

Safe Handling of Medicines

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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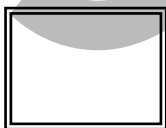
Safe Handling of Medicines

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



Safe Handling of Medicines

Learning outcomes.

- Understand the legislative framework for the use of medication in social care settings.
- Know about common types of medication and their use.
- Understand roles and responsibilities in the use of medication in care settings.
- Understand techniques for administering medication.
- Know how to receive, store and dispose of medication supplies safely.
- Know how to promote the rights of the individual when managing medication.
- Understand how to support use of medication.
- Know how to record and report on use of medication.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

Safe.	People are protected from abuse and avoidable harm.
Effective.	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
Caring.	Care should be person centred involving dignity and respect, and compassion.
Responsive.	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
Well led.	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.



Safe Handling of Medicines

The fundamental standards are as follows:

- | | |
|---|---|
| Person centred care. | Ensuring that those receiving the care are at the centre of all decisions. |
| Dignity and respect. | Providing the client with dignity and respect in all aspects of their care. |
| Need for consent. | Asking the client's permission before carrying out tasks that affect them. |
| Safe care and treatment. | Following correct working procedures as agreed by your workplace and the client's care plan. |
| Safeguarding service users from abuse. | Following agreed working and safeguarding procedures and being aware of signs and symptoms. |
| Meeting nutritional needs. | Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat. |
| Cleanliness, safety and suitability of premises and equipment. | Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks. |
| Receiving and acting on complaints. | Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints. |
| Good governance. | Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly. |
| Staffing. | Fit and proper persons employed.
Fit and proper person requirement for Directors is followed. |
| Duty of candour. | Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made. |

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

Safe Handling of Medicines

Introduction.

The principles for the safe handling of medicines do not vary depending on the type of care offered, people cared for or size of business. Your home, and you, have a duty of care to properly handle medication and to support your clients to take their medicines safely.

The majority of people living in care homes take some kind of medicine. Some will be administering their own medication, others may take medicines that can only be administered by trained doctors and nurses. As a care worker you will need to be familiar with the medicines taken by your clients and you may even be trained to administer a number of them. You should be aware of issues concerning their control and must have knowledge of your home's own policies and procedures.

As a carer you are most likely to be administering medicines that are taken by mouth, inhaled or applied to the skin, you may also receive specific training to use suppositories and to carry out certain types of injection. Clients requiring medicines that cannot be administered by you should, unless they are self-administering, be treated by doctors and / or nurses.

This course is designed as an introduction to the care and administration of medicines. It will make you think about the type of medicines used in your care home and the reasons for their use, it will also look at how they need to be controlled and administered. As well as completing this manual, your employer will also check your competence in delivering medication. Please see example form, at back of this manual, that should be completed, and added to the personnel records, as evidence of competency.

There are eight core principles of safe and appropriate handling of medicines.

1. People who use social care services have freedom of choice in relation to their provider of medications and services including dispensed medicines.
2. Care staff know which medicines each person has and the social care service keeps a complete account of medicines.
3. Care staff who help people with their medication are competent.
4. Medicines are given safely and correctly and care staff preserve the dignity and privacy of the individual when they give medicines to them.
5. Medicines are available when the individual needs them and where appropriate the care provider makes sure unwanted medicines are disposed of safely.
6. Medicine is stored safely.
7. The social care service has access to advice from a pharmacist.
8. Medicines are used to cure or prevent disease, or to relieve symptoms and not to punish or control behaviour.

We suggest that the following manuals will complement this manual.

Record Keeping.
Infection Control.



Safe Handling of Medicines

Unit One

Legislation.

Medicines can be highly dangerous substances and as such must be carefully controlled. It is essential that only competent staff administer medications and that there are suitable in house policies and procedures for the safe storage and use of all medicines in the home.

Staff administering medications must have received appropriate training that must include:

- Basic knowledge of how medicines are used and how to recognise and deal with problems in use.
- The principles behind all aspects of the home's policy on medicine handling and records.

Administration of medication must be carried out by a designated, appropriately trained member of staff and should be witnessed by a second designated, appropriately trained member of staff. In essence the members of staff responsible for the administration of medication should have enough knowledge and experience to carry out the task safely and efficiently.

All staff must receive in house training on policies and procedures relevant to their workplace. This may form part of the induction programme and must be updated regularly.

Health and Social Care Act 2008.

Regulation 13 Health and Social Care Act 2008 (regulated activities) Regulations 2014.

"The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity".

Managers must:

- Make sure a person centred approach is taken regarding medication.
- Manage risk.
- Follow relevant guidelines.
- Promote rights and choices.
- Support clients appropriately.
- Ensure staff are competent.



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How would your manager ensure you were competent to support you clients regarding medication.

Health and Safety at Work Act 1974.

Appropriate measures must be taken to ensure the safety of all staff and anyone who may be affected by work practices.

Medications are hazardous substances therefore their use must be risk assessed and safe procedures should be implemented. Adequate training must also be available.

Control of Substances Hazardous to Health 2002.

Medicines can cause ill health if they are given in incorrect amounts, administered by the wrong method or given to the wrong person. Clients, staff and even visitors may be at risk.

Employers must:

- Ensure correct storage of medicines.
- Provide information sheets about the hazards associated with each type of medicine.
- Provide appropriate personal protective equipment e.g. gloves.

Employees must:

- Handle medicines according to in house policies.
- Make themselves aware of associated hazards.
- Use personal protective equipment where provided.

Safe administration of medicines is a vital part of care homes' responsibilities for their clients' welfare. Both over and under medication can be signs of carer abuse and wilful or accidental neglect. Clients should receive appropriate medication whether they are self administering or dependent on staff; you must also be able to account for all medication received in the home.

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You must be able to demonstrate that all medications have been stored, used and disposed of appropriately, failure to do so could result in investigation and, where necessary, prosecution. Medicines are hazardous substances and may have a high value, in house policies and procedures must protect against misuse, abuse, theft and accidental harm.

As it is important for you to encourage your clients' independence efforts should be made to support them in controlling their own medication. Decisions as to who is able to do this will be made jointly between the client, their family, doctors and care staff; there should be ongoing monitoring of the situation to prevent clients suffering if they become more forgetful or fail to recognise the importance of taking their medication.

It may be considered an invasion of privacy to check up on clients each time they are supposed to have taken medication. Monitoring should be discreet and appropriate.

Clients who are able to self administer must be provided with a lockable drawer or cupboard for safe storage of their medicines. In case of problems occurring there must be a fall back policy to allow care staff to access this drawer or cupboard with the client's permission.

Any clients who are mentally able to choose are free to buy their own remedies for minor ailments, they should be supported to do this and encouraged to discuss options with the pharmacist. It is important that staff take care of the needs of other, less independent, clients when they suffer from complaints such as coughs, colds and headaches. The home may keep a stock of over the counter treatments from a list that has been compiled with the assistance of clients' GPs and the pharmacist. Policies must exist for their safe administration and there should be procedures in place for recording their receipt, storage and use.

Complementary or alternative treatments may only be used with the informed consent of the client or a person authorised to speak on their behalf. Advice should be sought from the pharmacist regarding the possibility of reactions between these remedies and any prescription medicines being taken.

Some personal control over medication is better than none at all, so for example if a client suffering from arthritis is unable to open containers staff should be able to provide help but medicines may still be retained in the client's own room. A client may be able to apply creams but decide to let staff administer tablets etc.

Misuse of Drugs Act 1971.

The Misuse of Drugs Act 1971, was introduced to control drugs (controlled substances) that are "dangerous or otherwise harmful". The Act classifies these drugs using a 3 tier alphabetic system, A, B & C, based broadly on the harm they cause and on the recommendations of the Advisory Council on the Misuse of Drugs (ACMD). Class A drugs are considered the most



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dangerous, see table 1. As most controlled substances have a medical and / or scientific use, certain exceptions to prohibition, possession and supply are required. The Act is supported by the Misuse of Drugs Regulations (2001), which regulates controlled substances through 5 schedules. The purpose of each schedule is to indicate whether it is lawful to import, export, produce, supply, administer and possess the controlled substance. The Regulations also detail the requirements around prescription writing, record keeping, labelling and safe custody of controlled substances. Those drugs which have no legitimate medical use are placed into Schedule 1. An outline of the schedules is shown in table 2.

Table 1: Misuse of Drugs Act 1971 - classification of drugs.

Drug	Street name	Class
Lysergic Acid diethylamide (LSD).	Acid, Doses, Hits, Microdot / Dots, Yellow sunshine, Boomers, Window pane, Sugar cubes, Tabs, Trips.	A
Amphetamine.	Amp, Amped, Bennie, Benz, Benzidine, Black and white, Black mollies, Blue mollies, Bumblebees, Cartwheels, Co-pilot, Coast to coasts, Crisscross, Cross tops, Dexies, Dominoes, Eye openers, Footballs, Hearts, Jelly baby, Jelly bean, Leapers, Lid proppers, Lightning, Marathons, Oranges, Pep pills, Rippers, Road dope, Snap, Sparkle plenty, Sweets, Thrusters, Truck drivers, Uppers, Wake ups.	B
Alkyl Nitrite.	Aimes, Aimies, Ames, Amys, Amyl, Butyl, Boppers, Hardware, Liquid gold, Locker room, Pearls, Poppers, Ram, Rock hard, Rush, Snapper, Stag, Stud, Thrust, TNT.	To be classified in 2016
Anabolic steroids.	Var, Drol, Dbol, Primo, Winny, Halo, Deca, EQ, NPP, Tren, Test.	C
Tranquilisers.	Barbs, Benzos, BZDs, Dope, Downers, Painkillers, Sleepers, Oxy, Stumblers, OC, Yellow Jackets, Heavenly Blues, Percs, Red Dolls, Qual, tootsies, Robital, Rianbows, Stupefy, Tranx, Vallt Girl.	C
Cannabis.	Pot, Weed, Grass, Ganja, Skun, Hashish / Charas, Bhang, Hash oil, Reefer, Herb, Boom, Blubbers, Gangster.	B
Cocaine.	Badrock, Base, Ball, Bazooka, Beam, Big C, C, Caine, Candy, Chalk, Chicken scratch, Coke, Columbian, Crack, Dust, Flake, G-Rock, Goofball, Happy dust, Heaven, Hell, King, Lady. Sugar, Zip powder.	A
Heroin.	Smack, Dope, Mud, Horse, Skag, Junk, H, Black tar, Black pearl, Brown sugar, Witch hazel, Birdie powder, Dragon, Hero, White stuff, China white, Boy, Chiva, Mexican horse, Skunk, Number 2.	A
Ecstasy (MDMA).	X, E, or XTC, Adam, Beans, Candy, Dancing Shoes, Disco Biscuits, Doves, E-bomb, Egg Rolls, Happy Pill, Hug Drug, Love Drug, Malcolm (or Malcolm X), Molly, Scooby Snacks, Smartees, Sweets, Skittles, Thizz, Vitamin E or Vitamin X, Vowels.	A

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Table 2: Misuse of Drugs Regulations 2001 - outline of schedules.

Schedule	Substance	Notes
1	Marijuana / cannabis, coca leaf, ecstasy, LSD, raw opium and psilocin, when extracted from magic mushrooms.	
2	Amphetamines, cocaine, dihydrocodeine, Diconal, heroin, methadone, morphine, opium in medicinal form, pethidine and ritalin.	
3	Barbiturates and rohypnol and temazepam tranquillisers,	Substances subject to less stringent record keeping and storage requirements than Schedule 2 drugs.
4	Part 1 comprises most minor tranquillisers and a few other substances, which can only be lawfully possessed under prescription. Part 2 drugs comprise anabolic steroids, which can be legally possessed in medicinal form without a prescription but are illegal to supply to other people.	
5	Cough medicines, anti-diarrhoea agents and mild painkillers, most of which can be bought over-the-counter at a pharmacy without a prescription.	Once bought, however, they cannot legally be supplied to another person.

Identify the employee's role regarding medication under COSHH control of substances hazardous to health.