicines and competent to do so correctly.

11.6 Basic training is necessary for the following:

- Establishing from the Medicine Administration Records which medicines are prescribed for the Service User at a specific time in the day.
- Selecting the correct medicine from a labelled container including original packs, monitored dosage systems and compliance aids.
- Measuring a dose of liquid medicine.
- Applying a medicated cream/ointment; inserting drops to ears, nose or eye: and administering inhaled medication.
- Recording that the Service User has had the medicine or the reason for not administering it.
- What to do if a Service User refuses medicine.
- Who to inform if a medication error occurs.
- Who to inform if a Service User becomes unwell after taking his/her medicines.
- How to dispose of medication.
- Refresher training should be undertaken annually.

12. MONITORING AND REVIEW

Medication adherence and appropriateness of administering medication will form part of the normal review meeting/ visits

Care Staff concerns about adherence should be referred back to their Home Care Manager who in turn should refer to ASC Team Manager or appropriate healthcare professional for review. The effectiveness of the policy will be monitored through Staff supervision, the incident reporting procedures and the external inspectors of CQC.

GLOSSARY

Administering medication, physically selecting and giving medication to a Service User, including placing medication into the persons' mouth and application of a medicated cream or ointment to the skin (medicated cream/ointment, eye/ear/nose drops.)

Assisting with medication - involves giving physical assistance/support to enable a Service User to take their medication; passing the container to the Service User, removing medications from containers, placing soluble tablets into water, handing a Service User a compliance aid and giving medication to a Service User.

Blister Pack – a type of Multi-compartment Compliance Aid – see below

Care Provider - The organisation providing a service commissioned by ASC that will support the Service User/customer to meet their assessed needs.

Care Staff - Is any member of the care Provider's staff and shall include all persons engaged, employed or appointed by the Provider in the performance of the Support at Home Service.

Carer/Unpaid Carer - An authorised representative or other person who provides care and or support to the Service User on an informal/unpaid basis; often a family member (e.g. a partner, spouse, family member, friend or neighbour)

Compliance Aids – are simple devices that can be used to help people to take/remember to take their medication

Container - A blister pack, bottle or any other container that the pharmacist deems suitable for dispensing medicines. A pharmacist must supply medications in childproof containers unless requested not to do so by the Service User.

Dosette box - a type of Multi-compartment Compliance Aid – see below

Invasive procedure - Any clinical procedure which punctures the skin surface (e.g. injections) or which requires administration onto or into some areas of the body (e.g. rectum or vagina).

Individual Service Order "ISO" means the document completed by ASC staff to purchase services from a provider on behalf of a Service User

Medication - A drug or other form of medicine that is used to treat or prevent disease

Medication Administration Record – MAR – A document detailing each prescribed medicine administered over a 4 week period, completed by Care Staff to record the administration of medication – ref. Appendix 5. Pharmacists will provide this document upon request.

Medication Administration Signature Sheet – The document stored in the Service Users home for Care Staff to complete alongside the MAR sheet. Ref. Appendix 6

Medication Management Order Form – MM1 & MM2 – formerly O3BMM1 & MM2 – order form used by ASC to purchase Category 1 & 2 level of support from the Provider. NB. This form may be used by healthcare staff in certain circumstances.

Medication Support Needs Risk Assessment Questions – A series of questions directed at Service Users to determine whether or not they are able to manage their own medication and to what level – Ref. Appendix 2.

Medicines Use Review (MUR) – A review supported/provided by a Pharmacist to consider solutions to problems where a Service User has difficulty managing their own medication – ref. Appendix 1.

Monitored Dosage System - MDS – a type of Compliance Aid

Multi-compartment Compliance Aids - MCAs – a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from the manufacturers original packaging and repackaged into the MCA[2].

Prompt – verbal reminder to a Service User e.g. to take, reorder, collect or dispose of medication.

Service Provision Order (ISO) – see also ISO above - the document completed by ASC staff to purchase services from a Provider on behalf of a Service User

Service User - means any individual referred by ASC and Health receiving medication support in the community from Providers of home care/domiciliary care

Support Delivery Plan The plan prepared by the Provider, and developed from the Support Plan and or the ISO, showing in more detail how the specific needs of each Service User are to be met

Support Plan A written statement produced by ASC staff regularly updated and agreed by all parties. It sets out the care and support that the Service User requires, in order to achieve specific outcomes and meet the particular needs of the Service User.

[2] Definition from Royal Pharmaceutical Society – Improving patient Outcomes – The better use of MCAs

APPENDIX 1 **MUR Benefits**

Practical solutions to support Adherence with Medication through Medicines Use Review by Community Pharmacists

Area of need	Medication problem	Possible solutions by Community Pharmacy	Possible contacts for further action
Access to medicines (including OTC medicines)	Can't get to surgery or pharmacy Runs out of medication Drugs finish at different times Needs prompting to order repeat prescription	• Repeat dispensing service • Repeat collection/ delivery/service by pharmacy • Synchronise quantities • Telephone advice	Family/neighbour GP Practice Medicines Manager or reception staff Family/neighbour
Compliance issues (intentional)	Not motivated Doesn't want to take medicines Lost faith in prescriber or medicines	• Establish reason for non compliance • Explain about the risks and benefits of medication • Support to make informed decision	Prescriber Practice Pharmacist Relatives/friends
	Adjusting own doses	• Explain how to use medication • Help to fit into daily routine	Prescriber Practice Pharmacist Relatives/friends/carers
	Sharing medicines Influenced by information from media or friends	• Explain risks • Drug information	Practice Pharmacist Prescriber
	Side effects Drugs not effective	• Reassure or make suggestions to GP • Refer for medication review • See below	Practice Pharmacist Prescriber
Compliance issues (non intentional) and day to day management issues	Has little knowledge about medication Doesn't understand directions e.g. suppositories Directions not clear e.g. "as directed", "prn"	• Explain and counsel • Amend repeat prescription details	Practice Pharmacist Prescriber GP Practice Medicines Manager
	Duplication of therapy e.g. using hospital drugs	• Refer for medication review to clarify	Prescriber Practice based pharmacist
	Hoarding	• Explain risks and suggest disposal	Practice Pharmacist Prescriber GP Practice Medicines Manager
	Can't use inhaler device	• Demonstrate inhaler technique (use placebo inhaler) • Use compliance aid like e.g haleraid or suggest spacer, turbohaler or breath actuated inhaler	Prescriber Practice based Pharmacist Practice nurse
	Can't apply cream	• Explain and demonstrate • Suggest adaptors or aids e.g. "tube key" to squeeze out cream	Occupational therapists Relatives/friends Practice/District Nurses
	Can't apply drops	• Explain and demonstrate • Suggest adaptors or aids e.g. Autodropper	Occupational therapists Relatives/friends
	Difficulty measuring doses for liquids,	• Suggest tablets or soluble tablets Measuring cups (mark off dose with black marker pen)	Prescriber Practice based Pharmacist

Area of need	Medication problem	Possible solutions by Community Pharmacy	Possible contacts for further action
Compliance issues (non intentional) and day to day management issues	Poor sight or low vision Hard of hearing or deaf	• Large print labels on medicine containers • Braille labels • Printed record of medication in large print • Use of tape gun to produce labels in large print • Use of symbols or sign language	Therapists (Sensory) Self help groups and voluntary organizations Prescriber Relatives/friends
	Poor dexterity, Arthritis, Stroke, Tremor, Muscle weakness Commercial blister pack too small or difficult Can't open child resistant closures	• De-blister and dispense in standard bottles • Large bottles to enable good grip • Wing-top bottles, ordinary caps • Key for removing child-resistant tops • Device for removing pills from foil or blister packs	Occupational therapists Relatives/friends
	Forgetful Lack of assistance	• If motivated try reminder charts, calendars, dispensing in a convenient way e.g. all morning drugs in one bag and all night time medicines in one bag • Compliance aids – assess for suitability and trial device • Fit in with daily routine or encourage own bespoke solution • Electronic timer/alarm (various types e.g. combined with pill box or bottle top) • Refer for medication review to cut down drugs to minimum needed	Relatives/friends Clinical Medication review by Practice Pharmacists or Prescriber
	Complex medication regime	• Simplify regime and frequency of doses, Refer for medication review • Assess need for a range of compliance aids.	Clinical Medication review by Practice Pharmacists or Prescriber
	Swallowing difficulties	• Dosage form review e.g. change to liquid/ soluble or smaller tablets/ caplets and capsules may be easier to swallow than round tablets • Tablet cutter or crusher (not for sustained/slow release medicines)	Clinical Medication review by Practice Pharmacists or Prescriber Speech and Language Therapists (SALT)
Clinical aspects of medicines	Side effects Drug no longer needed No longer controls symptoms Stopped using it Disease progression – drug/dose no longer effective Purchases additional medicines e.g. pain killers Not confident or satisfied with medicines e.g. formulation, taste etc.	• Full Medication review • Check objective evidence such as BP or cholesterol category if available Check patients subjective report e.g. pain getting worse	Clinical Medication review by Practice Pharmacists or Prescriber Specialist nurses e.g. Parkinson's nurse, Rheumatology nurse etc.

Appendix 2 Medication Support Needs Risk Assessment Questions

A "No" answer to any of these questions highlights the need for a medication review and these patients should be referred to Medicines Manager (in GP surgery) or GP for a medication review – see guidance below.

1. Do you understand what your medicines are for? Y/N
2. Do you understand when to take your medicines? Y/N
3. Do you find it easy to take or apply your medication? Y/N
4. Do you find it easy to open your medication containers Y/N
5. Do you always remember to take your medicines? Y/N
6. Are you always able to order all your medications at the same time? Y/N
7. Are the medication currently prescribed by your GP the only medicines you take? Y/N

Qualifiers supporting the questions

Questions 1 & 2 are intended to find out whether the patient has an understanding of what the medications are for and whether they understand when and how frequently to take them.
Guidance – if the answer is N – contact the Medicines Manager at the GP surgery or request medicine User Review by Community Pharmacist

Question 3 & 4 are intended find out whether the patient has any difficulty in swallowing tablets, capsules, measuring out liquids or in getting tablets out of containers or blister packs.
Guidance – if the answer is N – contact the Medicines Manager at the GP surgery or request Medicine User Review by Community Pharmacist

Question 5 is intended to find out whether the patient forgets regularly or just occasionally. To check this, ask if they have a method for remembering e.g. always taken with the morning cup of tea.
Guidance – if the answer is N – contact the Medicines Manager at the GP surgery or request Medicine User Review by Community Pharmacist

Question 6 is intended to find out whether there are problems in the way the repeats are set up on the computer e.g. some items at 56 days supply and others at 28 days supply, thus creating unnecessary requests for prescriptions.
Guidance – if the answer is N – contact the Medicines Manager at the GP surgery

Question 7. Many patients purchase or obtain medicines from other sources e.g. OTC medicines, herbal or homeopathic. If you are concerned at all answer No to this question
Guidance – if the answer is N – contact the Community Pharmacist

Updated 18/6/2013

APPENDIX 3 – MM Form - attached

It is recommended that the attached form is further adapted to fit within ASC Integrated Adult System (IAS) NB. District & Community Nurses will need to be able to access this document too!

FORM 03B – MM

Additional Information regarding Medication Support.& Health tasks

Name D.O.B. Post Code

Category One Support Required - please tick if yes ☐

Category Two Administration Required **– please tick if yes** ☐

Category Three Specialised Technique – please tick if yes ☐

Health Task – please tick if yes ☐

Please outline agreed arrangements for safe storage/and or disposal of medication.

Please outline any requirement to provide verbal prompting or reminder to Service user regarding order of prescriptions and/or requirement for home care agency collect Service Users Prescriptions.

Please outline any requirement to remind Service User to take their medication

NB. Include whether care staff should check and record the Service User has taken their meds.

Please outline assistance the Service User may need to enable them to take their medication **(Risk assessment required if this section completed).**

Please outline medication administration requirement **(risk assessment required)**

…… Signed by Care Manager Date: ……..

…… ……..Name of Health Professional involved Date: ……..

Note 1: Health Professional refers to the following range of professional bodies e.g.General Practitioner (GP), GP Surgery Medicines Manager/GP Dispensing Practice, Community Pharmacist, Practice Nurse, Speech and Language Therapist, District/Community/ Learning Disability/Mental Health Nurse, Consultant, Ward Nurse, Dietician.
Note 2: Initially advice around medication may be sought from the GP surgery Medicines Manager and the GP surgery dispensing pharmacist or the Community Pharmacist.
Note 3: NB. Cat 3 support **cannot** be ordered without health professional input and oversight.

FORM 03B – MM **RISK ASSESSMENT FOR MEDICINES MANAGEMENT**

Please outline identified risk factors regarding medicines management

Please outline steps already undertaken to address above risks

Health Tasks – please outline tasks to be undertaken and any risk management issues to be addressed – risk assessment to be included.

…… Signed by Care Manager Date: ……..

…… ……..Name of Date: ……..
*Health Professional involved

*See Notes 1 to 3 on page 2 relating to Health Professional

APPENDIX 4 Oxygen Guidelines

GUIDELINES FOR THE MANAGEMENT OF HOME OXYGEN WITHIN DOMICILIARY CARE

Air Liquide is the supplier of Homecare Medical Oxygen for the North West area and one or more of your Service Users/patient's may have been prescribed Oxygen as part of their ongoing care requirement. Each Service User/patient will have been issued with a comprehensive patient pack, supplied by Air Liquide, outlining how to use their prescribed equipment and what to do in the event of any problems. These notes are aimed to help care staff manage any issues raised with this equipment more effectively.

RECOMMENDED ACTIONS:

Please ensure that all relevant staff familiarise themselves with the oxygen equipment supplied – the patient pack provides comprehensive guidance.

Where an electric oxygen concentrator machine has been supplied, each patient will have an associated back-up oxygen cylinder for emergency use in the event of a power cut or machine failure.

You can advise Air Liquide if you believe there are any malfunctioning equipment on their Patient Hotline 0800 373 580.

The Service User/patient can re-order replacement cylinders or equipment (Monday to Friday 8am to 5.30pm) generally deliveries will be scheduled for the next working day.

In the event that a Service User/patient no longer requires Home Oxygen, you should advise the prescriber (GP) immediately and if necessary you can advise Air Liquide direct by ringing the Patient Hotline 0800 637 737.

You must not change any Service User/patients' oxygen flow rate. You can assist the Service User/patient with the personally provided mask or cannula; these items form a critical part of the prescribed therapy.

Never use equipment provided for one patient to meet another's needs.

If you feel it is necessary, then please advise Air Liguide with a designated point of contact for your Service User/patients' home for oxygen matters.

The local Fire Brigade will be advised by the supplier that there is Medical Oxygen within the Service User/patients' premises. Consent will have been gained from the Service User/patient and written in the Support Plan.

NB: New Oxygen Provider from June 2012 – Air Liquide, 0800 637 737

APPENDIX 5 Example MAR Chart

MEDICATION ADMINISTRATION RECORD

NAME			D.O.B.		
ADDRESS (Room Number)			ALLERGIES		
GP	TEMP GP	START DATE	END DATE	START DAY	

MEDICATION PROFILE	COMMENCI	Week 1	Week 2	Week 3	Week 4
	Date / Time				

GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	
GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	
GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	
GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	
GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	
GP Sig.		date recd.	quant.	by	date recd.	quant.	by	
Commenced	route	date recd.	quant.	by	date returned:destroyed	quant.	by	

A = refused B = nausea or vomiting C = hospitalised D = social leave E = refused and destroyed

F = other (define) .... Page ... of ...

APPENDIX 6 Medication Administration - Signature sheet

SIGNATURE RECORD SHEET

To be completed by any member of staff who administers medication or is involved with the completion of a MAR sheet.

DATE	NAME	SIGN NAME	INITIALS

APPENDIX 7 Special dosage instructions

Warfarin

For Service Users who are prescribed Warfarin, there must be a personal plan in place. The Service User should receive written and verbal information regarding the Warfarin treatment which should be reviewed and updated regularly.

The Service User must have received a "Yellow Book" (Oral anticoagulation therapy: Important information for patients) and this must be updated when INR[3] monitoring tests are undertaken and will state when the next monitoring is due. (Updating the Yellow book will be done by the GP Practice or the Warfarin Clinic.)

The Service User will have their INR checked regularly and the dose of Warfarin will be altered accordingly by the managing clinician. To ensure that these changes are documented correctly on the MAR chart it is important that there are robust communication links between the GP Surgery, the Community Pharmacy, the Service User (or the Home Care Manager if administering on behalf of Service User) and the GP or local Anti-coagulation clinic who are undertaking the monitoring if appropriate.

The Community Pharmacy must ensure that INR monitoring has been undertaken prior to dispensing a prescription for Warfarin. All changes in dose should be confirmed in writing by the prescriber (or in the yellow book).

It is recommended that Warfarin is administered from an original pack dispensed for the individual patient. The use of **monitored dosage systems or dosette boxes is not generally recommended for Warfarin** as these systems are not flexible enough to facilitate frequent dose changes. NB. The typical range of dosage tablets are 1mg, 3mg & 5mg all are different colours and often an individual may have the full range of tablets prescribed to them.

The Community Pharmacy will dispense Warfarin as per prescription; if the prescription is dispensed during the month and there is a change of dose, a new MAR Chart must be produced.

Care staff should administer in accordance with the MAR chart instructions. If there are any queries or problems with a Service User on Warfarin, with regards to their medication and the MAR Chart, Care staff must contact their manager/supervisor immediately for further information. The Home Care Manager should in turn contact dispensing pharmacist or GP practice for advice.

If the Service User requires dental treatment, they may need a blood test up to 72 hours prior to this and the dentist should be contacted at least 3 days prior to the treatment.

Further information is available at http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/anticoagulant/

Amended 23/09/2014

[3] INR – International Normalisation Ratio (clotting time of blood)

APPENDIX 8

Quick guidance after a needlestick or body fluid contamination accident

Needlestick or sharps injuries occur when a needle or other sharp instrument accidentally penetrates the skin. This is called a percutaneous injury. If the needle or sharp instrument is contaminated with blood or other body fluid, there is the potential for transmission of infection, and when this occurs in a work context, the term occupational exposure (to blood, body fluid or blood-borne infection) is used.

When blood or other body fluid splashes into eyes, nose or mouth or onto broken skin, the exposure is said to be mucocutaneous.

The risk of transmission of infection is lower for mucocutaneous exposure than for percutaneous exposures. Other potential routes of exposure to blood or other body fluids include bites and scratches.

First aid should be carried out **immediately** following the exposure.

The first aid procedure is detailed as follows:

1) Wash the area liberally with water without scrubbing (ensure contact lens are removed in the case of splash to eyes)
2) In the case of a needlestick injury, encourage the area to bleed gently (but do not suck the wound)
3) Dry the area and in the case of percutaneous injury (needlestick, scratch or bite) cover with a waterproof dressing.

Following first aid measures, care staff should contact their manager/supervisor **immediately** for advice on the follow-up required.

APPENDIX 9*:* Common Controlled Drugs

Schedule 2:

CD	**Example Brand names**
Morphine	Zomorph MST
	Sevredol
	Oramorph Concentrated oral solution **100mg/5ml ***
	MXL
	Cyclimorph
Dexamphetamine	Dexedrine
Diamorphine	
Pethidine	
Methadone	Physeptone
Methylphenidate	Ritalin
Fentanyl	Matrifen, Durogesic
Pentazocine injection	Fortral

Schedule 3:

CD	**Brand names**
Buprenorphine	Temgesic (tablets) Butrans (patches)
Midazolam	Hypnovel,
Temazepam	
Pentazocine tablets	Fortral
Tramadol	
Phenobarbitone	

Schedule 4:

CD	**Brand names**
Diazepam	
Zopiclone	
Zolpidem	

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