The calico Group

Procedure

Title: Medicine Management

Author: Kerrie Lang.
Approved by: Sarah Tattersall.

Date of First Issue:	July 2014
Last full review date:	October 2016
Updated:	March 2019
Date of next review:	March 2021
Reviewed:	September 2021
Date of next review:	September 2023

This document relates to:

Acorn Recovery Projects

providing quality services that make a difference to people's lives

CONTENTS PAGE

1.0	**Statement of Intent**	**3**
2.0	**Management of medicines**	**3**
3.0	**Principles**	**3**
4.0	**Storage** 5.1 Treatment centre 5.2 Primary housing 5.3 Secondary housing 5.4 Evenings/overnight stays	**4**
5.0	**Medicine Pathway**	**6**
6.0	**Step by step guide to support a client taking prescribed medicine** 7.1 Assessment 7.1.1 Residential clients 7.1.2 Day clients 7.1.3 Medicines at risk of misuse 7.2 Admission 7.2.1 Residential client 7.2.2 Day client	**7**
7.0	**Community based detoxification**	**9**
8.0	**Over the counter/homely remedies**	**9**
9.0	**Assisting with medicines** 10.1 Prompting and observing **10.2** Other assistance	**9**
10.0	**Associated Policies and Procedures**	**10**

Appendix one Drugs potentially misused/controlled under misuse of drugs legislation
Appendix two Medicine Pathway
Appendix three Medicine Record (A)
Appendix four Medicine Record (B)
Appendix five Medicine Balance sheet
Appendix six Medicine Returns sheet

1.0 Statement of Intent

The Calico Group and all subsidiaries are committed to meeting all their legal obligations under current and future legislation, and to follow accepted good practice in order to identify and implement the measures needed to control risks associated with activities undertaken within the workplace.

2.0 Management of medicines

This guidance has been developed to ensure Acorn Recovery Projects (Acorn) promotes both a safe, recovery focused environment for all clients where the risks of relapse are reduced and also promotes the health of individual clients through the safe and correct use of any prescribed medicine. To support this:

- The **storage** of all prescribed medicines in Acorn's treatment centres and primary housing is strictly controlled, and
- A **medicine pathway** is provided for any client taking prescribed medicines AND living in Acorn's primary housing.

3.0 Principles

- Acorn will promote the health of clients by supporting those who are prescribed medicines to take these at the times they need them and in a safe way.
- Acorn will ensure prescribed medicines are handled and stored safely, securely and appropriately.
- Acorn will assess, discuss and agree a client's individual support needs regarding medicine management with them.
- Clients will be expected to administer their own prescribed medicines - staff and volunteers will **not** administer medicines.
- Staff and volunteers will not routinely prompt and/or observe a client to take their prescribed medicines. However, they will temporarily provide such support when a short term need has been identified and agreed.
- All staff and volunteers involved in supporting clients to manage their prescribed medicines will have been trained to do so.

4.0 Storage

Acorn is an abstinent based service, with abstinence a condition of treatment. Consequently, Acorn provides and requires an environment free of alcohol and drugs within all its treatment centres and housing projects (see the Drug and Alcohol Misuse policy). Any prescribed medicine a client needs to take is required to be stored securely; both in our treatment centres and in our houses.

Medicines must be stored in a wall mounted medicine cabinet in treatment centre offices and in primary house offices. Medicine cabinets must be kept locked when not in use and keys must only be available to suitably trained staff and volunteers.

Medicines stored in a client's primary house bedroom must be kept in a secure container or safe with the bedroom door or the box/safe kept locked.

Medicine cabinets must be dedicated to the storage of medicines only - no other items may be kept in them (e.g. petty cash, mobile phones, credit cards). Clients may keep other items in the secure containers/safes in their bedrooms (e.g. passport, money).

4.1 Treatment centre

a) Any client (day or residential) needing to take prescribed medicines whilst at the treatment centre will be required to keep this medicine in secure, lockable storage when they are in the treatment centre and **not** on their person. Exceptions can be agreed, e.g. asthma inhalers.
b) The medicine should be brought in the original container it was dispensed in.
c) In **exceptional circumstances** the client may be asked to put their lunchtime medicine in a pill box to bring it to the treatment centre. This action must be agreed beforehand with the Registered Manager who must record their agreement on the client's **Medicine Record (A)** or **Medicine Record (B)**. The pill box must be clearly labelled with the client's name and the details of the medicine(s) contained in the pill box. Staff/volunteers must not put any medicine in a pill box/different container.
d) All medicines must be placed in the medicine cabinet as soon as they are brought into the treatment centre.
e) The client is responsible for taking their medicine when it is required; requesting a staff member/volunteer to take it out of the medicine cabinet and then giving it back to the staff member/volunteer to return it to the medicine cabinet afterwards.
f) At the end of each day, day clients collect their medicine and take it home. Medicine belonging to residential clients must be returned to their primary house. If the client is on ***Step 1***, the medicine must be returned to the medicine cabinet in the primary house office. If the client is on ***Step 2*** or ***3,*** the medicine must be returned to the secure lockable container in the client's bedroom.

4.2 Primary housing

Whilst a client is living in Acorn primary housing, all their prescribed medicines must be stored in the medicine cabinet in the office or in a secure, lockable container in the client's bedroom.

4.3 Transitional housing

In Acorn transitional housing no secure, lockable containers are provided or required for prescribed medicines. Clients taking prescribed medicines are expected to keep them in an ordinary, domestic manner. The only storage requirements are those relating to keeping children safe. Consideration must be given to whether children will visit the property. The client must keep all prescribed medicines safely out of a child's reach, ensuring:

i. Medicines are not stored anywhere a child may find them,
ii. Medicines are not taken in front of a child,
iii. Medicines are not stored in any other bottle or container.

4.4 Evenings/overnight stays

a) Clients living in treatment housing who require prescribed medicines when they are out during the evening or away over night are responsible for storing them safely during the time they are away from their primary house.
b) Clients should take the medicine in the original container it was dispensed in.
c) In **exceptional circumstances** the client may be asked to put their medicine in a pill box. This action must be agreed beforehand with the Registered Manager who must record their agreement on the client's **Medicine Record (A)** or **Medicine Record (B).** The pill box must be clearly labelled with the client's name and the details of the medicine(s) contained in the pill box. Staff/volunteers must not put a medicine in a pill box/different container.
d) Consideration must be given to whether the client will be visiting or staying where children will be present. The client must keep all prescribed medicines safely out of a child's reach, ensuring:

i. Medicines are not stored anywhere a child may find them,
ii. Medicines are not taken in front of a child,
iii. Medicines are stored in a 'child-proof' locking bottle, container or pill box.

5.0 Medicine Pathway (residential clients only)

For clients taking prescribed medicines and living in our primary housing, Acorn provides a pathway to promote safe medicine management and reduce the risk of medicine misuse. The pathway will support the client to move from having the use and storage of their prescribed medicines monitored and controlled by staff to them being in full, safe and responsible control. Each client's pathway will reflect their individual needs and risks and will be discussed and agreed with them. Progression along the pathway is determined by the ongoing assessment of their medicine support needs.

The point of entry on the pathway is determined by the client's risk assessment - if the client has not misused medicines/illegal drugs before and they are not prescribed a medicine that is contradictory to Acorn's requirement of abstinence they may enter the pathway at ***Step 3*** (the previous steps being unnecessary).

Medicine Pathway (see Appendix two)

Step 1 - **Storage and access controlled by staff** (client self-administers).

i. Medicines kept in office medicines cabinet
ii. Client visits office or go to a quiet room with staff to self-administer their medicines
iii. Staff to complete a Medication Administration Record Sheet (**MARs** – see appendix six)
iv. Staff/volunteer carry out a weekly balance check with client (completing **Medicine Balance sheet** - see Appendix five).
v. Client moves to ***Step 2*** when safe to do so.

Step 2 - **Storage and access controlled by client** (client self-administers).

i. Medicines kept in client's bedroom (locked door and/or locked container).
ii. Client and staff/volunteer carry out weekly balance check. Staff/volunteer complete **Medicine Balance sheet***.*
iii. Client moves to ***Step 3*** when safe to do so.

Step 3 - **Storage and access controlled by client** (client self-administers).

i. No monitoring of balances by staff/volunteer.

a) Where the client enters the Medicine Pathway (e.g. ***Step 1***) and all subsequent movements between steps must be documented on the client's **Risk Assessment** and **Risk Review forms** and kept under regular review.

b) Before moving from primary to transitional housing, clients should be on ***Step 3*** of the Medicine Pathway; being completely responsible for managing their own prescribed medicines.

6.0 Step by step guide to support a client taking prescribed medicine

6.1 Assessment

Acorn's assessment process must identify and document if the prospective client is taking any prescribed medicines, including what these are, why they are prescribed and if they have previously misused illegal/legal drugs/prescribed medicines.

6.1.1 Residential clients

If the prospective client is/will be taking prescribed medicines explain:

a) Acorn's storage requirements (in our treatment centres and primary houses)

b) Acorn's Medicine Pathway (discussing their possible support needs and where they are likely to enter the Medicine Pathway).

6.1.2 Day clients

If the prospective client will be/is taking prescribed medicines whilst attending our treatment centre, explain Acorn's storage requirements in our treatment centres.

6.1.3 Medicines at risk of misuse

a) The assessment may identify the prospective client is/will be taking a prescribed medicine that is contradictory to Acorn's requirement of abstinence, e.g. an opiate/codiene based medicine such as Tramadol or co-codamol, or a medicine with potential for misuse/dependence such as Gabapentin, Pregabalin or Zopiclone (see Appendix one).

b) Discuss with the prospective client the need for them to request a medicines review with their prescriber with the aim of sourcing an alternative medication or the possibility of reducing and stopping such medicines before they start treatment with Acorn.

c) If such a prescription will be continuing either on a short or long term basis, explain storage by staff for the duration of the prescription may be required to maintain a safe, recovery focused environment within the primary house and treatment centre.

6.2 Admission

6.21 Residential client

On the day the client moves into Acorn primary housing:

a. Confirm assessment information about client's prescribed medicines is still correct.
b. For an 'emergency', short notice admission, check if the client is taking any prescribed medicines, what these are for and if they have brought them with them.
c. The client may have been prescribed, or require, a short course of a medicine to alleviate minor withdrawal symptoms (e.g. sleeplessness). As such medicines are usually contradictory to Acorn's requirement of abstinence, the client will need to enter the Medicine Pathway at ***Step 1*** to ensure secure storage and controlled access.

d. Book the client's current prescribed medicines onto **Medicine Record (A)** or if a *'when required'* medicine, onto **Medicine Record (B)** (see Appendices three and five). Record each medicine, dose, time taken, frequency, why needed and the initial balance. For a *'when required'* medicine, record details of when the client finds it helpful to take.
e. Agree with the client where they will enter the Medicine Pathway based on the support they need (e.g. history of overdose, history and potential for misuse). Document this information and decision on their **Care Plan** and **Risk Assessment form,** including which step of the Medicine Pathway they are starting on.
f. If it is agreed that the client will go on to **Step 1,** staff must complete a **Medicine Administration Record Sheet (Medicine Record C – appendix 5)**
g. Place medicines in secure lockable storage.
h. The **Medicine Records (A)**, **(B)** and (**C)** and the **Risk Assessment, Risk Review forms, Care Plan and Care Plan Review** must be kept up to date with any changes to medicines through-out the client's stay in primary housing. This includes *'when required'* medicines, especially if the client says the medicine is no longer required. Any changes to a medicine should be discussed with the prescriber who needs to authorise the stopping or any alteration in dosage.
i. Any discontinued medicine should be to taken the nearest pharmacy to be disposed of, with details recorded in the **Medicine Returns sheet** (see Appendix six).

6.2.2 Day client

a. Confirm assessment information about any prescribed medicines is still correct.
b. Identify which, if any, of these medicines the client will be bringing to the treatment centre and record this on **Medicine Record (A)** and/or **Medicine Record (B)**. Record the medicine, dose, time taken, frequency and why needed. This information must be kept up to date throughout the client's treatment.
c. Agree with the client the storage requirements when they are in the treatment centre and document this on their **Risk Assessment form**.

7.0 Over the counter/homely remedies

Acorn does not keep a stock or provide clients with over the counter medicines (e.g. antiseptic cream, cough medicine, paracetamol).

8.0 Assisting with medicines

Whilst clients must always administer their own prescribed medicines, Acorn staff and volunteers may provide additional assistance and support when a short term need is identified and agreed.

8.1 Prompting and observing

If prompting or observing is required then a client must be placed on pathway one. This decision must recorded in the client's **Care Plan and Risk Assessment** and then kept under regular review.

Staff/volunteers must complete a **Medicine Administration Record Sheet (**as required for any client on pathway one). By completing a **Medicine chart**, staff/volunteers are confirming they have prompted and observed the client to self-administer their prescribed medicine (staff/volunteers are not signing to say they have administered medication). The **Medicine Administration Record sheet** needs to:

a) Be individual to the client

b) Be clear, legible and permanent with details of each medicine name, strength, dose frequency, quantity and any additional information required.

c) Use the most appropriate times for taking any medicine, e.g. 'breakfast, lunch, dinner, bedtime' may be more helpful than specific times, e.g. '08:00, 12:00'. Care must be taken for any medicines such as antibiotics that need to be given at regular times or at a specific time before or after food.

d) Show guidance from the prescriber and client for any medicine prescribed on a *'when required'* basis.

8.2 Other assistance

Other practical support may include:

a) Requesting and/or collecting a repeat prescription from the client's GP.

b) Collecting medicines from the pharmacy.

c) Disposing of unwanted medicines safely.

9 Associated policies and procedures

Health & Safety policy

Drug & Alcohol Misuse policy
Alcohol & Drug testing procedure

Appendix one

Some commonly encountered drugs controlled under the misuse of drugs legislation (May 16)

Drug	Class (Misuse of Drugs Act 1971)	Schedule (Misuse of Drugs Regulations 2001)	CD storage requirement?	Additional record keeping requirement?
Buprenorphine (Subutex)	C	3	yes	no
Chlordiazepoxide hydrochloride (Libruim)	C	4 pt 1	no	no
Codeine	B	2/5	no	no
Diazepam	C	4 pt 1	no	no
Fentanyl	A	2	yes	yes
Lorazepam	C	4 pt 1	no	no
Methadone	A	2	yes	yes
Midazolam	C	3	yes	no
Nitrazepam	C	4 pt 1	no	no
Morphine	A	2/5	yes	yes
Pethidine	A	2	yes	yes
Temazepam	C	3	yes	no
Tramadol	C	3	no	no
Zopiclone	C	3	no	no
Gabapentin	C	3		
Pregabalin	C	3		

Some drugs that are NOT controlled under the misuse of drugs legislation but have the potential for misuse

Drug	Guidance
Co-codamol (Codeine phosphate & paracetamol)	• Discuss storage & pathway requirements with client. • Acorn may require storage & access be controlled by staff throughout the duration of the prescription to support a safe, recovery focused environment in our treatment centres and primary housing.
Gabapentin (Neurontin)	
Lofexidine hydrochloride (BritLofex)	

Pregabalin (Lyrica)	

Appendix two

Medicine Pathway

Step 1 - Storage & access controlled by staff (client self-administers)

i. Medicine booking in sheet completed (**Appendix three**)
ii. Medicines kept in office medicines cabinet
iii. Medicine Administration Record Sheet completed for every does of medicine (MARs) (**Appendix five**)
iv. Client visits office to self administer their medicines
v. Staff/volunteer carry out a weekly balance check with client (completing **Medicine balance sheet**).
vi. Client moves to ***Step 2*** when safe to do so.

Step 2 - Storage & access controlled by client (client self-administers)

i. Medicine booking in sheet completed (**Appendix three**)
ii. Medicines kept in client's bedroom (locked door &/or locked storage box).
iii. Client and staff/volunteer carry out weekly balance check. Staff/volunteer complete **Medicine balance sheet**.
iv. Client moves to ***Step 3*** when safe to do so.

Step 3 - Storage & access controlled by client (client self-administers)

i. No monitoring of balances by staff/volunteer.

Where the client enters the Pathway (e.g. *Step 1*) and all subsequent movements between steps must be documented on the client's Risk Assessment/Risk Review forms and kept under regular review.

Before moving from primary to secondary housing, clients should be on ***Step 3*** of the Medicine Pathway; being completely responsible for managing their own prescribed medicines.

Appendix Three (Record A)

Client	

Sheet of

- Any *'when required'* medicine must be listed **separately** on Medicine record (B)
- Detail below when **'once a day'** medicines are to be taken (e.g. breakfast <u>or</u> lunch <u>or</u> dinner <u>or</u> bedtime)

Date	**Step**	**Medicine**	**Dose**	**Frequency** (how many times a day)	**Times to be taken** (breakfast, lunch, dinner, bedtime)	**Reason why needed** (e.g. lower blood pressure)	Balance on admission

Detail any: a. medicines kept by the client (e.g. asthma inhalers) b. additional support needed	

Completed by		**Date**	
Client's signature			

Appendix Four (Medicine Record B)

Client	
Sheet of	

Medicine	Dose		Minimum interval between doses e.g. 4 hours	Maximum allowed in 24 hours e.g. no more than 8 tablets in 24 hours	Why prescribed e.g. for back pain	Balance on admission
	non-variable e.g. take 1 tablet only	**variable** e.g. take 1 or 2 tablets				

Completed by		**Date**	
Client's signature			

Step 1 - record each time client takes this '*when required'* medicine

Step	Date taken	Time taken	Quantity taken if variable dose e.g. 1 or 2 tablets	Balance	Completed by
1					
1					
1					
1					
1					
1					
1					

- When the client moves to **Step 2**, stop recording each time they take this *'when required'* medicine - a weekly balance check only is needed.

acorn
a calico group service

Appendix Five (Balance Sheet)

Client	

ate	Medicine	Step	Medicines in (e.g. repeat prescription)	Balance	Checked by	Correct balance? If no, detail action taken
		starting balance				
Discontinue when client moves to Step 3 or to secondary accommodation						

Appendix Six (Medicine Returns Sheet)

Medicine	Amount	Client	Date returned	Returned by	Name of pharmacy	Pharmacy stamp/Signature