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Acacium Group
Medicines Management

Policy Reference | CLIN 03

Version | V4.1

Policy Name	Medicines Management
Purpose of Document	To identify clinical processes and best practice for the care of clients requiring support with the administration of medication.
Target Audience	All Acacium Group workers engaged in the delivery of care for clients requiring support with, or administration of medication.
Version	V4.1
Author	Group Clinical Director
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Last Reviewed	November 2022
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Risk and Resource Implications	Medication errors Training and competency assessment
Associated Strategies and SOPs	See pages 25-26
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
V1	Jan 2014	Transferred to Acacium Group and general check.	KNF
V1.1	Jan 2017	Implementation of new policy template.	KNF/SJ
V1.1	Oct 2017	Annual review.	KMS/SJ
V1.1	Nov 2017	Updated to include new TCS bio brand description page.	LB/MS
V1.1	Feb 2018	Updated front sheet to include new review frequency date	KMS/MS
V1.2	Apr 2019	Implementation new policy template	CCR/KG
V2	Nov 2019	Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CCR/CC
V2.2	Jan 2021	Updated re Rebrand 2	CC
V2.3	Apr 2021	Added CHS blurb	CC
V2.4	Jun 2022	Review	AM
V3	Nov 2022	3 Yearly review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	May 2024	Weighing medication information added	Clinical Advisory Group

Table of Contents

1. Introduction

1.1 This Policy is for adults and paediatric clients in acute settings and also in Clients in their own homes will normally be responsible for their own medicines, both prescribed and non-prescribed. Some are able to fully administer their own medicines; others will require varying levels of support. In some cases, the level of support for medication will be substantial.

1.2 Care workers may administer prescribed medication (including controlled drugs) to another person with their consent, so long as this is in accordance with the prescriber's directions (Medicines Act 1968). This is called 'administering medication'. However, when medication is given by invasive techniques, care workers will need additional specialist training with competency assessment.

1.3 Acacium Group is responsible for providing any additional support required in the home environment. This includes ensuring that the appropriate record keeping and training needs are met. The competence required will follow national guidelines and legislation. No worker should proceed with the administration of medication (tablets, liquids, creams or homeopathic remedies) unless it is part of the planned care for the individual. They must also be able to evidence they have the appropriate level of skill / competence.

2. Purpose and Policy Statement

2.1 The purpose of the Acacium Group Medicines Management Policy is to ensure that all agency workers dealing with medicines follow safe medicines management practice. Information is provided on:

- Compliance against the regulations and national minimum standards
- The different levels of care that workers might give
- The difference between assisting someone with medicines and administering medicines to them
- Routes of administration
- Storage and security of medicines
- The different rules for adults and children
- Disposal of medicines
- Ensuring that workers follow national guidelines (NICE, RCN standards) and legislation

2.2 Acacium Group believe that every client has the right to manage and administer their own medication if they wish to. Therefore, Acacium Group will provide support and aid to clients to enable safe self-administration, wherever possible and in line with the local policy.

2.3 To ensure their safety, all clients will be regularly risk assessed by a competent member of staff. Any need for help with the collection or administration of medication will be identified and managed appropriately if appropriate.

2.4 Any request for support with medication received directly (that requires a new intervention or change in route of administration) by a client must be in line with local policy and with the authority of the clinical lead.

2.5 No Acacium Group worker should proceed with the administration of medication (tablets, liquids, creams or homeopathic remedies) unless this is part of the care plan. They must also have received appropriate training and competency assessment for the location in which they are working.

2.6 Acacium Group agency workers who are unsure of what action to take should contact their line manager.

3. Scope of Policy

3.1 This clinical policy applies to all relevant clinical workers involved in medication collection, storage, administration, or assistance with administration.

3.2 All clinical workers.

3.3 Workers must be deemed competent in medication management.

3.4 All registered practitioners are accountable for their actions and omissions in administering any medication. If assisting or overseeing any self-administration of medication, you must exercise your professional judgement and apply your knowledge, and skill, in the given situation. If delegating to a carer, the registered individual remains accountable for ensuring the delegation is appropriate, and that the individual is trained and competent to carry out the delegated task.

3.5 Acacium Group is not a prescriber or dispenser of any form of medication. Therefore, this Policy does not relate to the prescribing or dispensing of medications.

3.6 Acacium Group does not procure medicines or medicinal products. The scope of this Policy does not include procurement of prescribed or non-prescribed medicines.

3.7 The scope of this Policy does not include the use of Patient Group Directions (PGDs).

4. Definitions

Topic	Explanation
Policy	A high level, overall statement of intent embracing general principles and the steps which the organisation expects to be followed in order to achieve them. Policies are enforceable and failure to comply may result in disciplinary action.
Protocol procedure	A formal set of steps to follow in order to achieve a specific outcome, which are specifically agreed for designated agency workers. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately.
Integrated care pathway/plan	Locally agreed multi-disciplinary practice, based on guidelines and evidence, where available, for a specific client/client group. It forms all or part of the clinical record, documents, the care given and facilitates the evaluation of outcomes for continuous quality.
Guideline	"A systematically developed statement which assists the client and the clinician in making decisions about appropriate treatment for specific conditions" (NHSE, 1996).
Medicinal product	"Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying

	physiological functions in human beings or animals is likewise considered a medicinal product". Council Directive 65/65/EEC.
Medicines management	"The clinical, cost effective and safe use of medicines to ensure clients get the maximum benefit from the medicines they need, while at the same time minimising potential harm" (MHRA, 2012).
Self-administering clients	Acacium Group defines a 'self-administering client' as a client that is responsible for collecting, storing and taking his or her own medication without any required assistance from a support worker.
Non-self-administering clients	Acacium Group defines a 'non-self-administering client' as a client who requires assistance with the collection, storage and/or administration of medication.
Competence	Should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. Competence can be examined by questioning knowledge and observing practice.
Registered practitioner	Refers to nurses, midwives and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register.
Carers	A trained Healthcare Support Worker (HCSW) who has relevant, current experience of handling medicines to an agreed level of competency assessed by Acacium Group. It is the policy of Acacium Group that unregistered workers may not administer medication without specialist training and competency assessment . Unregistered workers may only: • Assist or prompt clients in taking medication (by aiding the client with water or repositioning).
Safe recruitment and vetting procedures	Acacium Group has in place robust recruitment and vetting procedures for all agency workers, in line with national and local guidance. This includes thorough checks carried out as part of the recruitment process. Gaps in employment history are checked and accounted for. Qualifications are also checked with references always being taken up, and followed up, if necessary.
Robust complaints procedures	Acacium Group has in place robust complaints, incidents and whistleblowing procedures. Refer to Acacium Group policies on these subjects .Acacium Group guarantees that agency workers and clients using these procedures appropriately will not prejudice their own position, and prospects.

5. Roles & Responsibilities

Job Title	Responsibilities
Acacium Group Workers and employees	Be aware of Acacium Group' policies, procedures and guidance for medicines management and associated SOPs.

	Take part in training, voluntary and mandatory, and attending updates so that they maintain their skills and are familiar with procedures. All practitioners, registered and non-registered, should access regular supervision and support in line with local procedures. All Acacium Group workers should maintain accurate, comprehensive and legible records, with records stored securely in line with local guidance and Acacium Group Record Keeping Policy It is the responsibility of all Acacium Group workers to ensure they are competent to carry out specific medicines handling and administration tasks relevant to their role.
Line Manager/ Appropriate other	To make sure all workers are aware of, and comply with, this policy through induction, internal training and supervision.
Accountable officer	Acacium Group does not purchase, supply or prescribe controlled drugs and, as such, have no requirement for the accountable officer to be registered with the CQC under The Controlled Drugs (Supervision of Management and Use) Regulations 2006 updated 2013 April. In line with best practice, Acacium Group have nominated the Group Clinical Director as the accountable, responsible person for ensuring that medicines management is safely maintained. The Group Clinical Director will ensure that advice on the storage and administration of medicines is in place, current, and complied with.
The Operations Board	Ensure that the Directors have management, and accountability, structures that deliver safe and effective services.
Clinical leads and Operational Managers	Demonstrate leadership, be informed about and take responsibility for the actions of workers. Ensure Acacium Group workers have access to training, supervision, and support, relevant to their role and responsibilities. Ensure Acacium Group agency workers are clear about their professional roles and responsibilities. Ensure Acacium Group agency workers make comprehensive and accurate care documentation. Ensure Acacium Group agency workers work effectively with professionals from other relevant organisations. Facilitate and / or undertake regular audit of practices. Ensure medicines management responsibilities are identified in appraisal and Personal Development Plans (PDPs).
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Clinical Advisory Group (CAG)	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

6. Consent

6.1 A person must give permission before they receive any type of medical treatment, medication, test or examination. Informed consent ensures that a person agreeing to treatment is given all the information available about risks, benefits, reasonable alternatives (if they exist) and the consequences of not having the treatment. When they consent (or refuse consent) it must be done voluntarily, without influence or pressure from others. For further information please refer to Acacium Group Consent Policy.

6.2 For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. Consent can be given by:

- The client who has capacity
- Someone with parental responsibility for a client under the age of 18
- Someone authorised to do so under a lasting power of attorney (LPA)
- Someone who has the authority to make treatment decisions as a court appointed deputy.

6.3 Mental **Capacity** means the **ability** to use and understand information to make a decision, and communicate any decision made. A person lacks **capacity** if their mind is impaired or disturbed in some way, which means they're unable to make a decision at that time.

6.4 The five key principles of the Mental Capacity Act 2005 should be considered, and professionals should be aware of, and have read, their organisation's consent policy:

(a) A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

(b) Help and encourage people to have capacity. Has the client received sufficient information? Does the client fully understand the nature, purpose and risks of the procedure?

(c) People are entitled to make unwise decisions.

(d) Decisions for people without capacity should always be in their best interests.

(e) Least restrictive option.

6.5 The person should be given enough time to consider the information and the opportunity to ask questions if they wish to.

6.6 It is essential they are given sufficient information to enable them to determine whether or not to accept or decline treatment and care (Consent to Care 2018).

6.7 As outlined in the Nursing and Midwifery Council's 'Consent' guidance (NMC 2018), the Department of Health's reference guide (DOH 2001a published 4 August 2009), and the Adults with Incapacity (Scotland) Act 2000, the client must give valid consent to the procedure. This may be verbally, in writing or by implying (by co-operating) that they agree.

6.8 **Assessing capacity**

6.8.1 When deciding if a person lacks capacity to make a decision, it must be remembered that it is a 'time and specific' test. A person may be able to make some decisions and not others, or a person may be able to make a decision on one day and not on the next.

6.8.2 A person will have the capacity to consent to taking medication if, at the time of taking the medication, they are able to:

- Absorb basic and simple communicated information about the decision to take the medication
- Retain the information for as long as they need to use it
- Weigh up the likely consequences of taking or not taking the medication
- Communicate their decision by whatever means.

6.8.3 If a client is not capable of consenting to take their medication, it is still possible to administer the medication if it is considered to be in their best interests. Making a decision about best interests must take into account all factors such as their own past and present wishes or feelings, the benefits of taking the medication and the views of others who are involved in the care. Always document your decision process in the daily records.

6.8.4 The assessment of capacity and decisions about best interest should be made by a multi-disciplinary team, recorded in the client's care records and involve other relevant people, such as family, carers and a personal welfare attorney if one has been appointed. There should be a risk assessment, and an accompanying care plan indicating the planned method of administration along with a review date. Refer to Section 16 Covert Medication.

6.8.5 Where an adult client lacks the mental capacity (either temporarily or permanently) to give or withhold consent, the question should be, 'is there a relevant advance decision affecting the treatment choice?' Treatment may be given however if it is in the person's best interests, as long as it has not been refused in advance in a valid and applicable advance directive.

6.8.6 Clients may appoint a valid and relevant power of attorney – registered with the Office of the Public Guardian.

6.8.7 If none of the above applies, the decision will need to be made by the 'decision maker' (i.e. the person who knows the treatment best and knows the person best) in consultation with all relevant people, and in the best interest of the person.

6.8.8 The final arbiter in any disputes would be the Court of Protection.

6.8.9 Where an adult client does not have the capacity to give or withhold consent to a significant intervention, this fact should be documented in the care record at the time and in accordance with the principles outlined in the Mental Capacity Act 2005 and the Adults with Incapacity (Scotland) Act 2000.

7. Allergies

7.1 All allergies should be identified and noted within the care plan, and clearly on the administration record card if used.

7.2 All workers should ensure that they check for client allergies prior to any medication administration.

7.3 See 'section 23' in regard to reporting adverse reactions.

8. Medication Package Insert

8.1 The Medication Package Insert includes details and directions that health care providers need to prescribe a drug properly, including approved uses for the drug, contraindications, potential adverse reactions, available formulations and dosage, and how to administer the drug.

8.2 This insert can be referenced by any worker /client if required and is particularly important for medicines requiring storage within a limited temperature range e.g. refrigeration of medicines to be administered in the client's home.

9. Transcribing

9.1 Transcribing is accurately copying medication details. It requires assessment and mitigation against identified risks in different settings according to local policy.

9.2 All Acacium Group workers should make themselves familiar with the local practice and procedure.

9.2.1 This should only be undertaken in exceptional circumstances and should not be routine practice. However, in doing so you are accountable for your actions and omissions. Any medication that is transcribed must be signed off by a registered prescriber.

9.2.2 Any act by which medicinal products are copied from one source to another is "transcribing". This includes, for example, discharge letters, transfer letters and copying illegible client administration charts onto new charts (whether handwritten or computer generated).

9.2.3 Medicine administration records in a home are transcribed by a registered practitioner; they may be transcribed from the details included on the label attached to the dispensed medicine. However, in doing so the registrant must ensure that the charts are checked by another registrant where possible, and where not, another competent health professional.

9.2.4 The registrant is accountable for what they have transcribed.

9.2.5 Transcribing should not be routine practice. Any transcription must include the client's full name, date of birth, drug, dosage, strength, formulation, timing, frequency, and route of administration.

10. Receipt of Medicines

10.1 If a worker is in a setting where they receive medication from a pharmacy this must be checked to ensure that the delivery is for:

- Correct drug
- Correct formulation
- Correct strength
- Correct quantity
- Shelf life of the product

Also check for:

- Storage requirements
- Good condition of the products
- Requirements for safe handling

10.2 If controlled medication is received, this should be checked by two people if possible, and the name(s) and quantities of controlled medicines received are documented and the medication securely stored.

11. Storage of Medicine

11.1 All medication should be stored according to the manufacturer's instructions and in lie with local policy Client.

11.2 Acacium Group workers must ensure all medicinal products are stored in accordance with the client information leaflet. A summary of the product characteristics document can be found in dispensed UK-licensed medication and in accordance with any instruction on the label.

11.3 Medicines must never be transferred from the container in which they are dispensed into another container. Medicines must not be re-labelled, or the label altered. If a label has been defaced it should be referred to the pharmacy, it originated from.

12. Transportation of Medicines

12.1 In the community setting, where a client or their carers / representatives are unable to collect medication, a Acacium Groupworker may transport the medication to the client, provided the Acacium Group agency is conveying the medication to a client for whom the medicine has been prescribed (e.g. from a pharmacy to the client's home). Permission from the clinical lead for the client should be sought. The pharmacy may ask for appropriate proof of patient identity and that of Acacium Group workers when collecting medication, especially controlled drugs (see 'section 14.3').

12.2 It is considered good practice that workers should not routinely transport Controlled Drugs in the course of their practice. This should only be undertaken in circumstances where there is no other reasonable mechanism available and it is a commissioned service. All drugs should be kept out of sight during transportation.

12.3 When collecting controlled drugs from a pharmacy, the registrant may be asked to sign for them and prove identity in the form of a professional identity badge or PIN number, where self-employed (NMC Standard 7).

13. Administration

13.1 Prior to any administration of medicines all practitioners, registered and non-registered, must check:

- You must be certain of the identity of the client to whom the medicine is to be administered
- You must check that the client is not allergic to the medicine before administering it
- You must check that the prescription or the label on the medicine dispensed is clearly written and unambiguous
- You must check the expiry date (where it exists) of the medicine to be administered
- You must check the route of administration
- You must check the prescription chart to ensure that it is the correct time
- You must contact the prescriber or responsible clinician without delay where the client develops a reaction to the medicine and report in line with Acacium Group Incident Reporting Policy
- You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the client, ensuring the signature is clear and legible
- You must record the drug dose, date and time, route, dilutants, validity and your signatory.

13.2 Workers are not to prompt or administer homely medicines. All medicines prompted or administered by Acacium Group workers must be prescribed by a medical practitioner/nurse prescriber or under a Patient directive.

13.3 **Level 1: General support also called 'assisting with medicine'**

13.3.1 General support is given when the person takes responsibility for their own medication. In these circumstances the worker will always be working under the direction of the person receiving the care.

13.3.2 The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy / dispensing GP surgery
- Disposing of unwanted medicines safely by return to the supplying pharmacy / dispensing GP practice (when requested by the person)
- An occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have

the ability to take responsibility for their own medicines and should prompt review of the person's plan)

- Manipulation of a container, for example, opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication

13.3.3 General support needs should be identified at the care assessment stage and recorded in the person's plan. On-going records will also be required in the continuation notes when care needs are reviewed (CQC Reg.17/Scottish Care Inspectorate). Records that all registered care services (except childminding) must be kept and guidance on notification reporting; amended 2015.

13.3.4 Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medicines.

13.3.5 The monitored dose systems (MDS) and compliance aids will be dispensed and labelled by the community pharmacist or dispensing GP. The client may qualify for a free service from a community pharmacist if they meet the criteria under the Disability Discrimination Act or local initiatives (in Scotland).

13.3.6 MDS has been promoted as a safe system of medicine administration, but MDS are merely a convenient form of packaging for a limited group of medicines. Safe practice is promoted but is not guaranteed by use of a system. Therefore, only Acacium Group agency workers who are trained and competent may administer medicine via this route.

13.3.7 MDS do improve some procedures including:

- The system of organising repeat prescriptions for clients
- Supply to the home of printed prescription charts
- Acacium Group agency workers must make a visual check to determine whether or not medicines have been prepared and given to the client.

13.3.8 MDS can only be used for tablets and capsules, but there are exceptions and the following should not be put into MDS:

- Medicines that are sensitive to moisture, e.g. effervescent tablets
- Light-sensitive medicines, e.g. chlorpromazine
- Medicines that should only be dispensed in glass bottles, e.g. glyceryl trinitrate (GTN)
- Medicines that may be harmful when handled, e.g. cytotoxic products like methotrexate
- Medicines that should only be taken when required, e.g. painkillers
- Medicines whose dose may vary depending on test results, e.g. warfarin
- Liquid medicines, creams, eye drops, and inhalers must be supplied in traditional containers. Therefore, any client that uses MDS may have two different systems operating.

13.3.9 If a pharmacist or dispensing GP does not fill the compliance aid, Acacium Group will put in place suitable alternative arrangements for administration to minimise the potential for error. Acacium Group workers will not re-package medicines into MDS's as the risk for error is too great.

13.4 **Level 2: Administering medication**

13.4.1 The assessment of the client may identify that the person is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness but can also result from a physical disability.

13.4.2 The need for medication to be administered by Acacium Group agency workers should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes.

13.4.3 The client must agree to have the Acacium Group agency worker administer medication and consent should be documented in the care plan. If an adult is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual. (Please reference to the Department of Health's guidance, 'Seeking consent: working with people with learning difficulties. Also, see' section 7' of this Policy.

13.4.4 Prior to administering any medications, the "Six Rights" should be considered.

13.4.5 NICE guideline [NG67] Published: 30 March 2017 , Six Rights for Medication Administration:

- right drug
- right time
- right dose
- right route
- right client
- right to refuse

13.4.6 As well as the six rights it is also important to consider the right position and the right documentation.

13.4.7 It is also important to consider the right position of the client and their right to refuse.

13.4.8 Administration of medication may include some or all of the following:

- When the Acacium Group agency worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
- When the Acacium Group agency worker selects and measures a dose of liquid medication for the person to take
- When the Acacium Group agency worker applies a medicated cream / ointment; inserts drops to ear, nose or eye; and administers inhaled medication
- When the Acacium Group agency worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence.

13.4.9 Non-registered workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids.

13.4.10 Clients discharged from hospital may have medication that differs from those retained in the home prior to admission. Reconciliation needs to take place at the earliest opportunity and changes made to the Medication Administration Record should be swiftly actioned.

13.5 **Level 3: Administering medication by specialised techniques**

13.5.1 In exceptional circumstances, in addition to oral medication (refer to the SOP Meds 2), and following an assessment by a healthcare professional, a non-registered care worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure) (refer to the SOP Meds 3)
- Insulin by injection (refer to the SOP Meds 4)
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) (refer to the SOP Meds 5)

13.5.2 If the task is to be delegated to the carer, the registered practitioner provides training and be satisfied that they are competent to carry out the task.

13.6 **Administration by a registered practitioner:**

13.6.1 The preferred method of authorisation to administer medicines, is by a client specific prescription from a medical or dental practitioner, or an appropriate non-medical prescriber. Medication must not be administered or issued to a client without prior written and signed authorisation from one of the aforementioned.

13.6.2 Instructions may be accepted by electronic means as long as they are dated and signed by a verified prescriber and it is clear who the signing prescriber is.

13.6.3 Any changes in drug regime must also be dated and recorded by the prescriber, or in some instances the transcriber with a second signatory.

13.6.4 Under exceptional circumstances where a medicine has already been prescribed for a client, and with agreement from both parties, a registered nurse may accept a telephone message from a prescriber for an alteration (e.g., dose alteration) to a prescription to be administered in the client's home:

- Two persons must acknowledge the message, one of which must be a registered nurse. The second person will be selected at the discretion of the registered nurse
- The nurse receiving the call must repeat the prescription to the prescriber to ensure accuracy
- A record must be made of the nature of the message, date, time; name of the prescriber and both parties receiving the instruction must witness the record.

13.6.5 When in the acute setting the worker should follow local policy.

13.6.6 As a registered practitioner you may administer medicines as set out in 'section 12.1' of this Policy. As a registrant, you must also exercise your professional accountability in the best interests of your client:

- You must be certain of the identity of the client to whom the medicine is to be administered
- You must check that the client is not allergic to the medicine before administering it
- You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- You must be aware of the client's plan of care (care plan / pathway)
- You must check that the prescription or the label on any medicine dispensed is clearly written and unambiguous
- You must check the expiry date (where it exists) of the medicine to be administered
- You must have considered the dosage, weight where appropriate, method of administration, route and timing
- You must administer or withhold in the context of the client's condition (and co-existing therapies e.g. physiotherapy
- You must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the client

develops a reaction to the medicine, or where assessment of the client indicates that changes in their physical or mental state mean the medicine is no longer suitable.

- You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld, or refused by the client, ensuring the signature is clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine. In addition:
  - Where medication is not given the reason for not doing so must be recorded.

13.6.7 As a registrant you are responsible for the initial and continued assessment of clients who are self-administering. This involves having continuing responsibility for recognising and acting upon changes in a client's condition with regards to the safety of the client and others.

13.6.8 Registered practitioners may administer medicines as above and also via the following routes:

- Intramuscularly (refer to the SOP Meds 6)
- Intravenously (refer to the SOP Meds 7)
- Hickman / central line (refer to the SOP Meds 8).

14. Covert Medication Administration

14.1 Covert administration is the administration of any medical treatment in a disguised form. This usually involves disguising by administering in food or drink. As a result, the person is unknowingly taking medication which they have previously refused when offered.

14.2 Covert administration is the practice of putting medication into food and drink to make it more palatable often at the request of the patient. This could still be regarded as deceitful and open to abuse unless clear documentation supports this.
https://medicines.blmkccg.nhs.uk/wp-content/uploads/2020/06/Covert-Administration-Guidance-Adults-Best-Practice-Guidance.pdf

14.3 For the purposes of assessing capacity to understand medication there will be a need to first establish that a person is unable to make a decision and

- Understand in simple language what the treatment is, its purpose and why it is being prescribed
- Retain the information for long enough to make an effective decision
- Use or weigh up the information in considering the decision, understand its principle benefits, risks and alternatives and understand in broad terms what will be the consequences of not receiving the proposed treatment
- Communicate their decision in any form

14.4 When a person has mental capacity to make the decision about whether to take a medicine, they have the right to refuse that medicine. They have this right, even if that refusal appears ill-judged to others providing care.

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

- a person actively refuses their medicine and that person is assessed not to have the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Capacity Act 2005 and the medicine is deemed essential to the person's health and wellbeing. (Care Quality Commission May 2022)
  https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines

14.6 Acacium Group workers should follow the principles of the Mental Capacity Act and the Acacium Group Policy on Deprivation of Liberties and Mental Capacity Act Policy.

14.7 If a person is assessed as lacking the relevant capacity, you should follow the best interest process. Record decisions and reflect these in a management plan. Consider how covert medicines, such as sedatives, may be a factor in depriving a person of their liberty.

14.8 You must identify the need for covert administration for each medicine prescribed. Each time new medicines are added or the dose changes of an existing medicine, you must:

- identify the need again
- make and record further 'best interest' decisions

14.9 This will help to make sure treatment continues to be in the person's best interest.

14.10 Some medicines can become ineffective when mixed with certain foods or drink. Crushing a tablet or opening a capsule before administration may make its use 'off-licence'.

14.11 The prescriber of medicines must be aware of the plan to administered in this way and agree that this is acceptable .Altering the characteristics may change a person's response to the medicine.

14.12 Acacium Group workers should take pharmaceutical advice from an appropriate healthcare professional and ensure medicines remain safe and effective when prescribed for administration covertly. Local policy and procedures should be followed at all times.

14.13 The use of covert administration for as short a time as possible and consideration should be taken regarding what action you will take if the person has fluctuating capacity. If a person has fluctuating capacity, the service should have a covert plan in place. You must only use the plan when the person lacks capacity.

14.14 You should regularly reassess the need for continued covert administration and highlight the need for reassessment if necessary, to whomever if responsible for this at your work location. Any reassessment should be documented and communicated to all parties involved in the care of the client.

15. Preparing Medication in Advance

15.1 Acacium Group agency workers must not prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence.

15.2 An exception to this is an already established infusion, which has been instigated by another practitioner following the principles.

16. Aids to Support Compliance

16.1 Before considering the use of compliance aids the registered practitioner should explore with the client other possible solutions, such as reminder charts, large print labels or non-childproof tops. Self-administration from the dispensed containers may not always be possible for some clients. If an aid to compliance is considered necessary, careful attention should be given to the assessment of the client's suitability and understanding of how to use an appropriate aid safely.

16.2 All clients will need to be regularly assessed by the carer for the continued appropriateness of the aid. Ideally, any compliance aid, such as a monitored dose container or a daily/weekly dosing aid, should be dispensed, labelled and sealed by a pharmacist. The sealed compliance aids are generally referred to as monitored dosage systems.

16.3 Where it is not possible to get a compliance aid filled by a pharmacist, you should ensure that you are able to account for its use. The client has a right to expect that the same standard of skill and care will be applied by you in dispensing into a compliance aid as would be applied if the client were receiving the medication from a pharmacist. This includes the same standard of labelling and record keeping.

16.4 Compliance aids, which can be purchased by clients for their own use, are aids that are filled from containers of dispensed medicines. If you choose to repackage dispensed medicinal products into compliance aids, you should be aware that their use carries a risk of error. You should also be aware the properties of the drug might also change when repackaged and so may not be covered by their product licence. Please note that some drugs which are prescribed on a "when required" basis are not appropriate to be stored in compliance aids.

16.5 All Acacium Group agency workers must confirm the appropriateness of re-packaging dispensed medicinal products with the community pharmacist who dispensed the medicines. You also need to consider how the client will cope with medicines that cannot be included in compliance aids.

17. Controlled Medicines

17.1 Acacium Group agency workers may administer prescribed medication (including controlled drugs) to another person with their consent, so long as this is in accordance with the prescriber's directions (Medicines Act 1968). This is called 'Administering Medication'. However, when medication is given by invasive techniques, Acacium Group agency workers will need additional specialist training (see below)."

17.2 Controlled drugs must only be administered by a registered practitioner or trained competent worker. The worker may assist with the ingestion or application of a controlled drug. In circumstances where the worker assists, they must have received training and the competency of the care must be established and documented by the Acacium Group Compliance Team.

17.3 The accountability of the delegation of tasks to unregistered workers varies between service provision and location, and these should be established for each division and service provision.

17.4 All workers should be aware of the process and their responsibilities prior to any delegation of tasks being completed.

17.5 The National Patient Safety Agency document 'Reducing Dosing Errors with Opioid Medicines', published in July 2008, states that any practitioner who is involved in the prescribing, dispensing or administering of controlled drugs should:

- Confirm any recent opioid dose, formulation, frequency of administration and any other analgesics prescribed for the client
- Ensure that any intended dose increase is safe (not normally more than 50% higher than the previous dose)
- Ensure they are familiar with the medicines e.g. starting dose, frequency, dosing increments, overdose and side effects.

17.6 Acacium Group has a controlled drugs standard operating procedure (Meds SOP 1). The SOP covers all aspects of risk management and audit trails for ordering, storing, recording, administration, and destruction of CDs appropriate to environments and the team.

17.7 Controlled drugs (CDs) received onto the premises must be checked and recorded by the worker where the responsibility for the administration of the CD lies with Acacium Group. Clients will be advised on how CDs should be stored safely within their home and in the acute setting they will follow the local policy.

17.8 Records of supplies received and administered must be made in a controlled drug register. Erroneous entries should be deleted by scoring through with one line and the correct entry made underneath. Stock checks will be completed in line with local policy /client requirements.

17.9 Entries onto the CD register and checking prior to administration should be made by two members of staff, one of whom should be a registered healthcare professional, where possible. In the home, the second check may be made by a family member or the client themselves and in the acute setting, in line with local policy.

17.10 Client-controlled drugs must be returned to the designated pharmacy for destruction. No Acacium Group agency worker will destroy CDs. This also includes out of date CDs. If possible, ask the pharmacy to provide you with a record of CD(s) returned as evidence of return.

17.11 **Weighing medication**

17.11.1 Administration of Liquids:

- When a new bottle is opened write the date of opening on the label. Liquid expiry dates can vary once the bottle has been opened, check information on the bottle. If no expiry date is present then it must be 6 months after opening the bottle.
- A bung which fits to the ENFit syringes must be placed in the bottle.
- Doses must be drawn up using an oral syringe (to ensure accurate dosing).

17.11.2 Checking Balances:

- Liquid balances do not need to be measured on a daily basis, a visual inspection is sufficient unless there is clearly a discrepancy. In this instance a volume check is required. The liquid should be measured using a disposable measure.
- Manufacturers often fill the bottle with a small overage which can vary but repeated use of liquids can result in volume changes. When a bottle has been finished the balance in the register should be corrected to either zero or the quantity remaining in full bottles.

17.11.3 The following table is a guide to determining if there is a discrepancy which requires investigation.

Quantity in Bottle	Action
100ml bottle is empty (register states there should be some)	If register says there should be 10ml or less this is ok. Record: 'nil left, accuracy ok'
300ml bottle is empty (register states there should be some)	If register says there should be 30ml or less this is ok. Record: 'nil left, accuracy ok'

100ml bottle is not empty (register states nil)	If there is less than 15ml left in the bottle this is ok. Record: 'Some left, further doses given and accuracy ok.'
300ml bottle is not empty (register states nil)	If there is less than 35ml left in the bottle this is ok. Record: 'Some left, further doses given and accuracy ok.'

18. Reporting Adverse Reactions

18.1 All medicines requiring disposal should be returned to the designated community pharmacy that dispensed the medicine to the client for safe disposal. If not, another community pharmacy may be able to accept the return. Refer to SOP MEDS 09 Removal of Medications form a clients home

18.2 The following principles should be adopted when disposing of medicines:

- Witnessed accountability
- Secure transit
- Adequate documentation
- Legally authorised persons to carry out and, where necessary, witness destruction of medicines.

18.3 All sharps and syringes must be safely disposed of in sharps bins.

18.4 Prescribed medicines are the property of the client and remain so when no longer needed. The client (or their representative) should be encouraged to return the medication to a community pharmacy.

18.5 In exceptional circumstances, where every other option to remove unused medication has been explored, a Acacium Group worker may return medication to a community pharmacy. A record of the medicines and quantities removed must be made and signed by the Acacium Group worker and the client (or their representative).

18.6 Oxygen cylinders – any empty or unwanted oxygen cylinders will be replaced or collected by the supplier. Equipment for the delivery of oxygen belongs to the supplying contractor.

18.7 No medication, however small in quantity, should be disposed of in domestic or commercial refuse or via the sewerage system. They should be returned the the Pharmacy.

19. Record Keeping

19.1 The client Medication Administration Record (MAR) Chart is not a prescription but a direction to administer medication. It must be signed by a registered prescriber and authorises the delegation to administer medication on the prescriber's behalf. However, in doing so, the registrant is accountable for their actions and for raising any concerns about the direction with the prescriber e.g. in respect to clarity.

19.2 Where the administration is undertaken by a competent trained worker

19.3 An indelible record of administration must be made in the client's records by the administering Acacium Group worker by completing the MAR Chart/drug chart as per local process.

19.4 Where a 'Schedule 2' or '3' controlled drug is being administered by a Acacium Group agency worker, the drug name, strength, dose and frequency must be handwritten on the MAR Chart by a registered professional. The identity of any person checking administration should also be recorded.

19.5 Any medicine refused or omitted for other reasons must be recorded in the client's records, and the appropriate medical team informed where there is significant risk to the client.

19.6 For continuous administration, (e.g. via intravenous infusions or syringe drivers) there should be a record of those involved in setting up the medication and of those involved in monitoring the administration.

19.7 Any errors in the recording of administration must be clearly cancelled by crossing out with a single line in indelible ink, dated and initialled, with an appropriate explanation provided. No cancellation or crossing out of writing is permissible on a controlled drug register. If a writing mistake is made, annotate the mistake and write an explanation at the bottom of the page.

19.8 All records remain the property of the Acacium Group if they are delivering a commissioned service in line with the CQC NMS 2010 and the Scottish Care standards Act.

19.9 Acacium Group will ensure that information is shared between agencies where necessary and with the appropriate consent to do so, to enable seamless provisions of care, across workers. Acacium Group will ensure all records are maintained and accessible at all times. Changes to medication will need to be made in writing to Acacium Group, prior to changes being implemented. Acacium Group will ensure open and transparent communication is maintained between the commissioner and dispensing pharmacists at all times.

20. Medication Errors

20.1 **Errors in administration**

20.1.1 If a Acacium Group worker realises that an error has been made, e.g. a drug has been omitted, given incorrectly, or the procedure has failed, then the following principles should be followed:

- Check the client's well-being and tell them what has happened.
- Obtain advice if necessary, from Clinical Lead
- Arrange any necessary immediate treatment or follow up for the client
- Record all actions and report the incident in line with Acacium Group Incident reporting policy .
- If a serious error occurs resulting in the client requiring admission to hospital, then the Group Clinical Director/Chief Nurse must be notified immediately

20.1.2 All workers should be aware of local the local policy and processes to follow pertaining to Medication Administration.

20.1.3 In addition to this Policy, healthcare professionals should, at all times, follow their own professional codes of conduct. For registered nurses, the Nursing and Midwifery Council has guidelines for the administration of medicines, which are available at: www.nmc.org.uk. Local policies and guidelines should be followed, and any advice sought, if relevant.

21. Reporting Adverse Reactions

21.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events, where improvements to local practice in the administration of medicinal products can be discussed, identified and disseminated.

21.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines.

21.3 All errors and incidents require a thorough and careful investigation at a local level, taking full account of the context, circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional, and managerial, decision is reached on the appropriate way to proceed.

21.4 If any Acacium Group agency workers makes or identifies a drug error or incident, they should inform their assigned Regional Clinical Lead /line manager as soon as possible after the event and follow Incident Reporting Policy.

21.5 All errors (client safety incidents) and near misses should be reported via the complaints and incidents team at Acacium Group, or local team, who will record the incidents on the incident reporting system in use.

21.6 A decision would then make the decision to then report the incident to the National Patient Safety Agency (NPSA) through the National Reporting and Learning System (NRLS), NHS Improvement.

21.7 In all cases of medication incidents, a thorough investigation will be conducted, in line with the Acacium Group Incident reporting process

21.8 When considering allegations of misconduct, the investigating manager will identify if the error was the result of reckless or incompetent practice, and / or was concealed. If the error is identified as such, the result may be disciplinary action and external reporting to the professional bodies.

21.9 All of the lessons learnt from medication errors and incidents will be reviewed and disseminated across the organisation.

22. Training

22.1 Acacium Group will enable staff to provide evidence of and to participate in voluntary training in medicines management and where appropriate this will be included in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each staff member.

22.2 Acacium Group agency workers may attend training to ensure that they are competent and have reached an agreed standard of proficiency in handling medicines.

22.3 The Clinical Advisory Group will be responsible for ratifying the policy, standard operating procedures (SOPs) and levels for competency.

22.4 The delivery of training is the responsibility of the operational teams.

22.5 It is the responsibility of the Acacium Group training and compliance team to organise and publicise educational sessions, and to keep records of attendance.

22.6 All of the training provided will be mapped to the requirements of individual care packages and or place of work. and noted in the personal development plan.

22.7 Competent registered nurses will undertake the competency assessments for all non-registered workers where required.

22.8 Competency assessments are repeated annually or more frequently if deemed necessary.

23. Audit Monitoring

23.1 Processes for monitoring the effectiveness of the Policy include:

- Audit of documentation, including Medication Administration records Incident reporting procedure.
- Appraisal and Personal Development Plan (PDP).

24. Associated Policies / SOPs

Policies
CLIN 07 Acacium Infection Prevention Policy
CLIN 06 Acacium Consent Policy
CLIN 14 Acacium Health Records Management Policy
CORP14 Acacium Complaints Policy
ORG 04 Acacium Incidents Reporting Policy

SOPs
SOP MEDS 01 Controlled Drugs
SOP MEDS 02 Oral Administration
SOP MEDS 03 Rectal Administration
SOP MEDS 04 Sub-Cutaneous Administration
SOP MEDS 05 Administration of Medicines via PEG
SOP MEDS 06 Intra Muscular Injection
SOP MEDS 07 Intravenous Administration
SOP MEDS 08 Administration via Central Line (Hickman)
SOP MEDS 09 Removal of Medicines from Client's Home
SOP MEDS 10 Vaginal Administration
SOP MEDS 11 Topical Administration
SOP MEDS 12 Administration of Ear Drops
SOP MEDS 13 Eye Drops and Ointments
SOP MEDS 15 Administration of Medications via a Gastrostomy / Jejunostomy
SOP MEDS 16 Administration of Buccal or Sublingual Medications
SOP Meds 17 Administration of Metered Dose Inhalers
SOP MEDS 18 Administration of EpiPen / Anapen
SOP MEDS 19 Self Administration of Medications
SOP MEDS 20 Oxygen Therapy: Adult and Child
SOP MEDS 21 Administration of Medication via NG Tube
SOP IG 05 Incidents Handling

25. References

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- British Medical Association & Royal Pharmaceutical Society of Great Britain, 2019. *British National Formulary. 58.* London: BMJ Group and Pharmaceutical Press.
- Medicines Act 1968.
- Mental Capacity Act 2005.
- Misuse of Drugs Act 1971.
- Professional guidance on safe and secure handling of medicines – December 2018.
- Department of Health. *Safe management of healthcare waste – March 2013.*
- Adults with Incapacity (Scotland) Act 2000.
- Mental Health (Care and Treatment) (Scotland) Act 2003.
- Royal Pharmaceutical Society of Great Britain, *The handling of medicines in social care.*
- Regulation of Care (Scotland) Act 2001
- Scottish Government. *National Care Standards: Care at Home – May 2011.*
- Scottish government. *National Care Standards: Nurse Agencies – May 2011.*
- The Controlled Drugs (Supervision of management and use) Regulations 2013
- The Human Medicines Regulations – Amendment 2019.
- The Psychoactive Substances Act 2016
- https://medicines.blmkccg.nhs.uk/wp-content/uploads/2020/06/Covert-Administration-Guidance-Adults-Best-Practice-Guidance.pdf
- https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla Part of Acacium Group	Ellea Nursing Part of Acacium Group	CHS Healthcare Part of Acacium Group
DUNN REGULATORY ASSOCIATES Part of Acacium Group		

Appendix B: Legislation

1. There is existing legislation that relates to the prescribing, supply, storage and administration of medicines. It is essential that all agency workers comply with it. The following is a summary of legislation which is of particular relevance.

2. **The Medicines Act 1968**
This defines 'medical products' as substances sold or supplied for administration to humans (or animals) for medicinal purposes. 'Medicinal
purpose' means any one or more of the following:

a) Treating or preventing disease.
b) Diagnosing disease, or ascertaining the existence, degree or extent of a physiological condition.
c) Contraception.
d) Inducing anaesthesia.
e) Otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily, and whether by way of terminating, reducing or postponing, increasing or accelerating, the operation of that function in any other way.

3. The Medicines Act 1968 defines medicines in the following categories:

POM - Prescription Only Medicines
These may only be supplied to a client when prescribed on a client specific directive by an "appropriate practitioner"

P - Pharmacy Medicines
May only be sold or supplied under the supervision of a pharmacist.

GSL - General Sale List Medicines
May be sold or supplied without the supervision of a pharmacist.

4. **The Misuse of Drugs Act 1971 Amendment Order 2015**

4.1 This designates and defines controlled drugs as a number of 'dangerous or otherwise harmful' substances. These substances are also by definition, prescription only medicines under the Medicines Act 1968.

4.1.2 The controls imposed by the Misuse of Drugs Act (1971) and Misuse of Drugs Regulation 2001are therefore additional to those under the Medicines Act.

4.1.3 The purpose of the Act is to prevent the abuse of controlled drugs, most of which are potentially addictive or habit forming, by prohibiting their manufacture, sale or supply, except in accordance with regulations made under the Act. Other regulations govern safe storage, destruction and supply to known addicts.

4.1.4 The level of control to be exercised is related to the potential for abuse or misuse of the substances concerned. Under the current (1985) regulations, controlled drugs are classified into five schedules, each representing a different level of control. 'Schedule 2' is the most relevant to everyday practice.

4.2 **The Misuse of Drugs Regulations 2001 (updated June 2017). 2013 The Controlled Drugs Supervision of Management and Use Regulations Published**

4.2.1 The Misuse of Drugs Regulations placed all medications into five schedules and these determined the punishment given if prosecuted:

1. Drugs that have no recognised medicinal purpose – e.g. LSD.
2. A register must be kept for these drugs and includes drugs, such as diamorphine, morphine and cocaine.
3. Includes a small number of minor stimulant drugs and other drugs which are likely to be misused, more so than drugs in 'Schedule 2' – e.g. barbiturates
4. Exempt from sale including benzodiazepines.
5. Includes preparation of certain controlled drugs (codeine and morphine), which are exempt from full control when present in medical products in low strengths, as their risk of misuse is reduced.

4.2.2 The four country's mental health acts must also be considered in the management of medicines. In particular, the Adults with Incapacity Act 2000 will apply in Scotland.

4.2.3 Acacium Group follow the National Institute for Health and Care Excellence (NICE) guidelines for all areas of medication management to ensure that Acacium Group agency workers remain up to date and continue to safely practice medication management.

4.3 The Controlled Drugs (Supervision of Management and Use) Regulations 2013

4.3.1 The aim of these regulations was to strengthen the governance arrangements for the use and management of controlled drugs. Controlled Drugs (CDs) are essential to modern clinical care. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 came into force in England on 1st April 2013.

- Establishes and operates appropriate arrangements for securing the safe management and use of controlled drugs
- Reviews as appropriate those arrangements

4.4 The Human Medicines Regulations 2012

4.4.1 The first comprehensive licensing system for medicines in the UK was the Medicines Act of 1968. The government consolidated medicines legislation, including much of the Medicines Act 1968, into one set of new regulations, the Human Medicines Regulations 2012, which came into operation on 14 August 2012.

4.5 The Psychoactive Substances Act 2016

4.5.1 The Psychoactive Substances Act 2016 is a law in the United Kingdom intended to restrict the production, sale and supply of a new class of psychoactive substances often referred to as "legal highs".

- This Act contains provision about psychoactive substances
- Defines what is meant by a "psychoactive substance"
- Contains provision about offences relating to psychoactive substances
- Provides for exceptions to those offences
- Contain powers for dealing with prohibited activities in respect of psychoactive substances, in particular powers to give prohibition notices and make prohibition orders
- Contains enforcement powers.

4.6 Health & Safety at Work Act 1974

4.6.1 The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.

4.6.2 Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations

have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.

4.6.3 There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

4.7 Equality and diversity

4.7.1 Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.