Guidelines and Policy
Administration of Medication (Level 3)

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DOCUMENT HISTORY

Date	Author/Editor	Summary of Changes	Version No.
27.07.2018	Adele Houston	Review of 1st version of policy	1
11.01.2019	Robert Krawczyk	Creation of 2nd version of policy	2

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CONSULTATION AND RATIFICATION SCHEDULE

Name of Consultative Body	Date of Approval/Completed
Senior Management Team	
Consultation with CI Pharmacist	
Content of Training reviewed	
Training for Care Supervisors	
Training for Social Care Workers	

CROSS REFERENCE TO OTHER POLICIES/ STRATEGIES

This policy should be read in conjunction with:	Detail
Policy 1	Adult Support and Protection Policy
Policy 6	Risk Assessment Policy
Policy 12	Infection Control Policy
Policy 20	Learning and Development Policy

CONTENTS

APPENDICES

1. INTRODUCTION

This Policy aims to provide best practice guidance for staff involved in the process of managing medication with or on the behalf of service users who are in the care of Primecare Health LTD in line with current legislation and guidelines such as:

- Review of medicine management procedures, Guidance for care at home services, Care Inspectorate 2017
- The Medicines Act 1968
- The Human Medicines Regulations Act 2012
- The Misuse of Drugs Act 1971
- Controlled Drugs: The supervision, Management and Use of Regulations 2013
- The Misuse of Drugs (Safe Custody) regulations 1973 SI NO 798, as amended by the Misuse of Drugs Regulations 2001
- The NHS Scotland Pharmaceutical Service (Regulations) 1995
- The Social Work (Scotland) Act 1968, as amended by the Regulation of Care Act 2001
- The Prescription Only Medicines (Human Use) Order 1997, SI NO 1830
- General Data Protection Regulation 2018
- Health and Social Care Standards 2017
- The Regulation of Care (Scotland) Act 2001
- The Health and Social Care Act 2001
- Adults with Incapacity (Scotland) Act 2000

In order for staff to maintain the appropriate level of standards when supporting service users with medication this policy must be adhered to at all times.

This document must be read in conjunction with “Review of medicine management procedures – Guidance for care at home services” published by the Royal Pharmaceutical organisation of Great Britain 2007 and in conjunction of “Review of medicine management procedures, Guidance for care at home services” published by Care Inspectorate in 2017.

Medication is never to be used for “social control”, nor as a punitive measure. Withholding of medication will also be seen as an abuse of the individual service user, and appropriate action will be taken should any of these actions be discovered.

2. CONSENT

It should not be automatically assumed that medication should be given and/or managed by staff. An assessment of the service users’ needs and ability to self-medicate should be carried out to establish the individual’s ability to take part in the medication process. This assessment should be carried out by social work department or by a medical professional. The assessment should outline the specific support requirements and risk assessments where appropriate. Where the service user wishes to look after their own medication the risk assessment should detail all potential risks to the service user and / or to others they may share their home with (carer).

If the service user/young person is believed to lack capacity then the principles and process of the Adults with Incapacity (Scotland) Act 2000 must be adhered to.

3. ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

The Adults with Incapacity (Scotland) 2000 Act sets out the principles for giving medical treatment to people who can't consent. The Act aims to protect people who lack capacity to make particular decisions, but also to support their involvement in making decisions about their own lives as far as they are able to do so.

The law in Scotland assumes that consent to treatment can be given if the individual is 16yrs or over, unless there is evidence of impaired capacity. The act allows treatment, but there are safeguards and exceptions.

An assessment of capacity will be carried out by a health professional, i.e. doctor, to consent to treatment. If it is assessed that the individual cannot give consent, then a "section 47" certificate will be completed by the consulting health professional.

A certificate of incapacity must be completed by a medical practitioner primarily responsible for the medical treatment of the service user i.e. GP, dental practitioner, ophthalmic optician, registered nurse.

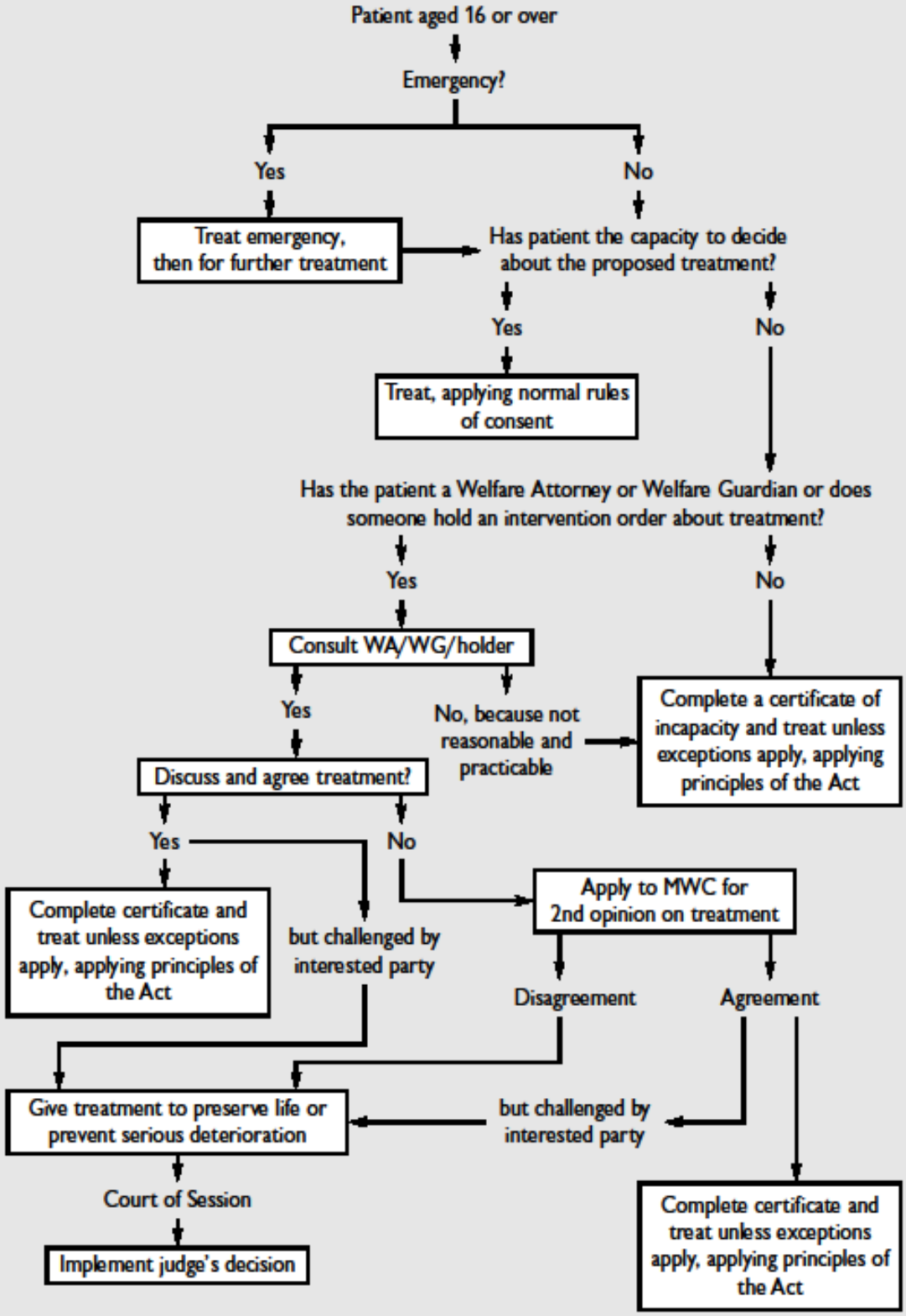
If the service user has a welfare attorney or guardian with the power to give consent (or refuse consent) to treatment, then the doctor should consult the attorney or guardian before treatment. If they refuse consent, the doctor can ask the Commission to appoint an independent doctor to give another opinion.

Service users (where they are 16yrs and older) who lack capacity to make decisions in regards to managing their medication and/or receiving health treatments must have a certificate of incapacity, under Part 5 section 47 of the AWIC, stored within their individual support plans.

The Flowchart and certificate of incapacity under Part 5 section 47 of the Adults with Incapacity (Scotland) Act 2000 can be accessed from the www.scotland.gov.uk website.

The flowchart is also shown below:

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000
PART 5 – MEDICAL TREATMENT – FLOWCHART



4. PRESCRIPTION AND DISPENSING

4.1 Prescribed Medication

All medicines have to be prescribed or authorised by an "Appropriate Practitioner". In the UK a prescriber is a health care professional who can write prescriptions; this applies to both NHS prescriptions and private. Examples are doctors, dentists, nurse independent prescribers, pharmacists, and optometrists. This would normally be done after consultation with the appropriate Health Care professional.

Repeat prescriptions are ordered four-weekly or eight-weekly with consent given by the Doctor. No one may alter the dose prescribed without gaining authorisation from the G.P. concerned, plus obtaining their written confirmation.

Where appropriate medications will be ordered by an experienced member of staff, by service users (if they have the capacity to manage their own medications) or by Carer/Welfare Attorney/Guardians in some cases Service User can give consent to their pharmacist to collect and reorder their prescriptions.

The NHS prescription authorises the pharmacist to supply the medicine as well as authorising care staff to administer the medicines. Copies or electronic scans of the prescription are to be kept to evidence that at the time of administration there was a current prescription in existence.

The Medicines Act 1968 states that medicines can be given by a third party, e.g. suitably trained care worker, to the person that they were intended for; this is strictly in accordance with the directions the prescriber has given.

Copies and records of the prescription and corresponding Medication Administration Record (MAR) must be retained by the Primecare Health LTD. Service users' medication records should be retained for 5 years from termination of service. All archived MAR will be archived electronically.

4.2 Completion of Prescription Sheets

These must show:-

- Name of individual,
- Age and date of birth (it is a legal requirement in the case of prescription only medicines to state the age for children under 12yrs.)
- Name of medication,
- Strength of the medication,
- Dose and frequency,
- Quantity to be supplied,
- Directions on how to take the medication.

Medicines prescribed by an authorised prescriber must then be obtained and dispensed by a recognised pharmacist.

Many service users with longer-term conditions have their prescriptions sent from the authorised prescriber, usually the General Practitioner to their local pharmacist. This comes from the below agreement:

The Chronic Medication Service (CMS) allows patients with long term conditions to register with a community pharmacist of their choice for the provisions of pharmaceutical care as part of a shared agreement. This allows a systematic way of working and formalises the role of the community pharmacist in the management of individual patients with long term conditions. There are three stages to be completed, once this is complete this allows for serial prescriptions for the patient.

4.3 Emergency Supply

The above procedure should eradicate the requirement for such a service but in exceptional circumstances contact the GP and Pharmacist to arrange authorisation and supply.

In the case of emergency, for example when the service user is on respite, the local doctor should be called and given all relevant details. It is up to that GP to alter the dosage of medication if it is deemed to be necessary.

No member of staff may take it upon themselves to alter the dosage of the medication prescribed.

4.4 Logging in Medication.

Prescriptions must be checked as well as incoming stock. All medication must be checked for accuracy; to ensure that the medication dispensed from the pharmacy matches what is recorded on the prescription. It is the responsibility of the member of staff on duty, who receives delivery of the medication or collects it from the pharmacist, to record and log in the medication on a Medication Log In sheet (Appendix 7).

A Medication Error Form (Appendix1) is to be completed at this point if any discrepancies are observed, and a care supervisor/ on-call to be alerted at this point.

This auditing system allows for a clear identifiable paper trail of what medication has came in to the service user's home; when, the amount and who was responsible. This will also promote the practice of ensuring medications are in date and correct.

NO stockpiling of medications must take place.

5. NON-PRESCRIPTION MEDICINES OR GENERAL SALE LIST MEDICINES (GSLs)

These are medications available over the counter without a prescription. It includes herbal and homeopathic medications. Where service users are able to select, and wish to purchase such medications for the use of minor ailments, they will be supported by staff and staff might administer non-prescribed medicine under some conditions. Staff must seek guidance from a pharmacist to ensure that the non-prescribed medications will not have any contraindications with the individual's existing prescribed medications.

Where individuals who might have a minor illness/ ailment and are unable to participate in any decision on the use of non-prescribed medications as part of their treatment, staff will take appropriate action, as part of their duty of care, and use non-prescribed medications where there is no need to consult with the GP. This should be for short term use only, following the manufacturer's guidelines. Any extended use should not be encouraged, and support/advice must be sought from a G.P.

Should any advice on the purchase of non-prescribed medications be sought from a GP or pharmacist, then the initial request for advice and the advice given must be recorded in the individual's support plan.

Purchase and administration of non-prescribed medications must be recorded on the relevant individual MAR sheet/s as necessary. The MAR sheet can then provide a complete list of all medicines used by the service user.

It can then be used to monitor treatment, decide if a change of treatment is required, identify any interaction with prescribed medication or diet and as a record of all medication present for auditing purpose.

The GP should be informed of any non-prescribed medicines being taken. This will ensure a complete profile of medication is included in their patient medication records to identify any interaction with prescribed medication or diet and monitor for possible adverse effects.

After administering medication to the service user, staff should stay and observe for any physical changes (pallor of skin, sweating) and/or changes in behaviour. These should be monitored and recorded.

Each service user must have their own medication, i.e. painkillers, and they must be clearly labelled who they are for. There must not be a centrally held stock.

5.1 Minor Ailments

This service allows the service user to register and use a community pharmacy as the first port of call for the treatment of common illnesses on the NHS. The service users must register with a pharmacy. They can present at any point with symptoms and the pharmacist will treat, advise or refer them to another health care practitioner as appropriate.

6. AS REQUIRED MEDICATION (PRN)

Medication administered on an "as required basis" is usually prescribed to treat short term or intermittent medical conditions i.e. it is not to be taken regularly. This can include pain relief medication e.g. Paracetamol, and medication to reduce anxiety e.g. Lorazepam.

Staff must not refer the medication to be administered to as PRN; the full name of the medication must be recorded, i.e. Lorazepam 5mg, Paracetamol 500mg.

To ensure the medication is given as intended a specific plan for administration must be recorded in the individuals support plan. There must be clear identifiable steps showing when the medication is to be administered and providing staff with relevant information e.g. if signs of pain are expressed in a non-verbal way.

Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment. This must also be recorded within the individuals' support plans.

As it is for occasional use the individual should be offered the medication at the times they are experiencing the symptoms either by telling a member of staff (if they are able to) or by staff identifying the individual's need as outlined in the support plans. Consideration should be given to the individual's capacity to refuse the medication.

The exact time the medication was given and the amount given should be recorded on the MAR sheet.

Some PRN medications can be habit forming (addictive), for example Co-Codamol, used for pain relief. Therefore if PRN medication is given regularly then a referral to the prescriber should be considered for a review of the person's medication, as their medical condition may have changed and the treatment required may need altering.

PRN medication that is still in use and in date should be carried over from one month to the next and not disposed of. A record of the quantity carried over should be recorded on the new MAR chart so there is an accurate record of the quantity in stock and to help when performing audits.

Authorisation must be sought from a Care Supervisor, On-Call or Operation Manager before administration of PRN control-drug.

7. MEDICATION ADMINISTRATION RECORDS (MAR)

All medication records should be referenced back to a doctor's prescription, and the service must obtain an up to date reference of current medication prescribed for each individual service user. A copy of the original prescription is stored with the MAR sheet (if staff is in charge of ordering).

If the service user receives a CMS service then the pharmacist will also provide a pre-printed MAR sheet, these are generally used for a 28 day period until complete. The MAR sheet should have printed on it the quantity of medication(s) dispensed on that occasion.

Where there is no pre-printed MAR sheet the service should use the one within this policy (Appendix 9) to record medication(s) administered.

Where young people might be in planned respite or residential care for a set period of time the service can consider asking the individual's family/ carers to arrange for the prescribing GP to write prescriptions for a new supply of medications to cover the period of respite, or the family/ carers could be asked to supply medicines in the original containers, supplied and labelled by the pharmacist or dispensing GP. This information would then be recorded from the original container labels and transferred onto the appropriate MAR sheet.

Where a service users' medication dosage might change, or a new medication prescribed, then these require the Medication Administration Record (MAR) sheets to be amended accordingly.

Primecare will not accept just a doctor's verbal instruction alone over any medication amendments. Any verbal instructions to amend a dosage, or to discontinue, or start medication/s MUST be verified by the prescribing doctor's written confirmation and recorded by the designated staff.

Amendments to medication records can be hand written or typed, but they must be completed correctly, be legible and permanent. The record needs to be dated, have the details of the person making the change and the name of the person who authorised the change (GP/ Doctor).

Amendments to medication records should always be made as a new entry. Existing entries MUST NEVER be amended. If a dosage or frequency of dosage or of a medicine is altered, the original entry MUST be cancelled and a new entry (containing the amended details) be written in full.

The name, strength and dose of the medication should be printed onto a new part of the Medication Administration Record. The new entry should be dated and signed by the person making the amendment.

Each service user will have a Medication Administration Record (MAR) sheet/chart showing all continuous medicines. All records are to be retained for future references and only one record is to be operational at any time.

Each record will include:

- Service User name, date of birth
- Name of General Practitioner
- Date of original prescription
- Allergies
- MAR chart period
- Drug name, dose, routines and frequency of administration

8. SERVICE USER RESPITE

When service users go on holiday only the correct amount of prescribed medication should go with them.

Clear records of medication given to the service user on respite should be kept by the carer or responsible person.

9. MEDICATION ERROR GUIDELINES

9.1 Prevention

Only staff who have fully completed the company training *Supporting the Safe Administration of Medication* are authorised to administer medication. Care Supervisors must always ensure shifts are covered by appropriately trained staff.

All staff must be vigilant when following medication procedures and follow the training and guidelines given over medication administration. The Medication Administration Record (MAR) must be followed to ensure no errors in medication administration occur.

Any errors over the administration of medication e.g.:

- incorrect medication being delivered from the pharmacist,
- incorrect or extra dosage being administered,
- administration of wrong medication,
- wrong medication being administered to the wrong person,
- out of date medication being administered,
- medication being administered at the wrong time,

must immediately be reported to the Care Supervisor or staff member On-Call duty, and the incident recorded on a Medication Error form (Appendix 1). Where necessary, an investigation into the medication error will take place. The Care Supervisor is to contact the pharmacy or GP if the error is on their part. A written account of the error is then to follow, Registered Manager will report medication error to Care Inspectorate by using e-form.

9.2 Medication errors by staff members

On occasion mistakes can be made in the administering of medication. Most errors do not result in significant harm, but mistakes can lead to serious consequences.
To ensure that the occurrence of mistakes is minimised and that if mistakes are made, we learn from them, staff have the responsibility to report all errors as soon as they are noticed. All errors must be reported to a Care Supervisor/Person On-Call duty. The reporting member of staff must complete a Medication Error Form (appendix 1).

When the Care Supervisor is alerted they must collate all information surrounding the error. If necessary, contact the GP or NHS 24 for advice if the error could possibly endanger the service user's health.

An Incident Report is to be completed and forwarded to the Registered Manager.

Not all medication errors will proceed to safeguarding referrals. This will depend on a number of factors, including whether or not any harm has been caused and the frequency of mistakes.

The Care Inspectorate has highlighted the need to notify them within 24 hours by e form of the following:

- Any significant incident which has the potential to cause harm to a service user.
- Any medication error which has the potential to cause harm to a service user.

Regarding Medication Errors: The Care Inspectorate state they do not need to know about all medication errors, for example, involving dropped tablets/ service user dropping medication or similar. They require however the notification of incorrect medication doses, or where a service user receives the wrong medication where harm has been caused [or has the potential to do so] to the service user. This is regarded as an unforeseen event in Care Inspectorate guidance.

In most cases the error will not be considered a disciplinary matter unless there are complicating factors suggesting negligence or criminal behaviour, or if the staff member has a history of medication errors. Any attempt to hide or cover up errors will be considered a disciplinary matter.
If a member of staff makes a medication error, their line manager will take the following steps:

1st Error	Line manager to reset standards with the staff member, and record within their supervision file (Appendix 11)
2nd Error	Re-train the member of staff and complete an action plan of how this is to be achieved.
3rd Error	Manager notified and Verbal Reprimand will be issued.
4th Error	Registered Manager will appoint to conduct a full investigation into circumstance surrounding the repeated medication errors, which may result in disciplinary action.

Subject to the error it should be noted that it may be appropriate to undertake one or more of the above steps. A decision may be made by the Registered Manager to move straight to investigation/ disciplinary procedures. If the error is judged to be negligent or a criminal act, then disciplinary procedures will be taken immediately.

9.3 Amending Labels on Dispensed Medicines

Relabeling of medication/s can only be done by the pharmacist or GP. The pharmacist is required to re-label in strict accordance with the prescribed medicine (new prescription, GP signed MAR sheet or GP written confirmation). Individual staff MUST NOT make alterations to existing labels.

All labels should be typed by the pharmacist showing the name of the service user, name and strength of the medicine, dosage directions, date of dispensing, name and address of the supplying pharmacy, quantity dispensed and any additional instructions.

If labelling becomes damaged or unclear, contact the pharmacist for a new label.

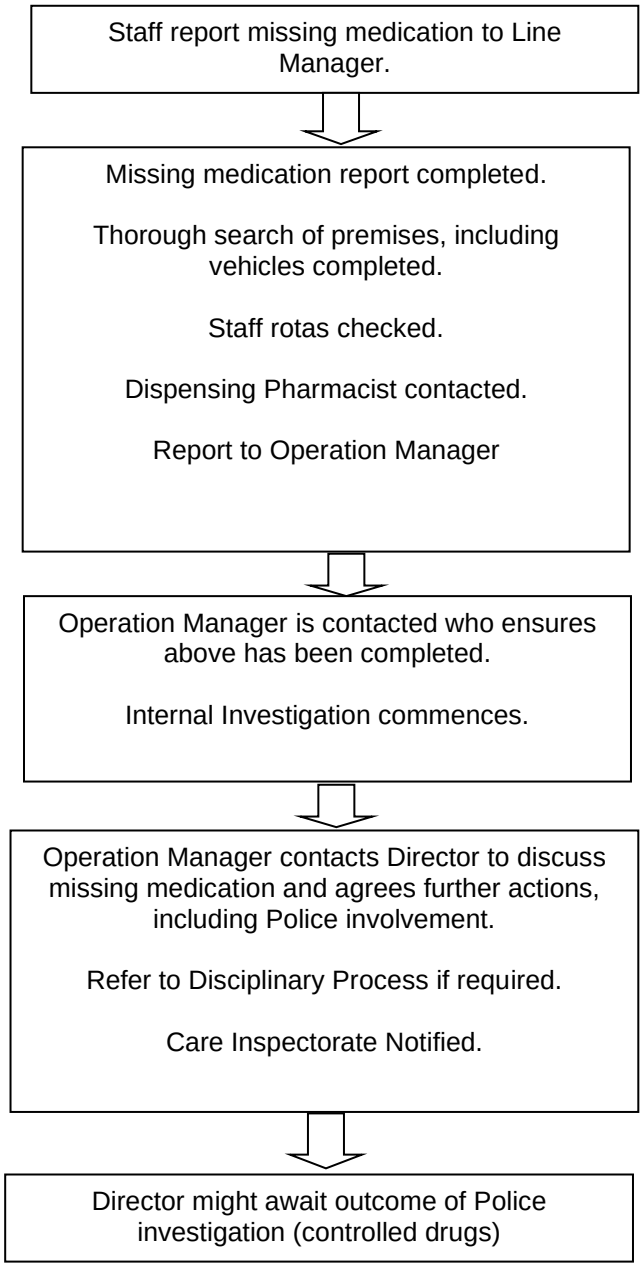
9.4 Discontinued Medication

A line should be drawn through any medication that is cancelled. The date of the cancellation, signature of the person making the cancellation should also be recorded on the Medication Administration Record, plus include reference to the prescribing GP's written confirmation.

9.5 Reporting Missing Medication

Staff discovering any medication/s missing from a prescription, or pharmacist dispensed list during a unit check/audit MUST immediately notify their line manager.

A form is available for recording missing medication – see Appendix 2. The steps are set out within the flow chart below:



This procedure will also apply to service users who return to a service from respite with missing medication.

The 'Action taken' section of the form must be completed by a Care Supervisor who in turn will inform the Operation Manager and Registered Manager. Disciplinary action may result if a breach of policy is discovered.

Completed forms will be kept confidential to Care Supervisor and Senior Management Team

10. CONTROLLED DRUGS

Controlled drugs CAN be given by trained care staff in the care at home setting and should be treated like any other prescription medicine. There is no requirement for two people to be involved in the administration and recording of controlled drugs. However, any suspicious issues are reportable

If there are any concerns, contact the General Practitioner or pharmacist for advice.

10.1 Disposal of controlled drugs

Controlled drugs, obtained by a prescription, can only be disposed of by the dispensing pharmacist. A signature must be received from the pharmacist to indicate they have received the controlled medication/s to be disposed of.

11. SAFE STORAGE OF MEDICATION

If the service is provided within the service users own home, and they have the capacity to manage their own medications, they will decide where and how to store the medication. If staff is in control of administering medication appropriate storage should be arranged.

Medications such as asthma inhalers must be readily available and not locked away; an assessment of potential risk to others may need to be carried out. This should be decided on an individual basis.

There should be good ventilation within the storage facility and the temperature must not exceed 25 C.

- Storage facilities must include separate locked storage for internal medicines and external medicines
- Any containers used to store medication must be stored in individual sections with appropriate labelling
- Household remedies are to be stored in a locked facility separate from prescribed medicines.

Medicines that require cold storage (between 2-8 C) can be stored in a normal domestic fridge. The medication needs to be kept on a separate shelf in a lidded plastic container; this should not be accessible to service user(s).

11.1 Security of staff's own medication

It is each staff member's responsibility to ensure that any personal medications are stored securely for the entirety of their shift. Staff should be vigilant at all times of their own medication. The medication must be removed when the shift is complete, and staff are leaving the Service User's home.

12. ADMINISTRATION OF MEDICATION

If the individual has been assessed to be incapable of managing their own medication and staff are required to ensure that the individual is given:

- The correct medication
- At the correct time
- In the correct way

This is considered to be medicine administration.

Staff may be required to do the following:

- Deciding which medications have to be taken, and when.
- Giving the medication to the service user to swallow, apply or inhale, where the person lacks the capacity to know what the medication is for or identify it.
- Administration of medication that requires some degree of judgement/ skill on behalf of the staff member to ensure the medication is administered in the correct way i.e. eye drops.

The level of support required may vary and this can depend of type of medication for example the person may be able to administer their own inhaler but require staff to administer tablets.

13. SECONDARY DISPENSING

Secondary dispensing is when medication is removed from its original labelled container or dosette box into another container. Medication should be administered from containers dispensed and labelled by the pharmacy or dispensing G.P.

14. SUPPORT PLAN

There is a requirement for service providers to maintain records of service user medicines. Regular reviews of the medication and its administration are to be undertaken to ensure that information is current, correct and is still meeting the needs of the service user
Information recorded should include the following information:

- Name of individual

- What medication the service user is taking,
- Instruction on route of administration,
- Amount to be administered and when
- What each medication is for,
- Risk assessment for the medication routine, for example what to do if the service user/ young person spits out the medication.
- What to do and who to contact in the case of an emergency
- Risk assessment for service user managing their own medication and living in shared accommodation (where appropriate).
- The name and contact details of the individual's GP and dispensing pharmacist.

Certain preferences should be recorded; if for example the service user is vegetarian then medication provided should be in a gelatine capsule; if the service user observes religious festivals by fasting and prefers not to have medication at certain times.

15. GOOD PRACTICE

Principles to be observed when preparing to administer medication:

- The medication required,
- The dose required,
- Route of administration,
- The time and frequency for administration,
- That previous medications have been administered,

Principles to be observed when administering medication;

- Maintain good standards of personal hygiene,
- No-Touch technique should be observed throughout,
- If medication is in liquid form then disposable gloves should be worn,
- Member of staff stays with the service user to ensure medication has been swallowed,
- Ensure all dispensing equipment is thoroughly cleaned,
- Confidentiality,
- Security of the medication throughout,
- Completion of Administration Records.

Do not administer medication if you don't know what it is for. If in doubt a staff member should not dispense without checking with the Care Supervisor.

Care Supervisor should check the accuracy and compliance with all procedures within the unit periodically to ensure all controls are in place.

16. ADVERSE MEDICATION REACTION

Any adverse reactions to any medications must be reported immediately to the individual's GP and supplying pharmacist. They will then recommend an appropriate course of action to follow before any further administration can take place.

The GP will notify the Medicines and Healthcare Products Regulatory Agency and will require staff input in recording the adverse reaction/s witnessed/ observed.

Even if no known adverse reaction is expected staff require to be vigilant in monitoring the effects of medication on persons with dementia, as the individual might be unable to explain their feelings.

Close recording of any changes must be kept and brought to the attention of the GP.

17. REFUSAL AND COVERT ADMINISTRATION OF MEDICATION

Everyone has the right to refuse their medicine/s. Staff will record this on the Medication Administration Record (MAR) by using appropriate code. Detailing the reason for refusal to enable this to be monitored and discussed at any subsequent medical review.

Primecare Health LTD recognises the rights of the individual and will not contravene these through any form of covertly administrating medication against the individual's knowledge.

To aid agreement with the individual, alternative formulations of the medicine/s may be more acceptable for consideration due to ease of administration, e.g. liquid preparations.

Where the covert administration of medication is requested by carers, a signed agreement between Primecare Health LTD, the carers and the GP will be initiated. Where appropriate, the individual service user will be made aware of this and be included in this agreement.

A formal assessment (Appendix4) and documentation on incapacity (adults) must be completed and stored within supports plans, with clear dates for review (Appendix 6). The medicine to be given covertly should be clearly named.

17.1 Guidelines on the covert administration of medicines

17.1.1 *Statement*

Whilst Primecare Health LTD recognises the possible abusive nature and denial of individual rights that covert administration of medication can involve, it also has to recognise that there could be occasions when such procedures are necessary for the well being of the individual. This can include being on carer request.

Covert administration of medication involves disguising medication by administering it in either food or drink. This often might require tablets to be crushed, thereby possibly reducing their original strength or reaction timescale.

The result of covertly administering medication is that the individual is unknowingly taking medication. This action is possibly due to a refusal to take medication when it is offered but is necessary for the individual's well-being and health.

Whilst covert administration of medication is sometimes necessary and justified on an individual and agreed basis, it must never be used in circumstances where an individual is capable of deciding about their medical treatment.

Covert administration of medication without consent could be perceived as an abuse of the individual and of their rights. Under the Regulation of Care (Scotland) Act 2001, any instance where medication is administered without the individual's consent, or that of a person duly authorised to consent on their behalf, must be notified to the Care Inspectorate.

17.1.2 *Legislation regarding covert medication*

- The Age of Legal Capacity (Scotland) Act 1991
- The Children (Scotland) Act 1995
- Regulation of Care (Scotland) Act 2001
- The Adults with Incapacity Act 2000
- The Mental Health (Care and Treatment) (Scotland) Act 2003

17.1.3 *Deciding whether to administer medication covertly*

Stage 1 Before considering the option of using covert medication administration, it is important to analyse from a range of sources, family, advocates, GP, why the individual is refusing medication?

Stage 2 Consider the necessity of the treatment, is it essential that it needs to be given by deception? GP and family, advocate, others involved in the individual's care must be approached and involved in this decision. They must be made aware of their right to challenge any decisions made. Any concerns or disagreement must be recorded in the minutes of the meeting.

Stage 3 Does the individual have the capacity to decide about their medical treatment? If they do, then covert administration must not be considered, as it would amount to assault. The individual must be given every opportunity and as much assistance as possible, through appropriate communication systems and aids to help them to understand the need for medical treatment. Educating the individual and involving them in the decision-making process must also be considered, as covert administration is no substitute for clear and simple explanation and education but can be considered if impaired intellectual function makes such alternatives impossible.

Stage 4 What is the benefit of the treatment to the individual? Any benefit must be balanced with the possible risk of administering medication covertly, i.e. there may be a risk by altering the method in which the medication is absorbed. There is also a risk the individual might taste the disguised medication and subsequently refuse food or drink. On this basis, advice is to undertake a risk/benefit analysis before covertly administering

medication. Crushing tablets can mean the medication being given outwith of its product licence. There might be particular dangers to the individual if slow-release or enteric coated tablets are crushed. All relevant staff must be aware of this as they could be held liable for any subsequent harm. Remember to always seek professional advice from the GP or pharmacist.

Stage 5 Is covert administration the best option? Might it cause further distress? Would other forms of administration result in a need for force or restraint?

Stage 6 Always consult others before considering covertly administering medication. This includes GP, pharmacist, family, carers, and advocates

Stage 7 Those who administer medication covertly must be trained in the technique and receive regular and appropriate supervision. The treatment can only be given if it has been authorised by the prescribing General Practitioner.

Stage 8 All Medication Administration Records (MAR sheets) must clearly indicate and record which medication/s is/are to be administered covertly.

Stage 9 Once agreement has been reached to covertly administer medication, then an assessment record must be completed, as in Appendix A below.

Stage 10 An agreed review process and timescale must be in place to help decide whether the covert administration will continue or not. The Royal College of Psychiatrists suggests a weekly review. The Mental welfare Commission suggest covert administration is kept under constant review and that a formal review meeting is set to discuss the progress, or concerns of all those involved.
For an example of a review form, see Appendix B below

Stage 11 Where one medication is being administered covertly, this does not necessarily establish a precedent that all subsequent medication can be covertly administered to an individual.

18. ADMINISTRATION OF EMERGENCY MEDICATION

Rectal medication will only be administered by suitably trained staff to the individual for whom it was prescribed in the circumstances for which it was prescribed.

The administration of rectal medication is an emergency treatment. If there is any doubt about the administration of rectal medication in a given situation then medical help should be obtained and an ambulance should be called.

1. Only trained staff will administer prescribed rectal medication.
2. The trained member of staff must know the service user and feel competent to administer the drug.
3. Every administration of rectal medication will be documented. This will then be drawn to the attention of the GP as part of the care programme.
4. Every staff member will be aware:
   a) when rectal medication is required by each service user
   b) who is trained to administer rectal medication?

c) circumstances under which the GP will be informed

5. Medications must be stored in a cool accessible place.
6. When possible one other staff member should be present at the administration of the medication.
7 Procedures to be reviewed and updates as required.

More individuals are now being prescribed administration of emergency medications via oral or nasal methods and this should only be carried out by appropriately trained staff.

Administration of rectal suppositories: Service users who require rectal suppositories should receive this service from the local Primary healthcare services.

19. VISIT TO A HEALTH PRACTITIONER

Staff are responsible for ensuring the accuracy of verbal instructions during a medical examination. Staff must complete the 'Report on Visit to Health Care Practitioner' form (Appendix 10) and record all instructions/ comments from the visit. Obtain clarification on the dose and times and do not rely on an 'as before' or 'as directed' statements.

Reference must be made to any correspondence from the authorising health practitioner and/or prescription where applicable. A request can be made that the Health Care Practitioner signs the Report to confirm the instructions.

Completed reports should then be stored in the service user's Support Plan.

20. REVIEW OF MEDICATION

The frequency of reviewing medication is to be as appropriate but at least on a minimum of every 6 months with GP recommendations or updates recorded.

Pharmacy Services will be requested to be involved where there are concerns about long term use of medication, or where the dosage is causing concern.

21. AUDITING AND DISPOSAL OF MEDICINES

Medicines must not be kept past the expiry date and expiry dates and date dispensed must be checked.

Liquid antibiotics only have a seven to ten-day shelf life and eye drops should be discarded 28 days after opening; therefore it is good practice to record the date of opening on the MAR sheet.

The pharmacist supplying the medicines will dispose of unwanted or date expired medicines.

All disposals are to be recorded on Medicines Log out-sheet (Appendix 8).

22. TRAINING

All staff who administer medication must complete training in full, as part of the induction programme which is then completed locally within the sector they are deployed to work. Training will include an annual refresher course.

As a minimum training will cover:

- The supply, storage and disposal of medicines
- Safe administration of medicines
- Quality assurance and record-keeping
- Accountability, responsibility and confidentiality
- Systems for recording/reporting Medication Errors, Missing Medication, Disposal of Medication, Medication Refusal, Covert Administration of Medication.

The basic elements that an employee needs to know before giving medicines include, how to administer:

- Into the mouth (tablets, capsules, liquids)
- Ear, nose and eye drops
- Inhalers
- Medicines applied to the skin.

This level of training *will not* cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injections.

23. INFORMATION ABOUT MEDICINES

Information about Medicines can be obtained as follows:

- British National Formulary – a copy will be held by the Manager, or can be accessed via the internet (www.bnf.org)
- Contacting General Practitioner
- Contacting Pharmacist
- Care Inspectorate
- Social Services Council
- Consultant Psychiatrist for the service

24. MONITORING AND REVIEW

The effectiveness of this policy will be monitored. The policy will be reviewed every three years or earlier as required.