

Medicine Boxes for the Storage of Methadone and other Prescribed Medication

Ref No: 1926 Version 5

Date: 6 July 2018

Document Ratification

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.

On receipt of a new version, please destroy all previous versions.

Document Information

Document title	Medicine storage box		
Purpose of document	Procedure for the issue of medicine storage box		
Date of Issue:	6 July 2018	Next Review Date:	6 July 2021
Version:	5	Last Review Date:	NA
Authors:	Health Visitor and Manager of Drug and Alcohol Services		
Directorate:	Community		
Approval Route Consultation with partner agencies			
Approved By:		Date Approved:	
Care and Clinical Policies Sub-Group		16 May 2018	
Clinical Director of Pharmacy		27 June 2018	
Links or overlaps with other strategies/policies:			
Devon And Torbay Drug And Alcohol Services Risk Assessment And Risk Management Procedures			
Care co-ordination guidelines			

	<i>Please select</i>	
	Yes	No
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Update of V3 to version 4		

Document Amendment History

Date	Version	Amendment summary	Ratified by:
December 2006	1	First draft	
May 2007	2	Review of first draft	
March 2014	3	Review of second draft	
March 2016	4	Review of third draft. Implementation of SCR 48 Action Plan	Care and Clinical Policies Group
6 July 2018	5	Review of fourth draft and addition of information on the A&E flagging system and flowchart.	Care and Clinical Policies Group Clinical Director of Pharmacy

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input checked="" type="checkbox"/>
	General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			
Does this document require a service redesign, or substantial amendments to an existing process?			<input type="checkbox"/>	
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>				
Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Sexual orientation		<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				
Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Contents

1	Introduction and background	5
2	Aim and objectives of Medicine Box Procedure	7
3	Procedure for issuing Medicine Boxes	7
4	Child safeguarding	9
5	Governance of Medicine Box Procedure	9
6	References	10
	Appendix 1 (Receipt of medication Storage Box Form).	11
	Appendix 2 (Receipt of medication Storage Box Form).	12
	Appendix 3 (Storing methadone safely at home leaflet).	14
	Appendix 4 (A&E Flagging system flowchart).	15

1 Introduction and background

1.1 *Hidden Harm:*

The safety of children of substance users is paramount. Torbay Public Health Team commission both Torbay & South Devon NHS Foundation Trust and Devon Partnership NHS Trust to provide drug treatment services in primary and secondary care within the Torbay locality.

Methadone, Buprenorphine and Naltrexone are the most regularly prescribed medicines within the service.

Many clients are parents and have children living at home with them. It is not assumed that in families where a parent/guardian uses drugs and/or alcohol there are intrinsic child safeguarding concerns.

However it is acknowledged that the impact of parental problem substance use on children is multi-faceted, and it is recognised that toxic substances within the home can be a significant risk to children's safety and welfare. The Medicine Box Procedure is a recommendation of the *Hidden Harm* agenda.

- It is estimated that there are between 250 000 and 350 000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.

(Hidden Harm, Responding to the needs of children of problem drug users, ACMD 2007 [1])

1.2 *Safe storage of medication*

The safe storage of prescribed medication is essential. A number of small scale studies indicate the need for safe storage of medicines such as methadone in the home and the importance of issuing written / verbal information on safe storage to those receiving drug treatment (for example Bloor *et al.* 2005 [2], Calman *et al.* 1996 [4]).

It is a misconception that child resistant medication bottle tops (in standard use by community pharmacies) are “child proof”. These containers can be easily opened by dexterous children and some younger children are also capable of accessing the contents of so-called child proof medication containers.

Additionally the provision of a lockable storage box is a key recommendation of practice identified in the Serious Case Review of the death of 2 year old Child K in 2011, Bristol Safeguarding Children’s Board (2011)[3] Child K died following ingestion of methadone prescribed to the parents. It is recognised that parents that use drugs can and do parent their children well but substance use can negatively affect parent’s capacity to adequately meet their children’s needs and ensure their safety. Cleaver *et al* (2011) [5]

Ingestion of doses as low as 10mg methadone have been reported to be fatal in children (Preston 1996 [6]). Child and infant deaths due to accidental ingestion of illicit or controlled drugs create high media attention, and it is important to note that deaths in minors occur infrequently.

As a response to this issue, Torbay have purchased lockable medicine boxes for substance use treatment services to distribute to any client who has a child living or staying in their home or who has child care responsibilities for a child.

For the purposes of this document, the term “child” includes anyone under the age of 18 years.

2 Aim and objectives of Medicine Box Procedure

- 2.1 The procedure for the issue of medicine boxes for storage of methadone and other prescribed medication (**Medicine Box Procedure**) aims to reduce the risk of drug related deaths or accidental poisoning incidents to children under the age of 18 living in the home of a client receiving drug treatment by:
- ensuring that parents/carers or guardians of children have a safe place to store prescribed medication, and;
 - Ensuring that parents/carers or guardians of children receive clear information on reducing the risks of accidental or deliberate ingestion or use of any controlled drug or illicit substance.
 - Ensure that there is effective communication between substance misuse and emergency services Departments and Primary Care regarding the issue of safe storage boxes to service users

3 Procedure for issuing Medicine Boxes

3.1 *Identification of parents/guardians during the assessment process*

- Parents/guardians of children under the age of 18 will be identified at triage assessment.
- Clients without parental/carer or guardian responsibilities who identify that a child frequently visits their home address would also be eligible to receive a medicine box under this procedure (e.g. a younger sibling, niece / nephew etc.).
- If prescribing intervention is required, the medicine box will be given to the client, ideally by the prescriber or Recovery Worker at the outset of a prescribing intervention.
- In cases where there is more than one client living in the household, each client must receive a medicine box each.

3.2 *Issue of medicine box*

- Workers issuing the medicine box to the client are responsible for discussing safe storage and ensuring that the client fully understands their responsibilities for safe storage of medication, illicit drugs and drug paraphernalia in the home. Workers are responsible for issuing a medicine box and a **storing medication safely at home** leaflet (appendix 3) and issuing without this discussion is not considered an adequate intervention.
- The client should sign two copies of **Receipt of Medicine Storage Box Form** to acknowledge receipt and their understanding of the conditions of receipt of a medicine box (appendix a and b). The prescriber/Recovery worker must also sign the two copies of the **Receipt of Medicine Storage Box Form**.

(appendix a & b). One copy of this form will be retained in the client's records and the other given to the client with the medicine box.

- The client will be given a copy of the form and the “**safe storage of medicines**” leaflet to take away
- Issue of a medicine box will always be accompanied with the offer of a contact for completion of a Dependent Support Needs Assessment.
- If a client declines a storage box the issuer is required to ask the client to sign the form to evidence they have declined this offer. If the box is refused this may lead to further assessment of the home situation and an assessment of the risk to the child(ren) by the Recovery Worker in collaboration with the Specialist Health Visitor for Substance Misuse, and through supervision.
- Supervised consumption will be considered where the client is assessed as placing their own needs above those of their child (ren).
- The risk to the child(ren) is paramount over the needs of the service user in this respect
 - The worker issuing the medicine storage box must write the clients Halo identification number (in black ink) on the underside of the box.
 - The client will be responsible for the safe keeping of the medicine box and may keep the medicine box permanently.
 - The medicine boxes are available in two sizes. The size of medicine box to be distributed is to allow for the prescription volume. Both sizes of the medication storage boxes are available through Shrublands House and Walnut Lodge.
 - The administration team will scan the receipt of issue form (appendix 1) onto the services electronic record system and then forward a copy of this form to the Specialist Health Visitor for substance misuse.
 - The Specialist Health Visitor for Substance misuse will hold a central record of all medicine boxes issued across both Walnut Lodge and Shrublands House and where possible, record this on child's PARIS health record.
 - The administration team will be responsible for updating a spreadsheet identifying children whose records need to be flagged with the Accident and Emergency Department and Out of Hours electronic records system and forwarding this to the Named Nurse for Safeguarding Children.
 - The administration team are responsible for sharing this information with the Specialist Health Visitor, Named Nurse for Safeguarding and Named Nurse for Safeguarding in Primary Care.

- On occasion it may be appropriate for Specialist Health Visitor working with individuals who are receiving drug treatment to issue a medication box. In these instances, the Specialist Health Visitor should liaise with the clients prescriber/Recovery Worker to obtain a medication box and associated paperwork. It is essential for the Specialist Health Visitor to provide the prescriber/Recovery Worker with a copy of the **Receipt of Medicine Storage Box Form** for the client's records.
- The Recovery Worker is responsible for reviewing, during 1:1 appointments the use of medicine boxes and the awareness of medicine safety with the client. This can be completed and documented on the clients records when reviewing the clients Individual Action Plan (IAP) and/or Risk Assessment
- The Recovery Co-Ordinator is responsible for reviewing Dependent Support Needs Assessments annually (or sooner if circumstances change) and alerting the Specialist Health Visitor for the need to review/repeat the Dependent Support Needs Assessment.

3.3 *Limitations of Medicine Box Procedure*

It should be noted that the medicine boxes supplied are not completely tamper proof and that their contents may be accessible to older children, e.g. teenagers, in that the padlock may be sawn open or the hinges/hasp unscrewed in order to gain entry. Therefore workers should assess with the client whether there is the likelihood of any older children within the client's household wilfully attempting to access the parent/carers/guardian's medication and discuss alternative or additional measures to reduce this risk.

4 **Safeguarding children**

- 4.1 This procedure is designed to complement existing child safeguarding procedures. All workers are responsible for ensuring that any child safeguarding or welfare concerns are appropriately documented and shared with the appropriate agencies. In fulfilling this legal requirement, workers should follow their employing agency's child safeguarding procedures and adhere to any locally agreed care pathways. Torbay & South Devon NHS Foundation Trust and South West Child Protection Procedures policies can be accessed via the relevant websites.

5 **Governance of Medicine Box Procedure**

- 5.1 This procedure will be reviewed 2 yearly jointly by Torbay and Southern Devon NHS Foundation Trust and Devon Partnership NHS Trust.
- 5.2 An annual report on the Medicine Box Procedure will be compiled and submitted to the service managers for both Walnut Lodge and Shrublands House substance misuse services.

References

- [1] ACMD 2005, *Hidden Harm; Responding to the needs of children of problem drug users*.
- [2] Bloor N, McAuley R, Smallbridge N 2005. *Safe storage of methadone in the home - an audit of the effectiveness of safety information giving*. Harm Reduction Journal 29 June 2005.
- [3] BSCB 2011, Bristol Safeguarding Children Board, Serious Case Review Child K .Executive Summary. 2011
- [4] Calman L, Finch E, Powis B, Strang J: Methadone treatment. Only half of patients store methadone in safe place. BMJ 1996, 313:1481.
- [5] Cleaver, H. Unell, I and Aldgate, J (2011) *Children's Needs-Parenting Capacity* (2nd edition) London, TSO
- [6] Preston A 1998, *The Methadone Briefing*.

Receipt of Medicine Storage Box file copy

This medicine storage box and padlock is being issued to parents/carers/guardians of children under the age of 18. This is to ensure that you have a safe place to store your prescribed medication where children are unable to access it.

By signing this form you are agreeing to the following:

1. The medicine box must be kept in a safe place, **WELL** out of the reach of the children.
2. The key should also be kept **WELL** away from children, and either in your, or a responsible adult's possession, at all times.
3. The responsibility of the safety of storage of prescribed medication remains with you at all times.
4. A replacement will be available if needed.

Client's signature

I acknowledge receipt of this medication storage box, and I have read the above information.

I have declined the supply of a lockable medication storage box; this will be recorded in my records.

(delete as necessary)

Name of client: _____

Signature of client: _____

Date signed: _____

Worker's signature

I have discussed with the client safe storage of medication and the risks to children from accidental or deliberate ingestion or use of controlled drugs / illicit substances.

Name of worker _____

Signature of worker: _____

Date signed: _____

Box identifier code: _____

Receipt of Medicine Storage Box client copy

This medicine storage box and padlock is being issued to parents/carers/guardians of children under the age of 18. This is to ensure that you have a safe place to store your prescribed medication where children are unable to access it.

By signing this form you are agreeing to the following:

1. The medicine box must be kept in a safe place, **WELL** out of the reach of the children.
2. The key should also be kept **WELL** away from children, and either in your, or a responsible adult's possession, at all times.
3. The responsibility of the safety of storage of prescribed medication remains with you at all times.
4. A replacement will be available if needed.

Client's signature

I acknowledge receipt of this medication storage box, and I have read the above information.

I have declined the supply of a lockable medication storage box; this will be recorded in my records.

(delete as necessary)

Name of client: _____

Signature of client: _____ **Date signed:** _____

Worker's signature

I have discussed with the client safe storage of medication and the risks to children from accidental or deliberate ingestion or use of controlled drugs / illicit substances.

Name of worker _____

Signature of worker: _____ **Date signed:** _____

Box identifier code: _____

INSTRUCTIONS FOR TREATMENT PROVIDER

Two copies of the agreement must be completed.
One must be retained in the client's records and
the other is to be issued to the client.

Please tick to confirm

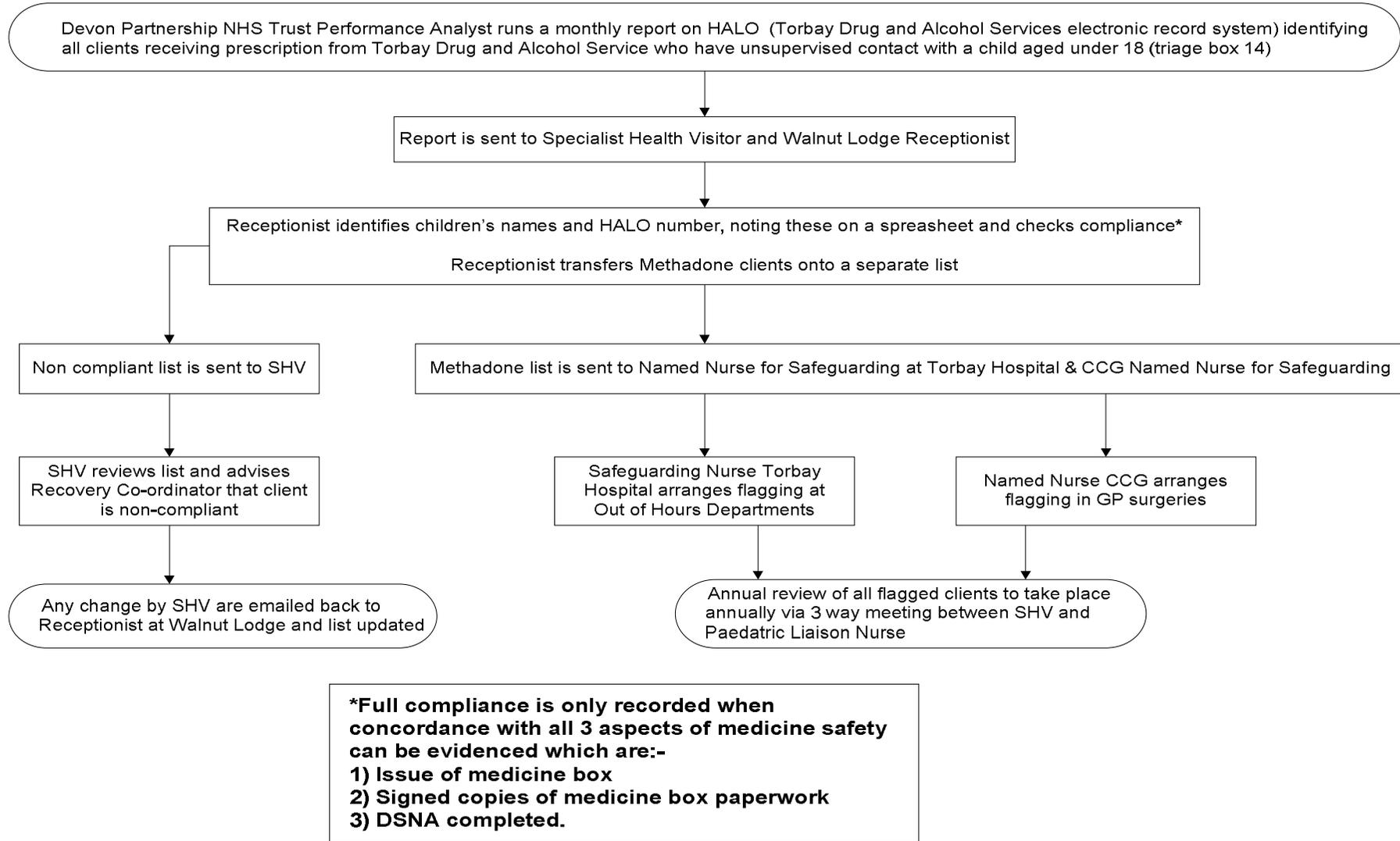
**Nb: Service copy of Receipt of Medicine
Storage Box to be sent to the Specialist Health
Visitor for Substance Misuse by admin once
scanned onto electronic system.**

Client's copy ..
Treatment provider's ..
copy

Linked to Patient Information Leaflet

[25446 Storing Methadone/Buprenorphine/Naltrexone Safely at Home](#)

Flagging System Process



The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>		Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.