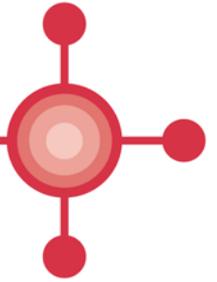


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal

November 2015

This report has been prepared by the Medicines Administration, Recording, Review, Storage and Disposal (MARRS) Group, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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This document should be cited as:
All Wales Medicines Strategy Group. All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal. November 2015.



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1.0 BACKGROUND

The *All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal (MARRS)* has been developed as a response to medicines practice issues identified as part of the *Trusted to Care* report, published in 2014¹. It provides a standards framework for health boards and trusts in Wales, which must be implemented through local procedures.

2.0 PURPOSE AND SCOPE

The purpose of the policy is to set out the minimum standards of practice that must be adopted by all healthcare employees involved in the administration, recording, review, storage and disposal of medicines in Welsh hospitals. The implementation of these standards will ensure that medicines administration and practices are of a consistently high standard and that patients, staff and visitors to Welsh hospitals are protected from the harmful effects of medicines through robust medicines storage practices.

3.0 RESPONSIBILITIES OF HEALTH BOARDS AND NHS TRUSTS

Each health board and trust must ensure that:

- There is a formal process for the approval and review of procedures pertaining to MARRS matters. Only documentation approved for use by the health board or trust through this formal process may be used by healthcare employees.
- All healthcare employees involved in the administration of medicines have received appropriate education, have been assessed as competent and work within the limitations of their competence². This competence will be re-assessed as part of the annual appraisal process.
- Policies and procedures that clearly indicate to healthcare employees which medicines-related incidents are reportable are in place. These policies and procedures must be supported by training on the use of local reporting systems. Systems must also be developed to improve the quantity and quality of incident reports relating to medicines, and the subsequent investigation of these errors, by addressing the known barriers to reporting and effective investigation.
- A professional duty of openness and honesty is promoted and staff are supported to raise concerns that may impact on patient or public safety and to take the necessary action to address these concerns where appropriate.

4.0 MEDICINE ADMINISTRATION

The administration of medicinal products must be informed by guidance from appropriate regulatory boards and professional bodies³⁻⁵.

4.1 Authority to administer

Health boards and trusts must have local procedures in place that identify acceptable authorities against which a healthcare employee can administer medicines.

4.2 Training

All staff involved in medicines administration must receive medicines management education/training as part of their induction to the health board or trust, and update their knowledge of MARRS practices every three years by completing the All Wales MARRS education programme. A practitioner's medicines practice must also form part of the individual's annual review process, giving both the reviewer and practitioner opportunity to identify any learning needs and actions required in the intervening years, between undertaking the required learning programme every third year.

4.3 Delayed or omitted administration

Health boards and trusts must have formal procedures in place for healthcare employees to follow when medicines administration is either delayed or omitted i.e. in the following circumstances:

- a) a patient is unable to take a medication (where a medication is prescribed for administration via the oral route but the patient is 'nil by mouth' or where a medication is prescribed to be administered by the intravenous (IV) route but there is no cannula in place);
- b) a patient refuses to take a medicine;
- c) a medication is unavailable when it is due to be administered.

4.4 Administration by healthcare employees

Only healthcare employees who have been assessed as competent can administer medicinal products. Once assessed as competent, the healthcare employee can, where deemed appropriate, administer medicines without involving a second person. However, the administration of certain medicines and/or the administration of medicines to certain groups of patients will require a second-check. It is the responsibility of the health board or trust to identify when and where a second check is required. Two registered healthcare professionals may be required for both the checking and the administration of medicines in the following situations:

- when the medicinal product is a high risk medicine administered via the IV or subcutaneous (SC) route;
- when the medicinal product is a controlled drug;
- when the medicinal product is a cytotoxic agent;
- where the recipient of the medicinal product is a child, young person or neonate;
- when calculation of dosage is required (including dose adjustments for infusions already in progress);
- when an IV administration is made up or an IV or SC infusion is commenced or the rate of infusion is changed.

For any two-person procedure, both healthcare professionals are required to independently check the medicine and its administration. Both signatures are required on the prescription chart and any associated documentation. Healthcare professionals undertaking IV administration of injections and fluids are required to undergo additional training and must be deemed competent before undertaking this aspect of medicine administration.

4.5 Self-administration

If a patient wishes to self-administer their medicine whilst in hospital, they should be supported to do so where possible. Health boards or trusts must have procedures to facilitate the self-administration of medicines by a patient. The procedure must include guidance for assessing the ability of a patient to self-medicate. This assessment must be undertaken by a suitably trained healthcare professional, and be documented in the patient notes and retained in the patient file.

5.0 RECORDING

A clear, accurate and immediate record of all medicines administered must be made by the healthcare employee responsible for administration. Medicines scheduled to be taken by the patient but which are not taken (e.g. due to a lack of availability or refusal by the patient) must also be recorded. In order to account for the administration, the healthcare employee must observe the patient taking the medicine before recording their signature. If the medicine or fluid is given as an intermittent or continuous infusion, the administration chart should be signed immediately after the infusion has commenced. In the event of an emergency (e.g. cardiac arrest), a list of medicines administered to the patient must be documented and a copy held within the patient's notes in accordance with local procedures.

6.0 REVIEW

The health board or trust must ensure processes are in place for appropriate and timely review of a patient's medicines regime.

It is the responsibility of the person administering a medicine to contact the prescriber of the medicine or another authorised prescriber without delay where:

- contraindications to the prescribed medicine are discovered;
- the patient develops a reaction to the medicine;
- assessment of the patient indicates that the medicine is no longer suitable; or
- the medicine has been omitted.

Prescribers have a responsibility to ensure that the medicines they have prescribed have been administered. The healthcare professional caring for patients deemed suitable for self-administration has continuing responsibility for their daily assessment, to ensure the practice remains safe.

7.0 STORAGE

7.1 Responsibilities

Health boards or trusts must ensure medicines are stored in accordance with current legislation and national guidance⁶. The service director/lead for pharmacy and medicines management is responsible for establishing a system for the security of medicines in consultation with appropriate medical and senior nursing staff. The sister, charge nurse or clinical lead of the ward or unit is responsible for the secure storage of medicines in their area. The sister or charge nurse may delegate some duties involved in the storage of medicines but cannot delegate responsibility. The Nursing and Midwifery Council Code dictates that a registrant takes all steps to ensure medicines are stored securely⁷.

7.2 Storage areas

There must be separate lockable ward cupboards, fridges and, where required, freezers for:

- controlled drugs – a controlled drugs cabinet (that complies with the Misuse of Drugs [Safe Custody] Regulations 1973⁸)
- oral medicines – cupboard
- topical medicines – cupboard
- medicines that require storage in a fridge or freezer
- epidural infusions (where permitted) – cupboard

Suitable storage areas must also be provided for the following:

- diagnostic reagents, including urine testing
- intravenous fluids and sterile topical fluids
- flammable preparations
- dressings

Cupboards to be used for oral and topical medicines should comply with current specifications. Where computer-controlled cabinets are used for medicines, they should provide at least the same level of security as traditional lockable cupboards. Medicine trolleys, where used, should be lockable and immobilised when not in use. Treatment room doors should be locked when not in use, with access restricted to designated staff. Healthcare support workers may be permitted to put away delivery of stock medicines in general medicines cupboards. They must carefully check the picking list and make the nurse in charge aware of any discrepancies.

When schemes for self-administration of medicines and/or “one-stop” dispensing are in operation, each patient involved in the scheme should have a lockable area for medicines (e.g. drawer, individual cupboard). Only a registered healthcare professional can place medicines into the patient’s bedside medicine storage cupboard.

For clinical emergencies, e.g. cardiac arrest, wards and departments must have a source of urgent medical products. The content must be agreed by the Resuscitation Committee. These contents should be held in boxes clearly marked “for emergency use”. These boxes should be tamper evident and should not be held in a locked cupboard, but at strategic and accessible sites.

8.0 DISPOSAL

It is a legal requirement that all waste is disposed of correctly. Medicines are categorised as clinical waste for waste management/segregation purposes. All medication must be disposed of safely in accordance with the Hazardous Waste Regulations (2005)⁹. Controlled drugs must be destroyed in such a way that the medicine is denatured or rendered irretrievable so that it cannot be reconstituted or reused. Where denaturing is carried out on the wards, the methods used must be those currently recommended by the Royal Pharmaceutical Society¹⁰.

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