Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Medicines Management Guidance

This guidance document has been developed to help enable service providers meet the medicines needs of older people, and children and adults with disabilities living in residential care. It signposts to some of the resources that help in the provision of high quality, safe and effective care outlined in the *National Standards for Residential Care Settings for Older People in Ireland* and the *National Standards for Residential Services for Children and Adults with Disabilities*. The list of resources contained within this document is not exhaustive and service providers are encouraged to proactively identify and implement good practice in the area of medicines management. This document is not intended to be a definitive interpretation of the law.

The terms medicines management and medication management are often used interchangeably, however, for consistency throughout this document the term medicines management is used.

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care and support services in Ireland that by law are required to be regulated by HIQA.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care and support services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information –** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and services.

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1.0 Introduction

The framework for the regulation of residential services for older people consists of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and the *National Standards for Residential Care Settings for Older People in Ireland*. The framework for the regulation of residential services for people with disabilities consists of the Health Act 2007 as amended, the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the *National Standards for Residential Services for Children and Adults with Disabilities*. This guidance for medicines management in residential centres for older people and people with disabilities has been developed to guide service providers in the provision of high quality, safe and effective care for residents.

It is important that medicines are handled according to the legislative requirements (see Appendix 1). The management of medicines in residential services is governed by legislation, regulation, and professional standards which are monitored and enforced by different regulatory organisations in Ireland.

Medicines management covers a number of tasks including assessing, supplying, prescribing, dispensing, administering, reviewing and assisting people with their medicines.

Medicines make a significant contribution to the health and wellbeing of people who live in residential services. The benefits of medicines are accompanied by risks and a quality use-of-medicines approach increases the benefits for good health outcomes.

Medicines management, monitoring and review as part of a quality use-of-medicines approach, aims to reduce medicine related incidents, adverse events and inappropriate

prescribing among people who are at risk due to the nature of their illness, the characteristics of the medicines they are taking, the complexity of their medicines regime or any other factors.

Table 1: Standards and regulations relevant to this guidance

Subject	**Medicines management in residential services for older people and people with disabilities**		
Audience	Providers of services for older people and people with disabilities in designated centres		
Standards and regulations relevant to this guide include			
Standards	**Number**	**Regulation**	**Number**
National Standards for Residential Care Settings for Older People in Ireland	3.4	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013	4, 6, 7, 16, 21, 23, 25, 26, 27, 29
National Standards for Residential Services for Children and Adults with Disabilities	4.3	Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.	4, 5, 7, 16, 21, 23, 25, 26, 27, 29.

This guidance explains concepts that aim to help service providers meet regulations and implement national standards. It intends to enable service providers to identify the regulations, standards and good practice relevant to their service. Please note other

requirements relevant to a particular service may not be addressed here. This document is current at the time of printing. Please check www.hiqa.ie for the latest version.

All nurses should be familiar with An Bord Altranais agus Cnáimhseachais na hÉireann's most up to date 'Guidance to Nurses and Midwives on Medicines Management' and the online learning tools provided.

2.0 Person-centred services

Person-centred care and support places the resident at the core of what the service does. It provides the right support at the right time to enable residents to lead their lives in as fulfilling and safe a way as possible. A key principle of service delivery is that residents in receipt of services are central in all aspects of planning, delivery and reviews of their care.

Person-centred services involve a collaborative multidisciplinary partnership between all those engaged in the delivery of care and support. Residents and their relatives, with the resident's permission, are central to this partnership.

Residents are actively involved in determining the services they receive and are empowered to exercise their human and individual rights. This includes the right to be treated equally in the allocation of services and supports, and the right to refuse a service or some element of a service.

Residents take medicines for their therapeutic benefits, and to support and improve their health conditions. Many residents are able to manage and take their medicines independently. Others require some form of assistance or support. Medicines management covers a number of tasks including assessing, supplying, prescribing, dispensing, administering, reviewing and assisting people with their medicines.

Residential services have an overall responsibility to ensure that residents receive effective and safe support to manage their medicines when such assistance is required. Policies and procedures outlining the parameters of the assistance that can be provided should be in place to support this.

3.0 Resident's choice

Residents have freedom of choice in relation to their pharmacist and how their medicines are managed. Residents may choose to self administer medicines with or without help and support from staff, where the risks of doing so have been comprehensively assessed. Any changes to this risk assessment must be recorded and arrangements for self administration of medicines kept under review. Medicines are only administered with the resident's consent and the resident has the right to refuse medicines. Residents should be provided with information on medicines and be included in decisions about their own medicines and treatment. Policies and procedures outline the process for obtaining consent and the measures to be undertaken if a resident refuses medicines.

4.0 Policies and procedures for medicines management

It is important that people residing in residential services are provided with a comprehensive service from their pharmacist who facilitates the safe and timely supply of medicines, as well as information and care to ensure the best possible outcome for each person living there. A structured set of policies and procedures should be in place to govern effective medicines management in the residential service.

Management and staff of residential services should work together to ensure that medicines management policies and procedures are comprehensive, appropriate, robust and up-to-date.

Each residential service must have specific documented policies and procedures in place to address the ordering, receipt, prescribing, storage and administration (including self-administration) of medicines to people in the residential service. These policies and procedures must be implemented. It is good practice to audit all aspects of medicines management practice to ensure that policies and procedures are safe, appropriate, consistent and effectively monitored.

Policies and procedures should be continuously evaluated and reviewed objectively by the service to ensure that medicines management is continuously improved. Specific medicines policies should be in place including procedures on the management and administration of the following:

- medicines via percutaneous endoscopically-guided gastrostomy (PEG) tube
- medicines for respite clients, emergency admissions and re-admissions
- subcutaneous, intravenous and intramuscular drugs
- nutritional supplements
- oxygen
- suppositories, pessaries, enemas, topical preparations (including eye drops and ear drops), inhalers, nebulisers, insulin pens, transdermal patches and PRN (as required) medicines.

(This list is not intended to be exhaustive)

Service providers should continuously review the medicines management policies and procedures in place in the service to ensure that they are in line with evidence based practice and legislation, and that they continue to meet service user's needs and expectations. Service providers must also audit and review adherence by staff to the medicines management policies and procedures in the service and take appropriate action when these documented policies and procedures are not being adhered to. This ensures that medicines management is continuously improved in the service.

Medicines management policies should not be viewed in isolation. Policies for risk management, management of behaviour that is challenging (positive behaviour management), the use of restraint, training and staff development, infection control (for example), and all other relevant policies should also be considered.

All policies and procedures for medicines management must be reviewed, at a minimum, every three years or sooner if required. This makes sure that it is clear who is accountable and responsible for managing medicines safely and effectively in residential services.

5.1 Ordering medicines

A robust ordering, delivery and receipt process in residential services helps ensure that residents have all the medicines that they need at the time they need them.

Written processes for ordering medicines include;

- who orders medicines
- when medicines are ordered
- the methods which are used to order medicines
- the pharmacy provider
- the GP (general practitioner) from whom the medicines are prescribed
- clear records or copies of orders
- where and how documentation is filed.

It is important that residential services' staff have the appropriate safeguards in place to ensure correct checking of the medicines ordered and received. Good practice in the ordering of medicines outlines that residential service providers should ensure sufficient numbers of staff in the residential service have the training and skills to order medicines. This guarantees medicines can always be ordered in a timely fashion.

The residential service should order medicines based on the resident's continued need and the stock they already hold. Care should be taken to make sure that only current required prescribed medicines are ordered, to prevent an overstock.

All records of medicines ordered by the residential service should be kept. Medicines delivered to or collected by the residential service should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly:

- The dispensed supply is checked against the ordered medicines.
- The dispensed supply is checked against the resident's current prescription sheet.

It is good practice to track the ordering and receipt of medicines. Records should be kept of all stages. These processes should be subject to regular audit.

6.0 Prescribing medicines

Medicines prescriptions are written by registered prescribers. Prescriptions must take into account the needs and views of the resident, or representatives where appropriate, policies of the residential service, legislative requirements, local and national clinical guidelines, and professional standards. The registered prescriber is usually the resident's GP, but may also be a locum or hospital doctor, physician or a consultant. In some situations, registered dental practitioners or registered nurse prescribers may prescribe medicines. All prescriptions should be legible and contain all the information as required by the regulations. As per the Medicinal Products (Prescription and Control of Supply) Regulations, each individual prescription must be in ink, dated and signed by the prescriber in their usual signature.

Legal requirements stipulate that prescriptions for controlled drugs must be handwritten. Certain controlled drugs can be prescribed by registered nurse prescribers as laid out in the relevant collaborative practice agreement.

In residential services the prescribing and administration of medicines must be documented clearly and must be in line with the relevant legislation. Residential centres should adopt a clear and robust system to ensure that all the relevant information is documented (examples of documents in use include prescription sheets, medicines administration records, medicines prescription and administration record).

The prescription sheet is the document on which medicines are prescribed. The prescription sheet should state the resident's name and address, date of birth, any known allergies to medicines or no known drug allergies, a list of the resident's medicines, and the prescriber's name.

The following information should be included for each individual medicine:

- name of medicine (written by brand name if appropriate)
- form of medicine
- dose of medicine
- frequency and times of administration
- the route of administration
- any specific instructions including instruction to change the form (for example, crush) where indicated for each medicine
- prescribers signature for each medicine and the relevant registration or PIN number
- date of discontinuation of medicines including prescriber's signature to indicate discontinuation. A line should be drawn through discontinued medicines

- for PRN (as required) medicines, in addition to the details above, the circumstances when the medicine is to be administered, timing of respective doses, review date and the maximum dosage in 24 hours.

The medicines administration record should contain the following:

- a reference to the medicines listed on the prescription sheet
- the times of administration (which must match the prescription sheet)
- the signature of the staff member administering the medicine
- a system for recording, withholding or refusal of medicines and space to record comments.

All the details on the prescription and administration records must be clear and legible. A record of allergies or adverse reactions should be maintained on the prescription and administration records. Any routine periodic tests to monitor certain medicines (for example, Warfarin – INR monitoring) should be recorded on the prescription and administration records. This includes the frequency or dates of testing, and the results of these tests.

Throughout this document references will be made regarding the Medicines Administration Record (MAR) and prescription sheets which also applies to Medicines Prescription and Administration Record (MPAR).

7.0 Transcription of prescription or medicines order

Transcribing is an act by which medicinal products and instructions are written from one form of direction to another. It is recognised that transcribing of any clinical information is a high risk activity and there are serious risks of inadvertent mistakes in transcription, omissions or duplication of medicines.

Best practice would indicate that the responsibility for documenting the prescription or medicines order is with the prescriber to prevent the possibility of error by another individual. The decision to transcribe a prescription should only be made in the best interests of the resident.

An Bord Altranais agus Cnáimhseachais has issued guidance to nurses and midwives in relation to transcription and stated that a nurse or midwife who transcribes is professionally accountable for his or her decision to transcribe and the accuracy of the transcription.

It is recognised that some staff who are not nurses will transcribe prescriptions.

Transcribing should be directed by local policy. Local policy must stipulate controls that minimise the risk of error, such as a second member of staff to independently verify the transcribed order. A copy of the original prescription should be attached to the transcribed chart. Transcribed orders should be signed and dated by the transcriber, the second member of staff, and co-signed by the prescribing doctor or registered nurse prescriber within a designated timeframe set out in local policy and prior to staff administering medicines. If the transcribed prescription or order is ambiguous or unclear, verification and confirmation must be sought from the prescriber before administering the medicines to the resident. The practice of transcribing should be the subject of audit.

8.0 Emergency situations and the use of verbal and telephone orders

The only acceptable time a verbal or telephone order for a medicine is taken from a medical practitioner is in an emergency situation, where there is an immediate unplanned need. A registered nurse prescriber cannot communicate an order in this way.

Policies and procedures should be in place to outline who can accept orders in this way and the record or documentation to be maintained during this process.

Best practice for the receipt of a verbal or telephone order indicates that, where possible, the medical practitioner repeats the order to a second staff member. This is followed by the staff confirming the order between them. A documented record of the verbal or telephone order should be available to staff who administer the medicine.

The medical practitioner is responsible for documenting the written order on the prescription sheet within an acceptable timeframe as outlined in local policies and procedures.

The use and frequency of verbal, telephone or fax orders should be audited on a regular basis to ensure this process is not misused by prescriber or service to address resident's needs.

9.0 Storing medicines

Medicines need to be stored in a designated cupboard or trolley that has enough space. Medicines must be stored so that the products:

- are not damaged by extremes of temperature, light or dampness
- cannot be stolen
- do not pose a risk to anyone else
- are in the appropriate environment as indicated on the label or packaging of the medicine or as advised by the pharmacist.

Residential services may provide secure medicine storage for residents in their own rooms. This is essential when the resident looks after and self administers his or her own medicines. If medicines are stored centrally, the cupboards or trolleys must be big

enough, well constructed and have a good quality lock. Only medicines and associated documents should be stored in these cupboards or trolleys.

Registered providers and persons in charge also need to have specific arrangements in place for the storage of the following, in line with the service they provide:

- Schedule 2 and 3 controlled drugs
- nutritional supplements
- medicines that need refrigeration
- dressings, ostomy products and catheters
- medicines supplied in medicines administration compliance aids. These need much more storage space to cover the change-over period each month.

It is important that medicines are stored correctly. In general, kitchens, bathrooms and toilets are not suitable for storing medicines. Sluice rooms should not be used for the storage of medicines. The designated place for storing medicines must be safe and secure. Only staff who handle medicines should have access to their place of storage. It is good practice to make sure that nothing else is stored in a medicines cupboard.

It is also important that:

- the keys for the medicine area or cupboard are not part of the master key system
- where medicines are stored centrally, there is a robust procedure in place for key holding.

In some smaller residential settings, storage facilities for medicines may be provided within a kitchen if this is the only available suitable space for storing medicines and measures are taken to ensure medicines are not exposed to excessive heat or humidity. The storage of medicines must also be secure and safe from unauthorised access.

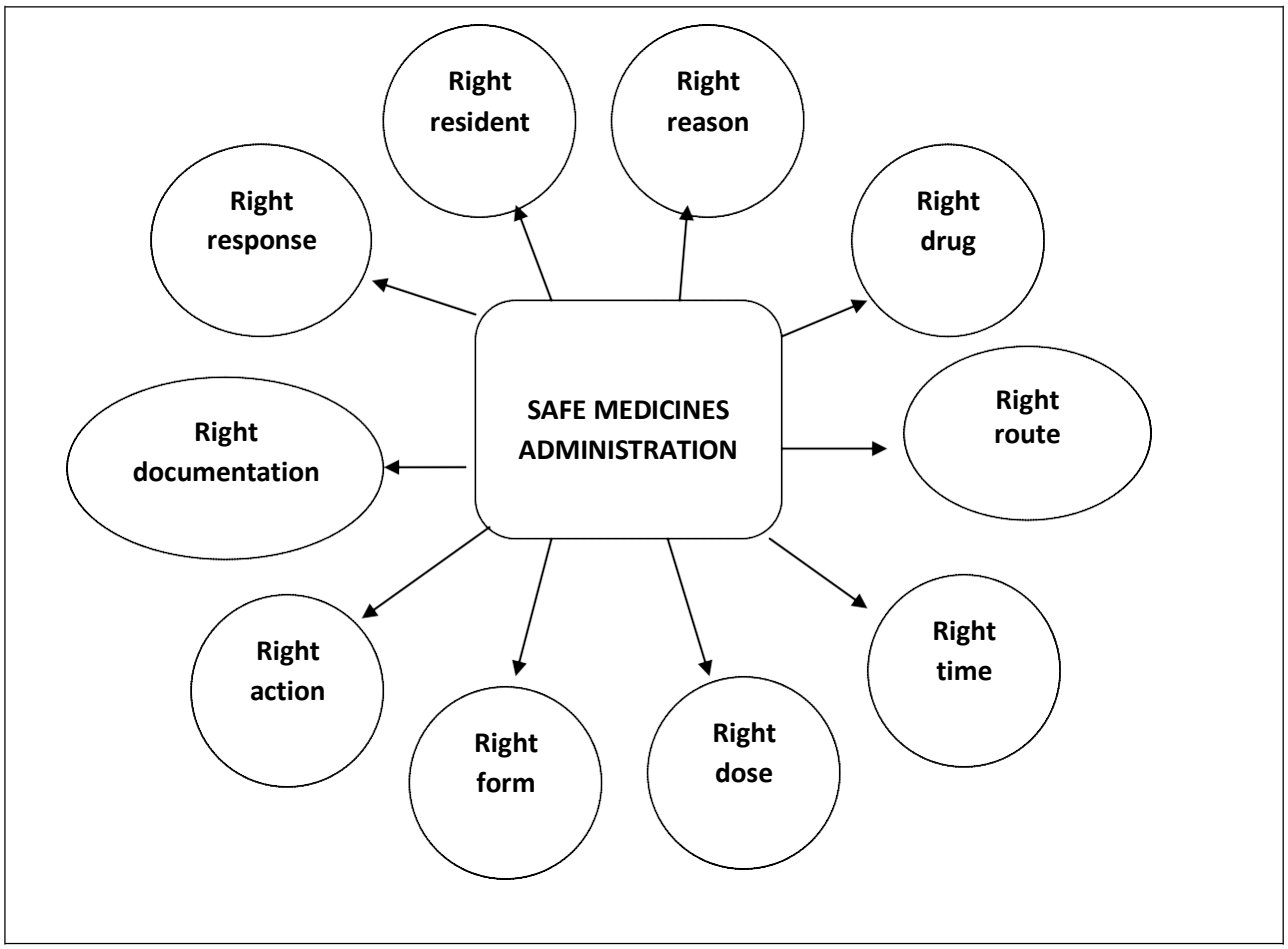
Medicines requiring refrigeration according to the packaging, labelling or the pharmacist should be stored in a refrigerator (between 2^0C and 8^0C). In residential care, there should be a separate, secure fridge that is only used for medicines that require cold storage. A separate fridge may not be necessary in a small centre unless there is a constant need to refrigerate medicines that a resident takes regularly, for example, insulin. If a separate fridge is not used for the storage of medicines, medicines should be kept in a container separate from food. The reliability of the fridge should be monitored through daily temperature checks. A minimum/maximum thermometer is recommended for this.

10.1 Administration of medicines

Medicines can be administered to residents by staff or self administered by the resident, if they are assessed as competent to do so. In some services, appropriately trained staff other than nurses may administer medicines, for example, in some disability services. It is also important to consult with families and carers regarding the administration of medicines, where it is appropriate to do so.

Only prescribed medicines which are in date and are properly stored in accordance with the manufacturer's instructions should be administered to residents. It is useful to remember the 10 rights of medicines administration.

Figure 1: The 10 rights of medicines administration



It is important for staff to actively promote the resident's understanding of his or her health needs relating to medicines. Residents are advised, as appropriate, about the indication for prescribed medicines and are given access, to the patient information leaflet provided with medicines, accessible health information or pharmacist counseling service. When appropriate, residents should be informed of the possible side effects of prescribed medicines. They should also be afforded the opportunity to consult with the prescriber, pharmacist or other appropriate independent healthcare professional about medicines prescribed as appropriate. The resident should be advised about these rights.

Staff administering medicines to residents must ensure that all medicines are checked against the prescription sheet, and that the medicines administration record is also checked before any medicines are administered.

Some residents may self-administer medicines, where the risks have been assessed and their competence to self-administer has been confirmed by the multidisciplinary team which includes the pharmacist. Any change to the initial risk assessment is recorded in the care plan and arrangements for self-administering medicines must be kept under review.

A number of different names are used to describe medicines administration compliance aids, including monitored dosage systems (MDS), blister packs, medicines systems, unit dosage packages and dose administration aids (DAA). Medicines administration compliance aids are generally used for suitable oral solid dosage medicines. They are often used to assist residents who are self administering medicines. Medicines administration compliance aids are packed and labelled by a pharmacist and the medicines are taken by, or administered to, the resident directly from the aid. If the prescriber alters any medicine order, the entire medicines administration compliance aid should be returned to the supplying pharmacist for repackaging. All medicines in a medicines administration compliance aid should be identifiable using a tablet identification system in the residential service.

Residential services should have policies and procedures for the alteration of oral dose formulations (for example, crushing tablets or opening capsules) to make it easier to administer medicines to residents with swallowing difficulties or enteral feeding tubes. If it is deemed necessary to alter the form of medicines for safe administration to the resident, staff should consult with the prescriber and the pharmacist to discuss alternative preparations or forms of administration for the resident. In some cases, the

practice of altering the form of medicines may result in reduced effectiveness, a greater risk of toxicity, or unacceptable presentation to residents in terms of taste or texture. Where medicines are administered in a form change (for example, crushed form, opening capsules, dispersing in water and so on), this may be outside the instructions as provided for in the Summary of Product Characteristics and may be unauthorised. Only medical and dental practitioners can authorise the administration of unauthorised medicines and this should be indicated on the prescription sheet for each individual medicine with the consent of the resident, or his or her representative where appropriate.

Records must be kept to account for all medicines received, administered to residents, given to residents on leaving the residential service and returned to the pharmacy.

10.2 High-alert medicines

High-alert medicines are drugs that carry a heightened risk of causing significant harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are more devastating to residents. High-alert medicines require additional safeguards to reduce the risk of errors. This may include such strategies as:

- standardising the ordering, storage, preparation, and administration of these products
- improving access to information about these drugs
- limiting access to high-alert medicines
- using auxiliary labels and automated alerts
- employing measures such as independent double checks when necessary.

High-alert medicines commonly used in residential services include:

- Insulin
- Warfarin
- Digoxin
- Methotrexate

(This is not an exhaustive list)

The Institute for Safe Medicines Practices provides a list of high-alert medicines which can be accessed at the following link:
https://www.ismp.org/Tools/highalertmedications.pdf

Residential services should have clear policies, procedures and protocols in place for the use of high-alert medicines.

10.3 Covert administration of medicines

'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or drink. Any medicine that is being given covertly must be checked to ensure it is safe when administered in this fashion and that the chemical nature of the medicine is not changed.

A full written assessment of the resident is performed prior to the administration of medicines covertly. The assessment identifies the medicines being administered, the indications for these medicines, alternative measures that have been taken and the rationale for the use of covert administration. All decisions to administer medicines covertly must be made following a multidisciplinary agreement that this practice is in the resident's best interests. This agreement must be documented and reviewed in line with the relevant legislation or more often if circumstances change. If a medicine is to

be administered covertly, this should be stated on the prescription sheet. Where medicines are covertly administered it is important to observe for and document side effects. Appropriate action should be taken to reduce and eliminate side effects.

10.4 Self-administration of medicines

Self-administration of medicines involves the independent use of medicines. Residents may be given the opportunity to self-administer their medicines in line with their needs and wishes, following an assessment.

Where self-administration of medicines is carried out, an individual risk assessment should be carried out to consider:

- the resident's choice
- the amount of support a resident needs to self administer medicines
- the resident's ability to understand the process
- the resident's knowledge of their medicines and treatment plan
- the resident's literacy and ability to read labels
- the resident's dexterity and ability to open bottles and containers
- if the resident can take the correct dose of their own medicines at the right time in the right way
- where the resident's medicines will be stored
- the responsibilities of residential care staff.

The level of support and resulting responsibility of the staff should be written in the care plan for each resident. This should also include how to monitor whether the resident is still able to self-administer medicines and should detail the ongoing supervision to ensure adherence with the treatment plan. The assessment is a continuous process. Monitoring and reviewing how the resident manages to take their

medicines forms part of the person's care. The medicine records will help the review and monitoring process.

In residential centres where children self administer medicines, a risk assessment should be carried out and recorded in the care plan. It should determine:

- that the resident is able to look after and self administer their own medicines
- whether any monitoring is needed to assess the ability to self-administer or willingness to take the medicines as prescribed
- that medicine has been taken as prescribed (either by seeing this directly or by asking the resident)
- who has recorded that the medicine has been taken.

Residential services should ensure that their process for self-administration of Schedule 2 and 3 controlled drugs includes additional specific information about:

- obtaining or ordering Schedule 2 and 3 controlled drugs
- storing Schedule 2 and 3 controlled drugs
- recording supply of Schedule 2 and 3 controlled drugs to residents
- disposal of unused or expired Schedule 2 and 3 controlled drugs.

11.1 "When required" (PRN) medicines

Medicines prescribed to be taken 'when required' (PRN) are usually prescribed to treat short term or intermittent medical conditions or symptoms, that is to say, it is not to be taken regularly. It is important that the plan for the administration of PRN medicines is recorded and kept within the MAR chart.

Good practice indicates that residential services should have a written policy and procedures for the use of PRN medicines.

Residents who are prescribed PRN medicines must have the following details recorded on their prescription sheet to guide staff in the correct administration of these medicines:

- circumstances when PRN medicines are to be used
- initial dosage
- timing of respective doses
- maximum dosage in a 24-hour period.

Residents should be offered the medicines at the times they are experiencing the symptoms either by telling a member of staff or by staff identifying the resident's need as outlined in the care plan.

It is good practice to record when a resident is offered PRN medicine and to indicate when PRN medicine is refused.

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

The need for and the effectiveness of the PRN medicine administered should be evaluated.

11.2 Medicines for the management of seizures

Medicines for the management of seizures are administered using a number of routes, many of which are non-oral. Staff who may need to administer such medicine require additional training so that they can administer it safely and confidently in an emergency.

Seizure management plans and protocols must be developed which outline the following:

- the circumstances when it is to be used and the time to wait before administering the medicine
- dose interval
- the timing of respective doses
- the maximum dosage in a 24-hour period
- action to be taken if symptoms persist.

If a second dose of medicine is prescribed, then the prescription must state the period of time after administration of the first dose in which the second dose can be administered. The protocol and plan should form part of the resident's care plan.

Medicines used for the management of seizures should be reviewed and evaluated on a regular basis.

12.0 Refusal of medicines

Residents may refuse medicines for different reasons. The centre's medicines management policy should include guidance to staff on how to manage refusal of medicines. This guidance should include the actions to be taken if medicines are refused, who to contact and the documentation to be completed. If a resident agrees to take a medicine later than the prescribed time, this must be documented clearly in the medicines administration record. If a medicine is given at a later time than prescribed, the prescriber should be contacted to ensure that there are no contra-indications. If there is a pattern where a resident often refuses medicine, a plan must be put in place with involvement of the staff, multidisciplinary team, the resident and their representatives, if appropriate. This plan must be reviewed on a regular basis, in line with the relevant legislation or more often if circumstances change.

13.0 Schedule 2 and 3 controlled drugs

Schedule 2 and 3 controlled drugs are prescribed medicines (examples include medicines for severe pain and drug dependence, and medicines for Attention Deficit Hyperactivity Disorder (ADHD)) and have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of Schedule 2 and 3 controlled drugs. These are set out in the Misuse of Drugs Regulations.

All medicines, including Schedule 2 and 3 controlled drugs (except those for self administration) are administered by a registered nurse or medical practitioner in older persons' residential services. In social care settings such as residential services for people with disabilities, other personnel may be trained to administer medicines. In order to administer a Schedule 2 and 3 controlled drug, all the steps involved in giving any other medicine should be followed.

The receipt, administration, management and disposal of controlled drugs are recorded in accordance with relevant legislative requirements, national guidelines and professional guidelines; for example, An Bord Altranais agus Cnáimhseachais na hÉireann guidelines.

Schedule 2 and 3 controlled drugs (including those for self-administration) must be secured in a manner that meets legislative requirements as set out by the Misuse of Drugs Regulations. They should be locked in a separate cupboard or container from other medicinal products to ensure further security. Policies and procedures should be in place for the checking of stock balance for each transaction of controlled drugs. A record of the receipt, administration and disposal of Schedule 2 controlled drugs is required to be maintained in a bound controlled drugs register. As per guidance issued

by An Bord Altranais agus Cnáimhseachais na hÉireann, a count for controlled drugs should be carried out at all staff changeover shifts.

14.0 Over the counter (OTC) medicines

Over-the-counter medicine is also known as OTC or non-prescription medicine and may not need to be prescribed. All these terms refer to medicines that can be bought without a prescription and are used to treat minor ailments. They are safe and effective when the directions on the label are followed and are taken as directed by the healthcare professional.

There are risks that OTC medicines may interact with prescribed medicines and cause harm. It is important that information and advice is sought from an appropriate healthcare professional (pharmacist, nurse, or doctor) or product information (summary of product characteristics or patient information leaflet) before the administration of these medicines. The healthcare professional should be made aware of the medicines the resident is prescribed. The consultation and advice of the healthcare professional should be clearly documented in order to guide all staff in the safe use of OTC medicines. Where residents use OTC medicines, these medicines are listed in the medicines administration record and their use is communicated when residents attend medical or dental appointments and are transferred to hospital.

Residential services that keep a range of OTC medicines in stock can develop policies with an approved list of products, to outline the administration and record keeping of these products. Where stocks of OTC medicines are kept, these should be resident-specific, if appropriate. Policies and procedures in relation to OTC medicines should address:

- the use of OTC medicines available without a prescription

- the need to seek appropriate advice from a healthcare professional before any OTC medicine is used
- the appropriate storage and use of OTC medicines for individual residents.

15.0 Medication reconciliation

Medication reconciliation is a formal process of obtaining and verifying a complete and accurate list of each resident's current medicines and comparing the list to those in the resident's record or medicine order. It includes names of medicines, dosage, frequency and route, in order to identify any discrepancies and to ensure any changes are documented and communicated. This results in a complete and accurate list of medicines.

This reconciliation is done to avoid medication incidents such as omissions, duplications, incorrect dosing, or drug interactions. Medication reconciliation aims to provide residents and healthcare professionals with the correct medicines at all transitions in care, within and between health and social care services. Transitions in care include changes in setting, service, practitioner, or level of care.

Medication reconciliation is considered complete when each medicine that a person is taking has been actively continued, discontinued, held or modified at each point of transfer, and these details have been communicated to the next care provider.

HIQA's *Guidance for health and social care providers. Principles of good practice in medication reconciliation* (www.hiqa.ie) outlines good practice in the area of medication reconciliation.

16.0 Review of medicines

The regular review of medicines for residents in residential services is necessary to ensure quality in the use of, and is an essential component of good care. A medicines review should be a structured and collaborative healthcare service provided to residents in residential services. It ensures that their medicinal use is optimal and enhances continuity of care. Good practice suggests the review of medicines should involve the resident, his or her representative as appropriate, prescriber, pharmacist, nursing staff and other relevant members of the health and social care team. The medicines review should take place in line with the relevant legislation or more frequently where there is a significant change in the resident's care, medicines or condition.

Comprehensive information about the resident and their medicine use should be collated and assessed in order to identify and meet medicine related needs and to identify, resolve and prevent medicine related problems. This enhances the resident's quality of life and optimises the benefits achieved from medicine use.

The medicines review should review all prescribed, over-the-counter and complementary medicines used by the resident. The resident's medicines adherence, side-effects, adverse drug events and monitoring test results form part of the review. Particular attention should be given to the following:

- antipsychotic medicines
- sedative medicines
- medicines for the management of depression
- antiepileptic medicines
- analgesia or pain medicines
- laxatives and treatments for constipation
- anticoagulant and antiplatelet medicines
- antimicrobial medicines

- diuretic medicines
- influenza and pneumococcal vaccines
- non-steroidal anti-inflammatory drugs
- medicines and their potential interactions including any drug-nutrient interactions
- appropriate polypharmacy and problematic polypharmacy.

The medicines review should be documented in the resident's medical notes detailing changes that have been made or that no changes have been made. Prescription and administration records should be updated following such reviews to reflect any changes that have been made. All relevant changes to the resident's medicines following the review are clearly documented and a note is also made if no changes are to be made.

17.0 Disposal of medicines

Residential services should have a written policy for the safe disposal of surplus, unwanted, out-of-date or expired medicines. A complete record for the disposal of medicines should be made.

Medicines may be disposed of on-site if facilities are available. Other methods of disposal include returning them to the supplier; for example, a community pharmacy. The supplier can then ensure that medicines are disposed of in accordance with current waste regulations.

The situations when medicines might need to be disposed of include:

- A resident's treatment is changed or discontinued — the remaining supplies of it should be disposed of safely with the person's consent.
- A resident transfers to another care service — they should take all of their medicines with them if required for continuity of care, unless they agree to dispose of any that are no longer needed.

- A resident dies – the resident's medicines should be kept in accordance with requirements of the Coroner's Office.
- The medicine reaches its expiry date – some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet which accompanies the medicine.

All disposals of medicines must be clearly documented. When medicines are disposed of a record should be made to show that they were handled properly. The following information should be recorded:

- date of disposal or date of return to pharmacy
- name and strength of medicine
- quantity removed
- resident for whom medicines were prescribed or purchased
- signature of the member of staff who arranges disposal of the medicines.

If medicines are disposed of within the service, clear policies and procedures should be in place. Disposal of waste medicines must be in compliance with waste management legislation. The disposal of waste medicines must be carried out in a manner which:

- protects public health and safety
- protects the health and safety of staff and residents
- causes no risk to the environment.

Waste medicines should be processed immediately into specialised waste bins on removal from stock. Waste medicines should be assessed prior to their disposal, as particular disposal requirements apply to certain medicines; for example, controlled drugs, cytotoxic and cytostatic medicinal products, and liquid medicinal products.

Clarification on how to safely dispose of such waste should be obtained from the waste management company.

Medicinal product waste bins are usually yellow with a sealable lid. Different colour lids are used to identify different types of waste. Purple lids are normally used for medicinal product waste bins; this indicates that the contents are healthcare risk waste intended for incineration. Medicinal product waste containers should be United Nations (UN) approved and this should be marked on the waste bin.

Registered providers should ensure that their waste management company is authorised to accept waste medicines and the waste is being taken to an appropriately authorised facility for storage or processing. Detailed records for the disposal of waste medicinal products should be obtained by, and retained in the centre.

18.0 Record keeping

It is important to keep accurate records for medicines management. The record should clearly indicate the measures staff in residential services have taken and account for all of the medicines which have been managed for residents. The service provider should determine the way in which the service keeps their records. Whatever format is chosen, the records must be complete, legible, up-to-date, dated and signed to show who has made each record.

An up-to-date list of current medicines prescribed for each resident is essential. The resident's care plan should make it clear whether the resident needs support to look after and take some or all of their medicines or whether staff are responsible for administering them.

The staff member responsible for requesting and or collecting medicines for a resident (child or adult) must record:

- what he or she received including the name and strength of the medicine
- how much he or she received
- when he or she received it
- any occasion when a medicine is refused by the resident or omitted in the resident's best interests.

In residential settings, it is important to record when the resident first arrives with supplies of medicine from home, hospital or another social care setting.

Registered nurses must comply with the most recent guidance published by An Bord Altranais agus Cnáimhseachais na hÉireann regarding records and record-keeping.

19.0 Medication incidents

Medication incidents can occur at any time during the medicines cycle, including prescribing, ordering, dispensing, receipt, storage, administration or monitoring of medicines. Medication incidents can also include near misses and incidents that do not result in harm. Arrangements for the identification, recording, investigating and learning from adverse incidents involving residents are fundamental principles of risk management. It is important that all medication incidents are identified, recorded and the cause investigated so that the service can learn from the incident and prevent a similar error happening in the future.

Where a medication incident occurs, a resident, or their representative where appropriate, should be informed. When a medication incident is identified, appropriate interventions should be implemented immediately to limit potential adverse effects or reactions.

Service providers should not ignore errors but encourage an open culture that allows their staff to report incidents.

20.0 Staff training

Staff in residential services should only administer medicines when they have had the necessary training and are assessed as competent. Training should include all relevant aspects of the medicines management cycle, including ordering, receipt, storage, administration and monitoring of medicines. Training should be provided by a suitably competent healthcare professional with the appropriate clinical and educational training. Training should be supplemented by competency assessment and refresher training completed at appropriate intervals, in line with residents' changing needs.

Registered providers must ensure that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to residents.

All staff in residential services should have an annual performance appraisal. This should be a review of knowledge, skills and competencies in relation to managing and administering medicines, where appropriate.

Medical, health and social care professionals working in, or providing services to, residential services should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in residential services.

Glossary of Terms

Adverse event: An incident that results in harm to a patient.

Audit: The assessment of performance against any standards and criteria (clinical and non-clinical) in a health or social care service.

Competence: The knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Effective: A measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Efficient: Use of resources to achieve optimal results with minimal waste.

Homely residential facilities: Residential facilities provided in a home-like environment.

Medicines Administration Record (MAR): The contemporaneous report used for recording the medicines administered to residents.

Medicines Prescription and Administration Record (MPAR): The current report that records the medicines prescribed by a registered prescriber to be administered to a resident and the medicines administered to residents.

Multidisciplinary: An approach to the planning of treatment and the delivery of care for a resident by a team of health and social care professionals who work together to provide integrated care.

Prescription Sheet: The current report that records the medicines prescribed by a registered prescriber to be administered to a resident.

Pharmacist: A person registered with the Pharmaceutical Society of Ireland to prescribe drugs.

Policy: A written operational statement of intent which helps staff to make sound decisions and take actions that are legal, consistent with the aims of the centre, and in the best interests of residents.

Procedure: A written set of instructions that describe the approved steps to be undertaken to fulfil a policy.

Risk: The likelihood of an adverse event or outcome.

Risk management: The systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

Service provider: Any person, organisation, or part of an organisation delivering healthcare services, as described in the Health Act 2007 section 8(1)(b)(i)–(ii).

Service user: The term service user includes: people who use healthcare services (this does not include service providers who use other services on behalf of their patients

and service users, such as GPs, commissioning hospital, and laboratory services); parents, guardians, carers, family, nominated advocates and potential users of healthcare services.

Staff: The people who work in, for or with the service provider. This includes individuals who are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to residents.

Appendix 1: Legislation

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Irish Medicines Board Miscellaneous Provisions Act, 2006 Medicinal Products (Prescription and Control of Supply) Regulations, 2003 (S.I.540 of 2003).

Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2003 (S.I. No. 540 of 2003).

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Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Commencement) Order 2007 (S.I. No 194 of 2007).

Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Commencement) (No. 2) Order 2007 (S.I. No 543 of 2007).

Nurses and Midwives Act 2011.

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Pharmacy Act 2007.

Medicinal Products (Prescription and Control of Supply) Regulations 2003, as amended

Waste Management Act 1996.

Appendix 2: Useful websites

Health Information and Quality Authority: www.hiqa.ie

Health Products Regulatory Authority: www.hpra.ie

Institute for Safe Medicines Practices: www.ismp.org

Irish Nursing and Midwifery Board: www.nursingboard.ie

Irish Pharmaceutical Healthcare Association: www.medicines.ie

The Pharmaceutical Society of Ireland: www.thepsi.ie

National Care Forum: www.nationalcareforum.org.uk/medsafetyresources.asp

National Medicines Information Centre: www.nmic.ie

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[1] **Please note An Bord Altranais agus Cnáimhseachais na hÉireann are currently revising the An Bord Altranais. 2007 Guidance to Nurses and Midwives on Medication Management.**

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