

## Medication Management – Temporary Workers

### Version Control Sheet

VERSION	DATE OF IMPLEMENTATION/REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
1	24.11.2022	W King Registered Manager	Active	Policy for Temporary Clinical Workers

### Purpose

The safe and proper administration of prescribed medicines is a critical element within a package of care to be delivered to any Client of the Company. This policy clarifies the clear objectives of the Company to provide a safe service and provides excellent advice and guidance on correct procedures to be followed by employees at all times.

This policy has been designed in compliance with guidance developed by Sign (Health Improvement Scotland). With reference to the National Institute of Clinical Excellence (NICE) guidelines and the Royal Pharmaceutical Society of Scotland. As well as; <https://hub.careinspectorate.com/media/1605/review-of-medicine-management-procedures-guidance-for-care-at.pdf>

Legislation applicable to the policy includes.

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- [Prompting, Assisting and Administration of Medication in a Care Setting: Guidance for Professionals](#) (April 2015), Care Inspectorate, Royal Pharmaceutical Society Scotland and Social Work Scotland
- NG67 *Managing Medicines for Adults Receiving Social Care in the Community* (March 2017), National Institute for Health and Care Excellence (NICE)
- QS171 *Medicines Management for People Receiving Social Care in the Community* (July 2018), National Institute for Health and Care Excellence (NICE)
- NG11 *Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges* (May 2015), National Institute for Health and Care Excellence (NICE)
- NG21 *Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes* (September 2015), National Institute for Health and Care Excellence (NICE)
- *The Safe and Secure Handling of Medicines* (December 2018), Royal Pharmaceutical Society, which is written primarily for healthcare settings; however, the RPS state that some of its content is applicable to adult social care settings and can be used to inform social care policies

## Policy Summary

### Medication Policy

You must not administer medication including controlled drugs, IV drugs or blood products unless the specific local training has been undertaken and approved. It is a requirement of Clinical24 Scotland that the Registered Nurse/Senior carer with an SVQ level 3, with a medication certificate has read the local Medicines Administration policy and has had a full explanation of the prescription chart before administering medicines. Failure to comply may lead to disciplinary action in the event of a medication error. Any nurse/senior carer who does not comply with guidelines on the administration of medicines could have committed a criminal offence and could also be liable to investigation and action by the NMC/SSSC as well as removal from working with Clinical24.

### Purpose

It is the aim Clinical24 to ensure that the administration of all medicines by nurses/S Carers is in accordance with statute, local rules and guidance issued by the relevant professional experts.

The NMC recognise that nurses need professional guidance on administering medication but since January 2019 they have advised it is not in their remit to provide this. All Clinical24 Nurses and Midwives are advised to be familiar with the January 2019 publication "Professional Guidance on the Administration of Medicines in Health Care Settings" from the Royal Pharmaceutical Society and Royal College of Nursing. This is also endorsed by the Royal College of Midwives.

It is the responsibility of the nurse/senior carer to know the statutory, professional and local rules governing the administration of medicines. A nurse must be competent to administer medicines in accordance with NMC Code of Practice.

Hospitals and nursing homes will have their own system for administering medicines. It is each nurse's/senior carers responsibility to ensure they are familiar with the policy and system used within the establishment to which they have been assigned. It is imperative that you are familiar with the prescription charts, identification methods and recording systems before administering medicines. Agency staff may administer medicines, gases, dressings, nasogastric medication, peg feeds and rectal drugs as per local policy for agency nurses/senior carers administering medicines and have signed competency to do so where appropriate.

Agency nurses may not administer intravenous medicines unless they have evidence showing completion of an intravenous therapy course and obtained specific permission from the client organisation – this should be confirmed prior to shift commencing. In some organisations, for agency staff to administer intravenous drugs, the local training and assessments must be completed.

If agency nurses are permitted to administer intravenous medicines, it is the nurses' responsibility to know the local guidelines governing the administration of intravenous medicines and to be fully competent with all equipment used for intravenous drug administration.

Senior carers will not be permitted to administer any intravenous medications or intramuscular injections.

Local prescribing and transcribing of medication is determined by each organisation and no agency worker can undertake this without written approval from the organisation they are working with.

## Procedure for general administration of medicines

All medicines (except for controlled drugs) including intravenous fluids and prescription-only topical medications are to be administered only when prescribed in writing and signed for on an appropriate patient prescription sheet.

At administration, if the label is illegible or detached, the drug should not be given, and the container returned to the pharmacy. The prescription chart being annotated to show this. Replacement medication must be obtained using the correct process to obtain this.

When a medicine trolley is not in use, drugs must be kept locked and secured to a fixed point and/or kept in a locked secure area. When unlocked, a medicine trolley must be kept under constant surveillance.

Once medicine administration has commenced the nurse/senior carer should not be disturbed for any reason other than a medical emergency.

Completion of prescription sheet and record book are the responsibility of the person administering the medication regardless of if they are a nurse or senior carer.

When giving medication, the following procedure must be followed by the administering nurse/senior carer

Know the therapeutic use of the medicine to be administered,

- its normal dosage,
- side effects,
- precautions and
- contra indications.

Be certain of the patient's identity.

- If worn, identification bands must be checked prior to administration.
- In areas where identity bands are not worn and there is no photographic identification, the nurse/senior carer should be accompanied by a regular member of staff i.e. trained nurse or care assistant within the establishment who can confirm identity of the patient.
- Read the prescription carefully and make sure that it is signed.
- Check time of last administration.

When relevant, carry out specific observations that are required to confirm if it is safe to administer the drug.

Select the medicines required,

- check the label with the prescription and expiry date,
- noting any special instructions and
- any recorded sensitivities of the patient to medicines.

Prepare the medicines as described below by checking the:

- Name of the patient.
- Drug and route
- Dose
- Calculation, if any
- Time of administration
- Frequency
- Duration
- Additional safety instructions e.g. to be taken after food

Take the measured dose and prescription chart to the patient. Confirm the person's name; identity number and date of birth either verbally or by checking the wrist band.

Administer the medicine by the correct route and over the correct duration of time

The nurse/ senior carer should witness the administration of all medicines and satisfy themselves that they have been taken. Never leave medication unattended with the patient to take later.

Record the administration of the medicine by initialing the appropriate section on the prescription sheet. If there is a code to indicate a reason for not administering ensure this is used correctly and document in the records of the person.

A clear and accurate record must be made of the reason why the medicine was not administered and what action was taken by the nurse in the nursing notes. The prescriber and person in charge of the shift should be informed when appropriate.

## **General administration of controlled drugs**

Controlled drugs may only be administered on the written instructions of the prescriber.

All controlled drugs must be administered by one nurse with an additional nurse acting as a witness/checker unless you are a lone worker where local community policy must be adhered to. Preparation and administration of the controlled drug, completion of prescription sheet and record book are all the responsibility of the administering nurse.

In addition to the standard checks outlined above for drug preparation and administration, when giving a controlled drug the following procedure must be followed.

Check the total amount of stock corresponds to the last entry in the controlled drugs book or in patient's community notes.

Accompanied by the witness, take the measured dose and prescription sheet to the patient. Confirm the person's name, identification number and date of birth, either verbally or by checking the wrist band or as per local policy ID document.

Administer the drug noting the time of administration on the prescription sheet and record book. Entry must be countersigned by witness in prescription chart or in line with local policy.

Enter the details in the Controlled Drug Record Book, together with the signatures of the witness and the nurse who administered the drug.

As an agency nurse, you must enter their full name, designation, signature and name of agency, in the Controlled Drug Record Book as required by local policy for future identification. If required you must also provide your NMC registration pin.

If a controlled drug is wasted or only partially used, it must be destroyed as per local policy in the presence of the witness and a record made in the controlled drug book and the records of the person receiving the medication.

## **Drug errors**

This applies to all staff including staff working in the community services. If an error in the administration of a medicine is made, for example:

- a. A patient is given a medicine that has not been prescribed.
- b. An incorrect dose of medicine is given to a patient.
- c. A patient is given the correct drug at the incorrect time interval.
- d. A medicine is administered by the wrong route.
- e. A medicine is administered late.
- f. An unplanned omission of a medicine to a patient

The priority must be to minimise potential or actual harm to the person. It is the responsibility of the nurse in charge to ensure the patient is informed at an early stage.

The local policy must be adhered to in the case of drug error. The nurse/ senior carer must make a record of the occurrence in the person's nursing notes, report it to the nurse/coordinator in charge and prescribing doctor, then write out an incident report.

NB. The Registered Manager for Clinical24 (Scotland), must also be informed of the drug error as soon as possible. A statement of events, a reflective statement on why the error occurred and if possible, a copy of the incident report, must be submitted within 48 hours of the drug error.

## **Verbal orders**

It is highly advisable that agency nurses do not take verbal orders over the phone, under any circumstances. If local organisational policy allows verbal orders it should be taken by a permanent member of staff and witnessed by the agency nurse.

Every nurse/ senior carer must ensure they are aware of the local policy on verbal orders as some establishments do not under any circumstances permit the taking of verbal orders over the phone even for permanent staff. Some establishments allow the taking of verbal orders over the phone only in emergency or exceptional circumstances and if the prescribing doctor has a compelling reason for not being able to attend personally.

The instruction may only be accepted by a qualified nurse/senior carer who must immediately record the instruction in the patient's notes with a clear annotation indicating a verbal order. After the order, has been written in long hand it must be read back to the doctor in the presence of another trained nurse/senior carer who will sign as witness. When the drug is administered, it must be countersigned by the witness.

## **Self-administration**

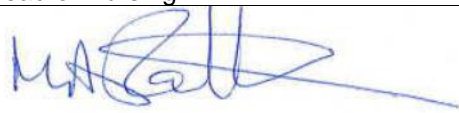
Every nurse/senior carer must find out the local policy for person self-administering medicines. A procedure must be in place on the ward/care or own home which includes an assessment protocol to ascertain whether a patient is capable of safely self-administering their medicines. This will include an assessment to ensure that the patient understands their responsibility for the safe storage of their medicines and that they must be locked away in the bedside locker provided when not in use.

## **Unauthorised administration or misuse of medicine**

In nursing homes, it is unacceptable practice to administer medicines prescribed for one resident from their monitored dose system to another resident, even if the drug and dose is the same.

Unauthorised use of medicines by staff e.g. misappropriation or self-medication is a serious offence.

## Next Review

Reviewed by:	Miriam Palk presented to UK Clinical & Corporate Governance and Risk Management Committee for renewed approval
Title:	Head of Nursing
Signed:	
Last Review Date:	24.11.2022
Actions:	QR Code and update Temporary worker Handbook and Clinical24 Scotland Website

Date Approved by UK Clinical & Corporate Governance and Risk Management Committee:

Next Review Date: November 2023