ASM 34 - Administer medication to individuals and monitor the effects

Unit purpose and aim

This unit is for those who prepare for, administer and monitor the effects of medication on individuals. The unit applies to all medication used for and by individuals, both prescribed and non-prescribed.

Task 1 - Understand legislation, policy and procedures relevant to administration of medication

1.1 Identify current legislation, guidelines, policies and protocols relevant to the administration of medication (See page 5 to 26)

Task 2 - Know about common types of medication and their use

2.1 Describe common types of medication including their effects and potential side effects (See report by NVQ3 trainer)

2.2 Identify medication which demands the measurement of specific physiological measurements (See report by NVQ3 trainer)

2.3 Describe the common adverse reactions to medication, how each can be recognised and the appropriate action(s) required (See report by NVQ3 trainer)

2.4 Explain the different routes of medicine administration (See report by NVQ3 trainer)

Task 3 - Understand procedures and techniques for the administration of medication

3.1 Explain the types, purpose and function of materials and equipment needed for the administration of medication via the different routes (See report by NVQ3 trainer)

3.2 Identify the required information from prescriptions/medication administration charts (See report by NVQ3 trainer)

Task 4 - Prepare for the administration of medication

4.1 Apply standard precautions for infection control (See report by NVQ3 trainer)

4.2 Explain the appropriate timing of medication e.g. check that the individual has not taken any medication recently (See report by NVQ3 trainer)

4.3 Obtain the individual’s consent and offer information, support and reassurance throughout in a manner which encourages their cooperation and which is appropriate to their needs and concerns (See report by NVQ3 trainer)

4.4 Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet (See report by NVQ3 trainer)

Task 5 - Administer and monitor individuals' medication

5.1 Select the route for the administration of medication, according to the patient's plan of care and the drug to be administered, and prepare the site if necessary (See report by NVQ3 trainer)

5.2 Safely administer the medication; in line with legislation and local policies; in a way which minimises pain, discomfort and trauma to the individual (See report by NVQ3 trainer)

5.3 Describe how to report any immediate problems with the administration (See report by NVQ3 trainer)

5.4 Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay (See report by NVQ3 trainer)

5.5 Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others (See report by NVQ3 trainer)

5.6 Maintain the security of medication and related records throughout the process and return them to the correct place for storage (See report by NVQ3 trainer)

5.7 Describe how to dispose of out of date and part-used medications in accordance with legal and organisational requirements (See report by NVQ3 trainer)

Assignment task – ASM 34 Answers

Task 1 - Understand legislation, policy and procedures relevant to administration of medication

1.1 Identify current legislation, guidelines, policies and protocols relevant to the administration of medication (22 pages to answer the question – Page 5 to 26)

Answer Current legislation, guidelines, policies and protocols relevant to the administration of medication are the following:

According to NHS professional guidelines for the administration of medicines, the control of medicines in the United Kingdom is primarily through The Medicines Act 1968 and associated British and European legislation. The administration of medicines is an important aspect of professional practice e.g. The Nursing & Midwifery Council 2008 Code.

The Medicines Act 1968 is an Act of Parliament of the United Kingdom. It governs the control of medicines for human use and for veterinary use, which includes the manufacture, sale, supply and import of medicines. It also provides the legal framework for the production, manufactures, licensing, prescription, sale, supply and administration of all medicinal products. The Act divides medicinal products into three categories: Prescription only medicines (POM), Pharmacy medicines (P), and General sales list medicines (GSM). These classifications help to restrict the availability of medicines and determine how they will be supplied and stored. A reference book known as the British National Formulary (BNF) will help to identify which classification a medicine falls into. (See page 7 to 9).

The Nursing & Midwifery Council 2008 Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. This Code reflects the world in which we live and work today, and changing roles and expectations of nurses and midwives. It is structured around four themes; prioritise people, practise effectively, preserve safety and promote professionalism and trust. Developed in collaboration with many who care about good nursing and midwifery, the Code can be used by nurses and midwives as a way of reinforcing their professionalism. Failure to comply with the Code may bring their fitness to practise into question. (See http://aspecmaps.free.fr/NVQ3/NursingMidwiferyCouncil.pdf).

Other current legislation guidelines, policies and protocols relevant to the administration of medication that are in place in my health and social care work setting are the following:

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) is the law that requires employers to control substances that are hazardous to health. (See page 10 to 16).

The Health and Safety at Work Act 1974; this Act of Parliament is the main piece of UK health and safety legislation. It places a duty on all employers "to ensure, as far as is reasonably practicable, the health, safety and welfare at work" of all their employees. For example, I have duty under the Health and Safety at Work Act 1974 to take reasonable care of my own and other's health and safety, to co-operate with any instructions issued by my Bupa employer, and to use work items in accordance with any instructions and training. This includes any issues relevant to the administration of medication. My duty is to report any changes in a resident's condition and to ensure they receive care according to their personal plan. If I have any worries or concerns I should speak to the person in charge or my Home Manager. (See page 17).

The Misuse of Drugs Act 1971 defines a series of offences, including unlawful supply, intent to supply, import or export (all these are collectively known as 'trafficking' offences), and unlawful production. The main difference from the Medicines Act 1968 is that The Misuse of Drugs Act also prohibits unlawful possession. (See page 18).

The Health and Social Care Act 2008, is an Act of the Parliament of the United Kingdom. The Act was created on 11 March 2009 with the following regulated activities: provision of health care to patients by a National Health Service trust or National Health Service Foundation trust. (See page 19 to 20).

The Care Quality Commission (CQC) and The 16 Essential Standards framework are also part of current legislation, guidelines, policies and protocols relevant to the administration of medication. (See page 21 to 22).

The Data Protection Act 1998 (DPA) is an Act of Parliament of the United Kingdom of Great Britain and Northern Ireland which defines UK law on the processing of data on identifiable living people. It is the main piece of legislation that governs the protection of personal data in the UK. (See page 23).

On 16th July 2005, The Hazardous Waste Regulations 2005 came into force in England, North Ireland and Wales. The Regulations require organisations which produce any form of hazardous waste to register with the Environment Agency. Hazardous waste definitions include sharps, cytotoxic and cytostatic medicines and other clinical waste. (See page 24).

The Medication Policy that cover assessment of residents' medication needs, ordering, storage, administering, recording and disposal of medicines. (See page 25).

Bupa's policies and protocols relevant to the administration of medication, is all staff duty of care. For example, I can ask a care assistant to help an individual who self-administers their medicine by providing a glass of water. When an individual is self-medicating, you may notice creams or other medicines left in view within their bedroom. All staff duty of care with regards to the Bupa's policies and protocols relevant to the administration of medication, is to ensure all medicines are stored securely or to inform the person in charge if this cannot be achieved. If a care assistant find a tablet on the floor or see that an item of medication does not have the name of the resident printed correctly on the label, care assistant's duty is to report this to the person in charge. If the door to the medication room is open but the room is unoccupied, staff duty is to wait there until the person in charge returns and the door can be locked. Also, when the nurse or senior carer is administering medicines, care assistant's duty is to ensure that he/she is free from interruptions in order to avoid medication administration errors, by answering the telephone and taking a message, or by monitoring a resident living with dementia that may be too close to the medication trolley. (See page 26).

What is The Medicines Act 1968?

The Medicines Act 1968 regulates the manufacture, sale, supply and import of medicines. It also provides the legal framework for the production, manufactures, licensing, prescription, sale, supply and administration of all medicinal products. Administering medication is one of the most important tasks carried out within a care setting. A lack of awareness, knowledge and skills with regards to medicine management can have disastrous consequences. Everyone has a role to play in order to maintain the health and safety of individuals in relation to medication.

The Medicines Act 1968 divides medicinal products into three categories:

- Prescription only medicines (POM)
- Pharmacy medicines (P)
- General sales list medicines (GSM)

These classifications help to restrict the availability of medicines and determine how they will be supplied and stored. A reference book known as the British National Formulary (BNF) will help to identify which classification a medicine falls into.

Medicines can be used to treat or prevent disease and relieve symptoms - to treat disease e.g. antibiotics for chest/urine infections; to prevent disease e.g. vaccines for measles/flu; to relieve symptoms e.g. analgesics to prevent/reduce pain; to restore/maintain normal bodily functions e.g. insulin to regulate blood sugar; to make a medical diagnosis e.g. radioactive dyes to highlight tumours.

Medication can be given; by mouth (orally – tablets/liquids); via the nose/lungs (oxygen/inhalers/nasal spray); intravenously, intramuscularly (injection); via the rectum (suppository – for constipation); via the skin (creams or patches); via the eyes (eye drops/ointment); under the tongue (tablets for angina – chest pain).

What are the different drug groups and classifications?

Medicines can be known by two or more different names, the generic name (the approved/pharmaceutical term) or the brand name (given to the product by the manufacturer and used only by them to sell the product). This can mean that a medicine may have the same effect but may be bought in a variety of coloured or shaped tablets, depending on the manufacturer.

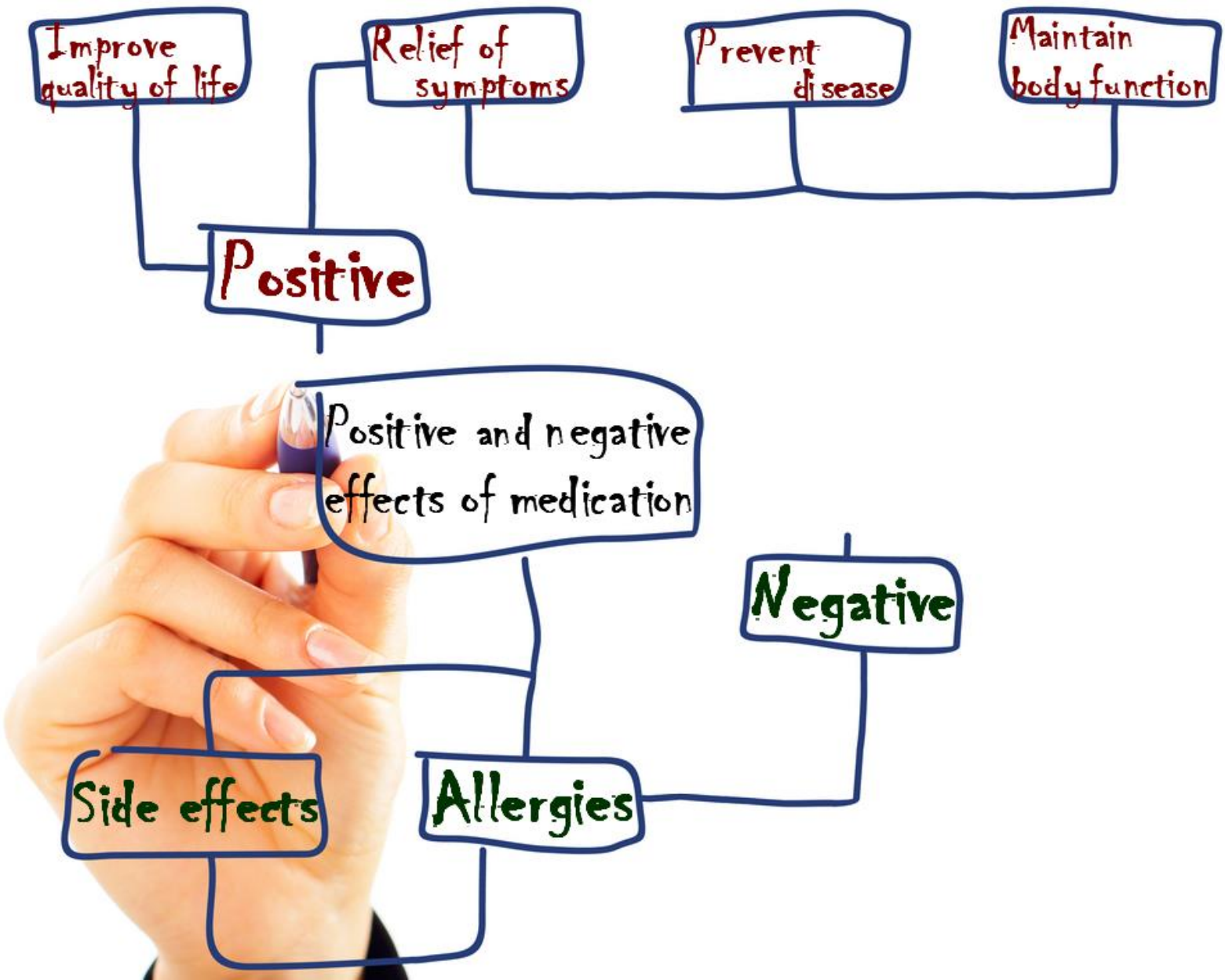
Medicines can also be classified according to what they are used for; by the parts of the body or system they affect e.g. cardio-vascular drugs threat conditions of the heart; by the type of illness/condition they are used to treat e.g. antidepressants are used to treat depression.

Some of the common types of medicines you may come across in a care setting are; Antibiotic - to treat bacterial infections; Psychotropic - to manage mental illness; Analgesic - to relieve pain; Diuretic - to remove excess water in body; Antihistamine - to relieve allergy; Laxative - to relieve constipation; Antacid - to relieve indigestion; Hormone - to restore bodily functions; Anti-coagulant - to prevent blood clots; Cytotoxic - to treat some forms of cancer.

What are the positive and negative effects of medication?

Positive effects of medication are; relief of symptoms - nausea and vomiting, pain, constipation, breathlessness; prevent disease – stop infections, vaccinate against measles/mumps; maintain bodily functions – control blood pressure/blood sugar; improve quality of life – pain relief, antidepressants.

Negative effects of medication are; side effects such as nausea and vomiting, diarrhoea or constipation, muscle stiffness or shaking, headache, drowsiness and dizziness, weight gain; allergies to medicines are very common and can include rashes, breathing difficulties, low blood pressure, abdominal pains, vomiting and diarrhoea. Some medicines can also cause addiction.



What are the individual roles in medication management?

Care Home Manager ensures the safe handling of medicines in the care home at all times. They must ensure policies and procedures are in place and that all legislation is adhered to.

Nurse/senior carer: In a care home that provides nursing care, medicines must only be administered by a registered nurse. In residential care, senior care staff must also be trained in medication management and administration.

Care staff: Nursing staff may delegate some aspects of medicine administration to care staff but must ensure that the carer is able to perfume the task and that adequate supervision and support is provided e.g. when applying creams or ointments, the care worker must be trained and deemed competent before being asked to do this.

A carer; may be asked to witness the administration of a controlled drug, but should not do so unless they have made aware of, and clearly understand the process they are witnessing; may be handed medication by a resident when they are first admitted to the home. This must be handled by the person in charge for safekeeping and documenting.

Additional roles for care and other support staff

Carer may be asked to help an individual who self-administers their medicine by providing a glass of water. When an individual is self-medicating, you may notice creams or other medicines left in view within their bedroom. Ensure medicines are stored securely or inform the person in charge if this cannot be achieved. If you see that an item of medication does not have the name of the individual printed correctly on the label please report this to the person in charge. If you find a tablet on the floor, please take this to the person in charge. If you notice the door to the clinic is open but the room is unoccupied, please wait there until the person in charge returns and the door can be locked. When the nurse or senior carer is administering medicines, please ensure that he/she is free from interruptions in order to avoid medication administration errors, by answering the telephone and taking a message.

Health and safety issues in relation to medication

You have duty under the Health and Safety at Work Act 1974 to take reasonable care of your own and other's health and safety, to co-operate with any instructions issued by your employer, and to use work items in accordance with any instructions and training. This includes any issues in relation to medicines. Report any changes in an individual's condition and ensure they receive care according to their personal plan. If you have any worries or concerns speak to the person in charge or your Home Manager.

What is The Control of Substances Hazardous to Health Regulations 2002 (COSHH)?

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) makes it a legal responsibility of your employer to conduct an assessment of the risks from all hazardous substances used or created. All COSHH assessments must be recorded. The employer must also ensure that all substances are used correctly and are safe. The assessment will look at; how hazardous the substance is; how it is used – quantity and frequency; who could be at risk (staff and individuals); the effectiveness of current control measures; the assessment will need to be reviewed at regular intervals and when changes are made to materials or processes. All staff must make sure they are familiar with the receipt of Hazardous Substances policy within their care home and the Designated Safe Storage Areas.

Every workplace must have a COSHH file. This file lists all the hazardous substances used in the workplace. It should detail: where they are kept; how they are labelled; their effects; the maximum amount of time it is safe to be exposed to them; how to deal with an emergency involving one of them.

To resume, types of hazardous substances that may be found in the work setting are in relation with The Control of Substances Hazardous to Health Regulations 2002 (COSHH) and include substances that are corrosive e.g. acid, irritant e.g. cleaning fluids, toxic e.g. medicines, highly flammable e.g. solvents, dangerous to the environment e.g. chemicals, clinical waste, germs that cause diseases e.g. legionnaires disease; hazardous materials that are harmful e.g. used needles, potentially infectious e.g. used dressings, body fluids e.g. blood, faeces, vomit.

What are The Globally Harmonized System of Classification and Labelling of Chemicals (GHS)?

The Globally Harmonized System of Classification and Labelling of Chemicals (GHS) is an internationally agreed upon system, created by the United Nations beginning in 1992 and as of 2015 is not yet fully implemented in many countries. It was designed to replace the various classification and labelling standards used in different countries by using common criteria.

Compressed Gas

Corrosive

Environmental Hazard

Explosive

Flammable

Harmful

Health Hazard

Oxidizing

Toxic

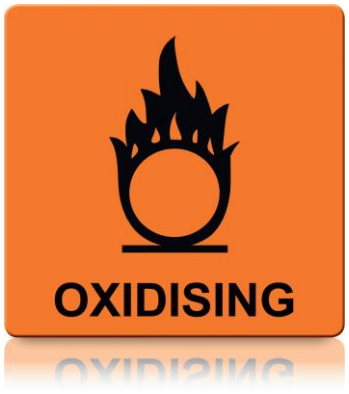
What is hazardous substance?

A hazardous substance is any material – liquid, solid, dust, power or gas, that has the potential to cause injury or illness to people who come into contact with it. Hazardous substance may be used in many work activities and could inflict a range of illness (such as dermatitis, respiratory problems, cancer and infections) on the person using the substance, as well as putting colleagues, visitors and members of the public at risk. Substances hazardous to health are defined under COSHH as those that are: Very Toxic, Toxic, Corrosive, Harmful or Irritant. They include all substances allocated a Workplace Exposure Limit (WEL) in EH40, substantial quantities of dust and certain biological agents connected with work.

Hazardous substances include anything that could cause ill health to people who come into contact with them. Types of hazardous substances that may be found in the work setting are the following; flammable or explosive; toxic, corrosive or harmful; the cause of disease or allergies. Hazardous substances come in a variety of forms; liquids – such as cleaning chemicals; dust – such as asbestos or flour; gases – such as chlorine; fumes – from industrial chemicals; living organisms – such as fungal spores. Hazardous substances can cause damage to the body when they; come into contact with the skin and eyes; enter the body through cuts in the skin; are breathed in and affect the respiratory and nervous systems; enter the body by mouth either by swallowing or from contaminated hands touching food or the mouth.

What is hazardous material?

A hazardous material is any substance, including water or any combination thereof, which due to its physical, chemical or concentration properties could cause or lead to a potential hazard to human health. This is any material that could pose potential danger to human health. A hazardous material is any item or agent (biological, chemical, radiological, and/or physical), which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors.



What are the safe practices for storing of hazardous substances and hazardous materials?

Safe practices for storing of hazardous substances and hazardous materials mean; understanding and being able to follow agreed ways of working, policies and procedures e.g. safe storage of drugs and medicines; stored out of reach; storing materials in containers recommended by the manufacturer; importance of clear labelling; containers securely sealed; storing incompatible substances separately.

Having identified a hazardous substance, one of the first questions to ask would be "is there a safer alternative?" If there is, then use the alternative as a non-harmful disinfectant. Other controls include good ventilation, good housekeeping, safe storage, training and finally Personal Protective Equipment.

Personal Protective Equipment is a last resort and should only be provided when all other control measures are in place. Your employer must have a COSHH Record book where will be identified all the dangerous substances used in the organisation. This must include; where they are stored; how they are labelled; what will happen if they are used incorrectly (swallowed, left on the skin, inhaled etc.); the way they should be used; the action that should be taken in the event of an emergency.

You should also assess the risks of storing and handling hazardous substances to the environment as well as human health. For instance, consider the effects of a leak to the air, water and surrounding land. This can help you to avoid being prosecuted for causing pollution. Simple steps to control the risks of hazardous substances include; Storing chemicals according to the manufacturer's instructions on the safety data sheet; Keeping the minimum quantity of hazardous substances necessary; Storing incompatible substances separately; Preventing release or leaks; Training employees to store and handle hazardous substances properly; Labelling storage containers properly; Storing flammable substances in suitable containers away from sources of ignition, such as boilers and heaters; Placing stores of liquid above ground where they are unlikely to be damaged, for example away from driveways; Maintaining gauges, valves and pipe work; Having procedures for dealing with emergency leaks; Using a secondary containment system such as a drip tray or bund (a storage area designed to prevent liquids escaping); Monitoring oil use - unexpectedly high use may indicate a leak.

What are the safe practices for using of hazardous substances and hazardous materials?

Safe practices for using of hazardous substances and hazardous materials mean; understand and be able to follow agreed ways of working, policies and procedures; avoid exposure to hazardous substances e.g. inhaling, contact with the skin or eyes, swallowing or skin puncture, understand and be able to use control measures e.g. universal precautions for dealing with blood and other body fluids; know how and when to use protective clothing where necessary e.g. latex gloves, masks, aprons; understand the importance of checking with colleagues and completing appropriate records and documentation.

Within the health and social care setting, there are various hazardous substances such as; body waste – urine, faeces, vomit, sputum and blood; sharps – needles and cannula; clinical waste – dressings and continence aids; soiled linen – bedding and clothing; medicine

When dealing with all body waste always wear gloves and apron; urine and faeces – flush toilet or sluice before cleaning with the appropriate substance; vomit, sputum and blood – clean using appropriate equipment and substances; urine and faeces – clean using appropriate equipment and substances; sharps and cannula – should be disposed of in a yellow sharps box that is kept in a secure place; clinical waste – always wear gloves and apron.

Safe practices for using hazardous substances are relatively simple. Practice good hand care by removing contamination quickly. Wash your hands correctly, dry properly and use skin creams regularly to preserve a good quality of skin and to disinfect and take away all bacteria. To wash and rewash your hands again and again can irritate your skin and cause allergies. Also some hazardous substances like cleaning products are corrosive and can cause skin burn and eye damage. Using good work techniques help to minimise contact with hazardous substances. It's also important to keep the workplace well ventilated. This way the air is constantly renewed. Also, it is important to store cleaning products safely, away from access of the residents and be sure the door of the storage place is locked.

What are the safe practices for disposing of hazardous substances and hazardous materials?

Safe practices for disposing of hazardous substances and hazardous materials mean; understand and be able to follow agreed ways of working, policies and procedures e.g. use of clinical waste bags; understand the importance of protecting others e.g. using a sharps box for used needles, understand the importance of protecting the environment e.g. disposal of dangerous chemicals; be able to minimise the spread of infection e.g. disposal of used dressings.

Hazardous substances can take many forms and include; chemicals; products containing chemicals; fumes; dusts; vapours; mists; nanotechnology; gases and asphyxiating gases; biological agents (germs) - If the packaging has any of the hazard symbols then it is classed as a hazardous substance; germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories.

Hazardous substances may include chemical elements such as; cleaning products; latex gloves; medicines; asbestos; solvent for painting and ink; chemical waste; pesticides. Your responsibilities don't end when you have finish to use hazardous substances. You have the responsibilities to ensure the hazardous substances are disposed and recovered correctly. You are responsible until the waste has been disposed and fully recovered.

Hazardous material can take many forms and include; asbestos; lead-acid batteries; used engine oils; oil filters; oily sludge; solvents; chemical wastes; pesticides; fluorescent light tubes. Waste is disposed in a yellow bag, identified as clinical waste. Some clinical waste may be disposed in a red bag. The colour shows that the waste is contaminated.

In cases of MRSA (MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections), all bags should be carefully sealed and taken to a secure area such as a yellow bin with a lock. The contents of any clinical waste bag must never be transferred because of the risk of cross infection. All bags have a number to indicate where the waste has come from, this way the people who treat wastes know how to deal with these different types of waste and they can’t mix them. To treat soiled linen, always wear disposable gloves and apron when handling these. Where necessary, use the sluice to remove solids before placing in a solution bag which goes straight into the washing machine and dissolves during the cycle. A red bag is used to identify contaminated linen which needs to be washed alone, this is particularly important with MRSA.

Safe practices for disposing of hazardous substances and materials are large and various. Of course you are under law to ensure the risk from hazardous substances and materials are assessed and managed properly in your work setting. Also exposure to hazardous substances and materials should be minimised and staff should be trained in how to handle these substances safely and how to deal with accidents and spillages according to the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

In a general manner, safe practices for storing, using and disposing of hazardous substances and hazardous materials mean; understanding the importance of training; understanding of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) regulations; understand and be able to follow instructions for agreed ways of working, policies and procedures.

What is The Health and Safety at Work Act 1974?

The Health and Safety at Work Act 1974 (also referred to as HSWA, the HSW Act, the 1974 Act or HASAWA) is the primary piece of legislation covering occupational health and safety in Great Britain. The Health and Safety Executive, with local authorities (and other enforcing authorities) is responsible for enforcing the Act and a number of other Acts and Statutory Instruments relevant to the working environment.

The Act is a piece of criminal law. People who fail to comply with the Act can be prosecuted and fined or jailed if found guilty.

Employer's responsibilities are the following: Those who employ more than five people must prepare, review and revise a written health and safety policy. - This should acknowledge and comply with legislation. – The policy must include a statement of intention to provide a safe workplace, the name of the person responsible for implementing the policy, the names of any other individuals responsible for particular health and safety hazards, a list of identified health and safety hazards and the procedures to be followed in relation to them, procedures for reporting accidents at work, details for the evacuation of the premises; Employers must ensure the health and safety of employees at work and other people on the premises; Employers must display a certificate of employers liability insurance; Employers must display the poster “Health and Safety Law – what you should know”; Employers must ensure that employees receive adequate and appropriate information, instruction and training to carry out their work safely; Employers must undertake risk assessment for all hazards.

Employees' responsibilities are the following: They must comply with legislation and ensure that their actions do not adversely affect others; Employees must take reasonable care for their own safety and that of others; Employees must co-operate with their employers in respect of health and safety matters; Employees must not intentionally damage any health and safety equipment or materials provided by the employer.

What is The Misuse of Drugs Act 1971?

The Misuse of Drugs Act 1971 is an Act of the Parliament of the United Kingdom. It represents action in line with treaty commitments under The Single Convention on Narcotic Drugs, The Convention on Psychotropic Substances, and The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Offences under the Act include: Possession of a controlled drug unlawfully; Possession of a controlled drug with intent to supply it; Supplying or offering to supply a controlled drug (even where no charge is made for the drug); Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs.

It is often presented as little more than a list of prohibited drugs and of penalties linked to their possession and supply. In practice, however, the Act establishes the Home Secretary as a key player in a drug licensing system. Therefore, for example, various opiates are available legally as prescription-only medicines, and cannabis may be grown under licence for industrial purposes. The Misuse of Drugs Regulations 2001, created under the 1971 Act, is about licensing of production, possession and supply of substances classified under the Act.

The Act creates three classes of controlled substances, A, B, and C, and ranges of penalties for illegal or unlicensed possession and possession with intent to supply are graded differently within each class. The lists of substances within each class can be amended by order, so the Home Secretary can list new drugs and upgrade, downgrade or delist previously controlled drugs with less of the bureaucracy and delay associated with passing an act through both Houses of Parliament.

Critics of the Act say that its classification is not based on how harmful or addictive the substances are, and that it is unscientific to omit substances like tobacco and alcohol.

The Act sets out four separate categories regarding list of controlled drugs: “Class A”, “Class B”, “Class C” and “Temporary Class” drugs. Substances may be removed and added to different parts of the schedule by statutory instrument, provided a report of the Advisory Council on the Misuse of Drugs has been commissioned and has reached a conclusion, although the Secretary of State is not bound by the council's findings.

“Class A” includes heroin, cocaine, crack, MDMA, methamphetamine, LSD, DMT and psilocybin mushrooms.
“Class B” includes amphetamine, cannabis, codeine, ketamine, methoxetamine and methylphenidate. Any “Class B” drug that is prepared for injections becomes a “Class A” substance.
“Class C” includes GHB, diazepam, flunitrazepam and most other tranquillisers, sleeping tablets and benzodiazepines as well as anabolic steroids.
“Temporary Class” includes 6-APB, 5-APB, 25C-NBOMe, 25B-NBOMe and 25I-NBOMe.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 No. 781

“adult placement carer” means an individual who, under the terms of a carer agreement, provides, or intends to provide, personal care for service users together with, where necessary, accommodation in the individual’s home; “adult placement scheme” means a scheme carried on (whether or not for profit) by a local authority or other person for the purposes of—

(a) recruiting and training adult placement carers,

(b) making arrangements for the placing of service users with adult placement carers, and

(c) supporting and monitoring placements;

“agency worker” and “temporary work agency” have the same meaning as in the Agency Workers Regulations 2010(d);

“carer agreement” means an agreement entered into between a person carrying on an adult placement scheme and an individual for the provision, by that individual, of personal care to a service user together with, where necessary, accommodation in the individual’s home;

“chiropodist or podiatrist” means a person registered as such with the Health and Care Professions Council pursuant to article 5 of the Health Professions Order 2001;

(1) “employment” means—

(a) employment under a contract of service, an apprenticeship, a contract for services or otherwise than under a contract, and

(b) the grant of practising privileges, and “employed” is to be construed accordingly;

“equipment” includes a medical device and materials used in, or used by persons employed in, the carrying on of a regulated activity;

“healthcare professional” means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 (regulation of health professions, social workers, other care workers, etc.) applies;

“hospital” has the same meaning as in section 275 of the 2006 Act;

“medical device” has the same meaning as in regulation 2 (interpretation) of the Medical Devices Regulations 2002;

“medical practitioner” means a registered medical practitioner;

“personal care” means—

(a) physical assistance given to a person in connection with—

(i) eating or drinking (including the maintenance of established parenteral nutrition),

(ii) toileting (including in relation to the process of menstruation),

(iii) washing or bathing,

(iv) dressing,

(v) oral care, or

(vi) the skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or

(b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

“practising privileges” means the grant by a service provider to a registered medical practitioner of permission to practice as a medical practitioner in a hospital managed by the service provider;

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 No. 781 (continued…)

"premises" means—

(a) any building or other structure, including any machinery, engineering systems or other objects which are physically affixed and integral to such building or structure, and any surrounding grounds; or

(b) a vehicle;

"registered manager" means, in respect of a regulated activity, a person registered with the Commission(a) under Chapter 2 of Part 1 of the Act as a manager in respect of that activity;

"registered person" means, in respect of a regulated activity, a person who is the service provider or registered manager in respect of that activity;

"relevant person" means the service user or, where the service user is not competent to make a decision in relation to their care or treatment, a person lawfully acting on their behalf;

"service provider" means, in respect of a regulated activity, a person registered with the Commission under Chapter 2 of Part 1 of the Act as a service provider in respect of that activity;

"service user" means a person who receives services provided in the carrying on of a regulated activity;

"treatment" includes—

(a) a diagnostic or screening procedure carried out for medical purposes;

(b) the ongoing assessment of a service user's mental or physical state;

(c) nursing, personal and palliative care; and

(d) the giving of vaccinations and immunisations; and "vulnerable adult" has the same meaning as in section 60(1) of the Safeguarding Vulnerable Groups Act 2006(b).

(2) In the definition of "employment" in paragraph (1), the reference to otherwise than under a contract includes—

(a) under a carer agreement/under an agreement between the service provider and a temporary work agency for the supply of an agency worker to the service provider; and

(b) under arrangements for persons to provide their services voluntarily.

What are The Care Quality Commission and The 16 Essential Standards framework?

The role and function of the Care Quality Commission (CQC) are to expect health and care standards are met within the health and social care sectors. The inspectorate carries out inspections of all health and social care organisations, public, private and voluntary, against national standards and publishes reports of their findings which indicates how the organisation are performing. The inspectorate registers services that meet The 16 Essential Standards framework and report on their findings to Parliament each year. CQC is charged with implementing the new joint regulatory and inspection standards for both Health & Social Care Act 2008. CQC also register, approve and if need prosecute any new and falling care services. Since 2008, CQC now oversees local authority compliance inspections ensuring the services they commission meet The 16 Essential Standards framework for all care services, which focus on outcomes rather than systems and processes, and place the views and experiences of people who use our services at the centre of compliance and regulation - They are the following:

Person centred care - You must have care or treatment that is tailored to you and meets your needs and preferences.


Dignity and respect - You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure; you have privacy when you need and want it; everybody is treated as equals; you're given any support you need to help you remain independent and involved in your local community.

Consent - You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.

Safety - You must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers must assess the risks to your health and safety during any care or treatment and make sure their staff members have the qualifications, competence, skills and experience to keep you safe.

Safeguarding from abuse - You must not suffer any form of abuse or improper treatment while receiving care. This includes; Neglect; Degrading treatment; Unnecessary or disproportionate restraint; Inappropriate limits on your freedom.

Food and drink - You must have enough to eat and drink to keep you in good health while you receive care and treatment.

Premises and equipment - The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly. The equipment used in your care and treatment must also be secure and used properly.

Complaints - You must be able to complain about your care and treatment. The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.

Good governance - The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.

Staffing - The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards. Their staff must be given the support, training and supervision they need to help them do their job.

Fit and proper staff - The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.

Duty of candour - The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened by providing support and apologise.

Display of ratings - The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.

Records - People’s personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing.

Cooperating with other providers - People receive safe and coordinated care when they move between providers.

Management of medicines - People have their medicines when they need them, and in a safe way. People are given information about their medicines.

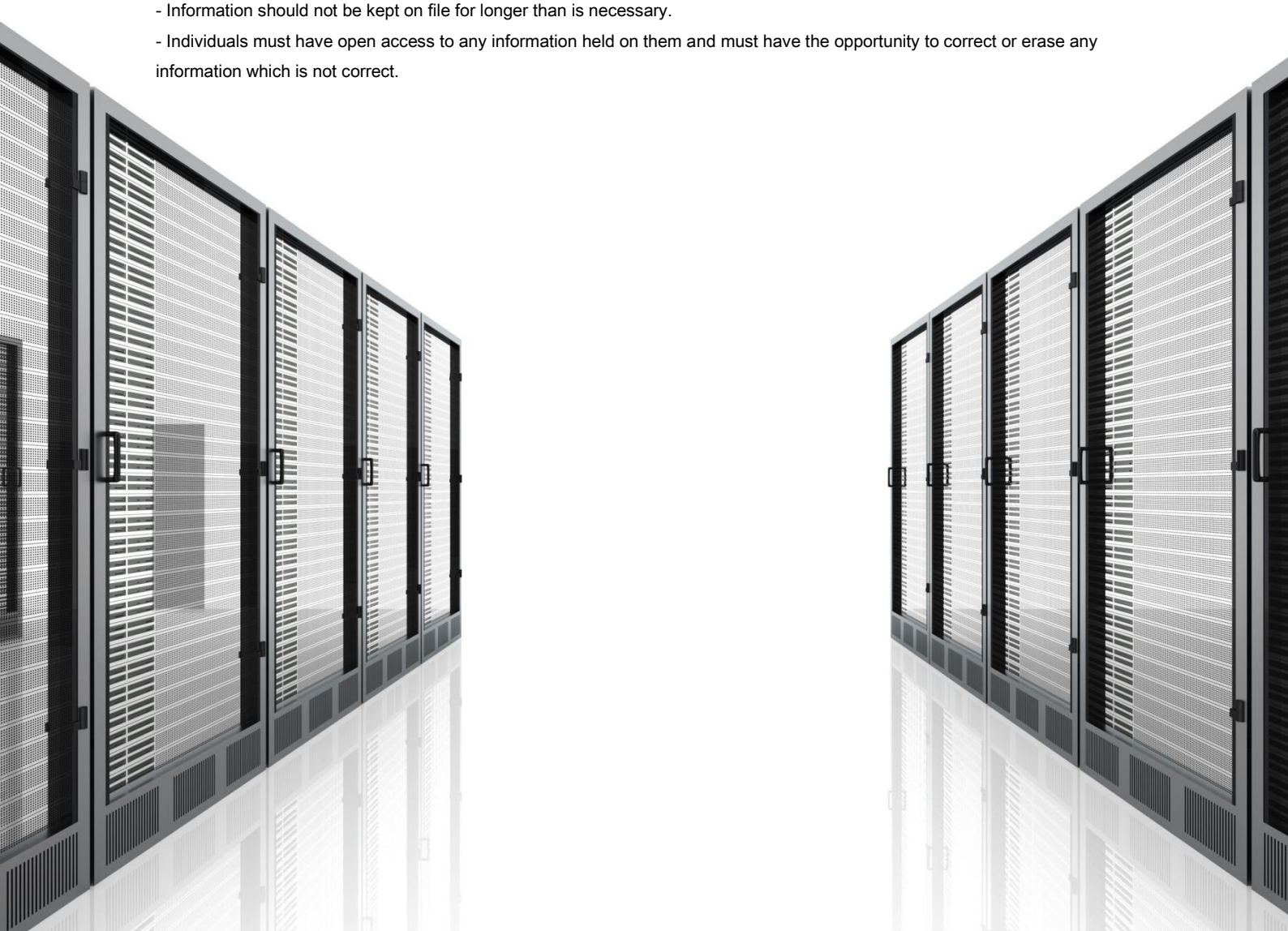
What is The Data Protection Act 1998?

The Data Protection Act 1998 controls how your personal information is used by organisations, businesses or the government. Personal information is often collected when an individual completes the purchase of a good or service from a company. It can consist of contact, bank or any other necessary details needed to facilitate an exchange. Personal data held on computer, is safeguarded by the Data Protection Act. This act lays out rules for the storage and retrieval of personal data stored electronically. The Act has 2 main provisions:

(1) It requires that companies who store personal data on computer to register with the Data Registrar. They must disclose to the Data Registrar how they hold the data, how they use it, obtain it and disclose it.
(2) It allows anyone who has their details stored on computer to find out which organisation holds data on them and to obtain a copy of that data.

The main requirements of the Act are:

- Any electronically stored information must have been come by legally.
- The information must be up-to-date and accurate. It should also be relevant.
- Personal data must be held and used only for the specified purposes.
- Data should be stored in a secure system, where measures have been taken to ensure no unauthorised access, alteration or destruction of the data.
- Information should not be kept on file for longer than is necessary.
- Individuals must have open access to any information held on them and must have the opportunity to correct or erase any information which is not correct.



What is The Hazardous Waste Regulations 2005?

The Hazardous Waste Regulations 2005, which came into force in July 2005, set out the regime for the control and tracking of hazardous waste in England and Wales. Under these Regulations, a process of registration of hazardous waste producers and a new system for recording the movement of waste was introduced. Some wastes are considered to present a particularly high risk to health or the environment and require special handling and treatment.

A waste is defined as Hazardous if it is listed in List of Wastes Regulation, which is a copy of the European Waste Catalogue list produced by the EC following the Hazardous Waste Directive 1991. There are other ways a waste can be defined as hazardous e.g. if the Secretary of State says it is or if it is classified as hazardous in other legislation, such as that controlling asbestos disposal - but for the great majority of wastes we can rely on the List of Wastes Regulation and the European Waste Catalogue.

What is The Medication Policy?

The Medication Policy is about the management of medicines - this is one of the core 16 quality and safety standards (See page 21 to 22) - which ensures the registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

Service users:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

Care providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

To resume, it is the responsibility of all care providers, irrespective of the type of service being run, to handle medications in the safest manner possible. Irrespective of the type of service being run, it is the responsibility of all care providers to apply the highest standards of safety to medication management. Care providers are required to demonstrate that the standards of care as proscribed by the Care Quality Commission (Outcome 9, Regulation 13: Management of medicines) are met. Subsequently, all care services are expected to ensure that medicines are received, handled, stored, administered, disposed of and recorded in accordance with statutory and regulatory requirements, as well as best practice recommendations.

What are Bupa's policies and protocols relevant to the administration of medication?

Bupa's policies and protocols relevant to the administration of medication within my care setting that covers assessment of service users' needs, administering, storage, recording and disposal of medicines - which comply with The Medicines Act 1968 (See page 7 to 9) that governs all aspects of medicines' manufactures, sale, supply and importation - these act defines medicines into three legal categories; Prescription only medicines (POM); Pharmacy medicines (P); General sales list medicines (GSM).

Bupa's care homes have divided the medicines use process into four main areas:

- Prescribing the medicine.
- Dispensing and supplying the medicine.
- Administration of the medicine.
- Monitoring and reviewing the medicine.

These are underpinned by two Essential Standards framework:

- Person centred care.
- Safety.