Medicines Management Policy

Nominated Individual	Richard Drakeford
Registered Manager	Robin Page
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Applicable to	All staff and contractors
Policy Signed By	RICHARD DRAKEFORD

Introduction

Re-Pat Ltd is committed to the safe and effective management of medicines to ensure the highest standards of care for service users.

This policy outlines the principles and procedures for medication management within our services, ensuring compliance with legal and professional standards.

Purpose

The purpose of this policy is to:

- Ensure the safe, accurate, and timely administration of emergency medications to service users where required
- Minimise medication errors and manage any that occur promptly and effectively where applicable
- Maintain high standards of practice in the management of medications.

Scope

This policy applies to all staff involved in the handling, administration and management of medications within Re-Pat Ltd.

Definitions

Medication Management: A system of processes and behaviours that ensures the safe and effective use of medication.
Administration of Medication: The process of providing a single dose of medication to a service user.
Medication Error: Any preventable event that may cause or lead to inappropriate medication use or service user harm.

Responsibilities

The Responsible Medical Practitioner for Re-Pat Ltd is: **Robin Page**

The **Medical Practitioner/Registered Manager** is the responsible officer for the service and is legally accountable for medicines management and the associated risks.

It is the responsibility of the **Registered Manager** to ensure there are clear lines of accountability established and maintained throughout the organisation.

The **Registered Manager** must ensure the leadership team is kept fully informed of any risks or issues relating to medications.

The **Registered Manager** is responsible for overseeing the professional standards of staff employed by Re-Pat Ltd. They are accountable for ensuring that all staff fully implement this policy and any related procedure. They are required to ensure, as far as is reasonably practicable, that there are:

- Adequate resources available to meet the medicines policy requirements
- Staff are competent in medicines management responsibilities
- The effectiveness of the policy and arrangements for implementation are regularly monitored and reviewed

- Appropriate induction, training and supervision is provided for staff working in their area of responsibility.

All staff are accountable to work within current legislation and to work within the code of conduct of their professional body, and within the organisational policy.
Any staff member administering or disposing of medicines is personally responsible and accountable. That accountability cannot be delegated or shared with another person.

Relevant Legislation

Legislation regarding the use of medicinal products has been used when putting together this policy. It is imperative to be mindful of legislation when handling medicines. The following legislation has been included:

- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Health Act 2006
- The Human Medicines Regulations 2012
- The Medicines and Human Use (Prescribing) Miscellaneous amendment order May 2006
- Misuse of Drugs Regulations (2012)
- The Medicines Act 1968

Procurement of Medicines

The **Registered Manager** is responsible for developing, maintaining, implementing and reviewing Re-Pat Ltd.'s medication purchasing process. This involves ensuring the procurement process delivers medicines of a suitable quality which are designed for their specific use.

Factors include product identification, reconstitution, administration and disposal. It is essential that the procurement process assesses the capabilities of the supply chain to ensure that products are genuine, have been correctly stored and are available when required.

Purchasing should use appropriate and use trusted sources of supply to ensure the suitability of products purchased to minimise the possibility of counterfeit medicines.
Suppliers and wholesalers are required to hold an appropriate licence from the MHRA and this should be checked for authenticity.

Unlicensed medicines will only be procured when no suitable licensed alternative exists and the service user has consented to its use.

Storage and Security of Medicines

The **Registered Manager** is responsible for emergency medicines kept inside the ambulance, otherwise known as the 'drug bag.'

Medicine bag checks will be carried out by the **Registered Manager** or a nominated member of the team on a regular basis and recorded appropriately (see **Appendix 1** for list of emergency drugs).
Checks will be completed and monitored by the Registered Manager so that an action plan can be completed if required.

Where medicines have been stored or used inappropriately, this must be reported to the Registered Manager as per Re-Pat Ltd 's Accident and Incident Policy.

Any apparent loss of medicine must be reported immediately to the Registered Manager. An incident reporting form must be completed, and appropriate investigations and actions must be undertaken.

Once emergency medication has been used or opened, it should be returned to the supplier and/or a replacement ordered.

Administration of Medications

Specific types of medicines required in an emergency will be administered by suitably trained staff, such as paramedics and emergency nurse practitioners. Staff at Re-Pat Ltd will always refer to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

In the event of an emergency, medicines will be administered as per **Resuscitation Council UK guidance.**

- Medication must only be administered by paramedics or emergency nurse practitioners employed by Re-Pat Ltd or working under a written agreement, as detailed above.
- Emergency medication must only be administered by staff who have received appropriate training and are working within the scope of their competence.

In the event of an emergency requiring administration of medicines:

- Medications will be administered in the best interest of the service user to avoid, reduce, or treat a life-threatening condition
- In the event of a medical emergency of a service user, they must be transported immediately to the nearest Accident & Emergency or Urgent Treatment Centre for appropriate treatment
- Medications administered in an emergency must be given within the scope, competence and skill of the practitioner administering them
- The practitioner administering the medication is accountable for ensuring all relevant information has been communicated and must use their professional judgement that the medication, dose and route are appropriate to the situation
- All emergency events must be recorded and reported as an Incident, as per the **Incident and Accident Policy.**

Any emergency medications administered must be recorded, including:

- Name of the drug
- Date and time drug was administered
- Dose of drug administered
- Route of administration
- Batch numbers and expiry dates of any medication used
- Names of person checking and administering medication
- Name and date of birth of person receiving the medication.
- Clinical practitioners must re-confirm their scope of practice to provide emergency care or resuscitation with the Registered Manager on an annual basis as part of their annual review.

Patient Group Directions (PGDs)

PGDs are written instructions to help services supply and administer medicines to service users and can only be used if there is an advantage for the service user without compromising their safety.

The administration of medications under a PGD can only be done by qualified healthcare professionals. This includes paramedics and nurses.

The PGD must include the following:

- The name of the business who owns the direction
- The start and end date of the PGD
- A description of medicines
- The health professional who can supply or administer the medicine
- Authorisation by an appropriate organisation
- The clinical condition or situation to which the direction applies (e.g. the specified condition/s that can be treated)
- A description of service users excluded from the direction
- Details of appropriate dosage, maximum dosage, quantity, pharmaceutical form and strength, route and frequency of administration etc.
- Relevant warning, including potential adverse reactions

Medical Gases

Re-Pat Ltd will be responsible for the management, administration and transportation of Oxygen and Entonox. Medical gases are generally a prescription only medicine, however they can be administered without a prescription in an emergency.

Indications of Use

- Oxygen will be used for service users, as per the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- Entonox will be used for service users who require pain relief and are eligible for this treatment, as per the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

Procedures

- All Re-Pat Ltd staff are trained and competent in administering oxygen and entonox
- Staff are aware and have been trained in the use, and of the contraindications of the medical gases
- Two staff members will verify the cylinder type, any damage to the cylinder, the pressure and expiry date before using either of the medical gases
- The delivery device e.g. masks and mouth pieces must be single patient use
- The flow rate, duration of treatment, indication and patient response must be recorded on the service users care record
- If administering Entonox staff will ensure the following:
    - Assess the nature of the injury
    - Ensure there are no contraindications for the use of Entonox
    - Assess the service users' level of understanding of the treatment and ability to self-administer Entonox
    - Staff will demonstrate the use of the equipment and allow the service user to practice using the equipment

    - Encourage the service user to inhale and exhale the Entonox by slow and deep breathing

- Staff will dispose of the masks/ mouth pieces in the clinical waste

Storage

Medical gas cylinders will be stored and secured in line with the Health and Safety Executive (HSE) and manufacturer guidance.

- When not in use, the cylinders will be stored in a purpose built lockable cage in a well-ventilated area, away from sources of heat or ignition.
- Cylinders must be stored upright and secured using vehicle brackets or straps.
- Full and empty cylinders must be clearly segregated and labelled
- Only authorised staff may access medical gas storage areas

Handling Safety

- No smoking or naked flames near medical gases.
- Cylinders must not be dropped, dragged, or rolled.
- Valves should only be opened by hand; no tools unless specified by the manufacturer.

Use During Transport

- Cylinders must be secured in ambulances using approved brackets.
- Vehicle signage ("Medical Gases on Board") must be displayed.
- Drivers must be trained in cylinder handling and emergency procedures
- Only trained staff are permitted to operate and manage medical gas equipment. Staff will be responsible for the correct set up, administration, management, observations and record keeping

Safety and Maintenance

Regular maintenance and checks of medical gas equipment must be carried out, documented, and reported in line with company procedures. This will be a part of the daily vehicle checklist.

Staff must be trained in:

- Manual Handling of Cylinders
- Medical Gas Safety Awareness
- JRCALC-based clinical competency assessment
- Annual refresher training

Stock Control & Checks

- Weekly checks of cylinder stock levels, expiry dates, and pressure.
- Defective or empty cylinders must be quarantined and returned to the supplier promptly.
- Records maintained for all issues, returns, and usage

Incident Reporting
All adverse incidents e.g., near-miss, leak or equipment fault must be reported immediately via Re-Pat Ltd.'s incident reporting system (HLTH manage) and escalated to the Registered Manager.

Controlled Drugs

Controlled Drugs are drugs which are subject to high levels of regulation and defined under the Misuse of Drugs Act 1971.

Re-Pat Ltd does not store or administer any controlled drugs on our premises. Should this change in the future, a home office licence will be sought, and this policy will be reviewed and updated accordingly.

Managing errors or incidents in the use of medicines

A medication error is a preventable incident associated with the use of medicines that has resulted in harm or potential for harm to a service user. Such incidents may be related to any step in the medicines use process, including prescribing, dispensing, administration, storage or transfer of medication information. Medication incidents must be reported in line with Re-Pat Ltd 's **Accident and Incident Policy**.

Staff should also report any near misses or potential hazards relating to any part of the medicines management process (including potential or actual prescribing errors, medicines reconciliation discrepancies), with special reference to reporting any near miss relating to medication that is subject to a current or previous NPSA alert.

Following a medication incident, the well-being and safety of the service user is the prime concern and must be assured first and foremost. The incident must be reported as soon as possible to the Registered Manager who will decide whether any further action is required.

Potential safeguarding implications must be considered and appropriate processes followed to safeguard the service user. This may include notifying CQC and making a safeguarding referral to the Local Authority.

Any medication-related incidents should be acted upon immediately and formal internal processes followed. Serious incidents must be reported and investigated.
The service user should be informed that an error has occurred. The member of staff informing the service user should be a member of the immediate care team, who will be able to have an open and honest discussion with the service user.

Learning from incidents

The Registered Manager will review all reported medication incidents and will escalate incidents for further investigation if necessary. Where any trends are identified, this will be reviewed and analysed further, with any appropriate actions being taken.

Adverse Drug Reaction Reporting

Prompt reporting should be carried out for any suspected adverse drug reactions to new drugs that are subject to additional monitoring by regulatory bodies. These medicines are identified in the BNF and in product literature by the inverted black triangle symbol (▼). Reporting must also be

undertaken for unlicensed medicines and for any serious or unusual reactions to established products.

Suspected adverse reactions related to a drug or combination of drugs should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the national yellow card reporting scheme. Copies of the card can be found at the back of the British National Formulary (BNF), or from the MHRA website (www.mhra.go.uk)

Medicine Defect Reporting

A defect is present if the product, as supplied by the manufacturer, is not of the expected standard. Defects may relate to inadequate or incorrect labelling, ineffective packaging, contamination, discolouration, breakage, or incorrect contents.

If a defect is found or suspected in a medicine, it should be reported to the Pharmacy who have supplied the medication. Any remaining product and associated equipment should be retained and quarantined. If the product has been administered to a service user, the responsible practitioner should be informed immediately and details of the defect recorded in the service user's medical record. The incident should be reported to the Registered Manager and via the incident reporting system.

Medication Safety Alerts and Drug Recalls

If a defect is identified in a medicinal product that may pose a hazard to health, the MHRA may issue a 'drug alert' letter.

Medication safety alerts may be issued from various sources, including NHS England, MHRA, or direct from pharmaceutical companies. The responsibility for ensuring such alerts are actioned rests with the Registered Manager, who will make decisions as to what actions that Re-Pat Ltd needs to take, and who will be responsible for these actions.

Control of substances Hazardous to Health Regulations (COSHH)

COSHH regulations is the UK legislation on chemical hazards at work. The main legal duties of employers under COSHH are contained in Regulations 6-12, which cover risk assessment, prevention or control of exposure, use and maintenance of controls, monitoring exposure, health surveillance and provision of information and training.

Safe Disposal of Medicines

Medicines which are no longer to be administered to a service user, should be returned to the nominated pharmacy for disposal. The pharmacy will comply with all relevant legislation and good practice around the handling of unwanted medicines.

Monitoring

This policy will be monitored and reviewed through routine audits and processes specific to the management of medication. This may include discussions during team meetings, the review of accident and incidents, service user and staff feedback and staff training.

Related Policies

Quality, Governance and Risk Policy Accident and Incident Policy

Training and Development Policy
Infection Prevention and Control Policy
Safeguarding Adults Policy

Relevant Guidance and Legislation

CQC Fundamental standards 2010 Regulation 12
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Human Medicines Regulations 2012
Building a Safer NHS for Service users: Improving Medication Safety
(DoH, January 2004)
The Medicines Act 1968
The Misuse of Drugs Act 1971
The Misuse of Drugs Regulations 2001
A Spoonful of Sugar: Medicines Management in NHS Hospitals (The Audit Commission, December 2001)
Medicines, Ethics and Practice 34: a guide for pharmacists and pharmacy technicians (RPSGB, July 2010)
Modernising Medicines Management: a guide to achieving benefits for service user s, professionals and the NHS (National Prescribing Centre, April 2002)
Medicines and Healthcare Products Regulatory Agency (2017) Patient Group Directions: who can use them

Appendix 1 Drug List

3	ADRENALINE 1,10,000	
2	ADRENALINE 1,1000	
2	AMIODARONE	
4	ASPRIN 300MGS	
2	ATROPINE	
1	GLUCAGEN PRE-FILLED	
3	GLUCOGEL	
1	GTN SPRAY	
3	ONDANSATRON	
1	PENTHROX	PGD
2	TRANEXANIC ACID	PGD
5	WATER FOR INJECTION 10ML	
1	IV PARACETOMOL 1000MG IN 100ML	
2	SODIUM CHLORIDE 0.9% (500ML)	PGD
1	GLUCOSE 10% (500ML)	
5	IBRUTROPIUM 250MGS/1ML	PGD
5	SALBUTAMOL 2.5MG/2.5MG	PGD

16 PARACETAMOL 500MG TABLETS
16 IBUPROFEN 200MG TABLETS

3 OXYGEN CYLINDER. (D SIZE)

2 ENTONOX CYLINDER (ED SIZE)