Medicines Management Policy

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1. Policy Statement

The Hospice will ensure that all relevant staff are trained in safe medicine management, and that all staff and volunteers involved in the clinical area understand the extent and limits of the permissions and practices involved in their role.

1.1 Hospice Context

St Nicholas Hospice Care is an independent charity delivering specialist palliative care to patients and their families within the communities of West Suffolk and Thetford. Care is delivered by a specially trained multidisciplinary team supported by a large team of volunteers to patients within our Sylvan Ward, Community Hospice Team, Orchard and Burton Centres. The organisation also includes an Education Department that delivers palliative care education to the local community, a Fundraising Department that manages a range of fundraising activities and a Retail Section with a warehouse and several shops in the local community staffed by paid staff and volunteers.

2. Introduction

All medicines are potentially hazardous and need to be managed in line with consistent standards and procedures. The term "medicine" applies to any pharmaceutical product that is used for diagnostic, preventative or therapeutic purposes including controlled drugs, injections, infusions, products derived from blood, topical, external and oral preparations, medicated interactive dressings and medical gases. Medicines are defined as such by being included in the 1968 Medicines Act as medicinal products. The principles of this policy also apply to the safe control of other products such as disinfectants and diagnostic reagents.

The objectives of this policy are:

- To inform all healthcare staff involved in managing medicines and pharmaceutical products of the principles of safe and secure handling and administration of medicines in order to increase awareness of potential areas of risk to patients and staff arising from the use of medicines.

- To ensure that all medicines are safely handled, prescribed, dispensed and administered by authorised healthcare practitioners in accordance with current legislation, national and local guidance and professional standards.

- To ensure that all medicines are managed in a safe and consistent manner that is clearly understood by all healthcare professionals including the prescriber, the pharmacist and the practitioner responsible for administering the medication.

This involves ensuring that:

- Medicines are correctly and appropriately prescribed by an authorised practitioner
- Medicines are accurately and appropriately dispensed by an authorised practitioner
- Medicines are accurately and appropriately administered by an authorised practitioner
- The recording and control of medicines is correctly performed to prevent the loss, inappropriate access to and misuse of medicines by patients/clients, staff, volunteers or any member of the general public
- Practitioners involved in the delivery of care, are aware of, and accept responsibility for their actions
• All documentation is stored in a safe and secure manner; is legible and identifiable

• Staff are supported in working to the highest standard when involved in the prescribing and administration of medicine

• All standards associated with the handling of medicines can be audited

• Patient safety and quality of care is maximised

• Staff are supported in providing best practice in compliance with national and locally agreed standards, criteria and regulation.

This policy outlines current legislation and best practice relating to the safe and secure handling of medicines, including Controlled Drugs and is intended for use by all staff employed by St Nicholas Hospice Care and designated volunteers. The procedures/guidelines that support this policy are available in the Clinical Guidelines electronic folder and the Clinical Guidelines lever arch file in clinical departments and within the offices of PAs to CEO & CSD.

The Medicines Management Policy is regarded as a working document and should be referred to for guidance. It should be used in conjunction with the current edition of the British National Formulary and the references listed.

Medication from Hospice stock must only be supplied/administered for patients registered with St Nicholas Hospice Care in accordance with approved procedures. Medication must only be administered against a prescription appropriately completed by a legal prescriber. The legal prescriber is not necessarily employed by St Nicholas Hospice Care. Prescribing for administration within the Hospice must only be written on designated forms.

Medicines must not be taken by staff for personal use. Staff and visitors should be referred to their own GP for treatment or in emergency situations paramedic support summoned.

3. Statutory Compliance and Evidence

• The Medicines Act 1968, as amended, which regulates the manufacture, distribution, import, export sale and supply of medicinal products

• The Misuse of Drugs Act 1971, which controls the availability of drugs liable for misuse

• The Misuse of Drugs Regulations 1985 and 2001 which enable specified health care professionals to possess, supply, prescribe and/or administer controlled drugs in the sphere of their practice

• The Controlled Drugs (Supervision of Management and Use) Regulations 2013

• The Misuse of Drugs (Amendment No.2) Regulations 2012 enables independent nurse and pharmacist prescribers to prescribe controlled drugs, supply under a Patient Group Directive (PGD) and mixing of CD under a clinical management plan

• The Human Medicines Regulations 2012

• GMC: Good practice in prescribing and managing medicines and devices (2013)

• NMC The code: Standards of conduct, performance and ethics for nurses and midwives
• NMC Standards for medicines management

• Safer Management of Controlled Drugs: Changes to requirements for requisitions for the supply of Schedule 1, 2 and 3 Controlled Drugs (DH 2007)

• Safer Management of Controlled Drugs (1) Guidance on Stronger Governance Arrangements (DOH 2007)

• The Safer Management of Controlled Drugs – Annual Report 2014 Care Quality Commission

• MHRA Medicines and Healthcare Products Regulatory Agency

• Health and Safety Executive – Control of Substances Hazardous to Health

• The Health Act 2006.

• Mixing Of Medicines Prior To Administration In Clinical Practice: Medical And Non-Medical Prescribing, DoH guidance, 27 May 2010

• The Psychoactive Substances Act 2016

4. Responsibility and Accountability

Each professional must refer to their Code of Professional Conduct for guidance on practice, areas of responsibility and required professional development. In addition practitioners must undertake continuing professional development to ensure that they comply with safe and secure handling processes and Standards for Medicines Management.

4.1 Responsibility of Managers and Health Professionals

• The Health Act (2006) states that all health organisations require the identification of an Accountable Officer for all Controlled Drugs stored and administered by its staff. The Chief Executive is responsible for the appointment of the Accountable Officer, who will form part of a Local Intelligence Network (LIN), and for informing the Care Quality Commission of any changes in the post-holder

• The Clinical Services Director as Accountable Officer has the overall statutory responsibility for the safe and secure management of controlled drugs and is responsible for the day to day management of controlled drugs

• The Clinical Services Director will delegate responsibility for stocks of medicines on Sylvan Ward

• It is the responsibility of the Clinical Services Director to provide a copy of this policy for all new clinical staff to read within their induction period

• It is the responsibility of the Clinical Services Director to identify to new staff key aspects of the policy which relate to their area of work

• The Clinical Services Director will maintain a record of printed names, signatures and initials of all registered nurses who administer or order medication and all doctors, pharmacists, pharmacy technicians/assistants, and authorised prescribers who write on prescription charts and also all health care assistants who may collect medicines from pharmacy
The Clinical Services Director and Consultant in Palliative Medicine will formally authorise individual non-medical prescribers, and will ensure that governance procedures in clinical guideline ‘M23 Non-Medical Prescribing Guidelines’ are followed.

All medicines, medical gases and interactive wound dressings are obtained by, and stored under the control of the Clinical Services Director noting advice from the Chief Pharmacist at WSH.

It is the responsibility of all health professionals to read and familiarise themselves with the policy prior to dealing with medication for the first time in their new role and to adhere to the policy as stated.

The Clinical Services Director will ensure that West Suffolk Hospital (WSH) pharmacists have access to SNHC policies and procedures.

It is the responsibility of the WSH Chief Pharmacist to provide pharmacist support and advice, as well as technician top-ups, as per the SLA.

Hospice doctors, Registered Nurses and physiotherapists are responsible for the accuracy of the medication advice they give to professionals and patients/families. Advice given by telephone should be recorded in the patient’s healthcare record or on a Telephone Advice sheet.

4.2 Responsibilities of Registered Nurses

On joining St Nicholas Hospice Care all Registered Nurses (RNs) will undertake supervised practice with an established RN prior to being responsible for administering medication. Formal SNHC medicine competency assessment will be commenced on joining and completed within the first 6 months. The Clinical Services Director will be responsible for the judgement as to whether each nurse has achieved competencies.

All registered nurses are personally accountable for their practice, actions and omissions. They must adhere to the current NMC Code of Professional Conduct.

All Registered Nurses must act in accordance with the NMC Standards for the Management of Medicines.

In administering any medicines the nurse must exercise professional judgement and apply their knowledge and skill appropriately.

The nurse is accountable for ensuring that they have current knowledge of the therapeutic uses of the drugs they administer, including doses, contraindications and side effects. Any nurse who is not familiar with any aspect of this should not administer the prescribed drug and seek advice. The senior nurse and/or doctor must be informed of any decision not to administer medication.

All omissions and the reasons for them should be recorded on the designated section of the prescription sheet.

No medicine may be administered unless prescribed by a suitably qualified prescriber.

The senior registered nurse on the night shift is responsible for ensuring the drugs in the emergency and hypoglycaemia boxes are stocked to the required level and dates of expiry checked.
• The senior registered nurse on the night shift is responsible for checking the levels of controlled drugs, those drugs treated as controlled drugs and frequently used injectable medicines.

• Registered nurses are responsible for their decision making when identifying a variable dose or route of a drug (Patient Specific Directions – see 10.1).

4.3 Responsibilities of Medical Practitioners

• Guidance on medical practice and prescribing is available from the GMC and should be followed. The documents: Good Medical Practice (2013) and Good practice in prescribing and managing medicines and devices (2013) are available on the GMC website and provide detailed advice.

• Drugs should only be prescribed to meet the identified needs of patients in an appropriate, responsible way in the best interests of patients.

• A prescriber should make an assessment of the patient’s needs including an adequate history covering previous adverse drug reactions, current medical conditions and drug usage including non-prescription medications.

• Clinical and cost effectiveness, benefits and risks for the individual and drug interactions should all be considered when prescribing any medication using available guidance (e.g. BNF, NICE, PCF).

• The indication, rationale and risk/benefit considerations as well as information given to patients should be recorded contemporaneously in the patient’s healthcare record.

• The prescriber should reach agreement with the patient on the use of proposed medications or treatment through exchange of information and clarifying concerns.

• A doctor will be available at all times for review/advice regarding patients’ medications.

• The prescriber will document the rationale for any alterations to prescriptions.

• Discharge letters including medications, rationales and review suggestions are sent within one working day of a patient being discharged from the ward ensuring timely communication with the patient’s other professional carers and prescribers. Advice to professionals or patients and families in the community will follow a similar level of assessment and consideration with written notification following outpatient and Orchard/Burton Centre consultations or where complex advice has been given by phone to another professional.

4.4 Responsibilities of Non-Medical Prescribers
(see M23 Non-Medical prescribing guidelines)

They are professionally responsible for their own actions. In addition, every nurse with prescribing responsibilities must be registered as a prescriber with the NMC and adhere to the current NMC and National Prescribing Centre Independent Prescribing Guidelines.

Non-medical prescribers are legally able to prescribe any licensed medicine for any medical condition within their competence. Those working for St Nicholas Hospice Care will generally limit their range to prescribing within the domain of palliative care. This may include the discontinuation of any medicines no longer clinically indicated, and the prescription of all a patient’s usual medications when they are admitted to Sylvan Ward.
Like medical prescribers, non-medical prescribers are able to prescribe medicines ‘off-label’ (medicines with a licence for UK use under different circumstances than those used, e.g. for a different clinical indication, at a different dose, via a different route). They must take full clinical and professional responsibility for their prescribing and should only prescribe ‘off-label’ where it is recognised as best practice to do so. Unlike medical prescribers, non-medical prescribers may not prescribe unlicensed medicines (medicines which do not have a licence for UK use). The exception to this is when licensed medicines are mixed together (e.g. in a syringe driver) thereby forming an unlicensed mixture. The Department of Health advise that non-medical prescribers may prescribe medicines intended for mixing providing they are competent and it is in the patient’s best interest.

Provided the nurse is appropriately trained and qualified as an independent prescriber, and the role of prescribing is recognised and agreed as part of his or her nursing duties, St Nicholas Hospice Care may also be held vicariously responsible for the nurse’s actions. The NMC advise all nurse prescribers to ensure that they have professional indemnity.

4.5 Responsibilities of Pharmacists

- Pharmacists will carry out their duties in accordance with the current Medicines, Ethics and Practice Guide as published by The Royal Pharmaceutical Society, and in line with agreed SNHC policies if applicable.

- It is the responsibility of the Pharmacy Department at West Suffolk Hospital NHS Trust under Service Level Agreement (SLA) to supply and dispense any medication prescribed for inpatients at St Nicholas Hospice Care.

- It is the responsibility of a designated Pharmacist/ pharmacy technician to visit the ward to review the medication prescribed (frequency of visits to be determined in accordance with the current SLA).

- It is the responsibility of the Pharmacist to authorise any orders to obtain ‘prescription only’ medicines from the wholesale suppliers and to advise staff of any difficulties in relation to any particular orders being processed.

- West Suffolk Hospital Pharmacy staff should ensure that all medication that requires collection from the hospital pharmacy is available at a reasonable time to facilitate safe and efficient collection. Last minute and late afternoon orders for medicines will be avoided by ward staff whenever possible.

4.6 Governance

- Decisions regarding medicine usage and protocols are supervised by the Consultant in Palliative Medicine and the Clinical Services Director and agreed by the Medicine Management Committee.

- Decisions may be referred to the Clinical Commissioning Group (CCG) Medicines Management Board especially for funding of unusual items.

- The Care Quality Commission (CQC) will assess the management of controlled drugs as part of their regular inspections, ensuring compliance with legal requirements. This may form part of the Self Assessment Process.

- The Hospice recognises the legal duty of collaboration to share information and intelligence, within certain constraints, about the use of controlled drugs with the NHS, police and social care organisations.
• An annual audit of Controlled Drug Management is undertaken by the **Accountable Officer** coordinated by the Medicine Management Committee. The findings are shared with the Clinical Committee.

• Annual audits of medicine and medical gases management will be carried out.

5. **Procedures and Guidance**

An auditable trail for the procurement, ordering, delivery, storage, distribution, dispensing and issue, supply, administration and disposal of medicines is essential. Each of these is available as a Guidance document stored in the shared drive.

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6. **Controlled Drugs**

(see M5 Standard Operating Procedure for Controlled Drugs– guideline)

7. **Use of Drugs beyond Licence**

(see M13 Licensed Drugs for Unlicensed Purposes Guideline)

8. **Orchard/Burton Centre**

(not drop-in)
• New patients are asked to list current medications for staff to record in the healthcare record. Each patient is assessed to ascertain their suitability and competence to self administer whilst in the Centres

• For each attendance the patient will be requested to bring with them any medication that they may require during the attendance. The medicines must remain the patient’s responsibility during their visit. Patients are advised to keep their medications on their person at all times. Secure storage can be arranged by clinician in charge

• Drugs will only be administered against a valid doctor’s prescription

• Patient’s own medication brought to the Centres should be clearly identifiable, in its original packaging or in a pharmacy prepared dossett box

• Patients’ own CDs can be stored for the duration of their visit in the controlled drugs safe. All drugs MUST be returned to the patient before they leave the Centres. No drugs will be stored in the Centres over night

• At the Orchard Centre, if a patient has forgotten their own medication or needs additional medication, these may be sourced from Sylvan Ward stocks. A prescription must be written by an authorised prescriber on a drug medication chart in accordance with Hospice procedure. It is the responsibility of the prescriber to notify the patient’s GP in a written form e.g. by nhs.net email or by letter on the same day if this is a new drug or an increased dose.

9. Community Hospice Service
   a. Advice

   For patients in the community, the GP/Primary Healthcare Team remain responsible for overall care. SNHC staff advise patient and carers on use of medication they already have been prescribed and professionals on potential medication introductions or adjustments.

   All staff involved in making medication recommendations must ensure they have appropriate current knowledge and skills to assess the patient’s situation and discuss the rationale, potential side effects and specific instruction required for any suggested drug changes.

   b. Ownership of medications

   Medication remains the property of the patient for whom it is prescribed and the patient or carer is responsible for disposal or return of drugs to the dispensing pharmacy when no longer needed.

   Responsibility for recording use of controlled drugs/parenteral medicine lies with the person administering in line with local policies.

   In the event of a discrepancy discovered or suspected by a member of SNHC staff, the community nurse manager and the patient’s GP must be informed. Details should be recorded in SNHC patient healthcare record and a SNHC Medication Incident Report Form completed. The CSD will inform relevant employing organisation e.g in Suffolk/Essex/Norfolk/Cambridgeshire.
c. After a Patient Dies

The drugs become the property of next of kin. A staff member may remove the medication from the house to a pharmacy for disposal if a risk assessment deems it would be safer to do so for the relatives remaining in the house. This action and rationale should be recorded in the healthcare record. Only in exceptional circumstances where there is no alternative should drugs be brought to SNHC, whereupon they are sealed in a labelled polythene bag and locked in a 'patients own medicines’ cupboard in the drugs room. Controlled drugs must be recorded in the patients’ own controlled drugs register and securely locked away prior to destruction.

d. Transporting Drugs – see M7b Transportation of Medicines Guideline

In exceptional circumstances, when family/carers are unable to, SNHC employed staff may collect prescription drugs (including controlled drugs) taking them directly from the pharmacy/place of dispensing to patients home.

e. Administering Medication – see M9 Administration of Medicines Guideline

SNHC RNs may administer drugs in accordance with community prescriptions and protocols. Our Community Hospice Team nurses work across Suffolk, parts of Norfolk, Essex and Cambridgeshire, in independent care homes and community hospitals; they must use their clinical judgement to work safely within these different ‘venues’ each of which will have their own protocols. The importance of working to professional standards within legal limits will always be the guiding boundaries to registered nurse practice.

f. Access to Emergency Drugs – see M6a Emergency Dispensing Procedure

These have to be prescribed by the patient’s GP or by an Out of Hours GP. In exceptional situations non-controlled drugs may be dispensed from Sylvan Ward stocks for patients already known to and registered with SNHC.

10. Patient Information

- Registered nurses and medical practitioners should seek concordance with any drug treatment where possible

- All staff involved in medicine prescribing or administration must have appropriate knowledge and skills to be able to discuss the rationale, potential side effects and specific instructions required, for any drug changes which have been prescribed for the patient. If staff are unable to do this it is their responsibility to seek help from a competent colleague.

11. Medication Incidents

(see M19 Medication Incident Reporting guideline)

A medication incident is an untoward incident or event involving prescribing, dispensing, administration, handling, storage, transportation and management of medicines and controlled stationery.

11.1 Adverse Drug Reaction

- On noticing or suspecting an Adverse Drug Reaction staff must stop the medication, assess patient and inform medical staff, record in patient’s healthcare record

- If required dial 999/access Emergency Drug Box (held in Drug Room)
• An anaphylaxis kit is available in the Drug Room and Anaphylaxis Guidelines (M11) should be followed when appropriate

• Prescriber to complete yellow card report / incident form, if appropriate.

11.2 National Drug Alert / Recall of Medicines

• National Alerts are received electronically by the Clinical Services Director from Medicines and Healthcare Products Regulatory Agency (MHRA)

• It is the responsibility of the WSH pharmacy to action the recommendation as detailed in the WSH/SNHC Service Level Agreement

• The Clinical Services Director is responsible for appropriate action to be taken and the outcome actions of all the Alerts being recorded and filed accordingly

11.3 Wastage of Drug

• All medicines must be wasted in line with the Disposal of Medicines guideline (M10)

12. Loss of Controlled Drugs
(see M16 Missing Controlled Drugs from Sylvan Ward Guideline)

• All losses must be reported on a Medication Incident Report Form and Clinical Services Director and Consultant notified by the next working day.

13. Medical Devices

• The Clinical Services Director will delegate responsibility for ensuring medical equipment used is serviced annually, in conjunction with the Facilities Manager.

13.1 Syringe Driver
(See M12 Syringe Driver Guideline)

• All clinical staff involved in the preparation, setting up, monitoring and discontinuation of medication being delivered via a Syringe Driver must be appropriately trained and demonstrate competence in the skills required. The provision of education is the responsibility of the Director of Personnel; the responsibility of ensuring staff, have met the mandatory training lies with the Clinical Services Director and Consultant (medical staff).

• The Facilities Manager is responsible for ensuring that Syringe Drivers are serviced annually, and if necessary repaired by the Electro Bio Medical Engineering Department (EBME Dept), West Suffolk Hospital.

13.2 Epidural/Spinal Drug Delivery

Epidural/spinal administration of medicines at SNHC is infrequent. Should the need arise for a particular patient to receive medication by this route, advice and training must be sought from the pain team at the WSH and their protocols and procedures must be adopted and followed.
13.3 Intravenous Medication

- Only staff who have undertaken appropriate training and are competent may administer medications via this route. It is the responsibility of the Clinical Services Director to establish means whereby nurses are deemed competent and the Consultant for medical staff.

14. Blood and Blood Products
(see T17 Blood Products & Transfusions guideline)

- Patients at St Nicholas Hospice Care may require blood transfusions. All staff involved will be trained in the safe administration of blood products. It is the responsibility of the Director of Personnel to ensure training is made available and the Clinical Services Director will ensure that staff access the training.

15. Medical Gases
(see M21 Medical Gases SOP)

Medical Gases are medicines and as such are regulated under the Medicines Act (1968) and should therefore be prescribed, administered and monitored as such.

- The Facilities Manager, in liaison with the Clinical Services Director, is responsible for the procedure in relation to the storage of gas cylinders
- The Facilities Manager is responsible for the handling, delivery and storage of gas cylinders
- The Clinical Services Director will delegate responsibility for the ordering of the cylinders.

All staff involved in storing, moving or administering medical gases must undertake appropriate competency training and supervision. It is the Director of Personnel’s responsibility to ensure training is made available and the Clinical Services Director will ensure that staffs access the training.

16. Complementary Therapies
(see T1 Complementary Therapy Guideline)

Complementary medicines e.g. herbal or homoeopathic remedies or essential oils used for therapeutic purposes require the same safeguards as other medicines. Some herbal medicines may be harmful or cause adverse reactions and interactions with other medicines.

Patients admitted to SNHC may wish to take complementary therapies e.g. herbal and homoeopathic medicines. Patients should be encouraged to inform nursing, medical and complementary therapy staff of all complementary therapies being taken whether prescribed or purchased over the counter, so that the appropriateness of the therapy to both the existing condition and co-existing treatments can be considered.

If the doctor wishes to prescribe the complementary therapy for inpatients on the prescription chart they must take full responsibility for its use. A registered nurse may assist a patient to take therapies prescribed in this way in the same way as any other unlicensed medication but must not administer non-prescribed complementary medicines.

Patients may self administer non-prescribed complementary medicines or seek the assistance of a relative, friend or carer in this task. They should inform staff that they are using them to allow
an opportunity for assessment of the potential for interaction. Ideally systemic (e.g. oral) medicines should be approved by a doctor.

16.1 Essential Oils

These can only be prescribed by a qualified Aromatherapist. Aromatherapists may prepare blends, for the use of individual patients for use by massage therapists and carers. These blends will be labelled with the patient’s name, the names of the oils included, dilution and instructions “for external use only” and “use by date”. If patients wish to self administer, the advice of a qualified Aromatherapist can be sought.

17. Illicit Substances

(see M14 Procedure for Management of Illicit Substances found at SNHC)

Possession of certain controlled (illicit) substances is illegal under UK law. However, patients who are under the care of St Nicholas Hospice Care may well be legitimately prescribed and in receipt of controlled substances (and their relatives/carers may be designated responsible by the patient to assist in transporting these medications to and from St Nicholas Hospice for the patient).

The Management of Illicit Substances guideline (M14) explains the steps that must be followed if a substance that is either known to be, or suspected of being an illicit substance is found within the St Nicholas Hospice premises and where there is doubt that it is in legitimate possession.

a) This document gives guidance when:
b) The patient has an illicit substance
c) A visitor has an illicit substance
d) A staff/volunteer has an illicit substance
e) An illicit substance is found but ownership unknown

18. Unqualified Care Staff

18.1 Student Nurses

Students on placement with SNHC are encouraged to observe and participate in drug administration appropriate to their level of training and experience. Students must never administer or supply medicinal products without direct supervision by a Registered Nurse; the accountability always lies with the RN. The student nurse is not responsible for any drugs.

The RN must clearly countersign the signature of the student when supervising a student in the administration of medicines.

18.2 Nursing Assistants

The RN who delegates administration of medication to a Healthcare Assistant or Nursing Assistant (i.e. asks the Assistant to give the medication to the patient) remains professionally accountable and must observe the medication actually being administered. This can be oral or topical only, unless the assistant is deemed competent to administer PR, PV or PU / per catheter medications.

18.3 Medical Students

Students on placement at SNHC are encouraged to observe drug prescribing appropriate to their level of training and experience. They are not allowed to prescribe but may administer medication under the supervision of an RN or doctor appropriate to their level of training and
experience. The doctor or RN must clearly countersign the signature of the student when supervising a student in the administration of medicines.

19. Monitoring & Review

This policy will be reviewed every 3 years or earlier if there is new National Guidance or changes in legislation. Medication administration is subject to audit, and all medication incidents are monitored on a monthly basis.

19.1 List of Related Procedures and Guidelines, not already mentioned in Section 5

Completion of Health Care Records Guideline OCG13

20. Circulation of updated copies of this Policy

All registered nurses, healthcare assistants/nursing assistants, doctors, visiting WSH pharmacists, Director of Personnel (regarding training issues and new employees access to Policy), Facilities Manager (regarding Medical Gases Issues), Complementary Therapist, Occupational Therapist and Physiotherapist will be advised of changes to the policy.

21. Abbreviations used in the text:

AO  Accountable Officer
CCG  Clinical Commissioning Group
CD  Controlled Drugs
CQC  Care Quality Commission
CSCI  Continuous Subcutaneous Infusion
CSD  Clinical Services Director
DN  District Nurse
DOH  Department of Health
GP  General Practitioner
RN  Registered Nurse
SLA  Service Level Agreement
SNHC  St Nicholas Hospice Care
ULM  Unlicensed Medicine
ULR  Unlicensed Route
ULU  Unlicensed Use
WSH  West Suffolk Hospital