

**Medicines Policy (Scotland)**

<b>Policy Number</b>	86
<b>Version</b>	1
<b>Policy Contact</b>	Matthew Betteridge
<b>Date Issued</b>	1 <sup>st</sup> February 2021
<b>Reviewed</b>	01 <sup>st</sup> June 2023
<b>Next review Date</b>	01 <sup>st</sup> June 2024
<b>Target Audience</b>	Agency Workers
<b>Approved by</b>	OneCall24 Policy Team

**General Policy for Managing Medicines**

Medication safety is an indicator of the quality of health care as is the activities that are used to prevent, or correct adverse drug events when using medication by members of the health care team, including nurses. *Kantilal K, Auyeung V, Whittlesea C, Osborne A. Medication safety climate questionnaire: Development and psychometric analysis. J Health Sci. 2015;3:1–10.*

Ever Since March 2017, the World Health Organization (WHO) has continued to focus on error-free administration of medication implementing safety at its core.

One Call 24 recognises that the safe administration of medication is a vitally important area for service users and providers. One call 24 recognises that many service users are prescribed some form of medication and many have multiple medication needs. While some service users can, with the support, manage their medication effectively themselves, others require their medication to be managed for them. This Policy defines the principles and standards to be observed to ensure that service users can safely take their medication. This address both non-prescribed (“over-the-counter” - OTC) and prescription medicines, including controlled drugs.

**Relevant Legislations and Guidelines**

The supply, storage and administration of drugs is regulated and guided by the following:

- The Human Medicines (Amendment) (No. 3) Regulations 2015
- Medicines Act 1968 ('the 1968 Act')
- Misuse of Drugs Act 1971
- The Human Medicines Regulations 2012
- Health Act 2006
- Health and Safety at Work Act 1968
- Regulation of Care Act (Scotland) 2001
- Handling of Medicines in Social Care – RPSGB 2007
- Protection of Vulnerable Groups (Scotland) Act 2007
- Mental Welfare Commission for Scotland, Covert Medication Legal and Practical Guidance 2013

- Adults with Incapacity(Scotland) Act 2000

### **Training**

At One Call 24:

- All newly recruited candidate will receive training covering basic information about common medicines and how to recognise and deal with medication problems; those who will be involved in medicines administration will have additional training to the level required by their roles and responsibilities
- Candidates will be expected to attend refresher training and additional training as required
- Access to additional training will be supported for those fulfilling any enhanced role
- Up-to-date records will be kept of all medicines administration training
- Nursing staff are expected to keep themselves up to date as required in their revalidation process and as specified in their professional code of conduct (The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates, October 2018).

### **Principles of safe medicines management**

One Call 24 care staff follows the rules of safe medicines management that are provided in NICE guidelines by ensuring that its care staff observe the “6 R’s” of safe medicines administration:

- Right Patient
- Right Drug
- Right Dose
- Right Route
- Right Time
- Right Documentation

**Right Person** - The identity of the Client must be confirmed and checked with the name of the Client’s Medication Administration Record (MAR), the pharmacy label on the medication and by asking the Client to confirm their name. Any allergies must be noted.

**Right Drug** - The name, form and strength of the medication must be checked during the administration process, i.e. the pharmacy label on the medication must be compared with the MAR before it is placed with the Client and before documenting and signing on the MAR.

**Right Dose** - The dose of medication must be administered in accordance with the prescriber’s instructions. Again, the MAR and pharmacy label will be checked. If there is any discrepancy between the dose on the MAR and that stated on the label, advice must be obtained from the supervisor/GP before the medication is given.

**Right Route** - Each medication must be administered in its prescribed form, i.e. tablet, capsule, patch, inhaler, etc. and by the prescribed route, i.e. oral, sublingual, topical, etc.

**Right Time** - Medication will be given at the time indicated on the MAR. If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before the medication is administered.

**Right Documentation** - The documentation for the medication will clearly reflect the Client's name, the name of the prescribed medication, date, time, dose, route and frequency of administration. Each MAR must be signed immediately after administration of

the drug. Where a Client refuses, the correct code must be entered on the MAR, a note made on the daily record sheet, and the supervisor informed. The Client will never be forced to take their medication and has a Right to Refuse. This policy uses the 6 Rights that focuses on 'Right Documentation' because of the high rate of errors associated with documentation. The Right to Refuse is included.

One Call 24 and its staff also considers that giving or withholding medication should never be used as a means of control or punishment.

### **Person-Centred Approach and Medication Principles of OneCall24 Limited**

- Clients will be fully involved in the management and administration of their medication
- Clients will be fully involved in decisions regarding their individual medication and its purpose and staff will have shared with them, in a method which promotes their understanding, the medication Patient Information Leaflet provided by the dispensing Pharmacist
- Before any support with medication is provided, an assessment will be undertaken to establish the Client's capacity to self-manage their medication or the level of medication support required
- Before medication is administered to any Client, formal consent must be obtained
- Where a Client is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is in the best interest of the Client, including their medical interests, that medication is administered, then formal authorisation for medication administration will be obtained and evidenced in the Client's Care Plan and medication records
- Medication administration must promote Client independence, choice, privacy, and dignity. One Call 24 Care staff works on the principle that every Client has the right to manage and administer their own medication if they wish to and provides support and aids to enable safe self-administration wherever possible. One Call 24 care staff believes that encouraging self-medication promotes the independence and autonomy of Clients and will enhance their dignity and privacy. One Call 24 Care staff should always provide appropriate support to any Client who wishes and is able to take all or some of their own medication.
- Medication administration must take account of the Clients' cultural and religious values and beliefs
- All care staff, when on duty, should ensure records are kept of all medication prescribed to Clients who self-administer and a secure area is provided in the Clients' room for the storage of self-administered medication.
- The choices made by Clients — eg to administer and manage their own medication — are always respected by One Call 24 staff and recorded in the plan of care.
- One Call 24 care staff will make no assumption that a Client cannot self-administer their medication purely because of their condition or mental capacity.
- One Call 24 care staff, when on duty, will work closely with community pharmacy services and with Clients' GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs.
- Medication must not be used as a form of restraint to sedate Clients for the convenience of the staff. This is abuse and a breach of Human Rights
- Medication must only be administered to the Client who has been prescribed that medication
- All Care staff, including those who are not directly concerned with the administration of medicines, will be trained in the understanding of medications, the main types of medication in use, their administrative procedures, and how to look for and report possible adverse reactions, including changes which may require review of the Client's medication prescription

- Only staff who have undertaken the Medication Training Course at OneCall24 Healthcare Limited, and who have been assessed as competent, will be involved in the administration of medication
- OneCall24 Healthcare Limited will keep an up-to-date list of all Support Workers who are trained and assessed as competent to administer medicines. This list will be easily accessible
- Covert medication must not be given to a Client who has the capacity to give their consent or refusal to medical treatment. Staff will follow the Covert Medication Policy and Procedure

### **Procedure**

- Medication is always administered by a registered first level nurse or by a designated, appropriately trained, and competent member of staff.  
Their responsibility for medication administration includes that the;
  - Right medication is correctly drawn up in the
  - Right dose and administered at the
  - Right time through the
  - Right route to the
  - Right patient.
- To minimise the risk of drug administration errors. The format is widely used in clinical practice and training for the appropriately designated trained to administer medication within the Social Care sector and Hospitals alike.  
The following steps are fundamental procedures implemented within Hospitals and Social care settings to enhance safety and minimise risk of medication errors occurring.
- Check the Care Plan, Medication Administration Record (MAR) and risk assessment to ensure that the medication has not been changed or already administered and confirm which medicines are due, noting any time-sensitive medication. Care Workers will only provide support with medication administration if it is agreed in the Care Plan. Regardless of the environment they are working in, One call 24 care staff is expected to be aware of the use of a separate medication record (MAR) chart that it is kept for each service user using prescribed medication. Staff must carefully check the identity of each service user to ensure that the correct record is being used and that the correct medication is being given to the correct person.
- Wash and thoroughly dry hands and assemble any equipment that may be required, e.g. medicine spoons, tablet cutter. Any liquid medication must be measured into a clearly graduated and marked medication pot or by using an appropriately sized syringe which clearly identifies individual millilitre markings.
- Where specialised clinical administration is required, undertake preparations and infection control procedures as required.
- Check the Client's identity and allergy status - 6 Rights of Medication Administration.
- Check that the Client consents to have their medication. Where a Client lacks capacity, check that a best interest decision is in place. One Call 24 care staff should ensure that medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where "best interests" decisions have been taken as a result of a person's mental incapacity.
- Check the physical state of the medication, including the expiry date and labelling and check that it has been suitably stored. If the medication label and MAR do not appear to match, then advice must be sought from Registered Manager before administration.
- Check the required dose and any special instructions on the dispensing label (e.g. not to be given with milk or antacids or to be taken with food, etc.) and take appropriate action. Check the

medication name and the strength of the medication. Controlled drugs must always be double-checked by a second suitably trained member of staff. Complex dosage calculations must also be double-checked.

- Contact Onecall24 Limited if there are concerns that the dose has already been given by another Care Worker. Do not give the dose until it is confirmed that it is safe to do so.
- Ensure that the Client is either in a standing position or sitting upright. Staff must not attempt to assist with medication for Clients who are in a prone position. Medicines must be swallowed with plenty of water, e.g. 100-150ml of water or at least half a glass.
- Support the Client with a hand-under-hand technique to engage in the physical action of taking the medication and/or water to the mouth.
- Check that the medication has been taken.
- For applications of creams and ointments, disposable powder free gloves must be worn, removed when the activity is completed, and hands washed.
- Record on the MAR that the medicine has been given or that it has been offered and declined. If the Client declines to take a medicine, the Care Worker must consider waiting a short while before offering it again. Care Workers will ask about other factors that may cause a Client to decline their medicine, such as being in pain or discomfort. One call 24 care staff, when on duty, is expected to keep clear and accurate signed records of all medication administered, withheld or refused. Both paper-based or electronic medicines administration records must:
  - be legible
  - be signed by the care worker
  - be clear and accurate
  - have the correct date and time (either the exact time or the time of day the medicine was taken)
  - be completed as soon as possible after the person has taken the medicine
  - avoid jargon and abbreviations.
- If the Client still declines, the Care Worker will complete the MAR with the correct code as well as the daily record log. The Care Worker will need to seek clinical advice from the GP or Pharmacist if the Client declines their medication. Out of hours advice may be sought from 111.
- Return the medicines to the safe storage place as identified on the risk assessment.
- Ensure that the MAR is stored securely and appropriately.
- Remove gloves and aprons and wash hands.

### **Administration Do's and Don'ts**

- **Do** only administer medication if you have been trained and assessed as competent to do so
- **Do not** take medication from its original container and give it to another member of staff to give to the Client, as the person checking the right dose for the right person must also witness the person taking the medication and must be sure that the medication has been taken properly by the Client
- **Do** make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- **Do not** leave out medication for the Client to take at a later time
- **Do** make sure that medicines are given only to the Client for whom they are prescribed, following the prescription instructions

- Do give medicines from the container in which they are supplied. Medication doses will not be put out in advance (potted up) as this can lead to errors and accidents
- Do check where the Client's medication is stored before starting medication administration. It may be in the refrigerator or separate jars or tubs
- Do always check the medication and MAR, do not rely on memory
- Do always ask the Client if they want to take their medication before removing it from the pack. If they decline to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist telephoned for advice
- If the tablets or capsules are in a monitored dosage pack, do open the appropriate section and empty the tablets/capsules into a medicine pot and hand it directly to the Client
- Do transfer the medication from the bottle or pack into a medication pot and give this directly to the Client
- Do not handle medication but transfer to the medication pot in a non-handling, clean method
- Do wear disposable plastic gloves where drugs are risk assessed as harmful when handled. This may also apply where the Client is unable to handle medication and they require extra support, although the handling of drugs must be avoided, and medication spoons used to aid administration where difficulties are identified. Where administration by a specialised technique is required, the use of PPE may be required
- Do make sure that any variable dose or PRN medication is given as indicated in the Care Plan following the As Required and Variable Dose Medication Policy and Procedure
- Do not use part-used medication that has been dispensed for one Client, and is no longer required, for any other Client
- Do seek advice if a Client cannot swallow their medication. Advice must be obtained from a health care professional and alternative liquid medication may be able to be prescribed. Medication will not be crushed or split without prior approval from the Prescriber as this may affect the way medicines work and can be potentially harmful to the Client
- Do report any concerns and log any incidents, errors or omissions in line with the Medication Errors and Near Misses Policy and Procedure
- Do mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- Do hand over all information regarding changes to medications administration to relevant staff and ensure that they have received and understood the message

### **Splitting Medication**

- Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy will be asked to supply the medication as split tablets in an appropriate container
- Where the Pharmacist refuses to supply split medication, a tablet cutter will be used as per the Client's risk assessment.
- Where the tablet is provided in a manufacturer's blister pack, after splitting the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- Disposal will be in line with the Safe Disposal of Medication Policy and Procedure
- Staff will be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose

### **Crushing Medication**

- Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- Crushing medication invalidates a product licence so crushing medication must always be authorised by the Prescriber
- Where it has been assessed with the Prescriber that crushing medication is in the Client's best interest, advice from a Pharmacist will be sought
- Other alternatives such as the availability of liquids or other forms of medicines will be discussed
- Written authorisation from the Prescriber for each medicine that needs to be crushed, and the period the authorisation applies, must be recorded and retained with the Client's medication records
- Where staff are required to give crushed medication via specialised technique, such as via a PEG Tube, they will only administer when trained and assessed as competent to do so

### **Time-Sensitive Medication**

- The times of administering medication are essential and there are often set times
- It is important to know if the medication is required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity
- It is important to document clearly that medications have been given on the MAR at Onecall24 Healthcare Limited
- No double doses must ever be given, e.g. if a Client declines one dose do not give two doses the next time around. This will be recorded on the MAR using the correct reason code
- Onecall24 Healthcare Limited will ensure that Care Workers are able to prioritise their visits for Clients who need support with time-sensitive medicines
- Staff responsible for administration of medication will be made aware of any time-sensitive medication

### **Storage**

One Call 24 staff should ensure that all medication within the home/client is safely stored, including blister packs, non-prescription medication, alternative remedies, and self-administered medication. Relevant policies and information such as location of medicine cabinets, lockable trolley and keys will be confirmed at the point of induction before the first shift with each new client.

One Call 24 care staff should ensure that neither the cabinet nor trolley is ever left unlocked or unattended at any time and when not in use, the trolley should be secured to a wall.

One Call 24 care staff should ensure that medication that needs to be kept between 2–8°C is kept in a lockable fridge and stored in a separate fridge/separate fridge compartment of a domestic fridge. They are never mixed with normal foodstuff.

General principles for storage are outlined below:

- Keep all medication in the original container in which it was dispensed
- Keep medicines in their original outer packaging to protect from sunlight
- All medicines must be stored in a cool (below 25°C), dry place unless refrigeration is required (between 2°C and 8°C)

- Store as recommended by the manufacturer
- Note and act on any specific storage instruction, e.g. 'store in the fridge'



- The expiry date of products can change once opened
- Record the date opened and the calculated expiry date on the medicine package/label
- Be vigilant with product expiry dates
- Rotate stock so that the earliest expiry is at the front and therefore going to be used first, i.e. 'first in, first out'
- Check expiry dates of medication stock and this includes any blister packs
- Use disposable gloves when applying creams or ointments (a new pair for each Client)
- Medication will be user specific and 'sharing' of medicines, including creams and ointments, is prohibited
- Medication is to remain in the container in which it was received – batches must not be mixed

Storage of Rescue Medication ('when required' medicines) for emergency use must take into account Onecall24 Limited staff having access to these items quickly and safely. For example:

- Buccal midazolam (used for seizures)
- Adrenaline autoinjector (used for anaphylaxis)
- GTN spray (used for management of angina)
- Glucose gel (used for management of hypoglycaemia)

Individual Client Care Plans will clearly detail where these items are stored for emergency use and if staff are required to support in the event of an emergency.

### **Medication Errors and Near Misses**

Onecall24 Limited promotes a culture where all staff feel able to raise any concerns to the Registered Manager, in order to provide an effective and safe service. The priority of Onecall24 Limited is to ensure the safety and wellbeing of Clients and in the event of a medication error or incident, staff will seek immediate advice from the relevant and most appropriate health professionals according to the severity of the incident. If the Client is unwell, staff will seek immediate emergency medical assistance.

Onecall24 Limited encourages a sensitive response to medication errors through investigation, taking full account of how the incident occurred and the circumstances surrounding the incident.

In the event of a medication error or near miss, the following actions must be taken:

- As soon as the error or near miss is identified, assess the Client's condition to establish if the Client has suffered any harm
- If harm has occurred and the Client is unwell, call 999
- If the Client does not appear immediately unwell, report the incident to the doctor responsible for the Client's care. During out of hours contact 111
- Discuss and agree who will inform the Client that a medication error has occurred
- Document the nature of the incident in the Client's records
- Report the incident immediately to Onecall24 Healthcare Limited and record
- If the incident involves a dispensing error, inform the relevant pharmacy immediately

Should a medication error result in immediate or potentially life threatening risk to the client staff should seek medical help immediately by calling 999. Staff should also assess the patient using the ABCDE (Airway, Breathing, Circulation, Disability, Exposure) approach and life support measures if required.

Immediate/potential life-threatening risks to the Client can include:

- Airway obstruction
- Breathing problems
- Cardiac arrest
- Central Nervous System depression
- Severe hypotension
- Hypovolaemia
- Hypoxia
- Bleeding
- Circulatory problems, i.e. bradycardia, tachycardia

The Nurse in Charge/Senior Manager should:

- Check the medical status of the Client if relevant, and check if any harm has occurred
- Ensure that all appropriate support has been offered to the member of staff involved in the incident
- Confirm that the Client's GP has been informed and that the incident has been reported
- Ensure that the incident is recorded on the Client's notes and an incident log made

After a medication error or near miss has occurred and all of the necessary immediate actions have been taken, it is important that there will be an opportunity for the staff to discuss the incident with the Registered Manager as soon as possible after the incident. The purpose of the discussion is to:

- Enable the member of staff to reflect on the circumstances
- Allow the member of staff to discuss how they feel, and discuss any concerns that they may have
- Identify if there are any training or performance issues with the member of staff
- Determine if the medication incident is a repeat incident (check if the member of staff has made a similar medication error previously and in what timeframe)
- Dependent on the severity of the error/near miss, ensure that all appropriate support has been offered to the member of staff

### **Accountability & accurate record keeping**

When faced with questionable medication prescription, Health Care professionals have a duty to address all concerns. When a nurse fails to question improper medication, prescriptions prescribed by a physician, the court system will hold both the nurse and the ordering physician accountable for resultant patient injury. To avoid liability, any nurse in this situation should document the fact that he or she questioned the prescription and received the physician's assurance that it was correct. Also include the individual's name that approved the questionable prescription.

It is important to be open and honest when things go wrong, therefore it is of great

importance that a Client is informed if a medication error has occurred.

- The Client must be informed at an appropriate time and an apology offered
- If the error is of a serious nature, following the formal investigation and at the appropriate time, the Client must be offered an opportunity to discuss the outcome of the investigation and to discuss its findings. This provides an opportunity to reassure the Client that OneCall24 Limited is keen to always learn any lessons from medication errors and to prevent similar occurrences in the future
- Consent will be obtained from the Client before discussing any medication errors with their family. If the Client is unable to consent due to the lack of mental capacity, the person responsible for their best interests will be informed
- Care will be taken not to cause unnecessary alarm and information will be provided in a way that is easy to understand and enables the Client to ask questions
- If at any time the Client or their representative is unsatisfied with the management of medication incident, staff must signpost them to the complaints process as detailed within the Complaints, Suggestions and Compliments Policy and Procedure at OneCall24 Limited

### **Review**

The World Health Organization (WHO) reports that unsafe medication practices and errors are a significant contributor to avoidable patient injury and harm, incurring a worldwide healthcare cost of over \$42 billion. Medication errors may be caused by system or human factors to include prescribing, transcribing, dispensing, administration and monitoring, poor environmental conditions, and human fatigue—all potentially contribute to the risk trajectory. Interventions to reduce the impact of medication errors are ample but implementation and consistent application vary.

One Call24 recognises nurses play a critical role in medication management and administration to their assigned patients, influencing patient safety and quality. Medicating patients consumes a significant portion of a nurse's standard work; they're the professionals who spend the most time at the bedside to evaluate, coordinate, and perform interventions to improve patient-care outcomes. Any delays or omissions of nursing care can lead to adverse patient outcomes.

Hence this policy statement will be reviewed annually as part of our commitment to upholding professional standards. It may be altered from time to time in the light of legislative changes,