# Safe Administration and Management of Medication (SAMM) Policy

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| KARE POLICY DOCUMENT | | | | |
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| **Policy Owner:** Nurse Coordinator | | | | |
| *Rev. No.* | *Approved by Heads of Units / OMT* | *Approved by KARE Board* | *Launched Heads of Units* | *Operational Period* |
| Rev. 1 | Sept. 2003 | Oct. 2003 | | Nov. '03 – Mar. '07 |
| Rev. 2 | Jan. 2007 | March 2007 | | April '07 –Mar. '09 |
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| Rev 5 | Nov 2015 | Dec 2015 | February 2016 | Feb 2016 – Mar 2016 |
| Rev 5.1 | N/a (1.4.2.8 added to policy) | March 2016 | March 2016 | Mar 2016–Dec 2018 |
| Rev 5.2 | April 2018 | May 2018 | Implement in Early years Sept 2018 while awaiting further amendment for roll out to wider organisation | |
| Rev 6 | November 2018 | Dec 2018 | Jan 2018 | Jan 2019 – Feb 2020 |
| Rev 6.1 | January 2020 | Feb 2020 | March 2020 | March 2020 - |
| Rev 6.2 | Amendment to Point 1.4.5.1 (related points 1.4.2.4, 3.2.1) and to Point 1.4.5.5. (related point 3.7.1) to make accommodations for Coronavirus as follows: Approved by Deirdre Murphy, CEO March 23rd 2020 | | | |
| Rev 6.3 | Amendments to make accommodations for Covid Crisis – as per on page 2 Approved by SPG April 8th 2020 | | | |
| Rev 6.4 | July 2020 | July 2020 | July 2020 by email | August 2020 -Sept 2021 |
| Rev 6.5 | July 2021 | August 2021 | Sept 2021 | Sept 2021 - |

# Section 1:

# 1. Policy

## 1.1. Background to this Policy

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.

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 (Nursing and Midwifery Board of Ireland (NMBI))
- Medicines management guidelines (HIQA)

Policies/guidelines linked to this policy include:

- Infection prevention and control policy
- Restrictive practice policy
- Risk management Policy
- Personal and Intimate care policy
- Management of Nutrition and hydration policy
- Peg Feeding guidelines
- Diabetes guidelines

## 1.2. Aim of this Policy

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

## 1.3. Scope, Non Scope and Definitions

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

1.3.2. Non scope of this policy is host families, other than provision of awareness training as outlined in point 1.4.6.5

1.3.3. 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 confidentially and privacy

1.4.1.3 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

### 1.4.2 Supporting Individuals in the Management of their Medication

1.4.2.1 KARE will support people who use KARE service to be as independent as possible in managing their medication. 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.

1.4.2.2 The Line Manager will ensure that each individual who requires support with medication management or to manage all or part of their medication has an Individual Medication Management Plan appropriate to their support needs.

1.4.2.3 Line Managers of specific KARE services will ensure service specific requirements are met as follows:

<u>Preschool</u>:

- The parent/guardian of each child attending KARE's preschool has completed a Medical Consent Form as part of enrolment.
- each child attending KARE's preschool has an UpToDate KARDEX prescribing an antifebrile agent (temperature reducing medication).

<u>Community House</u>

- each individual living in a KARE community house who takes medication, including those who self-administer, has an Individual Medication Management Plan regardless of the level of support required. The plan should document the steps the individual can manage themselves and those they may need assistance with e.g. support to check medication stock each week.

1.4.2.4 Each individual living in a KARE Community House 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. have their medication 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.

1.4.2.5 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.

1.4.2.6 When an individual is attending Short Breaks, families should only supply the amount of medication required for the duration of the break including an extra dose which may be used in the event of spoiled medication, in its original packaging with an up-to-date pharmacy label,

### 1.4.3 Prescribing, Transcribing of Medication

1.4.3.1 Individuals using KARE services who require support in the administration of their medication must have an UpToDate KARDEX , 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 (note sun cream must have UVA and UVB protection clearly stated on the bottle)
- Barrier Creams
- Antiseptic cream/lotion as per first aid box contents- Sudocrem is not to be used unless prescribed by GP
- Burneze

If staff are unsure about any OTC products not classified as medication, please seek advice from your area nurse

1.4.3.3 A KARE nurse will develop a KARDEX by transcribing from a Doctor's prescription or from an up to date KARDEX . They will do this in accordance with the NMBI's Guidance for Nurses and Midwives on Medication Management.

1.4.3.4 Dietary supplements prescribed by a dietician or GP will be included on the individual's KARDEX

1.4.3.5 A KARDEX must be signed by the prescribing doctor/dentist/consultant to be considered valid.

1.4.3.6 Staff should retain the original KARDEX in the individual's records, a KARDEX should not be photocopied; the only exception to this is Short Breaks other than Home Share, where the KARDEX used during a Short Breaks is copied at the end of the stay to be retained as evidence of the support provided during the stay.

### 1.4.4 Storage of Medication

1.4.4.1 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. Cabinets should not be located in communal areas.

1.4.4.2 The Line Manager/Nurse will ensure Stock Control records are maintained in accordance with the agreed procedures.

1.4.4.3 KARE's Preschool/Local Services may store one bottle/box of Calpol/Paracetamol for general use in order to reduce the risk of over stocking.

1.4.4.4 Oxygen should not be stored in a location unless it is prescribed for an individual by their GP.

### 1.4.5 Dispensing and Administering Medication

1.4.5.1 Staff may only administer medication using an up-to-date KARDEX i.e. the KARDEX has been reviewed by the GP within the past 6 months.

Bus Escorts may administer Buccal Midazolam from a child's Buccal Midazolam Administration Protocol.

1.4.5.2 A staff member may only administer medication when they have completed the appropriate training as outlined in 1.4.6 of this policy. At a minimum a staff member must have completed Awareness training in the Safe Administration of Medication prior to administering medication to a service user.

1.4.5.3 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. A staff member must 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. This must be documented in the individuals medication management plan.

1.4.5.4 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. Over The Counter medication (OTC) e.g. Paracetamol, Nurofen, Anti histamines, Exputex (This is not an exhaustive list) do not need to have a prescription label on them but they must be on the Kardex and signed by the GP.

1.4.5.5 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-administration of medication assessment on KARE CID to establish the level of support an individual requires in managing their medication. This assessment will be reviewed every 12months/or earlier as required along with the review of the individual's medication management plan

1.4.5.6 Staff should report any drug error immediately on identifying the error and should record the incident using the Drug Error Report Form on KARE CID.

1.4.5.7 In an emergency, a prescription or a 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.

1.4.5.8 Staff may not take a change of prescribed medication over the phone

1.4.5.9 Staff must record administration/refusal of medication on the Drug Administration Sheet.

1.4.5.10 In the event of an individual using KARE services being prescribed a Controlled Drug (Schedule 2) their Medication Management Plan should be developed/reviewed in accordance with appropriate guidance and regulations. Staff will ensure such drugs are managed in strict accordance with regulation

1.4.5.11 Where an individual is prescribed PRN Psychotropic medication as a chemical restraint, 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.

1.4.5.12 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 by KARE. Medication may only be crushed if it has been approved by the medical practitioner and documented on the individual's KARDEX and medication management plan.

1.4.5.13 In the event of an individual living in a KARE Community house being prescribed a Schedule 2 or 3 Misuse of Drugs Act (MDA) medication the following applies:

i) Drugs will be checked and counted by two staff, at least one of whom must be a nurse and locked in a locked press within a locked press. This will be a separate press from other medications to ensure further security.
ii) Drugs will be recorded on the individual's Drug Stock Control record
iii) Drugs will also be recorded on the location's MDA drug register
iv) A procedure will be put in place to ensure controlled management of the keys of the MDA drug press.
v) Two staff members, at least one of whom must be a nurse, will count the MDA schedule 2/3 drugs before each administration of medication and both staff will sign the Drug Administration Record
vi) Following administration of the schedule MDA schedule 2 /3 drugs, the Drug Stock Control Record and the MDA drug register will be updated
vii) A stock count of MDA schedule 2 and 3 drugs will be completed at each change of shift, this will be completed by a nurse from each shift roster.
viii) When no longer required an individual's MDA schedule 2 or 3 drugs will be returned to pharmacy for destruction. A Pharmacy returns form should be completed and stamped by the pharmacy and then be attached to the Drug Stock Control Record and a copy attached to the MDA drug register
ix) The MDA drug register should be kept for two years

### 1.4.6 Information and Training

1.4.6.1 The Line Manager in each location will ensure that there is an up to date copy of the Irish Medicines Formula (IMF) in the location for staff to reference when necessary. KARE will provide an updated copy of the Irish Medicines Formula each year.

1.4.6.2 The Line Manager will ensure that all staff supporting individuals have up to date training in the Safe Administration and Management of Medication. Medication administration training not covered in SAMM training such as administration of suppositories/enemas will be delivered locally by the area nurse if relevant and documented on a training record which is submitted to training department.
Newly recruited non-nursing staff supporting service users will receive an introduction to the Safe Administration of Medication before they commence their role in supporting service users. This introduction will include:

- information on KARE's Safe Administration of Medication Policy
- a practical on administration of medication from a KARDEX
- recording of medication on the Drug Administration Sheet.

Newly recruited staff will complete KARE's full Responsible and Safe Administration of Medication training within 6 months of commencement of employment.

1.4.6.3 KARE's full training course in "Responsible and safe medication management" will:

- be a full 2-day course with a written exam on the third morning.
- follow the Responsible and Safe Medication Management curriculum and include practical scenarios, KARE's policy 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, to complete at least 2/3 simulated clinical assessments. Clinical assessments may also take place on site.
- require staff to complete a refresher course every 2 years which includes a theory revision day and 1 clinical assessment. Staff must complete the refresher within one month of the expiry date of their certificate, otherwise they will need to complete the full 3-day course.

Note: Staff who fail the unseen exam will be:

- given written/phone call feedback from the course tutors and an opportunity to re-sit the exam before the scheduled clinical assessments.
- Staff who fail the SAMM simulated clinical assessments will be offered alternative onsite assessments with area nurse/SAMM tutor following mentoring and onsite support and can only administer medication when accompanied by a fully SAMM trained staff until successful completion of their SAMM clinical assessment.
- required to attend the full 2-day training programme again if their exam result is below 70%

1.4.6.4 Bus escorts will be provided with awareness training on the Safe Administration of Medication which will include training on the administration of Buccal Midazolam and the completion of an assessment on the administration of Buccal Midazolam. Documentation of the assessment will be completed by the nurse, signed by the bus escort and sent to training department as part of their training record.

*1.4.6.5* Home share coordinator will ensure host Families will be provided with awareness training on the Safe Administration of Medication if relevant and any other specific training relevant to the individual they are supporting such as administration of Buccal Midazolam. This training will be organised by the Nurse Coordinator and a record of training delivered

will be kept by the Home Share Coordinator and a record of attendance will be kept on the Host family file.

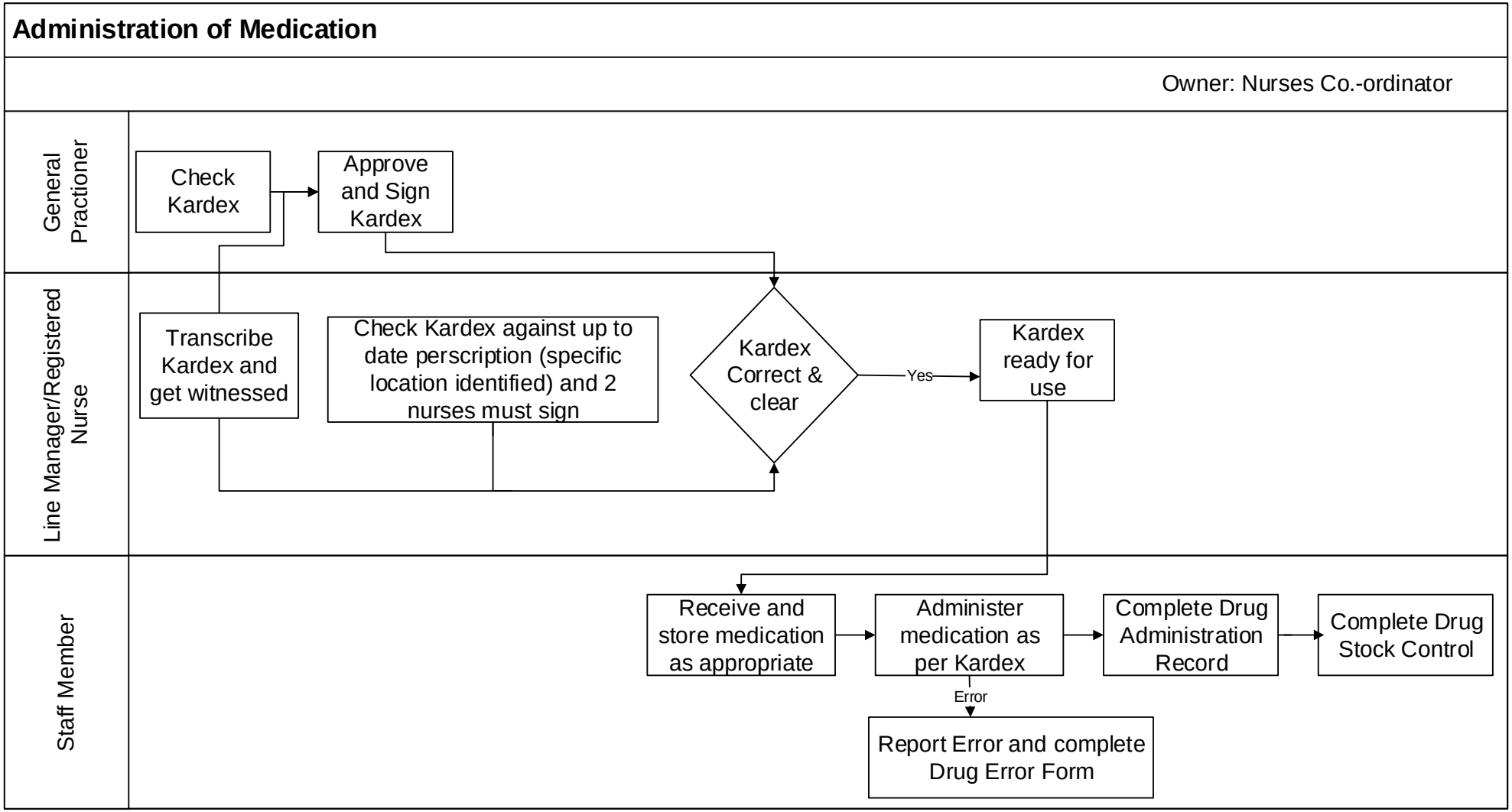
1.4.6.6 Line Managers will ensure that any staff member supporting an individual who is prescribed emergency medication has attended training in the administration of the prescribed medication e.g. Use of EpiPen, Glucagon, Buccal Midazolam. Staff will be required to attend refresher training every 3 years.

1.4.6.7 The Line Manager will ensure that non-nursing staff do not administer medication to individuals who are prescribed medication via a PEG Feed or for Diabetes(e.g. Insulin) unless they have completed approved training and related on site clinical assessments. Staff will be required to attend refresher training every 3 years.

1.4.6.8 Staff administering medication will ensure they know the reason why the medication is prescribed, its actions and side effects.

1.4.6.9 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.

## Process: Section 2



## Section 3: Procedures

### 3.1 Individual Medication Management Plan

The area nurse will develop the initial individual Medication management Plan on KARE CID and any further reviews can be completed by the Keyworker/ Leader in conjunction with area nurse.

### 3.2 Prescribing and Transcribing of Medication

3.2.1 A nurse in KARE will transcribe from an up-to-date KARDEX/prescription written and signed by a doctor and will go through the detail of the transcribed KARDEX with a second staff member to ensure it matches the prescription/previous KARDEX. Having completed this check, the transcriber and Witness will initial and sign the KARDEX.
In a situation where a GP Practice has policy of only reviewing/signing KARE's KARDEX when they have made a change to an individual's prescription i.e. while they review an individual's medication every 6 months, they will only review and sign the KARDEX if there is a change to medication; the nurse transcribing the KARDEX will get a second nurse to check the prescription/s and KARDEX to ensure they match and both nurses will sign the review box of the KARDEX.

3.2.2 The Nurse in KARE will arrange for the transcribed KARDEX to be checked and signed by the GP, when this is done it will become a valid KARDEX for use in administering medication.

3.2.3 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.

3.2.4 Where KARE must use an external KARDEX, details of how this will be managed will be documented and agreed within the Memorandum of Understanding between KARE and the external organisation.

### 3.3 Collecting medication from the Pharmacy

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

- The name and contact details of the pharmacist
- The 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.

3.3.2 The person who collects the medication in either original medication boxes/containers or blister packs will check that the medication is correct, the individuals name is correct and will record the medication on the Medication Stock Control Form on return to the 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 Guidelines
- Medication is stored in a locked medicine cabinet and is stored separately to antiseptics, disinfectants and other cleaning products. The cabinet may have two or more compartments.
- The cabinet is locked at all times except when in use and is never, under any circumstances left unattended while open. Stock medication may be stored in location but must also be locked in a secure manner.
- In the case of an individual who self-medicates, **only** the medication they have been assessed to self-administer may be stored in the locked press or box in their bedroom. The individual will hold the key for this press/box
- The key to the medicine cabinet is stored in an agreed secure place.
- The opening and expiry/discard date is clearly written on preparations like Eye Drops, Eye Ointment, Ear Drops, ointments, creams etc. This is ensure the expiry date post opening is clear and prevent their use past this date.
- Expiry date on medication boxes/containers will be the last day of the expiry month stated unless otherwise stated.
- Medicines are stored at the temperature indicated in the instructions. In general, this is at room temperature and should not exceed $25^0$C, however there are some specific medications which need to be stored in a fridge.
- Medications 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.

## 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 pack, 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 will administer the dispensed medication at a later time ~~is~~ must be 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. Medication should not be dispensed into envelopes
  - Clear instructions for time of taking, date, medication and dose and the person's name are written on the container

  Note: In exceptional circumstances e.g. Social Club outing where the staff member who ~~administer~~ dispenses the medication and cannot be present for the ~~dispensing~~ administration, the staff member /Volunteer supporting the Individual can administer the medication. On return from the outing, the staff who administered the medication will sign 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 electronic Medication Stock Control sheet.
- Medication including Buccalom / EpiPen etc. leaving or entering a location e.g. when an individual is returning home/going to Short Breaks, or daily outings, is counted and entered as required on the electronic Medication Stock Control Sheet.
- The name of the medication on the Stock control sheet should match the name of medication on the KARDEX.
- When completing the stock control ,staff should use the identified codes on the Stock control form and also complete the expiry date section where available on Medication containers/ Blisters packs
- A stock control count is carried out on the designated day and at the designated time each week as agreed in the location and documented on the Medication Management Plan
- When a discrepancy is discovered, the Drug Administration Record and the Medication Stock Control Sheet is checked to identify the possible cause
- Any discrepancy in the stock control is reported as a Drug Error on KARE CID

3.6.2 The Leader/Nurse will:

- Sign the Medication Stock Control Record on a weekly basis to confirm the record is correct

## 3.7 Self-administration and Management of Medication Assessment

3.7.1 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 support the individual requires in managing their medication in the Self-administration of Medication Assessment and review every 12 months or earlier if necessary. Also review and update Individuals Medication Management plan.

## 3.8 Guidelines for Dispensing and Administering Medication

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

- individuals' name, KARE ID, location, and date of birth
- signature and initials of each staff member who will administer medication to the individual on the back of the Drug Administration Record

3.8.2 Staff dispensing and administering medication will:

- 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 prescribing practitioner
- wash their hands prior to dispensing and administering the medication
- check the medication 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/blister pack
- place the medication in a small pot. Avoid handling the medication, and wear gloves when required
- measure liquid medications at eye level on an even surface to ensure accurate measuring. Liquid medication can be dispensed into a bunged syringe or medication pot for immediate use
- only administer medication the staff member have dispensed.
- only administer medication to one person at a time.
- Complete recording of administration of medication before administering to the next Individual

- Complete the electronic Medication Stock Control Sheet after administering the medication to the individual.
- 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 name, KARE ID, 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 and duration 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**. Refusal must be documented in comments section of the Drug Administration record.**
    - ✓ **The right documentation:** ensure the administration of medication is documented on the Drug administration sheet immediately **after** dispensing and medication has been observed to have been swallowed. This must be done on an individual basis i.e. directly after each individual has been administered their medication. Record any deviation from the norm in the comments section including any difference in the time the medication is given.

- observe the individual for any adverse reactions to medication. Any adverse reaction should be recorded and reported immediately to the Nurse/Medical Practitioner. Where an allergy is confirmed by the Medical Practitioner, this should be documented in the designated box on the KARDEX and in the individual's Medication Management plan / Hospital Passport and More Information About Me.

## 3.9 Management of Buccal Midazolam

3.9.1 Where an individual is prescribed Buccal Midazolam, staff will ensure that:

- Buccal Midazolam is checked on a weekly basis to ensure the label clearly legible and the Buccal Midazolam is in date and that this check is recorded on the Buccal Midazolam Checklist and singed by staff (the Buccal Midazolam Checklist is available on KARE Connect)
- The individual's KARDEX and Buccal Midazolam Protocol which must be signed by the GP, always travels with the individual, together with their Epilepsy Management Plan
- Buccal Midazolam is recorded on the individual's Medication Stock Control sheet
- Buccal Midazolam Protocol is reviewed annually by the Individuals GP.

## 3.10 Medication administration via PEG tube

3.10.1 Where an individual has a PEG tube, the Nurse in the area will ensure that:

- Prescribed PEG feeds and flushes are on the Individuals KARDEX
- there are clear guidelines for administration of feeds ,medications and flushes on the reverse of individual's KARDEX including dose, time and frequency.
- the individual has a Personal/Intimate Care Plan for PEG Feeding which outlines the steps involved in sufficient detail to give clear guidance to staff

3.10.2 When supporting an individual with a PEG feed/administering medication via a PEG tube staff will ensure that:

- they are familiar with KARE's PEG Tube Care and Management Guidelines
- they follow the steps outlined in the individuals Personal/Intimate Care Plan for PEG feeding.

## 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 section 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 e.g. pain and high temperature
    - 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.
- they seek medical advice from the nurse in the first instance when PRN/Short term medication is administered, and symptoms persist, unless instructions state otherwise.
- they record the administration of PRN/Short term medication on the Drug Administration Sheet and the PRN Administration Record

- Note: Short term medication should be recorded on the PRN/Short Term Medication Administration Form on the first day of administration and again on the last day of administration, including whether it was effective or not and if necessary what action was taken.

3.11.2 The Leader/Nurse will:

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

## 3.12 Guidelines for PRN Psychotropic Medication/Chemical Restraint

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

- there are clear guidelines in the individual's Medication Management Plan on the use of the PRN
- Individual Risk assessment , Restrictive Management Assessment and Plan is developed
- Plan is reviewed in line with agreed review dates
- Only administer the PRN as a last resort
- Administer the PRN in line with the guidelines on the KARDEX
- they record the administration of the PRN on the Drug Administration Sheet and the PRN Administration Sheet
- All PRN Chemical restraints should be recorded on the Unit Restrictive practice log.

3.12.2 The Leader/ Nurse will:

- carry out an audit of PRN Psychotropic medication on a monthly basis
- organise for the individual to be reviewed by the Prescribing Practitioner as soon as possible in cases when the monthly PRN audit shows persistent use of PRN psychotropic medication

## 3.13 Guidelines on the use of High Alert Medications

3.13.1 Staff should be aware that:

- High Alert Medications hold a heightened risk of causing harm when they are used in error. Although mistakes may or may not be more common with these medications, the consequences of error are clearly more devastating to individuals. **(HIQA Medicines Management Guidance, October 2015)** Therefore, it is important that high alert medications are closely monitored and necessary precautions taken when prescribing, ordering, dispensing, storing, administering or disposing of these medications.
- Individuals in receipt of high alert medications have particular health issues which are being managed and treated. Examples of High-Alert Medicines currently used in KARE services are Insulin and Warfarin.

3.13.2 The nurse in the area will ensure that there is a specific plan in place which details how staff should support the individual to manage their condition and how respond in an emergency situation e.g. a Diabetes Management Plan or Warfarin Management Plan

## 3.14 Guidelines for Managing Refusal of Medication

3.14.1 The Nurse will ensure that, where relevant, there are guidelines for managing the refusal of medication documented in the individual's Medication Management Plan

3.14.2 When an individual refuses to take their medication staff should:

- respect the right of the person to refuse medication
- follow any guidelines on managing the refusal of medication that are outlined in the individual's Medication Management Plan
- seek advice from the Nurse in the first instance, if the nurse is not available seek advice from the individual's GP
- follow the advice given by the Nurse/GP
- document the advice given
- inform the Line Manager and appropriate staff of the refusal, advise given and actions taken
- Document refusal of medication in the comments section of the Drug Administration record
- Refusal of medication is not recorded as a Drug error.

## 3.15 Guidelines on withholding medication

3.15.1 Where there is cause for concern such as over sedation, severe side effects or even mild side effects such as a rash, sudden increase in confusion, evidence of drug or alcohol use or abuse, acute vomiting or the individual themselves reporting any unusual sensation or experience, staff should:

- seek advice from the Nurse, GP or Pharmacist on whether to withhold the medication.
- record the advice given
- document the actions taken in the appropriate section of the individuals file and document that medication has been withheld in the comment section of the Drug Administration Sheet
- inform the Line Manager and appropriate staff members of the advice given and the actions taken

Note: Where staff have serious concerns about the welfare of the individual they should contact the emergency services without delay.

## 3.16 Guidelines on the Administration and Storage of Oxygen

3.16.1 Staff should be aware that there is increased potential for a fire hazard around oxygen. Oxygen when combined with heat and fuel helps things burn more easily and more fiercely. KARE will adhere to regulations and endeavour to meet best practice standards in relation to the administration, storage and transportation of Oxygen cylinders/concentrators.

3.16.2 The line Manager of a service where oxygen is in use will ensure that a Unit / Department Risk assessment for the Safe Administration, Storage and Transportation of Oxygen is in place and that the Control measures include:

- Written guidelines/protocol for administering oxygen
- Written guidelines/protocol for storing oxygen
- Written guidelines/protocol for transporting oxygen
- Signage to notify oxygen is in use/storage/transportation
- No smoking signage where oxygen is in use or being transported
- Training for staff supporting an individual prescribed therapeutic oxygen

3.16.3 Where oxygen is prescribed for an individual the nurse in the area will ensure:

- there is an individual risk assessment in place regarding the Safe Use of oxygen
- the oxygen is written on the individual's KARDEX and there are clear guidelines for administration.
- there are clear guidelines for the storage and transport of the oxygen.
- the individual risk assessment and the guidelines are reviewed on a regular basis but no less than once a year.

## 3.17 Guidelines Medication Management for Respite/Short Breaks

3.17.1 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
- a member of Short Breaks staff will contact the child's family a week prior to admission to check that the KARDEX is up to date and correct.

3.17.2 When an adult in Local Service is due to attend house-based Respite/Short Break, 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 and if the individual is in Local Service immediately prior to going on their short break they will:

- count the medication brought to Local service for use on the Short Break and record on the electronic Medication Stock Control sheet.
- check that all pharmacy labels match the KARDEX prior to the individual going to Short Breaks

3.17.3 When an individual is attending for an alternative Short Break the staff member facilitating the break will ensure the KARDEX is up to date, signed by the GP and that medication prescribed is clear and legible.

Where a Volunteer is supporting the individual on an Alternative Short Break, it is the responsibility of staff to ensure that the individuals KARDEX is up to date, signed by the GP and that medication prescribed is clear and legible.

3.17.4 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-Administration and Management of Medication assessment.

3.17.5 When an individual arrives for their Short Break staff should:

- check that the KARDEX is up-to-date and correct
- check the pharmacy labels on the medication match the KARDEX
- Check medication is correct and record the medication In on the electronic Medication Stock Control sheet

3.17.6 At the end of a Short Break stay, staff should:

- count any medications not used during the break and record on the electronic Medication Stock Control Sheet
- return all unused medication to the family or where relevant the Local Service.
- take a photocopy of the individual's KARDEX, Medication Administration Sheet/s and print a copy of the electronic Medication Stock Control Sheets and file with the individual's Short Break Stay Records.

## 3.18 Guidelines for Medication returns

3.18.1 Staff should ensure that all medications that are 'out of date', left over at the end of a prescribed period or after discontinuation or alteration are returned to the pharmacy.

3.18.2 Staff should ensure that any Spoiled medication e.g. tablets falling on the table/ground etc., are returned to the pharmacy

3.18.3 Staff returning medications to the pharmacy should:

- complete a Pharmacy Returns Form and bring it to the pharmacy for stamping
- ensure the pharmacy stamps and dates the Pharmacy Returns Form on receipt of the returned medications
- record the returned medication on the electronic Medication Stock Control sheet.
- attach the Pharmacy Returns Form to the relevant Medication Stock Control sheet.

3.18.4 Staff should ensure needles and syringes are disposed of in a Sharps Bin, in line with location disposal of Sharps guideline

3.18.5 When a Sharps Bin is full/no longer required, staff should liaise with the relevant Local Health Centre to arrange for disposal.

## 3.19 Drug Errors and near misses

3.19.1 Staff should be aware that:

- **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"** as published by Nursing and Midwifery Board of Ireland

- Medication administered within one hour either side of the prescribed time is not a drug error

- A **"near miss "**may also happen with medications, this is 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.

3.19.2 When a medication error has been identified the staff member should:

- seek advice as to what action is required to ensure the individual safety by contacting a nurse in KARE or if no nurse is available contacting the individual's GP during normal working hours or if out of hours contact K-DOC
- Note: the staff member should have a pen and paper available to take notes when seeking advice and should have following information to hand:
    - 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
- inform their Line Manager/On call immediately the drug error is discovered.
- carry out the advice of the Nurse/Doctor//emergency services in conjunction with relevant others
- complete the Drug Error Form on KARE CID

3.19.3 The Line Manager/Designate should inform the individual and/or their family/guardian as appropriate, of the drug error and any actions taken as soon as possible after the error has been identified. This should be done in line with the principles of Open Disclosure (see Appendix 1 Open Disclosure Statement)

3.19.4 The Nurse Coordinator will ensure drug error incidents are followed up as appropriate and in line with the Risk and Incident Management Framework as follows:

- Category 3 Incidents i.e. those with Negligible or Minor Impact - Nurse in the Area reviews the drug error in consultation with the Leader as relevant and assigns actions to manage the incident and prevent reoccurrence.
- Category 2 Incidents i.e. those with Moderate Impact – Nurse Coordinator reviews the drug error in consultation with the Leader and relevant others and decides on the actions required to manage the incident and prevent reoccurrence.
- Category 1 Incidents i.e. those with Major or Extreme Impact – Nurse Coordinator consults with the Quality Manager and relevant others to complete a Preliminary Assessment and agree on the type of review to be

carried out. The Quality Manager will ensure the CEO is informed of the incident and it is reported to the HSE as a Serious Reportable Event (SRE)

3.19.5 The Nurse Coordinator will:

- monitor all drug errors on a weekly basis to ensure they are followed up in the appropriate way.
- review trends in relation to drug errors with the Nurses Group each quarter and provide a report for the Quality Manager to take to the Risk, Quality and Safety Sub Committee.

## Appendix 1 KARE Statement on Open Disclosure

The information below is compatible and consistent with:

- HSE Policy on Open Disclosure (2013)
- HSE and State Claims Agency Open Disclosure Guidelines - Communicating with service users and their families following adverse events in healthcare

Open Disclosure refers to an open, consistent approach to communicating with service users when things go wrong in healthcare i.e. in the provision of service to them. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

In line with the National Standards for Safer Better Healthcare 2012 Standard 3.5, KARE will "fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed"

### The Principles of Open Disclosure

In accordance with the HSE Policy on Open Disclosure, KARE will adhere to the following ten principles in managing open disclosure:

1. Acknowledgement: services should acknowledge to the service user that an adverse event has occurred and initiate the open disclosure process, in line with HSE Open Disclosure Policy and Guidelines

2. Truthfulness: timeliness and clarity of communication: The service user should be provided with information in a timely manner - focusing on the factual information available at the time. Ideally the open disclosure process should commence within 48 hours of the event occurring or the event becoming known and as soon as the service user is physically and emotionally available to receive the information.

3. Apology/ expression of regret: An apology/expression of regret, regarding the condition of the service user and for what has happened as a result of an adverse event, is important and should be forthcoming. When it is clear, following a review of the adverse event, that the healthcare provider is responsible for the harm to the service user (e.g. wrong medication) it is imperative that there is an acknowledgment of responsibility and an apology provided as soon as possible after the event.

4. Recognising the expectations of service users: The service user may reasonably expect to be fully informed of the facts and consequences in relation to the adverse event and to be treated with empathy and respect.

5. Professional Support: services should promote the development of a "just culture" as staff will then feel more encouraged and willing to report incidents/adverse events/near miss events. Staff can also expect to be supported by the service following an adverse event and throughout the open disclosure and incident review process.

6. Risk management and systems improvement: The investigation of adverse events should be undertaken in line with the HSE's Incident Management Framework. (see KARE's Risk and Incident Management Framework). Where relevant recommendations should be made and actions taken to reduce the likelihood of a recurrence of the event.

7. Multidisciplinary responsibility: Open disclosure involves multidisciplinary accountability and response. Clinical, senior professional and managerial staff should be identified to lead in and support the process.

8. Governance: services should have appropriate accountability structures in place which ensure that open disclosure occurs and that it is integrated with other governance systems and processes including incident reporting and management procedures, systems analysis reviews, complaints management and privacy and confidentiality procedures.

9. Confidentiality: The information collated following an adverse event is often of a sensitive nature and therefore confidentiality is paramount. Service user information is generally held under legal and ethical obligations of confidentiality. All health and social care policies, procedures, and guidelines in relation to privacy and confidentiality for service users and staff should be consulted with and adhered to.

10. Continuity of care: Steps need to be taken to reassure the service user in relation to the management of their immediate care needs and to also reassure them that their care will not be compromised going forward. Transfer of care to another facility may be requested by the service user and should be facilitated when it is possible to do so. A member of staff should be identified who will act as a contact person for the service user to keep them informed of the situation and to maintain open channels of communication between the service user and the service.

The HSE and State Claims Agency Open Disclosure Guidelines -Communicating with service users and their families following adverse events in healthcare, should be referred to for guidance in managing complex open disclosure situations.