

Medicine Matters

COVID-19 Special Bulletin (1)

Medicines information for care staff in a social setting

March 2020

Medicine supplies – different packaging

These are very uncertain times for us all. The COVID-19 pandemic presents one of the biggest challenges community pharmacies have ever faced, both in dealing with an unprecedented increased demand and in managing the staffing issues that all essential services will be experiencing.

Maintaining the **safe** provision of medicines to the people who need them will become increasingly difficult as levels of infection rise and community pharmacies will look to take necessary steps to reduce risks and increase their capacity to maintain services to the people who need them.

National guidance recommends that pharmacies consider:

- Reducing normal opening hours by up to 2½ hours a day – closing the doors to the public to allow staff to ‘catch up’
- How to manage reduced capacity to deliver supplies of medicines or take away waste medicines
- Reviewing the provision of both weekly and monthly Monitored Dosage Systems (MDS aka Dosette boxes) – providing medicines in ‘boxes and bottles’ (original packs) rather than pre-prepared individual daily doses.

Many pharmacies have already worked with care homes and other services providing care at people’s homes to transition to using ‘original packs’. For those services still using MDS, a change to original packs will be new and undoubtedly introduce some anxiety and concern for staff who are unfamiliar with administering medicines in this way.

What are the main differences between administering medicines from an MDS versus from original packs?

- When MDS is used, the supplying pharmacy puts the necessary doses of each medication into the correct section of each pack. Staff administering medicines therefore do not have to read specific instructions or handle more than one container, but simply ‘pop out’ the medicines from the section corresponding to the day and time.
- If medicines are provided in individual boxes and bottles, staff are required to select the right medicines and provide the prescribed doses at the right time.

This means using best practice EVERY time you administer a medicine:

- Read the label very carefully for each medicine and check each detail on the label against the information on the

MAR sheet.

- These details **MUST** agree before you can administer the medicine

You must use the following procedure EVERY time you administer a medicine:

1. Be prepared, check the identity of the person
2. Confirm they are ready to take their medicines
3. Check the Medicines Administration Record (MAR) chart to confirm which medicines are due to be administered
4. Confirm the medicines have not already been administered (check administration section)
5. Select the appropriate medication container
6. Read the label carefully, checking the expiry date of the medicine (if available)
7. Check the information on the MAR chart and medication label, paying attention to additional warnings e.g. with or after food / dissolve in water etc.
8. Select the appropriate dose of the medicine using no-touch technique to transfer into a medicine pot
9. *Repeat steps 6-9 until all required medicines have been prepared for administration*
10. Consider ‘as required’ medicines – is it likely that the person may need these? (check the ‘as required’ protocol)
11. Take medicines to the person and ensure they are in an upright position, ready to receive medicines
12. Offer the medicines to the person, offering a drink
13. Stay with the person so that you can witness medicines being taken
14. Record the administration of the medicines IMMEDIATELY by initialling the appropriate space on the MAR chart
15. IF any of the regular medicines are not taken, add the appropriate non-administration code to the appropriate space on the MAR chart and write further details if necessary on the back of the MAR
16. Move on to the next person

ONLY steps 5-8 will be new activity if you are used to medicines being supplied in MDS – all other steps are best practice regardless of how medicines are packed.

It WILL take longer to administer medicines using original packs. You need to get used to checking every single detail on the label against the MAR sheet for each medicine, one point at a time. This process will speed up as you get used to doing it, but there are no short cuts.

The Medicines Optimisation Website

Information, guidance documents and various medicine related tools are accessible via our website. These can be downloaded and many may be adjusted to suit your needs. **NECS Medicines Optimisation website:**

<https://medicines.necsu.nhs.uk/category/resources/care-homes/>

Medicine Matters: Covid 19 Bulletin 1 Medicine supplies and different packaging**How should I administer?**

Work down the MAR chart in a systematic way - administer medicines in the order they appear on the MAR chart, this way you will be less likely to miss any medicines out.

Be aware there may be more than one MAR chart for each person, ensure you have checked all records.

Additional risks to consider when medicines are provided in original containers.

Manage **distractions** appropriately – staff involved in administering medicines should not also be involved in additional tasks at that time.

- If a situation arises that necessitates urgent attention, make safe medicines and temporarily stop the administration process until the situation has been dealt with.

Medication labels **MUST** be legible for you to confirm the administration instructions. If the label has become detached, or the printed information has faded then this medication **CANNOT** be used.

When you administer tablets or capsules from a blister pack, make sure you remove the strip out of the box, check the back of the strip to make sure printed information corresponds with details on the label and if possible check the expiry date printed on the strip. Replace the strip back into the box immediately after preparing the dose. Close the box to ensure the strip cannot fall out.

When you pop tablets or capsules out of a manufacturer's original pack, select the tablet in a consecutive order, using only one strip at a time. This will ensure you don't get left with tablets / capsules amongst the empty popped blisters and will make auditing much easier and will reduce the likelihood of error.

Care home and community care managers:**Please ensure that:**

- you have robust processes for administration and recording all medicine related activities
- all staff are appropriately trained and supported to undertake the tasks they are delegated to do.

For further information:

CQC website (information for care homes, home care, shared living schemes and supported living)

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>

NICE guidance:

Care homes: <https://www.nice.org.uk/Guidance/SC1>

Other social care settings: <https://www.nice.org.uk/guidance/ng67>

What else can you do to help?**Conserving Essential NHS Medicine Supplies – How you can help**

Please limit or avoid orders for medicines you already have and reduce the quantity of waste medicines.

This will help to reduce the pressure on both GP Surgeries and also community pharmacy.

When preparing to order your regular medicines:

- Consider current supplies, particularly of 'as required' medicines and those that aren't always used regularly. Is it necessary to order at all?
- At the end of your current medication cycle, if you have medicines remaining that are **STILL PRESCRIBED** and **WITHIN EXPIRY DATE**, count and 'carry forward', adding to the new MAR chart for use in the next medication cycle

What about Paracetamol specifically – there is a national shortage?

At present, when medicines are supplied to an individual against a prescription, they are for the sole use of that person, and cannot be used by or for someone else.

Given the current situation and difficulties in some cases in obtaining paracetamol, it is crucial that we **do not dispose of paracetamol unnecessarily** in line with the waste reduction guidance.

If paracetamol continues to be prescribed for an individual and is within expiry date, this should be carried forward for use in subsequent medication cycles until it has expired, or is stopped by the prescriber.

If you have stock of prescribed paracetamol remaining and this has been stopped by the prescriber, or the resident has died – segregate this stock, but **do not place for disposal**. We are in the process of seeking clarity on a national basis and given shortages, to consider if this can be held and used as 'homely medicines' in the current circumstances – **further guidance will follow**.

Note from the Medicine Optimisation Team: we intend to produce further guidance bulletins in response to common questions arising regarding medicines in care homes or other social care settings

Please continue to refer to current guidance UK government guidance
<https://www.gov.uk/coronavirus>

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us on Tel: 0191 2172558 where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!