

TEMPORARILY AMENDED FOR COVID PANDEMIC:

Valid until April 2021

Standard Operating Procedures (SOPs) and competency assessment tool for the administration of medicines by mouth, in liquid or solid dosages in community settings.

*All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure

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Responsible dept / director:	Executive Director of Nursing Pharmacy and Medicines Management Local Authorities				
Approved by:	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
Date approved:	November 2015 / June 2020				
Date activated (live):	November 2015				
Documents to be read alongside this document:	<ul style="list-style-type: none"> Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's) for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) COVID- 19 Medication administration training (HEIW 2020) 				
Date of next review:	April 2021				
Date EqIA completed:	Nov 15 (Overarching Policy MM01)				
First operational:	November 2015				
Previously reviewed:	Dec 2016	Feb 2019	April 2020		
Changes made yes/no:	yes	yes	yes		

Standard Operating Procedure for the administration of medicines by mouth, in liquid or solid dosages in community settings

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deem to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment.

Definition of consent, capacity and refusal (Medication administration HEIW 2020)

Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.

Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.

Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

	Action	Rationale
1.	Delegation of this task must be given by the nurse or manager caring for the patient/citizen/ resident	
2.	Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent	To ensure that the patient/citizen/ resident understands the procedure and gives their valid consent.
3.	Before administering any prescribed medication, look at the citizen's MAR or equivalent chart and check the following. <ul style="list-style-type: none"> • The correct patient/citizen/ resident and DOB • Correct medication is selected –name of medicine, dose and frequency • Date and time of administration • Expiry date • Allergy status 	<ul style="list-style-type: none"> • To minimise harm • Establish patient/citizen/residents identity • Ensure all products are fit for use with valid expiry date and not damaged (don't use if damaged) • ensure patient/citizen/ resident is not allergic to the particular medicine
4.	Wash hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.	To ensure the procedure is as clean as possible and minimise the risk of cross infection

5	<p>Empty the required dose into a medicine container (pot)</p> <p>Medication should be administered to the patient/citizen directly from the dispensed container, using the non touch technique Medication should never be left out to be taken later</p> <p>Medication should never be removed from the original container in which a pharmacist or dispensing doctor supplied it until the time of administration</p>	<p>To minimize the risk of cross-infection.</p> <p>To minimize the risk of harm to the care worker.</p>
6	<p>Liquid medication should be measured at eye level and administered using appropriate equipment.</p> <p>If an oral syringe is being used for administration, consent must be obtained.</p>	To get the right dosage
7	Assist the patient/citizen to a comfortable position appropriate for medication administration that maintains the citizen/ resident dignity	
8	Offer a glass of water (for oral medication), if allowed, assisting the patient/citizen/ resident where necessary	
9	Stay with the patient/citizen/resident until administration process is complete.	To ensure that medication has been taken on time
10	Removes gloves and apron and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub	
11	Administration of medication should be recorded immediately. Record the dose given and sign the MAR or equivalent chart	To meet legal requirements and local policy
12	<p>If medication is refused, the care worker should record the reason for non-administration on the back of the MAR or equivalent chart and in the care plan.</p> <p>If refusal of medication occurs the delegating registered nurse/ manager and or GP must be informed</p>	
13	'When required' (PRN) medication must have adequate directions including the appropriate use of the medication e.g. to treat which symptoms, and the maximum daily dose and frequency. These details should also be in the care plan e.g. one or two tablets every four to six hours for relief of knee pain. No more than eight tablets in 24 hours.	

Notes:

1. Medication should be administered strictly in accordance with the prescribers' instructions; they cannot be given for any other purpose or to any other patient/citizen/ resident. This also includes non-oral medication such as dressings, creams and sip-feeds.
2. Administration should respond to the patient's/citizen's needs and allow for special provisions such as when medication is required in advance of food or medication with specific dosage regimens.
3. Medication should **never** be potted up or passed to another care worker to administer to the patient/citizen at a later time or date.
4. MAR or equivalent charts should be clear and unambiguous.
5. Training and competence assessment for administration of medicines by care worker must include the following:

How to obtain patient/citizen/resident consent.

How to check patient/citizen/ resident identity

How to check the name, form, strength and dose of medication

How to check that the MAR or equivalent chart and the medication match

How to check if there have been any recent changes in therapy.

How to check the dose has not already been administered

How to check the **route** of administration, or if there are any special administration requirements.

How to record a variable dose of medication.

How to clarify unclear dose instructions such as 'as directed'.

How to deal with a medication administration error

Competence document for Care Workers, Healthcare Support Workers/Assistants for the administration of medicines by mouth, in liquid or solid dosages in community settings.

NB. Only staff nominated by manager may undertake this competence.

HCSW Name: Date:.....

Signature: Base

PRACTICAL ASSESSMENT

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

		Witnessed practice			Assessors signature & Date
		1. Date	2. Date	3. Date	
1	Delegation of this task must be given by the Nurse or manager caring for the patient/citizen/resident				
2	Explain and discuss the procedures with the patient/citizen/ resident. Gains verbal consent.				
3	Before administering any prescribed medication, checks the patient's Medication Administration record (MAR) or equivalent chart for the following. <ul style="list-style-type: none"> • The correct patient/citizen/resident • Correct medicine and dosage is selected • Date and time of administration • Expiry date • Allergies 				
4	Ensure candidate wash their hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.				
5	Places the required dose into a medicine container (pot) Medication should be administered to the patient directly from the dispensed container, using a non touch technique				

6	Ensure liquid medication is measured at eye level and administered using appropriate equipment. If an oral syringe is being used for administration, consent must be obtained.				
7	Assists the patient to a comfortable position appropriate for medication administration that maintains the patient's dignity.				
8	Offers a glass of water (for oral medication), if allowed, assisting the patient where necessary				
9	Stays with the patient until administration process is complete.				
10	Removes gloves and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub				
11	Records the dose given and signs the MAR or equivalent chart immediately after administration				
12	If medication is refused, documents the reason for non-administration on the back of the MAR or equivalent chart and in the care plan. If refusal of medication occurs ensure the candidate informs the delegating registered nurse/ or manager / or GP. Any refused , incorrectly prepared, or dropped medication must be disposed of in accordance with local protocols.				
13	Is aware of requirements regarding 'When required' (PRN) medication				

Assessor's name : Signature

Designation:

Signature Date:

Copy of completed competence document to be given to manager to file in personal file