SOS Kilkenny clg

Policy and Procedures for Safe and Responsible Medication Management

Developed By:	Authorised By:	Date:
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Document Change History		
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Section 26.0	January 2017	PRN Medications Restrictive Practices
Whole Document	15/01/2018	Management Structural Changes Administration of Oxygen
Section 5.3.5/6.2/10.0	28/01/2019	Addition of information on Medication Refresher Training, Authorised Staff, Removal of Bio Dose System.
Section 6.1.6	08/08/2019	Addendum to point: 6.1 Authorised staff member / nurse training in safe and responsible medication management: 6.1.1Agency Staff who have been sourced via the HR Department of SOS Kilkenny clg shall be authorised to administer and record the administration of medication. See page 45 of Policy.

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1.0 Purpose of the Policy:

1.1 Medication Management – broadly defined is the facilitation of safe and effective use of prescription and over the counter medicinal products (Bulchek and Mc Closkey 1999). Medication management encompasses the entire way in which medicines are selected, procured, delivered, prescribed, stored, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of service user care.

1.2 The purpose is:

1.2.1 To provide clear, evidence based practise guidelines for the Authorised staff members and nurses employed in S.O.S. Kilkenny. It will ensure the safe practise of Medication Management and provide a safe system of work for all Authorised staff members and nurses with responsibilities for Safe Medication Management.

1.2.2 To safeguards standards of care.

1.2.3 To inform authorised staff members of the correct method of medication management. This policy document sets out guidance covering occasions when nurses or Authorised staff members may be called upon to exercise professional judgement in the administration of medical preparations.

1.2.4 It is intended to assist in maintaining standards and promoting safe practise.

1.2.5 Any reference to drugs/medication for the purpose of this policy implies any medical substance that is prescribed.

2.0 Scope of the Policy

2.1 The scope of this policy relates to the all managers, registered nurses and staff who are Authorised members to administer medication.

3.0 Policy Statement

3.1 This policy must always be used in conjunction with professional judgement and service user preference. Each nurse / Authorised staff member is individually accountable to keep up-to–date with advances in practice and must acknowledge any limitations in competence and request further support and training from management if required.

3.2 Accountability is an integral part of professional practice. Practising in an accountable manner requires a sound knowledge base upon which to make decisions, in conjunction with professional judgement. Each nurse / Authorised staff member must be able to justify and rationalise the reason for taking a particular course of action.

3.3 All service users of S.O.S. will be supported where possible to manage their own medication. However, in circumstances where this is not possible, or the service user chooses not to, S.OS. will provide support in line with a person centred approach.

3.4 Authorised staff member/nurse will respect the right of the service users who use S.O.S services to be treated with sensitivity and respect and to have their wishes and opinions in relation to medication management considered fairly based on an individual's care plan.

3.5 All medicines administered by Authorised staff member / nurse must be prescribed, including all over the counter medications (e.g. Paracetemol, Disprin etc). All medicines must be administered in accordance with the instructions of the prescriber.

3.6 All over the counter medications frequently requested by service users may be added to their prescription on a PRN basis after consultation with their G.P.

3.7 All residential service users will have an annual health check and will have their medications reviewed as standards state in the Medication Policy point 8.0.

3.8 All Authorised staff members/Nurses must ensure their signature and corresponding initials are recorded on the Signature Recording Sheets in their work location. This must be updated annually or as staff move from one location to another.

3.9 All medication details of service users will be managed confidentially with respect to privacy and dignity of the service user.

3.10 Nursing staff managing medications will adhere to:-

3.10.1 The policy and standards, procedures and guidelines in relation to medication management as laid out in this policy and procedures and

3.10.2 An Bord Altranais Medication Management 2007.

3.11 Authorised staff Members managing medication will adhere to:–

3.11.1 The policy and standards, procedures and guidelines in relation to medication management as laid out in this policy and procedures.

3.12 Staff member Self Administration of medication:

3.12.1 It is not permitted for any Authorised staff member/Nurse to take medication that has been prescribed for a service user.

3.12.2 It is not acceptable for Authorised staff members to give medication to other staff.

3.12.3 If a staff member is unwell and requires treatment, they should inform their residential manager who will take the appropriate action.

4.0 Definitions

4.1 Administration

Giving an individual dose of a medicinal product to a service user via direct contact e.g. orally, by injection, ointments etc. or by indirect contact e.g. application of a medicated dressing and ensuring the completion of this activity (Guidelines to Nurses and Midwives on Medication Management, July 2007.)

4.2 General Practitioner (G.P.)

A person who holds a medical qualification (Medical Practitioners Act 2007).

4.3 Medicinal Product

Any substance or combination of substances presented for treating or preventing disease in human beings. Any substance or combination of substances, which may be administered to human beings with a view to making medical diagnosis or to restoring, correcting or modifying physiological functions in human beings is likewise considered a medicinal product (EEC directive of 2001 { 2001/83/EC }).

4.4 Medication Error

Any preventable event that may cause or lead to inappropriate medication use or service user harm while the medication is in the control of the Nurse, Authorised staff member, or the Service User. These events may be associated with professional practice, health care products, procedures and systems. This includes prescribing, ordering, product labelling, packaging, compounding, dispensing, distribution, administration, education, monitoring and use. (National Co - coordinating Council for Medication Error Reporting and Prevention, 1988).

4.5 Nurse

A person whose name is entered on the register of An Bord Altranais (Nurses Act 1985.)

4.6 Authorised Staff Member.

An Authorised staff member of S.O.S. Kilkenny Clg is a staff member who has successfully completed the recognised training programme for medication management and has been deemed competent to administer medication.

4.7 Pharmacist

A registered member of the Pharmaceutical Society of Ireland.

4.8 Prescribe

To authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription – only medicine, but may include over the counter medications) for a specific service user.

4.9 Prescription

A prescription is issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, or by a Nurse Prescriber for the medical treatment of an individual subject to Article 3A of the Regulations (Misuse of Drugs (Amendment) Regulations , 2007).

4.10 Medication System

A medication system is an organised system designed to ensure safe and accurate dispensing, packaging and administering of medication.

4.11 PRN

Abbreviation of the Latin Pro Re Nata, which translated, literally means "as needed". This abbreviation is frequently used in writing prescriptions to indicate administration of medication as the circumstances require (An Bord Altranais, 2003).

4.12 PRN Management Plan / Protocol

An agreed procedure for the administration of PRN medication.

5.0 Responsibilities

5.1 Responsibilities of the Registered Nurse:

5.1.1 The Registered Nurse is responsible for adhering to the Code of Professional Conduct for each Nurse and Midwife (An Bord Altranais 2002).

5.1.2 The Registered Nurse is accountable for their practice is regard to medication management. They are accountable to service users, to this organisation, to An Bord Altranais, and to the law.

5.1.3 The Registered Nurse should have knowledge of the various relevant statutes and legislation relating to medication management.

5.1.4 The Registered Nurse has an obligation to practice according to the legislation governing nursing and midwifery practice and to the current standards, policies and guidelines of An Bord Altranais and to this organisation.

5.1.5 The Registered Nurse should develop and maintain competence with regard to all aspects of medication management, ensuring that their knowledge skills and practise are up to date. The Registered Nurse should seek support and assistance from this organisation, where necessary, for continued professional development required to maintain competence in medication management. Competence is not static, thus the importance of skill maintenance cannot be over emphasised.

5.1.6 Each Registered Nurse is accountable for ensuring that his/her skill and competence are maintained. (An Bord Altranais 2000).

5.1.7 The Registered Nurse must acknowledge any limitations in competence regarding medication management and refuse in such cases to accept delegated or assigned functions with regard to medication management.

5.1.8 If the therapeutic objective of the drug is to be met, The Registered Nurse should know the indications for the drug and its desired effect for the particular service user.

5.1.9 The Registered Nurse should be aware of the main pharmacological action of the drug, the usual dose, frequency and route of administration and potential side effects.

5.1.10 The Registered Nurse should also be aware of what drugs are contraindicated for the service user.

5.1.11 If the prescription is unclear, incomplete, inappropriate or difficult to read, the Registered Nurse should NOT PROCEED. In this instance the Registered Nurse should seek verification and amendment from medical or pharmacy personnel.

"*Student nurses may administer medication under the supervision of a registered nurse/midwife and should follow the principles of supervision. The registered nurse /midwife retains accountability for the administration of medicinal products "An* Bord Altranais (2007, pp.10)

5.1.12 An up-to-date signature list of nurses undertaking drug administration must be maintained at local level and updated six monthly.

5.2 Responsibilities of Authorised Staff Members

5.2.1 The Authorised staff member is a staff member who has completed the approved training programme and holds current certification.

5.2.2 The Authorised staff member is accountable and responsible for their practice with regard to medication management. They are accountable to service users, to this Organisation and to the Law.

5.2.3 To this extent, the Authorised staff member is accountable and responsible for their actions when involved in medication management.

5.2.4 The Authorised staff member is responsible for adhering to this policy document. In a situation where the Authorised staff member has a concern about adhering to any aspect of this document, they must immediately report this concern to their residential manager. Apart from in the above exceptional circumstances if an Authorised staff member does not adhere to this policy, disciplinary procedures will be applied, up to and including dismissal.

5.2.5 Similarly, if the Authorised staff member has any concerns when involved in the practice of Medication Management, these concerns should be reported immediately to their residential manager and to the prescribing doctor and if necessary to the pharmacist.

5.2.6 The Authorised staff member should be competent in the 7 rights of safe administration of medication. (An Bord Altranais 2007.)

5.2.7 If a therapeutic objective of the drug is to be achieved, the Authorised staff member should know the indications for the drug, its desired effect for the particular service user and the potential side effects.

5.2.8 The Authorised staff member should be aware of the main action of the drug, the usual dose, frequency and route of administration and potential side effects.

5.2.9 The Authorised staff member should also be aware of what drugs are contra indicated for the service user.

5.2.10 If the prescription is unclear, incomplete, inappropriate or difficult to read, the Authorised staff should NOT PROCEED. In this instance the Authorised staff member should seek verification and amendment from medical or pharmacy personnel.

5.2.11 The Authorised staff member should check that all Drug Prescription Sheets are written up correctly and signed by the prescriber i.e. G.P, Dentist, Consultant or Nurse Prescriber.

5.3 Responsibilities of Managers

5.3.1 Managers must complete the Responsible and Safe Medication Management Training.

5.3.2 The Manager in each area is responsible for ensuring that a copy of this document is available to staff.

5.3.3 The Manager has a responsibility to inform the service user and their family / carer of their responsibilities with regard to this policy.

5.3.4 It is the responsibility of the Manager to maintain an up-to –date list of Authorised staff members / nurse's signatures and initials to accompany the medication recording sheets. This must be updated six monthly or in case of change of staff.

5.3.5 The Manager will ensure that Authorised staff members / nurses who require further support or training are brought to the attention of the Residential Services Manager for referral for further Medication Management Training or Medication Administration Training.

5.3.6 The managers are responsible for monitoring any medication errors/ discrepancies, near misses, critical incidents and hazards. Appropriate action must be taken as necessary and these events to be reported to the Assistant Director of Services or the Director of Services as appropriate. It is vital that learning is an outcome from these incidents.

5.3.7 The Manager must ensure that the policy is upheld in their respective areas.

5.4 Responsibilities of the S.O.S Kilkenny Clg.

5.4.1 The Residential Manager is responsible for the selection of Authorised staff members / Nurses and assigning responsibility to these Authorised staff members/ nurses to manage medication.

5.4.2 The Medication Training Coordinator and / or any person trained and qualified in delivering the approved medication training programme is responsible for providing training to staff, and in particular is responsible for ensuring that all Authorised staff members successfully complete an approved training programme.

5.4.3 The HR Generalist is responsible for maintaining a register of Authorised staff members/Nurses and ensuring that these Authorised staff members / Nurses receive certification, and renew this certification every two years.

5.4.4 The relevant residential manager is responsible for monitoring and analysing near misses, critical incidents and hazards, and to take appropriate action.

5.4.5 The Medication Training Co-ordinator will provide additional support and training to Authorised staff member/ Nurse where deemed appropriate.

5.5 Confidentiality

5.5.1 Article 40.3.1 of the Irish constitution sets out that privacy is a core personal right and confidentiality stems from this right.

5.5.2 Confidentiality concerning each individual's records and documentation is an essential element of good practice with regard to record keeping.

5.5.3 All Authorised staff members/ Nurses must ensure that they are aware of the importance of keeping information confidential as outlined in SOS Kilkenny Clg contract of employment.

5.6 Breeches in confidentiality under this policy include but are not necessarily limited to the following:

5.6.1 Release of any written document, which relates to the individual without their permission or knowledge.

5.6.2 Publishing data that relates to the individual without their knowledge or permission.

5.6.3 Taking pictures or displaying photographs or written information about the individual in a public place without the individual's knowledge or consent.

5.6.4 The giving of information over the phone to relatives other than the person's next of kin or in the case of a child - the parents. If the person has requested general non-disclosure of information then the decision to discuss information will be based on whether the best interest of the person is being served.

5.6.5 This policy should be read in conjunction with the SOS Kilkenny clg Data Protection Policy and Breech Management Policy.

5.7 The Code of Professional Conduct for Each Nurse and Midwife April 1988 (An Bord Altranais) states the following:

5.7.1 Information regarding a person's history, treatment and state of health is privileged and confidential.

5.7.2 It is accepted nursing practice that nursing is communicated and recorded as part of the persons care and treatment. Professional judgement and responsibility should be exercised in the sharing of such information with professional colleagues. The confidentiality of each person's records must be safeguarded.

6 Safe & Responsible Medication Training

6.1 Authorised staff member / nurse training in safe and responsible medication management:

6.1.1 All Authorised staff members will undergo a programme of training with S.O.S. Kilkenny Clg. and will demonstrate competency prior to administering medication.

6.1.2 Nurses employed will undergo a two day training programme to familiarise with the Medication System in S.O.S.

6.1.3 The training programme consists of a minimum of a two day course and will include 2-3 Practical assessments in their work location. (Practical assessments will be carried out by the nurse trainer).

6.1.4 The training programme will be delivered by a nurse trainer – who has completed the Joe Wolfe Safe and Responsible Medication Training Course.

6.1.5 Refresher training is mandatory every 2 years following training in safe and responsible medication management.

6.1.6 Agency Staff who have been sourced via the HR Department of SOS Kilkenny clg shall be authorised to administer and record the administration of medication where the agency staff:

6.1.6.1 Is a Social Care Worker, Social Care Leader and/or Nurse qualified,

6.1.6.2 Holds current (in date) SAM's or Wolfe versions of Medication Management Training.

6.1.6.3 Has furnished a copy of their Certificate to the SOS clg HR Department.

6.1.6.4 Is shadowed for the first administration of Medication by a Manager / Team Leader or On-Call Manager of SOS Kilkenny clg to ensure the Agency Staff can administer and record the medication(s) safely.

6.1.6.5 Signs the 'Staff Signature' list of those administering medication at the location where they are working.

6.1.6.6 Has read and signed as read the SOS clg Policy and Procedures for Safe and Responsible Medication Management.

6.2 Authorised staff member training in safe and responsible medication administration:

6.2.1 Authorised Care staff will undergo site/person specific training in safe and responsible medication administration with SOS Kilkenny clg.

6.2.2 The training programme consists of a minimum 3.5 hours including theory and practical exercises.

6.2.3 Training will include 2-3 Practical assessments in their work location. (Practical assessments will be carried out by the nurse trainer).

6.2.4 Staff trained in safe and responsible medication administration can only do so under site/person specific protocols document 041a / 20.

6.2.5 The training programme will be delivered by a nurse trainer – who has completed the Joe Wolfe Safe and Responsible Medication Training Course.

6.2.6 Refresher training is mandatory every 2 years following training in safe and responsible medication management.

6.3 The theoretical aspect of the training programme will contain the following content:

6.3.1 Basic Pharmacology – Knowledge of all medication groups presently being prescribed including their therapeutic use, possible side effects, toxic effects and adverse effects.

6.3.2 Preparation of medication for administration i.e. tablets, capsules, creams, eye drops, ear drops etc.

6.3.3 Safe Ordering, Collection, Stock Management, Storage, Administration and Recording of Medication and disposal of same.

6.3.4 Knowledge of the Medication System of Prescription Sheets and Recording Sheets including abbreviations and common terms used.

6.3.5 The routes of Administration.

6.3.6 The 7 Rights of Medication Administration.

6.3.7 The principles applied to the safe administration of medication.

6.3.8 Drug Errors/ near misses / Refusals/ Spitting out / Crushing / Covert administration.

6.3.9 Basic Understanding of the Misuse of Drugs Act 1988 and subsequent amendments to this Act.

6.3.10 Safe Use and management of PRN Medication and Over the Counter Medication. *(Not an exhaustive list).*

6.4 Training is provided to different grades of staff members, volunteers and families to administer Emergency Medications and to ensure that this medication is always available to service users , when prescribed , including in the community.

6.4.1 Emergency Medication for Epilepsy:

6.4.1.1 Only designated staff, who have received accredited training, are to administer medication for the emergency treatment of epileptic seizures. If the service user is prescribed Midazolam, Buccolam , or Rectal medication then their medication must be available to them at all times as per the Epilepsy Care Plan.

6.4.1.2 The trained designated staff member will carry the emergency pack of medications needed for the emergency as prescribed and will include an up to date Protocol for same – showing details of service user, date of birth, the types of seizures the medication is prescribed for, the timing as to when to administer the medication, if and when to give a 2nd dose, when to call the ambulance/G.P. and will be signed and stamped by the prescribing G.P. or neurologist. The pack also includes gloves and optional watch. The pack will be stored in the Medication press / Trolley when not being carried (as all other medications are).

6.4.1.3 The manager must keep a record of all staff who are so designated, with copies of their signatures and initials.

6.4.1.3.1 Each service user prescribed this medication must have an individual Emergency Medication Protocol in place showing the specific guidelines for administration of the medication. The protocol should include:

6.4.1.3.2 Name of Service user

6.4.1.3.3 Seizure classification and description

6.4.1.3.4 Method of Administration

6.4.1.3.5 Possible seizure triggers

6.4.1.3.6 Possible seizure warning signs

6.4.1.3.7 Usual duration of seizure

6.4.1.3.8 Usual recovery of seizure

6.4.1.3.9 When the Emergency medication is to be administered

6.4.1.3.10 How much is to be given

6.4.1.3.11 What the usual reaction is

6.4.1.3.12 Whether a repeated dose can be given

6.4.1.3.13 Time interval for repeated dose

6.4.1.3.14 Maximum amount that can be given in any 24 hour period

6.4.1.3.15 When emergencies should be contacted

6.4.1.3.16 The seizure plan must have a review date of no longer than 3 months. A review should also be had with the prescriber following every administration of the medication.

6.5 Emergency Medication of Adrenaline for Anaphylaxis:

6.5.1 Only authorised staff members who have received specific training may administer adrenaline for anaphylaxis.

6.5.2 This training must be updated 2 yearly or reviewed following an administration of the medication.

6.5.3 Only pre-filled pens suitable for self-administration may be used by non – nursing staff

6.5.4 The Manager must ensure a record is kept of all staff who are so designated, with copies of their signatures and initials.

6.5.5 When the need for a service user to keep a pen for immediate treatment has been identified, the care plan must include:

6.5.5.1 The name of the Service User

6.5.5.2 The cause of the allergy and possible reaction and identification of same.

6.5.5.3 Clear instructions on how to use the pen , which must be kept with the pen (as a protocol)

6.5.5.4 Instructions for care of service user following administration.

6.5.5.5 Emergency services to be contacted immediately.

6.5.5.6 The Emergency pack will contain 2 Adrenaline pens, gloves and protocol.

6.6 <u>Emergency Medication of Glucagon (Hypo Kit) for Hypoglycaemia.(Low Blood sugar:</u>

6.6.1 Only authorised staff members who have received specific training in Diabetes management and the administration of Glucagon may administer Glucagon (Hypo kit).

6.6.2 The manager must ensure a record if kept of all staff who are so designated, with copies of their signatures and initials.

6.6.3 The kit dispensed by Pharmacist for the named Service User contains the following:

6.6.3.1 Labelled sealed container for named Service User.

6.6.3.2 Instruction sheet on how to use the injection

6.6.3.3 One syringe containing 1 ml of water (adult dose)

6.6.3.4 One ampoule containing powder.

7.5.4 Training in the administration of Glucogon must not be confused with training of the administration of Insulin. This specific training is delivered by the Diabetic Nurse Team, St Luke's Hospital, and Kilkenny.

<u>7.0</u> <u>Prescriptions:</u>

7.1 Medications are prescribed by:

7.1.1 Service User's G.P. / Care Doc

7.1.2 Hospital Consultant

7.1.3 Psychiatrist

7.1.4 Dentist

7.1.5 Nurse Prescriber

7.2 The prescription is the official instruction given by the prescriber and by which medication must be administered.

7.3 The prescription must be clearly legible and be printed indelibly. Drugs prescribed must be clearly identified on the Medication Prescription Sheet 041a/04 (i.e. Kardex or Prescription Sheet generated by the Bio dose System). The Medication Prescription Sheet must be signed by the prescriber. Each individual medication must be separately signed by the prescriber.

7.4 The prescription must include all the following information:

7.4.1 The service user's name
7.4.2 The date of when drug to be commenced
7.4.3 The name of the drug
7.4.4 The dosage / strength of drug
7.4.5 Frequency of administration and /or timing of administration
7.4.6 Route of administration and method of administration
7.4.7 Date of Birth of Service User
7.4.8 Allergies - known or unknown must be filled in.
7.4.9 Prescribing Medical Practitioner's or Nurse Prescriber's signature (PIN number in both cases are essential). – Nurse Prescribers commonly employed in Diabetes service, Asthma service, and Pain Management services.
7.4.10 Discontinuation date (if known e.g. short term medication)
7.4.11 Photographic Evidence must be attached on imprinted on each Prescription Sheet i.e. White Kardex Sheet and Pink P.R.N. Sheet.

7.5 If the prescription does not meet the above criteria the responsible Authorised staff member / nurse should withhold the drug and contact the prescribing doctor or nurse immediately.

7.6 All known allergies must be written on the Medication Prescription Sheet (this must be filled in as unknown if there are no known allergies). Top right hand corner of sheet.

7.7 No more than one Medication prescription sheet should be in use at any one time for any one service user. If it is necessary to have more than one sheet in use i.e. if service user is prescribed a lot of medication etc. The front sheet should be marked '1of 2' and the next marked '2 of 2' and attached together. Old prescription sheets should be clearly cancelled by the doctor and retained in the service user's medical file. (The exception to this is; some pharmacies request a copy of the Kardex Sheet when a change has been made to medications. This sheet is to be destroyed on return to the original location to avoid confusion).

7.8 A Medication prescription sheet should not bear any written amendments. If there are changes in the medication, dosage, frequency, route or method of administration etc. the prescription should be discontinued and re written again.

7.9 When prescriptions are discontinued, a line should be drawn diagonally through the complete row. The doctor should enter his/her initials and end date in the prescription sheet dispensing history area.

7.10 Where a new prescription replaces an earlier prescription, the latter should be cancelled clearly by the prescribing doctor.

7.11 Prescriptions should be reviewed by the doctor at agreed review times in conjunction with staff. The standard recommended review times are as outlined on Page 15 section 8.19.

8.12 When a Medication Prescription Sheet is re written (and signed by the prescribing Doctor), a new Medication Recording Sheet/Kardex 041a/05 should be started to avoid confusion with numbers and codes. The old Prescription Sheet and the Recording Sheets should then stapled together and be filed in service user's medical file.

8.0 Prescriptions for PRN Medications

8.1 If a service user is prescribed PRN medication, the supply of medication may be carried forward from the end of the month to the next month and does not need to be discarded providing:

- 8.1.1 The medication is still being prescribed by the doctor / prescriber.
- 8.1.2 The medication is in its original pack with an expiry date so it can be checked that the medication is still in date.
- 8.1.3 PRN medications are subject to the same weekly stock check as regular medications. This is of particular importance as when it comes to re ordering PRN medications. Only order stock when and if needed - not monthly as regular medications.
- 8.1.4 On collection of PRN medication from the pharmacy, staff must ascertain the expiry date of the medication – date may not be on the dispensing package. Enter this date on the medication stock sheet – pertaining to this medication – to be checked at the weekly stock check of medications.
- 8.1.5 When a G.P. or other prescriber prescribes a medication he/she issues a pharmacy prescription. This prescription is then presented to the pharmacist and will be dispensed in containers, bottles, sachets, Venalink System or any other agreed Unit Dose System.

8.2 **Procedure to be followed when in receipt of Pharmacy Prescription to be filled:**

- 8.2.1 Present the prescription in usual Pharmacy to be filled. Pharmacist will inform you when prescription will be ready for collection. Record this in house diary so medicines will be collected when ready.
- 8.2.2 On collection or on delivery of the medicinal products, the Authorised staff member/nurse must check the delivery against the drug order list. When and if delivery is correct place medicines in correct storage system e.g. locked press or fridge as indicated on the label or packaging of the medicine product or as advised by the pharmacist.
- 8.2.3 If there is a discrepancy in the stock received i.e. amount of medication received – immediately contact the pharmacist (phone no and name on the medication label), inform them of the discrepancy and request the appropriate action. This must be recorded in the Communication with Pharmacy Sheet. If out of business hours contact Mini-call.
- 8.2.4 Do not administer any medicine that you have a query about.
- 8.2.5 The medication check should include cross checking against the service users Medication prescription sheet.
- 8.2.6 Fill in the medication stock sheet – medication received.
- 8.2.7 Record any change of medication in service user's medical file - also record in service user's day book of any change made and reference to their medical file.
- 8.2.8 Discuss any change of medication with the service user.
- 8.2.9 Inform service user's family/next of kin of any change in medication /illness etc. Record same in medical file.

8.2.10 If a new medication has been prescribed – obtain an information sheet on that drug so that all Authorised staff members / nurse can make themselves aware of the possible side effects and benefits of the medication.

8.2.11 Information sheets on medication are to be filed in Blue Medication Information Folder in each location.

8.2.12 All medical forms that relate to PRN medication are printed on Pink Paper i.e. (think pink – prompt)

8.2.12.1 Pink PRN Medication Prescription Sheet / KARDEX 041a/07

8.2.12.2 Pink Medication recording Sheet 041a/08

8.2.12.3 Pink Medication Protocol / Plan 041a/11

8.2.12.4 Pink Medication Administration Information Sheet 041a 09

8.2.12.5 Pink Medication Stock Sheet. 041a/10

8.3 **Prescriptions over the Phone:**

8.3.1 Occasionally a doctor may prescribe a medication or a decrease/increase of medication by phone. As you will need a prescription to acquire the medication ask the G.P. to leave a prescription for the change in the surgery and you can then collect same. Also the G.P. must sign the change to medication on the Medication Prescription sheet.(Kardex)

8.3.2 If the G.P. has ordered an increase of medication and the original medication has already been dispensed in the Venalink / Biodose system – contact the pharmacist who will then make the adjustments to the Venalink / Biodose System.

8.3.3 If the G.P. has ordered a decrease of medication and the original medication has already been dispensed in the Venalink/ Biodose system the pharmacist will need to remove any discontinued medication from the packets.

8.3.4 Authorised staff members/ Nurses must not remove any medications from the dose dispensing system (Venalink / Biodose etc) except for immediate administration. The integrity of the dispensing must be preserved

8.3.5 On Call Doctor / Care Doc - If an On Call Doctor Care Doc prescribes a an increase of medication over the phone -

8.3.5.1 Explain to doctor that you will need a signed Kardex prescription Sheet and prescription before you can administer medication. (Explain policy in S.O.S.)

8.3.5.2 Arrange to have prescription collected and Kardex prescription sheet signed by the prescriber.

8.3.5.3 If it is an emergency, request the doctor to do a house call.

8.4 **Over the Counter Medications:**

8.4.1 All Over the Counter Medications requested by Service users must be written on a Medication Prescription Sheet (Kardex) by the prescriber before they can be administered by a Nurse or Authorised staff member.

8.5 **Reviewing and Monitoring of Medications.**

8.5.1 All medications must be reviewed on a regular basis. The purpose of the review is to optimise the therapeutic benefits of medication and minimise medication related problems. Reviews must be done with the prescribing G.P. or other prescriber.

8.5.2 Adult's medication should be reviewed every 6 months.

8.5.3 P.R.N. medication should be reviewed every 3 months

8.5.4 If there are specific concerns regarding a service user's medication regime, medication should be reviewed when necessary.

8.5.5 Do not ignore side effects – they can be severe and impact significantly on a person's quality of life.

8.5.6 It is the responsibility of Nurses and Authorised staff member to be familiar with the side effects of all medication that they administer and observe service users for same.

8.5.7 As with all reviews the service user must be involved and at the centre of the medication review process.

8.6 **Service user's Medication Support Plan**

8.6.1 Each service user should have an overall personal care plan and a medication support plan, where required.

8.6.2 The development of the service user's medication support plan is based on the principle of bringing together details of the service user's medication history, present medication regime, and other relevant information (e.g. known allergies, medical conditions) within a confidential document that is owned (where possible) by the service user.

9.0 Labelling of Medications:

9.1 It is the pharmacist's responsibility to ensure all drug containers/ bottles/unit dosage packets/injections/ointments etc., are correctly labelled with the relevant information as they leave the pharmacy (Client name, drug name, strength, dosage, batch no, expiry date etc., amount dispensed, any particular information etc).

9.2 The nurse or Authorised staff member can only administer medications from containers, packages, dispensing packs with labels that are clearly legible. If labels become damaged or defaced the container should be returned to the pharmacy so a clear label can be attached.

9.3 Labels should never be altered by Authorised staff members / Nurses.

9.4 Medication should never be transferred from the container that was issued from the pharmacy to another container. For medications dispensed to service users going home or away please refer to point 22.9 of this policy. Pharmacies will dispense separate unit doses medications for planned events e.g. weekend breaks/ holidays /Christmas times / outing for day trips, point 27.0. Communicate with the pharmacy regarding these specific needs.

9.5 Medications brought to any other location in S.O.S. must be in the original medication container received from the pharmacy. If the medication is newly prescribed or an altered prescription, it must be signed on S.O.S. Medication Prescription Sheet by the prescribing G.P./Dentist or relevant prescriber. Medication will not be accepted if it is not in the original pharmacy packaging. Loose medication is not acceptable. Unlabelled medication is not acceptable.

9.6 Labels will state:

9.6.1 Name of service user
9.6.2 Name of medicinal product
9.6.3 Date of dispensing
9.6.4 Form /dosage
9.6.5 Strength / concentration
9.6.6 Quantity
9.6.7 Frequency of administration
9.6.8 Route of administration
9.6.9 Specific reasons for use and specific time interval for PRN medications
9.6.10 Maximum dose to be administered in any 24 hour period
9.6.11 Specific directions for use e.g. take one hour before food.
9.6.12 Precautions relating to the use of the medicine e.g. do not take with Grapefruit/ take this medication half hour before food / this medication must not be swallowed whole – to be sucked or chewed etc.
9.6.13 The words " for external use only " where the medicine is for external use only e.g. ointments
9.6.14 The words " Keep out of reach of children"
9.6.15 Expiry date of the medicine (e.g. month/year)
9.6.16 Name, address and telephone number of the dispensing pharmacy.

10.0 Medication Systems

10.1 Unit Dosed System used in S.O.S. Namely

10.1.1 The Venalink System

Medications are dispensed in unit dosage cards. – dispensed by the pharmacist on receipt of a prescription by the G.P. or other authorised prescriber.

10.2 Whilst this system provides some safety controls it does not eliminate the possibility of human error. Medication management is never without some risk – the unit doses systems are about minimising the risk of administration, providing a more manageable system for service users who are self-administering and so maximise the therapeutic benefit to service users.

10.3 There are practical limitations, namely:

10.3.1 PRN medications are not suitable to be dispensed in system.
10.3.2 Short term medication may not be dispensed in the unit dosed systems.

10.3.3 Newly prescribed medications will not be dispensed in the unit dosed System to allow for monitoring of adverse reactions. Medication may need to be discontinued abruptly and would require returning to the pharmacy. When the medication becomes established and well tolerated then it can be dispensed in the unit dosed System.

10.3.4 Medications that are not suitable for the unit dosed System will be dispensed and administered using the standard method.

10.3.5 The unit dosed System will carry the same labelling as required for standard medication dispensing but also carries information re the identification of each medication in the unit dosage.

10.6 S.O.S. will continue to research new and safer methods of Medication Systems to ensure the safest possible system is used. The ideal system would be a non - touch medication administration system.

10.7 Venalink System

10.7.1 There are 2 different Venalink Cards:

10.7.1.1 Weekly Cards – Cards showing Breakfast, Lunch, Tea time and Night time across the top and weekdays down by the side of the card. Weekly cards are used for people who are on medications several times a day.

10.7.1.2 Monthly Card- Card showing Week 1, Week 2,Week 3, week 4 across the top and Mon, Tues ,Wed, Thurs, Fri, Sat , Sun down by the side. Monthly cards are for used for people who are only prescribed medications once a day.

10.7.2 When you receive the Venalink Packets from the pharmacy:

10.7.2.1 Check the labels on the top of each pack and then cross the labels against the Medication Prescription Sheet. If there has been any change made by the G.P. / Psychiatrist check that the change has been made by the pharmacist. If you note any discrepancy at this stage check with the pharmacy. Make a visual check of the medications in each blister against the labels attached to the packs.

10.7.2.2 Record any communication with the pharmacist at this time.

10.7.2.3 When you are happy that the check seems visually correct enter the stock in the Medication Stock Sheets as 4 packets received (from pharmacy).

10.7.2.4 Each week after use enter 3 packets left, 2 packets left etc. as appropriate.

10.7.2.5 When the stock of packets is at 2 packets it is time to order a new prescription from the G.P or if you have a prescription already in stock order from the pharmacy one week before it is needed for administration.

11.0 Ordering of Medications

11.1 Ordering of medications form an integral part of the process involved in medication safety management.

11.2 A registered nurse or an Authorised staff member will be responsible for checking and ordering adequate supplies of medicine from the pharmacy.

11.3 Medications are ordered on a monthly basis generally but this may vary depending on the service user's needs.

11.4 The decision to order will be decided each week following the weekly medication stock check by the staff that has completed the stock check.

11.5 Details of the medication to be ordered must concur with the service user's Medication Prescription Sheet and PRN Sheet (if relevant).

11.6 If there is a 3 month prescription in stock (this may be stored in the house/location or in the pharmacy) it will only be necessary or order the medications from the pharmacy.

11.7 If there is not a prescription in stock or stored in the pharmacy, it will be necessary to order the prescription from the G.P. and then submit that to the pharmacy when available from the G.P.

11.8 The time elements between the two scenarios must be taken into account.

11.9 Only order PRN medications if needed – check stock in hand and check amount used in the previous month. Do not automatically order PRN medications. This can always be ordered from pharmacy at a later date if required.

11.10 Medications order form must be completed and signed by Authorised staff member undertaking the ordering. Always state the times of medication administration when ordering from pharmacy to avoid confusion. Ensure any new medications commenced since last pharmacy order are entered on the medication order form. (Check any changes made to medications since last prescription ordered e.g. changes to medication following psychiatric assessment etc.).

11.11 When the medications are collected from the pharmacy the medications received must be checked against the medication order form. If there is any discrepancy noticed during this delivery check, the medication should not be administered until the discrepancy is amended (i.e. notify the pharmacy immediately informing them of the discrepancy noted and request appropriate action). Record this communication. The medications must also be checked for any generic medications received.

11.12 As soon as medications are have been received and checked as correct they should be stored appropriately (i.e. drug press, drug trolley or fridge (specifically for this purpose).

11.13 Medications will not normally exceed four weeks supply except in case of creams, bottled products/PRN medications (expiry dates to be checked at each weekly stock check).

12.0 Storage of Medication:

12.1 Receiving Stock

As soon as medications are have been received and checked as correct they should be stored appropriately (i.e. Drug press, drug trolley or drug fridge (specifically for this purpose). Medication stock sheets to be completed and signed by receiving staff.

12.2 Returning Stock to Pharmacy.
Discontinued or out of date medications must be returned to the pharmacy (who dispensed them) on a regular basis. It is the responsibility of the registered nurse or the Authorised staff member to ensure the medication press is maintained at a practical and efficient level.

12.3 Responsibility for Stock
The ordering, checking, and safe custody of all stock of medication in each location is the responsibility of the registered nurse or the Authorised staff member.

12.4 Medication should be stored in the appropriate environment as indicated on the label or packaging of the preparation or as advised by the pharmacist.

12.5 A fridge, which meets specifications, should be kept for the sole purpose of storing medications, (if necessary i.e. for medications to be specifically stored in a fridge). No other item (e.g. food) should be stored in this fridge. There must be a locking system on the fridge.

12.6 A small fridge will be supplied in each location where medications are stored. A fridge thermometer will be supplied for each fridge. Log of daily temperature of fridge to be recorded for the times that medications are stored in the fridge. 041a/18. An information sheet (which includes action points to be taken if temperature falls outside of required range i.e. 2 degrees Centigrade to 8 degrees Centigrade.) will be supplied with each fridge.

12.7 All medications should be kept in the original container sent from the pharmacy as this container is marked with the batch no and the expiry date and all current relevant details. Medications should not be transferred from one container to another.

12.8 All other medications should be stored in a locked cupboard in a locked room. The cupboard/ press should be of an adequate size, well-constructed and have a good quality lock. The temperature of the room where the press is located must not be above 25 degrees Centigrade.

12.9 A drug trolley is used in the Sycamore Retirement Home and locked presses are used in all other locations in S.O.S. The trolley should never be left unlocked if unattended. When not in use the trolley must be locked and attached to a wall by a secure chain.

12.10 Storage of medication on the open bottom of the drug trolley is not acceptable at any time.

12.11 The medication trolley / cupboards must be stocked only with those medications that are prescribed on the Medication Prescription Sheets.

12.12 The keys of the cupboard /trolley must always be held on the staff person. Only the keys of the trolley or medicine press must be on the key ring. The exception to this is when the staff is leaving the house /location the keys must then be locked in a safe nominated place – that is known to the staff next coming on duty.

12.13 Service Users who are self - medicating will be provide with a locked press for the storage of their medications, each location to be decided locally. Staff in the location will store a 2nd key as per the risk assessment.

12.14 Scheduled /Controlled Medications must be stored as per Section 32.0of this policy.

13.0 Medication Stock Management.

13.1 The stock of medication is checked each week at each location. The rationale for this is twofold;

13.1.1 To indicate that the correct stock of medication was dispensed during the week.

13.1.2 To indicate when it is necessary to order new stock of medication.

13.2 For medications dispensed in regular bottles, containers, injections etc.

13.2.1 Each individual medication must have a separate Medication Stock Sheet.

13.2.2 Stock of all medications must be checked on a weekly basis. Medication stock to be checked at the same time, on the same day/night each week. The allocated time for this check is to be stated with the other relevant details at the top of the medication stock sheets.

13.2.3 Medication balance needs to be recorded once weekly at the allocated time. There is no need to update the balance following individual transactions during the calendar week.

13.2.4 When medication is received into stock, check that the correct amount of medication has been received. Enter the date and amount in the "Stock in from pharmacy" column. (do not balance)

13.2.5 If service user goes home for weekend /holidays enter the date and the amount of medication taken from stock in the "Dispensed for weekend /holidays" Column (do not balance).

13.2.6 If medication is sent to Workshop or other outlet for mid-day administration, enter the amount and date in "Dispensed to Workshop" column. (do not balance).

13.2.7 At the weekly stock check - Check the Medication Recording Sheet for the previous week i.e. since the last stock check and enter the amount of medication administered during the week (through the Kardex System) and enter the amount used in the "Dispensed in house" column.

13.2.8 Start the calculations –

13.2.8.1 Note the last balance

13.2.8.2 Add stock from "Stock in from Pharmacy Column"

13.2.8.3 Subtract total in "dispensed to house" Column

13.2.8.4 Subtract total in "dispensed to workshop "column

13.2.8.5 Subtract total in "dispensed for weekend/holiday "column.

13.2.8.6 Note the amount of medication that should be left.

13.2.8.7 Count the medication left in stock – use gloves and /or medication counter.

13.2.8.8 If both totals correspond, enter that amount in the Balance column and sign off as correct.

13.2.8.9 If there is a discrepancy in the balance, check all figures and stock again. If still incorrect, check with other Authorised staff members in location. If it cannot be resolved contact residential manager as soon as possible and furnish her with a Medication stock error form.

13.2.8.10 The residential manager will then investigate the discrepancy.

13.2.8.11 A Medication Stock Check form must be sent to the residential

manager the morning after the stock check to confirm all is correct. If incorrect follow step 9.

13.3 **Unit Dosed Medication Systems Stock Check.**

13.3.1 Unit Dosed Systems may contain many different medications. The labels are attached to the top, back or side of the packaging.
13.3.2 One Medication Stock Sheet is required per Card / Tray.
13.3.3 It is the cards /trays that must be counted – not the individual medications.
13.3.4 Using the Venalink Stock Check Sheet, enter in stock received and when card is finished /empty; enter stock taken out (per Medication Recording Sheet).
13.3.5 Balance the card /tray stock at the allocated time each week.
13.3.6 If the card / tray stock is found correct, the balance is to be signed off as correct and a Medication Stock Check 041a/13 & 041a/14 must be signed by Authorised staff member/ nurse completing the check and sent to the residential manager the following day.
13.3.7 If the card / stock is incorrect e.g. blister is not used and remaining in the card / tray – all efforts are to be made to discover the reason why e.g. check all documentation relating to medication administration and enquire from other Authorised staff member / nurse of any known reason. Report the discrepancy as soon as possible to the residential manager.
13.3.8 Complete the Medication Stock Check form showing the discrepancy found.
13.3.9 The residential manager must conduct an investigation into the discrepancy as found and furnish report to The Residential Manager with recommendations regarding same. The system may also need to be reviewed or staff retraining assessed.

14.0 Disposal of Medication

14.1 All unused /discontinued/destroyed/ wasted or out of date medications are to be returned to the dispensing pharmacy for disposal.
14.2 Other reasons for disposing of medications /medicinal products may be:
14.2.1 The prescription was changed/discontinued
14.2.2 The death of a service user – medications must be maintained for at least 7 days as they may be needed by the courts.
14.2.3 Any unused medications
14.2.4 The expiry date has passed
14.2.5 Tubes (ointments or creams) that are cracked, leaking or hard, or where the contents have changed colour, odour or consistency.
14.2.6 Liquids that have thickened or discoloured or smell differently to the original product.
14.2.7 Tablets that are chipped, cracked or discoloured and capsules that have cracked, softened or stuck together.
14.2.8 (Not an exhaustive list.
14.2.9 Surplus, unwanted or expired medications should not be stored – must return to pharmacy as soon as possible.

14.3 On discovery that medications need to be disposed of e.g. during the weekly medication stock check the following steps are to be followed;

14.3.1 A Separation Process must be put in place to separate medications for return to pharmacy from the medications still in use. Lock the medications for return in separate box and lock in separate press – to prevent the use of this medication by error. Return these medications to the pharmacy the day after stock check night each week.

14.3.2 Identify and count the medication to be disposed of, use glove / tablet counter.

14.3.3 Locate the relevant Medication Sheet for each medication to be disposed.

14.3.4 Fill in the return details and sign – if two Authorised staff members are working both Authorised staff members /nurses to sign. If only one Authorised staff member on duty, request the residential manager to co – sign the form.

14.3.5 Package the medication and return to the Pharmacy.

14.3.6 Ask the pharmacist to stamp the Medication Stock sheet for each medication returned – to stamp receipt of return.

14.3.7 File the Medication Stock Sheet in service user's file.

15.0 Disposal of injection needles and glucometer needles.

15.1 All injection needles/ glucometer needles/ Insulin needles must be disposed of carefully using a sharps container / Cin Bin.

15.2 Sharps are supplied by, and when ¾ full and sealed are to be returned to Community Care Headquarters, James Green, Kilkenny. (Stores Dept).

15.3 All relevant areas must have a Sharps Box. These boxes come in varying sizes depending on the need.

15.4 All needles, syringes, ampoules, Diabetic test strips should be placed in the Sharps Box after use.

15.5 Used needles should never be recapped.

15.6 Items should never be forced into the sharps Box as this could cause injury.

15.7 Never put your hand into the Sharps Box.

15.8 Sharps Boxes must be stored in a safe place accessible only to users of the boxes e.g. nurses, service users with Diabetes Type 1 and Type 2.

15.9 When the Sharps Box is ¾ full it should be closed and returned to Community Care Headquarters, James Green – Stores Dept.

15.10 If a visiting G.P. or other clinician administers an injection in a location and there is no Sharps Box available – staff must ask that they take the used injection with them.

16.0 Needle stick Injuries

16.1 In the event of a needlestick injury, bite etc. please refer to the S.O.S. Needle stick Injury Policy.

16.2 Action taken following a sharps injury / bite :

16.2.1 Encourage the wound to bleed.

16.2.2 Do not touch the injury site.

16.2.3 Irrigate / rinse the wound thoroughly with running water and soap. Do not use a nail brush.

16.2.4 Dry and cover the wound with a waterproof dressing, if necessary.
16.2.5 Contact your residential manager immediately for further directions.

17.0 Withholding of Medications

17.1 Medications may have to be withheld from administration in certain circumstances - the reasons may include the following:

17.1.1 Known adverse reaction. (Newly prescribed medication should not be dispensed in unit dose systems (Venalink or Biodose) – so if an adverse reaction occurs it can be easily managed.
17.1.2 Suspected overdose / or service user appears overly sedated.
17.1.3 Sudden increased confusion
17.1.4 Evidence of drug abuse or alcohol use/abuse
17.1.5 Service user reporting unusual experience /sensation
17.1.6 Acute vomiting.
17.1.7 Refusal by service user to take the prescribed medication
17.1.8 Refusal by family/ guardian to administer the prescribed medication.
17.1.9 Incorrect prescription
17.1.10 Incorrect medicine dispensed from pharmacy
17.1.11 Incorrect labelling of containers, bottles, blister packs or other unit dose system.
17.1.12 Fasting prior to medical tests/procedure /bloods.
17.1.13 It must be recorded if medications are intentionally withheld or refused, detailing the circumstances and Authorised staff member /nurse involved. Record this on Medication Recording Sheet under comments section and in Service User's medical notes.
17.1.14 The safety of the service user must be promoted during this process. The service user must be informed at all times and advised if it is necessary to withhold medication or advisable to withhold medication.

18.0 Medication Errors and Near Miss.

18.1 A Medication error is defined as any incident including but not limited to an administration error, loss or wastage of a drug/medicine /therapeutic preparation, omissions, poorly written prescriptions, error in dispensing, careless handling and /or storage etc. (the Wolfe Group).

18.2 All medication errors must be recorded on the medication error sheet 041a/19 and the medication incident analysis form must be completed.

18.3 An administration error could mean that:

18.3.1 Service user has been administered incorrect medication.
18.3.2 Service user has received incorrect dosage of medication.
18.3.3 Medication has been administered to Service user at incorrect time.
18.3.4 Service user has been administered another service user's medication.
18.3.5 Service user has received medication by a wrong route.
18.3.6 Service has received medication against their right to refuse medication.
18.3.7 If staff have not recorded the administration of medication to a service user.

18.4 If a service user has been administered another service users medication in error the the following procedure must be followed:

18.4.1 Contact the service user G.P. or Care Doc for advice (have full medical file on hand when contacting the G.P. or Care Doc, give him/her any relevant medical information and also any observations made since administration of incorrect medication. If the service user has been administered another service user's medication in error have both medical files on hand when contacting the G.P. Care Doc. Listen carefully to the doctor's advice.

18.4.2 Repeat the advice back to the doctor for clarification.

18.4.3 Record advice in Service users file

18.4.4 Follow that advice, may include taking service user to hospital.

18.4.5 Inform residential manager or manager on call.

18.4.6 Continue to observe the service user.

18.4.7 Inform the service user and the service user's next of kin /guardian. (Discuss this step with the residential manager.)

18.4.8 Medication error form must be completed and given to manager as soon as possible. A copy must be kept on service user's file.

18.4.9 An early review must be held by the residential manager to review the error/ incident and to agree what further steps need to be taken e.g. system failure, staff training etc.

19.0 Near Miss

19.1 A near miss is an unplanned event that did not result in injury, illness or damage but had the potential to do so. Only a fortunate break in the chain of events prevented the injury, fatality or damage: in other words, a miss that was nonetheless very near.

19.2 'Near Miss 'must be reported to the residential manager and a review must be held as a matter of urgency to review the areas of risk and establish controls.

19.3 All medication errors must be recorded on the medication error sheet 041a/19 and the medication incident analysis form must be completed.

20.0 Adverse Drug Reaction Reporting

20.1 **Definition**

An adverse reaction is defined as a "reaction which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy or disease or for the modification of physiological function. This definition excludes accidental or deliberate excessive dosage or maladministration).
http://www,imb.ie/En.Safety--quality/Reporting-Suspected

20.2 Reporting of suspected adverse reactions is critical for safe medication management and service user care.

20.3 Supporting Guidance:

20.3.1 The reporting and monitoring of adverse reactions has significant implications for patient/service user safety. It is not necessary to determine a causal relationship between a drug and subsequent event prior to reporting suspected adverse reactions.

20.3.2 Nursing Authorised staff member/ nurse should liaise with the prescribed about the submission of the report as appropriate. The IMB is responsible for the national adverse reaction reporting system, as part of its drug monitoring programme. Post –paid report forms (i.e. the yellow card) are available from the IMB, with a downloadable version accessible from the IMB website.

20.3.3 The IMB requests that health care professionals (defined as medically qualified people, nurses, midwives, doctors, dentists, and pharmacists) report the following:

20.3.3.1 All suspected adverse reactions to new medicinal products

20.3.3.2 Serious suspected reactions to established medicines, (i.e. those available on the market over 2 years

20.3.3.3 Any suspected increase in the frequency of minor reactions,

20.3.3.4 Any suspected teratogenic effects

20.3.3.5 Any suspected reactions associated with the use of vaccines used in pregnancy.

20.4 **Procedure for reporting an adverse drug reaction.**

20.4.1 To maximise the value of the adverse drug reactions reporting system in ensuring drug safety, prescriber vigilance is essential. The possibility of adverse reactions must continually be borne in mind.

20.4.2 If suspected, all adverse drugs should be reported firstly to the patient's doctor and also by the healthcare professional to the IMB using the Adverse Reactions Form available from Pharmacies or G.P. surgery or the IMB Website www.imb.ie.

20.4.3 A copy of the completed form should be held on file and an incident form sent to residential manager.

20.4.4 Adverse drug reactions have been identified as a leading cause of morbidity and mortality. As part of their everyday care of service users, nurses and Authorised staff members are in prime positions to observe and report on suspected adverse reactions.

21.0 Transporting of Medication.

21.1 Transportation of medication should be kept to a minimum at all times.

21.2 Because of the nature of the service, medications may have to be transferred from one location to another. Medications may also need to be transferred home at weekends, holidays and also for day trips and outings. Where this is necessary, the service where the medication originates from has the primary responsibility for the safe transfer of that medication.

21.3 A locked box / case will be provided for transportation of medication on the transport bus from workshop, or other S.O.S. locations to and from the Residential Houses.

22.4 Medication will be handed to the bus escort and he/she is responsible for the safe keeping of the medication and the handing over to either the Authorised staff member / nurse in the house /Authorised staff members in other locations/ Health Office, Authorised staff member .

22.5 On receipt of medication, the bus escort will record same in the Bus Medication Book, it will not be necessary to record the amount or name of medication. Record the location where picked up and name of delivery point, and date and signature of receiving staff.

22.6 On arrival at delivery point, the bus escort will hand over medication to nominated Authorised staff member / nurse.

22.7 Medication can also be taken to the workshop / other locations by Managers or Authorised staff member / nurse.

22.8 Procedure when medication has to be transported from one location to another in S.O.S:

22.8.1 The nurse or Authorised staff member must check the Medication Prescription Sheet and ensures that he/she has the correct medication to be transported.

22.8.2 Medication is never removed from its original container.

22.8.3 The containers of medications/Venalink are placed in a large envelope. The current Medication Prescription Sheet and Recording Sheet must also be included. The person's name and address is clearly written in block capitals on the outside of the envelope. The envelope is sealed. "Contains Medication" must be written on the outside of the envelope. Also write the name of the staff/ person to whom the envelope is to be delivered to. Contact this person / Authorised staff member to make them aware that medication is being forwarded to them. (There may be a standing transfer so the need to make this contact will not exist on each transfer).

22.8.4 Medication Stock must be signed out of the Medication Stock Book.

22.8.5 The envelope containing the medication is placed the recognised bag / case used specifically for the transportation of medication and documentation pertaining to the service users.

22.8.6 The case / bag must be locked on departure from the house/ unit.

22.8.7 The nurse / or Authorised Staff Member must hand this bag/case to the bus escort/ residential manager or whatever responsible Authorised staff member is transporting the medication to the relevant unit/office where the medication is required.

22.8.8 The nurse /Authorised Staff member /bus escort is responsible for the case/bag while on transport.

22.8.9 The receiving Authorised staff member must record in their Medication Stock Sheet that they have received the stock of medication.

22.9 **<u>Procedure when medications must be transported to the family home:</u>**

22.9.1 The nurse / Authorised staff member must check the Medication Prescription Sheet and ensures that he/she has the correct medication.

22.9.2 The containers / unit doses system are to be placed in a large envelope which must be sealed. The service user's name and address is clearly written on the outside written in Block Capitals.

22.9.3 The Authorised staff member nurse must sign this medication out from stock in the Medication Stock Book.

22.9.4 If the service user is going home from the workshop / or other S.O.S. location – follow the steps above – but the medication is to be forwarded to the Authorised staff member or manager in other location for safe keeping – until the medication is collected by a family member.

22.9.5 Service users who carry their own medication home must have consent to do so signed by next of kin.

22.9.6 The Envelope containing the medication is placed the recognised bag / case used specifically for the transportation of medication and documentation pertaining to the service users.

22.9.7 The case / bag must be locked on departure from the house/ unit.

22.9.8 The nurse / or Authorised Staff member must hand this bag/case to the bus escort/ residential manager or whatever responsible Authorised staff member is transporting the medication to the relevant unit/office where the medication is required.

22.9.9 The nurse / Authorised Staff member / bus escort is responsible for the security of the case/bag during transportation.

22.9.10 Manager / Authorised staff member will record activity of all medications received and handed out.

22.9.11 If there has been any change to the prescription since last home visit, the Authorised staff member / nurse must ring the next of kin / contact person and make them aware of the change. (this should already be done when change of prescription occurred but always check this to ensure that next of kin/ contact person will be aware of any medication change / short –term medication).

22.10 **Procedure when Receiving Medication from Family Home**

22.10.1 All medications transported from the service user's home to an S.O.S. location must be transferred in its original dispensed container/ unit dosed system with the original label in place and clearly legible i.e. the original pharmacy container/ bottle / unit dosed system etc.

22.10.2 It is the responsibility of the receiving Authorised staff member/ nurse to ensure that this is strictly adhered to.

22.10.3 It is the manager's responsibility to inform parents/next of kin of these requirements. Information regarding the reason for the prescription will also be sought.

22.10.4 Cross check medications received against the Medication Prescription Sheet.

22.10.5 Enter medication in Medication Stock Book.

22.10.6 If it is a new medication - Authorised staff member must ask the prescribing doctor to fill and sign the Medication Prescription Sheet. Medication cannot be administered without the Medication prescription sheet with the prescribing doctor's signature**.**

22.10.7 However, if the medication is essential and is received in the correct format medication can be administered but a medication prescription sheet must be signed by the G.P within 24 hours. The prescribing pharmacy should be contacted to verify the prescription, if possible. Inform residential manager in regard to this activity.

22.10.8 All information regarding the medication, illness, reason for medication must be clarified with the service user or family.

22.10.9 Check the time last dose was administered, when next dose is due and all relevant health information necessary to care for the service user.

22.10.10 Record all information in service user's medical notes and advise residential manager of same.

23.0 Administration of Medication .

23.1 Administration can involve the ingestion (swallowing), application (ointments) inhalation, insertion or self –management of medicinal products according to the directions of the prescribing medical practitioner or dispensing pharmacist.

23.2 Only a registered nurse or an Authorised staff member may administer medications to service users of S.O.S. Medications will not be administered unless a consent form for drug administration has been signed by service user, parent or guardian .

23.3 The seven rights of administration should be applied when medication is being administered:

23.4 The right medication i.e. Cross check the label on medication container against the medication named the medication prescription sheet.

23.5 The right service user i.e. being certain of the identity of the service user who is receiving the medication, asking the service user to confirm their name, and maintaining a photo of the service user on each medication prescription sheet i.e. white sheet and pink PRN sheet or Bio dose prescription sheet.

23.6 The right dosage i.e. Cross check the label on medication against the Prescription Sheet

23.7 The right form (liquid, tablet etc.) i.e. ensuring the correct form, route and administration method is being used.

23.8 The right time i.e. Ensure correct timing, frequency and duration of the right order. Accurately documenting medication administration times.

23.9 The right to refuse i.e. Authorised staff member / nurse must recognise and respect the right of all service users to refuse to take their medication.

23.10 The right documentation i.e. Check that correct prescription sheet is being used and complete correct recording sheets.

23.11 In the case of medication by injection only registered nurses / doctor may administer drugs via this route.

23.12 Before administering a prescribed medication, the nurse or Authorised staff member should check that it is due and has not already been administered.
Also check that the previous administration was completed and signed – if not contact the previous staff on duty to ascertain reason why administration was not completed. Refer to Section 30 – refusal of medication.

23.13 The nurse or Authorised staff member should scrutinise carefully all details on the relevant drug container label or package including expiry date.

23.14 While dispensing, avoid touching the preparation to avoid the risk of cross infection or sensitisation.

24.0 PROCEDURE FOR ADMINISTERING MEDICATION:

24.1 Only nurses and Authorised Staff members can administer medications in S.O.S.

24.1.1 Start with clean, dry hands.

24.1.2 Wash hands before administering medications to each service users or wear gloves. Spirigel Hand Cleanser can be used to clean hands between each service user but only if hands are clean

24.1.3 Assemble items needed i.e. pen, medication cups, Kardex folder, Jug of water, glasses, spoons, bowl or any other items particularly needed.

24.1.4 Check Kardex folder i.e. medication prescription sheets and ascertain which service users need to be administered medications.

24.1.5 Be able to identify service users who are prescribed medication e.g. photo of service user.

24.1.6 Ask each service user who is receiving medication to come to the office individually or take the medication to them (if necessary) e.g. incapacitation, in bed, behavioural reasons.

24.1.7 Check the details on the Medication Prescription Sheet against the label on the medication bottle, container, Venalink or Biodose , to ensure the details concur. Check the following:

24.1.7.1 The service user's name

24.1.7.2 The date of prescription

24.1.7.3 The name of medicine

24.1.7.4 The form/strength of medicine

24.1.7.5 The dosage

24.1.7.6 The time and frequency of administration times

24.1.7.7 The route of administration of the medication.

24.1.7.8 If PRN medication - the specific criteria to be given - refer to protocol if appropriate.

24.1.7.9 The expiry date of medicine.

24.1.7.10 Any allergies

24.1.7.11 Signature of prescriber.

24.1.7.12 Once satisfied that the medication is correct, place the medications into a small medication cup, where applicable.

24.1.7.13 Put the medication container back in the locked press.

24.1.7.14 Offer the service user a good drink of water to assist with the swallowing of the medication.

24.1.7.15 Witness the service user taking /swallowing the medication.

24.1.7.16 Immediately sign, date and record the time of administration on his/her Medication Recording Sheet.

24.1.7.17 Repeat this procedure for other clients.

24.1.7.18 When finished, lock the medication cupboard or trolley.

24.1.7.19 Store key of cupboard or trolley on your person.

24.1.7.20 Store Kardex folder.

24.1.7.21 Wash and put away all supplies used. Medications are to be administered after meals unless otherwise stated on label.

24.1.7.22 Use separate spoon/ medicine cups for each service user. Place spoons /medicine cups in bowl for washing after each individual use.

Never administer medications from unlabelled / unclearly labelled labels containers.

24.8.1 Medications must be administered from original containers.

24.8.2 Medications are to be administered after meals – except where medications are specifically prescribed to be given with food or after food or before food.

24.8.3 If two Authorised staff members are on duty, both Authorised staff members are to administer the medications and record same. KARDEX 041a/05

25.0 Medication Recording Procedures

25.1 All prescribed medications that are administered must be recorded in the Kardex Medication System.

25.2 The list of prescribed medications, signed by G.P. or authorised prescriber, is recorded on the Kardex Prescription Sheet (Pink Prn sheet or White Kardex sheet or Biodose Prescription Sheet.

25.3 Medications, when administered, must be recorded on the Kardex Recording Sheet.

25.4 Records must be entered in a clear and legible manner, and black ink must be used.

25.5 Medication Recording Sheets are signed by the nurse or the Authorised staff member immediately after administering the prescribed medication.

25.6 Any omission of prescribed medication i.e. any medication not administered at the correct time must also be documented on the Medication Recording Sheet and must be reported to the residential manager or manager on call.

25.7 Tippex must never be used on any of the Medication System forms.

25.8 If two Authorised staff members are on duty, both Authorised staff members should administer the medication and both Authorised staff members should sign the forms.

25.9 Contemporaneous recording must be used i.e. Record immediately medication has been administered.

26.0 PRN Medications / P.R.N. Restrictive Practise

26.1 PRN means “Pro Re Nata” (Latin term) which means as the occasion arises, as needed or whenever necessary

26.2 PRN medications are prescribed medications. These medications are written up on Pink Sheets. (Think Pink) The Prescription Sheet and the Recording Sheets are printed on Pink Sheets – the rationale is to promote thought before administration - THINK PINK.

26.3 PRN Prescription should include the standard prescription information but also:

26.3.1 How frequently the medication can be administered and the time between each administration

26.3.2 The maximum dose in any 24 hours

26.3.3 Criteria for use e.g. migraine, e.g. when client is aggressive.

26.4 The Responsibility for safe use of PRN medication lies with those who administer it. If the service user receives care / treatment/ training in different locations, the administration of PRN medication MUST be co- ordinated with colleagues and families or any other staff who may be responsible for administering PRN medication.

26.5 PRN medication use must be reviewed at least every 3 months by the prescriber.

26.6 A PRN information sheet must be completed each time a PRN medication is administered. This outlines the reason why it was administered, any other measures followed before administering it and if the desired results were achieved.

26.10 All PRN information sheets should be reviewed at the monthly house meeting – to monitor the efficacy and appropriate safe use of the PRN medication.

26.11 A PRN Protocol/Care Plan must be written for each PRN Medication prescribed- this will be formulated with the prescriber and staff who accompany the service user to the prescriber. PRN medication prescribed for behavioural reasons must form part of a Behavioural plan. These protocols and plans must be stored in the Health Care Plan in the service user's Personal Plan.

26.12 P.R.N Medications - Restrictive Practice:

26.12.1 Chemical Restraint is a Restrictive Practice and is the use of medications to control or modify a person's behaviour when no medically identified condition is being treated , or where treatment is not necessary for the for the condition or the intended effect of the drug is to sedate the person for convenience or disciplinary purpose.

26.12.2 P.R.N. Medication for these reasons should only be used as a last resort and it is important that all possible alternative strategies are put in place to avoid this use of these prescribed medications.

26.12.3 The assumption is that persons are capable of making decisions about their own care unless there is clear evidence to the contrary.

26.12.4 S.O.S. is committed to a restraint free environment – service user's needs must be assessed and plans made to ensure alternative strategies are in place. Assessment must also be carried out on the physical environment.

26.12.5 A debriefing session must be held to assess the use of the agreed strategies and the outcomes of same. Changes may need to be made to the agreed strategies to to ensure the best outcome for the service user.

26.12.6 The Behaviour Support Plan outlining the alternatives to be used must be formulated by the Multi – disciplinary team. This can include some or all of the following - Psychiatrist, Behaviour Therapist, Social Worker, Programme Manager and Senior Managers as required and Health Care Staff. This list is not exhaustive.

27.0 Procedure for the Administration of medication on Holidays / Outings.

27.1 One Authorised staff member per group i.e. either a nurse / Authorised staff member will take full responsibility for the safe transportation and administration of medication while on outing.

27.2 Medications must be carried on the person of the Authorised staff member / nurse to ensure safety.

27.3 Care must be taken to be as discreet as possible to uphold the principles of normalisation.

27.4 Medication must not be removed from its original labelled container.

27.5 The nurse/ Authorised staff member must ensure that they have the correct medication and dispensing equipment necessary for administrating the medication prior to leaving home.

27.6 There is no need to record this in the Medication stock book as administration will be recorded through the Kardex Recording System.

27.7 If more than one service user requires medication on the outing, the nurse/ Authorised staff member must ensure that the medication for each service user is kept separate in their own original pharmacy containers.

27.8 The containers are then put in the secure bag/case provided for transporting medication.

27.9 The nurse/ Authorised staff member must complete the Drug Recording Sheet when medication is administered.

28.0 Common Abbreviations Used and Their Meaning (On prescriptions)

28.1A.M. / Mane	Morning
28.2P.M. / Nocte	Night
28.3O.D.	Once Daily
28.4B.I.D. /B.D.	Twice a Day
28.5T.D.S./ T.I.D.	Three times a day (morning, lunch and evening)
28.6Q.D.S. /Q.I.D.	Four times a day (morning, lunch, evening and night
28.7P.R.N.	When necessary /or if required
28.8P.O.	Given by mouth / orally
28.9S.L.	Sublingually (under the tongue)
28.10 P.R.	Per Rectum
28.11 P.V.	Per Vagina
28.12 I/M	Given Intra Muscularly (injection)
28.13 S/C	Subcutaneous injection
28.14 Stat	To be given immediately (generally once off in emergency Situations)
28.15 Rx	Prescribed treatment
28.15.1Mg	Milligram
28.15.2Mcg	Micrograms (e.g. Eltroxin medication)
28.15.3Ml	Millilitre
28.16 Supp	Suppository
28.17 Tab	Tablet
28.18 Tblsp.	Tablespoon
28.19 Tsp	Teaspoon

29.0 Guidelines On the Administration of Oxygen [O2]

29.1 In supporting a resident who is prescribed Oxygen Therapy with a presentation of Low Oxygen Saturation Range as diagnosed by a medical professional, i.e. Gp, Care Doc, Emergency Services etc.

29.2 Oxygen may be administered by a Registered Nurse or Staff trained in Oxygen Therapy whom have completed training in the administration of Oxygen as approved by the Director of Services. A list of trained staff must be maintained by the Staff Training Officer.

29.3 Oxygen should be regarded as a drug. It is prescribed to prevent / treat hypoxemia, but not hypercapnia [high Carbon Dioxide levels in blood] or breathlessness.

29.4 The concentration of oxygen prescribed aims to bring oxygen saturation [SpO2] to normal or near normal oxygen saturation. However this depends on the condition being treated; an inappropriate concentration may have serious or even lethal effects [British Thoracic Society Guidelines 2008] It must therefore be administered by prescription to achieve target saturation only. Individual appropriate oxygen saturation levels will be determined by the prescribing medical professional.

29.5 Oxygen in SOS Kilkenny clg may be supplied in two forms:

29.5.1 Oxygen Portable Tanks

29.5.2 Electronic Oxygenator

29.6 All locations where oxygen delivery systems are in use must adhere to safe storage of oxygen cylinders and weekly checks of cylinders and additional supportive equipment must be completed and documented on recording sheets and signed and dated.

30.0 Refusal of Medication

30.1 At times, service users may exercise their right to refuse medication. When this occurs, in the interest of the service user's health, it will be recorded and discussed with their G.P. at the earliest opportunity.

30.2 The exception to this rule occurs where a service user has refused to accept any medication which poses a real risk to the service user's own well –being e.g. Insulin, Anti - Consultant medications. In this case, the residential manager should be informed as soon as possible and medical advice sought.

30.3 Refusal of medication must be recorded on the Medication Recording Sheet and in the service user's medical file.

30.4 The following action is to be taken initially when the service user refuses medication

30.4.1 On first refusal, don't make an issue out of it. Often it may be as a result of bad mood, being disgruntled or a behaviour issue or a concern about their medication. If there is a behavioural plan in place follow that plan. Return the medication to the medication to the medicine press – don't put back in original container. Put in sealed container with service user's name on it.

30.4.2 Offer it again in ½ hour – in the meantime talk to service user and encourage them to take their medication. If they refuse again - return once more to medicine press as before.

30.4.3 Offer a third time. Explain the importance of their medication to their health and the medical consequences of not taking them.

30.4.4 If final refusal – enter in Medication Recording Sheet. Enter Code no and put circle around it. Enter in comments section on recording sheet.

30.4.5 Do not return medication to original container – put with stock to be returned to Pharmacy. Use safe separation process whilst waiting to return medication to pharmacy – refer to section 14.4 – disposal of medications.

30.4.6 If there are behavioural reasons for refusal of medication and you need assistance, contact the residential manager or the on call system.

30.4.7 If medication is spat out – pick it up using gloves and put in stock for return to pharmacy. Record same in comments section in Medication Recording Sheet. Do not administer another medication dose.

30.5 **Persistent or Frequent Refusal of Medication**

30.5.1 Frequent or persistent refusal of prescribed medication may have implications for the service user's health. In this event the following action must be taken.

30.5.2 Record all refusals of service user. Include the times, dates, general behaviour and presentation and mood at times of refusal. Also note any deterioration / change in physical or mental health presentation observed.

30.5.3 Discuss with service user the reason for his/her refusal where appropriate.

30.5.4 Collect the strategies other Authorised staff members have used to deal with the service user's refusals.

30.5.5 Analyse the information collated, and identify any patterns or frequency of refusal.

30.5.6 Discuss the issue with the service user's G.P. / prescriber and the service user.

30.5.7 Set up a review to discuss, consider and explore a range of ways to facilitate and support the service user. This could include changes to the service user's medication regime, changes in approach to service user, incentives for co-operation and /or agree an approach to increase adherence to medication regime.

30.5.8 Agree a plan of action to support the service user.

30.5.9 The service user and family (if appropriate) must be involved in all stages of this agreement.

30.6 Points to think on:

30.6.1 What are the health implications if the service user misses his medication

30.6.2 At what point does the G.P. or prescriber need to be consulted

30.6.3 What are the acceptable periods to administer medication, if the medication has not been administered at the correct time

30.6.4 What is the correct procedure when service user refuses an essential medication e.g. epilepsy

30.6.5 What is the action required when service users who self - medicate, refuse to take their own medication.

30.7 **Covert Medication Administration**

Covert Medication is the term used when medications are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or drink.

30.7.1 Covert medication must only considered as a last resort and if

30.7.1.1 All attempts at conventional methods of administration of medication have been unsuccessful

30.7.1.2 The individual to receive the medication cannot or will not give consent

30.7.1.3 It may be necessary to save life.

30.7.1.4 It may be necessary to ensure improvement/and or maintenance of individual's mental well-being.

30.7.1.5 It may be necessary to ensure safety of others.

30.7.2 Covert must only be considered following a multi disciplinary case review which must include:

30.7.2.1 Service User

30.7.2.2 G.P.

30.7.2.3 Psychiatrist

30.7.2.4 Family

30.7.2.5 Manager

30.7.2.6 Any other relevant member of the multidisciplinary team as required.

30.7.3 Covert Medication administration removes the individual's right to refuse medication.

30.7.4 Medications should not be administered to a person without his/her knowledge (covert administration) if the individual has the capacity to make decisions about his/her treatment and care.

30.7.5 Covert administration of medications involves administration of a medication(s) disguised in food or drink to an individual who resists it when given openly.

3.7.6 Crushing medication and/or mixing medications with food or drink to make it more palatable or easier to swallow – when the individual has consented to this – does not constitute convert administration of medications. Crushing medication and /or mixing medications with food or drink for individuals who are unaware they are receiving medications because he/she lacks capacity to consent or withhold consent, does not constitute covert administration of medication.

30.7.7 S.O.S. recognises the right of the individual to refuse their medications. However, there are certain circumstances in which covert medication may be necessary or appropriate, i.e. case of individual who actively refuses medication but are judged not to have the capacity to understand the consequences of his/her refusal , and also to prevent ill health for individuals missing out on essential medications.

30.7.8 In these circumstances and in the absence of informed consent, a case review is necessary to discuss the situation and a multi-disciplinary agreement is taken and recorded that this practice is made in the best interest of the individual.

30.7.8 Medications to be administered covertly should be individually signed as such by the prescriber on the individual's Kardex Prescription Sheets.

30.7.9 The dispensing Pharmacist must authorise which medications can safely be crushed or mixed for covert administration.

30.7.10 If medication is covertly administered in food – staff must supervise the individual until the medication is fully consumed.

30.7.11 The arrangement and care plan should be reviewed regularly (at least 6 monthly) or as needed.

31 Crushing of Medications

31.7 In the majority of cases the cases the crushing of a tablet or opening of a capsule will make its use 'unlicensed'. An unauthorised or unlicensed medicine is a medicinal product which is not licensed by the Irish Medicines Board or the European Medicines Evaluation agency.

31.8 Nurses and Authorised staff members who find themselves in situations where the service user is unable to swallow tablets or capsules, should discuss this with the Prescriber and pharmacist. An alternative, such as a liquid , should be prescribed instead, if available.

31.9 If it is deemed necessary to administer the medication in an unlicensed form – i.e. crushing - this should be prescribed by the doctor in the service users Medication Prescription Sheet and written up the Medication Care Plan. A copy of this plan must be filed in the Health Section of the service user's Personal Plan.

31.10 As with all planned care, crushing medication should be monitored and evaluated.

31.11 Any adverse side effects should be reported to the prescriber immediately.

31.12 The following questions need to be answered:

31.12.1 Are there alternative products available such as sprinkle capsules, oral soluble tablets or liquid preparations?

31.12.2 Has the prescriber give approval for crushing?

31.12.3 The prescriber must note on the Medication Prescription Sheet if medication can be crushed.

31.12.4 Has pharmacy advice been obtained on the safety of crushing a tablet - some medications are not designed to be crushed.

32 Scheduled / Controlled MDA Drugs

32.7 All medicines are classified according to law so that appropriate safeguards regarding the acquisition, storage, custody, and destruction of medicines can be made. An important legal category is that of Controlled Drugs (CD s). Medicines are classified as Controlled Drugs are defined in the Misuse of Drugs Regulations as "dangerous or otherwise harmful drugs".

32.8 The primary purpose of the Misuse of Drugs Act is to prevent the abuse of Controlled Drugs. The Misuse of Drugs Regulations classifies Controlled Drugs into five schedules according to different levels of control. However, only Schedule 2 and Schedule 3 Controlled Drugs are likely to be of relevance to Residential Homes.

32.9 Service Users using S.O.S. services may be prescribed an MDA -2 or 3 Drug. As with all prescribed medications, the MDA medications are prescribed solely for the service user it is prescribed for. A prescription will be supplied by their G.P. or other prescriber. The pharmacist will make staff aware that they are supplying a Controlled MDA Medication.

32.10 There may be occasions when the CDs are received without being identified e.g within a supply of medication brought with the service user on admission. Such CDs must be recorded and stored in the same way as those received from the pharmacy.

32.11 The prescription must:

32.11.1 Be written legibly in black ink or otherwise so as to be indelible, dated and signed by the prescriber with their usual signature.

32.11.2 Specify the address of the person issuing it, except in the case of a GMS prescription.

32.11.3 Specify , in the prescriber's handwriting (Capital letters) :

32.11.3.1 The brand name of the drug

32.11.3.2 Dose to be taken (in both words and figures)

32.11.3.3 The form of the medication

32.11.3.4 The strength of the medication (where appropriate)

32.11.3.5 In both words and figures, either the total quantity intended to be dispensed by instalments, specify the quantity, the number of instalments and the intervals between instalments to be observed when dispensing.

32.12 Validity of the prescription – An MDA prescription should be dispensed within 14 days of the date of the prescription. If the MDA medication to be dispensed by instalments, no instalment should be dispensed after 2 months of the date of the prescription.

32.13 All MDA medications must be stored in a locked cupboard within a locked cupboard, secured to a wall and the keys kept on the person of the designated nurse/Authorised staff member.

32.14 An MDA Drugs Register must be kept for the possession of MDA-2 drugs only.

32.15 The MDA Register must contain details of MDA –2 drugs received including:

32.15.1 Name of drug

32.15.2 Dose/preparation

32.15.3 Date and time received

32.15.4 Amount received

32.15.5 Service user name

32.15.6 Signature of nurse/ Authorised staff member receiving the drug

32.15.7 Signature of nurse/Authorised staff member dispensing the drug

32.15.8 Running balance of each individual MDA-2 drug, counted at each log entry with two signatures.

32.15.9 Residential care home / unit register of signatures.

32.16 Any Controlled Drug prepared for administration and not used, or only partly used must be destroyed in the presence of a second member of staff (nurse or Authorised staff member). An entry must be made in the Controlled Drugs register and signed by both parties.

32.17 In the event of the MDA drugs being discontinued, the number of remaining drugs should be counted by two staff, one must be a nurse, recorded in the MDA DRUGS Register for MDA 2 drugs only and be returned to the pharmacy for safe disposal. this must be recorded in the Controlled Drugs Register.

32.18 Administration - Two staff, one of whom is a nurse will administer the MDA drug as prescribed and the following will be recorded in the local Controlled Drugs Register:

32.18.1 Date and time of administration

32.18.2 Name of service user

32.18.3 Dose administered

32.18.4 Signature in full of giver and witness

32.18.5 Remaining balance of stock should be checked on returning stock to the cupboard/ medicine press.

32.18.6 A separate page must be used for each service user and each drug and strength.

32.19 Keys - A registered nurse / Manager in charge / Authorised staff member must keep the keys of the MDA medication press on their person.

32.20 In the event of an incomplete record on the controlled drug register, or missing MDA drugs, the senior manager on duty must be informed immediately and an incident form completed and investigation initiated.

32.21 Entries in the CD Register must be clear and must never be changed or obliterated.

32.22 Note that Temazepam must be stored securely as for full CDs but it is not necessary to use the Controlled Drugs Register Book. Record all activity as per regular medications.

33 Alternative Medications/ Essential Oils / Complementary Therapies

33.7 There is a growing recognition that alternative medications/complementary therapies have a role to play in services for people with Learning Disabilities.

33.8 It is essential that prior to any use of, or administration of any alternative medications that consultation with the G.P. occurs and is documented in service users file.

33.9 As with any other form of administration of medications – consent must be given by the service user for alternative medications or essential oils.

33.10 Effects of these therapies/medicines should be monitored and recorded.

34 Self Administration of Medication

34.7 Self Administration of medication occurs in a variety of settings where clients/ service user are responsible for taking their own medication under vary amounts of supervision. (Pritchard & Davis, 1988, in Deegan et al, 2005.)

34.8 This is considered good practice and An Bord Altranais views self –administration as part of overall medication management.

34.9 Self Administration should be facilitated where possible to encourage and enable autonomy and independence.

34.10 The General Principles include:

34.10.1 The decision to self-administer should be service user focused.

34.10.2 The decision should be a team one.

34.10.3 Consultation and education with the service user and family (if appropriate) should take place.

34.10.4 It should be taken following a careful process of assessment using the SOS Self Administration of Medication Assessment Tool, of the service user's cognitive ability and desire to self - medicate.

34.10.5 The process should:

34.10.5.1 Involve a trial period with inbuilt monitoring.

34.10.5.2 It should involve a period of necessary training

34.10.5.3 Be subject to regular review.

34.10.5.4 The Kathy O Grady (Psychologist SCIMS) Process Method has been used in S.O.S. with success.

34.11 The Components of Assessment to Consider includes

34.11.1 The service user's interest in /desire to self –medicate

34.11.2 The service user's ability to follow clear instructions

34.11.3 Any history of reliable self - medication.

34.11.4 Reading/ Recognition/ Language skills

34.11.5 Any physical barriers to taking the medication

34.11.6 Risk Assessment issues.

35.0 Respite Services in S.O.S. Kilkenny Clg.

See separate Respite Policy

36.0 Communications with G.P.s and Medical Professionals

36.1 It is important for Staff to develop a good professional relationship with the G.P's and other medical professionals who provide services to the service uses in each location. The following information must be supplied to the medical professionals.

36.1.1 Service User's Name, Address and Telephone no of residential house.

36.1.2 Name of next of kin.

36.1.3 Contact name of Residential Staff /House Manager/ Health Office.

36.1.4 Out of hours on call phone number for S.O.S.

36.1.5 Service User's medical card no. / Private Health Care.

36.2 Each service user's G.P. / other medical professionals telephone no. who provide service to them must be clearly written in their file to enable staff to quickly contact them if necessary.

37.0 Communications with Pharmacist

37.1 It is important for Staff to develop a good professional relationship with the Pharmacist who provides services to each location. The Pharmacist's provide a vital role in the safe medication management of each location. They provide invaluable advice and information on the medication they dispense.

37.2 The following information must be shared with the Pharmacist to ensure quality service.

37.2.1 Service User's name, address and telephone no of Residential house.

37.2.2 Name and contact no of relevant staff (day and evening).

37.2.3 Contact telephone no of Mini – Call service.

37.2.4 When changes are made to Medication Prescription Sheet by the Prescriber i.e. (an increase or decrease of med or the commencement of a new medication) please give the pharmacist a copy of this sheet. This must be destroyed when pharmacist is finished with it. Identify this sheet by writing copy on top of sheet.

37.2.5 Discuss with the pharmacist the time element involved in ordered a prescription to be filled –Record this in the Medication Stock Book – so all staff can follow the recommendations and so enable a smooth system of ordering and receiving medication.

37.2.6 If medications are increased or decreased and if the Venalink system or other Unit dose system is in use – staff must return the packets of medication to the pharmacist, so that the medication can either be added to, or taken from the packets in existence.

37.2.7 To enable safer transportation of medication, in the case of planned events – the pharmacist can be asked to provide alternative packing for medications e.g. day's outings, weekend breaks etc.

37.2.8 The pharmacist phone no and address should be clearly written in the Kardex Book to enable staff to quickly contact the pharmacist, if necessary.

37.2.9 All communication with the pharmacist must be recorded in service user's medical file e.g. generic meds supplies (also record Generic Drug sheet), error in pharmacy dispensing must be recorded in Medication stock sheet, advice given etc.

38.0 Supporting Documentation/Forms

38.1 All supporting Documentation/Forms are available to be downloaded from the SOS Data Management System.

38.2 To ensure the most current version of forms are in use, Documents/Forms should not be stored in large numbers at individual locations as they are subject to continual review and change.

39.0 References

39.1 HSE (2013) Medication management and Administration Policy. HSE

39.2 H.I.Q.A. Guidance for Designated Centres - Restraint Procedures. October 2014.

39.3 An Bord Altranais (2000) *Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols.* An Bord Altranais, Dublin.

39.4 Campbell, N. (1998) *Writing Effective Policies and Procedures.* Amacom, United States.

39.5 H.S.E. (2005) *Guideline/ Policy/Protocol- Template and user Manual* H.S.E South East.

39.6 Page, S. (2000) *Achieving 100% Compliance of Policies and Procedures*. Process Improvement Publishing, Ohio.

39.7 The Concise Oxford Dictionary (1995) (9th Edition) Oxford: Clarendon Press.

39.8 Health Information and Quality Authority (2006) *Hygiene Services Assessment Scheme.*

39.9 Connelly Hospital Blanchardstown (2007) *Guidelines for employees of Connelly*

39.10 *Hospital Blanchardstown in developing Policies and Guidelines*. Policy & Procedure Committee.
39.10 Joe Wolfe (2013) Safe and Responsible Medication Management Training Programme.
39.11 An Bord Altranais Medication Management 2007. (Guidance to Nurses and Midwives).

40 Disclaimer:

` 40.1 Each situation must be judged on its own merits and it is unreasonable for readers to follow instruction for the procedure without proper assessment of individual circumstances.

40.2 The information contained within the policy is accurate and up to date, at date of approval.

Signature Sheet

I have read, understood and agree to adhere to the attached

Policy and Procedure

Print Name	Signature	House / Department	Date