



Birtenshaw Medication Policy

Administration, storage and control of medication

The Administration, Storage and Control of Medication Policy

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Introduction

The basic principles that underpin the safe handling of medications do not vary according to the nature of care that is offered. Whether the establishment is large or small; whether members of staff are in a more senior position or not, there is a duty of care that requires medication to be safely handled so that people who are cared within Birtenshaw's Services are supported to take their medicines safely.

This policy has been written in accordance with:

- Care Standards Act (2000)
- The Children's Home regulations and Quality Standards (2015)
- The Administration and Control of Medicines in Care Homes and Children's Services' published by The Royal Pharmaceutical Society of Great Britain (2003).
- DfE Supporting pupils at school with medical conditions (2015)
- National Health Service Act (1977)
- National Health Prioacy Care Act (1997)
- Section 58 of the Medicines Act (1968.a)
- Department of Health 'Managing Medicines in Schools and Early Years Settings' (2005)
- NICE Guidance

- CQC Regulations

Birtenshaw also receive guidance from the Prescribing Pharmacist.

1.1 General Principles

Heads of Service within Birtenshaw have responsibility in ensuring that the medication policy is complied within their respective service.

The supplying Pharmacist and prescribing Doctor should know, and be known by the Manager of the Service.

Line Managers will liaise with the training management to organise training for named members of staff in the administration of medication as per the medication procedure, this will include refresher training.

Medication training has a number of elements including a theoretical module through a relevant training provider, observation of all aspects involved in dispensing and administering medication by an identified trained person and ongoing review and assessment.

All dispensing and administration of medicines should be accompanied by accurate, legible documentation; **written in black ink**.

Accurate and legible documentation must also be utilised when liaison with any health professional is undertaken relating to people and their medications.

Medications must not be accepted from parents/guardians if not in their original container and correctly labelled with the person's name and directions for use. It is the responsibility of the Manager of Service and staff trained in the administration of medication to liaise with the persons General Practitioner to ensure that the medication passed from parents / carers states the correct information. When new medication is transcribed on to the Medication Administration Record the label on the medication should be accompanied by a copy of the prescription or a letter from the GP or pharmacy.

All medication should have written confirmation of why the medication has been prescribed and when the medication is to be administered. For any topical medication such as creams or drops that should be applied to a particular part of the body there should be an accompanying body map completed to show where the medication should be administered and a clear written description of the location.

Consent forms for the administration of medications must be completed for all people who have shared care or Looked After Children within Care Services by the parent/guardian on admission and reviewed as changes occur. Consent forms for supported adults should be signed for by the supported adults with capacity, however if deemed not to have capacity a Court of Protection Order must be applied for or in place.

The Medication Administration Records will be updated as required each month by identified trained staff. These will be checked against the original prescription. This may also be done when changes occur as notified by the GP.

The Medication Administration Records should always be completed or renewed by referring to the original prescription sheet.

Only individually prescribed medicines should be given.

If you are in any doubt concerning the dose or interaction with any other medication contact the pharmacist for advice prior to administration of the medicine and document advice given in the person's health professional contact sheet.

Managers of Service have overall responsibility for the appropriate maintenance of records. Any record of medication dispensed and administered needs to be immediate, correct and legible for legal and audit purposes. A sample of initials should be kept with the Medication Administration Record (MAR) at all times.

The Medication Administration Record (MAR) must relate to the original prescription unless altered by the GP with written confirmation of any changes. An up to date reference of current medication for each individual person must be accessible at all times.

Administering Medication

2.1 The Dispensing and Administration of Medications

- Medications should only be administered to the person for whom they were prescribed.
- The person dispensing/administering medication should have been trained in both theoretical and practical aspects prior to undertaking this task. If the individual does not feel competent or confident to carry out this task they must acknowledge this fact and report it to their Line Manager whereby further training can be given.
- All staff must have read the medication policy and be familiar with all types of medications used.
- Staff must be aware of why each medication has been prescribed. (Consult individual care placement plan or medication file).
- An awareness of side effects is important and should also be stated within each person's records.

The Medication Administration Record (MAR) is a legal document, which is signed to record administration of each medication and should be legible, completed in black ink and include all prescribed medication. This should also be used to record non-prescribed medications (see section 5.3). Ensure

instructions about the administration of medications given on an 'as and when required' basis are adhered to.

Any uncertainties should be referred back to the GP or prescribing Pharmacist for advice.

- Medication should be dispensed at set times to ensure that therapeutic drug levels are maintained, it is therefore important to dispense medications on time.
- Ensure instructions on packaging are followed i.e. shake well, dissolve in water, administer before/after food.
- The administration of Controlled drugs, as with all medications, should be witnessed by two people including a medication trained member of staff.
- Witness to the misuse of drugs must be reported to the Line Manager or 'Out of Hours Manager' immediately.

When checking medication adhere to the following procedure:

1. Check the name of the person.
2. The name of the medication and what it is prescribed for.
3. The strength and dose to be administered.
4. The time the medication is to be administered.
5. The route the medication is to be administered.
6. The expiry date of the medication. Any expired medication should be returned to the pharmacist and documented.
7. Any specific instructions stated on the label, i.e. take with or without food, shake well.
8. Always check person's allergies.

The individual dispensing the medication must witness that each medication is then administered to the person for whom it has been prescribed immediately. This is to ensure that it has been tolerated, and administered by the correct route.

Any medications that are prescribed to be given rectally must only be administered by staff trained specifically to undertake this procedure.

Controlled Drugs administration

- Controlled drugs should **always** be measured using an appropriately sized syringe.
- **Controlled drugs must be checked into the MAR by two members of medication trained staff.**

A list of controlled drugs can be obtained at
<http://www.legislation.gov.uk/ukpga/1971/38/schedule/2>

Pupil Information

Any pupil requiring a Controlled Drug will have a medication file which contains

- Front page with a picture of the pupil
- Allergies form
- Consent form
- Reason for taking
- Health Care Plan
- 5 Rs
- MAR CHART
- Spillage Sheet
- Weekly/Monthly Audit

2.2 Practicalities when Administering Medication

- Prior to dispensing any medication wash your hands thoroughly. Use the hand gel provided in between each persons' medication administration if hand washing facilities are not convenient.
- Avoid distractions when undertaking medication dispensing/administration to prevent error.
- Hands should be washed thoroughly by the person administering eye drops to prevent cross infection.
- **Gloves should be worn during the application of creams or ointments as some of these contain steroids.**
- **Ensure only one blister pack is opened at any one time.**
- When dispensing tablets, a 'no touch' technique should be undertaken, i.e. dispense directly from the blister pack into a clean medication pot to transfer to the person. When this is not possible ensure hands are thoroughly clean prior to **minimal** handling of tablets. Tablets/capsules administered orally should be given with a adequate drink of water. This is to prevent damage to the oesophagus.
- When administering medication requiring a syringe; each person must have their own syringe.
- Syringes must not be used for more than one medication.
- When dispensing liquid medication place measured pot onto a flat surface and dispense medication slowly ensuring eye level with lines of measurement. This will help to ensure accuracy. For smaller or difficult to measure amounts use appropriately sized syringe.
- Ensure thick liquids administered in medicine pots are completely empty by mixing any remaining medication with equal amounts of water to ensure full dose is given.
- Use the code at the bottom of the Medication Administration Record to record reason medication not administered. **Boxes should never be left blank.**
- Ensure the person is as upright as possible when administering medication via the oral routes.

- Medication that has a variable dose or given on an 'as required' basis must be fully detailed on the MAR ensuring the dose, date and time given they were given is clearly stated.
- Any spillages or soiled medications must be documented on the reverse of the MAR chart and recorded on a spillages sheet.
- Any large amounts of spillage must be reported to the pharmacist and the GP in order for more supplies can be obtained and the Line manager or Registered Manager informed.
- Each medication administered should be checked, dated and signed by the person administering the medication.
- Record any medications not tolerated or refused by the person, see support plan for individualised instructions.

Dispensed Medications should **never** be left unattended as there is potential for another person to access them.

Once the medications have been dispensed ensure the medication cupboard is cleaned and stocked up ready for the next time it is required.

2.4 Refusal of Medication

Every person has the right to refuse their medicine, even if that refusal appears ill-judged to staff who are caring for them

2.4 Covert Administration

. Covert administration is when medicines are administered in a disguised format either hidden in food, drink or through a feeding tube without the knowledge or consent of the person receiving them. As a result, the person is unknowingly taking a medicine.

Covert administration is only likely to be necessary or appropriate where:

- A person actively refuses their medicine
- A person is judged not to have the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Capacity Act 2005
- The medicine is deemed essential to the person's health and wellbeing

Covert administration of medicines should be a last resort. You must make reasonable efforts to give medicines in the normal manner. You should also consider alternative methods of administration. This could include, for example, liquid rather than solid dose forms.

Administering medicines in food or drink can alter the stability and make-up of the medication. Medication can become unsuitable or ineffective.

Before considering covert administration, you should test decisions and actions against the five key principles under the Mental Capacity Act 2005:

1. All persons over the age of 16 should have a Mental Capacity Assessment in place to ensure they can / cannot consent to medication. This must be clearly documented in relation to medicines. After the age of 18 a Court of protection should be applied for.
2. Every adult has the right to make his or her own decisions. You must assume they have capacity to do so unless it is proved otherwise. You must not assume someone lacks capacity because they have a particular medical condition or disability.
3. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success. You should make every effort to encourage and support people to make the decision for themselves.
4. A person must not be treated as unable to make a decision merely because he or she makes an unwise decision. People have the right to make decisions that others might regard as unwise. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
5. Anything you do or decide for or on behalf of a person who lacks mental capacity must be in their best interests.
6. When making a decision or acting on behalf of a person who lacks capacity, you must consider:
 - ✓ Whether there is a way that would cause less restriction to the person's rights and freedoms of action
 - ✓ Whether there is a need to decide or act at all
 - ✓ Any intervention should be the result of the person's particular circumstances.

If the person is considered incapable of giving consent then the GP, parent and social worker should be consulted to decide on the most appropriate action to be taken.

There may be times when covert administration, i.e. mixing medication with water/ juice or food may be needed in the best interest of the person.

Written permission MUST be given by the GP and parent prior to undertaking this. Check with pharmacy to ensure this is acceptable.

2.5 Medication or routes requiring additional training

All members of staff (including medication trained staff) MUST complete additional, specific training to administer the following medications:

Gastrostomy Route

Staff must have received both theoretical and practical training in the administration of feeds and medication via a gastrostomy tube, and be competent to carry out these procedures.

- Ensure hands are washed thoroughly.
- Prepare equipment and ensure cooled water is available.
- Tablets should be crushed to a very fine powder or capsules emptied then mixed with a small amount of cooled boiled water. Written consent must be obtained from prescribing GP.
- Thick liquid medicine should be diluted with a small amount of cooled boiled water, to ensure accurate dose is received.
- Medication should be administered in line with the guidance and training given for each individual person. Follow Bolton FT Enteral Feeding Policy to ensure correct dose and procedure for gastrostomy feeding.
- Ensure thick liquids administered in medicine pots are completely empty by mixing any remaining medication with equal amounts of water to ensure full dose is given. **(Use cooled boiled water when administering medication via the gastrostomy route).**
- Ensure the person is positioned as per the support plan when administering medication via the oral routes

Oxygen

Oxygen must be prescribed for an individual and the manufacturers and pharmacist safety policies must be adhered to. The fire service must be informed immediately regarding the storage of oxygen on site.

Suction

Suction is used to clear retained or excessive lower respiratory tract secretions in patients who are unable to do so effectively themselves.

Nebuliser

Nebulisation is a method of converting a medicine or solution into an aerosol, which is inhaled directly into the lungs for use in a variety of situations including:

- when a person has an acute asthma attack
- when a person is in respiratory distress
- when a person has stridor
- before physiotherapy to loosen secretions
- if a person is unable to use an inhaler

Rescue medication

All prescriptions of rescue medication should be supported with an individual plan. It is the prescriber's responsibility to ensure a management plan is completed and reviewed in conjunction with the individual's annual epilepsy

review. People with epilepsy must be seen by Epilepsy Specialist services for all seizure management and before rescue medication is prescribed.

Midazolam belongs to a group of medicines called benzodiazepines, which are used to treat a number of different conditions, including seizures.

Most epileptic seizures stop of their own accord and do not need medical attention. Buccal midazolam should be considered for immediate emergency care and treatment in people who have prolonged (lasting 5 minutes or more) or repeated (three or more in an hour) convulsive seizures.

Staff must follow each person's individual epilepsy plan.

Recording Medication

3.1 Medication Audit and Obtaining of Repeat Prescriptions

The audit of medication should be undertaken each month in order that requests for repeat prescriptions can be requested from the surgery promptly. The audit and repeat medication requests are undertaken by an authorised and trained person within each service.

The accurate calculation of remaining medication is required to prevent stock levels depleting prior to the **actual delivery date** of repeat prescriptions which can sometimes be several days after ordering them.

Repeat prescriptions will be forwarded from the doctor's surgery to the pharmacy. The pharmacist will arrange delivery or collection of the medicines with the children's home or persons own home.

Any discrepancies need to be discussed with the GP or pharmacist for clarification and amendment as required.

Medications received need to be entered onto the individuals Medication Administration Record, recording the date and amounts received.

Receipt of medications must be checked on both the Medication Administration Record **and** the Prescription counterfoil.

Any incorrect medication or labelling must be returned to the pharmacist immediately for amendment.

It is essential to ensure new medication supplies are located behind present stock in cupboards to assist with stock rotation.

Medicines should not be decanted from one container to another.;

Measurements of medication should be an approximate measure. Only under exceptional circumstances, which must be agreed by the Head of Service and medical Professional, should medication be decanted and measured as this can lead to loss in medication and / or cross contamination.

Storing Medication

3.1 Storage of medications

Medications should be stored in accordance to the instructions given, this could be in a cool dry place which will be in the designated locked cupboard in a locked room, Medication labels should be checked regarding the temperature at which they are to be stored as some items may require refrigeration

Medication should not be removed from original package for the purpose of storage.

Liquid and cream medications such as eye drops and lotions must include an 'Opened' date and 'Expiry' date.

Medication **MUST NEVER** be left unattended.

The security of medicine storage keys is vital. Therefore access to these keys will be restricted to authorised members of staff only.

Most medications will have direct instructions on their label/information leaflet, which should be adhered to.

Bulk ordering of medication must be avoided.

Ensure medications are stored in a manner which assists with stock rotation. Place newly dispensed items to the back of the current stock.

3.2 Storage of controlled medication

Controlled drugs must be kept in a locked, non-portable container, separate from other medication within a locked room and only named staff should have access.

In school and college controlled drugs are stored in the medication room. They are kept in a control drug store located within a medication cabinet. Both cabinets exceed the statutory requirement for the storage of controlled drugs "The Misuse of Drugs (Safe Custody) Regulations 1973".

Only medication training staff have access to the keys for these cabinets. Keys are located behind a locked door, in a key safe in a locked cupboard under the sink unit. Both cabinet keys are on separate key ring, the outer and inner keys must not be on the same key ring. The keys are not to be

removed from the meds room under any circumstances. Medication trained staff will only unlock the cabinets when two trained members of staff are present. The cabinets are to be opened to access the medication and then locked again once the controlled drug is dispensed into a medicine pot. The cabinets must not be left unlocked whilst administering medication. The keys must be placed back into the key safe and the unit is to be locked.

A spare set of keys for the cabinets are kept in the main reception key safe. Access to this safe is limited and all keys are signed out in the "key book". Only a medication trained member of staff can request a spare key from reception. Lost keys must be reported to Head of Service.

Controlled Drugs are stored in their original packaging, which must be clearly labelled and have the Patient Information Label (PIL). Medication is stored at room temperature (21-25 degrees)

Only Controlled Drugs can be stored in the Controlled Drugs cabinet.
Transfer for medication

Under The Misuse of Drugs Act 1971 Controlled Drugs cannot be stored in premises when it is unoccupied. All Controlled Drugs are currently transferred to and from Birtenshaw on school transport by Birtenshaw employees. The medication is recorded on Medication Transfer Sheet v3.

A record should be kept for audit and safety purposes and all movement including transportation and administration must be recorded in each service's controlled medication book and in the persons medication file. E.g. medication travelling from 'Children's Home A' into School;

Medication should be signed from Children's Home A's transfer of medication record into the School's controlled drugs book and transfer of medication record. Administration of the medication must be recorded in both controlled drugs book and in the usual documentation in each person's medication file.

3.3 Cold Storage

A lockable container is available for the cold storage of medicines.

The lockable container in each fridge should be kept for the sole purpose of storing medication when required.

Fridge Thermometer is checked daily by trained staff and recorded.

The temperature should be checked frequently to ensure optimum temperature is maintained.

The fridge should be defrosted regularly.

Check storage instructions with the pharmacist if unsure.

Where possible a medication fridge will be made available in the service for the storage of refrigerated medication.

Transfer of medication

4.1 Medications Required During Trips or Outings

When medication is taken out of the service, the person dispensing and administering the medication should adhere to the following procedure:

1. Medication taken out of the service should remain in its original package/bottle and not secondary dispensed.
2. The Medication Administration Record should be kept in the file, taken with the medication and signed by the individual dispensing the medication immediately. **The Medication Administration Record should not be removed from the file or folded and care should be taken not to damage it as it is a legal document.**
3. The member of staff administering the medication is responsible for the medication file and safe keeping of medication whilst out. Any medication taken out of the service and then returned should be immediately locked back in its original cupboard.

4.2 Transfer of Medication to and from Home/ Hospital and School

Any medications that are accompanying people between services or going to hospital need to be recorded, checked, and signed **in and out** on the 'Sent Medication' and 'Returned Medication' forms.

Always keep medications in their original containers/packets, with labels intact and any syringes or equipment that may be required for dispensing.

4.3 Medication sent in from home

For a member of staff to administer a medicine it **must** have an accurate printed pharmacy label. In case of multiple containers each container should be labelled. If the medication has an inner container and an outer box the label should be applied to the item as well as or instead of the outer container.

- This should be checked by trained staff.
- The medications labels must be checked and any discrepancies must be reported to parents/guardians immediately and the medication returned home to be amended by the dispensing pharmacist at the soonest opportunity. The label should include the name of the person for whom it was prescribed, the name of the medication, strength, dose, date dispensed, dispensing pharmacist and frequency and the duration of medication administration should be confirmed by the parent/guardian. **Always check the expiry date.**

- A consent form should be completed by the parent/carer/authorised person at the soonest opportunity based on whether the medication is to be administered on a short term or long term.
- Medications **must always** be in their original containers.
- If you are unsure of the strength or formulation of the medication seek advice from the dispensing pharmacist and GP and ask for clarification, in writing. This can often be sent by e mail or fax if applicable.
- The date of receipt and amount of medication received should be entered on the Medication Administration Record and signed for.
- Labels should not be altered (unless written notification for change of dose is received).

Changes in prescriptions

5.1 Emergency Prescriptions

Medications prescribed and dispensed on an emergency basis following a visit to the GP or dispensed from hospital should be entered into the MAR by an appropriately trained staff member.

Ensure parents / guardians are informed at the earliest opportunity of any prescribed medications and GP / Hospital visits.

Document details of medication prescribed, reasons why and by whom in the Health Professional Contact Sheet.

- On receipt of emergency prescriptions, e.g. antibiotics, they must be entered into the MAR. Ensure this is written clearly and can be clearly understood by a second person and signed to confirm.
- Enter the name of the medication, the strength and the dose to be given, frequency and route of administration.
- E.g. Amoxicillin Suspension 250mgs/5ml. Give 5mls three times a day orally. Complete the course.
- The amount and date of receipt of medication should be entered onto the MAR and signed by a medication trained member of staff. In the Children's Home this should be the Registered Manager, Designate or Shift Leader.

5.2 Prescriber Instruction to Change Medication

There may be times when a prescriber instructs a change in medication in order that treatment is not delayed. In these circumstances two people should be present and be witness to the verbal message . This should be followed up as soon as possible with written confirmation by e mail, fax or letter. The change of medication should be documented, including the name of the Health Professional who authorised the change, the date and time. Place

written confirmation in Medication Administration Record and report to the Registered Manager.

5.3 Purchase of Non - Prescription Medications

Non-prescription medication is another name for 'homely' or household remedies, which refers to medicines available over the counter in community pharmacies such as vitamins, antihistamines or paracetamol. When possible always use the pharmacy that is used regularly to supply prescribed medication to a person. They will have a record of the person's current prescribed medication enabling them to give appropriate advice about the selection of a medication, reducing the risk of interaction with prescribed medication. Take a list of the person's current prescribed medication to the pharmacist to ensure they give the most appropriate advice. This also applies to the use of complementary/herbal remedies. The purchase of any complimentary or non-prescribed medications should always be authorised by the parent/ legal guardian and written consent obtained as soon as possible.

Non-prescribed medication must be entered into the MAR as detailed by the pharmacy and record times that it is to be administered in the usual manner.

In 2017 NHS England launched a public consultation on reducing prescribing of over-the-counter (OTC) medicines to treat;

<i>Acute Sore Throat</i>	<i>Mild Acne</i>
<i>Cold Sores</i>	<i>Mild Dry Skin/Sunburn</i>
<i>Conjunctivitis</i>	<i>Mild to Moderate Hay fever/Allergic Rhinitis</i>
<i>Coughs and colds and nasal congestion</i>	<i>Minor burns and scalds</i>
<i>Cradle Cap (Seborrhoeic dermatitis – infants)</i>	<i>Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)</i>
<i>Haemorrhoids</i>	<i>Mouth ulcers</i>
<i>Infant Colic</i>	<i>Nappy Rash</i>
<i>Mild Cystitis</i>	<i>Oral Thrush</i>
<i>Contact Dermatitis</i>	<i>Prevention of dental caries</i>
<i>Dandruff</i>	<i>Ringworm/Athletes foot</i>
<i>Diarrhoea (Adults)</i>	<i>Teething/Mild toothache</i>
<i>Dry Eyes/Sore tired Eyes</i>	<i>Threadworms</i>
<i>Earwax</i>	<i>Travel Sickness</i>
<i>Excessive sweating (Hyperhidrosis)</i>	<i>Warts and Verrucae</i>
<i>Head lice</i>	<i>Probiotics</i>
<i>Indigestion and Heartburn</i>	<i>Vitamins and minerals.</i>
<i>Infrequent constipation</i>	
<i>Infrequent Migraine</i>	
<i>Insect bites and stings</i>	

If medications are required from local authorities who will not prescribe over the counter medications a letter of consent is required. The letter of consent must be signed by the GP, parent / guardian and the Manager of the service.

The letter of consent must also detail all the information about the medication including;

- ✓ Name of the person
- ✓ Name of the medication
- ✓ Reason for medication
- ✓ Strength and dose
- ✓ Time the medication is to be administered
- ✓ Route of the medication
- ✓ Expiry date of the medication
- ✓ Any other specific instructions stated on the label, i.e. take with or without food, shake well.

5.4 Disposal of Medications

To provide a full audit trail of medicines, a record is required to identify the removal/disposal of a person's medications that are no longer required or have expired. All medication should be returned to the regular pharmacy/parent/guardian. This record is also necessary when medication is transferred to another care provider, for instance in the case of a person's transition.

- Complete the Disposal of Medication form.
- Include the person's name, D.O.B, name and strength of medication, amounts and date returned to pharmacy. Each person should have a separate form. Each form should be signed by the person returning the medication **and** the pharmacist receiving them. The forms should be returned and retained in the medication file.
- Document on the MAR amounts and date the medication was returned to pharmacy/parent/guardian.

Medication Errors

- Any mistakes in the administration of medications must be reported immediately to line manager or duty manager.

6.1 Wrongly administered medication

Call 111 or NHS Direct for advice. The adviser will decide if and what medical help the person needs, where you need to go to get support if needed and may transfer your call to the service you need, or book an appointment for you, if possible.

You also need to ensure you;

- ✓ Inform the line manager or duty manager.
- ✓ Inform person's GP/pharmacist.
- ✓ Contact parent / guardian and Social Worker where appropriate.
- ✓ Inform the manager of any other service the person accesses.
- ✓ Complete an incident report

In the event of suspected overdose of medication NO FURTHER MEDICATIONS SHOULD BE GIVEN WITHOUT MEDICAL ADVICE. PHONE 111 IMMEDIATELY.

Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk.

Ensure the individual receives appropriate first aid, whilst advice is being sought. Observe closely for any adverse reaction or deterioration in condition.

Document who has been contacted, at what time contact was made, and any advice that has been given. It is important that we have a record of who has given the advice in case we need to follow this up at a later date.

6.2 Adverse Drug Reaction Reporting

Any adverse drug reaction (ADR) or suspected ADR should be reported to the person's GP and supplying pharmacist, prior to further administration of the drug. Adverse drug reactions would normally be reported to the Medicines and Healthcare Products Regulatory Agency through the yellow card scheme. General Practitioners, Pharmacists and Nurses can submit yellow card reports. The Registered Manager will liaise with the prescribing Doctor about the submission of a report as appropriate.