

Document Type:	Standard Operating Procedure	
Reference Number : 2559	Version Number: 1	Next Review Date: 18 December 2023
Title:	Drug Administration on Wards Affected by COVID-19 (Standard Operating Procedure)	
Document Author:	Governance Pharmacist & Medication Safety Officer	
Applicability:	All staff administering medicines on a Covid-19 ward	

Purpose of this Procedure

To ensure that medicines are administered as safely and effectively as possible to patients whilst maintaining staff safety during the Covid-19 pandemic. This standard operating procedure allows for some deviation from the Trust Medicines Policy ([Ref G0806](#)) where normal practice is for the drug chart to be taken to the patient's bedside.

Storage of Medicines

All medicines should be stored in the locked cupboards in the treatment room or the medicine's trolleys as normal practice. The exceptions are:

- Individualised medicines e.g. inhalers, creams, eye drops which should remain at the bedside but stored out of sight
- Patient's own medicines must be sealed into a green medicines bag with the patient's PAS sticker applied to the outside

Drug trolleys must not go into side rooms or bays.

Patient's Own Medicines

Only individualised patients own medicines must be used e.g. creams, inhalers etc. or high cost drugs.

Administration of Non- injectable Medicines

Medicines preparation in treatment room or at the medicines trolley, with the drug chart:

1. Check the patient name on the drug chart and that there are no allergies documented. If allergies are documented, check that none of the medicines are prescribed on the drug chart
2. Check the name, form and route of medicine on the drug chart
3. Check the time of the last dose to ensure it has not already been given

4. Check the start date and time dose is due and that the prescription has a prescribers signature
5. Identify the correct medicine container and check that the expiry date has not passed
6. Double check the dosage
7. For oral medicines, dispense the medicine into a tablet pot, or draw up into a purple enteral syringe. If more than one medicine is being administered by enteral syringe, ensure the syringe is labelled.
8. Obtain a second check if normal procedure requires one
9. Ensure you know the patients name and date of birth.

At the patient's bedside, without the drug chart in front of you:

1. Confirm the identity of patient by checking the patients name and date of birth on the wristband. Do this using the patient (where possible), the copy of the front page of the drug chart (which should be at the bedside) and your 'buddy' outside the room who has the drug chart
2. Check patient has no recorded drug allergies
3. Administer the medicine. Give oral medicines with a drink; ensure each oral medicine is swallowed
4. Once out of the room or bay, sign the drug chart for each medicine that has been administered.

Administration of Injectable Medicines

In the treatment room with the drug chart:

1. Check the patient name on the drug chart and that there are no allergies documented. If allergies are documented, check that none of the medicines are prescribed on the drug chart
2. Check the name, form and route of medicine on the drug chart
3. Check the time of the last dose to ensure it has not already been given
4. Check the start date and time dose is due and that the prescription has a prescribers signature
5. Identify the correct medicine container and check that the expiry date has not passed
6. Double check the dosage

7. Assemble the equipment and drugs required and prepare the dose, obtaining independent second checks where standard administration of medicines procedures require this
8. Label the product with the patient name, name of the medicine and ensure that for IV infusions, the duration of infusion is included on the label. Ensure the label is independently checked
9. Ensure you know the patients name and date of birth.

At the patient's bedside, without the drug chart in front of you:

1. Confirm the identity of patient by checking the patients name and date of birth on the wristband. Do this using the patient (where possible), the copy of the front page of the drug chart (which should be at the bedside) and your 'buddy' outside the room who has the drug chart
2. Check patient name on the labelled injectable medicine against the patient wristband
3. Check patient has no known drug allergies
4. Ensure the access to be used for IV administration is patent
5. Administer the medication. Where pumps are used, double check the pump settings against the infusion duration recorded on the label. Once out of the room or bay, sign the drug chart for each medicine that has been administered.

Administration of Controlled Drugs

Administer controlled drugs (CDs) with the standard checks and records but following the process for non-injectable medicines above.

If the pharmacy team are present on the ward they may be able to assist by completing the detail in the ward record book for the registered nurse if they have sight of the drug chart.

The two people who sign for administering must sign the record book. A pharmacist or Medicines Optimisation Technician can do this if they witness the administration which can be from outside the direct patient area.

References

Policies: Northern Devon Healthcare, University Hospitals Bristol & North Bristol NHS Trust.

Expert opinion from senior pharmacist team.

Misuse of Drugs Act (1971)

Medicines Act (1968)

Misuse of Drugs Regulation (2001)

Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care (England). October 2007

Document Control Information

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

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

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Document title:	Drug Administration on Wards Affected by COVID-19 (Standard Operating Procedure)		
Purpose of document:	To ensure that medicines are administered as safely and effectively as possible to patients whilst maintaining staff safety during the Covid-19 pandemic		
Date of issue:	18 December 2020	Next review date:	18 December 2023
Version:	1	Last review date:	
Author:	Governance Pharmacist and Medication Safety Officer		
Directorate:	Trustwide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Clinical Director – Pharmacy and Prescribing Care and Clinical Policies Group Chief Nurse Medical Director		
Date approved:	16 December 2020		
Links or overlaps with other policies:	1763 - Controlled Drugs, Medicines Policy for Torbay and South Devon NHS Foundation Trust 0806 – Trust Medicines Policy		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select	
	Yes	No
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
18 December 2020	1	New	Clinical Director – Pharmacy and Prescribing Care and Clinical Policies Group Chief Nurse Medical Director

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 ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/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 favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
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? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			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 Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.d.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

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 – Data Protection

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 General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime 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, data protection legislation 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.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

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