
October 17, 2019**POLICY STATEMENT**

This medication policy is intended to protect the service users of Homecare D & D Ltd. Staff working in the organisation are at risk if their role brings them into contact with medication product if incorrectly handled.

Homecare D & D Ltd believes that adherence to strict guidelines on medication assistance is of paramount importance in ensuring the safety of both service users and staff.

The aim of the organisation is to achieve best practice amongst staff and so protect service users and the local community. The goals of the organisation are to ensure that:

- a) Service users, their families and staff are as safe as possible when taking medication.
- b) All staff at the organisation are aware of and put into operation the basic principles of medication assistance.

The organisation will adhere to medication assistance legislation.

- a) The **Health and Safety at Work Act, etc 1974** and the **Public Health Infectious Diseases Regulations 1988**, which place a duty on the organisation to prevent the spread of infection
- b) The **Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995**, which places a duty on the organisation to report outbreaks of certain diseases as well as incidents such as needle-stick accidents
- c) The **Control of Substances Hazardous to Health Regulations 2002 (COSHH)**, Which places a duty on the organisation to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly
- d) The **Environmental Protection Act 1990**, which makes it the responsibility of the organisation to dispose of clinical waste safely.

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1. POLICY STATEMENT

This policy is intended as a guide to managers, supervisors and staff of Homecare D & D Ltd on the administration of medication by care workers.

Care workers must adhere to the guidelines within this policy as well as the Code of Practice and the standards of the regulatory bodies including Derbyshire Social Services and the Commission for Quality in Care (CQC).

2. AIMS OF THIS POLICY GUIDANCE

- To promote and maintain the user's rights, dignity and independence.
- To provide a baseline set of standards for Homecare D & D Ltd to administer medication within the domiciliary care setting
- To outline care workers' responsibilities when administering medicines.
- To provide guidelines on the use of compliances.
- To provide information to other members of the community team.
- To assist in compliance with CQC minimum standards for domiciliary care.

3. LOCAL PRACTICE

The local authority has their own policies on administration of medication and Homecare D & D Ltd will comply with the policies when working for the authority, since failure to do so is likely to be breach of contract.

If the local policy or practice is less stringent, Homecare D & D Ltd care workers will comply with the Policies and Procedures in place at Homecare D & D Ltd. Hard copies are available in the Head Office and on the company website www.chesterfieldhomecare.com

A summary of this policy guidance should be provided to all care workers, managers, supervisors and other personnel in day-to-day control of home care provision. The full document will be available for inspection by CQC or DSS.

Homecare D&D should ensure such personnel understand the policy guidance and that the organisation is bound by it.

4. THE LEGAL POSITION ON MEDICINE ADMINISTRATION

The following statement has been issued by the department of health medicines control agency, dated November 1998 has been amended by the commissions for quality in care (CQC) on 27th February 2005:

'In the United Kingdom, anyone can legally administer prescribed medicine to another person. This includes prescription only medicines (POM) and controlled drugs (CD). The administration must only be in accordance with the prescribers directions'

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5. GENERAL GUIDANCE FOR GOOD PRACTICE

Medication must only be administered to the person for whom it is prescribed. There are a number of possible prescribers including general practitioners, hospital doctors, district nurses, (e.g. Diabetic nurse specialists, respiratory nurse specialists).

It is essential that the written directions of a prescriber, normally available on the medication label, be followed. For this reason it is essential that medication labels show the full directions for use.

Monitored dosage systems provided by the pharmacist should list details of all medication contained within the system. If full descriptions of medication contained within monitored dosage systems are not shown this should be discussed with the prescriber. Whoever gives medication must ensure that it is given according to the prescriber's instructions.

A system for the accurate and relevant exchange of information is vital due to the regular changes in personnel dealing with service users. Homecare D & D Ltd will identify administration of medication as part of their normal risk assessment. Homecare D & D Ltd has a policy and clear procedures identifying the parameters and circumstances for assisting with medication. This includes procedures for:

- Purchasing over the counter medicines (OTC's).
- Procedures for purchasing OTCs are to give guidelines and information pharmacists may require and how information on OTCs are purchased is (with the service user's permission) communicated to the GP or other prescribing clinicians. As a minimum standard, OTCs requested by service users should include a specific request for a specific product.
- Assistance with OTCs
- Obtaining prescription
- Identifying how service users can give informed consent
- As and when required (PRN) medication
- Safe keeping of medicines
- Management of controlled medications
- Disposal of unwanted/expired medicines
- Record keeping (including recording of controlled drugs)
- Incident reporting (including overdoses, missed doses and wrong doses), and in particular incidents concerning controlled drugs.
- When to contact the GP, prescriber or emergency services.
- Organisations should include medication tasks within any insurance indemnity cover they arrange. It is essential that the extent of the cover is carefully checked and those administrations of medication policies are written accordingly.
- Care workers should always remind service users of possible interactions between medications, particularly when choosing to use OTCs.

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6. MEMBERS OF THE COMMUNITY TEAM

General Practitioners (GP)

The GP is central to any medication programme for a service user. It is important to keep GPs aware of any problems experienced with the management of the medication. Homecare D & D Ltd staff should advise the service user to seek the GP's advice when considering changing medication or using over the counter or alternative therapies as they may interact with the medication the service user is already taking. With the service user's permission, the GP should also be informed when a service user is not taking their medication.

Pharmacy Advisor (where available)

Each care trust normally employs a pharmacy advisor who can provide information about the safe use, administration and storage of medication.

Ways in which they can assist are:

- Offering advice via the telephone to the service user, relative/carer and/or care worker.
- Offering advice and access to monitored dosage systems.
- Some pharmacists may be willing to become involved with training and supporting home care workers.

District nursing service

- If the district nurse is involved with the service user it important to liaise with him/her to ensure that the care worker supports any treatment being given.
- District nurses can offer advice, support and training to care workers.

Community pharmacist

The community pharmacist may be able to assist in numerous ways with the management of medication within the home, and can be a very useful point of reference for the service user, relatives and care workers:

- Offering advice via the telephone to the service user, relative/carer and/or care worker.
- Safely disposing of unwanted medication (with the service user's permission).
- Some pharmacists offer a collection and delivery service.
- Utilising the emergency supply regulation, pharmacists may supply certain medicines in an emergency, but only in small quantities. Before they are able to supply, there are certain criteria that have to be fulfilled. One of these is an interview with the service user where possible and not their representative. Details should be sought from local pharmacist.
- Some community pharmacists offer a domiciliary visit to review the management of medication programme and offer advice such as medication aids or alternative medication, if applicable.

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- Some pharmacists may be willing to become involved with training and supporting homecare workers.

7. ADMINISTER MEDICATION IN DOMICILIARY CARE/CARE AT HOME SETTING.

Many service users are capable of self-administration. Care workers should not assume that service users need assistance.

Self-administration should be the preferred option for all service users who are able to do so. By discussing their needs during the assessment process, ways can be found to maintain the service user's independence in respect of self-medication.

The type of assistance a service user may require falls broadly into three categories:

- a. **Prompt** ie. Verbal reminders to take medication at the correct time or checking to ensure medications have been taken.
- b. **Assist** ie. At the service user's request, assistance with preparation of taking the medication e.g. shaking the bottle or removing the lid, popping pills out of packages or monitored dosage systems where the service user is unable to manipulate these.
- c. **Administer** ie. When a service user is not able to take control of their own medication, checking the medicines required on a MAR sheet and giving physical assistance e.g. removing the tablet from a monitored dosage system or original container and giving the medication to the service user, pouring a measured dose into a container for the service user to swallow, physically giving the medication, applying a cream or ointment to the skin, applying eye, ear and nose drops. No invasive medication can be administered, eg. injections

8. ASSUMING RESPONSIBILITY FOR MEDICATION ADMINISTRATION FROM OTHER PROFESSIONALS

Over the last decade there has been a considerable trend for homecare providers to undertake medication related tasks from their colleagues in other disciplines, particularly from community nursing services.

In many cases care workers may be the most appropriate person to undertake this task on a regular basis, were the work force is trained to do so.

It is important that adequate time is allocated for safe assistance, which maintains the service user's privacy and dignity.

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9. COVERT MEDICATION ADMINISTRATION

Covert medication is the administration of a medicine without the knowledge or consent of a service user e.g. disguising a medication or hiding it in food or drink. It is the right of the service user to decide whether they take a medication or not. Giving covert medication could be seen as an assault/abuse.

The consent of the service user should be sought before administering medication. If a service user refuses medication this should be recorded on the MAR chart, in the communication log and reported to the office immediately.

Only in extreme circumstances, where a service user 'lacks capacity', may covert medication be considered. If this is the case 'best interest' meetings with people who know the service user (eg. Family members, GP, nursing staff, anyone with power of attorney or advocates) should take place beforehand to decide whether covert administration is in the best interest of the service user.

If a decision is made for a care worker to give covert medication, the care plan will outline the decisions made and care workers must be made aware, through training and supervision, of what medication is to be given and how this should take place.

10. MEDICATION IN BEHAVIOURAL MODIFICATION

Medication is prescribed to treat symptoms or to cure an illness. It is poor practice to use medication to either control, sedate or punish people and bring about cases of neglect or abuse. Care workers and managers should not be put under pressure from health care workers to prescribe medication for this reason.

11. MANAGEMENT RESPONSIBILITIES

Homecare D & D Ltd will ensure that a medication policy and procedure is in place for all staff to make them aware of the content. All staff will be encouraged to report any concerns or mistakes and incidents without fear of recrimination.

Medication administration errors

If the administration of medication to a service user is missed, the care worker should not administer this medication at the next visit but record on the MAR chart and communication log that this medication has been missed. The office must be contacted and guidance sought from the pharmacy.

All medication administration errors officially recorded at the Homecare D&D office. These errors are audited monthly to identify trends. This information is available to CQC and DCC by request.

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New medication requirements

Any changes to the medication relating to a service user will be communicated to the relevant care workers through updates in the Care Plans.

Supporting care workers

Care workers will be supported by their line managers based in the office during office hours and by the Team Leader on call out of office hours.

Confidentiality

The information and records relating to the service user and their medication and treatment must be kept confidential at all times. If a care worker is found to break confidentiality it will result in disciplinary action being taken against them.

Risk assessments

A risk assessment relating to administration of medication will be completed for every service user. This will include any allergies, storage and COSHH related assessments. The support required by the service user must be included on the risk assessment identifying their consent to support.

MAR charts

A Medication Administration Record (MAR) will be completed at every instance where medication is taken by the service user. MAR charts should indicate who the prescriber is and how they can be contacted. This MAR chart will form part of any medication review conducted to update the Care Plan. Changes to MAR charts and medication must be authorized by the GP or Nurse and communicated to the relevant staff.

Managers at Homecare D & D Ltd will liaise with other health care professionals involved in the care of the service user's to ensure they are kept aware of any changes in circumstances whilst a member of staff is providing a care service.

On the occasion that a pharmacy will not provide MAR sheets to a service user due to new CCG funding guidelines, Homecare D&D will obtain medication information from the pharmacist to then draw up a Homecare D&D MAR sheet. The MAR sheet will detail all information regarding the administration of each medicine, including dosage, time, administration method and the appearance of the medicine.

A new MAR sheet will be issued from Homecare D&D each time the prescription is issued, there is a change of medication or the service user has been discharged from hospital. When the MAR sheet is made up, it will be checked against the information provided by the pharmacist by a second senior member of staff, to check for inaccuracies.

Care workers responsibilities

Care workers will:

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- Follow the policies and procedures of Homecare D & D Ltd to ensure safe administration of medication to a service user within their own home
- Attend training as required
- Request training for any tasks they do not feel suitably prepared for
- Inform a line manager of any changes in the circumstances of a service user
- Maintain the service user's rights to privacy, dignity, confidentiality, independence and their choice to refuse medication, at all times
- Keep all treatment about a service user's medication and treatment confidential
- Never introduce, sell, offer advice or recommend any form of medication, remedy or preparation, including homeopathic and herbal
- Never crush a tablet or open a capsule as it can change the products license and can make the medication ineffective or more potent
- Never disguise medication, hide it in food and drink, or coerce a service user into taking medication against their will
- Always report mistakes and medication incidents to the manager.

12. MEDICATION TRAINING

Training will be given during the induction process relating to the administration of medication to ensure that all staff know what they can and cannot do for a service user; **this training is updated on a yearly basis**. If a care worker should experience problems when administering medication they should contact their line manager immediately and record the issues on the MAR chart or communication log. Training will be given in order that staff maintain the dignity, privacy, confidentiality and independence for service user's to make the choice or not to take medication.

The list below covers the areas of training required for administration of medication:

- To understand local medication policies, Homecare D & D Ltd, the legal position and clarify responsibilities
- To provide a basic understanding of the different categories of medication – over the counter (OTC), prescription only medication (POM), controlled drugs (CD), and as when required medication (PRN), the criteria for their use, the implications for their use and associated risks.
- To understand the safe procedure for handling medicines
- How to prepare medication for ingestion or application
- How to administer medication by non-invasive routes (oral, ear, eye and nose drops, inhalers or applicators)
- How to identify the service user correctly
- How to support people who are self-administering medication
- To be able to administer medication safely and effectively
- To understand and maintain medication records
- To understand the use of medication administration aids
- To know the procedure for reporting any problems arising with medication

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- To understand the possible side effects and allergic reactions to commonly used drugs
- To identify commonly occurring side effects (nausea, vomiting, diarrhea, drowsiness, dyspnea (shortness of breath) and skin rashes)
- To know what necessary action to take if a service user experiences side effects
- To know how to store medication safely in a service users home
- To understand how to dispose of medication
- To understand the importance of maintaining confidentiality

Care workers must be confident to prompt, assist or administer medication, according to Homecare D & D Ltd.'s policies. This will be done by testing the theory and practice by observation and appropriate questioning techniques, which will be fully documented.

13. GUIDELINES ON THE USE OF MEDICATION ADMINISTRATION AIDS

Medication administration aids are devices that may assist service users to maintain their independence in taking their own medication. There are two main types of medication administration aids commonly known as:

- I. Monitored dosage systems (tamper proof systems): These are sealed appliances, which can only be filled by a pharmacist.
- II. Medication compliance aid (non-tamper proof systems): These are sealed units – dosett boxes, nomad boxes, medimax systems – these should only be filled and labeled by a pharmacist, doctor or professionally qualified person.

However, many medications are not suitable for monitored dosage systems and medication compliance aids (eg. Elixir, dissolvable tablets, pessaries, patches) so these will have to be managed by administering out of original dispensed containers.

Care workers should not fill medication compliance aids as this involves transferring medicines from the original dispensed container. Care workers should never administer medicines from medication compliance aids filled by relatives etc. It is safer to administer medication from the original containers in which it was dispensed. These carry the name of the medicine, the dose, timing and any other instructions, enabling administration that is more accurate and recording what has been taken.

14. EXPECTATIONS OF CARE WORKERS

The assistance a service user may require falls into three categories:

- I. Prompt – verbal reminders to take medication at the correct time or checking to ensure medication has been taken

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- II. Assist – at the service user's request, assistance with the preparation of taking medication eg. Shaking the bottle and removing the lid, popping pills out of packages or monitored dosage systems where the service user is unable to manipulate these.
- III. Administer – when a service user is not able to take control of their own medication, checking the medicines required on a MAR chart and giving physical assistance eg. Removing the tablet from a monitored dosage system or original container and giving the medication to the service user, pouring a measured dose into a container for the service user to swallow, physically giving the medication, applying a cream or ointment to the skin, applying eye, ear and nose drops. Invasive procedures may only be given by a nurse or GP (invasive treatments include – injections or suppositories)

Service users must be encouraged to maintain their independence where possible and administer their own medication. If a service user is unable to do this, the care worker must follow the guidelines above.

Note: As sealed units should only be provided for service users who wish to maintain their independence, it is more cost effective to administer medication from the original containers. This may become more necessary as pharmacists seek to manage their budgets more effectively in these austere times.

Care workers may administer medication using the following guidelines:

- The service user consents to the care worker undertaking the task
- Homecare D & D Ltd has ensured that the care worker has been trained by a suitably qualified and experienced person, and will receive a certificate of proof.
- Training records will be stored safely for all care workers
- Records of prompting or administering are kept and are legible and accurate

General

Care workers will not accept verbal instructions for new medication to be given, or dose changes. Any changes must show on the MAR sheets. Any medication which is dropped on the floor should be disposed of and not offered to the service user and a record made in the Communication Log and the MAR sheet

Medication administration records

A Medication Administration Record (MAR) must be available for care workers to sign in the homes of all service users where assistance with medication is required. These records will be used to check medication against the containers/monitored dosage systems or original containers. Any changes to medication will be communicated to care workers through their line managers and recorded in the communication log. A list of medication taken by the service user will be recorded in the Service User Care Plan. Under no circumstances should any medication be administered without an MAR sheet in place

Ensuring the right medication is taken

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- Care workers must follow the instructions for medication issued on the container
- Care workers must not administer medication against the wishes of the service user
- If the service user refuses their normal medication, or is unable to take it, a record should be made in the Communication Log, and the care worker should inform their line manager without delay
- Care workers should clarify any uncertainty or confusion with their line manager before assistance with or administration of medicine occurs

Administering medication from monitored dosage systems

Care workers should only administer medication from the correct compartment, within the monitored dosage system, (e.g. medication labeled 'Monday lunchtime' should be given at that time)

Administering medication without original containers

- Care workers must check the details on the container of the medication, cream, lotions or liquid. The items to check are:
- Correct name of service user. Never give a service user medication prescribed to someone else.
- Check the expiry date. Do not give medication that has passed the expiry date. Inform the GP and the line manager as soon as possible and record on the MAR chart that the medication has not been given and why.
- Check against the MAR sheet that the name on the label of the container of the medication that you are giving is the same as the name of the medication listed on the chart.
- Check that the medication has not already been given, by asking the service user and checking the MAR sheet.

Ensuring medication is administered in the right way

- Ensure that the service user is either sitting or standing to receive medication that needs swallowing. Do not attempt to administer oral medication to someone who is lying down unless specific training has been given to do so.
- Make sure medication has not expired before giving it.
- If the medication is to be taken with a drink (ideally water), ensure that it is ready prior to administration of medication.

Note: Some medicine should not be taken with milk or grapefruit juice – the medication label will give instructions to this effect and these should be followed

- There are a number of pre-measured dosage systems available which may assist the service user to take the correct dosage of medication. The selection of such devices should be discussed with your line manager, service user, pharmacist, GP or prescriber.

Ensuring medication is administered at the right time

- Check the time indicated on the container, against the time indicated on the MAR sheet, and administer at those times only.

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- Care workers should not put out medication for a service user or someone else to administer at a later time. This is an unsafe practice.
- Should a care worker miss or omit a dose of medication they should not give a double dose at the next dosage time. All omissions should be recorded in the service user's records as soon as it is discovered and should be reported to line manager without delay, who may seek the advice of the GP.

Note: Service user's religious beliefs may cause intermittent variation with their medication management e.g. fasting at certain times. These issues should be identified at assessment and advice should be sought from the pharmacist or GP

Ensuring that the right dose is given

Administering medication from original containers:

- Check the correct dose, or correct usage, on the label of the container against the MAR sheet. Measure out the correct dose, using a suitable measuring container or spoon if appropriate.
- Sometimes medication may be required to give 'PRN' which is an abbreviation of the Latin phrase for 'pro re nata', meaning 'when required'. It is at the discretion of the service user when they feel that the medication is needed. The medication instructions should include a dose to be taken and also a maximum frequency. The medication should be added to the MAR sheet or specific PRN sheet if in place.
- Records should clearly state the dosage given and the time it was given so that the care workers visiting at a later time are aware of what the service user has received.

Some PRN medicines are for use in an emergency or when a service user is unable to give instructions. Where service users have specific conditions, which may give rise to the need to administer emergency medication, this must be planned, this must be planned for and training needs met in advance.

Recording of administration of medication

- All medication, lotions and creams administered should be recorded on the Mar chart, which is kept at the service user's home. This includes all medication administered from a monitored dosage system.
- Refusal to take medication, or any adverse reactions from the medication, should always be recorded.

Over the counter (OTC) medication

- Reminders should be given to the service user regarding possible interactions between prescription only medication and OTC medicines.
- It is good practice to check the intended use of over the counter medicines with the prescriber.

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- If purchasing over the counter medication on behalf of a service user, care workers should not decide what medication to buy. The service user, a prescriber or a pharmacist should make this decision.

Actions to take when medication administration errors occur

- Administration errors include:
- Missed dose
- Administration of medication at the wrong time
- Incorrect dose given
- Incorrect medication given
- Incorrect route of medication (eg. A skin cream taken by mouth)

The following actions should be taken:

- The accident and incident reporting policy and procedures should be followed. If the service user has an adverse reaction dial 999 immediately and ring head office or on call if out of hours.
- All errors must be recorded in the communication log. Such entries should include: what was given or omitted, when the error occurred, what dose was given, any changes in the service user's condition, any emergency action taken (eg. Phoned emergency services or head office/on call)
- There are very few instances where vomiting should be induced because of an administration error. Therefore, do not attempt to make a service user vomit.
- Care workers should contact their line manager without delay, who will then contact the GP, family or representative.
- If the service user becomes seriously unwell, the care worker may need to contact emergency services immediately.
- Regulators (CQC or DCC) usually expect medication errors to be reported to them, the line manager will take on this responsibility.

15. Medication which can only be administered subject to specific conditions

There are four main methods of medication, which require specific conditions to be met. These methods of administration are outlined below together with the related specific conditions.

There are no differences between controlled drugs and other prescription only, all medication including Controlled Drugs must only be administered with a Mar sheet already in place and signed for once the carer has observed the service user taking the medication.

Methods of Administration	Conditions
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1. Liquid Medications.	<ul style="list-style-type: none"> • All general conditions above are met. • The service user is aware and understanding as to the reasons that liquid medications are to be administered. • The correct liquid medications are prescribed and stored as per the directions of the G.P. or other prescribing authority. • The Correct measuring method and implements are used. • A suitable, separate risk assessment is carried out by Homecare D&D.
2. Eye, ear and nose drops (instillation)	<ul style="list-style-type: none"> • All general conditions above are met • The service user consents to the care worker undertaking the task • These are prescribed, and written on the MAR chart as with any other form of medication • The care worker has received suitable training to administer eye, ear and nose drops, has been assessed as competent to complete the task, and a record of such training is held by Homecare D & D Ltd. • Training records are kept by Homecare D & D Ltd
3. Inhalers and nebulisers; Oxygen (inhalation)	<ul style="list-style-type: none"> • All general conditions above are met • The service user consents to the care worker undertaking the task • These are prescribed, and written on the MAR chart as with any other form of medication • The care worker has received suitable training to administer inhalers, nebulisers or oxygen, specifically to meet the needs of the service user, has been assessed as competent to complete the task, and a training record completed • Training records are kept by Homecare D & D Ltd • It should be noted that often two inhalers are used and that they may need to be taken in a specific order. If this is the case the care worker should be made aware of this • Oxygen therapy carries inherent combustion risks. There must be a risk assessment in place in the home of the service user to make this task safe. • Oxygen has COSHH risk assessment implications over and above those normally associated with medication.
4. Any form of invasive therapy PEG =	<ul style="list-style-type: none"> • All general conditions above are met • These are prescribed, and written on the MAR chart as with any other form of medication.

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Percutaneous Endoscopic Gastrostomy	<ul style="list-style-type: none">• The service user and/or their advocate consents to the care worker undertaking the task.• The care worker has received suitable training to administer medication via a PEG feed, specifically to meet the needs of the service user, has been assessed as competent to complete the task, and a training record completed• The care worker has received suitable training to administer medication via a PEG feed, has been assessed as competent to complete the task, and a record of such training is held by Homecare D & D Ltd.• All training received by a care worker must be recorded and kept on file by Homecare D & D Ltd.• Detergent used to clean the PEG feed equipment has a COSHH risk assessment implication over and above those normally associated with medication
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5. Storage and disposal of medication

Care workers should ensure that medication is stored in a cool, dry place. If other storage conditions apply, this will be stated on the medicine container or patient-information leaflet inside the package. The medication should also be kept in a safe place, which is known and accessible to the service user and care workers.

The safest way to dispose of medication is to return the medication and its container to the pharmacy. This is the responsibility of the service user and not the care worker. Medication should not be disposed of in household waste or down the sewage system via sinks or toilet.

It is good practice to record any medicine disposed of (eg. Date, where disposed of, amount of medication and name and signature of care worker and service user).

In the case of the death of a service user any medication should be returned to the pharmacy by the family of the service user.