

To: Finance, Resources and Customer Services Policy Board

On: 18 April 2024

Report by: Director of Finance and Resources

Heading: Administration of Medication and Medical Treatments Policy

1 Summary

- 1.1 The Council recognises the importance of effective identification, evaluation, and control of any risks which employees and others affected by the Council's undertakings may be exposed to. The Administration of Medication and Medical Treatments Policy has been developed to reflect legislative changes and best practice and to continue to meet the requirements of the Health and Safety at Work etc. Act 1974 and the Care Inspectorate guidance.
- 1.2 The aim of this policy is to provide a framework which defines corporate responsibility around the administration of Medication and Medical Treatments and assists Services to:
- control the medication and medical treatments risks to employees and others who may be affected by their Service 's undertakings.
 - assist employees to act appropriately and safely, maintaining best practice.
 - outlines the principles governing medication and medical treatments.
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2 Recommendations

- 2.1 That the Board approve the Administration of Medication and Medical Treatments Policy document.
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3.0 Background

- 3.1 This policy serves to ensure consistency in the approach to the management and control medication and medical treatments, Services can develop and implement specific policies or guidance documents to clearly outline how they practically implement this policy appropriate to their service requirements.
- 3.2 The application of this policy applies to all services, including educational settings as well as those services delivered by the RHSCP.
- 3.3 Trade Unions have agreed the development of this policy.

Implications of the Report

1. **Financial** – this policy provides a framework of controls that may reduce the impact of a financial burden that could arise from a serious medical incident.
2. **HR & Organisational Development** - This report supports the Council's commitment to the health, safety and wellbeing of employees and the People Strategy.
3. **Community/Council Planning** – This policy provides arrangements to ensure the safe delivery of our services.
4. **Legal** – This policy ensures legal compliance with Health and Safety legislation and medicines legislation.
5. **Property/Assets** - none
6. **Information Technology** – none
7. **Equality & Human Rights**
 - (a) No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required, following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – This document demonstrates the council’s commitment to ensuring effective health and safety management.
 9. **Procurement** -
 10. **Risk** - minimal impact as legal and statutory requirements are being maintained.
 11. **Privacy Impact** - minimal impact as legal and statutory requirements are being maintained.
 12. **Cosla Policy Position** – not applicable
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List of Background Papers

- (a) none
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This document is
available in alternative
formats on request.

Renfrewshire Council's Administration of Medication and Medical treatments Policy.



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1.0 Introduction

- 1.1 The administration of medication and medical treatments is an essential component of the overall care and support provided to service users in a number of Services. It is therefore important employees who engage any form of administration of medication or medical treatments are fully aware of this policy to ensure that the safety of the client is paramount whilst ensuring that risks to themselves and others are minimised.
- 1.2 In discharging its duty to care for vulnerable people in various settings, Renfrewshire Council must ensure that the level of care provided promotes the fundamental importance of sensitive caring relationships, and acknowledges individuals' value, dignity, confidentiality, and independence.
- 1.3 Employees have a responsibility to ensure their practice is in accordance with legal and work setting requirements, and this includes ensuring medication is administered and authorised treatments are provided safely and that appropriate records are accurately maintained.
- 1.4 Guidance for managers to support this policy will be available .

2.0 Purpose and Aims

- 2.1 The purpose of this policy is to support Services to manage administering medicine and medical treatments activities effectively through the provision of fair and transparent processes.
- 2.2 This policy aims to:
 - Ensure consistent practices are applied when administering medicine and medical treatments.
 - Meet all legislative requirements and demonstrate best practice.
 - Comply with the National Institute for Health and Care Excellence's guidance on the six rights of medicine administration which are:
 - Right person.
 - Right medicine.
 - Right route.
 - Right dose.
 - Right time.
 - Right to decline.

3.0 Scope

- 3.1 The principles of this policy apply to all council employees and those carrying out administering medicine and medical treatments duties on behalf of the council.

4.0 Terminology used in this policy.

4.1 In the context of this policy, the terms:

Service user denotes any person being supported with medication by a Council employee, for example a client, a pupil, a resident, or a young person.

Administering worker refers to the employee carrying out the administration of medication.

Unit manager/headteacher refers to the person with day-to-day operational responsibility for the Service provided within defined parameters. This includes residential home managers, head teachers and others with the direct responsibility for the premises where such activities take place.

Service manager denotes the person with authority over a group of unit managers. In social work Services, this will be the person serving as the registered manager. In an education setting, this will be the Head Teacher.

Senior manager refers to the Head of Service or Director that the relevant Service manager reports to.

5.0 Principles

5.1 Service users have freedom of choice in relation to pharmaceutical care and medication, and this includes choosing to look after and administer their own medicine where they have capacity; being included in decisions about their own treatment (for example, whether to receive a 'flu vaccination; giving consent to receive medication).

5.2 Service users who require medication to be administered and/or authorised medical treatment must have this information recorded via the appropriate recording system within their Service, this could be paper based or electronic. Medication must be administered as per the instructions given by the prescriber. It is the responsibility of all employees involved in the management and administration of medication and medical treatments to ensure that up-to-date, clear records are maintained. These records must include a risk assessment which is regularly reviewed.

5.3 Employees may be involved in prompting service users to take medication, assisting service users to take medication, or administering medication to service users. These three distinct tasks are defined in Care Inspectorate guidance as follows:

5.3.1 **Prompting of medication** is reminding the service user 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. Prompting can be useful when a person knows what medicines to take and how to take them but may simply forget the time.

5.3.2 **Assisting with medication** occurs where a service user may be able to retain control of his or her medicines but need assistance with simple mechanical tasks. Assisting can include:

- collecting dispensed medicines from the pharmacy.
- bringing packs of medicines to a person **at their request** so that the person can take the medicines.
- opening bottles or packaging, including Multi-compartmental Compliance Aids (sometimes referred to as dosette boxes) **at the request and direction of the person who is going to take the medicine.**
- reading labels and checking the time **at the request of the person receiving the Service.**
- ensuring the individual has a drink to take with their medication.

As with prompting above, the service user is assessed as being able to self-medicate and is in control of their medicines. This independence should be supported. The service user's GP or local pharmacist may be able to offer options for support in self-managing medicines based on the identified needs of the service user requiring care.

5.3.3 **Administration of medication** occurs where a service user cannot take responsibility for managing their medication and employees may be needed to ensure that the service user gets offered or is given the correct medication, at the correct time and in the correct way. Administration of medicines is one, all, or a combination of the administering worker doing the following:

- deciding which medicine(s) have to be taken or applied and when this should be done.
- being responsible for selecting the medicines.
- giving a service user 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 service user*) where a degree of skill is required to be exercised by the administering worker to ensure it is given in the correct way.

The level of support a person requires may vary, with the person taking more or less responsibility over time depending on their health and capability and with the medicine itself. For example, a person may self-administer an inhaler, require care staff to give tablets and nursing staff to give an injection.

6.0 Roles and Responsibilities

6.1 Managers and Supervisors are responsible for

- Ensuring that appropriate training is available for all employees involved in prompting, assisting with or administering medication or medical treatments within their Service.
- Having arrangements to monitor compliance with this policy within their Service.
- Having arrangements to ensure that all medications administered, and all medical treatments carried out within their Service, are covered by the Council's insurance policies.
- Ensuring that any serious incidents (eg where medication was incorrectly administered) are reported appropriately and timeously.

7 Training

7.1 Specific instruction on policies and procedures for the administration of medicine or medical treatments will be given to all relevant employees before they are required to assist with or administer medicines. Employees may also have access to training from the supplying pharmacist and other healthcare employees.

8 Storage and Disposal of Medication on Council Premises

8.1 All medication must come to the Service in its original packaging and clearly show the service user's name, date of prescription, name of medication and when it should be administered. It should also detail an expiry date that employees should check. The medication must be stored in the locked medication cabinet or fridge as appropriate.

8.2 In the event of any medication going missing, employees should immediately report this to their line manager.

8.3 All medication must be appropriately disposed of when the recommended expiry date is reached, or the time stipulated in days/weeks the medication can be open has elapsed. Drug stock no longer required by the Service, or which is out of date should be returned to the pharmacy for safe disposal.

8.4 Where needles are in use, an appropriate sharps container must be available to ensure safe disposal. Arrangements should be made with an appropriate provider to ensure the safe and correct disposal of these containers.

9 Self-Administered Medication

- 9.1 Service users should self-administer, or be supported to self-administer, medication, in all cases where this is appropriate. Appropriateness will be based on assessment of the Service user's physical and mental capacity to self-administer.

10 Administering Medication

- 10.1 The administering worker should administer medication in a way that ensures the privacy and dignity of the Service user is maintained and that risk assessment guidance is followed.
- 10.2 Employees should not administer injections (unless it is part of a rescue medicine). Injections should be carried out by a community nurse. In children's residential premises or the additional support needs educational establishments, injections may be administered by appropriately trained employees as part of their care-giving responsibility.
- 10.3 The use of EpiPens and glucometers may be undertaken by staff who have had appropriate training and where the Service user would be unable to do this task themselves (for example, blood glucose testing of very young children in an early year's placement or the early years of primary school).

11 Rescue/As Required Medication

- 11.1 The administration of any rescue or as required medication must adhere to the procedures, be part of the task risk assessment and where appropriate, guidance in the individual's care plan, although if it is for a member of the public this may not be possible.

12 Failure to Administer Medication

- 12.1 If a service user refuses to take medication, the administering worker should seek the assistance of another member of the team. If the service user still refuses to accept the medication, advice should be sought as noted in a personal support plan at service level or on a Medication Administration Record (for example, from Service user's GP, from NHS24, from pharmacist).

If the service user spits out medication or the medication is contaminated in any other way, then this medication must be discarded. Advice should be sought as to whether another dosage should be provided, given that the service user may have ingested some. The incident must be recorded so that all medication is accounted for, and additional medication can be obtained if necessary, and the senior manager must be informed.

13 Administration of Homely Remedies, Alternative Medicines, and Alternative Therapies

- 13.1 Homely remedies are medicines used for the treatment of minor ailments. They may not have been prescribed for an individual, but they are medicines which are available for over-the-counter purchase in pharmacies.
- 13.2 Employees should not administer any non-prescribed medicines without the written agreement of the service user's GP and/or prescribing health professional.
- 13.3 Alternative medicines should not be administered unless they are accompanied by a prescription.
- 13.4 Alternative therapies may be carried out by an external practitioner who is qualified with the appropriate professional body and should be covered by risk assessments.

14 Covert Medication

- 14.1 Covert medication refers to the administration of medication in a disguised form, usually by disguising it in food or drink so that the patient is unknowingly taking the medication. Service/unit managers/headteachers must make it clear to employees that covert medication must be authorised by a general practitioner and explain the reasons for using covert medication.
- 14.2 All cases of unauthorised covert medication must be investigated by the Service and reported to the Care Inspectorate.

15 Notification of Errors

- 15.1 "Medication errors" refers to a range of incidents including errors by the GP or pharmacist which are identified by council employees, missed doses, or the wrong medication being given. Any serious incidents of medication being administered wrongly must be immediately reported to the line manager. Guidance must then be sought from the Service user's prescriber or pharmacist, or from NHS 24 if the others are not available. Any advice or guidance given from the health professional should be followed and recorded?.
- 15.2 Serious incidents must be reported to the Care Inspectorate within 24 hours. The Care Inspectorate define a serious incident as "a serious unplanned event that had the potential to cause harm or loss, physical, financial or material". Incidents which are RIDDOR reportable should be notified to NHS Greater Glasgow and Clyde and to the council's Health and Safety Team in addition to their line manager.

16 Medical Treatments

- 16.1 Employees must not undertake any medical intervention or treatment that is not authorised. If employees are in any doubt, they should raise this with the senior person on duty before undertaking the task.
- 16.2 All employees carrying out medical treatments must have been trained by an appropriate health professional and assessed as competent to carry out this task.
- 16.3 Some service users may use a direct payment to employ a personal assistant to assist with medical treatments and other care tasks. The Council is not responsible for monitoring medication administering or medical treatments carried out by personal assistants or other care employees not employed by the Council. Where employees are asked to assist with treatment being carried out by non-Council care employees, they should only do so where the treatment is clearly part of the care plan, been authorised by the relevant care professional and complies with all Council policies.

17. Monitoring of Medicine Administration Practice

- 17.1 Practice in relation to the administration of medication should be regularly monitored to ensure compliance with this policy.
- 17.2 Heads of Service, whose employees are involved in supporting or administering medication, should ensure they have adequate arrangements to monitor the practices within their Service.
- 17.3 This policy will be monitored and updated to reflect any legislative changes at least every three years.

18. Confidentiality

- 18.1 We will treat all information confidentially and restrict access to this information to those involved directly in the process and its administration.
- 18.2 Information relating to the administration of medicine and medical treatments and should be recorded, maintained, and processed confidentially and securely by the relevant Service, any information recorded and maintained will be used only to monitor the effectiveness of this policy.
- 18.3 Information processed may include paper or electronic records and will be done so in line with the General Data Protection Regulation (Regulation EU 2016/679) ("GDPR"), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (as may be amended by the proposed Regulation on Privacy and Electronic Communications) and any legislation that, in respect of the United Kingdom, replaces, or enacts into domestic law, or any law relating to data protection, the processing of personal data and privacy as a consequence of the United Kingdom leaving the European Union.

19 Service specific policies and guidance.

Services can develop and implement specific policies or guidance documents to clearly outline how they practically implement this policy appropriate to their service requirements..