

## Responsibilities

- Varies from service to service
- Understand and follow the agreed ways of working in your service
- Record, observe and monitor
- Safeguards service user and yourself from abuse and neglect
- Ensure you undertake continual professional development training

## Medicines Act 1968

- The first and most comprehensive legislation on medicines in the UK
- It covers the manufacture, licensing, prescription, supply and administration
- Classifies drugs into certain categories

## Misuse of Drugs Act

- Aims to control the possession and supply of numerous drugs
- It enables cooperation between law enforcement agencies
- Prevents misuse of dangerous drugs
- Carries severe penalties for misuse of dangerous drugs

## Organisation policies

- It is your responsibility to read all company and local policies
- Read these policies, procedures and protocols as soon as possible
- If you do not understand them ask your line manager to explain them
- Signing and dating that you have read and understand them is your agreement to follow them

## 3 Levels of care of medication

### General support - Level 1

- General support when the individual takes responsibility for their own medication
- Collecting prescriptions
- Working under the direction of the individual
- No checking medication, signing or dating MAR sheets

### Administration of medication - Level 2

- Carer undergoes training for the safe administration of certain medications
- Provide complete assistance to the individual who is unable to manage their own medication
- Administration of: tablets, eye, ear and nose drops, inhalers and topical administration
- Checking medication, signing and dating MAR sheets

## Legislations and regulations

- Medicines Act 1968
- Misuse of Drugs Act
- Misuse of Drug Regulations 2001



- Care Standards Act 2000
- The Health & Social Care Act 2012
- Data Protection Act 1998
- Health & Safety at Work Act 1974
- CoSHH Regulation 2002
- Access to Health Records 1990
- Hazardous Waste Regulations 2009

### Specialist techniques - Level 3

- Carer undergoes training for the safe administration of certain medications in very specific cases
- Administer medication using specialist technique
- Administration of: rescue medication including epilepsy, diabetes, anaphylaxis, oxygen therapy
- Specific routes of admin including PR, PV any injection, transdermal patches and PEG tubes

## Common routes of Administration

### Level 2

- Oral - by mouth - tablets and liquids
- Occula - eye - drops and ointment
- Nasal - Nose - drops and sprays
- Topical - on the skin - creams or lotions
- Aural - ear - drops
- Inhaler - the lungs - propelled or inhaled

### Level 2

- Transdermal - patches
- PR - per rectum - suppositories

## Storage of medication

- All medication should be stored under lock and key
- Some medication may need temperature control
- Some medication can be kept in the service users room in a lockable cabinet
- All medication should be recorded in and out of a care home
- All medication should be regularly checked to ensure they are correct
- Medication fridges temperatures must be kept at 2 - 8oc
- Shelf temperatures must be kept at 16 - 23oc
- Avoid direct sunlight
- Each medication has a shelf life
- Observe shelf life and use by dates

### Categories



- **POM**  
Prescription Only Medicines
- **P**  
Pharmacy Only Medicines
- **CD**  
Controlled Drugs
- **GSL**  
General Sales List

## Paperwork

Once medication has been received and administered the following needs to be checked and recorded:

- Patient name
- Name of the drug and dose
- Route of medication
- Time medication to be given
- Route the medication to be given
- Signature / initials of administrator
- 5R's – Right person, right drug, right amount, right route & right time

## Medication errors

- Identify the precise error
- Have all paperwork to hand
- Contact pharmacy and/or doctors
- Contact line manager
- Observe and monitor individual
- Follow instructions given
- Record incident
- Inform family or next of kin
- Complete regulatory paperwork

## Refusal reporting

It's an individual's right to refuse medication. If a service user refuses medication it should be clearly noted on the MAR, the care plan and the on-call GP should be informed.

Things to consider when an individual refuses medication

|                                     |        |                                     |               |
|-------------------------------------|--------|-------------------------------------|---------------|
| Do they have difficulty swallowing? |        | Is the medication too big?          |               |
| Religion?                           | Taste? | Gum disease?                        | Mouth ulcers? |
| Are there side effects?             |        | Behavioural or psychiatric reasons? |               |
| Allergic response or reaction?      |        | Are they in pain?                   |               |

## Disposing medication

- Separate pot for refused medication and clearly labelled
- Record on MAR sheet with the appropriate code
- Returned, recorded and stored before returning to pharmacist
- If an individual is deceased you must wait several days before disposing
- There must be a clear audit trail of evidence relating to safe disposal

## Paperwork

- The manager of your service has overall responsibility for paperwork
- Paperwork is a statutory requirement
- All medication kept within the service must be recorded
- These records must be detailed, cleared and legible
- Any medication administered must be recorded



**NO!**

## If a person has refused their medication

- Observe
- Ask
- Check history of refusal
- Consult with GP

## Labelling medicines

For a care home member of staff to administer a medicine it must have a printed label containing the following information:

- Service users name
- Name and strength of medication
- Dose and frequency of medication
- Route
- Date of dispensing

## MARs sheet

- MARs chart is a working document that's signed to record administrations
- GP should sign the MARs sheet if any changes are made
- Verbal changes to prescriptions must be witnessed
- The MAR sheet is a legal document and must be completed accurately

## Administration

- A registered Nurse or an appropriately trained worker can administer meds
- All medication given must be witnessed that it has been taken
- If a individual does not take the meds immediately this is potentially a refusal
- All administration activities need to be documented
- Report all errors immediately

## Accountability

- You are fully accountable for any action or decision you make.
- The MAR sheet is a legal document.
- You have a responsibility towards your service user at all times.

### Never

- Never dispense stock drugs to un-prescribed people
- Never administer medication if there is any discrepancy in the prescription or supply
- Never leave medications unattended, the drugs cabinet unlocked or with keys left in it



- Never give out medication for someone else to administer or for the patient to take at a later time. This is illegal and negligent.

### Remember

Policies change according to trusts or boards so always ensure you are familiar with the policy – these guidelines are designed to provide a safe method of delivery and maximise effectiveness of drug therapy.