Leicestershire Partnership NHS Trust

Medicines Management Policy

This Policy describes the key processes for the handling of medicines within the Trust.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.3	2nd March 2012	Modified in line with Trust procedural document on policy production
1.4	March 2013	Amendments incorporated to NHSLA Monitoring section (Appendix 2)
1.5	June 2014	Reviewed and updated as part of standard review cycle
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1.7	July 2017	Reviewed and updated as part of standard review cycle
1.8	August 2018	New section (6.8) added to allow treatment of members of the public who present for treatment at Trust premises
1.9	June 2019	Reviewed and updated as part of standard review cycle. Section on items that can be stored outside medicine cupboard added
2	October 2020	New section added (6.13) on how to manage prolonged breaks in treatment
3	October 2022	General review and new section added on transportation
3.1	September 2025	Appendix 7 added

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

(All policies must be screened)

Standard statement for all policies.

The Trust's commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

A due regard review found the activity outlined in the document to be equality neutral because they do not delineate activities down to an individual patient level.

Definitions that apply to this Policy

Prescribing	The act whereby a practitioner who is appropriately legally authorised produces an instruction for a specific patient to receive a specific medication.
Administration	The act of an appropriately legally authorised practitioner giving medication to a patient on the instruction of a prescriber
Transfer	Moving a patient from one discrete clinical area to another either within or out with the Trust
Discharge	The point in time at which a patient leaves in-patient or day-patient care
Controlled Drug	A product which has specific additional restrictions placed on its prescription, supply and/or storage by the Misuse of Drugs Act

Private Patient	A patient who at the time in question is not being treated for the relevant condition by the Trust
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. •Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1. Summary

This policy enshrines the Leicestershire medicines code into Trust policy and describes some additional Trust positions with respect to the management of medicines within the organisation.

2. Introduction

This policy is the overarching policy framework that supports the administration and prescribing sections of the Leicestershire Medicines Code which lays down medicines procedures for the Leicester, Leicestershire and Rutland Healthcare Community. As such, it ensures that following the procedures set down in the Medicines Code is a contractual responsibility for all staff involved in the handling of medicines.

Current version of the Medicines Code can be found here:

https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/guidelines/secondary-care/medicines-code/

3. Purpose

The purpose of this policy is to ensure that following the procedures set down in the Medicines Code is a contractual responsibility for all staff involved in the handling of medicines.

4. Justification for Document

The justification for this policy is to ensure that following the procedures set down in the Medicines Code is a contractual responsibility for all staff involved in the handling of medicines.

5. Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols. This policy will be overseen by the Quality Assurance Committee (QAC).

5.3 **Staff**

5.3.1 **Who may prescribe?**

‘Prescriber’ is taken to mean any practitioner legally authorised to prescribe under

the Medicines Act 1968 or subsequent amendments. Thus this policy applies equally and fully to both medical and non-medical practitioner prescribing.

There are two categories of prescribers:

Independent Prescribers - professionals who are responsible for the initial assessment of the patient and for devising the broad treatment plan, with the authority to prescribe the medicines required as part of that plan. This includes medical staff, dentists and authorised nurse, physiotherapist, chiropodist, podiatrist and pharmacist prescribers who have successfully completed an independent prescribing course. Non-medical independent prescribers can prescribe any medicine for any medical condition within their clinical competence. Nurse and pharmacist independent prescribers are permitted to prescribe unlicensed medicines. They may also prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called “off licence” or “off label”). They must however accept professional, clinical and legal responsibility for that prescribing and should only prescribe “off label” where it is accepted clinical practice. The guidance for unlicensed medicines should be referred to.

Supplementary Prescribers - professionals who are authorised to prescribe certain medicines for patients whose condition has been diagnosed or assessed by an independent prescriber, which in this situation must be a medical practitioner, within an agreed clinical management plan (CMP). Professionals who can undertake supplementary prescribing are nurses, pharmacists and certain allied health professionals (chiropodists/podiatrists, physiotherapists, dieticians and radiographers). Supplementary and independent prescribers must be registered as such with the relevant regulatory body and any activity carried out by them must have Trust approval and authorisation.

Where a nurse or a pharmacist is the supplementary prescriber, a CMP may include any General Sales List, Pharmacy or Prescription Only Medicine prescribable at NHS expense. This includes the prescribing of controlled drugs (except those listed in schedule 1 of the Misuse of Drugs regulations), unlicensed and off label medicines. When the latter occurs, such use must have the joint agreement of both prescribers and the status of the medicines should be recorded in the CMP.

Dietician Initiated Nutrition and / or Dietary Therapy

Registered Dieticians are authorised to initiate the use of nutrition and / or dietetic products (Borderline substances) by entering them on the inpatient prescription. Dietetic products may include sip nutritional supplements, enteral tube feeds, single/combined source (fat, carbohydrate, protein) supplements, thickeners, gluten, low protein and metabolic products, vitamins and minerals.

6. Processes

6.1 Transfers

A copy of the prescription should accompany the patient and his/her case notes

during transfer to a ward that cannot access that prescription electronically.

On arrival at a new ward within the same hospital or at a new hospital within Leicestershire, the original prescription chart should be used and the ward or hospital identification be amended, provided the new ward normally uses the same chart as the original. Otherwise all prescriptions should be re-written on the chart normally in use on the ward or if revision of therapy is needed because of transfer to another medical team. This also applies to respite care.

For transfers to hospitals outside of Leicestershire, a letter giving details of current medicines and their original starting date should accompany the patient. If the patient is likely to need treatment en route, the prescription chart and an adequate supply of medicines should accompany him/her. The prescription chart's validity ceases on arrival at the new hospital and should then be filed in the notes of the original hospital.

Where the patient's own medicines, prescribed by their GP, have been retained on the ward they must accompany the patient to the new ward or hospital.

Any non-standard/non-stock medicines should also be sent with careful detailed instructions as to their use. The transferring ward must ensure, prior to the transfer of the patient, that the receiving ward can continue treatment without interruption.

6.2 Discharge Medication (TTOs)

A full prescription should be produced for all medicines to be dispensed at discharge. Any changes made to the medicines regime since admission should be highlighted on the discharge letter. Medicines which the patient has brought in and whose use is to continue at home, should be returned to the patient on discharge, providing this medication has at some stage been checked by a pharmacist or accredited pharmacy checking technician.

Prescribers must include all medication required, including patient's own, on the discharge letter/TTO.

Instructions should be given to the patient to obtain further supplies from their GP.

For short courses, the precise number of days therapy required should be stated.

All members of the healthcare team have a duty to ensure that the patient is made aware of, and understands, any changes made to their medication regime since admission i.e. new medicines, changes in dose, stopped medicines, switching of one medicine for another.

The prescription should be endorsed 'patient own drug' (POD) when the patient has sufficient supplies at home.
A pharmacist should check the discharge prescription for accuracy and appropriateness compared with the in-patient prescription.

For medicines issued to patients being discharged from hospital, the registered nurse must check the dispensed medicine against the discharge letter. It is good practice to involve a second checker if available, who could be a registered nurse or the ward pharmacist or technician.

The registered nurse must hand over the medicines to the identified patient or their responsible carer and ensure that the following explanation/detail is given:

- The administration details on each bottle/package of medicines must be read out to the patient/carer, including instructions on storage, e.g. store in a refrigerator
- The nurse must explain to the patient/carer how and when the medicines should be taken and detail any potential (common) side effects, e.g. drowsiness.

6.3 Controlled Drugs for outpatient and discharge prescriptions

By law the prescription must always state:-

- The name and address of the patient
- The patient's NHS number
- In the case of a preparation, the form and, where appropriate, the strength of the preparation
- The dose
- The total quantity of the preparation, or the number of dose units, **in both words and figures,** e.g. morphine sulphate controlled release (MST) tablets, 30mg bd – fourteen (14) x 30 mg tablets.

The above can be handwritten or be computer generated. The prescriber's signature must be handwritten and not computer generated.

A maximum of 30 days supply can be prescribed, and prescriptions will only be valid for 28 days from the date of signature or any other date on the prescription as the date before which the drug should not be supplied – whichever is later. In circumstances where the patient is known to be a drug misuser, no more than 24 hours supply of controlled drugs should normally be given except by the specialist team providing substance misuse services.

Where a Community Nurse is to administer medication, a copy of the prescription, containing the name, address and medicine details, signed and dated by the prescriber must be provided.

6.4 Out-patient prescribing

When it is necessary for a new treatment to be initiated by the hospital prescriber, or where a dose adjustment of existing therapy necessitates a new dosage form, an outpatient prescription should normally be produced and a treatment supply of twenty- eight days/nearest whole pack or as appropriate dependant on individual patient needs should be given. The patient will be advised to obtain further

prescriptions from their GP, except when the medicine is in the orange or red or grey categories of the Leicester, Leicestershire & Rutland Area Prescribing Committee traffic light classification system. See www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/for further details. Local health community contracts do allow for GPs to be asked to initiate non-urgent prescriptions for drugs not classified as shared care or hospital only but this should only be used when the patient is happy with this option and it will not cause any clinical detriment.

'Amber' medicines are initiated in hospital and then transferred to the GP under a Shared Care Agreement. Care should only be transferred when the Health Community approved shared care agreement requirements for that medicine have been met and the GP is confident to continue prescribing and take over the care of the patient. Written communication will be sent to the GP, to confirm the rationale for initiation.
'Black' medicines are medicines which are not recommended for use in the Leicestershire Health Community and should not be prescribed or recommended by either secondary or primary care clinicians.

A record of the prescribed medication, including the dose and duration, should be entered in the patient's notes. The prescriber should ensure rapid communication to the GP. The GP must be given sufficient information on therapies that he/she would not normally be familiar with. The prescriber should ensure that the appropriate patient information leaflet is given to the patient.

Unlicensed medicines should be prescribed and supplied in accordance with locally agreed guidelines. Preparations in the children's BNF are considered to be quasi-licensed in the Leicestershire and Rutland healthcare community. GPs may refuse to prescribe unlicensed medicines.

An outpatient prescription given to a patient for supply from the hospital pharmacy is valid for 3 months from the date of issue, with the exception of controlled drug prescriptions, which are valid for 28 days from the date of issue.

6.5 Day Hospitals

Where a Day Hospital is responsible for supplying medication to a patient a formalised procedure should exist for the medicines required to be issued by the Pharmacy Department.

6.6 Medical Students

By law, medical students are not permitted to prescribe

6.7 Self-Prescribing Policy

6.7.1 Doctors

Prescribers **must not** prescribe any medicine for themselves.

It is strongly recommended that prescribers do not prescribe for anyone close to them, other than in an emergency. Those close may include immediate family, someone with whom one has an intimate personal relationship, friends, and also colleagues with whom one regularly works. If prescribing takes place, you must be able to justify your actions and must accept accountability for that decision.

If exceptional circumstances arise, then the prescriber must immediately:

- Contact the LPT pharmacy and speak to the duty pharmacist or on-call pharmacist before proceeding
- Make a clear record at the time, what was prescribed, your relationship to the patient, where relevant, and the reason it was necessary to prescribe.

Prescribers should refer to the relevant professional bodies' standards and codes of ethics for further advice.

6.7.2 Non-Medical Prescribers

The NMC and RPSGB advise that Non-Medical Prescribers should not prescribe any medicine for themselves. Non-medical Prescribers are accountable for their practice at all times, and if a situation arises where they find themselves in a position to prescribe for their family or friends, then they must accept accountability for that decision. It is strongly recommended that Non-Medical Prescribers do not prescribe for anyone with whom they have a close personal or emotional relationship other than in exceptional circumstances.

6.8 Prescribing for members of the public who present at Trust sites

If a member of the public presents at an LPT setting requiring emergency medical attention that cannot be provided in a timely manner through other approved routes, emergency medication can be prescribed and administered within the clinical competence of the available prescriber(s). If no prescriber is available, only medications approved under common law to save life (e.g. Naloxone) can be given.

All prescribing and administration should be carried out in line with the current Leicestershire Medicines Code

A 999 Call must be initiated for emergency response.

Medication should be prescribed and administration recorded on a paper drug chart and there should be handover of relevant information to those who will provide ongoing patient care.

An E-IRF should be completed as soon as the incident has been managed.

6.9 Staff's own medication

There are situations where staff will need to bring in or keep their own medication in a work environment. If the staff member works in an area to which patients have access, the medication must be stored securely in a location that does not permit patient access. The Trust takes no responsibility for the use or quality of such medication and in all except life threatening conditions it should be administered by the staff member themselves. If necessary to save a life e.g. an Adrenaline auto-injector for anaphylaxis, another staff member could administer the medication under common law.

6.10 Administration Points

6.10.1 Oral Syringes

In order to minimise the risk of medication being inadvertently administered by the wrong route, National Patient Safety Agency guidance was that:-

- Only oral/enteral syringes that are not compatible with intravenous and other parental devices are used to measure and administer oral liquid medicines/ enteral feeds to patients
- The colour purple should be adopted for use in oral/enteral devices to aid differentiation between oral/enteral and other devices in practice.
- Naso-gastric and enteral feeding tubes, administration and extension sets should be labelled to indicate the route of administration at both the proximal and distal ends of the tube, as appropriate.
- Nasogastric and enteral feeding tubes, administration and extension sets must not contain any in-line female luer ports, or male luer terminal connectors (tips).
- Three way taps must not be used in oral/enteral feeding systems
- Adaptors that convert oral/enteral syringes into devices that can connect with intravenous/parental connectors must not be used.

6.10.2 Administration of Medicines by Medical Staff

It is unacceptable to prepare medicines in advance of their immediate use or to prepare medicines for administration by others.

It is unacceptable to administer medicines prepared by another practitioner if this practitioner is not present.

Exceptions to this include ready-made preparations from pharmacy, or continuous or intermittent infusion by some kind of infusion device already in place. In these circumstances the following criteria must exist:-

A valid prescription:-

- The container must be clearly labelled, signed and dated
- Accurate administration records are kept including the name of the person who initiated the infusion
- Once these checks have taken place the registered nurse who has accepted

responsibility for the patient's care is accountable for the administration of the medicine.

6.10.3 Administration by Healthcare Support Workers (HCSW)

This section applies to in-patient care only. For community-based services refer to directorate based procedures.

HCSWs are authorised to administer oral dietary supplements and topical skin creams, gels and ointments on the instruction of a qualified nurse. The qualified nurse should record the administration on the Wellsky e-prescribing system flagging the administration using the drop-down rationale "administered by other staff".

6.10.4 Self-administration of Medicines

Self-administration of medicines is supported whenever it is appropriate and providing the necessary security, storage and assessment and monitoring arrangements are available.

LPT accepts responsibility for managing the risk involved in the provision of medicines self-administration for its patients and accepts liability where the policy is followed.

Before commencing self-administration two parameters should be filled:

- The service user's drug treatment has been reviewed and is as simple and rational as possible
- The service user understands they are self-administering their medicines and has signed the consent form to do so.

AN EXAMPLE PROGRAMME FOR SELF-ADMINISTRATION IN A MENTAL HEALTH REHABILITATION SETTING CONSISTS OF 5 STAGES:

Stage 1: Medication supplied as 7 days' supply and kept by nursing staff between doses

Stage 2: Medication supplied as a single day's supply

Stage 3: Medication supplied as 2 days' supply

Stage 4: Medication supplied as 3 – 4 days' supply

Stage 5: Medication supplied as 7 days' supply and collected by the patient from pharmacy, (where appropriate):
The service user starts at Stage 1 and progresses to Stage 5. The service user should be continually assessed with a view to moving on to the next stage. Each stage should be a minimum of 7 days and should not continue for more than 4 weeks without review. When Stage 5 is successfully completed the service user should be capable of being responsible for their own medication on return to the community.

6.10.5 Non-administered Medication

If a medication has been removed from it's packaging prior to administration and it is subsequently not possible to administer it

6.11 Side effect monitoring

All qualified clinicians caring for patients are responsible for monitoring patients for side effects. Patients should be asked about any adverse reactions to medications on a regular basis. This may be at 6-monthly intervals or at each appointment whichever is the longer. If side-effects are observed or reported the patient should be asked if they are troublesome and any side-effects which are considered to be unacceptable to the patient should be brought to the attention of a prescriber responsible for the care of the patient so that therapy can be reviewed

Information will be available on request in a format suitable for the individual patient; for example, large print, another language, Braille etc, to ensure no patient is disadvantaged in the context of any aspect of this policy and its implementation. This will include appropriate referral to the Trust Interpretation and Translation Service (refer to Intranet).

6.12 Storage of medicines outside medicines cupboards

In line with the medicines code all medications should be stored in a medication cupboard at ward level. However, to facilitate ease of access and due to their low clinical risk the following items may be retained by the patient:

Reliever Inhalers (e.g. Salbutamol)

Lubricant Eye Drops

Anusol Cream/Ointment

Glyceryl Trinitrate Spray

6.13 Prolonged non-compliance or other breaks from medication

Where patients have not taken some or all of their medication for a prolonged period e.g. in excess of two weeks and they are taking a dose higher than the stated initiation dose in the BNF, care should be taken when medication is re-introduced including taking advice from an experienced prescriber or from a pharmacist. This is particularly important when the patient is receiving high-dose therapy. Separate arrangements exist for Clozapine where the drug regime must be re-escalated if the patient has not taken any for more than 48 hours.

6.14 Expiry dates of medicines that patients bring into hospital

If no expiry date is shown on a product that a patient brings with them into hospital,

either from home or from another healthcare provider, it must be used within 4 weeks of the date of dispensing shown on the dispensing label. If it has no dispensing label on it then it should not be used and a new supply ordered from pharmacy.

6.15 Transportation of medicines by taxi, courier or voluntary driver

Medication should always be in a sealed container and should only be handed to an authorised voluntary/taxi driver/courier.

If going to a patient's home address, the package must bear a clear address that has been confirmed with either the patient, a carer or on the patient administration system. Contact must be made with the recipient to verify that they are to expect a package to be delivered and to contact the dispatcher once it has arrived if possible. If a call to confirm receipt has not been received within 1 hour of expected delivery time then the recipient should be called to ascertain if delivery has taken place. If it has not, the taxi/courier company or voluntary driver booking number should be contacted to determine the current situation.

If a taxi driver/courier is being used they should be asked to show their valid company ID and be asked for their registration number and this should be recorded.

The voluntary/taxi driver/courier should be given instruction as to what to do if they are unable to deliver a package. This will usually be to return the package to the dispatcher. However, additional advice will need to be given if the unit of despatch is likely to be closed on their return.

The voluntary/taxi driver/courier should be instructed that if the address cannot be located they are to return the package to the dispatcher. However, additional advice will need to be given if the unit of despatch is likely to be closed on their return.

Taxi drivers, couriers or voluntary drivers should not be made aware that CDs are being transported.

7. Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training.

The Trust will provide training in the operation of this policy to all qualified nurses, nurse co-ordinators and medical staff and this training will be recorded within the Trust Mandatory Training Register. Undertaking this training will be mandatory and will be repeated every 2 years.

The course directory available on e- source will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available

dates to access the training.

A record of the event will be recorded on the Trust's uLearn system.

The governance group responsible for monitoring the training is the Medicines Management Group.

8. Stakeholders and Consultation

The involvement of relevant groups, committees and stakeholders is key to the review and development of authorized documents. This policy has been developed by the Trust Medication Risk Reduction Group which has multi-professional and multiservice representation. Members of the group have consulted with relevant stakeholders within their own services.

9. Monitoring Compliance and Effectiveness

Monitoring of this policy is carried out as part of the Medicines Code audit carried out as part of the Trust's quality schedule monitoring. This audit is carried out annually using an approved methodology – the lead auditor will be the Trust Head of Pharmacy. Any action plans required will be developed by the Trust's medication risk reduction group and agreed by the Trust's commissioners as part of the quality schedule monitoring process.

10. Links to Standards/Performance Indicators

The safe management of medicines features in the safety domain of the CQC's standards framework.

10.1 Standards/Key Performance Indicators –

TARGET/STANDARDS	**KEY PERFORMANC**E **INDICATO**R
Only appropriately registered professionals will prescribe medicines	100% of medicines are prescribed by a practitioner qualified to do so
A full prescription should be produced for all medicines to be dispensed at discharge	100% of patients will receive the medication they require at the point of discharge
Self medication is supported whenever it is appropriate	A risk assessment will be carried out in 100% of cases where a patient requests to self-medicate and if the risk assessment shows low/no risk the patient will be supported to self medicate

Clinicians are responsible for monitoring patients for side effects	100% of patients' clinical records who are receiving medication will document an assessment of side effect burden at least annually.

References and Associated Documentation

This policy was drafted with reference to the following:

LPT Medication Error Policy 2019

LPT Non-Medical Prescribing Policy 2019

DoH Safer Management of Controlled Drugs

Medicines, Ethics and Practice – A guide for pharmacists

NMC Code of Professional Conduct

The safe & secure handling of medicines RPSGB

Misuse of Drugs Regulations 2006

NPSA Patient Safety Alert 19: Promoting safer administration of liquid medicines

Appendix 1 - Sending medication by taxi, courier or voluntary driver

Appendix 2 - Policy Training Requirements

Training topic:	
Type of training:	X Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Division(s) to which the training is applicable:	X Adult Learning Disability Services X Adult Mental Health Services X Community Health Services X Enabling Services X Families Young People Children ☐ Hosted Services
Staff groups who require the training:	*All staff who prescribe or administer medicines*
Update requirement:	Every two years
Who is responsible for delivery of this training?	Pharmacy Services
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X Trust learning management system ☐ Other (please specify)
How is this training going to be monitored?	Audit of uLearn system

Appendix 3 - Policy Monitoring Section

Criteria Number & Name: Medicines Management Policy:
Medicines Management Policy / Medicines Code

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
5	All prescriptions are produced by appropriately qualified individuals		Medicines Code Audit	MRRG	Annually
6.3	Controlled drug prescriptions comply with legal requirements		Controlled Drug Audit	MRRG	Annually
6.4	GPs will not be asked to prescribe “red” or “black” medicines by LPT clinicians		Traffic light compliance audit (Quality Schedule)	Medication Management Group	Annually

Appendix 4 - The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

Appendix 5 - Due Regard Screening Template

Section 1	
Name of activity/proposal	Medicines Management Policy
Date Screening commenced	23rd October 2019
Directorate / Service carrying out the assessment	Pharmacy
Name and role of person undertaking this Due Regard (Equality Analysis)	Anthony Oxley, Head of Pharmacy
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Ensure safe use of medicines within the Trust	
OBJECTIVES: Ensure the principles of safe prescribing, administration, dispensing and storage of medicines are enshrined within Trust policy.	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	No impact
Disability	No impact
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	No impact
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No impact

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
There are no significant changes from existing policy which was deemed to be low risk when previously screened			
Signed by reviewer/assessor	Anthony Oxley	**Date**	23rd October 2019
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Anthony Oxley	**Date**	23rd October 2019

Appendix 6 - DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Medicines Management Policy**	
Completed by:	**Anthony Oxley**	
Job title	**Head of Pharmacy**	**Date 30th October 2019**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 7 aFramework for Assessing the Administration of Medication Workbook and Administration of Medication Assessment Tool

Practitioner's Name:	Designation:	Clinical Area:

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Framework for Assessing the Administration of Medication

1.0 Introduction

To ensure safe and effective administration of medication it is essential that registered practitioners maintain and constantly update their knowledge and skills. This administration of medication training package provides you with the overarching skills and knowledge to become a safe practitioner. In addition, you must gain more in-depth knowledge and skills of medication and administration routes regularly used in your own area of practice. You will also need to attend training and become proficient in the medication prescribing and administration system in use in your area of work.

Learning is an individual process and individuals will develop skills and confidence at a different pace. However, you are required to complete the training package within the expected time frame detailed below. Support and supervision from your preceptor/supervisor/line manager is necessary to achieve this. This workbook is matched to Skills for Health – CHS3 Administer Medication to Individuals March 2021.

2.0 Scope and Recommendations

This training package applies to:

2.1 All newly registered / return to practice practitioners who undertake the administration of medication as an integral part of their role **must** complete the Administration of Medication Workbook. They must also be assessed as competent via the Administration of Medication Assessment Tool or an LCAT assessment.

2.2 All registered practitioners who are not newly registered but are new to LPT, may be directed to complete the workbook at line manager's discretion. This will be discussed at their first probation meeting.

2.3 All registered practitioners who undertake the administration of medication as an integral part of their role **must** complete the

Administration of Medication Assessment Tool. **This includes registered Bank Staff new to LPT**.

2.4 **Practitioners who are recruited prior to registration** are not permitted to undertake supervised administration of medication until they are in receipt of their PIN. They can observe practice. A Standard Operating Procedure/Guideline to clarify process for this group of practitioners is to be developed.

2.5 **Nursing Associates/Registered Nurses awaiting their registration who have completed an apprenticeship/top up from being a substantive HCSW:** if they were previously assessed as competent for delegated medication administration tasks, they can undertake medication administration as a delegated task whilst awaiting their PIN as per the delegation policy.

2.6 The Administration of Medication Workbook and/or Assessment should be completed **within six weeks of commencing in post/receipt of registration PIN**.

2.7 Managers are required to monitor staff's progress during the member of staff's first 4 weeks in post. Where staff are unable to successfully complete this within 6 weeks, the manager will meet with them to discuss the underlying reasons and context. An action plan will be created to support them to meet the outcome required. Where successful completion of the workbook and/or assessment is not achieved the manager will follow the Supporting Performance Policy and Procedure.

2.8 **Second checking** is permitted once the second checker log and competencies section is completed and signed off. This can be in advance of completion of the whole workbook to enable the practitioner to act as second checker.

2.9 For roles where the completion of the medication workbook/assessment is not applicable, there must be a discussion at the first meeting between the manager and practitioner about the relevance of the administration of medication framework and assessment and recorded as part of the probation and/or preceptorship process.

2.10 On commencement of a new job role where there is a significant difference in medication management practice and/or types of medication administered, the registered practitioner **must** inform the recruiting manager to ensure that their induction includes a medication assessment.

2.11 Registered practitioners who fall below the standard acceptable for safe administration of medicines (e.g. performance/conduct issues and BESS scoring) are required to be reassessed using relevant sections of the Administration of Medication Workbook and the Assessment Tool as defined by the manager.

3.0 Direct Supervision

Until you have successfully passed your final assessment you must be supervised by a competent Registered Nurse/Midwife/Allied Health Professional (AHP)/Medication Administration Technician (MAT) when administering medication by any route. This includes medication preparation, any calculations required, checking patient ID, administering medication, disposal of equipment and completion of relevant documentation. The registered practitioner supervising the practice is accountable in all instances. They have a responsibility to make a professional judgement that they are satisfied that practitioner under supervision has reasonable knowledge, including side-effects, indications/contra-indications and dosages of the medications being checked and administered.

4.0 ASSESSMENT PROCESS

To pass Leicestershire Partnership NHS Trust medication framework and assessment, practitioners must:

4.1 Newly Registered/Return to Practice Practitioners must:

4.1.1 Prior to the final assessment successfully **complete the uLearn medicines management module, the workbook sections relevant to your practice** and arrange time for discussion of the workbook answers with the assessor **within 6 weeks of receipt of PIN (or start date if already registered).** Also successfully complete the relevant medication prescribing and administration system competency in place.

4.1.2 Following recruitment, undertake supervised practice on receipt of NMC/HCPC PIN, in preparation for the final assessment whilst completing the workbook. Practice under supervision is permitted as often as you or your preceptor/supervisor feel it is required. This must cover the variety of routes of administration in use in the clinical area and use of the appropriate system for prescribing and administration of medication.

A Standard Operating Procedure/Guideline will be developed to expand this to cover supervised practice whilst awaiting registration.

4.1.3 Be supervised by a competent Registered Nurse/Midwife/AHP/MAT when administering medication by any route until successful completion of the final assessment.

4.1.4 The final assessment will be completed by a competent Registered Nurse/Midwife/AHP/MAT and will include questions pertinent to the clinical area and practical demonstration of the range of skills required for the types of administration appropriate to the clinical area/speciality.

4.2 Registered Practitioners New to Trust must:

4.2.1 Prior to the final assessment successfully complete the ***uLearn medicines management module and the workbook sections relevant to your practice (as instructed by your line manager) within 6 weeks of start date***. You must arrange time for discussion of the workbook answers with the assessor.

4.2.2 Undertake supervised practice in preparation for the final assessment. Practice under supervision is permitted as often as you or your supervisor/manager feel it is required. This must cover the variety of routes of administration in use in the clinical area. You must also successfully complete the relevant medication prescribing and administration system competency in place.

4.2.3 Be supervised by a competent Registered Nurse/Midwife/AHP/MAT when administering medication by any route until you have successfully completed your final assessment.

4.2.4 The final assessment will include questions pertinent to the clinical area and practical demonstration of the range of skills required for the types of administration appropriate to your clinical area/speciality.

5.0 Authorised Assessors

The final practical assessment must be performed by a Registered Nurse/Midwife/AHP/MAT who is competent, practices safely within their scope of practice in medication administration, performs this skill regularly and is in date with the mandatory medicines management training on uLearn. They must be supported by their line manager to undertake the assessment. They must also have undertaken some preparation for the role such as: a mentoring/practice assessor qualification or Leicester Clinical Assessment Tool (LCAT) training.

6.0 Recommended Literature

You will need to know and understand European and National Legislation, National Guidelines and local policies. It is essential that you have a good working knowledge of these documents. ***Always access the latest policy/guideline/SOP via Staffnet.***

There are several pieces of literature you must be aware of to answer the questions in the workbook to complete the assessment:

- Leicestershire Medicines Code and Policy: https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/guidelines/secondary-care/medicines-code/
- Leicestershire Partnership Trust Medicines Management Policy.
- Leicestershire Partnership Trust Medication Error Policy.
- Leicestershire Partnership Trust Managing Controlled Drugs in the Community & Standard Operating Procedure.
- Leicestershire Partnership Trust Ward Controlled Drugs Standard Operating Procedure.
- Leicestershire Partnership Trust Mental Capacity Act Policy
- Leicestershire Partnership Trust Rapid Tranquilisation Policy
- Leicestershire Partnership Trust Delegation Policy
- Leicestershire Partnership Trust Anaphylaxis Policy.
- Leicestershire Partnership Trust Positive Patient Identification Policy.
- Infection Prevention and Control Policies and Guidelines.
- Covert Administration of Medicines Policy
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC 2018)
- The current edition of the British National Formulary.

7.0 ADMINISTRATION OF MEDICATION WORKBOOK

Confirmation of completion of uLearn Medicines Management Module		
I confirm I have completed the uLearn Medicines Management Module.		
Practitioner's Name:	Practitioner's Signature:	Date completed:

Confirmation (where applicable) of completion of training and competency in the e-prescribing medication system in use in the service		
I confirm I have completed the relevant e-prescribing training		
Practitioner's Name:	Practitioner's Signature:	Date completed:

Medication Assessment Process

Note: the framework below will link directly to the Probation/Preceptorship processes.

Unable to meet the 6-week timeframe for completion of workbook/assessment	Underlying reasons and context discussed with member of staff. Action plan to address issues formulated.
Pass	Achieve success in final practical assessment & workbook assessment.

1st Fail	Action plan formulated. Support from Assessor / Preceptor / Line Manager. Re-assess within 2 weeks.
2nd Fail	Formal, comprehensive action plan documented. Continued support of Assessor / Preceptor / Line Manager. Additional support from Clinical Education Team. Re-assess within 2 weeks.
3rd Fail	Unsuccessful in final practical assessment and workbook assessment. Supporting Performance Policy and Procedure instigated in conjunction with HR.

Commonly Used Medication in Your Clinical Area:
Record a minimum of 10 different common medications used in your clinical area. Discuss the top 10 drugs used with your assessor.
Copy pages as necessary.

Medication Name / Dose / Route	Simple Pharmacological Action	Licensed Indications	Contraindications	Common Side Effects	Special Considerations eg: with food	Nursing Care & Monitoring & information given to the patient

Medication Name / Dose / Route	**Simple Pharmacological Action**	**Licensed Indications**	**Contraindications**	**Common Side Effects**	**Special Considerations eg: with food**	**Nursing Care & Monitoring & information given to the patient**

Routes of Administration Record

Record of supervised practice using a variety of medication routes **or** demonstration of knowledge via discussion with your assessor of the best practice guidelines for the administration of medication via these routes.

Route	Date	Name of Medication	Practised	Discussed	Assessor's Signature
Oral (PO)					
Buccal					
Sublingual					

Subcutaneous (SC)					
Inhaled					
Route	**Date**	**Name of Medication**	**Practised**	**Discussed**	**Assessor's Signature**
Nebulised (Neb)					
Intramuscular (IM)					
Rectal (PR)					
Vaginal (PV)					

Topical (eye, ear or skin)					
Enteral (eg NG Nasogastric; PEG Percutaneous Endoscopic Gastronomy; Jejunostomy; RIG Radiological Inserted Gastronomy)	Assessors/Supervisors to liaise with the Practice Development Nurses/Clinical Educators for that speciality and service for the assessment tool and process in place. **NOTE: Administration via the enteral route must not be undertaken until the relevant supervision and assessment is successfully completed in line with the Enteral Nutrition Policy.**				

Policies and Legislation
General
1. Who can prescribe medications?
2. Describe where the medication management resource is located on Staff-net and confirm that you have navigated the page?
3. Name three LPT policies that relate to medicines management? - - -
4. How often should a Registered Practitioner complete medicines management training?
5. How often and when should a formal drug assessment be repeated?

6. By law - what must a prescription always state?
7. Why is it unacceptable to administer medication prepared by another practitioner if that practitioner is not present?
8. Can students give medication unsupervised? Why?
9. What is a Patient Group Direction (PGD)? State which medications in your clinical area come under a PGD.
Policies and Legislation
General – Nursing Associates
1. Describe the activities that Registered Nursing Associates can undertake in medication management and administration:

2. Describe the activities that Registered Nursing Associates can undertake regarding Controlled Drugs:
3. The Nursing Associate Scope of Practice is a live document undergoing regular review - ***I know how to access the latest version via Staffnet:***

Signature:	**Date:**

Policies and Legislation
Storage
1. Who is responsible for medications stored in your practice area?
2. Why is it important that all medicines are stored correctly?
3. **In-Patients:** Where should the keys to medicine storage areas be kept?
4. **In-Patients:** Who can carry the drug keys?

5. **In-Patients:** What would you do if the drug keys were missing?
6. **In-Patients**: What should you do with patient's own medicines that they bring into hospital?
7. Describe the process of safe disposal of unwanted and contaminated medications:

Policies and Legislation
Ordering of Medicines
1. Describe the role of Medicines Administration Technicians (MATS) and Pharmacy Technicians if employed in your area:
2. How would you contact out of hours pharmacy support? **In-Patients:** **Community:**
3. **In-Patients:** How do you know which medicines are held as stock items for your clinical area?

4. **In-Patients:** If you found that you were regularly running out of stock items, what would you do?
5. **In-Patients:** How do you order non-stock items that have been prescribed?
6. **Community:** Who is responsible for arranging the delivery or collection of medication for patients at home?
7. **Community:** A relative wants you to pick up her mum's prescription when you pass the chemist what would you do?
8. **Community:** Whose responsibility is it to ensure the patients don't run out of medication?
Policies and Legislation
Discharge Medicines
1. **In-Patients:** What is the process for arranging discharge medication?
2. **In-Patients:** Who is responsible for identifying a patient requires a medication compliance aid (Dosette Box) and what do you need to do to request one?
3. **In-Patients:** What should happen to patient's own medicines when they are being discharged?

4. **In-Patients:** What are the legal requirements for ordering Controlled Drugs as discharge medicines?
5. Who is responsible for checking discharge medicines before they are given to the patient?
6. What information do you need to give to patients about the discharge medications they are receiving?
7. A patient is sent home with someone else's medication. What will you do?
8. **Community:** What happens to controlled drugs when a patient is discharged or dies?
9. **Community:** A patient has arrived home from hospital with their medication in a bag; they normally manage their own medication with the aid of a blister pack. What will you do?
Policies and Legislation
Controlled Drugs
1. Name 3 drugs from schedule 2, 3 & 4 covered by the Misuse of Drugs Regulations (2001): ***Schedule 2:*** ***Schedule 3:*** ***Schedule 4:***
2. How are the medications noted above stored? **In Hospital:** **In Community:**
3. How often should the stock levels of Controlled Drugs be checked? **In Hospital:**

In Community:
4. What would you do if you discovered a discrepancy in the number or volume of Controlled Drugs?
5. How do you order Controlled Drugs? **In Hospital:** **In Community:**
6. How are patient's own Controlled Drugs managed in the clinical area? **In Hospital:**
7. What must you record when you administer a Controlled Drug?
8. How should Controlled drugs be disposed of? **In Hospital:** **In Community:**
Policies and Legislation
Professional Issues
1. What do you understand by the term vicarious liability?
2. What does the term 'accountability' mean when applied to administration of medicines?
3. What would you regard as a medication error?

4. What are your responsibilities if you make a medication error?
5. What are your responsibilities when you discover that someone else has made a medication error?
6. What is BESS?
7. What documentation needs to be completed when a medication error has been discovered?
8. Why is it important to keep accurate & up to date records?

Policies and Legislation - General
Allergies
I confirm I have completed the uLearn Anaphylaxis training module:

Signature:	***Date completed:***
1. Where should you record patient allergies?	
2. What actions would you take if a patient were having a severe anaphylactic reaction?	
3. Where is the emergency equipment located for dealing with a severe anaphylactic reaction?	
Policies and Legislation (This section is only applicable to those working within DMH/FYPC/LDA Directorates)	
Introduction to the Mental Health Act	
1. What do you understand about the following legislation: Mental Health Act 1983 (updated 2007)	

2. What is a Form T2?
3. What is a Form T3?
4. What is a C6?
5. A doctor prescribes zopiclone for your patient on the ward. You then receive a call from pharmacy to inform the ward team that the current Mental Health Act form in place does not cover the use of zopiclone. Would you administer zopiclone to the patient that night?
6. Please explain your reasoning:
7. Where would the Mental Health Act form be located for you to cross-reference prior to administration?
8. Whose responsibility is it to update the Mental Health Act forms?

Policies and Legislation (This section is only applicable to those working within DMH/FYPC/LDA Directorates)
Rapid Tranquilisation
How would you define 'Rapid Tranquilisation'?

Describe other methods/strategies of de-escalation:
I have read and understood the LPT Rapid Tranquilisation Policy:

Signature:	***Date:***

Policies and Legislation
Right Patient

1. What safety precautions are in place to help you make sure you have the right patient?
2. Describe the process for positively identifying patients:
3. List some ways of promoting effective communication with patients with a learning difficulty or cognitive impairment:
4. What would you do if you could not identify the patient?
5. What would you do if a patient were unable to give consent to the medication being given?
6. The patient's first language isn't English. How will you make sure they understand?
7. Two patients answer to the same name and look very similar what will you do?
8. You are given the medication records for a patient that is due to have an injection, but the patient says he doesn't have injections, what might you consider before giving it?
9. What would you do if a colleague or visitor asked for some medication?
Policies and Legislation

Right Time		
1. What do the following abbreviations mean?		
- ***OD:*** - ***BD:***	- ***TDS:*** - ***QDS:***	- ***PRN:*** - ***STAT:***
2. Identify at least one medication that should be given at the following times, including the rationale for this: - Before Food: - With Food: - After Food:		
3. A patient is unable to take their medications orally what would you do?		
4. What would you do if your patient asked for additional medication in-between the prescribed time? What might you need to consider?		
5. List five reasons why a medication may be omitted and what steps should you take if this occurs? - - - - -		
6. A patient has had their morning eye drops missed due to an administrative error, they are due to have eye drops 3 times a day, and they receive the first drops at 3pm when will you give the next drops?		
7. When administering medicines at what point do you sign / complete the medication record?		
8. What might be the consequences of you failing to do this?		
9. A patient wants to omit their morning medications and take them ‘later’ what implications do you need to consider?		

Policies and Legislation
Right Medication
1. State three instances where you think an incorrect medication could be given: - - -
2. What steps should you take to ensure you give the correct medication?
3. A patient has a patch. What considerations should be taken when applying new patches & disposing of old patches? What documentation should be completed?
4. How do you decide upon which type of preparation is to be given?
5. Give an example of a medication which demands measurement of specific clinical measurements before administration, stating the clinical procedure required & explain why this is needed.
6. The patient is due an eye drop. They have 2 bottles in the fridge, but the labels have been worn away - what do you do?
7. You find that a patient is taking a homeopathic remedy alongside their prescribed medications, what steps will you take?

Right Dose
Practitioners must show any working out. These questions are to demonstrate maths ability.
1. An adult is prescribed digoxin liquid; the stock available is 50 micrograms / ml. The patient requires 125 micrograms. Calculate how many mls you require.
2. Furosemide is supplied in tablets of 20mg and 40mg strength. A patient is prescribed 80mg bd. Calculate how many tablets and at what strength the patient will require.
3. What is the normal frequency of administration of methotrexate?
4. A patient is prescribed paracetamol 1g, which is available in 500mg tablets. How many tablets does the patient require? What other medications also contain paracetamol that you need to be aware of?
5. A patient is prescribed 100micrograms of levothyroxine in the morning. It is supplied in an oral solution of 50 micrograms in 5ml. How many mls will be needed?
6. Gentamycin is dispensed in vials containing 80mg in 2mls. Your patient is prescribed 60mg. How many mls should be given?
7. A patient requires a dose of morphine sulphate 5mg. The strength of the solution is 10mg/5ml. How many mls will the patient require? How should it be stored?
8. The prescriber insists you give a medication dose that you believe is incorrect, what would you do?

Right Dose
Practitioners working with adult patients. Must show any working out. These questions are to demonstrate maths ability.
1. **Mental Health:** A patient is on lithium. They begin complaining of feeling dizzy, thirsty and appear confused, have diarrhoea. What would you suspect?
2. **Mental Health:** Can you explain what clozapine is, what it is used for and what monitoring is required for patients who are on it?
3. **FYPC:** (Diana) A child aged 7 years requires Oral Paracetamol for pain. 240mgs is prescribed 4 to 6 hourly with a maximum of 4 doses per 24 hours. Using the BNF for Children, Is this the correct dose? You have Paracetamol suspension 120mgs/5mls. How much would you give in mls?
4. **FYPC:** (Diana) A child aged 11 years has tonsillitis and requires Phenoxymethylpenicillin (Penicillin V).The child weighs 30kgs. Using the BNF for Children. What is the maximum total daily dose that you would give? How many doses would you give in 24 hours? What is one single dose in mgs?
5. **All fields of practice:** What should you do if the patient spits out their medication?
6. **All fields of practice:** If we are considering putting medication into a patient's food because they do not like the taste of the medicine or they were refusing to take their medication, which policy should you consider and who should always be consulted?
7. **All fields of practice:** A patient' is distressed, they require an increase to an existing medication. What will you do?

RECORD OF SUPERVISED PRACTICE

To complete your assessment, you must have recorded below the specific areas of administration relevant to your field of practice that were undertaken during your supervised practice.

Date	Medication Name	Form	Route	Competent Yes/No	Actions taken if needed	Supervisor's Signature

SECOND CHECKER ASSESSMENT LOG
(This section does not need to be completed for services where staff do not need to undertake second checking)

An independent second check of medication is a mandatory and integral part of the medication administration process and key to reducing medication errors. The second checker must be able to demonstrate that they are able to support the entire process of preparation and administration of medication (including calculations) that requires an independent second check. Examples of medicines requiring a second check include controlled drugs and insulin.
Please complete the assessment log below (tick against each competency):

Second Checker Competencies	Assessment Log				
	1	2	3	4	5
Demonstrate infection prevention and control					
Confirm individual's identity. Does the patient's name on the prescription match the patient ID band (or photo)?					
Confirm individual's consent has been obtained					
Is the dose due now? (Checks time of previous dose if PRN)					
Is an MHA consent to treatment form in place? If so, does it cover the intended treatment?					
If the drug is not stock, does the patient's name on the prescription match the patient name on the box?					
Does the drug name on the prescription match the drug name on the box and the foil?					
Does the drug strength on the prescription match the drug strength on the box and the foil?					
Does the drug form dispensed match the form requested on the prescription (Caps / MR / tablets / patches etc)					
Is the drug still in date (please note shorter expiry date on some items once opened e.g. use within 28 days of opening)					
Does the quantity dispensed match the quantity required on EPMA/Chart?					
If it is a liquid measure check no bubbles in syringe. (Use purple syringes for oral dose and clear luer lock for injectable or propriety giving device) If larger volume read from bottom of meniscus in measuring pot/cylinder					
Was it administered via the correct route according to the prescription (e.g. right eye, left eye, topical etc)					

If the dose was refused or omitted is this recorded on EPMA					
Has the registered staff member marked the dose as given					
If all the above completed witness the dose on EPMA					
Able to confidently challenge any part of the above process if it appears to be incorrect					
Second Checker Competencies	**Assessment Log**				
	1	**2**	**3**	**4**	**5**
Additional checks for controlled drugs					
Check if it is patient's own or ward stock that is used?					
Check the wording in the register. Correct drug name. Correct strength. Correct form					
Is the date recorded in the register					
Is the time recorded in the register					
Is the patient's name recorded in the register					
Is the quantity dispensed recorded					
Has the registered staff member completed the register					
Is the running stock balance recorded and accurate					
If all the above accurately recorded, complete the register yourself					
Able to confidently challenge any part of the above process if it appears to be incorrect					
Assessor Comments (include action plan if not competent):					

Assessor's Signature:		**Date:**	

8.0 ADMINISTRATION OF MEDICATION ASSESSMENT TOOL

I confirm I have read and understood the policies relevant to medicines management for my field of practice and how to access the Leicester, Leicestershire & Rutland Area Prescribing Committee (LLR APC) website:

Registered Practitioner's Name:	*Registered Practitioner's Signature:*
Registered Practitioner's Assignment Number:	Clinical Area:
Assessors Name:	Date:

Provide opportunity for staff member to declare learning differences and request reasonable adjustments:
None declared / Reasonable adjustments recorded here (circle):

Competence Category and Component of Competence	Questions to check competence	Competent		Assessor's Signature
		Yes	No	
COMMUNICATION AND WORKING WITH THE PATIENT AND/OR REPRESENTATIVE				
Introduces self to the patient and/or family.				
Demonstrates suitable preparation of the patient.				
Shares information and explains the procedure to the patient and/or their family.	What would you do if you thought that the patient or family did not understand your explanation or queried the medication to be given?			
Gains valid and ongoing consent.	What does valid consent mean to you?			
Checks patient understanding of administration method, the reason for the medication, side effects etc.	What would you do if the patient requested the medication to be given via another route?			
Listens attentively to patient's preferences regarding the route and type of medication.	What would you do if you had prepared the medication and the patient refused to take it?			
Works with the patient and/or their family to gain ongoing cooperation.	What would you do if English was not the patient's first language? Refuses the medication or route?			
Demonstrates good communication skills appropriate for the age, development and ability of the patient.	Discuss when it would be appropriate to use a chaperone to administer medication?			
Performs the administration of medication in a compassionate and patient centred manner.				
INFECTION PREVENTION				
Competence Category and Component of Competence	**Questions to check competence**	**Competent**		**Assessor's Signature**
		Yes	**No**	
Demonstrates appropriate hygienic practices including washing	Identify rationale for these practices.			

hands, non-contaminating techniques and wiping spillages and sticky bottles.				
Wears gloves to handle tablets if required.				
Disposes of waste appropriately and tidies up medication preparation and administration area.				
Uses a non-touch method.				
SAFETY				
Competence Category and Component of Competence	**Questions to check competence**	**Competent**		**Assessor's Signature**
		Yes	**No**	
Prescription checked including patient's name, birth date, patient's weight, allergy status and accuracy of medication prescription, frequency and route. (This should include a calculation of medication to be given checked against available formularies, compatibility, and dosage chart).	What would you do any of these pieces of information were not completed on the prescription? e.g. allergies.			
Selection of appropriate medication and type (capsule, syrup, suppositories, tablet, inhaler, etc.) Checks expiry date before administering	What resources are available to check medication dosages, route and compatibility? How do you decide on the correct route/type of medication to administer? When may you use a patient's own medication?			
Selection of appropriate equipment to administer medication (medicine pot, oral purple syringe, nebuliser, lubricant, gloves etc.)	What would you do if the prescription was incorrect or the route was wrong?			
Demonstrates ability to calculate the correct dose of medication.	If the Doctor/Independent Nurse Prescriber insists on an apparently incorrect dose being given, what actions would you take?			
Checks the patients name, date of birth and NHS number (both verbally and using the ID-band). Applies positive patient identification principles: Ask – Check - Confirm	What would you do if the patient were not wearing an ID-band?			
Has knowledge of the patient. e.g: diagnosis, history, specific	Access to the patient record.			

needs, including identified risk reflected in the care plan where relevant.				
Is aware of the limits of their own competence and role and acts accordingly.				
Confirms the allergy status of the patient. Able to confirm location of adrenaline.	What would you do if the patient had an allergic reaction?			
Maximises safety of self and others during administration of medication.	What would you do with the medication if the patient wasn't at their bedside whilst doing the medication round?			
Where there is a 2nd checker does the person administering check out loud & show the 2nd checker the prescription and any calculations.	When should the record of administration be signed?			
PROCEDURAL COMPETENCE				
Competence Category and Component of Competence	**Questions to check competence**	**Competent**		**Assessor's Signature**
		Yes	**No**	
Demonstrates correct mixing and drawing up and techniques for medication being administered and the needs of the individual patient.	If the family of the patient or the Doctor insists that the oral medication was diluted in juice or hidden in food, what would you do? What would be your rationale for this?			
Assesses the patient appropriately before administration of medication (takes appropriate observations etc.).				
Able to describe how they monitor the effect of the medication?	Identify the effects and side effects of the medication to be given?			
Appropriately assesses the indications for and contra-indications to the medication.	How might you recognise an adverse reaction to the medication?			
Prepares patient appropriately e.g. correct positioning for suppositories, pulling curtains, calm environment.				
Ensures that the patient has a medium to aid digestion. e.g. water, yoghurt in accordance with care plan.				
Demonstrates suitable administration techniques maintaining	Explain what you think is suitable restraint/holding			

patient dignity and safety (such as using a syringe, spoon, offering patient a drink). Demonstrates correct injection technique for injectables.	of a patient for taking medication?			
Uses assistance to give medication appropriately.				
Monitoring patient safety throughout procedure.				
Checks medication has been taken.	What would you do if the patient insisted that they would take the medication but later? What would you record on the record of administration if the patient vomits?			
Deals appropriately and sensitively with the evolving situation e.g. patient refusing to take medication.	How would you deal with a non-concordant patient?			
Patient offered some comfort and bed space tidied and sorted.				
TEAM WORKING				
Competence Category and Component of Competence	**Questions to check competence**	**Competent**		**Assessor's Signature**
		Yes	**No**	
Displays an understanding and respect for the roles of team members involved in the administration of medication.				
All equipment removed from patient's space etc. and disposed of correctly.				
Documents the appropriate information in the patient's case notes.				
Checks that 2nd checker has signed / documented their involvement.				
Ordering processes for medication	How do you order: Medication from pharmacy? Controlled Medication from pharmacy? TTO's from pharmacy?			

	What would you do if a patient's medication is not on the ward when it is due?			
Understands the scope of medication administration for all members of the team eg Nursing Associates (NAs), Assistant Practitioners (APs), Health Care Support Workers (HCSWs).	Awareness of policy, guidelines and scope of practice documents via Staffnet			
Understands the process for self-administration of medication.				

MEDICATION ASSESSMENT - COMPLETION STATEMENT (FILE A COPY OF PAGES 31 – 32 IN PERSONNEL FILE) **Excludes Intravenous and Cytotoxic medications and Patient Group Directions**			
ASSESSMENT CRITERIA	**Competent/Passed**		
	Yes	**No**	
All workbook questions answered and discussed satisfactorily (where applicable)			**Assessor's Name:**
Period of supervised practice undertaken and recorded satisfactorily.			**Assessor's Signature:**
Final Practical Assessment undertaken and successfully passed.			**Date:**
I understand that I have now reached the standard required to administer medications as demonstrated by completion of the workbook and successfully passing the final practical assessment.			
Registered Practitioner's Name: **Assignment Number:**	**Registered Practitioner's Signature:**		**Date:**

MEDICATION ASSESSMENT PROCESS

Unable to meet the 6-week timeframe for completion of workbook/assessment	Underlying reasons and context discussed with member of staff. Action plan to address issues formulated.
Pass	Achieve success in final practical assessment & workbook assessment.
1st Fail	Action plan formulated. Support from Assessor / Preceptor / Line Manager. Re-assess within 2 weeks.
2nd Fail	Formal, comprehensive action plan documented. Continued support of Assessor / Preceptor / Line Manager. Additional support from Clinical Education Team. Re-assess within 2 weeks.
3rd Fail	Unsuccessful in final practical assessment and workbook assessment. Supporting Performance Policy and Procedure instigated in conjunction with HR.

MEDICATION ASSESSMENT ACTION PLAN		
Unable to meet the 6-week timeframe for completion of workbook/assessment		**DATE:**
Summary of Discussion:		
Action Plan:		
Reassessment date:	Assessors Signature:	Practitioner's Signature:

MEDICATION ASSESSMENT ACTION PLAN

1st Fail Action Plan	DATE:	
Summary of Discussion:		
Action Plan:		
Reassessment date:	Assessors Signature:	Practitioner's Signature:

MEDICATION ASSESSMENT ACTION PLAN		
2nd Fail Action Plan	DATE:	
Summary of Discussion:		
Action Plan:		
Reassessment date:	Assessors Signature:	Practitioner's Signature:

MEDICATION ASSESSMENT ACTION PLAN	
3rd Fail Action Plan	**DATE:**
Summary of Discussion:	
Action Plan:	
Assessors Signature:	Practitioner's Signature:

Appendix 1

High Risk Medication with respect to omissions

ADRENALINE

ALFUZOSIN/TAMSULOSIN

ANALGESICS

ANTI-ANGINA MEDICATION

ANTI-ARRHYTHMICS

ANTIBIOTICS/ANTIFUNGALS/ANTIVIRALS

ANTICOAGULANTS (ORAL)

ANTI-DIABETIC MEDICINES INCLUDING INSULIN but EXCLUDING METFORMIN, SGL2 INHIBITORS AND GLP-1 AGONISTS

ANTI-EMETICS

ANTI-EPILEPTICS

ANTI-HYPERTENSIVES

ANTIMUSCARINICS

ANTIPLATELET AGENTS

ASTHMA TREATMENTS

BENZODIAZEPINES FOR DETOX PATIENTS

BUPRENORPHINE

CALCIUM RESONIUM

CLOZAPINE

CYTOTOXIC DRUGS

DANTROLENE

DESMOPRESSIN

DRUGS FOR PARKINSON’S DISEASE

DUTASTERIDE/FINASTERIDE

ESTABLISHED ENTERAL FEEDS

EYE-DROPS FOR GLAUCOMA AND UVEITIS

GLYCOPYRRONIUM FOR END OF LIFE CARE

HALOPERIDOL FOR END OF LIFE CARE

HIV MEDICATIONS

HYPOSTOP/GLUCAGON

IMMUNOSUPPRESANTS

INOTROPES

IV/SC FLUIDS

LOW-MOLECULAR WEIGHT HEPARINS

MIDAZOLAM FOR END OF LIFE CARE

MONOAMINE OXIDASE INHIBITORS

METHADONE

NEUTROPENIA TREATMENTS

ORAL CONTRACEPTIVES

OVERDOSE REVERSAL AGENTS

PHYTOMENADIONE

PYRIDOSTIGMINE

QUININE SULPHATE

RAPID TRANQUILLISATION MEDICATIONS

STEROIDS

THIAMINE INJECTION

TREATMENTS FOR ACUTE, SEVERE ELECTROLYTE DISTURBANCES

VENLAFAXINE, PAROXETINE, SERTRALINE

VITAMINS B & C BPC INJECTION

Appendix 2

CHS3 Administer medication to individuals.

OVERVIEW

This standard covers the administration of medication to individuals and monitoring the effects. This role is complex and will not be the role of all care staff, only those designated to undertake this activity according to their expertise and employers' decisions. The standard applies to all medication used for and by individuals, both prescribed and nonprescribed. This includes immunisation and vaccination. This standard is intended to be used in a variety of care settings including hospitals, nursing and residential homes, hospices, and community settings including the individual's own home and GP surgeries. This standard does not cover the use and administration of intra-venous medication. Version No 2

KNOWLEDGE AND UNDERSTANDING *You will need to know and understand:*

1. The current legislation, guidelines, policies, procedures and protocols which are relevant to your work practice and to which you must adhere.
2. The scope and limitations of your own competence, responsibilities and accountability as it applies to your job role.
3. How to access and interpret all relevant work instructions and information.
4. Specific procedures for reporting issues which are beyond your competence, responsibilities and accountability.
5. The duty to report any acts or omissions that could be unsafe/detrimental to you or others.
6. The hazards and risks which may arise during the execution of your work role and how you can minimise these.
7. How to adapt communications styles in ways which are appropriate to the needs of the individual.
8. The correct use of any equipment and PPE to protect the health and safety of you and others.
9. The principles, practice and procedures associated with informed consent.
10. The needs of individuals including issues relating to dignity, confidentiality and privacy.
11. Organisational management structures, roles and responsibilities.
12. The factors which may compromise the comfort and dignity of individuals during drug administration – and how these effects can be minimised.
13. Types of medication and their storage requirements.
14. The effects of common medication relevant to the condition of the individual.
15. Medications which demand for the measurement of specific measurements and why these are vital to monitor the effects of the medication.
16. The common adverse reactions to medication, how each can be recognised and the appropriate action(s) required.
17. The common side effects of the medication being used.
18. The different ways of administering medication.
19. The different routes that the medication can be administered.
20. The information which needs to be on the label of medication, both prescribed and nonprescribed and the significance of the information.

21. The range of compliance aids to help individuals take their medication.
22. The types, purpose and function of those resources needed for the administration of medication via the different routes.
23. The factors which affect the choice of resources for the administration of medication to individuals.
24. How to read prescriptions/medication administration charts to identify:
    - The medication required.
    - The dose required.
    - The route for administration
    - The time and frequency for administration.
25. Procedures to prepare the medication for administration using a non-touch technique.
26. Procedures to check the individual has taken their medication.
27. Procedures to dispose of different medications.
28. How to complete and safely store all relevant documentation in accordance with organisational requirements.

PEFORMANCE CRITERIA

You must be able to do the following:

1. Access and accurately interpret all relevant work instructions and information.
2. Work safely at all times and in accordance with all relevant legislation, guidelines, policies, procedures and protocols.
3. Deal promptly and effectively with any problems within your control and report those which cannot be solved.
4. Identify and minimise hazards and risk in the workplace.
5. Communicate with the individual and key people at a pace, in a manner and at a level appropriate to the individual's understanding, preferences and needs.
6. Respect the individual's rights and wishes relating to their privacy, beliefs and dignity.
7. Check that all medication, administration records or protocols are available, up to date and legible.

8. Check the medication administration record or medication information leaflet, referring any illegible directions to relevant others before administering any medication.
9. Check and confirm the identity of the individual who is to receive the medication with the individual themselves, and relevant others (if applicable), using a variety of methods, before administering medication.
10. Check what medication the individual has already taken and the timing of that medication.
11. Gain valid, informed consent from the individual in accordance with organisational procedures.