



## **MEDICATION POLICY**

This policy describes the procedures to be taken with regard to the administration of medication by care workers. It is in compliance with the UKHCA Code of Practice and Policies Guidance.

The following statement has been given by the Department of Health Medicines Control Agency - November 1998 and amended by the Commission for Social Care Inspection (CSCI) 27<sup>th</sup> January 2005: (now Care Quality Commission -CQC)

“In the United Kingdom, anyone can legally administer prescribed medication to another person. This includes prescription only medication (POM) and controlled drugs (CD). The administration must only be in accordance with the prescriber’s direction”

### **Aims of this Policy**

- To promote and maintain the user’s rights, dignity and independence.
- To provide information to other members of the Community Team.
- To provide guidelines on the use of compliance aids.
- To provide a baseline set of standards to administer medication within the domiciliary care/care at home settings.
- To outline care workers’ responsibilities when administering medication.
- To assist in compliance with Care Quality Commission Guidance for domiciliary care.

Medication must only be administered to the person for whom it is prescribed. There are a number of possible prescribers including:

- General practitioner
- Hospital doctor
- District nurse
- Nurse practitioner
- Dentist
- Pharmacist
- Specialist nurse (e.g. Diabetic nurse specialist)

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It is essential that the written directions of a prescriber, normally available on the medication label, be followed. For this reason, it is essential that medication labels show the full directions for use. If full descriptions are not shown this should be discussed with the prescriber. Whoever gives medication must ensure that it is given according to the prescriber's instructions.

### **General Practitioner (GP)**

The GP is central to any medication programme for a service user. It is important that the GP is informed of any changes:

- Problems experienced with the management of the medication
- Care staff should advise service user to seek advice from GP when considering changing medication or taking alternative therapies. (They may interact with the medication already taking).
- The GP should be informed when a service user is not taking their medication. If possible gain the consent of the service user.
- District nursing service (can offer advice and support).

### **Pharmacy Advisor**

The Pharmacy Advisor is normally employed by each Primary Care Trust and is available to offer information and advice.

### **Community Pharmacist**

The Community Pharmacist is a useful point of reference for service user, relatives and care workers. They may also be able to assist in ways of medication management within the home.

This may include:

- offering advice
- disposing of unwanted medication (with the service users permission)
- may offer a collection and delivery service
- supply of certain medicines in an emergency (only in small quantities)

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There are systems in place that allow the pharmacist to dispense medication into correctly measured doses for a client. These systems are known as **Drug Administration Systems or Monitoring Dosage Systems (MDS)**

### **Administering Medication in a Domiciliary Care / Care at Home Setting**

A risk assessment is to be carried out by the Nurse Manager at the initial assessment and recorded in the plan of care. The medication record sheet is placed in the service user's personal file for the use of the carer to record all medicine administration. This is reviewed and updated as required or six monthly. Any changes made are communicated to all relevant staff.

Liaise with any members of the community care team involved with the service users care if there are any changes in circumstances with the service user.

The medication records are to include, the name and contact details of prescriber and name of health care professional that has drawn up the medication chart.

### **Self - administration**

Service users should be encouraged to maintain their independence where possible and take their own medication. This is determined at the initial assessment by the Nurse Manager with the service user.

The service user must fully understand:

- What medicines they have been asked to administer
- The correct dosage
- How the medicine should be taken
- When the medicine should be taken
- What medicines other people administer

Ways to maintain the service user's independence should be explored. Medication Administration Aids are devices that can assist service users in maintaining their independence by taking their own medication. There are two main types of medication administration aids commonly known as:

1. **Monitored dosage systems:** These are sealed appliances, which can only be filled by a pharmacist.
2. **Medication compliance aid:** These are unsealed units and should be filled and labelled by a pharmacist, doctor or professionally qualified person. Home care workers should **not** fill compliance aids as this involves transferring medicines

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from the original dispensed container. However, it may be a suitable method for a service user or relative to utilise.

Care workers should not administer medicines from compliance aids filled by relatives etc. If the care worker is actively involved in the administration of the service user's medication then it would be safer to encourage users to take medication from the original containers in which it was dispensed/purchased, as these carry the name of the medicine, the dose, timing and any other instructions, enabling more accurate administration and recording of what has been taken.

The assessment carried out by the Nurse Manager may identify that the service user is unable to take responsibility for their medicine and need assistance. This may be due to impaired cognitive awareness and/or physical disability.

If a service user is unable to administer their medication, the care worker may assist. The service user must agree to have the care worker administer medication.

Type of assistance a service user may require fall into three levels:

### **Levels of Administration**

(Information updated in line with UKHCA Medication Policy Guidance October 2012.)

- **First Tier (assisting)**

The service user is independent and needs physical assistance only with their medication.

All interventions are initialled at the request of the service user. Care workers might be asked to help with opening bottles and packets; shaking bottles; removing lids from bottles; popping pills out of packages; pouring out medication etc.

- **Second Tier (prompt)**

The service user is not totally independent but can manage their medication needs with oral assistance to remind them about their medication.

This means the care worker may need to ask the service user whether they have taken their medication or remind them to take their medication.

- **Third Tier (administering medication)**

The service user is not independent and cannot manage their medication needs without care staff administering their medication.

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This means that the care workers will need to administer medication to this service user at each visit. This will include checking medication requirements against the Medication Administration Record (MAR), preparing the medicines by opening bottles and packets of tablets and removing them for the service user to take; pouring out and giving a dose of medicine; opening a Monitored Dosage System and giving the medication to the service user to take; applying creams; applying eye, ear and nose drops, and sometimes administering specialist medication (invasive procedures should only be undertaken after specific training by a health care practitioner has been given and has been signed off as competent – see Level and Method of Administration – Medication which can only be administered subject to Specific Conditions)

### **Administration of medication by Care Worker**

- Care worker is trained in the Safe Handling of Medicines by a suitable qualified or experienced person and training records should be kept.
- The Nurse Manager will satisfy themselves that care worker is competent to prompt, assist or administer medication. This can be done by simulation, observation and appropriate questioning techniques which should be fully documented.
- Information about a service user's medication or treatment must be kept confidential.
- Care worker must not under any circumstances, sell, recommend, advise, dispense or introduce to clients any form of medication or remedy, including homeopathic, herbal or other preparation.
- When administering medication from a compliance aid the care worker should only prompt or assist service users to take medication from the correct compartment, within the medication appliance aid (e.g. medication labelled 'Monday lunchtime' should be taken at Monday lunchtime).
- Care worker administering medication must always have the service user's consent. Under any circumstances the carer must not administer medicines against the client's wishes. If the client refuses prescribed medication or is unable to take it, a record should be made and inform the office immediately.
- Care worker must never disguise a medication, hide it in food and drink, or coerce a service user into taking a medication against their will. Administering medicine without the knowledge or consent of a service user is Covert medication administration and could be seen as an assault.
- **Care worker must never crush a tablet as it can change the products licence and can**

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**make the medication ineffective or more potent.**

### **Administering medication**

#### **Prior to administering medication hands should be washed thoroughly**

1. Check details on the container of the medication, cream, lotions and liquid.
2. Instructions regarding dosage should be clear. If unclear (e.g. "one or two tablets, or as required") clarification of dosage should be sought from the medication chart and clarified with the Nurse Manager.
3. Check correct name of service user. (Never give a service user medication
4. prescribed to somebody else).
5. Check expiry date. Do not give medication that has passed the expiry date. Inform the GP and the nurse manager as soon as possible and record on the medication record that the medication has not been given.
6. Check name, dosage, or correct usage on label of the medication is the same as that on the medication sheet.
7. Check that the medication has not already been given, by asking the service user and checking the medication records
8. Check the time indicated on the container, against the time indicated on the
9. medication chart and administer at those times only.
10. To administer medication, ensure the service user is either sitting or standing or in well supported upright position to receive medication that requires swallowing. Do not attempt to administer medication for someone whilst they are lying flat down unless specific training has been given to do so.
11. If the medication is to be taken with a drink (ideally water), ensure that this is ready prior to administration of medication.
12. Refusal to take the medication, or any adverse reactions from the medication, should always be recorded.
13. All medication, lotions and creams administered should be recorded on the medication record, which is kept in the service user's file.

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14. Controlled medicines are checked, recorded and administered following administration procedure. Remaining stock of Controlled medicines (e.g. morphine) in liquid form/tablet is counted and recorded on medication sheet under PA/carer initials each time medication has been given.

15. Care staff should not prepare medication for a service user for someone else to administer at a later time. This is an unsafe practice.

If a care worker should miss or omit the administration of medication they should not give a double dose at the next dosage time. All omissions should be recorded in the service users records as soon as it is discovered and should be reported to the nurse manager.

Any medication that is dropped on the floor should not be given to the service user. A note should be made about this in the records. One-off dropped, or spat-out dose may be disposed of down the sink/toilet. In the case of a Controlled Drug this should be recorded and disposed of via the local pharmacy.

It should be noted that a service user's religious beliefs may cause intermittent variation with their medication management e.g. fasting at certain times. These issues should be identified at assessment and advice should be sought from the GP or pharmacist.

#### **Requesting repeat prescription from the GP**

When a supply of drugs is required the following procedure must be followed:

- The GP will prescribe the drug
- The prescription is given to the pharmacist
- The pharmacist will dispense the drug

The pharmacist will then dispense medication for collection. The following information should be checked on the medicine containers:

- Name of drug
- Strength
- Dosage
- Amount of the drug to be taken
- Name of the recipient
- When the drug should be taken
- Route of administration

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- Special instructions
- Warnings or cautions
- Date of dispensing
- Use by date (possibly)
- Name of pharmacist
- Keep out of reach of children

### **Administration errors**

Carer must always report mistakes to the manager. These may include:

1. Missed doses
2. Administration of a drug at the wrong time
3. Incorrect dosage
4. Incorrect drug
5. Incorrect route of administration (e.g. a skin cream taken by mouth)

### **The following actions should be taken:**

1. All errors must be recorded in the service user's records. Such entries should include: what was given or omitted, when the error occurred, what dose was given, any changes in the service user's condition, any emergency action taken.
2. Care workers should contact their line manager without delay. The care manager may need to contact the GP or the emergency services.
3. If the service user becomes seriously unwell, the care worker may need to contact the emergency services directly.
4. Do not attempt to make the service user vomit unless otherwise instructed by a health care professional.

### **Storage and Disposal of medication**

Care workers should ensure that medication is stored in the correct environment. The Medication is kept in a safe place, which is known and accessible to the service user and/or other carers, reflecting the service user's environment and needs.

Medication and its container should be disposed of by returning to the pharmacy. This is the responsibility of the carer who must gain consent from the Service User. In order to return medication, the carer would be required to complete Doc065b. All dropped, or spat-out medication needs to be returned to the pharmacy. Medication should not be disposed of down the sink / toilet.

Doc065b should be returned to the office with monthly paperwork when completed.

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### **Over the counter (OTC) medication**

Service users have the right to choose whether to take a headache remedy or any other OTC medication. However, when a carer becomes involved in assisting with any OTC medicines, they should follow the same procedures as for other medication. OTC medication requested by a service user should include a specific request for a specific product.

#### **The care worker should:**

- When purchasing OTC medicine, (with the service users permission) speak with the pharmacist or GP and give any necessary information e.g. current medication, age, medical condition and reason for purchasing the medicine. Follow recommendation of clinician.
- Always remind service users of possible interaction between POM medication and OTC medicines.
- When giving assistance, note dosage, frequency and give as instructions recommend.
- Make a record of date, time and dosage of medication.

### **Specialist and Invasive administration of medication**

When medication is given by invasive techniques care workers will need additional specialist training. A care worker who does not feel competent to assist with the administration of medication by specialist techniques can refuse to assist.

Level and Method of Administration as detailed below:

<b>Level and Method of Administration</b>	<b>Conditions</b>
1. Eye, ear and nose drops	<ul style="list-style-type: none"><li>• All general conditions above are met.</li><li>• The service user consents to the care worker undertaking the task</li><li>• The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the agency.</li><li>• Training records are kept by the organisation.</li></ul>

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<p>2. Inhalers and nebulisers; oxygen</p>	<ul style="list-style-type: none"> <li>• All general conditions above are met.</li> <li>• The service user consents to the care worker undertaking the task</li> <li>• The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the agency.</li> <li>• Training records are kept by the organisation.</li> <li>• It should be noted that often two inhalers are used and that they may need to be taken in a specific order. If this is the case the care worker should be made aware of the fact.</li> <li>• Oxygen therapy carries inherent combustion risks. Guidance and advice should be taken by the prescriber or competent care professional and/or health and safety advisor. on the safety aspects of oxygen administration in the home.</li> <li>• Oxygen requires a COSHH risk assessment.</li> </ul>
<p>3. Any form of invasive therapy e.g. enemas, suppositories, naso-gastric administration;</p> <p>Any form of medication that involves skilled observation to be made before, during or after administration;</p>	<ul style="list-style-type: none"> <li>• All general conditions above are met.</li> <li>• The service user consents to the care worker undertaking the task.</li> <li>• The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the agency.</li> <li>• All training received by care workers must be recorded and kept on file by the home care organisation</li> </ul>

### Anticoagulant guidance

- A service user having Warfarin treatment will have a 'Yellow Book' along with a credit card sized 'Alert Card' which identifies that the service user is on anticoagulant therapy and gives essential details. The service user should carry this with them and show it or inform any healthcare practitioner when they attend or prior to attending for treatment, including dental treatment.
- The service user's INR (blood clotting) is monitored and a blood sample is taken before they issue or dispense a repeat prescription. The care worker should be prepared to produce the yellow book and other records about blood tests when they request a prescription for anticoagulants or collect the medicine from a pharmacy on behalf of the people they care for.

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- Additional blood tests may be necessary if the service user has other medicines that interact with the anticoagulant.
- Changes to the dose of anticoagulant will be written in the records as mg. Warfarin tablets come in different strengths. In the UK, the colours of Warfarin tablets are: 0.5mg – white, 1mg – brown, 3mg – blue, 5mg – pink. Different brands of Warfarin tablets may have different markings.
- All dose changes for anticoagulants should be confirmed in writing by the prescriber. Written confirmation should be kept with the medicine administration sheet (MAR).
- It is recommended that oral anticoagulants are administered from original packs dispensed for individual patients in order to cope with frequent dose changes. For those people who may rely on compliance aids to manage their medicines a risk assessment should be done to decide whether the anticoagulant should be placed in it. The dispenser must ensure that the compliance aid match the latest prescribed dose.
- Training for care workers should include the management of anticoagulants.

A handwritten signature in black ink, appearing to read 'A. Jones', is written over the text 'Approved by:'.