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| Title: Medicines Management in Community Settings for Rapid Response Support Workers (RRSW) and Personal Care Service Assistants (PCSA) | |
| Standard Operating Procedure | |
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| Links to policies: | <ul style="list-style-type: none">• Medicines Policy for Skilled Not Registered Staff• Covert Administration of Medicines Policy• Controlled Drugs SOP• Supervision, Accountability and Delegation of Activities to Skilled Not Registered Staff• Incident Policy• Accountability and Delegation Policy |

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1. Purpose of this SOP

To ensure that medicines are handled safely by skilled not registered staff Employed by Torbay and Southern Devon Health and Care NHS Trust, and staff assigned to Torbay and Southern Devon Healthcare Trust, in the Rapid Response Service

2. Scope of this SOP

All Rapid Response Support Workers/Personal Care Service Assistant (RRSW/PCSA) staff who work under the RRSW/PCSA Medicines policy and employed by Torbay and Southern Devon Health and Care NHS Trust, and Devon County Council.

All RR SW and PCSA, who are trained, competent and confident to carry out tasks assigned or delegated to them.

Registered staff who delegate tasks to non-registered staff must ensure that their staff adhere to this SOP. The registered staff must ensure that the RRSW/ PCSA is competent and confident to undertake the task and in the case of Level 3 tasks that the appropriate delegation and patient specific training has taken place.

Should the RRSW/PCSA on duty have any concerns regarding any aspect of medicines management which cannot be resolved on site, then they have a duty of care to escalate the concern as promptly as possible to the appropriate person or professional e.g. service manager, prescriber, out of hours medical services, community nurse colleague or pharmacist.

3. Competencies Required

RRSW/ PCSA in community care setting with responsibility for medicines support and/or administration who have received medicines management training and been assessed as competent to operate services covered by this SOP.

Staff should have completed relevant competencies and receive regular medicines management updates at least every two years.

Where level 3 medicines are administered by skilled not registered staff (see definition in the Skilled Not Registered Medicines Policy 5.3), the skilled not registered staff will have undertaken the Qualifications Curriculum Framework (QCF) unit in Supporting the Administration of Medicines accessed from the Vocational Education Centre- 01803 656659.

4. Patients Covered

All Patients/Service Users receiving support or administration of medicines by RRSW/ PCSA staff in the community.

5. Administration of Medication

All administration is to be carried out in conjunction with the Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) Medicines Policy, recognising differing levels of medication administration / levels of competency and delegation requirements.

Before administration, a RRSW/ PCSA worker is required to:

- 5.1 Ensure that they are competent and confident to undertake the task and in the case of Level 3 tasks that the appropriate delegation and patient specific training has taken place.
- 5.2 Check the identity of the patient/service user to whom the medication is to be administered.
- 5.3 Check that the medication has not already been administered. If in doubt, refer to line manager and the doctor.
- 5.4 Check that the name, form, strength and dose of the drug on the medicine label corresponds with the Medication Administration Record (MAR). If there is any discrepancy, refer to line manager and do not give the medication until clarification is given.
- 5.5 RRSW and PCSA working under the supervision of a community nurse must ensure that the MAR has been signed by a prescriber and check that the MAR is in date.

- 5.6 Ask the service user if they are willing to take their medicines before removing them from the pack. People can refuse medicines for different reasons.
- 5.7 Check the MAR for any special dosing requirements for the medication e.g. take with food.
- 5.8 The RRSW/ PCSA worker will ensure that there is a glass of water available if oral medicines are administered. Hot drinks are not recommended for this purpose. Tablets and capsules should be swallowed one at a time whilst the service user is sitting or standing to minimise the risk of choking.
- 5.9 Where medication is in a Monitored Dosage System / blister pack the RRSW/ PCSA worker will open the appropriate section and empty the medication into a medicine pot and hand it to the service user.
- 5.10 Where medication is in a bottle or strip pack, the appropriate number of tablets/capsules will be transferred into a medicine pot and handed to the service user.
- 5.11 Where medication is in a liquid form the RRSW/PCSA worker will use a medicine spoon, measure or oral syringe provided by the pharmacy. The service user should not drink medication from the bottle or use any spoon which has not been designed to give medication i.e. tea spoons which may not be an accurate 5ml measure
- 5.12 For medicines applied to the skin, gloves must be worn by the RRSW/ PCSA worker to prevent cross-infection and cross contamination.
- 5.13 Record the administration of medication by initialling the correct date space on the MAR. Each item of medication must be signed for separately.
- 5.14 Medication that is not administered by the RRSW/PCSA needs to be recorded on the PMAR stating the reason by using the appropriate code on the front of the PMAR. Complete the reverse of the MAR with date, time, signature and the reason for non-administration. If the MAR does not provide codes the following should be used:
 - R=Refused
 - O=Other (with explanation e.g. spillage, medication unavailable)

For all omitted and delayed doses, please refer to the SOP Omitted and delayed medicines

- 5.15 The code “**P**” (**prepared**) is used if a dose has to be prepared and left for the service user to take later (see section 5). **RRSW/PCSA s must not administer medicines that have been left out for the patient to take.** The RRSW/PCSA should also initial the record to take responsibility for the preparation of the dose. The medication should be left in a suitable place to allow access for the service user but take into account safety issues. A risk assessment should be undertaken as part of the care plan by the Skilled worker? (SW) along with GP or line manager advice before this practice is adopted. This should include advice on how long the medication should be left out for and a means of monitoring the practice.
- 5.16 Where medication is administered from a Monitored Dosage System, the PMAR should be completed “as per Blister pack”, and the medication list obtained from the surgery should be attached to the PMAR within 72 hours of service commencement. Where a medicine from the pack is not taken/dropped/destroyed, then this should be noted on the PMAR with a description of the tablet. Eg. Small white tablet
The code O=Other should be used and details provided on the back of the PMAR.
- 5.17 All records should be written in black ink and be legible. There must be no obliteration with Tippex or similar.
- 5.18 Any alterations should be crossed through with a single line and initialled by the RRSW/ PCSA staff member.
- 5.19 If a RRSW/PCSA worker believes the service user has already taken a dose of the medication, medication should not be given and advice sought from the line manager/GP/out of Hours Doctor.
- 5.20 If a RRSW/PCSA worker believes the service user is refusing medication on a regular basis, the line manager and GP should be notified.

6. Administration of “As Required” Medication

- 6.1 It is the responsibility of the service manager in conjunction with the RRSW/PCSA to ensure that all details of ‘as required’ (PRN) medicines are recorded in each individuals care plan at all times. The service manager may request the prescriber to highlight how the medicine should be administered and under what circumstances, and this would be recorded using the form PRN (As Required) Medication Instructions’ form, appendix 2

- 6.2 It is essential that for each 'as required medication, the following is recorded for each individual service user:
- Service user name and personal details.
 - Medication name, form and how to give (plus any special instructions e.g. after food etc.).
 - Reason (precise symptoms) why and when the medication should be given and a description of how the symptoms may be identified and recognised.
 - The dosage of the medication to be given and how often the dose can be repeated.
 - The maximum amount of medication to be given in 24 hours.
 - What actions to take if the symptoms are not relieved within a set timeframe.
 - Provide a treatment review date.
- 6.3 The RRSW/PCSA worker must consult the above criteria for each service user before administration of the medication, and where there is any doubt then the GP or Out of Hours Doctor needs to be contacted.
- 6.4 The medication administered must be documented on the PMAR including the dose, time and reason for administration e.g. pain or constipation.
- 6.5 'As required' medicines should only be administered to the service user when the reasons and symptoms for its administration are met, as defined in the care plan. It is therefore not necessary to record non administration of a dose on the PMAR, unless the service user is experiencing symptoms and positively declines treatment.
- 6.6 Prior to administration of an 'as required medicine', the RRSW/PCSA must be sure that they do not administer a duplicate dose by mistake, particularly when care is also provided by other care workers or agencies.

7. Handwritten PMARs (Completing the form)

- 7.1 Due to the nature of the Rapid Response and Personal Care Service then PMAR sheets are completed by hand by the RRSW/PCSA.
- 7.2 The RRSW/PCSA may handwrite a PMAR when other measures / requests are not possible. Any handwritten PMAR must include all details of the medication taken from a faxed prescription, a prescription label or form 'Information from the prescriber – confirmation of changes' (see Appendix 3).

- 7.3 The details must be written on the PMAR in black indelible ink, in upper case (capitals), legible and include:
- Name of the medication
 - Form of the medication (e.g. tablets, capsules)
 - Strength of the medication (“micrograms” must not be shortened to “mcg”, and Insulin “units” must not be shortened to “U”)
 - Dose and frequency
 - Time (hour) the medication should be given
 - Any special instructions e.g. after food
 - Date of prescription
 - Name, date of birth, NHS number or social care reference number, and address of service user
 - Care management details
- 7.4 The RRSW/PCSA must sign and date the PMAR.
- 7.5 The handwritten PMAR must be returned to the office and retained in the care records.

If a RRSW/PCSA has any doubt about completing any detail in the process of handwriting a PMAR then Healthcare Professional Advice must be sought.

8 Leaving Medication Out for a Service User to Take Later

This activity should be viewed as exceptional.

- 8.1 If a service user requests medication to be left out for them to take themselves at a later prescribed time, this may only be undertaken if a risk assessment has been documented in the service user’s care plan by the RRSW/PCSA
- 8.2 The RRSW/PCSA must undertake a full risk assessment, with medical professional advice needed, considering such risks as:
- Will the service user remember to take the medication?
 - Will the medication get taken at the correct time?
 - Is there a risk of hoarding?
 - Are there others in the house e.g. other service users or children who may take the medication by mistake?
 - Some medication must not be left out for a service user to take later (see 8.8).

- 8.3 The risk assessment and decision regarding whether the medication can be left out for the patient to take later must be recorded and placed in the Service Users Care Plan.
- 8.4 A copy of the risk assessment will be given to the RR/PCS Office for approval.
- 8.5 The RRSW/PCSA worker must consult the risk assessment before leaving the medication out for a service user.
- 8.6 The RRSW/PCSA worker must annotate the medication record sheet with a “P” (prepared) and sign. This indicates that the dose was prepared but that administration was not witnessed.
- 8.7 The RRSW/PCSA worker must report back to their line manager any evidence that indicates that the medication is not being taken in the correct manner.
- 8.8 Medicines not to be left out as Prepared ‘P’ include (this list is not exhaustive – seek advice from Medicines Optimisation):
- Medicines likely to be susceptible to the effects of moisture including: dispersible, effervescent and soluble formulations (e.g. aspirin dispersible), buccal or mucosal products (e.g. buccastem), medicines which are unstable to moisture (e.g. sodium valproate / Epilim)
 - Medicines which can cause skin reactions or hypersensitivities on prolonged contact e.g. chlorpromazine
 - Cytotoxic medication e.g. methotrexate
 - Medicines requiring refrigeration or other special storage conditions

The above list is not exhaustive. If in doubt RRSW/PCSA’s should seek Pharmaceutical advice.

Under no circumstances should RRSW/PCSA s administer medicines previously prepared by others i.e. other RRSW/PCSA’s, healthcare professionals, carers or family.

9 Medication Issues Occurring Out of Hours

If medicines concerns are identified out of hours, the RRSW/PCSA team should seek advice of a healthcare professional.

Devon Doctors may be called for advice. The GP should be advised of the concern or medicines incident with the action taken the next working day.

10 Dealing with Medication Errors

- 10.1 The RRSW/ PCSA worker must notify their line manager IMMEDIATELY an error is made or discovered, including if medication has not been administered at the correct time. If an incident occurs Out of Hours then the RRSW/PCSA should contact the On Call Manager for TSDHCT and Out of Hours GP for advice, and to record the incident. **All incidents must be reported using the Datix system. See incident reporting policy for further details**
- 10.2 Within office hours, the line manager must contact the GP and family if necessary and may request that the RRSW/PCSA stays with the service user. Out of Hours advice should be followed from the Healthcare Professional and/or On Call Manager.
- 10.3 Advice given by the healthcare professional must be followed and documented in the service user's record.

11 Disposal of Medication by Relatives and RRSW/PCSA Staff

- 11.1 Medicines are the property of the service user, but when they are no longer required disposal should be considered.
- 11.2 A carer, relative or representative of the service user should be routinely asked to take responsibility for the return of any unwanted medication to a community pharmacy.
- 11.3 These arrangements must be recorded in the care plan by the RRSW/PCSA.
- 11.4 These medicines should be stored separately from current medication in use to avoid confusion or administration error.
- 11.5 The RRSW/PCSA should contact the nominated carer, relative or representative responsible to advise them of the need to remove unwanted medication from the service user's home. The office will also need to be informed immediately.
- 11.6 Such medication (excluding sharps) should be returned to any community pharmacy by the service user, carer, relative or representative for safe disposal.
- 11.7 Sharps (e.g. needles, lancets) will not be accepted for disposal by the pharmacy. Relatives should be advised to contact their local council to make arrangements for the safe disposal of sharps.

- 11.8 Where a carer, relative or friend is unavailable to dispose of unwanted medication, the RRSW/PCSA may remove unwanted medication directly to a community pharmacy on an exceptional basis, with consent from the service user.
- 11.9 All medicines removed for disposal must be recorded in the care plan. It is recommended that the form "Disposal of Unwanted Medication" (Appendix 1) is used for this purpose. Any unwanted, discontinued or expired medication should not be stored in the service user's home for longer than necessary.
- 11.10 When the RRSW/PCSA agrees to return unwanted medicines to a community pharmacy, the RRSW/PCSA must request a signature from the community pharmacist on the 'disposal of unwanted medication' form to confirm receipt of the medicines for disposal. If the pharmacist declines to sign, this must be documented by the RRSW/PCSA and discussed with the service manager.

12 Collection of Prescriptions

- 12.1 If appropriate, a RRSW/PCSA worker will be assigned to collect the dispensed medicine from the pharmacy or the prescription from the surgery.
- 12.2 The dispensed medication should be taken directly to services user's home without deviation of route.
- 12.3 For collection of Controlled Drugs, RRSW/PCSA staff will need to provide identification to the pharmacist who will check and record this. RRSW/PCSA staff may be required to sign the back of the prescription for audit purposes to confirm that they have collected the Controlled Drug.
- 12.4 The service user's record must detail what medication the RRSW/PCSA worker has collected. This must be completed by the RRSW/PCSA worker as a record of medication procurement.
- 12.5 If the medication is not available, then the RRSW/PCSA worker will agree an appropriate time to return with the Pharmacist.

References

Medicines Policy for Medicines Management for Skilled Not Registered Staff in
Community Settings NOT Learning Disability SOP Staff
Covert Administration of Medicines Policy
Accountability and Delegation Policy

Monitoring Tool

Each team should develop monitoring procedures to show how it will monitor this SOP

Standard
s:

| Item | % | Exceptions |
|--|--|------------|
| All RRSW/PCSA staff with responsibility for medicines must read and sign this SOP in association with the medicines policy | 100% | nil |
| How will monitoring be carried out? | Internal audit and signatory sheet | |
| When will monitoring be carried out? | Annually (or sooner if needed) | |
| Who will monitor compliance with the guideline? | Service leads managerially responsible for delivering care | |

Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
|-------|--------|----------|---|----------------|
| V 1.0 | Final | 26.3.13 | Amalgamation of Torbay Care Trust SOPs relating to RRSW/ PCSA Staff Medicines Management (not | Paul Humphriss |
| V2.0 | | 19.06.13 | Updated | 01/06/2015 |
| | | | | |
| | | | | |

Last Review Date: 01/06/2015.
Version: 2

Appendix 1

Permission to Remove Unwanted Medicines

| | |
|----------------------|-----------|
| Service User Name: | |
| Service User NHS No. | Paris No. |
| Address: | |
| GP: | |
| Surgery; | |

The following is a list of drugs (and dressings) which are no longer required because:

* **Key:** **E** = *Expired*, **D** = *Discontinued from treatment* **U** = *Unwanted*

| Medication name form and strength | Reason for return* | Quantity Returned |
|-----------------------------------|--------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

I authorise the removal of the medicines listed above by,
(Name of authorised member of community team) _____
for safe destruction. This is to return the medicines to my local community
pharmacy
(Name of pharmacy) _____

Signed: (service user/carer) _____ Date: _____

Printed: (service user/carer) _____

Signed: (member of staff removing medicines) _____

Printed: (member of staff removing medicines) _____

Date: _____

Pharmacist Signed: _____

Pharmacist Printed: _____ Date: _____

To be returned to service user and retained in service user's records.

Appendix 2

| AS REQUIRED MEDICATION INSTRUCTIONS | |
|--|-----------|
| Name of Service User: | |
| Service User NHS No. | Paris No. |
| DOB: | |
| Address: | |
| Medication | |
| Dose | |
| Reason for Medication | |
| Dosage Criteria E.g. Give 1 if..... Give 2 if..... | |
| How often dose can be repeated | |
| Max in 24 hours | |
| Further info. e.g. after food | |
| Review Date | |
| Circumstances for reporting to GP Tick as appropriate <ul style="list-style-type: none"> <input type="checkbox"/> Persistent need for upper level of dosage <input type="checkbox"/> Never requesting dosage <input type="checkbox"/> Requesting too often <input type="checkbox"/> Side effects experienced | |
| Prescribers Signature: _____ Date: _____ | |
| Printed Name: _____ | |

Appendix 3

Information from the Prescriber – Confirmation of Changes

| | |
|------------------------------|------------------|
| Name of Service User: | DOB: |
| NHS No. | Paris No. |
| Address: | |

CONFIRMATION OF CHANGES OF MEDICATION

| NEW MEDICATION NAME | FORM | STRENGTH | DOSE | FREQUENCY | Please state time to be given | | | |
|-----------------------------|------|----------|------|-----------|-------------------------------|-------|-----|-----|
| | | | | | B'fast | Lunch | Tea | Bed |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DISCONTINUE MEDICATION NAME | FORM | STRENGTH | DOSE | FREQUENCY | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | |

If the client does not take the medication for more than.....days please inform GP / Community Pharmacist / Community Nurse (circle as required) or _____

Prescriber's Signature: _____ Date: _____

Printed: _____