BUDDIES COMMUNITY CARE LTD

MEDICATION AND MEDICINE MANAGEMENT IN A COMMUNITY SETTING

INTRODUCTION:

This policy and guidance revises and replaces "Home Care Support for Medicines Management in the Community.

The following guidelines are intended to support the associated Medication Management Policy and Procedure.

PURPOSE
This guidance applies to BUDDIES team members working within commissioned services in any aspect of medication support in the community. It provides an overarching guidance to support decision making in the community and some procedures that complement the care plan/ risk assessments.

MEDICATION SUPPORT NEEDS & RISK ASSESSMENTS:

1. Individuals should be encouraged to self-medicate whenever safe and possible.
2. A Medication Assessment should be carried out by a qualified practitioner (an RN, or suitably qualified professional or senior manager within the commission) This will help identify whether or not support is required and therefore which of the options below is the most appropriate to provide the support, according to their mental capacity and ability to self administer..
3. If following the outcome of the above assessment an individual is unable to self-medicate there are a range of options to consider. Potential interventions may include:

   o Community Pharmacy.
   o Refer to Medicines Manager within GP surgery (non clinical) to arrange a full clinical medication review with GP or Practice Based Pharmacist.
   o Support provided by the individuals family/friend
   o The use of a community alarm service and phone call reminder from the alarm provider to the individual concerned
   o Use of compliance aid e.g. reminder chart, auto dropper, blister pack, dosette box, etc.
   o Support from ASC domiciliary care provider, where the individual already has a care package arranged by ASC

o Support from Community Nursing Services

o For complex medication regimes advice can be sourced from the Medication
o Optimisation Pharmacist (MOP) via the GP surgery.

Support from a combination of the above options may be appropriate .

o A risk assessment associated with the selected option should be completed indicating level of support required and associated risk.
o Where the Medication Support Needs Assessment indicates support to be provided by independent providers – the risk assessment should reflect the level of support required and the amount of time required to provide the support in a safe manner based on the individual's needs, along with the details of how risk has been minimised etc.
o Compliance Aids should not be requested by BUDDIES. The Community Pharmacist should assess the individual's requirements; based on BUDDIES team members Medication Support Needs Risk Assessment to establish if the use of a Compliance Aid is an appropriate adjustment to support the Service User to maintain their independence with their medication.
o Once medication is dispensed it becomes the property of the Service User to whom it has been prescribed to.

NOTE: The need for medication support should be identified at the needs risk assessment stage and any subsequent reviews.

PROVIDING MEDICATION SUPPORT

This guidance identifies the standards to be applied when managing medicines in the community and the safe systems of work expected of BUDDIES and its team members delivering medication support.

General Guidance

1. BUDDIES will carry out their own medication risk assessment in relation to the safety of both Care Staff and Service User.
2. The Support Delivery Plan and Provider's own medication risk assessment are generated by the Provider and should be available at the Service User's house for access by all Care Staff to refer to.
3. Care Staff must not provide any medication support unless authorised to do so.
4. Care Staff should only provide medication support if the Service Provision Order or Medication Order Form clearly states why this support is necessary and outlines any risks associated with doing this.
5. Care Staff should only administer medication from the packaging/container, dispensed and labelled by a pharmacist or GP dispensing practice. This includes both individually dispensed and labelled medicines and monitored dosage systems (blister pack) and compliance aids. Care Staff cannot

6. administer medication that has been left by someone else to be given later, or from family filled compliance aids, or fill compliance aids themselves. This includes non-oral medication such as skin creams, inhalers and eye drops.
7. Care Staff must report to their Manager any concern about a Service User and their medication.
8. Care Staff must not carry out any invasive, clinical or nursing procedures unless they are competent to do so and have received training from a Healthcare Professional and it is included in the Support Delivery Plan
9. 4.1.9 The Provider's medication risk assessment should be reviewed in conjunction with all interested parties whenever there is a change in the Service User's circumstances and if Care Staff report any problems. Where there is no change, reviews must take place at least yearly.

GENERAL SUPPORT WHEN SUPPORTING A SERVICE USER WITH CAPACITY TO TAKE THEIR MEDICATION AND SELF ADMINISTER SAFELY.

1. All support provided must be recorded in the communication sheets in the person's home. A Medication Administration Record (MAR) chart is not required.
2. Care Staff should record in the communication sheet any change in the person's ability to manage their medication and report any such change to their manager.
3. Where medication support requests a prompt or verbal reminder Care Staff should only provide this support if the care plan clearly states why this support is necessary and outlines any risks associated with doing this.
4. A risk assessment must be completed by the ASC or Healthcare Practitioner identifying why the prompt is required and the implications if the person being prompted declines or their capacity seems to deteriorate.
5. Any deterioration in capacity should be escalated and advice sought from senior professional as appropriate and referred to appropriate persons Social Services/GP/Pharmacist for urgent review.

If it is not in the care plan - DON'T DO IT.

THE PRACTICAL STEPS FOR SUPPORTED ADMINISTRATION.

a. Pass to the Service User loose pills from non-original containers. N.B. this includes damaged containers/blister packs.
b. Pass to the Service User loose pills from containers or medication Compliance Aids filled by the person themselves or relatives rather than a Pharmacist, GP or medically qualified person.
c. BUDDIES team members should not undertake any task for which they have not completed appropriate training.

ADMINISTERING MEDICATION TO SOMEONE WHO DOES NOT HAVE CAPACITY

If the service user lacks the ability or capacity to self medicate, a risk assessment and care plan should be implemented.

The authorised team member will select and prepare medicines for immediate administration from the packaging/container, dispensed and labelled by a pharmacist or GP Dispensing Practice This might include selection from original packs and/or a Compliance Aid.

1. A written system will be in place to ensure that only competent and confident team members conduct this activity,
2. A MAR chart entry must be completed for every administration of medication provided by Care Staff. NOTE: Care Staff should only complete the MAR chart if they have actually seen the Service User take their medication.
3. Care Staff should not give medication: If the Service User is unwell - when Care Staff arrive and the person appears to be
4. If there are no directions on the label; Support should not be given if the directions are unclear. Care Staff should contact their Manager for advice.
5. When required medications' (PRN medications)

a) 'when required medications' are those medicines which a doctor has prescribed to be given only when certain conditions or criteria are met, e.g. pain relief

b) 'When required medication' must be listed on the MAR chart with the maximum daily frequency and or the time lapse between any administrations and any special conditions to trigger a review.

c) All administration of 'when required medication' must be recorded on the MAR chart and all those supporting the Service User – family, friends etc. must be communicated with to ensure they are familiar with the requirement to complete the MAR chart if providing PRN medication to the Service User.

d) Care Staff are not expected to make judgements on medication, e.g. "take as required."

e) The administration of 'when required medications' should be linked to the Provider's medication risk assessment and Care Staff instructed to contact the Home Care Manager for advice and direction.

6. Refusal to take medication - it is the Service User's choice to take or not to take their medication. The Service User cannot be forced to take their medication, however some degree of encouragement can be given. If the Service User refuses help with medication this must be recorded on the MAR chart and reported and documented. Medications must not be disguised or

7. hidden in food in order to force a Service User to take them against their wishes. (see section 9 Covert Administration)
8. Missed Doses - if a dose of medication was missed or omitted during the previous visit a double dose MUST NOT be given. Care Staff must record on the MAR chart that a dose has been missed and report to their manager who should immediately contact the Community Pharmacist or GP.

ERRORS AND UNTOWARD INCIDENCES

9. Service User consuming alcohol or using illicit drugs: - It is a Service User's own decision to drink alcohol or use an illicit substance. Should a Service User appear to be intoxicated and under the effect of alcohol or illicit substances Care Staff must refuse to help with medication. This action must be reported as soon as possible to their manager, and appropriate reviews and escalation, with intervention proportionate and appropriate to the risks presented.
10. Warfarin - see Appendix 7
For Warfarin and all oral anticoagulants which require INR monitoring there will be a specific care plan indicating risk, and appropriate procedures and processes – for monitoring and escalation – with specific training on the risks of anti coagulant use (this might be cascaded information from a relevant professional, recorded)

ADMINISTERING MEDICATION BY SPECIALISED TECHNIQUES

1. In exceptional circumstances following an assessment by an appropriate Healthcare Professional, and after specific Category 3 training supported; by clinical supervision from the Healthcare Professional, Care Staff may be required to administer medication by a specialist technique including:
a) Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).

   b) Insulin by injection including testing of blood sugars.

   c) Administration through a Percutaneous Endoscopic Gastrostomy (PEG).

2. If any of these tasks are delegated to Care Staff then:

   a) there must be a procedure in place that will ensure full risk assessments are completed and documented.

   b) BUDDIES must provide any necessary training and confirm competency of Care Staff to carry out the task.

3. The Provider's procedures must take account of Care Staff refusing to assist with the administration of medication by specialist techniques if they do not feel competent to undertake the task.

RESPONSIBILITIES

This section identifies the responsibilities of those people likely to be involved in the medication support process

RESPONSIBILITY OF THE SERVICE USER

Those Service Users who are able to assume a greater amount of control and independence will require less assistance than people with reduced physical or cognitive abilities.

If assistance with medication is required then the Service User must provide Care Staff with access to the prescription medications and other information to enable them to carry out the duties identified in the care plan, and risk assessment.

RESPONSIBILITIES OF UNEMPLOYED CARERS (FAMILY/.FRIENDS) WHERE TRANSFERRING RESPONSIBILITY TO BUDDIES

1. Carers – (i.e. unpaid carer often family/friend) It would normally be expected that any Carers would provide assistance with medication required by the Service User.
2. Carers often need a break or cannot be available e.g. at work. In these circumstances, it may be appropriate for employed staff to provide this service for a short time during the Carer's absence in compliance with this policy.

3. For the duration of the absence, the Carer must provide the Care Staff with access to the prescribed medications and other information to enable them to carry out the duties identified in the Service Provision Order, the Service Delivery Plan and risk assessments safely.

4. The medication containers and labels must show all of the instructions so that the Care Staff know how and when to give the medications.

5. Where labels show "as required", advice must be sought from the Pharmacist or GP.

6. All prescription medications must be provided and contained within the original pharmacy produced labelled packaging. NB. Care Staff are not allowed to administer from compliance aids that have been filled by family/friends/other Carers. They may only administer from original packaging dispensed by the pharmacist.

7. A prepared Medication Administration Record (MAR) Chart should be obtained from the pharmacy where category two and three administration of medicines is provided.

RESPONSIBILITIES OF CARE STAFF (BUDDIES TEAM MEMBERS)

1. Care Staff should follow the instructions documented in the care plan. No medication tasks must be carried out unless identified within it.
2. It is the responsibility of the Care Staff to follow the care plan and to report any concerns to their line Manager.
3. Care Staff must ensure that the medicines to be administered are in labelled containers as dispensed by a Community Pharmacy or GP Dispensing Practice and have not been secondarily dispensed and that they are stored correctly and safely.
4. Care Staff have a responsibility to monitor and report any changes in Service Users' health to their line manager.
5. Care Staff must not make clinical decisions or judgments regarding the administration of medication e.g. increase or change of dosage. Where Care Staff have any doubt about the action to take they should always consult their line Manager.
6. 5Care Staff when providing support and assistance with medication to a Service User must only carry out duties in accordance with their authority and training.
7. All Care Staff administering medication must complete the Medication Administration Record Chart. (Appendix 5) Good practice suggests completion of MAR Chart signature record too (Appendix 6.)

The responsibility of the service Manager is to ensure the medication support meets the needs of Service Users as identified in a Service User's Medication care plan and assessment and to ensure that the appropriate level of assistance is provided on a day to day basis.

The service Manager is responsible for completing a care plan in relation to both the Service User and Care Staff. A copy of the Provider's Medication Risk Assessment form must be available in the Service Users home file and will be clearly documented in the Support Delivery Plan.

Where the Provider's Medication Risk Assessment identifies the need to find appropriate storage for medication after agreement with a family member, the Home Care Manager must follow the instructions in 6.2 or seek advice from the dispensing pharmacist.

The service Manager will report concerns or queries raised by Care Staff to the appropriate senior Healthcare Professional.

THE SERVICE MANAGER IS ALSO RESPONSIBLE FOR ENSURING:

1. The Provider's procedures take account of Care Staff refusing to assist with the administration of medication by specialist techniques if they do not feel competent to undertake the task.
2. that all Care Staff who are involved in the administration of medication have had the appropriate level of training and are competent to do so.
3. A record of all training pertaining to medication which has been undertaken by Care Staff is kept in their staff records.
4. Up to date MAR Charts are available for Care Staff to complete within a Service Users home.
5. That MAR Charts are completed and there is a clear process for auditing administration of medication. There is confirmation with the BUDDIES insurers that staff will be indemnified under the terms of the Public Liability cover in respect of claims arising out of the assistance with medications where Care Staff follow the agreed procedures.
6. The Health and Safety at Work Act 1974 is met - this imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others which includes Service Users and any others who may be affected by what is done. This duty extends to all aspects of the provision of care, including the storage, administration and disposal of medications.

Storage

1. The safe storage of medicines is the responsibility of the Service User, Care Staff should assist with this and raise any concerns with their line Manager who may then contact the Pharmacist or other appropriate healthcare professional or the person's family.
2. 6Medication should be stored away from heat and light sources and out of the reach of children. Some medication may need to be stored in the fridge. This
3. will be indicated on the Medication Administration Record chart and the Pharmacy dispensing label.
4. If the Medicines Risk Assessment identifies that the Service User is at risk of overdose, a safe storage strategy must be considered in collaboration with others involved in the care of the individual, and recorded in the Service Provision Order and Support Delivery Plan. Any sign of taking additional doses or of tampering with the container must be reported to the ASC Practitioner and GP or Pharmacist and recorded in the Service User's communication sheets and where applicable the MAR sheet
5. In rare cases when a child is the Carer, the Service User's medication must be accessible to them as necessary. All medications should be stored away from other children who may visit the home. The child who is the Carer should be recorded in the care plan.

GOOD STANDARDS FOR HANDLING MEDICATION

1. Before help with medication is given Care Staff should ask the Service User if they are ready to take their medication. The MAR chart should be checked to ensure that the Service Users name is on the chart. The container labels should then be checked to ensure that the Service Users name is on the container.
2. Care Staff should then wash and thoroughly dry their hands and any utensil that may be required e.g. medication spoon, measure, glass etc.
3. The Service User should be in a standing position or sitting upright before help with medication is given.
4. Where physical assistance is provided, medications should be handled as little as possible. Medication should be removed from a bottle by tipping onto a small plate or pushing out of a foil (blister) strip onto a small plate from which the Service User may then pick up and self-administer.
5. Care Staff should replace all lids and packaging and re-store medications, Care Staff should then wash their hands and any utensils used.
6. Where a Service User self administers their own prescribed medication, and Care Staff are concerned about the Service User's ability to manage their own medication, Care Staff must report this to their line Manager or other duty manager immediately.

RECORDING OF MEDICATION SUPPORT

1. The care plan records the type of assistance required by each Service User.
2. The Medication Administration Record chart (MAR) will be kept in the Service User's home with the care plan and Medication Risk Assessment.
3. All support with medication must be recorded at the time it is provided as follows:

   a) in the Service User communication sheets for category 1 tasks

   b) on to the Medication Administration Record (MAR) Chart if the medication is administered as a Category 2 and 3 task.

   c) Its recommended that a Signature Record Sheet is also maintained

   d) All medication administration, refusals or missed doses must be recorded on the MAR chart. NOTE: The numbers on the top of the MAR chart relate to days and should be used as a calendar, Auditors will need to be aware of the numbers of days in each month & mark/record on the chart as appropriate.

4. A copy of the completed MAR chart (4 week record) should be retained by the service Manager and stored in the Service User's file. These forms must be kept for a minimum of 3 years.

5. Care Staff must follow the guidance contained within this policy and accurately record all assistance provided.

DISPOSAL OF MEDICINES

1. Prescribed medication belongs to the Service User
2. With the Service Users agreement or where necessary, the nearest relative's agreement, Care Staff should report excessive amounts of unused or unwanted medications to their service Manager who can arrange for disposal at the pharmacy.
3. Medicines should be returned to the Community Pharmacy when any of the following occur:-

    a) A course of treatment has been completed or discontinued.

    b) The expiry date has been reached.

    c) A person dies (these medicines should be retained for 7 days before disposal)

4. Any medication returned to the Community Pharmacy should be recorded on the MAR chart. If possible verbal consent should be obtained and recorded on the Service User's record. Good practice suggests that a signature is obtained from the Pharmacy.
5. In the event of sudden death all medicines, MAR charts and medicines related documentation must be kept securely

MEDICATION ADVICE – COMPLEX MEDICATION REGIMES

The Medicines Optimisation Pharmacist (MOP) can offer advice where difficulties arise, particularly with complex medications regimes and can be contacted via the GP surgery.

HEALTH AND SAFETY

If a Service User self-injects medication (e.g. insulin), Care Staff should not handle the used equipment. If this is necessary due to risk to the Service User or others, protective barrier gloves must be worn. Contact or handling the needle must be avoided. The equipment must be discarded into sealed 'Sharps boxes' and not into the household waste. In the event of a needlestick injury the needlestick injury guidance should be followed. see (Appendix 8)

EQUALITY AND DIVERSITY

A Service User may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage and arrangements made to accommodate them, for example:

a) The medicine is provided in a non gelatine capsule if the Service User is vegetarian.

b) The Service User prefers to have medicines given to them by a member of the same sex.

c) The Service User observes religious festivals by fasting and prefers not to have medicine given at certain times.

COVERT ADMINISTRATION

1. In certain circumstances covert administration may need to be considered to prevent a person missing out on essential treatment. This might include cases where the Service User lacks mental capacity to make an informed choice about their medication. A multi- professional team (including representation from both healthcare and social services) and relatives of the Service User must assess and then approve the decision. The decision taken should respect any previous instructions given by the Service User and be recorded in the care plan with a date for review.
2. The stability of medication may be altered by administering it in a covert way, e.g. in food, and so this should be checked with the Pharmacist

ERRORS AND UNTOWARD INCIDENTS

1. For the purpose of this policy, a medication error is defined as a mistake made in the prescription, dispensing, ordering, delivery, storage or administration of medication that leads to a Service User receiving the wrong medication, unintentionally missing a dose or being at risk of harm.
2. If a medication error occurs it should be reported immediately to the Home Care Manager who should seek advice from the Pharmacist and notify the GP and an accident/incident form completed.
3. The Provider should have their own process for recording and informing around untoward incidences e.g. Incident Form.
4. The incident reporting procedure must then be followed by the service Manager.
5. All concerns about any form of abuse or neglect must be reported to the local Adult Social Care Office as a safeguarding alert.
6. If the error involves a Controlled drug (Appendix 9), the Accountable officer for Controlled Drugs must be notified. Currently James Pay RMN 07999 16 17 18

TRAINING CARE STAFF TO SAFELY ADMINISTER MEDICATION

GENERAL

Care Staff will operate within a safe system of working which will be based on a risk assessment and appropriate training both at induction and ongoing.

In all social care services, all medicines, (except those for self administration), should be administered by designated and appropriately trained Care Staff.

BUDDIES must ensure that Care Staff have been trained by an appropriately qualified professional and judged competent after observation and discussion with their line manager.

The Provider must establish a formal means to assess whether their Care Staff are sufficiently competent in medication administration before being allowed to give medicines and this process must be recorded in the Care Staff's training file.

MONITORING AND REVIEW

Medication adherence and appropriateness of administering medication will form part of the normal review meeting/ visits – also via written and verbal reports and MAR chart auditing

Care Staff concerns about adherence should be referred back to their line Manager who in turn should refer to an appropriate healthcare professional for review. The effectiveness of the policy will be monitored through Staff supervision, the incident reporting procedures and the external inspectors of CQC.

BASIC AND ACHEIVABLE MEASURES TO PROMOTE CONCORDANCE WITH MEDICATION

- If motivated try reminder charts, calendars, dispensing in a convenient way e.g. all morning drugs in one bag and all night time medicines in one bag
- Compliance aids – assess for suitability and trial device
- Fit in with daily routine or encourage own bespoke solution
- Electronic timer/alarm (various types e.g. combined with pill box or bottle top)
- Refer for medication review to cut down drugs to minimum needed with involvement of appropriate relatives/friends and Clinical Medication review by Practice Pharmacists or Prescriber, via MOP -

END OF POLICY.

The policy review date is ONGOING. On registration with CQC, and upon employment of workers.
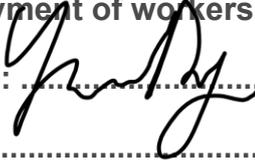
Signed: .... (Managing Director)

Date:.................................... 5TH JUNE 2024

APPENDICES

EXAMPLE MAR CHART

NAME		D.O.B.	
ADDRESS (Room Number)		ALLERGIES	
GP	TEMP GP		

START DATE	END DATE	START DAY

MEDICATION PROFILE	COMMENCI... Date / Time	Week 1	Week 2	Week 3	Week 4

| GP Sig. | | date recd. | quant. | by | date recd. | quant. | by |
| Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by |

| GP Sig. | | date recd. | quant. | by | date recd. | quant. | by |
| Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by |

| GP Sig. | | date recd. | quant. | by | date recd. | quant. | by |
| Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by |

| GP Sig. | | date recd. | quant. | by | date recd. | quant. | by |
| Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by |

| GP Sig. | | date recd. | quant. | by | date recd. | quant. | by |
| Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by |

A = refused   B = nausea or vomiting   C = hospitalised   D = social leave   E = refused and destroyed

F = other (define) ....   Page ... of ...

EXAMPLE SIGNATURE RECORD SHEET

DATE	NAME	SIGN NAME	INITIALS

SPECIAL DOSAGE INSTRUCTIONS WARFARIN

For Service Users who are prescribed Warfarin, there must be a personal plan in place. The Service User should receive written and verbal information regarding the Warfarin treatment which should be reviewed and updated regularly.

The Service User must have received a "Yellow Book" (Oral anticoagulation therapy: Important information for patients) and this must be updated when INR[3] monitoring tests are undertaken and will state when the next monitoring is due. (Updating the Yellow book will be done by the GP Practice or the Warfarin Clinic.)

The Service User will have their INR checked regularly and the dose of Warfarin will be altered accordingly by the managing clinician. To ensure that these changes are documented correctly on the MAR chart it is important that there are robust communication links between the GP Surgery, the Community Pharmacy, the Service User (or the Home Care Manager if administering on behalf of Service User) and the GP or local Anti-coagulation clinic who are undertaking the monitoring if appropriate.

The Community Pharmacy must ensure that INR monitoring has been undertaken prior to dispensing a prescription for Warfarin. All changes in dose should be confirmed in writing by the prescriber (or in the yellow book).

It is recommended that Warfarin is administered from an original pack dispensed for the individual patient. The use of monitored dosage systems or dosette boxes is not generally recommended for Warfarin as these systems are not flexible enough to facilitate frequent dose changes. NB. The typical range of dosage tablets are 1mg, 3mg & 5mg all are different colours and often an individual may have the full range of tablets prescribed to them.

The Community Pharmacy will dispense Warfarin as per prescription; if the prescription is dispensed during the month and there is a change of dose, a new MAR Chart must be produced.

Care staff should administer in accordance with the MAR chart instructions. If there are any queries or problems with a Service User on Warfarin, with regards to their medication and the MAR Chart, Care staff must contact their manager/supervisor immediately for further information. The Home Care Manager should in turn contact dispensing pharmacist or GP practice for advice.

If the Service User requires dental treatment, they may need a blood test up to 72 hours prior to this and the dentist should be contacted at least 3 days prior to the treatment.

Further information is available at http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/anticoagulant/

QUICK GUIDANCE AFTER A NEEDLESTICK OR BODY FLUID CONTAMINATION ACCIDENT

Needlestick or sharps injuries occur when a needle or other sharp instrument accidentally penetrates the skin. This is called a percutaneous injury. If the needle or sharp instrument is contaminated with blood or other body fluid, there is the potential for transmission of infection, and when this occurs in a work context, the term occupational exposure (to blood, body fluid or blood-borne infection) is used.

When blood or other body fluid splashes into eyes, nose or mouth or onto broken skin, the exposure is said to be mucocutaneous.

The risk of transmission of infection is lower for mucocutaneous exposure than for percutaneous exposures. Other potential routes of exposure to blood or other body fluids include bites and scratches.

First aid should be carried out immediately following the exposure. The first aid procedure is detailed as follows:

1) Wash the area liberally with water without scrubbing (ensure contact lens are removed in the case of splash to eyes)
2) In the case of a needlestick injury, encourage the area to bleed gently (but do not suck the wound)

3) Dry the area and in the case of percutaneous injury (needlestick, scratch or bite) cover with a waterproof dressing.

Following first aid measures, care staff should contact their manager/supervisor immediately for advice on the follow-up required.

COMMON CONTROLLED DRUGS

Schedule 2: CD Morphine

Dexamphetamine

Diamorphine

Pethidine

Methadone

Methylphenidate

Fentanyl

Pentazocine injection

Schedule 3: CD Buprenorphine

Midazolam Temazepam Pentazocine tablets Tramadol Phenobarbitone

Schedule 4: CD Diazepam Zopiclone Zolpidem

Example Brand names

Zomorph

MST

Sevredol

Oramorph Concentrated oral solution

100mg/5ml *

MXL Cyclimorph Dexedrine

Physeptone
Ritalin
Matrifen, Durogesic Fortral

Brand names

Temgesic (tablets) Butrans (patches) Hypnovel,

Fortral

THIS LIST IS NON EXHAUSTIVE – ADVICE SHOULD ALWAYS BE SOUGHT IN ANY INSTANCE WHEN RECEIVING A DRUG/MEDICATION FROM LINE MANAGER.

<u>END OF POLICY</u>