



## Review Sheet

Last Reviewed  
07 May '20Last Amended  
07 May '20Next Planned Review in 12 months, or  
sooner as required.

Business impact

**MEDIUM IMPACT**Changes are important, but urgent implementation is not  
required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy sets out how staff will support users who require medication that is given by other routes. The policy has been reviewed and now includes further procedural detail relating to cream application and patch use. References have been added and minor changes made throughout.

Relevant legislation:

- The Care Act 2014
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- The Pharmacy Order 2010

Underpinning  
knowledge - What have  
we used to ensure that  
the policy is current:

- Author: NICE, (2014), *Managing medicines in care homes*. [Online] Available from: <https://www.nice.org.uk/guidance/SC1> [Accessed: 7/5/2020]
- Author: NICE, (2018), *Decision-making and mental capacity - NICE guideline [NG108]*. [Online] Available from: <https://www.nice.org.uk/guidance/ng108> [Accessed: 7/5/2020]
- Author: NICE, (2017), *Managing medicines for adults receiving social care in the community*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67> [Accessed: 7/5/2020]
- Author: Royal Pharmaceutical Society, (2018), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines> [Accessed: 7/5/2020]
- Author: CQC, (2020), *External medicines such as creams and patches*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines-such-creams-patches> [Accessed: 7/5/2020]
- Author: CQC, (2019), *Issue 3: Fire risk from use of emollient creams*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams> [Accessed: 7/5/2020]

Suggested action:

- Encourage sharing the policy through the use of the QCS App



## 1. Purpose

**1.1** To ensure the safe administration of medication via different routes. This policy should be read alongside the suite of medication management policies and procedures at HWCGS Care (T/A Segal Gardens) and dovetail with any local protocols, standard operating procedures or policies.

**1.2** To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

**1.3** To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Medical Act 1983
- | Medicines Act 1968
- | The Human Medicines Regulations 2012
- | The Pharmacy Order 2010



## 2. Scope

**2.1** The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

**2.2** The following Service Users may be affected by this policy:

- | Service Users

**2.3** The following stakeholders may be affected by this policy:

- | Commissioners
- | External health professionals
- | NHS



## 3. Objectives

**3.1** Staff responsible for the administration of medication understand their responsibilities when administering medication via alternative routes and follow best practice at all times.



## 4. Policy

**4.1** HWCGS Care (T/A Segal Gardens) understands that medication administered by routes other than oral can offer Service Users greater flexibility, rapid response to medication, greater compliance with medication regimes as well as a better therapeutic result. It is the responsibility of HWCGS Care (T/A Segal Gardens) to ensure that Service Users are involved and consent, and that staff have the training, skills and competencies to administer the medication via the route prescribed.



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## 5. Procedure

**5.1** Where possible, Service Users will be supported to manage their own medications where they can. Staff must refer to the Overarching Medication Policy and Procedure for further details.

**5.2** HWCGS Care (T/A Segal Gardens) will ensure that all staff understand the medication policies and procedures at HWCGS Care (T/A Segal Gardens), the different types of administration support as defined in the Overarching Medication Policy and Procedure and that they only work within their defined role, competency and skill levels.

**5.3** The staff at HWCGS Care (T/A Segal Gardens) will ensure that the Infection Control Policy and Procedure is followed.

**5.4** HWCGS Care (T/A Segal Gardens) must ensure that staff understand the implications of the Mental Capacity Act and the Code of Practice. All staff involved in medication administration must ensure that Service Users give informed consent before administering medication. Where Service Users lack capacity, any best interest decisions will be documented.

**5.5** All staff will ensure that the dignity and privacy of a Service User is maintained when administering medication including via routes other than oral. Irrespective of whether a Service User has the capacity to give informed consent, the Service User will be informed of what actions are taking place and they should be treated with compassion at all times.

**5.6** Where it applies, individual Service User risk assessments will be completed for any risks associated with routes of administration.

### **5.7 Cream Applications**

Body maps should be used for each topical medication required. Body maps should also be used for detailing transdermal patch sites.

Care Plans will detail how the medication is to be administered, including sites, frequency and thickness of application.

Staff must be aware of when products need to be disposed of. Staff can refer to the Storage of Medication Policy and Procedure for further details.

### **5.8 Fire risk**

Staff must be aware of the [fire risk](#) associated with emollient creams.

Therefore, Care Workers must be able to provide advice to Service Users that includes:

- 1 Awareness of the potential build-up of residue on clothing and bedding and how to reduce the risk
- 1 Not smoking or going near naked flames. Clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite
- 1 Changing clothing and bedding regularly because emollients soak into fabric and can become a fire hazard

There is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration. That risk cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days. A risk assessment must be completed where it is identified that a product has the potential to be a fire risk.

### **5.9 Patches**

Where transdermal patches are prescribed, staff should ensure that there is a system in place for checking these are still in place following application and until removal.

Care Plans will detail how the medication is to be administered, including sites and frequency.

### **5.10 Application of Patches**

Staff must make sure they use the correct application technique and the patches applied as per the prescriber's instructions.

There must be clear procedures in place to alert staff as to when patches need to be checked and changed.

Patches should be applied to a dry, flat area of skin, such as the upper arm, chest or back. Where Service Users have long hair, this should be tied back.

Where a Service User is prescribed more than one patch, they can be sited in the same area of the body but not overlap.

Staff must rotate the site of the patch at each application of a new one. Always refer to the manufacturer's guidance. Staff must observe the skin of Service Users for signs of thinning or damage and seek the advice of the GP if concerned.



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Staff should be aware that heat can increase absorption and it is recommended not to apply patches immediately after a Service User has had a bath or shower.

Where Service Users are ill with a fever, additional measures of observation must be taken to monitor for signs of toxicity.

Staff must not cut patches and must always seek advice of a pharmacist or the prescriber.

### **5.11 Injection**

If a Service User requires injections, the injection sites should be rotated and a body map used with a record made in the Service User's notes.

Care Plans will detail how the medication is to be administered, including sites and frequency.

### **5.12 Delegation of Specialist Technique**

Where a community nurse has delegated medication to be administered by specialised technique to a Care Worker, the overseeing community nurse should only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions. Staff should refer to the [Department of Health](#) official guidance for further clarity.

The overseeing community nurse should confirm that the outcome of any task that has been delegated to someone else meets the required standards.

A full record of competencies will be logged and periodic checking of this will be assessed in line with the Training and Competency on Medications Policy and Procedure at HWCGS Care (T/A Segal Gardens).



## 6. Definitions

### 6.1 Routes of Medication Administration

- | This is a list of the different routes that medication can be administered;
  - | Buccal - held inside the cheek
  - | Enteral - delivered directly into the stomach or intestine (with a PEG tube or Jejunostomy Tube)
  - | Inhalable - breathed in through a tube or mask
  - | Infused - injected into a vein with an IV line and slowly dripped in over time
  - | Intramuscular - injected into muscle with a syringe
  - | Intrathecal - injected into your spine
  - | Intravenous - injected into a vein or into an IV line
  - | Nasal - given into the nose by spray or pump
  - | Ophthalmic - given into the eye by drops, gel, or ointment
  - | Oral - swallowed by mouth as a tablet, capsule, lozenge, or liquid
  - | Otic - given by drops into the ear
  - | Rectal - inserted into the rectum
  - | Subcutaneous - injected just under the skin
  - | Sublingual - held under the tongue
  - | Topical - applied to the skin
  - | Transdermal - given through a patch placed on the skin

### 6.2 6 Rights of Medication

- | The 6 Rights of Medication are:
  - | Right **P**atients
  - | Right **D**rugs
  - | Right **D**ose
  - | Right **R**oute
  - | Right **T**ime
  - | Right **D**ocumentation
- | A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay
- | These 6 Rights vary in Definition:
  - | NICE guidelines refer to **Right to Refuse** instead of Right Documentation
  - | This policy uses **Right Documentation** because of the high rate of errors associated with documentation but refers to the Right to Refuse

### 6.3 Body Map

- | A body map is a blank diagram of a person showing their front and back used to document information for future reference. It can be used for recording where creams, lotions, etc. should be applied, injection sites, transdermal patch sites, lacerations, bruising or pressure ulcers



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Staff who administer medication via other routes should only do so when they have been trained and assessed as competent and local policy permits them to do so
- | Staff should use the 6 Rights of Medication Administration at all times
- | Staff should ensure that practice is evidence-based before administering medication via routes other than oral



### Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 You will be supported to self-manage wherever possible, irrespective of the route of medication administration
- 1 You will be asked to consent to the provision of support with medication and where you are unable to consent, we will involve you with our discussions but seek to make a decision in your best interest



### Further Reading

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.



### Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 There is evidence that Service Users are involved in the discussion about their medication which is regularly reviewed
- 1 Service Users can access alternative therapies where they wish to control symptoms without medication. They are provided with clinical support and guidance to do this safely
- 1 Staff who support Service Users with administering medication by other routes have received training and are deemed competent. Knowledge is routinely checked to ensure that it is current
- 1 The wide understanding of the policy is enabled by proactive use of the QCS App



### Forms

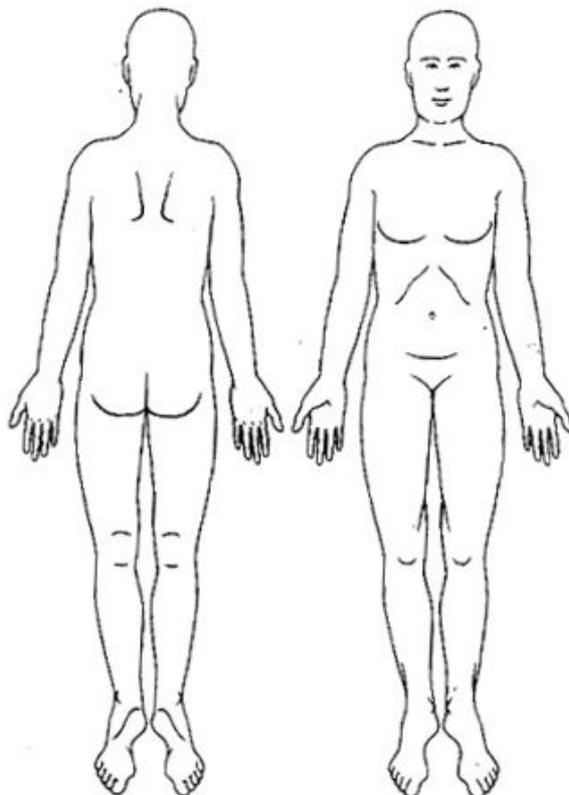
The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Body Map - CM10	To indicate where topical medication, injections, or transdermal patches are located.	QCS

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Service User Name:

Use the below body map to indicate where topical medication, injections, or transdermal patches are located.



Notes: