

Medication Management Policy

Introduction

Westcarehomecare provides non-medical care mainly to Older People. Many of these clients have multiple chronic medical conditions and rely heavily on the appropriate use of medications. Enabling clients to remain in their own home can very often require carers to prompt and/or assist with medication. Westcarehomecare recognise the need to have processes in place that enable staff do this safely, effectively and within the scope of practice of a non-medical care provider.

As pointed out by National Institute Clinical Excellence (NICE, 2017) “medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines”. In addition to this, ageing is associated with increasing frailty and declining functional ability which may impact on an older person’s ability to ‘process’ medications within their body, or ‘manage’ medication regimes safely. Potential dangers have been identified throughout the literature e.g. Gallagher et al (2008) highlighted “many drugs predispose older people to adverse events such as falls and cognitive impairment”. The Irish Longitudinal Study on Ageing (TILDA, 2012) identified polypharmacy as being very common amongst Older People in Ireland and say this increases the “risk of adverse drug reactions, prescribing cascade, falls, non-compliance”.

This document was developed to promote client safety and to protect carers from making errors that could have a very serious impact on client wellbeing.

Purpose

To outline the process and procedures to be followed by Westcarehomecare staff involved in any aspect of medication management/

Objectives

- To promote client safety
- To minimise risk of error
- To promote effective mechanisms to deal with medication related concerns or problems.

Scope

This document applies to all Westcarehomecare staff involved in any aspect of medication management.

Terminology applied to medication management.

- **Assisting with medication** means that assistance is given to someone who is able to take their medication but requires physical assistance to do so safely and effectively e.g. opening blister pack.
- **Complementary and Alternative (CAM) medicines** refer to medicines outside standard medical practice
- **Covert administration** means medicines are given in a disguised form without the knowledge or consent of the person receiving them.
- **Dose administration Aids (DAAs)**. A DAA is a device (e.g. mediset) or packaging system such as blister pack for organising doses of medicines according to the time of administration. They are preferable when caregiver is assisting client with self-administration of medication and ideally should be packed by a pharmacist, be tamper-

evident, prepared from scripts and therefore have a highly reduced risk for a medication error to occur.

- **Medication Error** World Health Organization (2016) stated “there is no consensus about the definition of a medication error” but cited The United States National Coordinating Council for Medication Error Reporting and Prevention which defines medication error as: “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer”.
- **Medication Management:** The facilitation of safe and effective use of medicines (Nursing and Midwifery Board of Ireland, NMBI 2015).
- **Over the counter (O.T.C.) medications** refer to medicines that can be bought without a prescription and are used to treat minor ailments.
- **P.R.N.** is a Latin term that stands for “pro re nata,” which means “as the thing is needed” and is used for medicines that are taken when needed.
- **Polypharmacy** refers to the concurrent use of a large number of medications. Commonly considered to be the use of five or more medications.
- **Prescribing cascade** is simply defined as using additional medications to treat side effects of ones already prescribed.
- **Prompting or monitoring self-administration** of medication means that a caregiver prompts person to take or checks if person has taken pre-dispensed medicines.
- **Self-administration** of medication is where a person takes responsibility for taking/using a medication as prescribed by a doctor and dispensed by a pharmacist.
- **Time Sensitive Medicines** are medicines which need to be given at a certain time e.g. before or after food to make sure they are safe or work effectively. Medicines such as some of those used to aid mobility in people with parkinsons disease, antibiotics, certain medicines used to treat osteoporosis are time sensitive.
- **To administer medication** means that medication is given or applied to the person. This can be done either by the person themselves (self-administration) or by someone else who is qualified to undertake this procedure (e.g. nurse or family member who has received appropriate instruction/training).

Terminology applied to Possible Medication Effects

- **Adverse Drug reactions:** a response to a medication which is; unwanted, unpleasant, noxious, or potentially harmful. e.g. nausea, confusion, internal bleeding
- **Allergy:** A person may be allergic to a particular drug e.g. aspirin or antibiotics. These allergic reactions will occur every time the person takes the drug. Most drug allergies cause minor skin rashes and hives. Penicillin and related antibiotics are the most common cause of drug allergies. Anaphylaxis is the most severe form of allergic reaction, can possibly be life-threatening and is a medical emergency. The anaphylactic reaction develops quite quickly and the person will have severe breathing problems, fainting, itching, hives, inability to talk or hoarseness and swelling of the throat and/or tongue. If not treated quickly the person may lose consciousness and die.

- **Drug interactions:** Whenever two or more medications are being taken, there is a chance that there will be an interaction among them. The interaction may increase or decrease the effectiveness of the drugs or the side effects of the drugs. The likelihood of drug interactions increases as the number of medications being taken increases. Medications may also interact with certain foods e.g. certain medications used to treat raised blood pressure interact with grapefruit juice.
- **Side Effects:** All medications can have side effects. These may be expected but are not necessarily harmful e.g. ventolin can cause a rapid heartbeat.

Terminology applied to routes of administration of medications

- **Buccal** medication is held in the mouth against the mucous membranes of the cheek (the space between the cheek and teeth) until the medication is absorbed or dissolves. Midazolam for seizure management or some pain relief medication is administered this way.
- **Inhalation** medication is inhaled into the lungs in the form of sprays or powders or breathed in via devices such as metered dose inhalers (MDIs) “puffers”, rota halers, spacers and nebulisers.
- **Injection** medication is introduced directly into the body via one of the following routes: intravenously (into a vein), intramuscularly (into a muscle), subcutaneously (under the skin)
- **Oral** medication is swallowed e.g. tablets, capsules, liquid or syrup.
- **PEG tube** (Percutaneous Endoscopic Gastrostomy) – medication inserted into a tube placed directly into the stomach.
- **Sublingual** medication is placed under the tongue to be absorbed directly and is NOT swallowed. These medicines come in the form of sprays, wafers or tablets e.g. angina medicines are taken in this way.
- **Suppository or pessary** these medications are designed to have a direct effect on the tissue it comes in contact with or can be quickly absorbed into the blood stream. Suppositories are given rectally and pessaries are given vaginally
- **Topical** medication is applied directly to skin, eyes, ears or nose. Includes eye and ear drops, lotions, creams, powders, ointments and patches.

Roles and Responsibilities

All staff must practice in accordance with current legislation, Westcare Homecare policies and procedures and in accordance with specific role as outlined below:

Westcare Homecare Directors and Senior Management

1. Ensure there are robust policy and procedures in place to protect client safety and promote safe work practices amongst staff.
2. Promote a 'medication safety aware' culture amongst staff.
3. Ensure there are systems in place to facilitate staff training and governance.
4. Promote timely reporting, recording and follow-up of medication related incidents and near misses.
5. Facilitate 3 monthly review of incidents and near misses so as to identify trends and if there are any key areas of risk that require policy review, training or service delivery changes. Appropriate action in response to review findings.
6. Liaise as deemed necessary with insurers, health managers or client's family in situations considered to be high risk or difficult to resolve.
7. Ensure systems in place to protect client confidentiality

Care Managers

1. Ensure medication consent form and general data protection (GDPR) consent form are signed by client or family representative
2. Supervision of Carers
3. Liaison with clients, client's family/representative, medical care team or Health Service Executive (HSE) representative and Westcarehomecare carers as required to address medication related concerns or issues.

Registered Nurses Employed by Westcare Homecare

Registered Nurses are personally accountable for ensuring that they practice in accordance with standards set out in:

- Nursing and Midwifery Board of Ireland (NMBI) Code of Professional Conduct and Ethics (2014),
- The Scope of Nursing and Midwifery Practice Framework (2015) and
- The Guidance to Nurses and Midwives on Medication Management (An Bord Altranais , 2007).

Westcare Homecare Carers

- 1 Carers must inform management if for any reason they feel it is unsuitable for them to accept the role of prompting clients with medications
- 2 Carers should only take on any role around the administration of medicines if they have received appropriate training and feel competent and confident to do so within the organisation's policies.
- 3 Carers **can prompt client/s with self-administration** of their medications i.e. physically assist a client where the person is responsible for their own medication. Responsibility for determining if client has mental capacity to self-administer their medications rests with client, client family/rep and client's medical care team.
- 4 Carers must not be put into a position where they have to make a judgement about a medication, e.g dosages. Any concerns whatsoever should be referred to the care manager who will liaise with the client, client's family/rep and/or medical care team.

- 5 Carers must respect the rights, autonomy and confidentiality of clients and therefore may only assist clients with self-administration of medication with client's consent and in accordance with client's care plan. Medication and GDPR consent forms should have been signed.
- 6 When assisting clients with medications, carers may not remove the medication from original containers or direct the client as to which medication they should take.
- 7 Assistance with opening DAAs may only be given if these have been dispensed by a pharmacist and show no signs of damage or being tampered with.
- 8 Carers are responsible for accurate, timely documentation of the outcomes of assisting clients with medication administration e.g. meds swallowed/refused.
- 9 Carers must report any concerns, medication incidents or near misses to care manager as soon as possible.
- 10 Carers are responsible for knowing and working within their scope of practice and role boundaries.

Carers must not:

1. Carry out any 'invasive' or other clinical procedures, which require the skills, knowledge and competence of a registered nurse or other member of client's medical care team
2. Give client specific advice about medication or make judgements about their use.
3. Carer must **not fill** medications into DAAs such as dosette boxes.
4. Offer advice, recommend or purchase non-prescribed medicines and remedies. It may be **DANGEROUS TO DO SO**. The client may be allergic to the treatment or be taking other medicine that may interact and result in harm
5. Give the following medications: injections, suppositories, pessaries, enemas, rectal or vaginal creams, give medication through a PEG tube
6. Carer must not apply/remove wound dressings. This is the responsibility of medical care team member (e.g. a district nurse).

Confidentiality and sharing client information

1. Information regarding a person's medication and health must be treated confidentially, respectfully and in accordance with Westcare Homecare's GDPR policy.
2. Records kept at the office must be stored securely where they cannot be accessed by unauthorised persons.
3. Client should be asked where they would like to keep their records in their own home. They must be informed that care staff will need to access and complete the records at each visit.
4. Information about the client should only be disclosed with that person's consent unless Westcare Homecare is legally obliged to share the information.
5. Any information shared must be relevant, necessary and proportionate.
6. If the client agrees, relevant information about them can be shared with their relatives or nominated representatives.
7. Information should be shared with health and social care professionals involved in the direct care of the client where it is needed for the safe and effective care of the individual, unless the person has refused to share the information. The person's refusal should be documented in their care plan and Westcare Homecare staff should ensure that the person is aware that such a refusal may compromise their safety if relevant information is not shared.
8. If it is unclear whether information can be shared or not in a specific circumstance the advice of senior Westcare Homecare management must be sought.

Collecting Prescriptions

- 1 Responsibility for transporting medicines usually stays with the person and/or their family members, however if this is not possible carers may collect prescriptions from doctor's surgery or chemist on behalf of client.
- 2 Responsibility is limited to ensuring correct prescription and medication have been collected for particular client
- 3 Clear, accurate record of this activity must be made to client activity log

Medication Storage

- 1 Clients and/or their family member are responsible for ensuring medications are stored correctly and securely in the home
- 2 Clients and/or family member are responsible for ensuring objects such as syringes and needles are stored safely and used sharp objects are disposed of in sharps bin.
- 3 Clients and/or family member are responsible for provision of any compliance aids, sharps disposal bins or locked medicine cabinet necessary for the proper management of medication

The disposal of unwanted or out of date medication

1. Disposal of out of date or no longer used medications is the responsibility of the client and/or family member
2. They should be encouraged to return any such medication to their community pharmacy

Changes to the needs of a supported person

1. Carers must report to the care manager any significant changes noticed in the client's condition, any concerns about client's behaviour or abilities relating to medication or any difficulties being experienced by the client.
2. Client's medical care team are responsible for assessing the client's ongoing capacity and ability to self-administer their medications

Process and Procedures

- Carers will only assist clients with medication that is in a DAA (such as a blister pack prepared by a pharmacist), so as to minimise risk of potential errors.
- Carers must be aware of specific procedures to be followed for medication that is not suitable for a medication aid (eg liquid, eye drops eardrops, ointment, cream etc)

Carer action when assisting a client with oral medication.

- 1 Promote client dignity and maximum level of independence throughout the procedure.
- 2 Adhere to infection control and universal precautions throughout the procedure.
- 3 Wash and dry hands before assisting with medication
- 4 Explain the procedure to the client
- 5 Collect the DAA
- 6 Check the integrity of the pack before use
- 7 Check that it is the current medication for the right client, for the right time
- 8 Confirm medication is accurate by checking the blister pack and by asking client what medications they take (where appropriate)
- 9 Remove medication from DAA

- 10 In order to avoid handling the medicine, the appropriate tablets or capsules should be tipped into a clean medicine cup/glass/spoon or the client's hand.
- 11 Check that DAA has been completely emptied of medication
- 12 Ensure client is sitting as upright as possible and not too drowsy to swallow safely
- 13 Prompt client to take their medication
- 14 Give the client a drink to help with swallowing
- 15 Some clients may find it easier to take medication with porridge, yoghurt or pureed fruit to aid swallowing. This must be documented on clients care plan and recorded in activity log. United Kingdom Psychiatric Pharmacy Group, (2001) state "Decisions to administer medications in food may be made in situations where a resident finds medication unpalatable or has difficulty swallowing tablets or because they are unsure what to do when presented with a tablet. In these situations, the resident has difficulty complying with treatment rather than refusing treatment". This is **not covert administration as it is done with the client's knowledge and consent**
- 16 Stay with the client and ensure ALL medication is swallowed
- 17 Make clear, accurate and immediate record in the client folder AFTER medication is swallowed
- 18 Secure medication appropriately and inform client/care manager(as applicable) if any concerns about adequate stock of medicines.
- 19 Observe client for any possible reaction to the medication

Carer action if client refuses to take medication

- 1 **Never force** client to take medication against their will.
- 2 In certain circumstances e.g clients with dementia, if reattempted anywhere between 5-15 minutes later client may take medication which was refused on first attempt. In such circumstances client's care plan should indicate: if, how and when to encourage client to take medications.
- 3 If the client persists with refusal, notify care manager as soon as possible who will then notify client family/contact person/HSE representative
- 4 Document client's refusal, reason for refusal (if stated), who was notified and any instructions in the client activity log.
- 5 Refused/dropped/spat out tablet/s should be retained safely for return to pharmacy by client's family.

Crushing/Breaking medications (alteration of oral formulations)

- 1 **ALWAYS** inform care manager if client shows signs of difficulty swallowing medication/s or if client/family carer requests that medications be altered. Care manager will request client, family carer/client rep to discuss with client's doctor the possibility of prescribing alternative formulations of the medication for ease of swallowing.
- 2 **Medication should never be altered (i.e.crushed/broken/capsules opened)** without specific, clear directions from the client's doctor or pharmacist. Crushing or altering the medicine is often outside the product licence, may cause serious side effects or may prevent the medicine from working properly. Crushing tablets or opening capsules should only be considered as a **last resort**.
- 3 Do not take verbal advice. **Instruction to alter medication should be in writing on the clients care plan and DAA**
- 4 **ONLY** crush medications if the pharmacist has **clearly indicated which** tablet/s are to be crushed and these are clearly identified in DAA.

5 **If in doubt DO NOT CRUSH**

- 6 Use mortar and pestle if medicines are to be crushed
- 7 Thoroughly clean mortar & pestle between each use
- 8 Avoid sprinkling crushed tablets or contents of capsules onto meals where portions of the meal may be left uneaten.
- 9 Make clear, accurate and immediate record in client activity log when medications crushed.
- 10 **Insurer must be informed** if carers involved in crushing meds.

As Required Medications (P.R.N. Medications)

Some clients may only need to take a medicine on an 'as required' basis, these are referred to as P.R.N. medications. Carers **NEVER** prompt clients with P.R.N. medications unless:

- 1 It is clearly **documented on client's care plan** that their medical care team have stated in writing that it is appropriate for carer to prompt this particular client with P.R.N. medication.
- 2 Assistance in the form of handing container to client, opening medication container is only assistance carer may provide.
- 3 Carer may **not measure out liquid medication or have any role in decision** regarding client's need to use P.R.N. medication.
- 4 The client must be able to make informed decision about taking the medication and inform the carer that they need the 'as required' medicine. Carer must not assist client with taking P.R.N. medication and Inform care manager if any concerns regarding this.
- 5 Make clear, accurate and immediate record in client folder when client assisted with taking P.R.N. medication.

Use of Oral Nutritional Supplements

- 1 Assistance with oral nutritional supplements should only be provided if directed to do so on client care plan
- 2 As pointed out by HIQA (2015) the timing of offering oral nutritional supplements to client is key i.e.offering too near to a mealtime may displace a person's natural eating pattern due to feeling satisfied from the oral nutritional supplement. Conversely, offering the supplements too soon after a meal may result in poor compliance, as the person may be full from their meal.

Alcohol

- 1 Some medicines should not be taken if alcohol has been ingested.
- 2 Inform care manager if the client appears to have taken excessive amounts of alcohol at the time they are due to take medications
- 3 Care manager will seek advice from client's medical care team if this occurs on regular basis.

Carer must inform care manager if following situations occur

1. Medication missing from the DAA
2. Client refuses to take/spits out their medication
3. Medication that is past expiry date
4. Medication error occurs
5. Medication had been ceased but there is some in the DAA
6. Medicines not being taken in accordance with the prescriber's instructions
7. Possible adverse effects (including falls after changes to medicines)
8. Client stockpiling their medicines

9. Possible misuse or diversion of medicines
10. Changes to the person's physical or mental health.

Carer Response to suspected Adverse Reaction

1. Signs of possible adverse reaction may include rashes, wheezing, swelling, difficulty breathing, dizziness, nausea or loss of consciousness
2. Carers are not expected to assume same responsibility as a registered nurse or doctor in suspected adverse reaction to medicine. However, if the client is not behaving or reacting in their usual way following taking medicine, it should be treated as possible adverse reaction to medicine.
3. Where an adverse event is suspected, the well-being of the client should be paramount and caregiver must take appropriate action to remedy any harm caused by the adverse reaction
4. Call an ambulance straight away if required
5. Notify the care manager immediately
6. Document the nature of reaction e.g. rash, wheezing, swelling, difficulty breathing, dizziness, nausea or loss of consciousness
7. Care manager will report reaction to the client's family/ medical care team immediately
8. Observe client and follow care supervisors and medical personnel's instructions.
9. Record the incident in client's notes
10. Complete medication incident report with care manager

Management of Medication Errors

1. It is recognised that, despite high standards of good practice and care, mistakes may occasionally happen for various reasons. The **mistake must not be hidden or ignored. It should be reported immediately.**
2. As soon as an error has been identified, remain calm and acknowledge that an incident has occurred.
3. Identify the nature of the incident e.g., has the wrong tablet been given.
4. Inform care manager immediately
5. Explain to the client, in a manner appropriate to them, the medication error and action being taken, reassure at all times and apologise for the error.
6. Care manager will contact client's family/medical care team immediately for advice
7. Observe client closely for possible reaction.
8. Call an ambulance if the client is in distress or showing signs of being unwell.
9. Observe the client for changes in behaviour or well-being as a result of the incident and report these to care manager.
10. Stay with client until advised by care manager that it is safe leave (i.e.family member or medical care team aware of situation and have taken responsibility for monitoring client safety)
11. Record the incident in the client's record and on the client medication record (where appropriate).
12. Fill in Incident form with care manager
13. Always document what was observed and what happened **not an opinion** of what happened.
14. Care manager will phone to check on the client later in the day/next day (if appropriate).
15. Care manager and Westcare Homecare management will carry out an investigation of the specific incident with **emphasis on the process associated with the incident not**

apportioning blame on the people involved and with the aim of learning the underlying reasons for the incident and **preventing** its recurrence.

Assisting clients with topical medications (applied directly to skin, eye, ear

Creams and powders

1. Various medications may be given in creams or powders e.g. cream may contain anti-inflammatory, corticosteroid, antibiotic, anti-fungal or cytotoxic agent. **Carer should not apply cream/powder containing any of these medications without checking with care manager who will get advice from client's medical care team.**
2. Wash and dry hands before and after assisting with application of creams
3. Instructions for use and area cream/powder to be applied to should be clearly documented on client's care plan
4. Always wear gloves when applying creams or powders
5. Remove gloves carefully – turn inside out - and dispose of in rubbish bin

Eye drops procedure

1. Some clients will have ongoing eye conditions such as glaucoma which means long term use of eyedrops. In other situations, the client may have an eye infection or suffer from dry eyes and only require short term use of drops.
2. If the client needs assistance with eyedrops carer should inform care manager so that appropriate training can be provided
3. Eye drops should be labelled with date when opened on bottle and discarded one month after opening
4. Wash hands before and after giving eye drops
5. Client given a tissue when eye drops being instilled
6. Do not touch eye drop nozzle to prevent contamination
7. Client tilts head back or lies down
8. Ask the client to look up immediately before instilling the drop. Lower eyelid is drawn away & eye drop/s instilled.
9. Ask the client to close eyes for one minute and remove excess drops from beneath the eye with a tissue.
10. Make the client comfortable
11. Discard any used articles.
12. Replace cap on eye drop container.
13. Wash hands
14. Where more than one eye medicine is ordered, allow five minutes between for proper absorption.
15. If drops and ointment / gel are prescribed, leave administration of ointment gel to last

Administration of Ear Drops

1. Each step of the procedure should be explained to the client and their verbal consent obtained.
2. The client should lie on the bed or tilt head with the affected ear towards the ceiling.
3. The top of the client's ear should be extended upwards and outwards to straighten the ear canal.
4. The filled dropper should be placed over the entrance to the ear canal and squeezed until one drop is instilled.
5. The client should be advised to maintain that position for few minutes
6. Excess drops that pool outside the ear should be wiped off

7. Cotton wool should not be inserted into the entrance of the ear canal as this will absorb the drops. The exception to this is where the manufacturers instruct the use of cotton wool.

The following medications may ONLY be given by caregiver after specific training from a registered nurse

Patches

- 1 Adhesive transdermal patches release small amounts of medication into the blood stream over a prolonged period of time. This method is usually used for pain relief, but nicotine, hormones, and drugs to treat angina and over active bladder can also be administered this way.
- 2 Medication overdoses can happen if the patch is broken, cut open, or chewed, if too many patches are worn (e.g. forgotten to remove patch before applying new one), patch is changed too frequently, or if a child uses an adult patch.
- 3 Pain relief patches are mainly schedule 2 or schedule 3 controlled drugs. Controlled drugs (CDs) are subject to control under the Misuse of Drugs Acts 1977 to 2016 due to the serious nature of the drugs concerned and substantial potential for their abuse and misuse. The Misuse of Drugs Regulations categorise controlled drug substances into five schedules (ranging from the most tightly controlled in schedule 1 to the least tightly controlled in schedule 5). They are usually used to treat severe pain (e.g. morphine) or treat drug dependence (e.g. methadone) and they have additional safety precautions and requirements. GPs, pharmacists and other health professionals, hospitals, residential care settings and nursing homes have strict rules as to how they must be managed. However, people for whom they are prescribed are allowed have them in their own homes and manage them in the same way as other medicines.
- 4 Caregivers are vulnerable when assisting clients with controlled drugs and therefore **must not accept this role without discussing it with care manager**. Care Manager will liaise with client/family carer/medical care team to identify alternative arrangement to caregiver applying patches, **caregiver involvement is last resort**.
- 5 Carers **must inform care manager if client/family carer requests that they apply transdermal patches. Carers are not allowed apply patches unless they have received specific training from registered nurse**. Westcare Homecare insurer must be informed.

Application of Transdermal (skin) Patches

1. Transdermal patches should be changed in accordance with the guidance of the individual product information leaflet.
2. Carer must have received instruction from registered nurse and be deemed competent, prior to undertaking this task
3. Explain the procedure to the client.
4. Wash and dry hands.
5. Select site of application, which must be dry and hairless.
6. Avoid areas where the skin is broken, inflamed or irritated or where there are skin folds, scars or calluses.
7. Sites may need to be rotated for each application depending on type of medication contained in patch.
8. Wash and dry the site.
9. Remove the old patch, fold in half so that adhesive sides stick together and **discard in a designated sharps bin**.
10. Remove the new patch from its packaging, writing the date, time and initials on the patch.

11. Peel back the protective layer, apply the exposed side to the client's skin. Carer must not touch the sticky side as some drug may be transferred to caregiver's skin
12. Hold down the side that has been applied with one hand using the other hand to remove the rest of the protective liner. Press the patch firmly in place with the palm of the hand for approx. 30 seconds.
13. Wash and dry hands.
14. Document the removal of old patch and application of new patch in the client journal noting the site used.
15. Make a note on calendar/diary of date when next patch change is due
16. Notify the manager if a patch which has not been removed is found still in place

Metered dose inhalers (MDIs)

1. Most commonly asthma medication is given via inhalers.
2. **Carer must have received instruction on the use of specific device before assisting client**
3. MDIs can be used with or without spacers
4. Spacers are washed in hot soapy water and air dried

Nebulisers

1. Carer **must have received instruction** on the use of the particular device

Assisting clients using oxygen

- Carers **may only assist clients to use oxygen if they have received specific training to do so** and the type of assistance needed is clearly documented on client's care-plan.
- **All staff must read and follow the safety information provided by the oxygen supplier when working in the home of a person using oxygen.**
- **Under no circumstances should anyone smoke near oxygen equipment.** If the client/family member insists on smoking near oxygen equipment or while the oxygen is running carer should care manager as this is a significant safety risk.

Complaints

1. Any member of staff who is approached with a complaint about medication handling should inform the care manager/line manager who should investigate and establish the details of what has happened.
2. Where necessary, procedures should be updated and all staff should be made aware of this.
3. The client and/or their family carer/nominated representative should be given information on what action has been taken.
4. Care should be exercised to ensure that the confidentiality of the staff is not breached when providing information to the individual and/or their family carer/nominated representative.
5. If the complaint or concern is about the medication itself, the care manager will advise client/family carer to discuss this with their medical care team.
6. A copy of the complaints procedure is given to the client and/or their family carer/ nominated representative during introduction and commencement of service.
7. A record of the complaint must be kept by Westcare Homecare including the actions taken
8. Westcare Homecare management will review complaints 3 monthly to identify trends if they exist.

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