

Guidelines for the Management and Administration of Medication in Care Services for Adults and Older People

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Contents

		Page
PART ONE: INTRODUCTION		4
1	Introduction	4
2	Aims and Objective of Guidance	5
3	Scope of Guidelines and Compliance	5
4	Values	5
5	The Five 'Rights' of Medication Administration	6
6	Equality and Diversity	6
7	Review of the Management Guidelines	6
8	Our Approach to the Management and Administration of Medication	7
9	Social Care Staff Training and Compliance	8
PART TWO: ASSESSMENT, ROLES AND RESPONSIBILITIES		10
10	Introduction	10
11	Assessment for Assistance with Medication	10
12	Choice and Consent	11
13	Assessing Capacity	11
14	Roles and Responsibilities	12
	Lead Practitioner (Assessor)	12
	Registered Service Manager / Home Care Co-ordinator	12
	Senior Home Care, Day Care and Residential Care Social Care Staff	13
	South Ayrshire Council Care Social Care Staff	13
	Health Personnel	14
	Community Pharmacists	14
	Nursing Personnel	14
	Specialist Nursing	15
PART THREE: SUPPORTING THE ADMINISTRATION OF MEDICATION		16
15	Introduction	16
16	Levels of Support for the Management and Administration of Medication	16
17	Approved Medication Support	16
18	Medication Administration Record (MAR) Charts	20
19	Changes to Medication (Level 3)	21
20	Out of Hours (Level 3)	22
21	Ordering and Collecting Medication	22
22	Storage of Medication	23
23	Disposal of Surplus / Dis-continued Medication	24
PART FOUR: ADDITIONAL INFORMATION FOR SOCIAL CARE STAFF		25
24	Introduction	25
25	Errors, Incidents and Near Misses	25
26	Requests from Individual for Additional Support with Medication	26
27	Covert Medication	27
28	Controlled Drugs	27
29	Crushing / splitting medicines	28
30	Adverse reactions/side effects	28
31	Over the counter medicines, including herbal and homeopathic	28
32	Epilepsy Medication	29
33	Warfarin	29
34	'When Required' Medication to treat specific health conditions	29
35	Refusal to take medication	30
36	Family filled pill boxes	30
37	Misplaced medication	30

?	Oxygen Therapy	?
38	Medicines dropped on the floor	30
39	Putting out medicines to be given by <u>someone else</u> later in day (Level 3)	31
40	Effects of Alcohol / Illegal Substances	31
41	Risks to pregnant, new mothers and those trying to conceive	32
PART FIVE: STEP BY STEP GUIDE TO SUPPORTING INDIVIDUALS WITH MEDICATION		32
41	Introduction	32
PART SIX: GOOD PRACTICE GUIDE FOR MEDICATION ADMINISTRATION		35
42	Introduction	35
43	All Formulations	35
44	Solid Oral Dose Formulations	35
45	Liquid Oral Dose Formulations	35
46	Soluble / Dispersible Oral Formulations	36
47	Sublingual Formulations	36
48	Topical (External) Formulations	36
49	Application of External Preparations	36
50	Eye Drops	36
51	Eye Ointments	37
52	Ear Drops	37
53	Nasal Drops	37
54	Inhalers	37
55	Mouthwashes / Sprays	37
56	Medicated Soaps / Shampoos	37
PART SEVEN: HANDLING OF MEDICATION ACROSS DIFFERENT SOCIAL CARE SETTINGS		39
57	Transfer of Medicines When People Move to Another Health or Social Care Setting (Level 3)	39
58	Admission to Hospital / Respite (Level 3)	39
59	Planned Absence from Home (Home Care Individuals)	39
60	Storage of medication - Level 3 Only	39
61	Guidance from the dispensing pharmacist	40
62	Procedure when out of the home	40
63	Storage of Medication	40
64	Controlled Drugs	41
65	Emergency Admissions	41
66	Individuals requiring Level 3 support	42
67	Before Admission to Day Care	42
68	Attending Day Care	42
69	Escorting Individuals	43
70	Collecting / Receiving Medication	43
APPENDICES		44
1	Medication Management and Administration Practice Observation Record Form	44
2	Medication Assessment Form	46
3	Adult Consent Form	47
4	Letter to GP	48
5	South Ayrshire Council Risk Assessment	50
6	South Ayrshire Council Medication Disposal Form	53
7	Example MAR Chart	54
8	Example Emergency MAR Chart	55
9	Controlled Drugs	56
10	Medication Matters Arising Record	57

11	Protocol for administering 'when required' medication	58
12	Form AR1 Internal Incident Report	59
13	South Ayrshire Council Epilepsy Rescue Medication Protocol	60
14	Record of Seizure Form	63
15	Glossary of Terms	64

PART ONE: INTRODUCTION

1. Introduction

- 1.1 This guidance seeks to provide Social Care Staff working within South Ayrshire Council 'Community Care Services' and those working within externally commissioned services with clear and consistent procedures for the management and administration of medication with particular emphasis on those individuals who are unable to manage their medication independently. This guidance is underpinned by Control of Substances Hazardous to Health Regulations, (COSHH), Health and Safety at Work Act 1974, SAC New and Expectant Mothers at Work Standard, SAC Code of Conduct for Employees, SSSC Codes of Practice and Health and Social Care Standards.
- 1.2 The guidelines have been designed to ensure that Individuals benefit from quality care and support and to reduce the risk of harm arising from mistakes in the administration of medication. The guidelines will support consistent practice across all Social Care Staff sectors and ensure Social Care Staff are clear about their individual and collective roles in respect of the management of medication.
- 1.3 These Management Guidelines are an 'active' document and will continue to be updated following feedback from those responsible for implementing best practice.
- 1.4 In line with our approach to joint assessment, individuals should be empowered to maintain as much independence as possible. This means they will be supported to maintain responsibility for their own medicines where possible. Some individuals will require more assistance or support to ensure that they are able to safely take their medication. This will become evident and be identified through robust assessment.
- 1.5 Implementation of these guidelines is dependent on effective communication between Health and Community Care Services working in partnership with independent providers and with agreement of Individuals and their carers/families.
- 1.6 It is important that management and Social Care Staff are clear of their role, and they maintain good working relationships with colleagues in health care, including GPs, community nursing Social Care Staff and pharmacy Social Care Staff.
- 1.7 It is important to remember that everyone is an individual and this policy does not seek to cover every eventuality or scenario so there may be occasions where it would be prudent to discuss any specific supports with the person, their family and care providers to ensure that needs can be met safely.

2. Aims and Objective of Guidance

- 2.1 The aims of the guidelines are to:
 - Ensure Social Care Staff have the skills and knowledge to support individuals in the management and administration of medication in compliance with South Ayrshire Council's Medication Policy.
 - Ensure the necessary support is in place to promote the health and wellbeing of individuals who need help with the management and administration of medication.

- Reduce risks and protect individuals from harm arising from errors in the management and administration of medication.

2.2 This will be achieved through the following objectives:

- Encouraging individuals to stay independent and carry out as many self-care skills in relation to the management and administration of medication as possible.
- Ensuring a consistent assessment process is in place to identify the support requirements of individuals for the management and administration of medication.
- Ensuring medication support is provided by competent and suitably trained or qualified Social Care Staff.
- Ensuring clear communication links are commonplace between the Social Care Staff, individual, unpaid carers and NHS professionals.
- Ensuring Social Care Staff knowledge is up to date and providing ongoing refresher training in the management and administration of medication.
- Having a consistent approach in place with risk reduction systems in relation to the management and administration of medication.
- Ensuring accurate and comprehensive documentation of all procedures.
- Ensuring the principle of consent in relation to the management and administration of medication is evident from the outset.

3. Scope of Guidelines and Compliance

- 3.1 These Management Guidelines conform to and should be read in conjunction with the Council's 'Policy on Management and Administration of Medication.' The guidelines replace all previously published operational guidance, procedures, and standards.
- 3.2 The policy and guidelines are applicable to all Social Care Staff of South Ayrshire Council who assess and provide services to adults in registered services including care homes, care at home, day care services for adults and older people including short break and adult placement. Any breach of the guidelines may result in action being taken within the terms of the Council's formal Disciplinary Policy.
- 3.3 It is the Council's intention when purchasing services from independent and third sector care providers to share these guidance documents with them. All providers must have policies and guidelines that are in accordance with South Ayrshire Council's Policy and Guidelines for the Management and Administration of Medication and are no less robust.
- 3.4 Training for appropriate Social Care Staff in all care settings will be provided to ensure that there is full knowledge of the guidelines and to enable full compliance. No employee will be permitted to administer medication unsupervised unless they have been trained in the relevant procedures.
- 3.5 Once all Social Care Staff have received the appropriate training it will be the responsibility of the manager of each individual service or provider to ensure that all medication tasks are carried out in line with these Management Guidelines and our Policy. It is also the responsibility of the manager to ensure that Social Care Staff are trained appropriately to carry out specific or specialist tasks such as the provision of

covert medication or measuring controlled drugs, where allowed, and there is a local procedure in place.

4. Values

4.1 In accordance with Section 6 of the Policy on the Management and Administration of Medication, all Social Care Staff should use the following principles to underpin their work:

- **Dignity** - Treat individuals with dignity and respect at all times.
- **Privacy** - Respect individuals personal privacy and property.
- **Choice** - Give individuals the opportunity to choose and know what choices they have.
- **Safety** - Help individuals to feel safe without being over protected.
- **Realise Potential** - Help individuals to make the most out of life.
- **Equality and Diversity** - Help individuals to live in an environment free from bullying, harassment and discrimination and in a way they choose.

5. The Five 'Rights' of Medication Administration

5.1. To make sure medication is administered safely Social Care Staff must go through the Five Rights before administering medication as outlined in Section 8 of the Policy:

- **Right Person** - the medication is for that specific individual.
- **Right Medication** - it is the specified medication as designated by the prescriber.
- **Right Time** - the medication being administered is given at the specified time as detailed by the prescriber.
- **Right Dose** - the dose being administered is the correct dose as detailed by the prescriber.
- **Right Route** - the prescribed medication is administered via the route indicated by the prescriber.

6. Equality and Diversity

6.1. The Equality Act 2010 places a duty on local authorities to eliminate unlawful discrimination, harassment, and victimisation; to advance equality of opportunity; and to foster good relations between people who share protected characteristics and those who do not share them.

6.2. Individual's cultural and religious requirements should be fully and carefully considered in relation to medication and may include:

- vegetarians and people from some religious groups who do not want gelatine capsules (made from animal products).
- having medicines given to them by people of the same gender.
- the administration of medicines during religious festivals, including fasting.

- taking account of modesty and respect and other cultural practices including due regard for 'unclean' substances.
- A protocol should be in place to advise Social Care Staff of preferences required.

7. Review of the Management Guidelines

- 7.1. The Council is committed to the continuing development of our Policy and Management Guidelines and will endeavor to maintain its accuracy and relevance on an ongoing basis.
- 7.2. There will be 3 monthly operational meetings which will focus on supporting practice in line with these Management Guidelines. Representatives from all services will be included in this operational group and we will work towards having a whole system approach for the management and administration of medication.

8. Our Approach to the Management and Administration of Medication

- 8.1. In South Ayrshire, individuals accessing Community Care services will be categorised into four levels in relation to the support required with medication. An individual's level will be assessed according to the amount of **prompting, assistance**, or direct support with the **administration** of medication that they require.
- 8.2. Our definitions of the three types of intervention (set out below) are in line with guidance issued by the Care Inspectorate, the Royal Pharmaceutical Society (Scotland) and Social Work Scotland¹:
 - **Prompting** – The dictionary definition of 'prompting' is "the action of saying something to persuade, encourage or remind someone to do or say something". This can be useful when a person knows what medicines to take and how to take them but may simply forget the time. Prompting of medication is reminding a person of the time and asking if they have or are going to take their medicines. The person is still in control of their medicines and may decide not to take them or to take them later.

Note – If prompting is specified as a support task, it is most likely to be for a Level 2 Individual. Any individual assessed as requiring Level 2 support must have the capacity to retain overall responsibility for the management and administration of their medication. Therefore, Social Care Staff are not responsible for the administration of medication wherever prompting is specified as a Level 2 support task. However, Social Care Staff should record each instance of prompting along with the outcome of the prompt in the appropriate case notes (e.g., Home Care Communications sheet – see Appendix 15).

If Social Care Staff consider or are concerned that there is any deterioration in the individual's capability and / or capacity to manage their medication independently, they should seek advice from their supervisor. For example, if consistent prompting is needed and without which medicines would not get taken (or even with prompting don't get taken) then a reassessment of the

¹ Care Inspectorate, *Prompting, assisting and administration of medication in a care setting: guidance for professionals*, Dundee, published April 2015

individual's situation will be required by the lead practitioner, (see appendix 15).

- **Assistance** – A person may be able to retain control of his or her medicines but need assistance with simple mechanical tasks. Assistance with medicines can include:
 - ordering repeat prescriptions from the GP's surgery, unless family can support.
 - picking up prescriptions from the GP's surgery, unless family can support.
 - collecting dispensed medicines from the pharmacy unless family can support.
 - bringing packs of medicine to a person at their request so that the person can take the medicines.
 - opening bottles or packaging *at the request of the person who is going to take the medicine.*
 - reading labels and checking the time *at the request of the Individual.*
 - ensuring the individual has a drink to take with his or her medication.

Note – An individual only requiring 'assistance' (and / or prompting) as described above can be assessed as Level 2 and still retain control of their medication management.

- **Administration** – If a person cannot take responsibility for managing their medication, care Social Care Staff may be needed to ensure that the person gets offered or is given:
 - the correct medication.
 - at the correct time.
 - in the correct way.

This must be considered medicines administration. Administration of medicines is one, all or a combination of the care worker doing the following:

- deciding which medicine(s) must be taken or applied and when this should be done.
- being responsible for selecting the medicines.
- giving a person medicine to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it.
- giving medicines (even at the request of the person receiving care) where there is a judgement that a degree of skill is required to be exercised by the care worker to ensure it is given in the correct way, e.g., giving eye drops.

Note – an individual requiring support with the 'administration' of their medication as described above is most likely to be assessed as Level 3.

8.3. The four Medication Support Levels are summarised below. Further information on the assessment process is given in Part Two of this guidance, (16.1).

Table 1 – Medication Support Levels

Level 1	Individuals require no support (including prompting, assistance, ordering or collection) with medication.
Level 2	Individuals will be able to manage their medication with some prompting or assistance . They will retain overall responsibility for the administration of their medication. Social Care Staff are not

	responsible for the management and administration of medication at Level 2.
Level 3	Individuals will be unable to administer their medication themselves. Social Care Staff will be responsible for ensuring that the individual gets the correct medication at the correct time and in the correct way. Any specialist tasks that Social Care Staff may be required to be involved in will only be undertaken in circumstances where specific training has been completed and the employee is deemed to be competent.
Level 4	Individuals require support beyond the skills of social care Social Care Staff. The level of support that individuals require would be provided by health professionals.

8.4. The level of support a person requires may vary with time and with the medicine. For example, a person may self-administer an inhaler (Level 2) but require care Social Care Staff to give tablets (Level 3). It is possible for individuals to be level 2 or 3 and level 4.

9. Social Care Staff Training and Compliance

9.1. All South Ayrshire Council Social Care Staff, including senior staff and management, who support individuals with the management and administration of medication will participate in medication training that will ensure they have the appropriate knowledge and skills to undertake medication tasks within their remit. Staff from private providers will be invited to book on to our courses.

9.2. The training programme will include:

- An overview of South Ayrshire Council's Policy and Guidelines for the Management and Administration of Medication.
- Sessions will be delivered by trained staff and will cover all permitted medication support tasks.

9.3. All new frontline Social Care Staff will participate in relevant medication training prior to undertaking medication support tasks.

9.4. All new Social Care Staff will be assessed in the management and administration of medication using the Observation Chart in Appendix 1, by senior Social Care Staff or a line manager, prior to undertaking medication tasks independently. This is to ensure that they are competent to undertake medication tasks within their remit. Reassessment will be undertaken no less than every 12 months.

9.5. Social Care Staff will participate in medication refresher training, no less than 2 yearly or earlier at the discretion of their manager. This will be mandatory for frontline care Social Care Staff. The staff are also encouraged to download and access the SSSC Safe Med app which provides relevant guidance.

10. Introduction

- 10.1. This section outlines the approach to assessment for support with medication along with the roles and responsibilities of the different stakeholders in the system for managing and administering medication.

11. Assessment for Assistance with Medication

- 11.1. As part of a referral for services individuals will have a full assessment of their overall needs. A separate and specific assessment of medication support needs will be completed by a Lead Practitioner. The assessment will be stored on CareFirst.
- 11.2. The assessment should be conducted, face to face, with the individual having full participation in the assessment process using appropriate methods of communication and support from their nominated representative where required.
- 11.3. The assessment should be carried out by the lead practitioner. The purpose of the assessment is to identify if the individual is managing their prescribed medicines safely and what, if any, the level of support they require. The assessment will involve gathering information from the individual, family members, GP, District Nurse, or Community Pharmacist and this should be achieved within a reasonable timeframe depending on the requirements of the individual.
- 11.4. The lead practitioner must be familiar with the four Medication Support Levels outlined above as well as the definitions of prompting, assistance, and administration (See Section 9). The Lead Practitioner should consider the key prompt questions provided at Appendix 2 to support the assessment process. The completed assessment will identify which level of support the Individual requires (Levels 1 to 4). It will detail the tasks required to support the individual (what needs done, by whom and when). The completed assessment will be stored on Care First.
- 11.5. The individual should be advised that as part of the provision of support services to assist with their medication needs, their consent or that of their nominated representative is vital to allow services to be implemented.
- 11.6. Following the assessment, if it is identified that the individual requires Level 3 assistance with medication the lead practitioner should complete the Consent Form at Appendix 3. Consent Forms should be shared with the GP practice and the service provider who will support the Level 3 tasks. Where the individual is assessed as being Level 3 the lead practitioner should also write to the Individual's GP (using Appendix 4) explaining what social services would like the GP practice to do. The GP practice will then note that the Individual is receiving Level 3 support with medication administration on the patient record and KIS so that Out of Hours and Acute Services can access this information. It is the responsibility of the lead practitioner to confirm that the identified pharmacy can provide L3 MAR chart.
- 11.7. Details of the nature of support, when it will be provided and by whom will be documented in the Individual's Support Plan and a copy should be kept in their personal file on Care First.

12. Choice and Consent

- 12.1. Individuals should where practical retain or be enabled to retain independence with all daily living skills including the management and administration of their medication.
- 12.2. Where it is established following assessment that the individual is not able to manage the administration of their medication and will require Level 3 support from a service provider then a Consent Form (Appendix 3) should be completed by the lead practitioner. The original Consent Form should be kept within the individual's case file and a second should be sent to the service provider.
- 12.3. Consent Forms should be subject to review and updated with any identified change in needs, or at the specified review date – no later than 12 months from the previous review. This would be a role for the Lead Practitioner.
- 12.4. Where an individual has been formally assessed to lack the capacity to give consent, whether by physical or cognitive difficulty, an appropriate representative such as Welfare Power of Attorney/Welfare Guardian can provide the written consent for support on that individual's behalf. The assessment of capacity is discussed below.

13. Assessing Capacity

- 13.1. During the assessment of need, the individual's capacity will be considered by the practitioner. An individual is incapable of giving consent if he or she is incapable of:
 - Acting; or
 - Making decisions; or
 - Communicating decisions; or
 - Understanding decisions; or
 - Retaining the memory of decisions.
- 13.2. Incapacity may be by reason of a mental disorder (mental ill-health and/or learning disability) or of inability to communicate because of a physical disability (if all alternative forms of communication have been considered). This should be considered on a case-by-case basis.
- 13.3. If a Welfare Power of Attorney or a Welfare Guardian is in place for the individual a copy of the Order must be held in the individual's social work file and recorded on the joint assessment. The Lead Practitioner should ensure the relevant legal documentation covers aspects of health and wellbeing in relation to management of medication. Expiry date of the Welfare Guardianship or Power of Attorney should also be clearly recorded on CareFirst.
- 13.4. Where a GP or Psychiatrist assesses that an individual does not have capacity to consent to treatment and there is no appropriate Power of Attorney or legal Guardian then a Part 5, Section 47 certificate should be pursued by the lead practitioner prior to support being implemented. The recommendations for treating adults with incapacity found in the Adults with Incapacity (Scotland) Act 2000, Part 5, Section 47 should be followed. Note: Even when Guardianship is in place, a Section 47 certificate will still be required for care providers to satisfy regulatory requirements from the Care Inspectorate. This would be the responsibility of the Guardian to provide.

- 13.5. Expired Section 47 forms should remain in the file. It should be clearly marked that the Section 47 authorisation no longer is to be used.

14. Roles and Responsibilities

Lead Practitioner (Assessor)

- 14.1. The Lead Practitioner is responsible for assessing individuals and identifying if there is any need for support with either the management or administration of medication.

- 14.2. The Lead Practitioner shall:

- Consider the individual's ability to manage and administer their medication as part of the assessment process.
- Liaise with relevant health professionals and other relevant people (where appropriate) to inform the assessment and confirm medication requirements, note special storage or administration requirements.
- Record in the assessment the support level (1-4) of the individual and the reasoning why support is required at that level.
- Ensure the tasks required to support the individual are clearly recorded in the individual's support plan (what needs done, by whom and when?)
- Obtain the appropriate consent from the individual or their legal representative, using the consent form at Appendix 3.
- For individuals assessed as requiring Level 3 assistance, the practitioner must write to the Individual's GP using the letter at Appendix 4.
- Ensure that any Risk Assessments carried out, or specific issues affecting medication safety identified following assessment, are passed to the provider.
- Maintain responsibility for ensuring the individual's needs are reviewed at least annually, or sooner if required, and any significant changes to the Individual's level of need are passed to the relevant providers.
- Ensure reviews are carried out in good time and respond timeously when there are any changes in needs or circumstances reported by a provider or other professionals.

Registered Service Manager

- 14.3. The Registered Service Manager / Home Care Co-ordinator is responsible for ensuring that the SAC Medication Policy and Guidelines are implemented effectively by Social Care Staff who have undertaken relevant Medication training; and are competent to undertake all medication tasks identified under Level 2 and Level 3 support.

- 14.4. The Registered Service Manager will:

- Ensure Medication Risk Assessments (Appendix 5) are in place within the Service.
- Ensure Operational Procedures and systems comply with SAC Medication Policy and Guidelines.
- Ensure Social Care Staff receive specialist training from appropriate health professionals prior to undertaking any specialist support tasks.
- Ensure Social Care Staff attend medication refresher training within set timescales.
- Ensure employee practice and competence is assessed on an annual basis.

- Ensure appropriate storage is provided for medication held within the service.
- Ensure medication is accounted for within the Service.
- Ensure changes in Individual medication support needs are reported to the Lead Practitioner for assessment or review.
- Ensure care and support plans are available, in which to document medication and specific health information.
- Ensure medication records (including MAR Charts) are regularly audited, as appropriate to the individual service.
- Ensure all medication issues are promptly investigated.
- Medication Error Form is complete, Private providers should complete form and send SAHSCP.Commissioning@south-ayrshire.gov.uk mail box and in house services should complete medication error form and send to Corp Health and Safety and their line manager. In house and private providers should alert the care manager to any medication issues and report to the Care Inspectorate.
- Ensure External Regulatory bodies (e.g., Care Inspectorate, SSSC) are informed of medication errors and incidents as necessary.

Supervisor and Assistant CAH, Senior Day Care and Residential Care Social Care Staff

- 14.5. Senior care Social Care Staff are responsible for ensuring the SAC Medication Policy and Management Guidelines are implemented effectively whilst;
- Undertaking medication support tasks
 - Monitoring practice of frontline Social Care Staff, and providing direct guidance
 - Supervision to Social Care Staff involved in the management and administration of medication.
- 14.6. Senior care Social Care Staff will:
- Ensure that SAC Medication Policy and Guidance is implemented effectively.
 - Carry out annual medication observations for Social Care Staff.
 - Ensure procedures required by dispensing pharmacy are implemented effectively, e.g., Nominated Pharmacy used by Residential Care Establishments.
 - Ensure medication risk assessments are effectively implemented.
 - Take direction from the Service Manager relating to management and administration of medication.
 - Ensure medication support levels and support tasks are detailed in personal Support Plans.
 - Ensure medication support tasks are completed in accordance with the assessment of need detailed in personal Support Plans.
 - Where required ensure protocols are in place for specific conditions i.e., PEG Feeding, Epilepsy
 - Ensure any change in Individual medication support need is reported to the Lead Practitioner, to enable assessment or review of need to be undertaken.
 - Follow advice from Health Professionals with regard to medication which promotes the on-going welfare of the individual.
 - Ensure medication records are accurate, legible, complete, and regularly audited as per service guidelines
 - Participate in all required medication training.
 - Assess employee competence through formal observation of practice within required timescales.
 - Participate in the audit of medication records.

- Report all medication errors, incidents and near misses to their line manager and complete Care Inspectorate notification.
- Participate in any investigative process resulting from medication errors and incidents.
- Take on the role of Lead Practitioner

South Ayrshire Council Care Social Care Staff

14.7. The role of the care Social Care Staff is to ensure the SAC Medication Policy and Management Guidelines are implemented effectively whilst providing direct support to individuals who require assistance with the management and administration of their medication.

14.8. Care Social Care Staff will:

- Ensure Medication Risk Assessments, SAC Medication Policy, Guidance and Operational medication procedures are implemented effectively.
- Take direction from senior Social Care Staff relating to management and administration of medication.
- Ensure medication support tasks are completed in accordance with the assessment of need detailed in Personal Support Plans.
- Ensure any change in Individual medication support need is reported to Senior/Line Manager to enable assessment or review of need to be undertaken.
- Follow advice from Health Professionals with regard to medication which promotes the on-going welfare of the individual.
- Ensure medication records are accurate, legible and complete.
- Participate in all medication training requirements, including annual medication observation.
- Report if red, (if alternative colour used to be recorded in the person's personal support plan), folder is not in place or if documentation is incomplete i.e., signatures missing from MAR chart etc.
- Report all medication errors, incidents and near misses.
- Participate in any investigative process resulting from medication errors and incidents.

Health Personnel

14.9. General Practitioners (GPs) have a responsibility of care for all of their listed Individuals/patients to provide general health and medical care, or refer for specialist health care or social care. In looking after an individual's health and well-being, the GP or other non-medical prescriber may prescribe medication for their patient to prevent, treat or relieve medical conditions.

14.10. Pharmacist in GP practice will also undertake medication review and identify any compliance problems.

14.11. Within primary care, other professionals may be involved in prescribing for Individuals – suitably qualified nurses or pharmacists are able to prescribe.

Community Pharmacists

14.12. Community Pharmacists have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers. The medication must be of a

suitable quality, and comply with legal and ethical requirements for its packaging and labelling. Additionally, pharmacists have a responsibility to ensure that an Individual/patient or carer receives appropriate information and advice to support them in gaining best effect from any medicines supplied.

- 14.13. Responsibility for providing Level 3 MAR charts, to be used to record medicines administered by Social Care Staff, rests with the dispensing pharmacist or the dispensing GP. MAR Charts are the formal record of administration of a medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases. It is therefore important that they are clear, accurate and up to date.²

Nursing Personnel

- 14.14. Nursing Personnel will provide nursing and clinical care to individual Individuals e.g., caring for wounds, pressure sores and the change of dressings, or carrying out invasive procedures such as injections, bowel management and bladder irrigations and matters relating to feeding tubes. During such provision they will also monitor the health status of the individual and report any changes in circumstances to the GP.

Specialist Nursing

- 14.15. This includes, for example, respiratory nurses, learning disability nurses, stoma nurses, palliative care nurses or continence advisors who also provide nursing and clinical care to Individuals and support to their families. These specialist nurses will support and educate the Individual in coping with their particular condition and assist them in dealing with e.g., stoma equipment or the drug treatments or therapy necessary to their condition and, where necessary, train Social Care Staff to carry out approved tasks.
- 14.16. The effective management and administration of medication requires a whole system approach. Strong communication by all parties is key to ensuring that all individuals requiring support with medication have their needs met.

² RPSGB, The Handling of Medicines in Social Care

15. Introduction

15.1. This section provides more detail on the different levels of support for medication and the associated tasks for each level. It provides guidance on the use of the Medication Administration Record (MAR) Chart and issues relating to the management of medication such as ordering and collecting medication, storage of medicines and disposal of unused medication.

16. Levels of Support for the Management and Administration of Medication

16.1. There are four main support levels an individual can be assessed as requiring in relation to the management of their medication. These levels of support are summarised in the table below.

Table 2 – Medication Support Levels

Level 1	Individuals require no support (including prompting or assistance) with medication.
Level 2	Individuals will be able to manage their medication with some prompting or assistance . They will retain overall responsibility for the administration of their medication. Social Care Staff are not responsible for the management and administration of medication at Level 2. Where prompting of medication is required then medication should remain in original packing or Blister pack. New blisters packs should only be used to promote independence and if assessed by an appropriate person.
Level 3	Individuals will be unable to administer their medication themselves. Social Care Staff will be responsible for ensuring that the individual gets the correct medication at the correct time and in the correct way. Any specialist tasks that Social Care Staff may be required to be involved in will only be undertaken in circumstances where specific training has been completed and the employee is deemed to be competent.
Level 4	Individuals require support beyond the skills of social care Social Care Staff. The level of support that individuals require would be provided by health professionals.

17. Approved Medication Support

17.1. This section provides an overview of the approved medication support tasks that can be undertaken by Social Care Staff following assessment and support planning for each of the medication support levels.

Level 1

17.2 No assistance required.

Level 2

17.3 Individuals assessed as requiring Level 2 assistance will be able to manage their medicines with minimal assistance and will retain overall responsibility for the

administration of their medication. In these circumstances, a Medication Administration Record (MAR Chart) is not required. Social Care Staff should record in care notes when a medication prompt has been given, or any other support required and its outcome.

- 17.4 Assistance can be provided with a range of specific support tasks which will be specified and detailed in Personal Support Plans. These tasks will have been identified during the assessment and will be provided in detail on the referral but can include acting as a pair of hands to apply creams if the person can't reach and equipment would not be supportive.

Level 2 Support Tasks

- 17.5 All tasks may only be undertaken on the instruction or at the request of the individual. Tasks that can be undertaken for individuals assessed as requiring Level 2 support are:
- ordering repeat prescriptions from the GP's surgery. Family should undertake this task where possible.
 - picking up prescriptions from the GP's surgery; Family should undertake this task where possible.
 - collecting dispensed medicines from the pharmacy; Family should undertake this task where possible.
 - bringing packs of medicine to a person at their request so that the person can take the medicines.
 - opening bottles or packaging **at the request of the individual who is going to take the medicine.**
 - reading labels and checking the time **at the request of the Individual.**
 - ensuring the individual has a drink to take with his or her medication.
 - returning any medications that are unused, no longer prescribed or are out of date to the nominated pharmacy for disposal (Social Care Staff must complete the Medication Disposal Form at Appendix 6.) **Family should undertake this task where possible.**
 - prompting / reminding Individual to take medication (n.b. Social Care Staff are not responsible for the *administration* of medication at Level 2). Any prompting should be recorded in the case notes along with the outcome of the prompt. If Social Care Staff are either concerned or consider that there is any deterioration in the individual's capacity to manage their medication independently, they should seek advice from their line manager.).
 - supporting and enabling individuals to establish medication routines.
 - Collecting emergency medication if family are unable to do so.
 - medicines that are prescribed on a "when required" (PRN) basis provided that the Individual is able to make an informed choice about his / her need for such a medication.
 - Social Care staff are not able to make a clinical decision as to whether the person requires medication. This will be directed by the person, who has been assessed as requiring Level 2 support.
 - If medication is dispensed to be taken "As directed", then the person who is level 2 must provide the instructions to staff.
 - Social Care Staff will not support with unprescribed medication or Over the Counter Medication (OTC)

Level 3

- 17.6 Individuals assessed at Level 3 will be unable to manage their medication independently. In these circumstances, a Medication Administration Record (MAR chart) will be required. An example MAR chart is included at Appendix 7. More information on MAR charts is provided at Section 18 below.
- 17.7 Level 3 assistance with medication will only be offered when a Consent Form has been completed and arrangements are in place with the individual's Community Pharmacy to prepare and maintain a MAR chart. A Section 47 certificate specifying authority to administer medication will also be required in some cases (even if Guardianship has been granted) to satisfy regulatory requirements. The Guardian would be responsible for obtaining the Section 47.
- 17.8 All medication management and administration support tasks will be specified and detailed in personal Support Plans.
- 17.9 Only medication support tasks detailed in the individual's Support Plans can be undertaken by Social Care Staff.

Level 3 Support Tasks

- 17.10 Tasks that can be undertaken for individuals assessed as requiring Level 3 support by Social Care Staff who have had instruction / training on how to carry out the task are:
- All tasks as per Level 2 Support.
 - Administering prescribed medications detailed on the MAR chart (see guidance below).
 - Administration of oral medication.
 - Administration of eye drops and eye ointments (not post-operative).
 - Administration of ear drops and ear ointments (not post-operative).
 - Administration of nasal drops and nasal ointments.
 - Administration of inhaled medication by inhalers.
 - Administration of mouthwashes and sprays.
 - Application of topical medication.
 - Applications of medicated soaps and shampoos.
 - Administration of 'controlled' drugs which have been dispensed in a solid dosage form (tablet, capsule or patch) (See information at Appendix 8).
 - (For day-care and residential settings only) Administration of controlled drugs which would require the employee to measure the required dose.
 - (For day-care and residential settings only) Administration of covert medication in line with the Mental Welfare Commission covert medication care pathway and with specific local service procedures for each individual case.
 - Social Care staff are not able to make an independent clinical decision as to whether the person requires medication. To remove any doubt, the "when required protocol" must be completed and include sign or symptoms that may suggest the person requires the medication.
 - When the 'when required' (PRN) medicine is required to be administered at Level 3, it must be recorded on the MAR chart with full instructions as to the frequency of administration and the maximum dose permitted within a 24-hour period (See the 'when required' protocol provided at Appendix 11).

17.11 The following table compares the main tasks that may be carried out with Level 2 and Level 3 assistance.

Table 3 – Comparison of Level 2 and 3 tasks

	Level 2	Level 3
Ordering prescriptions	Complete repeat prescription at Individual's request, with Individual advising on items to be ordered	Complete repeat prescription slips with reference to the MAR chart
Collection prescriptions	<p>There may already be arrangements for the Community Pharmacist to collect the prescription and deliver medication to the Individual's home.</p> <p>In the event that this service is not available, the employee may collect prescription from GP surgery and take to nominated community pharmacy. Collect dispensed medicines from community pharmacy and deliver to Individual.</p>	<p>There may already be arrangements for the Community Pharmacist to collect the prescription and deliver medication to the Individual's home. However, in situations where capacity is an issue the employee may have to collect all prescriptions from the pharmacy.</p> <p>Where there is a capacity issue then the medication can be delivered to a member of the same household who is able to accept the responsibility of receiving the medication but may not be able to attend the pharmacy to collect the medication, this should be seen no differently from a relative attending the pharmacy and collecting it in person.</p> <p>In the event that this service is not available, the employee may collect prescription from GP surgery and take to nominated community pharmacy, collect dispensed medicines from community pharmacy and deliver to Individual.</p>
Prompting / reminding to take medication.	Prompting can be required to remind an individual of the time and ask if they have or are going to take their medicines.	The individual is not in control of their medication and requires consistent / continual encouragement to take their medication.

	<p>The individual will know what medicines to take and how to take them and shall remain in control of their medication.</p> <p>The individual is responsible for the administration of medication at Level 2. Any prompting should be recorded in the case notes along with the outcome of the prompt. If Social Care Staff are either concerned or consider that there is any deterioration in the individual's capacity to manage their medication independently, they should seek advice from their supervisor.</p>	
Dispensing of Medication	<p>Best practice would be that medication is dispensed in original packaging.</p> <p>Blister packs should only be used where they fully support independence.</p>	Medication should always be dispensed in original packaging
Supporting medication administration	Assist Individuals with opening containers, reading labels, or taking medication out of packaging.	<p>Choosing the correct medication for the Individual at specific times of the day in accordance with the individual Support Plan and MAR chart.</p> <p>Offering these directly to the Individual and ensuring these are taken. Remembering to record all administration on the MAR chart.</p>
Returning medication	<p>Returning any old / unnecessary medication to the community pharmacy at the Individual's request.</p> <p>Form to be completed</p>	<p>Returning any old / unnecessary medication to the community pharmacy either at the Individual's request or on own initiative where appropriate. Form to be completed</p>

Level 4 (and specialist tasks for Level 3)

- 17.12 Individuals assessed at Level 4 will need assistance from a health professional.
- 17.13 In these circumstances assistance will not be provided by SAC Social Care Staff.
- 17.14 The following medicine administration tasks must **not** be undertaken by SAC care Social Care Staff.

- Performing and interpreting any diagnostic test (e.g., blood glucose monitoring).
- Decanting medication from their original dispensed packaging into any dose compliance aid device.
- (For homecare Social Care Staff in the community) Administration of controlled drugs which would require the employee to measure the required liquid dose.
- Administration of any medicine requiring an invasive procedure (e.g., injections, enemas, pessaries, and suppositories).
- Administration of medicines which require skilled observations either before or after administration (e.g., taking pulse) which have been so designated by the health care professional.
- Administration of warfarin where the directions of the dose to be administered is variable, dosage should always be clarified with GP.
- Stoma Care in post-operative phase.
- All medicine tasks associated with diabetic management (testing/administering insulin).
- Wound Management.
- Administration of insulin using pen device.
- (For homecare Social Care Staff in the community) Administration of covert medication.

17.15 In addition, some specialist tasks that would normally be undertaken by a health professional (i.e., Level 4 task) may be undertaken by care Social Care Staff in certain circumstances and where they have completed the relevant training. Person specific see section (17.7).

17.16 For these specialist tasks, training should be delivered by a relevant health professional and / or professional organisations recognised by SAC as detailed below. In these cases, ongoing support for care Social Care Staff is required from the health professionals, as ultimately the responsibility for these tasks remains with the health professionals.

17.17 These specialised tasks may include:

- Supporting an Individual with the administration of cytotoxic medication *only oral meds. **Pregnant staff should not handle this medication.**
- Supporting an Individual with the administration of oxygen therapy.
- Assistance with nebulisers/oxygen.
- Administering patches.
- Supporting an Individual with the administration of a PEG (Percutaneous Endoscopic Gastronomy) feed.
- Administration of rectal diazepam following epilepsy protocol.

18. Medication Administration Record (MAR) Charts

18.1 An employee may not undertake any administration of medication tasks for an Individual assessed as requiring Level 3 support unless a MAR chart (Appendix 7) is available to record administration. MAR charts are provided by dispensing pharmacy or dispensing GP.

18.2 For each medication to be administered the MAR chart should state the name, strength and form, the number of dose units to be administered and the time(s) of administration, plus any additional instructions.

- 18.3 Social Care Staff may not administer any medication not listed on the MAR unless they are following written instruction from the GP (such as a labelled medicine left in an emergency or out of hours situation) and the employee has obtained permission from their line manager to do so. The employee must record this on the emergency MAR Chart (Appendix 8) and the Medication Matters Arising Record. CAH staff no longer use the Medication Matters Arising Record (CARE AT HOME only) but will record directly on the care notes – heading the note MATTERS ARISING. An updated MAR chart must be obtained as soon as possible (See Section 20 below, 'Out of Hours').
- 18.4 Social Care Staff should follow the 'when required' protocol and details provided at Appendix 11. The pro-forma should be completed and attached to the MAR Chart by the Pharmacist or GP. For medication prescribed on a 'when required' basis the MAR chart entry should state the dose and frequency of administration, and maximum daily dose. When a 'when required' medication is administered the employee should record the reason for administration in the care plan, e.g., pain relief for sore back.
- 18.5 If appropriate, arrangements should be made to ensure that the MAR chart is taken with the Individual to any medical appointment with the GP or member of the General Practice Team in order that the practitioner can make any necessary amendments to the chart.
- 18.6 In the event of a prescription for a new medication being issued mid-month the employee should take the prescription to the person's REGULAR dispensing pharmacist who will provide a mid-cycle MAR chart.
- 18.7 The MAR chart must be kept with the Individual's medication.
- 18.8 Informal carers should be made aware of the importance of recording when medication has been given and should be encouraged to complete MAR chart, especially on days when Social Care Staff are also responsible for ensuring that the Individual receives the correct medication at the correct time of day, to reduce the risk of medication being given twice. Social Care Staff should record the MAR chart O, (other), and add notes to the reverse of the MAR chart the reason, when family have taken responsibility for medication.
- 18.9 When medication is refused Social Care Staff should record R for refused on all occasions.

19. Changes to Medication (Level 3)

- 19.1 When the community pharmacy receives a prescription for additional medication at the normal repeat prescription interval the community pharmacy will ensure that the MAR chart is updated to include this new medication. If the prescription is received mid cycle a one-off mid cycle MAR chart will be issued.
- 19.2 If new medication has been prescribed and not added to the MAR chart Social Care Staff must contact his / her line manager in the first instance. The line manager should contact the community pharmacist or the GP Practice for advice. An emergency MAR chart can be used until a printed MAR chart becomes available.

- 19.3 When medication is discontinued the MAR chart must be marked as '*discontinued*' and the pharmacist must be informed so that the MAR chart can be updated. Social Care Staff should also inform their line manager about any changes to medication that they have been made aware of by the GP and record the details in the care plan.
- 19.4 If Social Care Staff are advised by the Individual or family member / representative that medication has been discontinued and the MAR chart has not been amended, they should seek confirmation from a health professional and record advice given – new MAR chart should be requested if required.
- 19.5 Verbal orders: Problems can occur when doses are changed by means of a verbal order, but no written document is sent. This can happen when a GP telephones a dose change (e.g., reduce two tablets taken twice daily to one tablet twice daily). In this instance a new prescription is not always necessary. However, a request should be made to the GP by the service provider to alter the MAR Chart and sign the change. Alternatively, the GP could issue an instruction in writing for the change of dose.
- 19.6 It is really important that Social Care Staff responsible for assessing and administering medication and working with a MAR chart have a good working relationship with the local pharmacy for a seamless service and appropriate support for the Individual.
- 19.7 If there are any differences between the information on the MAR Chart and the information on the medicine labels, or if the employee is concerned in any way about the medication that has been dispensed by the Pharmacist/Dispensing GP, then medicine must not be administered. The employee should contact his/her line manager immediately (or on-call supervisor) or directly seek advice from a clinical professional. The manager should contact the Pharmacist or GP to seek advice.

20. Out of Hours (Level 3)

- 20.1 In the event of an Individual requiring to be seen by NHS 24, the emergency Practitioner should be alerted to the fact that any changes to the Individual's medication must be recorded on the MAR chart within the Individual's home. An emergency MAR chart can be used for additional medicine to be added and this will be found in the Individual's care plan.
- 20.2 In the event that the NHS 24 GP has not completed the emergency MAR chart the employee should contact their line manager as soon as possible to arrange for the MAR chart to be amended if a medication has been left in the Individual's home. If a prescription is left by the prescriber, the employee should take the prescription to the Individual's pharmacy. If the pharmacy is closed, the prescription should be taken to any open pharmacy, with the emergency MAR chart. Where medication has been left and the worker is confident that they can read the instructions they can update the emergency MAR chart (applies to medication left by a GP. Carers should discuss with a line manager prior to doing this. This would only be carried out in the absence of family being able to complete these tasks.
- 20.3 If there is no pharmacy open then, if no family available, the prescription to the nearest pharmacy at the first opportunity.

21. Ordering and Collecting Medication (Level 2 and 3)

- 21.1 Social Care Staff will only carry out ordering and collection tasks if the Individual's family /primary carer is unable to do so and the nominated pharmacy does not offer a collection and delivery service for level 2.
- 21.2 It is possible to arrange with VASA to deliver level 3 in the community and they will collect monthly.
- 21.3 The employee should have a means of identification for use at the surgery / pharmacy when collecting prescriptions / dispensed medication.

Ordering repeat prescriptions from the medical practice (this task may be carried out by the nominated community pharmacy) (Level 2 and Level 3)

- 21.4 Check the amount of medication that the Individual has remaining. If there is enough of the medicine to last until the next time you place a request, leave it off the list. It is important not to over-order medicines and this can happen, for example:
 - When medicines are taken infrequently, for example, pain relief prescribed 'when required'
 - For creams and ointments when it is difficult to predict how much the individual will need to last four weeks.

Collecting the prescription from the medical practice (this task may be carried out by the nominated pharmacy) (Level 3)

- 21.5 When you receive written prescriptions from the GP surgery, check them against your request list. You should do this before they are submitted to the pharmacy for dispensing:
 - To ensure that all medication ordered has been correctly prescribed.
 - To ensure that no new medication has been added by mistake. If there are unexpected changes these should first be checked with the GP.
- 21.6 If the GP surgery also dispenses the medicines, you will not have the original written prescription to check. So, it is very important to keep records of what you asked the GP to prescribe for each individual. If the medication you receive is different from what you expect, check with the GP before you give it to the Individual.
- 21.7 Take the prescription to the nominated pharmacy for dispensing (some community pharmacists may offer a prescription collect service). The care service should present prescriptions to the pharmacy in sufficient time for the medication to be prepared and collected or delivered in time to start the 4-week supply. The pharmacist will be able to tell you how long this will normally take.
- 21.8 Family should be requested to collect or arrange for collection in the first instance and social care staff only when no family are available. Collect the dispensed medication from the nominated pharmacy. On receipt of the medication the employee in the care service should check the dispensed medication against the list of prescribed medicines, ensuring dosage and amount is correct where they are responsible for the administration of the medication.

21.9 Remember that changes can happen after the prescriptions had been checked and sent them to the pharmacy. If the medication received is different from what expected, check with the supplying pharmacist before you administer it to the Individual. The routine ordering of the repeat prescriptions should be done by the care service as the pharmacy Social Care Staff may not be aware of any recent additions or deletions to the prescribed medication. This is very important when the pharmacy provides computer generated MAR charts and the 'when required' medication is not requested every month but is still being used.

22. Storage of Medication (Level 2 and 3)

22.1 Medicines should be kept in a cool dry place out of the reach of children and pets.

22.2 Medicines should be stored in their original containers as dispensed and not decanted into other containers.

22.3 Medicines which are to be administered by Social Care Staff should be stored in a sealed container provided by the individual or family. It should be labelled to indicate that family and friends should not administer any of the medicines without informing Social Care Staff unless such administration is part of the written agreement with the Individual. The container may be locked if a risk assessment deems this appropriate (See 22.7).

22.4 Medicines which require to be stored in a refrigerator should be placed in a labelled container and kept separate from food or other consumables. There may be occasions when a separate refrigerator is in place specifically for the storage of medication.

22.5 There may be circumstances when an individual, (level 2 or Level 3), may require/request to have their medication stored in a secure / lockable container. Decisions about this will be included within the assessment process. It is the responsibility of the individual / family / representative to arrange for purchase / payment of any container. If a combination lock is required than arrangements will need to be agreed and implemented regarding who has access to this information and where it will be recorded.

22.6 Individuals who self-administer using a blister pack, should be encouraged to store medication safely out of the reach of children and young people.

22.7 Care Homes/Day Services: Medication should be stored securely in an appropriate secure area.

22.8 Detailed procedural guidance will be provided on this issue in local care settings.

23. Disposal of Surplus / Discontinued Medication.

23.1 The following guidelines should be followed by all Social Care Staff, if they are involved in the disposal of medication, where there is no family support:

- disposal of medication should be carried out by family/friends where possible.
- contact GP/Nurse/Pharmacist to confirm that the surplus medication can be removed for disposal.

- where there are no family/friends who can assist with this process Social Care Staff can undertake this task. A risk assessment for this task should be completed by the service provider
- Employee may only arrange for the disposal of unwanted or out of date medication with the consent of the Individual or his / her representative. Where Social Care Staff are removing medication for safe disposal they should do so once a Medication Disposal Form (Appendix 6) has been completed by either the individual or individual's representative. The completed form should be filed in the individual's Support Plan.
- Social Care Staff should take the medication to the individual's nominated pharmacy and the medication passed to the pharmacist for safe disposal. The pharmacist may sign the disposal form; this should then be returned to the individual's home and be stored in the Support Plan records. The pharmacist may wish to have a copy for their records (For Controlled Drugs see 28.2).

23.2 Detailed procedural guidance will be provided on this issue in local care settings.

24. Introduction

24.1 This section provides guidance on a range of specific issues that will be encountered in the management and administration of medication. The guidance covers issues such as dealing with errors and incidents, administering controlled drugs, and dealing with specific types of medication such as epilepsy rescue drugs and variable dose anti-coagulants (i.e., Warfarin).

25. Errors, Incidents and Near Misses

25.1 It is essential that Social Care Staff report all mistakes no matter how small they may appear in order to ensure the safety, health & wellbeing of Individuals.

25.2 If medication is wrongly administered, it is vital that the following action is taken immediately to prevent further detriment to the safety and wellbeing of the individual.

'Administration Errors'

25.3 Over administration and medication omissions, constitute '**administration errors**', and as such require to be investigated promptly.

25.4 The following action should be undertaken in all circumstances where medication has been wrongly administered:

1. Check the name, strength and amount of the medication in question.
Do Not administer a double dose where medication has been missed.
2. **Contact** the Individual's GP or NHS 24 and provide them with details of the medication and circumstances involved.
3. The Individual's condition should be **closely monitored** until explicit instructions are received from the GP or NHS 24.
4. **Call** 999 for assistance in event of a medication emergency.
5. **Record** the incident on the Matters Arising Record.
6. **Report** the medication error to Line Manager
7. **Complete** a Medication Error Form, as soon as all health advice, relating to the medication error, has been implemented.
8. Following the incident, and the identification of the circumstances of the error a de-briefing of the Social Care Staff involved to support and consider preventative measures or additional training
9. The Individual's Support Plan and risk assessment should be reviewed and revised as necessary.

25.5 All medication errors, incidents and near misses should be reported and promptly investigated by the Service Manager to determine the root cause of the problem taking account of the circumstance of events, Social Care Staff practice, medication systems within the service and SAC Medication Policy and Guidelines. The outcome of this investigation will enable remedial action to be taken to prevent any recurrence.

25.6 Where a medication issue is deemed serious and requires further investigation this will be taken through the 'Fact Finding' process under South Ayrshire Disciplinary Procedures.

25.7 For all medication errors, incidents and near misses a Medication Error Form (MEF) will be lodged. The MEF (Appendix 12) must be completed by the appropriate worker and returned to Corporate Health and Safety. Private provider should complete the MEF and send to the Contracts and Commissioning Team, SAHSCP.Commissioning@south-ayrshire.gov.uk and notify the person's Care Manager and the Care Inspectorate.

'Recording Errors'

25.8 Medication that has been incorrectly recorded or omitted from medication records and MAR charts constitute **'Recording Errors'** and as such require to be investigated promptly.

25.9 In event of making or recognising a 'Recording Error' on a MAR chart Social Care Staff **must:**

- **Report** the error to the Line Manager.
- **Complete** a Medication Matters Arising Record
- **Complete** a Medication Error form as soon as is practically possible.

'Near Miss (Administration) Incidents or Actual Error'

25.10 A near miss is an incident whereby a mistake has been recognised and rectified before an error in administration occurred. An error is where a mistake has occurred during the administration of medicine with the patient receiving the medication incorrectly (e.g., Given morning tablets in the evening).

25.11 In event of recognising and rectifying a 'Near Miss (Administration) Incident' Social Care Staff **must:**

- **Report** the incident to the Line Manager.
- **Complete** Medication Error Report as soon as is practically possible.

'Dispensing and Prescribing Incidents'

25.12 Mistakes made in the Prescribing and Dispensing process constitute "incidents" and as such require clinical advice to ensure the safety of the person involved.

25.13 In event of a Dispensing or Prescribing incident Social Care Staff **must:**

- **Inform** the appropriate GP Practice or Pharmacy of the mistake and arrange for this to be rectified.
- **Report** the incident to their Line Manager.
- **Complete** an AR1 Internal Incident Report as soon as is practically possible.

26. Requests from Individual for Additional Support with Medication

26.1 Social Care Staff should not assist with medication tasks that are not documented in the Support Plan.

26.2 Any request for assistance with medication other than tasks agreed and documented in the Individual's Support Plan should be passed to the senior or line manager to

arrange for the Lead Practitioner to carry out a review of the individual's medication support needs.

27. Covert Medication

- 27.1 Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. Providing an individual with covert medication is likely to be due to a refusal to take medication when it is offered, but where treatment is necessary for the individual's physical or mental health.³ In most situations following assessment, South Ayrshire Council Social Care Staff will not be required to administer medication covertly.
- 27.2 However, there may be circumstances when necessity requires Social Care Staff to support individuals with covert medication to maintain their health and wellbeing. If covert medication is being considered in an individual case, it will require a multi-disciplinary approach led by a medical practitioner.
- 27.3 The decision to provide an individual with covert medication is informed by necessity and requires a legal context in the form of a Section 47 Certificate of Incapacity to consent to medical treatment to be completed. In line with good practice the Mental Welfare Commission Covert Medication Pathway and Review Procedures should also be followed to ensure a clear and consistent approach.
- 27.4 If a Section 47 Certificate is in place and the Mental Welfare Commission Covert Medication Pathway is completed the provision of covert medication would be considered a Level 3 task in residential or day-care services.
- 27.5 In homecare services working in the community the administration of covert medication would be a Level 4 task and would require a health professional to support with administration.

28. Controlled Drugs

- 28.1 There are legal requirements for the storage, administration, disposal and record keeping of controlled drugs. These are set out in the Misuse of Drugs Regulations 2001 (as amended)⁴. The regulations categorise controlled drugs into five schedules. Further information is available at Appendix 9 All Social Care Staff that have been trained can administer controlled drugs to an Individual if the medicine is a solid dosage form (tablet or capsule).
- 28.2 Disposal of controlled drugs - The Medicine Disposal Form (Appendix 6) must be completed and signed by the pharmacist.

³ Taken from 'SafeMed' App (for mobile devices), Scottish Social Services Council (SSSC) and Care Inspectorate, 2014. See http://scottishcare.org/news/smartphone-app-to-help-care-home-Social_Care_Staff-administer-medication-safely/

⁴ 'SafeMed' App (for mobile devices), Scottish Social Services Council (SSSC) and Care Inspectorate, 2014. See http://scottishcare.org/news/smartphone-app-to-help-care-home-Social_Care_Staff-administer-medication-safely/

- 28.3 In situations where controlled drugs in liquid form are required to be measured and administered by Social Care Staff additional training will be required and service specific protocols will be in place (residential and day-care services only).
- 28.4 This should be accompanied by an individual risk assessment to ensure Social Care Staff are clear with regards to their role and responsibility. The risk assessment should detail where, how and by whom the controlled drugs should be administered. For the protection of the Individual and employee this task should be regularly monitored to ensure that the controlled drugs are administered in accordance with the doctor's written instructions. Where possible specific measuring tools should be used to reduce the risk of over or under dosing.
- 28.5 The medication recording system should be completed immediately. In line with the Controlled Drugs (Supervision of Management and Use) Regulations 2013⁵ all incidents or concerns involving the safe use and management of controlled drugs must be reported to the direct line manager or on call manager.
- 28.6 In circumstances where an individual or their representative cannot pick up the controlled drug, arrangements can be made for the controlled drug to be collected from the pharmacy, subject to appropriate risk assessment.
- 28.7 For End-of-Life Individuals, two Social Care Staff may be present when controlled drugs are administered depending on the risk assessment. In such cases they should both be involved in administering the controlled drug and therefore both should sign the MAR chart.
- 28.8 Note: in order to give a controlled drug, the employee should follow all the steps involved in giving any other medicine.
- 28.9 In a home care community setting the administration of controlled drugs in liquid form that require to be measured will not be carried out by Social Care Staff and will require input from a health professional.⁶

29. Crushing / splitting medicines

- 29.1 The original physical form of any medicine should not be changed (e.g., crushed or split), before administering to the individual unless there are specific, written instructions to do so from the GP or pharmacist and these should be noted clearly on the Support.

30. Adverse reactions/side effects

- 30.1 There are occasions when people may suffer adverse or severe reaction to the medication they are taking. In these circumstances, the individual's GP, or other health professional, including a pharmacist should be contacted for advice or call 999 in an emergency.
- 30.2 A detail of all action taken by Social Care Staff and advice given in, these circumstances should be detailed on the Medication Matters Arising Record (Appendix 10) and reported to the line manager at the earliest opportunity.

⁵ <http://www.legislation.gov.uk/ukxi/2013/373/regulation/1/made>

⁶ RPSGB, The Handling of Medicines in Social Care

31. Over the counter medicines (OTC), including herbal and homeopathic.

- 31.1 Social Care Staff must not recommend, assist with, or administer any over the counter medication unless detailed in the Support Plan or MAR Chart. If Social Care Staff become aware of an individual taking a supplement, they should report this to their line manager. The line manager should seek advice from the GP or pharmacist around any possible drug interaction and should complete the Protocol for PRN and OTC medication (Appendix 11).

32. Epilepsy Medication

- 32.1. Individuals who require rescue medication to manage difficult epilepsy will have been assessed by the lead practitioner. The SAC Epilepsy Rescue Medication Protocol (Appendix 13) should be completed in consultation with the prescribing medical practitioner.
- 32.2. When managing difficult epilepsy, Social Care Staff will be required to administer rescue medication e.g., Midazolam, Rectal Diazepam, carers will have attended specialist training before undertaking this task.
- 32.3. This task should only be carried out by Social Care Staff who have undertaken the appropriate training in line with SAC Policy and Guidelines for the Management and Administration of Medication.
- 32.4. Social Care Staff should complete a 'Record of seizure' form (Appendix 14), place original record in the individual's Support Plan and make every attempt to verbally pass on details, to carers, of the seizure and medication administered.
- 32.5. If using a day support service, a copy of the 'Record of Seizure' form should accompany the individual when leaving the service to inform others involved in the package of care.

33. Warfarin

- 33.1. Individuals who are prescribed an anti-coagulant drug such as Warfarin must have an "oral anti-coagulant therapy pack"/yellow book. This is used by the anti-coagulant clinic to record blood tests and dosage directions.
- 33.2. Due to the risks of administering a preparation of variable dosage, it is advised that the responsibility of supporting individuals with the administration of Warfarin should remain with the health care professionals.
- 33.3. However, if a system can be identified with a health professional to dispense Warfarin to individuals in the appropriate prescribed dosage – with the relevant audit trail - the care provider may take on the task of administering this medication. Discussion should take place between the care provider, healthcare professional monitoring the individual's dose of warfarin and the community pharmacy supplying the MAR chart.

34. 'When Required' Medication to treat specific health conditions.

- 34.1. Some Individuals may from time to time require assistance with the administration of medication used to control particular symptoms such as the relief of pain or easing of

breathlessness arising from angina, asthma, or other pulmonary conditions. A **When Required Protocol** should be completed for these types of medication and stored in the **RED** folder Appendix 11.

- 34.2. Assistance with the administration of this type of medication should only be provided where the GP has prescribed it together with written instructions relating to the symptoms, dosage and frequency that must be followed. All doses given, including quantity and time of administration must be recorded on the MAR chart. Social Care Staff should follow the protocol provided at Appendix 11. The pro-forma should be completed and attached to the MAR Chart by the line manager or senior care officer. This will support frontline Social Care Staff and reduce risk or errors.

35. Refusal to take medication.

- 35.1. Social Care Staff must not force an individual to take their medication. Everyone retains the right to refuse medication regardless of the level of support.
- 35.2. However, refusal of any dose of medication should always be recorded in the MAR chart for level 3 support and care notes for level 2 support.
- 35.3. When an individual refuses a dose of medication this should be recorded on the MAR chart or care notes and advice should initially be sought from the line manager. Depending on the circumstances, further medical advice may then be sought from the community pharmacist/GP/NH24. All refusals should be recorded on the 'Medication Matters Arising' Record. If the refusal is persistent this should be reported to senior Social Care Staff or line manager and detailed on the 'Medication Matters Arising' Record.
- 35.4. Where an individual has a history of refusing medication this will be specified in the individual's Support Plan detailing the action to be taken by Social Care Staff in these circumstances.
- 35.5. Before taking medicines out of the packaging Social Care Staff should check that the individual is happy to take their medication. If medicine has been removed from packaging and is refused, it should be disposed of appropriately and recorded in the Medication Matters Arising Record that it was "refused and destroyed". If possible, the signature of any other person witnessing the destruction of the medicine should also be added. Controlled drugs should be returned to the dispensing pharmacy as described at 28.2. If refusal of medicines becomes a routine occurrence this should be highlighted to the line manager.
- 35.6. Unwanted medicines should never be thrown away in public waste disposal system (dustbin) nor flushed into the public drainage system. See also Section 23.

36. Blister packs/Family filled pill boxes

- 36.1 Blister packs are no longer considered the best way to manage individuals' medications and are not recommended. When a medication prompt is required, prompting from original packing is safest. There is no need for blister packs to be requested unless it is for the person's own use. Social Care Staff must NOT prompt/assist from family filled pill boxes.

36. Misplaced medication

- 36.1. If medication is not available to administer Social Care Staff should check the MAR chart to confirm it has not run out or has been misplaced before contacting the individual's GP or pharmacist (or NHS 24 if out of hours), for advice, and to arrange for replacement medication to be made available.
- 36.2. A record of what actions were taken to deal with misplaced medication and outcome should be detailed on the 'Matters Arising Record' (CARE AT HOME- DO NOT USE THIS FORM) and the line manager should be informed as soon as possible.

37. Medicines dropped on the floor.

- 37.1. Any medication dropped on the floor should be disposed of and not given to the Individual. The incident should be recorded in the individual's care notes. Since this may change the date that the medication will run out, advice should be sought from the individual's pharmacist.
- 37.2. An individual tablet may be disposed of carefully, as per 35.5 and 35.6.
- 37.3. Spilled liquid medication should be cleared away as soon as possible to prevent any slipping incidents/accidents.

38. Putting out medicines to be given by someone else later in day (Level 3)

- 38.1. Social Care Staff should never put out medicines for a Level 3 Individual to be given to the Individual later in the day by someone else. Medication Administration Records are not completed and therefore medication may be administered more than once.
- 38.2. Please note that it is permissible for medication to be left out for someone who is level 2 at their request. Record in the care notes that this has been done

39. Effects of Alcohol / Illegal Substances

- 39.1. Where level 3 support is being provided and the Individual appears to have taken alcohol or illegal substances at the time that medication is to be administered, the employee should seek medical advice from ADOC or NHS 24 and report the incident to their line manager. The advice received and action taken should be recorded in the Medication Matters Arising Record or care notes.
- 39.2. If the person is level 2 the decision to take medication or not remains the responsibility of the person.
- 39.3. If excessive alcohol or illegal substances consumption is a known issue this will be recorded in the Individual's support plan at the time of the assessment / review, along with the actions to be taken.

50. Oxygen Therapy

Where the person is in receipt of Oxygen a person specific risk assessment must be completed by whoever is providing a service and if necessary, a referral should be made to the Fire Service.

The person will generally be able to manage their oxygen, but staff may be required to change the cylinder and should follow the manufacturer's instructions.

60. Risks to pregnant, new mothers and those trying to conceive

- There are a number of medications which pose a risk to staff who are trying to conceive, pregnant or new mothers. Any medication that is identified as a risk should not be administered by this group of staff. A note will be added for in house CAH staff on CM 2000 to exclude them from this task. Therefore, it is very important that staff inform their line managers if they fall into any of the above categories.

51. Introduction

- 51.1 In order for the system to work smoothly, the following step by step guide should enable Social Care Staff to implement the levels of assistance. This guide is to be used with the information given at the training sessions.

STEP 1 – ASSESSMENT CARRIED OUT BY LEAD PRACTITIONER

In line with our approach to joint assessment, individuals should be empowered to maintain as much independence as possible. This means they will be supported to maintain responsibility for their own medicines where possible.

The assessment should be conducted with the individual having full participation in the assessment process using appropriate methods of communication and support from their nominated representative where required.

STEP 2 – IDENTIFY LEVEL OF NEED

The assessment should be carried out by the lead practitioner. The purpose of the assessment is to identify if the individual is having difficulties managing or administering their prescribed medication and determine the level of support required. The assessment may involve gathering information from family members, GP, District Nurse, or Community Pharmacist and this should be achieved within a reasonable timeframe depending on the requirements of the individual.

The assessment should accurately identify the level of support the individual requires as well as the tasks required (discussed in the greater detail in Section 19 – Medication Support Levels).

Assessments should be undertaken in consultation with the individual, any proxy in terms of the Adults with Incapacity Act, pharmacist, GP and other health Social Care Staff.

Details of support to be given with medication should be documented in the individual’s Support Plan and in their personal file. These records will be updated if there are changes to the assistance provided.

STEP 3 – CONSENT

Assistance with the administration of medication can only be provided with the consent of the individual as outlined in Section 9 of South Ayrshire Council’s Policy on the Management and Administration of Medication.

Following the assessment, if it is identified that the individual requires Level 3 assistance with medication the lead practitioner should complete the Consent Form at Appendix 3.

If the individual is unable to provide consent due to impaired capacity, then further advice should be sought, (refer to Section 13 Assessing Capacity).

Consent Forms should be shared with the service provider who will support the Level 2 or Level 3 tasks.

STEP 4 – CONSULTING WITH GENERAL PRACTITIONER FOR AGREEMENT ON ASSESSED NEED.

When an individual has been assessed as requiring Level 3 support the lead practitioner should also write to the Individual's GP (using Appendix 4) explaining what social services would like the GP practice to do. The GP practice will then note that the Individual is receiving Level 3 support with medication administration on the patient record and KIS so that Out of Hours and Acute Services can access this information.

STEP 5 – CONSULTING WITH THE PHARMACIST

The lead practitioner should contact the individual's local community pharmacy to discuss implementing Level 3 support (MAR chart provision) and ask if there are any particular issues with any of the individual medicines that might create problems e.g., warfarin, insulin etc, with a view to agreeing a commencement date. An example MAR Chart is included at Appendix 7. Discuss with the pharmacy if they will order a complete 28-day cycle of all individual's current medication or if the practitioner should do this.

STEP 6 – CONFIRMING MEDICATION REGIME

As discussed, there are medicines which would not be suitable for Social Care Staff to administer. Additionally, there may be occasions when the times the medication is to be given, may not coincide with the times the Social Care Staff visit. The pharmacist may be able to recommend changes to the prescription to simplify the medicine regime but ultimately it is the GP's decision to make the changes. The pharmacist will work in partnership with the care provider to confirm the individual's medication regime. At this stage consideration should also be given to storage of medication and how this will be done, and any need for medication to be stored securely.

STEP 7 – RE-ORDERING MEDICATION

The care provider should be aware of the arrangements in place regarding re-ordering medication, who is responsible for this and when this has to be done. If this is to be done by Social Care Staff, then this should be confirmed with the Social Care Staff and should be written in the care plan. Family / friends and Social Care Staff should communicate with the community pharmacy if any changes are made to the individual medication so that the community pharmacy can update the MAR chart. Where family members are responsible for ordering the medicines, the employee may wish to remind them at week 3 of the MAR chart, that a new prescription will be required.

STEP 8 - CHECK THAT SOCIAL CARE STAFF, INDIVIDUAL, FAMILY, GENERAL PRACTITIONER ARE INFORMED ABOUT LEVEL 3 ASSISTANCE AND MAR CHARTS ETC ARE IN PLACE.

The care provider should ensure that everyone involved is up to date with the process, start dates etc. and that appropriate records are in place in order for the system to commence. An emergency MAR chart should be available and stored in the individual care plan. The assessment Support Plan within the folder should indicate clearly that the individual is receiving Level 3 assistance. Social Care Staff

who are providing support should know what tasks they will be assisting and supporting with.

STEP 9 – AGREEING A START DATE

At this stage, a start date should be agreed with the pharmacist and care provider. Arrangements for delivery or collection of medication to the individual's home may vary. Family should be encouraged to collect medication from the pharmacy where there are capacity issues with the individual or to ensure communication with the pharmacy regarding medication. Tasks should be recorded in the care plan to ensure consistency.

STEP 10 - MAR CHART RECORD

The MAR chart should be removed from the individual's home at the end of each month when a new MAR chart is in place, (3 monthly period). At this stage the care provider should ensure that there have been no problems during the previous month and if problems have arisen, they should be dealt with immediately. Completed records should be stored by the care provider in the individual's records in a central location for a minimum of 5 years. If more than one care provider is involved in assisting the individual with medication, the person setting up the Care Package should designate a "Lead Provider" who will take responsibility for the Medication Recording Sheets.

52. Introduction

- 52.1. This section sets out good practice guidance for basic handling and administration of medication.

53. All Formulations

- Prepare surfaces and gather together all medicines, MAR charts utensils and drinks of water.
- Wash hands and put on gloves if necessary.
- Ensure Individual is in a comfortable position and wants to take their medicine. For oral medicines this must be an upright position.
- Begin with the **very first entry** on the chart and work down the chart gradually.
- Check the MAR chart to ensure that the medicine has not already been given.
- For each item in turn: read the label and compare with the information on the MAR chart (Individual's name, drug name and strength, number of dose units to be administered and any special instructions).
- Separate containers, making sure that those you have administered medicines from are set away from the medicines not yet administered.
- Complete the MAR chart.
- Double check the medicines administered against MAR chart and return to storage.
- Check that all medication has been administered.
- Finish by ensuring that you have recorded everything you have done.
- Wash your hands.

54. Solid Oral Dose Formulations

- Transfer the correct number of units into a clean container **without touching them with your hands**. If the tablet / capsules are in a bottle shake the correct number of units into the lid of the bottle.
- Prepare a drink of cold water – at least a third of a tumbler.
- Ensure that the Individual is in a comfortable upright position.
- Hand the Individual the container and the cold drink (it may be necessary to tip the medicines into the Individual's hand).
- Ask the Individual to take a few sips of the drink, place the medicine on the middle of the tongue and swallow it with the remaining drink, keeping the chin slightly down.
- Ensure that all the dose units have been swallowed.
- Encourage the Individual to finish the cold drink.

55. Liquid Oral Dose Formulations

- If an individual requires support with controlled drugs in liquid form that require to be measured by Social Care Staff; an individual risk assessment should be in place to ensure Social Care Staff are clear with regards to their role and responsibility. The risk assessment should detail where, how and by whom the controlled drugs should be administered.
- Only one liquid bottle should be open at any one time. Liquid medicines should not be mixed, nor should they be added to water unless the administration instructions specify this.

- Shake the bottle.
- Measure the correct dose using either the 5ml. spoon, measuring cup or oral dose syringe provided. The bottle should be held with the label uppermost during pouring to prevent any drips marking the label.
- Offer the medicine to the Individual.
- When using an oral dose syringe expel liquid onto the middle of the tongue. **DO NOT “SQUIRT” THE LIQUID INTO THE BACK OF THE THROAT.**
- Clean the neck of the bottle with a clean damp tissue before replacing the cap.

56. Soluble / Dispersible Oral Formulations

- Measure the dose from its original container.
- Place in a third of a tumbler of cold water and allow to dissolve.
- Swirl the solution gently in the glass to ensure adequate mixing.
- Hand to the Individual to drink and offer a drink after the dose has been taken.

57. Sublingual Formulations

- Place the tablet under the tongue and leave to dissolve.

58. Topical (External) Formulations

- Use only as often as instructed.
- Apply only to the areas of the skin for which it has been prescribed.
- Use the appropriate quantity.
- Use for as long as instructed and if the medicines are no longer required return any partly used tubes to the community pharmacy for safe disposal.

59. Application of External Preparations

- Wear disposable gloves.
- Transfer the quantity required onto a piece of sterile gauze or clean tissue and seal the tube.
- Apply to the affected area.
- Gently rub into the skin (the Individual may be able to complete this task for themselves).
- Dispose of the gauze / tissue and gloves by sealing in a polythene bag and placing in a general waste container.

60. Eye Drops

- Tilt the head back and gently pull down the lower lid asking the Individual to look up.
- Bring the dropper close to the eye.
- Gently squeeze the dropper allowing the prescribed number of drops to be placed inside the lower lid.
- Ask the Individual to close the eye and then blot away any excess solution with clean cotton wool/tissue.
- Replace the cap on the container immediately after use.

61. Eye Ointments

- Tilt the head back and gently pull down the lower lid asking the Individual to look up.
- Gently apply about half an inch of ointment inside the inner surface of the lower lid of the eye.
- Ask the Individual to close the eye and then blink several times.
- Replace the cap on the container immediately after use.

62. Ear Drops

- Tilt the head to the opposite side to the ear to be treated.
- Place the prescribed number of drops into the ear.
- Keep the head tilted for several minutes.

63. Nasal Drops

- Ask the Individual to blow their nose if necessary.
- Tilt the head back or ask the Individual to lie down.
- Ask the Individual to breathe through their mouth and place the prescribed number of drops into the nose.
- Ask the Individual to keep the head tilted back or to remain lying down for a few minutes.
- The Individual may complain that they can taste the drops, but this is normal and not a cause for concern.

64. Inhalers

- Exact technique will depend on type of device being used – please consult manufacturer’s information.
- Most inhaler devices should be shaken before use.
- Ask the Individual to tilt their head back slightly and breathe out, and then close their lips around the mouthpiece.
- Press down on the inhaler to release the medicine and ask the Individual to breathe in slowly and deeply. If not, an aerosol inhaler ask the community pharmacist to demonstrate how the inhaler should be used if not known.
- Ask the Individual to hold their breath for as long as possible (ten seconds).
- Allow the Individual to rinse their mouth out with water after using inhalers to prevent fungal infections.
- Clean mouthpiece regularly with soap and water and allow to dry naturally.

65. Mouthwashes / Sprays

- Measure dose unit.
- Administer dose into the Individual’s mouth.
- For mouthwashes, ask the Individuals to rinse around the mouth for a few minutes, then spit out (do not swallow).

66. Medicated Soaps / Shampoos

- Follow the general principles for topical (external) formulations.
- Only use at the prescribed frequency / times.
- Avoid contact of shampoos with eyes.

- Rinse immediately if shampoo gets into the Individual's eyes.

PART SEVEN: HANDLING OF MEDICATION ACROSS DIFFERENT SOCIAL CARE SETTINGS

67. Transfer of Medicines When People Move to Another Health or Social Care Setting (Level 3)

67.1 People who receive social care may need to transfer to another care setting. This may be a permanent move but can also be a short-term solution to a problem. Transfers include:

- Hospital admission.
- Respite care in a social care setting.
- Permanent move to a care home.
- Day services and outings.

67.2 It is essential that the individual's medication and the MAR chart is sent with them to ensure continuity of care. This will ensure the new care service will have the appropriate medicines and paperwork.

68 Admission to Hospital / Respite (Level 3)

68.1 If a Level 3 Individual requires admission to hospital or respite their medication and MAR chart should accompany them.

- **HOME CARE**

69 Planned Absence from Home (Home Care Individuals)

69.1 In the event of an Individual being away from home e.g., on a planned social visit, attendance at a day service, arrangements must be made for the administration of medicines during this time. These arrangements must be recorded in the Individual's Support Plan.

69.2 For social visits the Individual or his / her family must assume responsibility for the transport of the medication and MAR Chart and for the return of the supply and MAR Chart to the Individual's home. Where possible Social Care Staff should record when family are taking responsibility for medication.

69.3 For attendance at a day service arrangement for the transport of the medication and MAR Chart should be recorded and the day service Social Care Staff must assume responsibility for the transport and return of the medication and MAR Chart as per the day service's guidelines.

70 Storage of Medication - Level 3 Only

70.1 There may be circumstances when an individual may require their medication stored in a secure / lockable container. Any decision requiring safe storage of medication will be included within the assessment process and with the consent of the individual or their legal representative. It is the responsibility of the individual / family / representative to arrange the purchase / payment of any container. If a combination lock is required, then arrangements will need to be agreed and implemented regarding who has access to this information and where it will be recorded.

- **RESIDENTIAL CARE**

71 Guidance From The Dispensing Pharmacist

- 71.1 In addition to complying with this guidance care home Social Care Staff must adhere to the guidance and systems put in place by the nominated dispensing pharmacist.

72 Procedure When Out of the Home

- 72.1 Residents will at times need medication away from their care home. Where possible, the original dispensed supply and MAR chart should accompany the resident. When a resident is away from a care home the responsibility with regards to their medication is transferred to whoever is providing their support.
- 72.2 Assistance and advice may be sought in this matter from the community pharmacist supplying the home. Care Social Care Staff should monitor the condition of residents on medication and call in the GP if social care Social Care Staff are concerned about any change in condition that may be a result of medication.

73 Storage of Medication

- 73.1 Individuals (that are assessed as Levels 1 or 2 and able to self-medicate), where possible, with the agreement of their GP and/or carer/family should be able to store and administer their own medication in their room and each room has a locked drawer for this purpose. In these cases, the Individual must be made aware that their medication must remain secure in the locked drawer in their room and under no circumstances must they offer other Individuals their personal medication.
- 73.2 This situation will be monitored by Social Care Staff. If there is any concern regarding an individual's ability to manage their medication, then a risk assessment will be undertaken within the unit. The risk assessment may lead to a change in the way medication is stored or to a review of the level of support provided to the individual.
- 73.3 For residents who are assessed as Levels 3 and 4, all medication must be stored in either a locked cupboard, or locked trolleys sited away from public areas, and used specifically for the purpose. Potentially hazardous materials such as diagnostic reagents should be stored separately, away from medicines.
- 73.4 Only those Social Care Staff duly authorised by the Registered Manager will have access to the key for the medication cupboard. This would typically be the Duty Officer. Keys will be kept on their person at all times.
- 73.5 Cupboards must be sited away from sources of heat, moisture or direct sunlight as any of these elements can cause medicines to deteriorate. Good practice recommends storage being kept below 25 degrees centigrade, regular temperature checks should be made. Cupboards should have smoothed surfaces, which are stain resistant and able to be cleaned effectively.
- 73.6 Medicines that are for internal use should be separated from those for external use and diagnostic tests. This means that there must be sufficient space for the appropriate storage of medication.
- 73.7 Medication requiring refrigeration should be stored in a locked drug fridge. If such a fridge is not available medicines may be stored in a dedicated fridge in a locked

container labelled “medicines - authorised access only”. Daily monitoring of the fridge temperature must be undertaken, recording the current minimum and maximum temperature of the fridge.

- 73.8 The fridge should be defrosted regularly if required. Many modern fridges defrost automatically.
- 73.9 Stock should be rotated as it is received. Do not mix the remains of an old prescription with a freshly supplied prescription. Out of date stock should be discarded.

74 Controlled Drugs

- 74.1 In relation to controlled drugs, the process for storage of medication described above will apply. However, a risk assessment will always be undertaken regardless of an individual’s ability to self-medicate.
- 74.2 Controlled drugs for individuals who are not self-medicating must be stored in cupboards that meet the requirements of the Misuse of Drugs (Safe Custody) Regulation 1973 as amended.
- 74.3 The most senior authorised officer on duty should hold the keys to the controlled drug cupboard. Another designated and appropriately trained member of social care Social Care Staff should always witness the administration of controlled drugs by authorised Social Care Staff.
- 74.4 The residential care provider must keep a separate Register of controlled drugs receipt, administration and disposal. These records must be kept in a bound book or register with numbered pages. The bound book will include the balance remaining for each product with a separate record page being maintained for each individual. The balance of controlled drugs must be checked at each administration and also audited at least fortnightly by the manager. This should be dated, timed, signed and witnessed.
- 74.5 Controlled drugs should be disposed of by returning to the dispensing pharmacy.

75 Emergency Admissions to Home

- 75.1 In the case of emergency admissions, particular attention must be given to determining what medication, if any is currently prescribed.
- 75.2 If no information is available through the carer or family etc, the Duty Officer or authorised person must contact the GP to confirm details of medication prescribed before undertaking any administration.
- 75.3 The pharmacist who supplies medicines to the Care Home will prepare a MAR chart for emergency admission once they have received a valid prescription. An emergency MAR chart should be used to record activity as an interim measure if the individual requires support with administration.

- **DAY SERVICES**

76 Individuals requiring Level 3 support.

- 76.1 Where an individual requires level 3 medication support whilst attending a day service, the pharmacist and or GP should be asked to consider alternative dispensing options that could avoid medication being administered away from the individuals home.
- Is an alternative preparation of the medication available?
 - Could the medication be administered at a different time?
- 76.2 Where no alternative dispensing options can be provided, day service Social Care Staff will support individuals in the administration of medication in accordance with SAC Policy, Guidance and service specific procedures.

77 Before Admission to Day Care

- 77.1 On receiving a day care referral, the Service Manager/Senior will check that the medication assistance level is specified, support tasks are detailed, and consents are in place.
- 77.2 The Service Manager/Senior will carry out a customer visit to determine which medicines require to be taken at the service and discuss how support will be provided.
- 77.3 The Manager/Senior will arrange for medication support tasks to be included in the Support Plan and ensure medication records are in place for the day care placement commencing.

78 Attending Day Care

- 78.1 The Senior/Responsible Officer will receive and check all medication into day care from; escorts, carers or family members, and return unused medicines to escorts, carers or family members at the end of the Individuals day care. Records should be completed at time of receipt/checking/returning.
- 78.2 The Senior/Responsible Officer should ensure that medication and MAR Chart if Level 3 is stored according to pharmacy instructions.
- 78.3 Senior/Responsible Officer should inform the individual that they will be receiving their medication, ensure they are fully prepared to complete this support task and are free from distraction.
- 78.4 Senior/Responsible Officer should administer medication in the area designated for administration to respect the privacy and dignity of the Individual and record administration on the individual's MAR Chart if Level 3.
- 78.5 Senior/Responsible Officer should ensure all unused medication has been returned at the end of the day along with the completed MAR Chart if Level 3.

79 Escorting Individuals

- 79.1 Escorts should ensure that medication records are taken on transport before leaving the centre to collect Individuals.
- 79.2 Escorts should collect medication from the Individuals home in line with operational procedure for collecting medication (see below).
- 79.3 Escorts should only bring medication detailed on the MAR chart to day care.
- 79.4 Escorts should check medication into the service with the Senior/Responsible Officer. Checking records should be completed at the time of each transaction.
- 79.5 Driver will be responsible for storage and security of medication when the escort is not on board the vehicle.
- 79.6 Escorts should ensure that no medication is left on board the vehicle.

80 Collecting / Receiving Medication

- 80.1 Medication Support Levels will be detailed on individual transport records to inform and guide transport Social Care Staff as to when they will be responsible for bringing Individual medication to the service:
 - Medication Support Level 1– No Social Care Staff support.
The individual retains full responsibility for their medication needs.
 - Medication support Level 2 – Some Social Care Staff support, such as opening medicine containers or packaging.
The individual retains full responsibility for bringing their medication with them when attending the service.
 - Medication support Level 3 – Full Social Care Staff support.
Social Care Staff will be responsible for bringing medication to the Day Service when a MAR chart or emergency MAR chart has been provided by a Pharmacy detailing medication that requires to be administered at the service.
Medication should not be brought to the service without a MAR chart.
 - Collecting level 3 medication is not essentially a CAH task – we would only collect when there is no one else; in the first instance family should be encouraged to collect on behalf of their relative or they could have it delivered to their home and drop it off at their relative; alternatively VASA will collect if they have capacity. Care manager should email them directly with all required information and cc CAH Team Lead in, who will then authorise the request.

Appendix 1 Medication Management and Administration Practice Observation Record Form

Medication Management/Administration Practice Observation Record Form (LEVEL 3)

During observation the employee should explain what they are doing and why

Name _____ Date of observation _____
 Position _____ Time of observation _____

Is the Social Care Staff member (please circle) *Full time* *Part time* *Permanent*
Temporary

Prepare to administer medication	Y	N	Comment
Did the employee check the individual's medication records/protocols prior to administration?			
Did the employee explain to the individual that medication was due to be taken?			
Did the employee ask the individual to consent to taking the medication.			
Checking MAR chart and medication label			
Did the employee check expiry date on medication label?			
Did the employee check person named on medication label matched the MAR?			
Did the employee check medication named on medication label matched the MAR?			
Did the employee check administration time matched medication label and MAR?			
Did the employee check medication dose matched medication label and MAR?			
Did the employee check administration route matched medication label and MAR?			
Did the employee identify any discrepancies?			
Did the employee take appropriate action in response to any discrepancies identified?			
Administering medication			
Did the employee have a drink available for the individual?			
Did the employee have dispensing utensils to administer medication?			
Did the employee engage and converse with the individual about the medication administration process?			
Did the employee ask if the individual was comfortable and ready to receive the medication?			
Did the employee decant medication from original container onto dispensing utensil?			
Did the employee administer medication at the prescribed time?			
Did the employee observe the individual taking the medication?			

Did the employee confirm with the individual that medication had been swallowed before administering any other medication or leaving?			
Did the employee encounter any issues during administration process?			
Did the employee take appropriate action in response to any issues encountered during administration process?			
Did the employee return all unused medication to storage immediately after administration process was complete?			
Did the employee administer medication free from distraction?			
Maintaining Records			
Did the employee complete the MAR at the time medication was administered?			
Did the employee complete medication administration records accurately?			
Were the employee's medication records legible?			
Competency			
Did the employee demonstrate the knowledge and skills required to administer medication at day care <i>(Please tick)</i>	YES		NO
Where the employee has been unable to demonstrate the knowledge and skills required, this should be discussed, and supports/training needs/timescales identified and agreed that will enable the employee to improve knowledge and develop skills.			

Observation completed by: _____ Designation _____

Employee signature: _____ Review Date _____

This document should be stored in the member of Social Care Staff's Personnel Record

Appendix 2 - Medication Assessment –

MEDICATION MANAGEMENT SCREENING TOOL (Appendix 2)

Questions	YES	NO	N/A	Support if No		Comments
FUNCTIONAL					Support level	
Can service user order and collect their prescriptions?				Family/ community pharmacy/etc		Level 3 if carers responsible for administration as well
				Carers	Level 2/3	
Can service user read the label?				Family/ community pharmacy		Community pharmacy can advise on options available.
				Carers	Level 2/3	Level 3 if carer responsible for administration as well Level 2 if assisting
Can service user manage to open and take their medicines from the packaging?				Family/ Community pharmacy		Alternative packaging or device
				Carers	Level 2/3	Level 3 if carers responsible for selecting correct medicine and dose. Level 2 if assisting
Can service user pour out and measure a liquid medicine?				Family/ Community Pharmacy/GP		Device or alternative form of medicine
				Carers	Level 2/3	Level 3 if carers responsible for selecting correct medicine and dose. Level 2 if assisting
Does service user have any problems swallowing medicines?				Pharmacy/GP		Alternative medicine
Does service user have any problems instilling eye/ear drops?				Family/ Community pharmacy		Devices available
				Carers	Level 2/3	Level 3 if carers responsible for selecting correct medicine and dose. Level 2 if assisting
Does service user have any problems using their inhalers?				Pharmacy/GP		Education/alternative inhaler
Does service user have any problems applying creams/lotions/patches?				Family		Level 3 if carers responsible for selecting correct medicine and dose.
				Carers	Level 2/3	Level 2 if assisting

Questions	YES	NO	N/A	Support if NO		Comments
Does service user have any problems administering medicines via a PEG tube?				Family/ GP advice	Level 3	
				Carers		
COGNITIVE						
Does service user know what medicines to take?				Service user/family	Level 2/ 3	Education on what to take and why from GP/pharmacy and/or aids such as medication chart or blister pack may help = level 2 Level 3 if carers responsible for selecting correct medicine and dose.
				Carers		
Does service user know how and when to take their medicines?				Service user/family	Level 2/ 3	
				Carers		
Does service user know what day and time it is just now?				Risk for taking medication correctly even with medication chart or blister pack		Also consider Telecare options
Does service user usually remember to take their medicines?				Prompting can help = level 2		If selection of medicines also involved, then would be level 3
GENERAL						
Are there a lot of medicines in the house?						An indication that medicines are not being taken correctly
Does service user know how to store the medicines?				Pharmacy can advise on correct storage		

Additional Comments (e.g., referral to GP/ Pharmacist/ CAP TECH):

LEVEL of support required with Medication: LEVEL 1/ LEVEL 2/ LEVEL 3 (please circle)

If Level 2, please detail exact support required (e.g., prompting; blister pack; application of cream etc)

Appendix 3 - Adult Consent Form

Medication Consent Form

I give my permission for care Social Care Staff employed or commissioned by South Ayrshire Council to assist me with medication, in accordance with my Medication Assessment and the sharing of necessary information with NHS Ayrshire and Arran to allow evaluation of this service. This includes adding this information to the Key Information Summary held at the GP practice.

Name of Individual.....

CareFirst.....

Individual's signature.....

Authorised representative.....

(if consent is not being signed off by Individual, please state your relationship / legal capacity to act on behalf of Individual)

Date.....

A copy of this form must be retained in the Individual's file.

Appendix 4 Letter to GP

South Ayrshire Health and Social Care Partnership

Head of Service

Elgin House, Dalmellington Road, Ayr KA6 6AB

Tel: 01292 Fax: 01292

Email:

Our Ref: Your Ref:

Date: As postmarked

If phoning or calling, ask for

Date:

Individual Name:

Individual Address:

Individual Date of Birth:

Nominated Community Pharmacy:

Dear Dr

Re: Community Care Services and assistance with medication. Level 3 Support

The Individual named above has recently received a visit by Community Care Services to assess their needs around how they manage their medicines. Where relatives are actively involved in assisting with medication, they will have been invited to attend the home visit.

Individuals who are unable to manage their own medication and require full assistance with administration of medicines by a carer are classed as requiring **level 3 assistance** with their medication. Medication will be administered by the carers directly from the original containers dispensed by Pharmacists. Administration by the carers will be recorded on a Medication Administration Record sheet (MAR), supplied by the community pharmacy, which will be stored within the Individual's 'Care Plan' in their home.

It would be useful at this time if the practice could record in the dose field of the patient's repeat medication record the letters "**L3MAR**" to ensure that the Emergency Care Summary is updated with this information and that out of hours services and acute care services are able to access this information. We would be greatly obliged if you could add the information that this patient is in receipt of level 3 care and has a MAR chart in place in the notes section of KIS. Consent has been received from the patient or patient representative and is enclosed with this letter.

It is important that the nominated community pharmacy is alerted to any changes in medication to allow the MAR chart to be updated in a timely and accurate manner.

In the majority of cases, Individuals who have been assessed as requiring level 3 assistance will no longer have their medication dispensed in monitored dosage systems, (blister packs), following guidance from the Scottish Care Inspectorate. For patient safety reasons when carers are responsible for ordering patient medication, we ask that all future repeat prescriptions are prescribed for 28 days' supply as a MAR chart is a record of administration for a maximum 28-day period only. Once the Individual has received 28 day's supply of all current medication, all other medication present in the Individual home will be returned to the pharmacy for destruction to prevent error in administration.

Another area in which you might assist is where medication is left in the patient's home in an emergency situation. To allow the carer to administer the new medication can we ask that the GP makes a record of this medication on the MAR chart, located in the patient's 'Care Plan' in their home?

Please note that community pharmacies can continue to provide blister packs to individuals if this will enable the patient to self-administer and they have not been assessed as requiring level 3 assistance with medication.

If you have any queries, please raise via the usual GP liaison arrangements.

Thank you for your help in this matter,
Yours sincerely

Health & Safety Risk Assessment Form (appendix 5)

Appendix 5 - South Ayrshire Council Risk Assessment -

Description of Task/Activity	Directorate		Assessor(s)	
	Service			
	Reference No		Last Review Date	

Persons Identified at Risk (Direct and Indirect)
Consider those especially vulnerable (young/inexperienced workers, members of the public, school pupils, the elderly, residents and contractors)
N.B. New and expectant mothers require a separate risk assessment

Severity	1. Minor: Near miss incident or minor injury	Likelihood	1. Unlikely
	2. Moderate: Injury / Ill health		2. Possible
	3. Major: Serious injury or ill-health		3. Likely
	4. Critical: Significant injuries and cases of ill-health		4. Very Likely
	5. Catastrophic: Single or multiple fatality		5. Almost Certain

	Hazards Identified	Person(s) at Risk	Types of Loss/ Injury/Ill Health	Current Control Measures
1				
2				
3				
4				
5				
6				
Risk Rating Number (RRN) with existing Control Measures:				<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; margin-right: 10px;"></div> <div style="margin-right: 10px;">Severity</div> <div style="margin-right: 10px;">x</div> <div style="border: 1px solid black; width: 40px; height: 30px; margin-right: 10px;"></div> <div style="margin-right: 10px;">Likelihood</div> <div style="margin-right: 10px;">=</div> <div style="margin-right: 10px;">Risk</div> </div> <p style="margin-top: 5px;">Rating</p>

Health & Safety Risk Assessment Form (appendix 5)

HIGH: <input type="checkbox"/> High = 12 to 25	MEDIUM: <input type="checkbox"/> Med = 4 to 10
LOW: <input type="checkbox"/> Low = 1 to 3	

	Additional Recommended Control Measures	Action By	Planned Completion Date	Date Implemented
1				
2				
3				
4				
5				

Risk Rating Number (RRN) after implementation of additional Control Measures:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <p style="text-align: center;">Severity x Likelihood = Risk Rating</p>
HIGH: <input type="checkbox"/> High = 12 to 25	MEDIUM: <input type="checkbox"/> Med = 4 to 10
LOW: <input type="checkbox"/> Low = 1 to 3	
Name of Assessor(s) <small>(PRINT)</small>	Assessment Date
Assessor(s) Signature(s)	Review Date
Designation	Assessment Reviewed by
Name of Manager /Person Responsible for ensuring above is implemented <small>(PRINT)</small>	Comments:
Signature	

Health & Safety Risk Assessment Form (appendix 5)

Designation		
--------------------	--	--

HEALTH AND SAFETY RISK ASSESSMENT GUIDANCE

Hazard Hazard is an event or situation, which has the **potential** to cause harm (loss, damage, injury, ill-health, psychological harm, industrial disease or death)

Risk Risk is the **chance, or likelihood**, that the harm will occur from a particular hazard

- Examples**
- (i) Faulty wiring is a **hazard**, which could result in the **risk** of electrocution or fire.
 - (ii) Verbal or Physical Abuse is a **hazard**, which could result in the **risk** of injury and / or psychological damage.
 - (iii) Exposure to hazardous substances is a **hazard**, which could result in **risk** or ill-health or industrial disease.

We require to estimate how likely a risk is to materialise and how severe the consequences might be, in order to **prioritise** the necessary preventative action.

QUANTIFICATION OF RISK

Estimation of Severity - The severity column should be used to estimate the severity of impact, should the risk arise.

Estimate of Likelihood - The likelihood column should be used to estimate the chance of the risk occurring.

Severity		Likelihood	
1	Minor	1	Unlikely
2	Moderate	2	Possible
3	Major	3	Likely
4	Critical	4	Very Likely
5	Catastrophic	5	Almost Certain

When selecting the “**severity**”, we need to consider how the risk would impact in terms of level of loss, injury or ill-health. We need to consider what is most probable, rather than what is possible.

When selecting the “**likelihood**”, we need to consider the exposure frequency, e.g., dealing with an aggressive customer, as a ‘one off’ is less likely to have an impact than being exposed to aggressive customers on a daily basis.

Risk Rating = Severity x Likelihood

The Risk Rating Matrix outlined below is a tool with which the risk rating can be classified and is accepted as a means of analysing South Ayrshire Council Health and Safety Risk and whether this is considered to be **HIGH, MEDIUM** or **LOW**. Risks rated at **4** or above require to be addressed, in order that they can be reduced to the lowest level reasonably practicable. Those below **4** should be continually monitored, (and addressed where resources permit).

Health & Safety Risk Assessment Form (appendix 5)

Risk Rating Matrix

5	10	15	20	25
4	8	12	16	20
3	6	9	12	15
2	4	6	8	10
1	2	3	4	5

High	12 - 25	Immediate risk reduction required.
Medium	4 - 10	Risk reduction measures required.
Low	1 - 3	Address where resources permit and continue to monitor regularly, as risks can increase over time.

Appendix 6 South Ayrshire Council Medication Disposal Form

Medicines Disposal Form

This form must always be completed when the employee is returning individual's unwanted/discontinued medicines to the Pharmacy for disposal.

I give my permission for the following medicines to be removed from my possession by the Social Care Staff of.....for their safe disposal.

Name of individual

Address

Signature of individual/representative
.....

Date

Name of drug	Quantity for disposal
_____	_____
_____	_____
_____	_____
_____	_____

Confirmation of receipt of medicines for disposal

Pharmacy representative signature

Address of Pharmacy

Employee signature

Date

Health & Safety Risk Assessment Form (appendix 5)
Appendix 7 – Example MAR Chart

Care Home Copy

Medication Administration Record

R = Refused D = Destroyed
 S = Sleeping N = Nausea
 P = Pulse Abnormal L = On Leave
 H = Hospitalised O = Other

MEDICATION				TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
				Qty	Received																														
				Started treatment	Qty				Returned by				Qty				Destroyed by																		
				Qty	Received																														
				Started treatment	Qty				Returned by				Qty				Destroyed by																		
				Qty	Received																														
				Started treatment	Qty				Returned by				Qty				Destroyed by																		
				Qty	Received																														
				Started treatment	Qty				Returned by				Qty				Destroyed by																		
				Qty	Received																														
				Started treatment	Qty				Returned by				Qty				Destroyed by																		

NAME		DOCTOR	
ADDRESS		START DAY	
		START DATE	
D.O.B.	AGE	PERIOD	
ALLERGIES		PATIENT No.	
PHARMACY		DOCUMENT No.	

Health & Safety Risk Assessment Form (appendix 5)
Appendix 8 – Example Emergency MAR Chart

FOR EMERGENCY USE ONLY

R = Refused D = Destroyed
 S = Sleeping N = Nausea
 P = Pulse Abnormal L = On Leave
 H = Hospitalised O = Other

**Medication
 Administration Record**

MEDICATION				TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28								
				Qty	Received																																			
				By				Started treatment				Qty				Returned by				Qty				Destroyed by																
								Qty	Received																															
								By				Started treatment				Qty				Returned by				Qty				Destroyed by												
Qty	Received																																							
By												Started treatment				Qty				Returned by				Qty				Destroyed by												
				Qty	Received																																			
				By								Started treatment				Qty				Returned by				Qty				Destroyed by												
								Qty	Received																															
								By				Started treatment				Qty				Returned by				Qty				Destroyed by												
Qty	Received																																							
By												Started treatment				Qty				Returned by				Qty				Destroyed by												

NAME		DOCTOR	
ADDRESS		START DAY	
D.O.B.		START DATE	
ALLERGIES		PERIOD	
PHARMACY		PATIENT No.	
		DOCUMENT No.	

Appendix 9 Controlled Drugs**Background Information**

Controlled drugs (CDs) are classified into 5 'schedules' (Sch)

- Sch1: CD license (e.g., cannabis, heroin)
- Sch2: CD
- Sch3: CD non-reg
- Sch4: CD benzodiazepines and anabolic steroids
- Sch5: CD Invoice (e.g., co-codamol, codyramol)

The most common Sch 2 – 4 CDs prescribed in primary care are listed below (please note this list is not exhaustive):

Schedule 2		Schedule 3		Schedule 4	
Drug Name	Brand Name(s)	Drug Name	Brand Name(s)	Drug Name	Brand Name(s)
Diamorphine		Buprenorphine	Temgesic BuTrans Transtec	Diazepam	
Fentanyl	Duogesic Actiq Matrifen	Midazolam	Hypnovel	Flurazepam	
Hydromorphone	Palladone	Phenobarbitone		Lorazepam	
Meptazinol	Meptid	Temazepam		Lormetazepam	
Methadone				Lorprazolam	
Methylphenidate	Ritalin Concerta XL Equasym XL Medikinet XL			Nitrazepam	
Oxycodone	Oxynorm Oxycontin			Zopiclone	
Pethidine					

Health & Safety Risk Assessment Form (appendix 5)
Appendix 10 - Medication Matters Arising Record

Medication Matters Arising Record (Day Care Only)

This form should be used to highlight any issues arising in relation to medication record.

Date	Details of issues / problem	Action taken	Outcome	Employee signature

NB – please remember to include who you contacted and what advice and instructions were given to you.

Appendix 11 - 'When required' medication.

Protocol for administering 'When Required' medication and or Over The Counter Medication.

The care provider/line manager should obtain information on why the medication has been prescribed and how to give it from the GP, the supplying pharmacist or prescribing nurse involved in the treatment of the Individual and record below.

Individual:		
Drug:	Strength:	Form:
Directions (dose and frequency):		
Under what circumstances should this medication be given?		
What should the medication do?		
What time gap should be left between doses?		
What is the maximum dosage in a 24-hour period?		
How long should the medication work for?		
When should the GP or other medical advice be sought?		
Signed (person completing form):	Name of person information obtained from i.e., GP/Pharmacist/nurse/other:	
Your name (printed):	Date:	

Appendix 12

AR1 FORM



SOUTH AYRSHIRE COUNCIL INTERNAL INCIDENT REPORT FORM

OFFICE USE ONLY

Code: _____
Investigation: _____
RIDDOR No: _____

Complete in accordance with SAC [Incident Reporting & Investigation Standard](#) for all **work-related** incidents occurring within Council controlled property, involving Council Social Care Staff, persons under the supervision of the Council, contractors or other members of the public. **Complete all sections in CAPITALS and in black ink. SEND A COPY OF THE COMPLETED AR1 FORM WITHIN 10 DAYS OF THE INCIDENT DATE TO THE CORPORATE SAFETY TEAM AND RETAIN A COPY FOR YOUR RECORDS.** Alternatively, email a copy to corporate.safety@south-ayrshire.gov.uk

DIRECTORATE:	SERVICE:	REF:
A - INJURED PERSON'S DETAILS (if relevant)		
Full Name:	Work Base:	
Home Address:	Address:	
Postcode:	Tel:	Occupation:
Date of Birth:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Employee No:	Contractor Name:	Status: Council Employee <input type="checkbox"/> Member of Public <input type="checkbox"/> Employee under18 <input type="checkbox"/> Contractor <input type="checkbox"/> Client/ Pupil <input type="checkbox"/> Other <input type="checkbox"/>
Signature:	Nature of Contract:	
B - INCIDENT DETAILS (e.g., injury, wilful fire raising, etc)		
Incident Location:	Incident Date:	Time:
Address:	Reported to:	Designation:
Postcode:	Council Property: Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone:
Date Reported:		
What Happened: <i>Include details of what happened before, during and the consequences of the incident. Include detail of safety equipment, plant, PPE worn etc. if relevant. Continue overleaf, or on a separate sheet if necessary.</i>		
Injuries Sustained: <i>(E.g. broken bones, cuts, lacerations, bruises, Include parts of body and side of body affected (left or right))</i>		
No Absence from work: <input type="checkbox"/>		Employee Absent from work for ____ days
Employee in Hospital as a result of incident for over 24 hrs: <input type="checkbox"/>		Non-Employee taken directly from incident to Hospital: <input type="checkbox"/>
<i>For employee absence, count weekends, holidays or rest days but not the day of the incident itself. A non-employee may be a pupil, resident, visitor, member of the public etc.</i>		
Actions taken to prevent recurrence: <i>Include changes in work practices, maintenance, & repairs made, etc.</i>		
C - Manager's Signature (e.g. head teacher, third tier manager, etc.)		AR1 Forms submitted more than 15 days after the Incident Date must be approved & countersigned by the Head of Service.
Signature:	Countersignature:	
Print Name:	Print Name:	
Date:	Date:	
Are you satisfied that the incident happened in the course of the individual's employment with South Ayrshire Council? <i>(If NO, in the case of an Employee, please provide details overleaf, or on a separate sheet)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
IMPORTANT: - RETURN TO THE CORPORATE SAFETY TEAM WITHIN 10 DAYS TO ENSURE COMPLIANCE WITH RELEVANT LEGISLATION		
DATA PROTECTION INFORMATION This form is used for the purposes of investigating your incident, the monitoring of occupational and injury related absence and ill health within the organisation and the resolution of any civil or criminal legal action arising from this incident. It may be accessed by the following: Health and Safety professionals Occupational Health professionals, Trades Union Health & Safety Representatives or non-union Employee Representatives of Health and Safety Risk Management Social Care Staff, Insurance Social Care Staff, the Council's Insurers and appointed Legal professionals, Enforcement Agencies (e.g. Health and Safety Executive, Employee Medical Advisory Service, Fire Authority, Environmental Health) Directorate Social Care Staff involved in any such investigation and subsequent implementation of remedial measures as appropriate. Access to this information by any other person will only be with your written consent. You are entitled to a copy of this form.		

Appendix 13 – Epilepsy Rescue Medication Protocol

SOUTH AYRSHIRE COUNCIL EPILEPSY RESCUE MEDICATION PROTOCOL

IN CONFIDENCE

GUIDELINES FOR ADMINISTRATION OF RESCUE / EMERGENCY MEDICATION IN EPILEPSY CONVULSION FOR NON-MEDICAL / NON-NURSING SOCIAL CARE STAFF.

INDIVIDUAL SUPPORT PLAN TO BE COMPLETED IN CONSULTATION WITH THE PRESCRIBING MEDICAL PRACTITIONER
(Please use language appropriate to the lay person).

NAME		DATE OF BIRTH		AGE	
ADDRESS					

1. TYPE OF MEDICATION

Please list rescue /emergency medication prescribed for epilepsy.

TYPE OF MEDICATION	PLEASE SPECIFY ROUTE OF ADMINISTRATION (e.g., oral / nasal)

2. SEIZURE CLASSIFICATION AND / OR DESCRIPTION OF SEIZURES WHICH WILL REQUIRE RESCUE / EMERGENCY MEDICATION.

PLEASE RECORD DETAILS OF ALL SEIZURES SYMPTOMS E.G. GOES STIFF, FALLS, ETC	
USUAL DURATION OF SEIZURE?	
PLEASE SPECIFY USUAL RECOVERY PERIOD	

3. RESCUE / EMERGENCY MEDICATION

When should emergency medication be administered?

(Note here should include whether it is after a certain length of time or number of seizures)

TYPE OF MEDICATION	WHEN TO BE ADMINISTERED TIME / NUMBER OF SEIZURES	INITIAL DOSAGE	SUBSEQUENT DOSAGE (Please specify yes or no, if yes please specify dosage and time interval from first dose)
IDENTIFY CIRCUMSTANCES WHEN THE EMERGENCY MEDICATION SHOULD NOT BE USED (e.g., if client has previously had oral Valium no midazolam to be administered)			
PLEASE SPECIFY USUAL RECOVERY PERIOD			
DETAIL DIFFICULTIES IN THE ADMINISTRATION OF RESCUE / EMERGENCY MEDICATION AND IDENTIFY WHAT ACTION SHOULD BE TAKEN?			
WHEN SHOULD 999 BE DIALLED FOR HELP?			

4. DO NOT GIVE MORE THAN _____ **MLS / MGS** OF RESCUE / EMERGENCY MEDICATION IN _____ **HOURS OR 24 HOURS UNLESS DIRECTED BY DOCTOR.**

5. WHO NEEDS TO BE INFORMED?

INDIVIDUAL	NAME	CONTACT NUMBER
CARER		
G.P.		
CARE MANAGER		

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING

CLIENT (Block Capitals)		SIGNATURE	

CARER (Block Capitals)		SIGNATURE	
-------------------------------	--	------------------	--

PRESCRIBING DOCTOR (Block capitals)			
SIGNATURE		DATE	

AUTHORISED PERSON (S) TRAINED TO ADMINISTER RESCUE / EMERGENCY MEDICATION.
(To be completed by Service Manager and signed by trained Social Care Staff)

NAME (Block Capitals)		SIGNATURE		DATE	
NAME (Block Capitals)		SIGNATURE		DATE	
NAME (Block Capitals)		SIGNATURE		DATE	
NAME (Block Capitals)		SIGNATURE		DATE	
NAME (Block Capitals)		SIGNATURE		DATE	
NAME (Block Capitals)		SIGNATURE		DATE	

SIGNATURE		DATE	
------------------	--	-------------	--

THIS FORM MUST BE AVAILABLE FOR REVIEW EVERY 12 MONTHS / OR AS NECESSARY.

EXPIRY DATE OF THIS FORM		DATE OF REVIEW OF PLAN	
---------------------------------	--	-------------------------------	--

Appendix 14 - Record of Seizure Form

NAME		LOCATION		DATE		TIME	
-------------	--	-----------------	--	-------------	--	-------------	--

BEFORE SEIZURE

What was the person doing	
Any indication of seizure	

DURING SEIZURE

Type of Seizure	Tick the appropriate box
Tonic Seizure - Muscles rigid, can lose consciousness.	
Clonic - Jerking movements, loss of consciousness	
Tonic / Clonic - As above, salivating, may be incontinent.	
Absence - Momentary loss of consciousness	

Duration of Seizure	
Medication administered if any	
Describe if different from normal	
Any points of note i.e., Injury	

AFTER SEIZURE

Recovery period time	
Any points of note	

Signed		Date	
---------------	--	-------------	--

Glossary of Terms

CAH – Care at Home

Lead Practitioner – Social Worker, Community Care Assistant, L7 and above in CAH, Day Services and Residential Services Older People.