



MEDICINES MANAGEMENT POLICY

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Author	Issue Date	Version	Document Ref	Approved By	Approval Date	Next Review	Page i
Head of Clinical Dept	April 2023	V4.0	CG-05	Exec	May 2023	May 2024	

Contents

1	INTRODUCTION	5
2	POLICY STATEMENT	5
3	RESPONSIBILITIES	5
4	RATIFICATION AND REVIEW OF POLICIES	6
5	POLICY STATEMENTS.....	7
5.1	Prescription and Authorisation.....	7
5.2	Prescriptions.....	7
5.3	Administration in an emergency situation	8
5.4	Transcribing.....	8
6	ORDERING MEDICINES.....	8
7	SUPPLY, TRANSPORT & RECEIPT OF MEDICINES.....	9
8	STORAGE AND SECURITY.....	9
9	PREPARATION	11
10	SUPPLY OF MEDICINES.....	11
11	DRUG ADMINISTRATION.....	11
12	PRESCRIPTION CHARGES	12
13	DISPOSAL.....	12
14	RECORD KEEPING	12
15	THE PHARMACEUTICAL INDUSTRY	12
16	DRUG RECALL AND ALERTS.....	13
17	INCIDENT REPORTING.....	13
18	SAFETY.....	13

Appendices

APPENDIX 1 – APPROVED ABBREVIATIONS
APPENDIX 2 – COSHH
APPENDIX 3 – NATIONAL CONTACTS
APPENDIX 4 – ASSOCIATED OPERATIONAL PROCEDURES
APPENDIX 5 – STATEMENT FOR COMMISSIONERS

DOCUMENT CONTROL

Document Storage

Location: p:\ops team\central policies & procedures - development - word docs\cg - clinical governance policies\cg-05 - medicines management policy v4.0.doc

Version Control Log (Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

Version	Date	Author	Description of Changes
V3.2	July 2019	S McDonnell	Reviewed, no changes
V3.3	Sept 2022	L Richardson	Reviewed, minor changes
V4.0	April 2023	L Richardson	Reviewed, changes to 7.3, 7.5, 8.3, 8.8

Approval

Version	Name	Position	Signature	Approved Date
2.0D	Exec	Executive Team		July 12

Glossary

Term	Description
Authorised Staff / Practitioner	Individual practitioners / members of staff are authorised in one or more of the following ways: <ul style="list-style-type: none"> • By terms and conditions of appointment and as defined in the job description • By possession of a recognised professional qualification which is used to carry out the duties defined in the job description • By being recognised as competent to carry out specific functions • By definition within individual procedures
Controlled Drugs	Medicines which are subject to the prescription requirements of the Misuse of Drugs Regulations 2001 (and subsequent amendments), Schedules 2 and 3.
Controlled stationery	Stationery which can be used to obtain medicines and which could be used to obtain medicines fraudulently.
Designated Manager	The person who carries managerial responsibility for a specific area. This may be a first-line supervisor/manager or a senior manager depending on the level of responsibility.
Designated Person	Other staff groups with responsibility within their job role : visiting services supervisor, team leader, medical prescribing assistant and health care support worker
GMC	General Medical Council
Healthcare Setting	Any premises or area designated for the delivery of healthcare. This will include care homes and Primary Care Centres' including Urgent Care.
ISO Standards	Standards set by the International Standards Organisation

Term	Description
Locally Agreed / Approved	Policies and procedures for local use that have been agreed / approved by the medical director or executive /medicines management group
Medicine Incident	Any occurrence that contravenes the policies and procedures laid down in this document or which has an actual or potential unplanned adverse effect on a patient or other person.
Medicines management	<p>A number of terms are used in the management and distribution of medicines. The following are some that are commonly used in healthcare settings:</p> <ul style="list-style-type: none"> • Administration: administration can be by a health care professional, delegated support worker or self-administration by the patient or their carer. Administration involves the giving of medication directly to the patient by the prescribed route, for example orally or by injection. • Dispensing: dispensing involves activities such as checking the validity of the prescription, the appropriateness of the medicine for an individual patient, assembly of the product, labelling in accordance with legal requirements and providing information leaflets for the patient. • Supply: in the context of this policy supply refers to the following: <ul style="list-style-type: none"> • the provision of medicines from a pharmacy or other wholesale suppliers to the healthcare setting • the supply of pre-packed and pre-labelled products direct to the patient
Medicines	Medicinal products as defined in section 130 of the Medicines Act 1968, i.e. a substance administered by mouth, applied to the body or introduced into the body for the purpose of treating or preventing disease; diagnosing disease; ascertaining the existence, degree or extent of a physiological condition; contraception; inducing anaesthesia or otherwise preventing or interfering with the normal operation of physiological function.
NMC	Nursing and Midwifery Council.
Opiate substitution therapy	Opiate medicines prescribed for the prevention of withdrawal symptoms in dependency syndromes
Prescription	A written order for the dispensing of (a) medicine(s). A written order will be on the prescribed form (FP10PREC) approved stationery
Registered Nurse	A nurse who is listed on the NMC register as a qualified nurse
Repeat Prescription	An order for the dispensing of (a) medicine(s) which the practitioner reasonably believes to be authorised by the patient's regular medical practitioner for repeated or continuous use

1 INTRODUCTION

Badger has ISO 9000 accreditation and operates a quality management system. This document forms part of our quality system and is a guide to good practice for all Badger staff involved in any aspect of the use of medicines. Badger is required to establish, maintain, document and audit safe effective systems for the handling of medicines via:

- Compliance with current legislation.
- Adherence to guidelines for the administration and handling of medicines issued by individual professional bodies and all related NHS documents
- Management of any potential risk to patients and staff arising from the use of medicines

2 POLICY STATEMENT

The policy and associated procedures aim to ensure that:

- Medicines are correctly and appropriately prescribed by an authorised practitioner
- Medicines are accurately and appropriately administered /dispensed
- Recording and control of medicines is correctly performed to prevent loss, inappropriate access to and misuse of medicines by patients / carers, staff or any member of the public

Practitioners involved with the delivery of care carry responsibility for their actions. Signatures and initials must be easily identifiable

All staff are supported to work to the highest standard when involved in the prescribing, administration and safe handling of medicines.

3 RESPONSIBILITIES

- 3.1 The Medical Director has overall responsibility for the safe and secure handling of all medicines within Badger. A named Clinical Lead takes the responsibility for Accountable Officer duties relating to safe and effective management of controlled drugs within Badger and is the representative at Controlled Drug local Intelligence Networks (CDLINS'). The Medicines Management Group have the responsibility for the development of this policy in accordance with legislative requirements and best practice incorporating local and national guidance.
- 3.2 Designated Managers are responsible for ensuring that this policy and associated procedures applicable to their area of work are readily available to all staff. They are also responsible for ensuring competence through induction and continual professional development relating to safe and secure handling of medicines specific to job roles and responsibilities
- 3.3 All staff are responsible for working within this policy and also working within their competence; whether they are prescribing or administering medicines or ensuring the correct safe and secure handling and storage of medicines within the health care setting.

4 RATIFICATION AND REVIEW OF POLICIES

All policies and procedures relating to the use of medicines must be ratified by the Medical Director on behalf of the Medicines Management Group. This group also has going responsibility for this document and will review this policy and related documents annually or earlier if necessary in line with any agreed local or legislative changes.

NOTES

1. All staff involved with medicines have a duty of care to ensure safe and secure handling of medicines through compliance with relevant legislation, Department of Health guidance and associated Badger policies. Staff must be aware of these requirements and follow the relevant policies and guidance at all times.
2. Deviation from the policy may result in disciplinary action being taken against an employee. The policy document is applicable to all Badger services and healthcare settings unless otherwise specified.
3. The requirements for safe and secure handling of medicines may change over time. It is therefore essential that all practitioners keep themselves up to date with current practice. This involves continuing learning. Staff should reflect on their medicines-related learning needs as part of their continuing professional development.
4. For clinical staff who work both for Badger as well as other healthcare providers ;
 - It is likely that other healthcare providers will have a Medicines Policy similar to this one. Staff should familiarise themselves with the Medicines Policy for any provider organisations in which they work.
 - When staff are working in Badger they should work in line with this Medicines Policy.
 - If a drug incident occurs in Badger, the Medical Director or Associate Medical Director on call must be informed immediately and the standard operating procedure for incident reporting G01 must be followed. Staff who work in Badger but who are employed by another organisation should check with that employer if they require the staff member to report the incident in line with their policy.
 - Staff employed by Badger who are involved in a drug incident whilst working in another organisation's premises, must report the incident via the Badger Incident Procedure. They should also inform the Medical Director as well as the Head of Medicines Management for the organisation in which the incident occurred to verify whether they should report the incident in line with that organisation's policy.

5 POLICY STATEMENTS

5.1 Prescription and Authorisation

Only authorised practitioners may prescribe; they must do so within the scope of their professional practice and competencies, being aware of their accountability and having read the policy and procedures for medicines management.

5.2 Prescriptions

5.2.1 Prescriptions must be clearly written in full non-erasable ink or printed by machine or sent electronically via EPS dated and signed by the prescriber. All prescribing undertaken must be in line with Badger standard operating procedure CL02.

Basic requirements for all prescriptions include:

- Do not include more than four items on one form
- Ensure prescriptions are signed, but only after completion – do not sign blank prescription forms
- Ensure that clear directions are given for each item prescribed
- Ensure that the form and strength of each item is stated
- Ensure the quantity to be dispensed is clearly stated i.e. dose, frequency and quantity and / or duration
- Always document the issue of a prescription on the patient's clinical record
- Ensure that repeat prescriptions are issued in line with Badger repeat prescription guidelines (appendix 1)
- Ensure that prescription duration is in line with Badger repeat prescription guidelines
- Prescriptions for controlled drugs must comply with the special directions (documented in the British National Formulary (BNF))
- Where an urgent prescription has been telephoned to a pharmacy, the FP10 must be with the pharmacist within 72 hours. This is legally required for compliance with the Regulations.

Further details on prescription writing are available in the BNF and BNF for Children.

5.2.2 All health care practitioners must check for possible allergy prior to prescribing or administering medicines. Information on known allergies must be recorded on the patient's clinical records.

5.2.3 Medicines must be prescribed on an approved prescription document in the case of private prescriptions or the relevant FP10 prescription form.

5.2.4 Prescribers must use Standard International (SI) Units.

5.2.5 The prescribing of Controlled Drugs must be in accordance with the Misuse of Drugs Act 2001, the Health Act 2006, the Controlled Drugs (supervision of management and use) Regulations 2006, and any subsequent amendments.

5.2.6 Medical gases including oxygen must be prescribed by an authorised practitioner.

5.2.7 A valid prescription is required before any medicine is administered by any route, unless there is a local procedure which directs otherwise,

5.2.8 Badger will support collaborative working with any community dispensing pharmacist who may clarify or correct a prescription for the purpose of ensuring the safe and effective administration of medicines.

5.3 Administration in an emergency situation

5.3.1 Some Prescription Only Medicines when administered for the purpose of saving a life in an emergency may be given without a prescription. The details of the administration i.e. drug name, strength, dose; route must be documented after the emergency in the patient's clinical records. The following is a list of drugs stocked for use in an emergency in a sealed emergency box in line with standard operating procedure CL03

- Adrenaline (epinephrine) 1:1000 IM
- Chlorphenamine
- Hydrocortisone
- Naloxone
- Procyclidine
- Diazepam rectal
- Benzyl penicillin
- Cefotaxime

This list will be kept under review and maybe amended from time to time.

5.4 Transcribing

5.4.1 A registered nurse who is not a prescriber may transcribe medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'. This is likely to be in relation to syringe driver directives.

Any transcribed record must include:

- The patient's full name and date of birth
- Known drug allergies
- Drug name
- Dosage and strength
- Timing and frequency
- Route of administration
- Specific instructions e.g. give before food

Only approved abbreviations may be used (appendix A).

The nurse transcribing the details must sign and date each entry. A second registered health care professional should check details and countersign the entries.

Authorisation to administer such medicines must be signed by the prescribing practitioner.

6 ORDERING MEDICINES

6.1 All medicinal products are obtained from approved suppliers:

- Community Pharmacy
- Recognised pharmaceutical supplier
- NHS Supplies Department

6.2 An appointed named designated manager is responsible for ordering medicines from the approved supplier and for the maintenance of stocks with a robust audit trail.

- 6.3 All orders are signed by the Medical Director or Associate Medical Director or a named authorised practitioner who has been delegated this responsibility.
- 6.4 Telephone and fax orders are permitted in accordance with locally agreed procedures.

7 SUPPLY, TRANSPORT & RECEIPT OF MEDICINES

- 7.1 Medicinal products are supplied against a written, signed order and in accordance with locally agreed procedures.
- 7.2 All oral medicines shall be supplied in manufacturers' original patient packs.
- 7.4 The responsibility for establishing and maintaining a system for the distribution and return of medicines from the health care setting stock shall be that of the appointed named designated manager.
- 7.5 Medicines are transported to the healthcare settings in cars insured for business purposes in sealed containers. Care is taken to ensure that medicines and their packaging are not damaged in transit. A written record of transport/receipt should be made by all staff involved in the transport of medications/cassettes (meds team, drivers, centre staff who take receipt). This record should be retained on file by the Medicines management team for future reference
- 7.6 Medical gasses must be transported in a suitable carrying device, which prevents damage to the cylinders and / or risk of explosion.
- 7.7 The signature of an authorised member of staff shall be required for receipt of certain categories of medicines and all controlled stationery.
- 7.8 All goods are checked for physical damage by an authorised member of staff and must be returned to the supplier if found to be defective.
- 7.9 Items which require refrigeration (typically at 2- 8°C), will be transported using approved cool bags. The appointed named designated manager is responsible for ensuring that systems are established for the receipt and prompt storage of refrigerated goods.
- 7.10 Healthcare staff should not routinely collect medicines on behalf of patients from the community pharmacist; this particularly applies to the collection and delivery of Controlled Drugs. However where there is an urgent need for medication and every avenue for the delivery and collection has been explored to no avail, a designated member of staff may carry medication from the community pharmacy directly to the patient's home. All drugs should be kept out of sight during transportation.

In these circumstances the designated staff member will be asked to sign for the medicines and must be able to provide proof of identity. The community pharmacist should request the name and address of any healthcare professional that collects Schedule 2 controlled drugs on behalf of a patient and may request evidence of the person's identity.

8 STORAGE AND SECURITY

- 8.1 The responsibility for establishing and maintaining a system for the security of medicines and controlled stationery shall be that of the named designated manager.
- 8.2 Each health care setting is responsible for the appropriate storage of medicines they receive and has a designated person responsible for storage of all medicines.

- 8.3 All medicines must be stored in designated storage areas with access restricted to authorised staff within the following guidelines:
- Medicine cupboards should only be used to store medicines
 - Items for internal use (eg tablets) and external use (eg creams) should be kept separately
 - Flammable items must be stored in a locked metal cupboard
 - Vaccines and other pharmaceuticals requiring refrigeration must be stored between 2-8 deg C in a lockable refrigerator in accordance with NHS England Cold Chain Policy <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2015/07/cold-chain.pdf>
 - Medicines should not be stored in areas of excessive temperature variation, and the temperature should not regularly exceed 25°c
 - Products should be stored with the product name facing front.
 - Systems for checking expiry dates must be observed.
 - Systems for ensuring appropriate stock control and rotation must be observed
 - medicines (including cassettes) other than emergency drugs should be kept in either a locked room or locked cupboard at all times
- 8.4 Storage cupboards and refrigerators must comply with the relevant British and ISO Standards and the Misuse of Drugs (safe custody) regulations.
- 8.5 The storage and security of Controlled Drugs within healthcare premises must be in accordance with the Controlled Drugs regulations 2006 and Government's guidance. The security of Controlled Drugs in the healthcare setting and drugs of possible misuse must be checked by appointed designated manger with audit and reconciliation, at regular intervals in accordance with the Badger Standard Operating procedure for controlled Drugs CD04..
- 8.6 Emergency drugs e.g. there must be an appropriate balance between secure storage and ready access in an emergency. This is important in all locations where emergency medicines are held.
- 8.7 Keys (for medicine cupboards and refrigerators) must be kept securely at all times. The keys may be given to other authorised staff, when required for legitimate purposes but responsibility for the custody of the keys and the medicines remains with the designated person..
- 8.8 The loss of controlled stationery, keys or medicines must be reported immediately to the on-call manager. An incident form must be completed in line with Badger Incident Procedure. The decision to report the missing, lost or stolen drugs to the police will be the responsibility of the Head of Clinical Dept or Medical Director based on the circumstances of each individual incident

9 PREPARATION

- 9.1 Only suitably trained and authorised staff may prepare medicines.
- 9.2 Substances for injection should not be prepared in advance of their immediate use. The practitioner should not administer medication which has been drawn into a syringe or container by another practitioner when not in their presence.
- 9.3 All medicines must be prepared in an environment which protects both the medicine and the member of staff from possible contamination.
- 9.4 All medicines must be prepared in a manner which is suitable for the intended route of administration.
- 9.5 Manufacturers' and / or pharmacists' instructions for the preparation of medicines must be complied with.

10 SUPPLY OF MEDICINES

- 10.1 Medicines supplied in the out of hours service are to be from a limited list of drugs and reflect the National Out of Hours formulary considered to be sufficient to meet urgent patient needs when:
- Community pharmacies are not available
 - Patient treatment cannot safely be deferred until the patient's own GP practice is next open.
- 10.2 In some instances a 'full course' of treatment appropriate to the presenting condition will be prescribed / supplied. This means **either** all the medication which is anticipated will be needed (e.g. a 5 day course of antibiotics) **or** a supply of treatment to suffice until a planned review with the patient's GP should take place in line with Badger prescribing guidelines (appendix1).
- 10.3 A full course of treatment shall be supplied if medicines are supplied from the drug cassettes. The Badger protocol for the management of drug cassettes system should then be followed (appendix 3) and 'patient pack' must comply with all relevant legislation regarding packaging, labelling and the use of patient information leaflets (PILs). Patient name and date must be completed before giving to the patient.
- 10.4 The Badger clinician is responsible for reconstituting paediatric antibiotic medicines prior to supply. Directions are labelled on the antibiotic container.
- 10.5 Badger service holds sufficient stocks of medicines to meet needs when community pharmacies are closed.

11 DRUG ADMINISTRATION

- 11.1 Single dose administration may be necessary in some instances and can be accomplished by;
- An instruction to an authorised nurse, written by the OOH prescriber in the patient notes or electronic prescribing system.
 - Under patient group directions by suitably trained healthcare practitioners.
 - Administration directly by a medical or non-medical prescriber.
 - Other healthcare staff may be involved with the administration of medicines delegated to them, for example a Health Care Support Worker. However the responsibility for the administration of

medicines rests with the authorised practitioner. Before delegating, the authorised practitioner must ensure that the person who is to administer the medicine is competent to do so appropriate to the specific situation.

- 11.2 A record of administration should be made, and the administering practitioner should be identifiable from the patient records.

12 PRESCRIPTION CHARGES

- 12.1 Prescription charges are not collected when medicines are supplied by Badger.

13 DISPOSAL

- 13.1 Excess or expired stock from Badger should be returned to the pharmacy supplier accompanied by a completed returns form.
- 13.2 Unused reconstituted vaccine and other injectable medicines should be disposed of in the sharps container.
- 13.3 All other clinical waste should be disposed of in accordance with the appropriate standard operating procedure for managing clinical waste. CL41.
- 13.4 Disposal of Controlled Drugs must be in accordance with legislation and Badger Controlled Drug Procedure CD04

14 RECORD KEEPING

- 14.1 All records should be maintained in line with Badger requirements and in line with GMC and NMC guidance.
- 14.2 Records must be retained for the minimum period specified in current NHS guidance. Records of children and young people should be kept until the patient's 25th birthday or 26th if the young person was 17 at conclusion of treatment or for 8 years after the patient's death if death occurred before 18th birthday. For everyone else records should be kept for 8 years following conclusion of treatment. NHS Records Management Code of Practice 2021: [Records Management Code of Practice 2021 - NHS Transformation Directorate \(nhsx.nhs.uk\)](https://www.nhs.uk/records-management/code-of-practice-2021/)
- 14.3 Delivery notes for pharmaceutical orders, fridge temperature records and copies of returns forms must be kept for two years from the date of the last entry.
- 14.4 Records must be kept of supply, administration, removal or destruction of Controlled Drugs in accordance with the Government's guidance on changes to record keeping.

15 THE PHARMACEUTICAL INDUSTRY

- 15.1 Contact with the pharmaceutical industry must be in accordance with GMC guidance. Sponsorship of meetings, educational events or other activities must be approved by the medical director, executive committee or board of directors.

16 DRUG RECALL AND ALERTS

- 16.1 National drug recalls and alerts are initiated by the Medicines and Healthcare products Regulatory Agency. Relevant information is sent to relevant practitioners by the Medical Director or Clinical lead for medicines management.
- 16.2 The reporting and actioning/recall of medicines which are known or suspected to be defective will be carefully and promptly documented and carried out to ensure that patients are not put at risk.

17 INCIDENT REPORTING

- 17.1 All medicine related incidents and 'near misses' must be reported in accordance with the Badger Incident Procedure
- 17.2 Any medicine related incidents relating to controlled drugs will be reported to the Controlled Drug Intelligence Network by the nominated Accountable Officer or deputy.
- 17.3 BNF Yellow Card reporting for adverse reactions: <https://bnf.nice.org.uk/medicines-guidance/adverse-reactions-to-drugs/>

18 SAFETY

- 18.1 See appendix 2

APPENDIX 1 - APPROVED ABBREVIATIONS**Frequency**

bd	twice a day
tds	three times a day
qds	four times a day
mane	in the morning
nocte	at night
PRN	when required

Route

o	oral
pr	rectally
im	intramuscular
sc	subcutaneous
iv	intravenous
top	topical
sl	sublingual

Drug formulations

MR	modified release
EC	enteric coated
SR	sustained release
Disp	Dispersible

Strengths

g	grams e.g. 5g
mg	milligrams e.g. 5mg
mcg	micrograms e.g. 5mcg

AVOID USE OF DECIMAL POINTS

APPENDIX 2 – NATIONAL CONTACTS

On-line information sources

British National Formulary and BNF for Children

www.bnf.org and www.bnfc.org

NICE Medicines and Prescribing Centre. Former National Prescribing Centre – provides extensive range of information for prescribers'. Available on <https://www.nice.org.uk/about/nice-communities/medicines-and-prescribing>

Medical & Healthcare Products Regulatory Authority - produce a monthly electronic bulletin *Drug Safety Update*, which can be found on <http://www.mhra.gov.uk>

The National Library for Health website provides Clinical Knowledge Summaries (was PRODIGY). Available on <https://cks.nice.org.uk>

GP Notebook

Management of common conditions www.gpnotebook.co.uk

NMC - <https://www.nmc.org.uk/>

GMC - <https://www.gmc-uk.org/>

HCPC - <https://www.hcpc-uk.org/>

BMA - <https://www.bma.org.uk/>

PSNC (pharmaceutical services negotiating committee) - <https://psnc.org.uk/>

RCGP - <https://www.rcgp.org.uk/>

RCN - <https://www.rcn.org.uk/get-help/rcn-advice/non-medical-prescribers>

GPC - <https://www.pharmacyregulation.org/>

APPENDIX 3 - ASSOCIATED OPERATIONAL PROCEDURES

- CD04 CONTROLLED DRUGS
- CL02 REPEAT PRESCRIBING GUIDELINES
- CL03 RED EMERGENCY BOXES
- CL22 PRESCRIPTION MANAGEMENT
- CL41 INFECTION CONTROL PPROCEDURE FOR CLINICAL WASTE AND STORAGE AT GLOVER STREET
- CL47 PROTOCOL FOR THE USE OF DRUG CASSETTES

APPENDIX 4 - STATEMENT FOR COMMISSIONERS

Badger will work collaboratively with commissioners to further develop Medicines Management policies and procedures and specifically will:

- Agree a formulary with the medicines management lead of the commissioner
- When invited, participate in the commissioner's medicines management meetings
- Carry out appropriate audit of the use of medicines
- When requested, provide appropriate information and reports of appropriate and cost-effective prescribing
- When requested, provide reports of action taken in response to medicines alerts and local incident investigations
- Report to the commissioner medicines incidents in line with local and national requirements
- Co-operate with any local or national campaign relating to medicines
- Seek patient feedback on its services