



Safe Administration of Medication (SAM) Policy

KARE POLICY DOCUMENT				
Policy Owner: Chairperson Nurses Group				
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Section 1:

1. Policy

1.1. Background to this Policy

1.1.1. KARE recognises that where medication is prescribed for people who use the services, every effort should be made to ensure the safe and proper use of such medication. Medication should be administered in a dignified and confidential manner. This is particularly important where medications are administered away from a KARE setting and require a level of privacy on administration. The previous revision of KARE's Safe Administration of Medication Policy has been updated in line with best practice to form this policy.

1.1.2. This policy is underpinned by the following regulations and guidelines:

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013
- National Standards for Residential services for Children and Adults with Disabilities
- Health Information and Quality Authority's (HIQA) Guidance on Principles of good practice in medication reconciliation.
- Guidance for Nurses and Midwives on Medication Management 2007 (An Bord Altranais)

1.2. Aim of this Policy

The aim of this policy is to ensure KARE staff manage and administer medication in a safe and responsible manner and in line with best practice.

1.3. Scope of this Policy

1.3.1. This policy is applicable to all staff including Community Employment (CE) and Local Training Initiative (LTI) participants, supporting individuals who use KARE services in their medication management.

1.3.2. The definition of "Medication" as used in this policy is a licensed drug taken to cure or reduce symptoms of an illness or medical condition. Medications are generally divided into two groups:

- Over-the-counter drug (OTC) medications, which are available in pharmacies and supermarkets without special restrictions or do not require a prescription.
And
- Prescription only medicines (POM), which must be prescribed by a physician.

1.4. Policy Statements

1.4.1 General Statements

- 1.4.1.1 KARE recognises that nurses are required to follow An Bord Altranais Guidance for Nurses and Midwives on Medication Management and will support them in this.
- 1.4.1.2 Staff will administer medication to people who use the services in a way that respects their dignity, right to confidentiality and privacy
- 1.4.1.3 KARE staff should advise an individual considering Complimentary Treatment to consult with their GP prior to commencing such treatment
- 1.4.1.4 The Line Manager or Nurse in the area may delegate duties related to the management of medication to a staff member who is trained in the Safe and Responsible medication management.
- 1.4.1.5 KARE are responsible for the Safe and Responsible medication Management to individuals receiving supports and services.

1.4.2 Supporting Individuals in the Management of their Medication

- 1.4.2.1 KARE support a proactive health promotion approach and all individuals using KARE services will have their health needs linked to their assessment of need and daily support services will reflect the health and well-being needs highlighted in the personal plans.
- 1.4.2.2 Each individual who uses KARE's day and residential services will have a Health and Well Being Plan which outlines the supports they require to manage their health needs. This plan will include supports required to
 - attend medical appointments
 - Attend clinical/allied health care appointments such as chiropody, physiotherapy etc.
 - get information on/understand any health related issues they have
 - Attend Health Clinics, and health Information clinics as any medical condition dictates.
- 1.4.2.3 The Line Manager will ensure that each individual who uses the service in their area and takes medication has an Individual Medication Management Plan. This plan will include supports required to
 - enable the individual to manage as many aspects of their own medication as possible including the use of any aids to facilitate this
 - ensure the individual's medication is reviewed on a regular basis, but at a minimum of every 6 months
 - attend their GP/consultant when their KARDEX is being updated or reviewed

- enable the individual to use the pharmacy of their choice to dispense their medication
- enable the individual to understand the medication they are on including any side effects
- ensure where appropriate a plan is developed to manage refusal of medication
- Ensure details of how the individual likes to take their medication is documented
- Detail the individuals GP and Pharmacy of choice

1.4.2.4 All individuals using KARE service who are on antipsychotic medication will be supported to have regular reviews by a medical practitioner/ psychiatrist. Such reviews may vary in frequency from weekly to monthly depending on individual needs but should not exceed six months.

- KARE requires a clear, instruction on why the person is prescribed antipsychotic/psychotropic medication.

1.4.2.5 Each individual being supported by KARE in their living arrangements will be supported to:

- have an annual medical assessment if they are not regularly seeing their GP
- keep their KARDEX up to date, i.e. reviewed by their GP at least every 6 months
- consult with their GP prior to commencing any complimentary treatments
- Carry their original KARDEX and Drug Administration Record Form between KARE services e.g. the house and Local Services if they are prescribed medication during the day.

1.4.2.6 KARE will support people who use KARE service to administer their own medication as far as possible. KARE recognises that some individuals may not be able to take complete control of his/her medications but will support them to take control of as many parts of their medication management as possible. E.g. it may be that the individual can collect their prescription and take it to the pharmacy of their choice.

1.4.2.7 The individual's key worker will ensure that the individual is given information about their medication, the reason why the medications are prescribed, the actions and the side effects of the medication as appropriate.

1.4.2.8 In an emergency, a prescription or a faxed copy of a prescription signed by the prescribing doctor may be obtained to facilitate the administration of medication. This copy should be attached to the individuals KARDEX. The KARDEX should be updated and signed by the GP on the next working day.

1.4.3 Prescribing, Transcribing and Storage of Medication

1.4.3.1 Individuals using KARE services who require support in the management of their medication must have a KARDEX if they are prescribed any medication, including long term, short term or PRN.

- 1.4.3.2 Over-the-counter (OTC) products that are **not** classified as “Medication” do not need to be written up on a KARDEX. These include:
- Sun cream
 - Barrier Creams (i.e. Vaseline, Silcocks Base etc.
 - Shampoo
 - Moisturisers
- 1.4.3.3 A KARDEX can only be prescribed by a registered Doctor, Dentist or Consultant, a KARDEX must be signed by the prescribing doctor to be considered a valid KARDEX.
- 1.4.3.4 Staff may not take prescription orders over the phone
- 1.4.3.5 In the case of individuals using KARE services/availing of Short Breaks but who do not live in a KARE house, it is the responsibility of the individual themselves or their family/advocate to ensure they have an up to date KARDEX if they are prescribed any medication which needs to be administered while being supported by KARE
- 1.4.3.6 A KARE nurse may transcribe i.e. transfer information from one in date KARDEX to another or from a Doctor’s prescription to a KARDEX, in accordance with the Guidance for Nurses and Midwives on Medication Management. In doing this they:
- Will be professionally accountable for their decision to transcribe and the accuracy of the transcription.
 - May only transcribe a KARDEX only from an in date KARDEX or prescription.
 - May not transcribe from a copy of a KARDEX.
 - Ensure any changes in medication are on a prescription signed by the doctor before transcribing.
 - Staff need to ensure that they start a new drug administration sheet each time a new KARDEX commences.
- 1.4.3.7 Staff should only retain an original KARDEX in an individual’s records, photocopying of KARDEX is not permitted. The only exception is, Respite services copy the KARDEX when the service user is being discharged for their records. This copy is immediately filed away for reference if needed.
- 1.4.3.8 In keeping with the ethos of ordinary living a limited supply of non-prescription medications should be available for individuals in a location where they receive supports and services, for the systematic relief of minor ailments, cuts and or grazes. KARE’s Safety Statement lists the non-prescription medications/treatments which may be held in the First Aid Box.
- 1.4.3.9 In Local Services due to the number of people that are prescribed Paracetamol PRN one box of Paracetamol may be stored for general use in order to reduce the risk of too many packets being in stock and being transported to and from home.

- 1.4.3.10 In the event of an individual using KARE services being prescribed a Controlled Drug (Schedule 2) their Medication Management Plan will be developed in accordance with appropriate guidance and regulations. Staff will ensure such drugs are managed in strict accordance within regulation
- 1.4.3.11 Psychotropic PRN medication is considered to be a chemical restraint, where an individual is prescribed such medication, a Restraint Management Plan should be put in place to ensure such medication is only administered as a last resort when all other possible interventions have been tried.
- 1.4.3.12 Oxygen should not be stored in a location unless it is prescribed for an individual by their GP.
- 1.4.3.13 Where it is the wish of the individual to collect their own medication from the pharmacy and this has been highlighted through the individual's assessment of need/medication self-assessment, this will be supported and facilitated by the organisation as outlined in the individual's medication management plan.
- 1.4.3.14 KARE will provide medication cabinets which will be fixed to a wall for the storage of medications in local Services and Community Houses. Medication cabinets must be kept locked when not in use.
- 1.4.3.15 The Line Manager/Nurse will ensure Stock Control records are maintained in accordance with the agreed procedures.

1.4.4 Dispensing and Administering Medication

- 1.4.4.1 A staff member may administer medication listed on an individual's KARDEX once they have the appropriate the training, at a minimum this training will include:
- a briefing on this policy,
 - practice in the reading of KARDEX, correct dispensing and administration of medication
 - how to look up medication in the BNF or MIMS,
 - a review of the 7 rights,
 - drug administration recording,
 - The procedure to follow in the event of a drug error.
- 1.4.4.2 Staff may only administer medication using an up-to-date KARDEX, a KARDEX is considered to be up to date for 6 months from the prescribing date.
- 1.4.4.3 Staff should apply any Over-the-counter (OTC) products that are **not** classified as "Medication" e.g. sun cream, barrier cream, moisturisers, in strict accordance with the instructions on the packet.
- 1.4.4.4 Staff may undertake the administration of oral and topical and inhaled medication once they have completed the responsible and safe medication management

course. They may only administer through any other route when they have received specific training in relation to the individual and medication concerned.

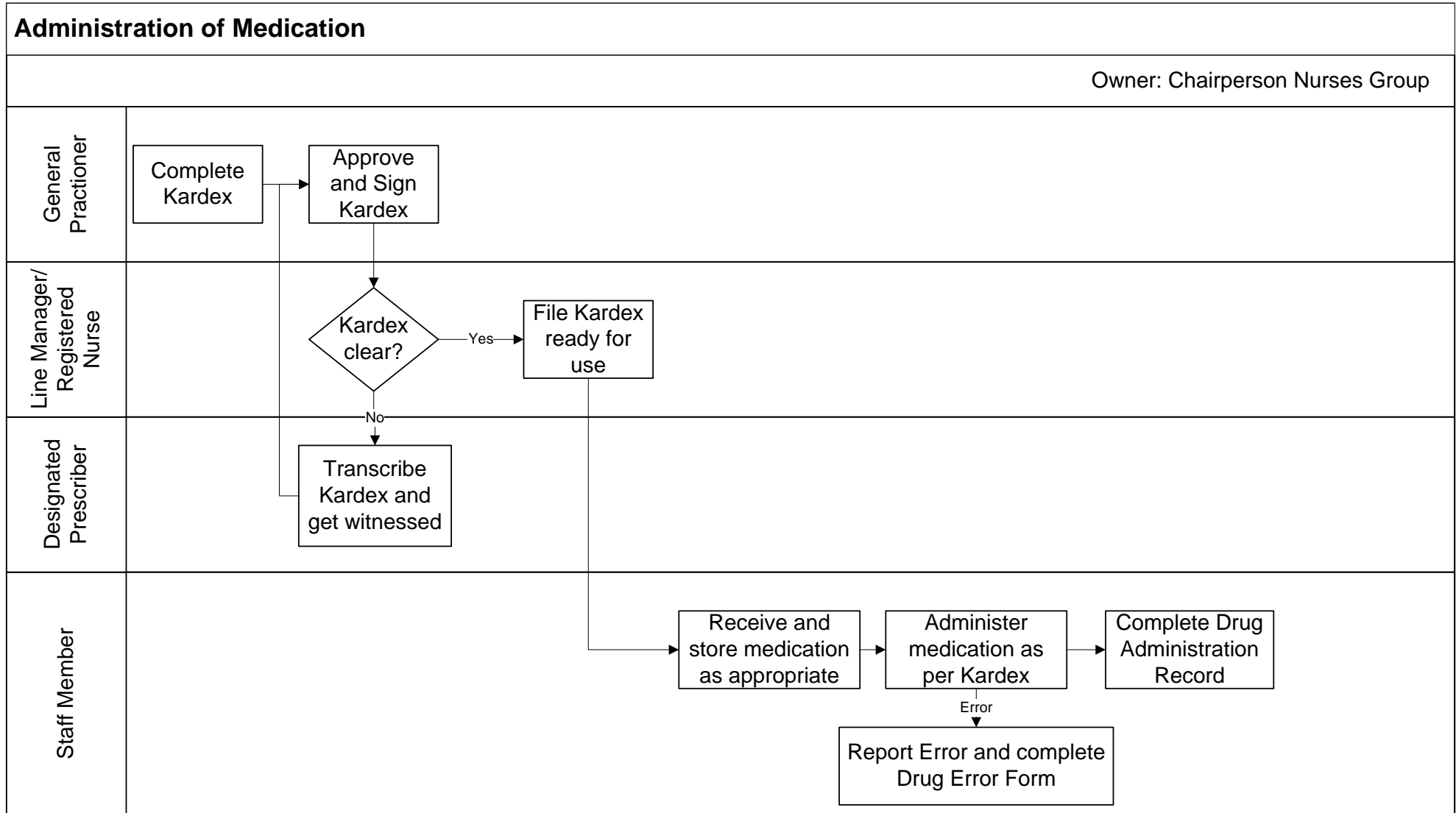
- 1.4.4.5 Covert administration of medication is the term used when medicines are administered in a disguised form without the knowledge of the person receiving them e.g. in food and drink.
- 1.4.4.6 A staff member should not make a decision to administer a medicine covertly on their own, such decisions should be made in conjunction with the individual where appropriate, their family/representative and in consultation with their GP, the nurse in the area and other relevant people.
- 1.4.4.7 KARE staff may only receive medication for administration to an individual if it is clearly labelled and in its original container/blister pack as supplied by the pharmacist. Medication which is second dispensed will not be accepted for administration by KARE staff, this may result in an individual not been able to attend for a Short Break or a holiday.
- 1.4.4.8 KARE has a responsibility to ensure the safety of any individual who wishes to self-administer, in order to facilitate this the nurse in the area will carry out a self-assessment of medication to establish the level of support an individual requires in managing their medication. This assessment will be reviewed every six months for individuals who wish to self-medicate.
- 1.4.4.9 Staff should report any drug error by using the Drug Error Report Form. Medication that is administered within one hour either side of its prescribed time is not considered a drug error.

1.4.5 Information and Training

- 1.4.5.1 The Line Manager will ensure that there is an up to date copy of the British National Formulary (BNF) reference or Monthly Index of Medical Specialities (MIMS) available to staff in their unit.
- 1.4.5.2 The Line Manager will ensure that all staff in their area who are required to support individuals in the management of medication, have the appropriate training before doing so. In the case of newly recruited staff, they may administer medication for an interim period of time provided they receive the appropriate minimum/induction training in the administration of medication. However all staff should undertake the full "Responsible and safe medication management" training as soon as possible

- 1.4.5.3 The Line Manager will ensure all staff in their area who support individuals in the management of medication are up-to-date in “Responsible and safe medication management” training in accordance with the agreed refresher training requirements.
- 1.4.5.4 The Line Manager will ensure that staff are trained in the management and administration of any specific medications used by an individual prior to undertaking administration of the medication to the individual. This includes administering through any route other than oral or inhaled.
- 1.4.5.5 Staff administering medication will ensure they know the reason why the medications are prescribed, the actions and side effects of the medication administered within their area of work.
- 1.4.5.6 Staff who feel they require any additional information, training or support in any aspect of medication management should ask their line manager for assistance in organising it.
- 1.4.5.7 Staff members will ensure that they are familiar with and adhere to this policy and that they have received the appropriate training prior to supporting an individual in the management of their medication. Failure to adhere with the policy may result in disciplinary action.
- 1.4.5.8 The Chairperson of the Nurses Group and the Line Manager may assess the competency of a staff member to manage medication as the need arises.
- 1.4.5.9 The Line Manager will ensure family members of people who use the service are aware of the Safe Administration of Medication Policy and how non-adherence to it may result in their family member having to return home i.e. KARDEX out of date, medication sent in without KARDEX or not in the original container as dispensed by the pharmacy.

Process: Section 2



Section 3: Procedures

3.1 Individual Medication Management Plan

An individual's Key Worker will ensure the Individual Medication Plan includes:

- **Section 7** Individuals name, DOB, PIN No, and address
- Date plan developed and review date
- details of the individuals stock control and when this is completed on a weekly basis
- any known drug allergies
- any specific guidelines on medication administration
- details of level of medication self-assessment if appropriate
- GP's name, address and contact number
- Pharmacy name, address and contact number
- Ordering of prescription details and where prescription is held
- Ordering process of PRN medication
- PRN review to take place on a monthly basis by the social care leader, Local service leader.
- Management plan for refusal of medication if required.
- Review date for medication management plan

3.2 Prescribing and Transcribing of Medication

3.2.1 The individual's Key Worker/Support Staff will ensure that they bring the KARDEX to any appointment with their GP, dentist or consultant so that the medical professional attended can write in the prescribed medication on the KARDEX at the appointment.

3.2.2 The nurse in the area will ensure an individual's KARDEX contains:

- The individuals:
 - name
 - photo
 - date of birth
 - Medical card number
 - prescribing doctor, and their address and telephone number for contact,
- Any known drug allergies
- The Drug prescribed including:
 - date prescribed
 - dose prescribed
 - route of administration
 - frequency of administration
 - duration to be taken for (Short term medication)
- Transcriber initials
- Witness initials

- Doctor's signature

3.2.3 A nurse will transcribe from an up-to-date KARDEX/prescription written and signed by a doctor by:

- Writing in clear legible handwriting, preferably in block capitals or type in black ink only.
- getting another staff member to check the transcribed KARDEX with them
- Both the second staff member who checked the KARDEX and the nurse signing the KARDEX at the appropriated section.
- Getting the doctor to sign the transcribed KARDEX at the very earliest convenience after transcription.

3.3 Collecting medication from the Pharmacy

3.3.1 The staff member collecting/supporting an individual to collect medication will ensure it is clearly labelled and the label contains:

- The name and contact details of the pharmacist
- Date of dispensing
- The individuals name
- The name of the medication (preferably generic name other than Anti-Epileptic Drugs)
- The dose to be administered
- The frequency of administration (if required)
- The route of administration
- The expiry date (if required)
- The storage regulations (if required)
- Special requirements – e.g. taken with food etc.
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3.3.2 The person who collects the medication will check that the medication is correct, the individuals name is correct and that the medication is counted in on the automated stock control form on return to the house/local service.

3.4 Guidelines for Storage of Medicines

3.4.1 Staff should ensure that:

- All medication is stored in line with current legislation and **Nursing and Midwifery Board of Ireland 2007. (2015)**
- Medication is stored in a locked medicine cabinet and is stored separately to antiseptics, disinfectants and other cleaning products.
- The cabinet is be locked at all times except when in use and is never, under any circumstances left unattended while open. The cabinet may have two or more compartments. Excess/Stock medication may be stored in location but must also be locked in a secure manner.
- For an individual who self-medicate, **only** the medication they have been assessed to self-administer is stored in the locked press or locked box in their bedroom. The individual will hold the key for this press/box

- In locations where staff do not meet during change-over of shift, the key to the medicine cabinet is stored in an agreed secure place which is separate to the general location for keys; and that only necessary staff know the location of the key.
- The keys to the medication press are held by the shift leader/person designated by the Leader or in a locked designated place where the shift leader will hold the keys. This should be highlighted in individual medication management plans.
- In nurse led locations, the nurse must take responsibility of the keys and there should be a secure and allocated place where staff only know the key location.
- The opening and expiry/discard date is clearly written on preparations like Eye Drops, Eye Ointment, Ear Drops, ointments, creams etc. to avoid them passing their expiry date post opening.
- Medicines are stored at the temperature indicated in the instructions. In general this is at room temperature and should not exceed 25°C, however there are some specific medications which need to be stored in a fridge.
- Medication that require refrigeration are stored in a separate secured fridge.
- Medications required to be stored at an exact temperature, as instructed by the pharmacist, the temperature of the medication fridge is recorded at agreed intervals.
- Only prescribed drugs are to be taken to or stored in day locations with any emergency drugs that may be required. The only exception for extra medication is if clients are going away for a period of time directly from the day location, for example, respite.

3.5 Transportation of medication.

3.5.1 Staff should ensure that:

- Medication being transferred from the person's home to KARE premises is transported in its original container/blister, with the pharmacy dispensing label attached and legible.
- Second dispensing to facilitate transportation of medication is only be undertaken in exceptional circumstances i.e. where the sending of the required medication cannot be reasonably accommodated in its pharmacy dispensed package.
- Dispensing of medication for later administration is recorded on the drug administration record
- The staff member who is required to administer the dispensed medication at a later time is present during the dispensing of medication from its original container and that this staff member checks that:
 - The medication is dispensed to an acceptable container/packaging
 - The medication is not compromised in any way
 - The container into which the medication is dispensed is clearly dated and signed by the staff member dispensing it
 - clear instructions for time of taking, medicine and dose and the person's name are written on the container

- On return from the outing, the staff who administered the medication signs the drug administration record.

3.6 Medication Stock Control

3.6.1 Staff will ensure that:

- Medication received in a location is counted and the quantity received entered on the automated **medication stock control sheet**.
- Medication leaving a location e.g. when an individual is returning home/going to Short Breaks, is counted and the quantity removed is entered on the automated **medication stock control sheet**.
- A stock control count is carried out on the designated day and at the designated time each week as agreed in any specific plans
- In the case of a discrepancy they check the Drug Administration Record to identify the possible cause
- Any discrepancy in the stock control is reported through the Drug Error Form on KARE connect.

3.6.2 The Leader will:

- Sign the Medication Stock control Record on a weekly basis to verify a reconciliation has taken place
- carry out a monthly PRN medication Audit

3.7 Buccal Midazolam

- Buccal Midazolam is to be checked on a weekly basis by staff,
- The Buccal Midazolam recording/check sheet which is available on KARE Connect is to be completed and signed by staff.
- The Buccal Midazolam and the epilepsy management plan which must be signed by the GP must always travel with the individual
- Record of Buccal Midazolam is also kept on the individuals stock control sheet

3.8 Assessment for self-administration of medication.

3.8.1 The Nurse in the Area will:

- carry out a Self-administration of Medication Assessment with individuals who wish to self-medicate/show an interest in their medication to inform the level of control they take in managing their medication
- Document the level of involvement of the individual in managing their medication in the individual's medication management plan.
- Review the self-assessment of medication every 6 months.

3.9 Guidelines for Dispensing and Administration Medication

3.9.1 Staff will ensure there is a Drug Administration Record for each individual who is administered medication and that this includes:

- The Individuals' name, PIN, location, and date of birth

- The signature and initials of each staff member who will administer medication to the individual on the back

3.9.2 Staff dispensing and administrating medication will:

- Always ensure that the KARDEX is available and checked before they start the administration process
- Check the KARDEX is up-to-date and signed by the doctor, dentist or consultant.
- wash their hands prior to dispensing and administering the medication
- Check the details on the KARDEX prior to dispensing medication. Common abbreviations used are:
 - PO : Orally
 - PR: per rectum
 - PRN: Pro Re Nata, administered as required.
 - STAT: Immediately
 - OD: Once daily
 - BD: twice daily
 - TID/TDS: Three times daily
 - QID/QDS: Four times daily
 - MANE: Morning
 - NOCTE: Night
- Check with the nurse or doctor if they are concerned about the legibility/their understanding of the KARDEX before proceeding, do not proceed if unsure.
- Only dispense medication when the person is ready to have it administered.
- Dispense medication directly from the original packaging or blister pack ensuring they avoid handling the medication and placing the medication in a small pot/wearing gloves if necessary
- Liquid medication can be dispensed into a bunged syringe or medication pot for immediate use in the location.
- Measure liquid medications at eye level on an even surface to ensure accurate measuring.
- Only administer medication they have dispensed.
- Only administer medication to one person at a time.
- adhere to the seven R'S(rights of medication):
 - ✓ **The right medication:** match the medication on the KARDEX to the dispensing label on the medication
 - ✓ **The right individual:** be certain of the identity of the person who is receiving medication by checking the PIN, name, DOB, and photograph of the individual
 - ✓ **The right dose:** use the appropriate equipment when measuring dosage and giving the dosage required
 - ✓ **The right route:** ensure that the medication is given via the correct route, and in adherence with any feeding, eating, drinking, and swallowing recommendations/plan the individual may have.
 - ✓ **The right time:** ensure the timing, frequency, duration and signature of the prescribed medication is adhered to. The timing can be critical for maintaining specific therapeutic blood drug levels (antibiotics, anti-convulsant therapy,) and avoiding interactions with other medications.

- ✓ **The right of the individual to refuse medication:** respect the right of the individual to refuse to take their medication. In such situations follow the management of refusal guidelines as documented on the Individual's Medication Management Plan and seek advice from the Nurse/GP or K Doc if after hours and follow any actions as required. Line manager or on call should be informed depending on time of refusal and they will inform the relevant people e.g. families if appropriate.
 - ✓ **The right documentation:** ensure the administration of medication is documented on the drug administration sheet **after** it has been swallowed. Record any deviation from the norm in the comments section including any difference from the norm in the time the medication is given in the comments section to ensure next dose is given within a safe 4/6 hour spacing. Use the comments section any time PRN is administered to record why.
- Complete the Automated stock control after administering the medication to the individual.
 - Observe any adverse reactions to medication, record these and report them immediately to the Nurse and Medical Practitioner where an allergy is suspected, this should be reported and documented both in the file and on the KARDEX in the designated box.

3.10 Guidelines for managing refusal of Medication

- 3.10.1 If an individual refuses to take their medication staff should:
- respect their right to refuse medication
- 3.10.2 The Process for managing Medication Refusal for individuals will be documented in each individuals medication management plan

3.11 Guidelines on PRN and Short term medication

- 3.11.1 Where an individual is prescribed PRN or Short Term medication staff should ensure that:
- the medication is entered on the PRN/Short Term medication of the KARDEX by the GP/Dentist/consultant
 - the GP/Dentist/consultant writes guidelines on the use of the PRN/Short term medication in the guidelines section on the back of the KARDEX, and that these include:
 - the reason why the PRN medication has been prescribed highlighting the purpose for which it is intended
 - If administered for pain the guidelines must clearly specify what the pain is e.g. headache, stomach, joint etc.
 - the maximum usage of prescribed medication in 24 hrs

- The length of time before medical advice is to be sought should be determined on the guidelines, advice should be sought from the nurse in the first instance then the GP.
- Staff are to seek advice from the GP if the individual is complaining of pain other than what the PRN pain relief was prescribed for before administering any PRN medication
- Staff must seek medical advice from the nurse in the first instance when PRN/Short term medication is administered and symptoms persist, unless instructions state otherwise.
- Staff are to record the PRN/ short term medication on the PRN/Short term record form.
- Short term medication are to be recorded on the start date and again on the end date and document whether it was effective or not and if necessary what action was taken.

3.11.2 The Leader will:

- carry out an audit of PRN/Short Term medication on a monthly basis
- organise for the individual to be reviewed by their GP as soon as possible in cases when the monthly PRN audit shows persistent use of PRN medication

3.12 Guidelines for PRN Psychotropic Medication.

3.12.1 Where an individual is prescribed PRN Psychotropic medication staff should ensure that:

- there are clear guidelines in the individual's Support Plan on the use of the PRN
- a Restraint Management Plan is developed in line with the Restraint/Restrictive Practice Policy and includes:
 - the purpose of using the PRN as a chemical restraint
 - when the restraint may be administered
 - when the restraint may not be used
 - the procedure for using the restraint
 - actions to minimise impact of use of restraint on others
 - Potential harm/risk of using this restraint
 - Measures to reduce the risk of harm/injury in using this restraint
 - Records to be kept of the use of restraint
 - Agreed review dates
- the plan is reviewed in line with agreed review dates
- they only administer the PRN as a last resort
- they administer the PRN in line with the guidelines on the KARDEX
- they record the administration of the PRN on the Drug Administration Sheet
- they record the administration of the PRN on the Restraint/Restrictive Practices log

3.12.2 The Leader will:

- carry out an audit of PRN Psychotropic medication on a monthly basis

- organise for the individual to be reviewed by their GP as soon as possible in cases when the monthly PRN audit shows persistent use of PRN medication

3.13 Guidelines for Off-Label Use of Medication (tablet crushing and capsule opening)

- 3.13.1 'Off-label' use occurs when prescribers choose to use indications, doses and/or routes of administration that are outside those recommended in the licence or even override any contra-indications, precautions or warnings in the Summary of Product Characteristics (SPC).
- 3.13.2 The opening of a capsule or crushing of a tablet before administration will in most cases render its use to be 'off-label' (that is, the product was not intended to be used that way). Crushing of tablets and opening of capsules incurs additional liability and risk and as such the practice is not endorsed.
- 3.13.3 Medication should only be crushed after consulting with the medical practitioner who must then document in writing his/her wishes on the individual's KARDEX regarding the medication alteration and the reasons why.
- 3.13.4 The Pharmacist should be informed by staff and GP and reminded to work in tandem with the prescriber to ensure the intended effect of the prescription is still possible in this dispensing mode.

3.14 Guidelines on the Administration and Storage of Oxygen

- 3.14.1 Where oxygen is prescribed for an individual staff should ensure:
- The oxygen is written on the individuals KARDEX including guidelines for use
 - They are trained in the correct use of oxygen prior to administering it to the individual
 - They check the oxygen cylinder is in correct working order prior to administering
 - They adhere to the guidelines for administering the oxygen
 - They record the administration of oxygen on the individual's Drug Administration Sheet
 - They adhere to the instructions regarding the storage of the oxygen
 - There is a second full oxygen cylinder available
 - The cylinder is kept in a secure place and there are warning notices displayed
 - Where the individual is travelling with oxygen, it is stored in a secure place on the vehicle and the vehicle has an "Oxygen on Board" label displayed
 - The cylinder is not stored near any combustible material and is not subject to extreme heat or cold
 - There is no smoking or naked flames near the oxygen
 - There is a record of when oxygen needs to be ordered and there is a staff member nominated to have this responsibility.
 - Empty oxygen cylinders and out of date cylinders are returned to the oxygen suppliers without delay.

3.15 Guidelines Medication Management for Respite/Short Breaks

- 3.15.1 When a child is due to attend Respite/Short Breaks:
- The family will ensure the child has an up-to-date KARDEX which includes all medications to be administered while attending for the Short Break
 - The nurse will contact the child's family a week prior to admission to check that the KARDEX is up to date and correct.
- 3.15.2 When an individual with a KARDEX in Local Service is due to attend house based Respite/Short Breaks the Keyworker/Nurse in the area will:
- Ensure the KARDEX is up to date, signed by the GP and that medication prescribed is clear and legible.
 - Check any medication brought to Local service for use on the Short break in to the Medication Stock received Record available on KARE Connect, and check it out on the Medication Stock received Record when the individual departs for the Short Break.
- 3.15.3 When an individual is attending for an alternative Short break to a house based break the staff member facilitating the break will check ensure the KARDEX is up to date, signed by the GP and that medication prescribed is clear and legible; as outlined in the Managing Short Breaks for Adults policy.
- 3.15.4 When an individual who self-administers their medication is attending for Respite/Short Breaks the Nurse in the area will ensure they have an up to date Self Medication assessment.
- 3.15.5 Families should only supply the amount of medication required for the duration of the break with a couple of extras supplied in case of spoiled medication
- 3.15.6 When an individual arrives at Respite/Short breaks staff should:
- check that the KARDEX is up-to-date and correct
 - count the medication in on the automated stock control sheet

3.16 Guidelines for Medication returns

- 3.16.1 Out of date drugs or drugs left at the end of a prescribed period, or after discontinuation or alteration should be returned to the pharmacy. Spoiled medication e.g. tablets falling on the table, ground and bed etc. liquids dispensed but refused, should also be returned to the pharmacy
- 3.16.2 Staff return medications to the pharmacy should:
- get a receipt for the returned medication from the pharmacy
 - Document the returned medication on the Medication Stock Control sheet.
 - Attach the receipt from the pharmacy to the Medication Stock Control sheet.

3.16.3 Needles and syringes should be disposed of in a sharps bin. Once full, liaise with the appropriate local health centre regarding disposal.

3.17 Drug Errors and near misses

Drug errors are defined as “preventable events that may cause or lead to inappropriate medication use or Service user harm while the medication is in the control of the health care professional or service user themselves” **Nursing and Midwifery Board of Ireland**

A “near miss “may also happen with medications , where the error does not actually reach the service user and no injury results, for example an incorrect dose is prescribed but is recognised and adjusted before the medication is administered or if the pharmacist dispenses the wrong medication.

- 3.17.1 If a medication error or near miss has been identified the staff member should:
- Seek advice on the action required to ensure the individual safety from a nurse within KARE in the first instance or if no nurse is available telephone the individuals GP during normal working hours or if out of hours contact K-DOC
 - Have the following information available when seeking medical advice
 - individual’s name
 - individual’s date of birth
 - description of error
 - list of all medications the individual is prescribed
 - relevant information regarding the individual’s medical history
 - observations of any symptoms since the drug error
 - Have a pen and paper available to take notes
 - Inform their Leader/on call immediately the drug error is discovered.
 - carry out the advice of the Doctor/Nurse/emergency services in conjunction with relevant others
 - report the error using the Drug Error Form on KARE Connect
- 3.17.2 Where a staff member notices a discrepancy/error during the weekly stock control they should:
- Complete a drug error form highlighting the discrepancy.
 - Check the KARDEX and Drug Administration sheets to see if the error can be located.
- 3.17.3 Line Manager/Designate will inform the individual’s family/guardian where appropriate of the drug error and any actions taken.
- 3.17.4 The Chairperson of the Nurses Group will review the drug error, discuss with the relevant Leader and decide on the follow up actions required. They may decide that a staff member involved in a drug error requires further medication training and a competency assessment.

3.18 Safe and Responsible medication training:

- 3.18.1 The training provided by KARE in Responsible and Safe Medication Management will:
- Be a full 2 day training course and the written exam on the third morning.
 - Follow the Responsible and Safe Medication Management curriculum and include practical scenarios, KARE policies and specific medication practices.
 - Have an unseen exam on the third morning after the course requiring an 85% score to pass.
 - Require staff who have successfully completed the course and passed the exam will complete at least 2/3 but maybe more simulated clinical assessments which will be carried out by the nurses in the organisation. Clinical assessments may also take place on site
 - Require staff to complete a refresher course every 2 years which will include a theory revision day and 1 clinical assessment.
- 3.18.2 Staff who fail the unseen exam at the end of the 2 day Responsible and Safe Medication Management will:
- receive written feedback from the course tutors and be given an opportunity to re-sit the exam
 - Be required to attend the full 2 day training programme again if their exam result is below 70%
- 3.18.3 Should a particular area of need develop, The nurse in the area may provide/organise in-house training as a particular need arises including where specific conditions require staff and/or individuals to have greater knowledge e.g. diabetes, stoma care or epilepsy. Where relevant community based practitioners will be involved in delivering such training.
- 3.18.4 Medication management is an ongoing and evolving process it is not a one stop acquired skill. Staff are expected to continue to learn, observe and assess all aspects of their individual's medication experience and request any training as required.